



RHODE ISLAND DATA BRIEF

Health and Safety of Transgender High School Students in Rhode Island

April 2024

Introduction

Many studies indicate that transgender youth may face increased risks for poor health and safety outcomes. While LGBTQ+ youth in general experience higher rates of negative outcomes compared with their straight and cisgender peers, transgender youth face even higher health risks than lesbian, gay, bisexual, and queer youth. Gender identity itself is not a cause of poor mental or physical health outcomes; rather, transgender youths' heightened risks are the result of experiencing rejection, bullying, discrimination, lack of family support, and violence at higher rates than their cisgender peers.¹ Historically, little research has been conducted on transgender youth outcomes as separate from lesbian, gay, and bisexual youth outcomes.² The purpose of this report is to evaluate the health and safety of transgender high school students in Rhode Island using 2021 and 2023 Rhode Island High School Youth Risk Behavior Survey (RI YRBS) data.

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Methods

The RI YRBS is a biennial survey of high school students that is conducted by the Rhode Island Department of Health (RIDOH) in conjunction with the Centers for Disease Control and Prevention (CDC). The survey is designed to monitor health risk behaviors related to the major causes of morbidity and mortality among youth. Data from the survey sample are weighted to obtain statewide population estimates. Weighted data from the two survey years were pooled and weights were adjusted to calculate the average yearly population estimate.

Gender identity was assessed with the question: *"Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?"* Those who answered "yes" were defined as transgender. Those who answered "no" or "I don't know what this question is asking" were defined as cisgender—people whose sex at birth matches the way they think or feel about their gender. Those who responded "I do not know if I am transgender" were excluded from analyses. An estimate of the number of youths identifying as transgender was computed, and the demographic characteristics of transgender and cisgender youth were compared. Then, the prevalence of selected health, safety, substance use, and school measures by gender identity were compared. All statistical analysis used chi-square tests for significance with statistical significance defined as $p < .05$.





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Results

A total of 2,153 students in 2021 and 1,932 students in 2023 completed the YRBS, representing a statewide population of 45,424 youths. Overall, 3.5% of students, an estimated 1,503 individuals statewide, identified as transgender. Transgender students were more likely than cisgender students to identify as gay, lesbian, or bisexual (84.0% vs. 16.2%), but there were no differences between transgender and cisgender students in other demographic characteristics assessed (Table 1). Of note, the YRBS question on sex asks, “What is your sex”—and it is unclear whether students responded based on sex at birth or current identity.

Table 1. Demographic characteristics by gender identity

	Transgender (N=1,503; 3.5%)	Cisgender (N=41,719; 96.5%)
Sex		
Female	57.7% (43.5-71.8)	49.5% (46.5-52.5)
Male	42.3% (28.2-56.5)	50.3% (47.5-53.5)
Grade		
9	33.3% (18.6-48.0)	27.3% (20.8-33.8)
10	24.7% (10.4-38.9)	25.6% (19.5-31.7)
11	26.5% (14.0-39.2)	23.8% (17.4-30.1)
12	15.5% (5.8-25.2)	23.3% (18.2-28.3)
Race/ethnicity		
American Indian/Alaskan Native, Non-Hispanic	--	0.4% (0.2-0.6)
Asian, Non-Hispanic	--	2.7% (2.2-3.3)
Black/African American, Non-Hispanic	--	9.3% (5.8-12.9)
Hispanic	22.4% (12.8-32.0)	30.1% (20.4-39.7)
Multiracial, Non-Hispanic	6.8% (2.6-10.9)	4.7% (3.7-5.7)
White, Non-Hispanic	61.1% (50.8-71.4)	52.4% (39.5-65.4)
Sexual orientation		
Gay, Bisexual, Lesbian	84.0% (70.1-97.9)	16.2% (14.5-18.0)
Straight	16.0% (2.1-29.9)	83.8% (82.0-85.5)

Note: Percent indicates prevalence of demographic characteristic within gender identity group, number in parentheses is 95% confidence interval. A “--” indicates data suppressed due to small sample size. A * indicates statistically significant difference ($p < .05$) based on chi-square test





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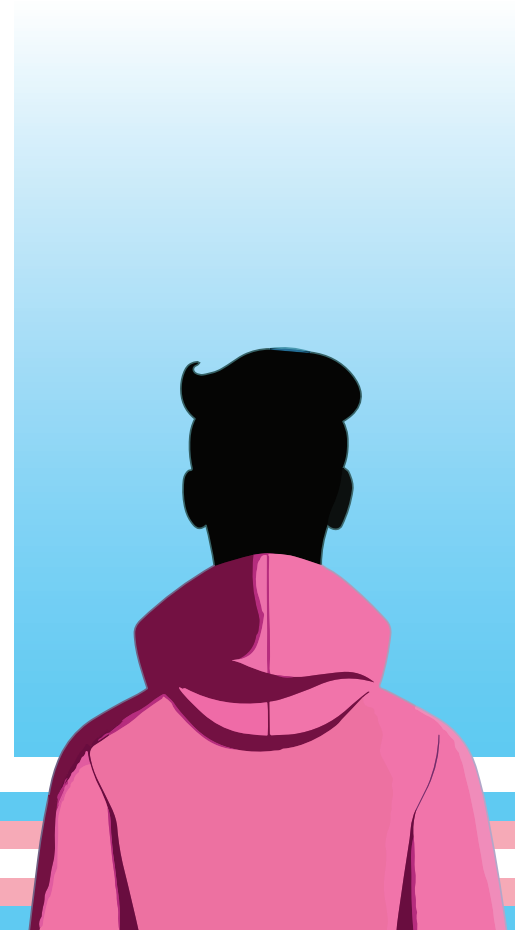
Results (continued)

Experiences of violence and safety differed significantly among transgender and cisgender students. Transgender students were three times more likely than cisgender students (29% vs. 9%) to report they missed school at least one day in the past 30 days because they felt unsafe at or on the way to school (Figure 1). Transgender students were also more likely than cisgender students to feel unsafe in their neighborhood (31% vs. 17%) and to report their basic needs were not always met at home (31% vs. 14%). Analysis of violence found that transgender students were significantly more likely than cisgender students to have ever been forced to have sex in their lifetime (27% vs. 6%) and to have experienced sexual dating violence (24% vs. 7%) and physical dating violence (15% vs. 4%) during the past 12 months.

Analysis of factors related to the school environment found transgender students were more likely than cisgender students to be bullied in person (38% vs. 12%) and bullied online (42% vs. 12%), to have gotten in a physical fight in school (21% vs. 7%), and were less likely to receive grades of A or B (67% vs. 76%). However, some measures of school engagement were similar across groups. There were no statistically significant differences based on gender identity in the prevalence of students who felt they had an adult at school to talk to if they had a problem. Additionally, transgender and cisgender youth reported similar levels of involvement in school activities.

Measures of mental health also differed significantly by gender identity. Transgender students were more than twice as likely as cisgender students to report feeling so sad or hopeless for two or more weeks in the past year that they stopped doing normal activities (71% vs. 35%). Transgender students were also four to five times more likely than cisgender students to report seriously considering suicide (56% vs. 14%), making a suicide plan (45% vs. 12%), and attempting suicide in the past year (36% vs. 8%).

Analysis of substance use measures found transgender students were also more likely than cisgender students to report current marijuana use (36% vs 17%), alcohol use (30% vs 17%), and e-vapor product use (28% vs 16%). Transgender students were also more likely to have ridden in a car with a driver who had been using marijuana (33% vs. 19%) or alcohol (27% vs 13%) during the past month.





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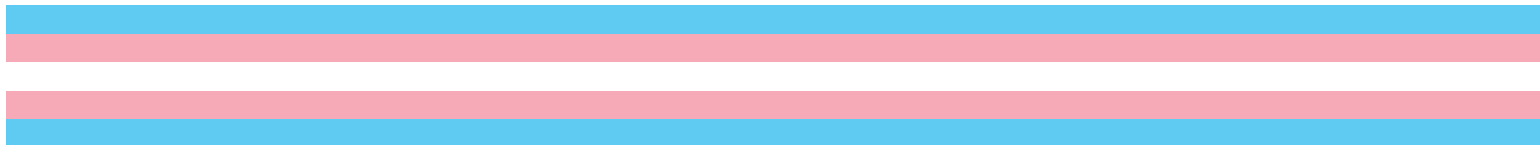
Discussion

Analysis of the 2021 and 2023 RI YRBS indicates transgender youth in RI are significantly more likely than cisgender youth to experience violence, bullying, substance use, and poor mental health outcomes. These results from RI are similar to those found in other national studies, which have demonstrated increased risk of depression, suicide, substance use, and other health issues among transgender youth.^{1,3-7}

Rhode Island transgender youth were more likely than cisgender youth to report feelings of sadness/hopelessness, suicidal ideation, and having attempted suicide. Research has identified numerous social determinants of health, including school, neighborhood, home environment, and interpersonal factors—such as social and familial rejection—that are associated with adverse mental health outcomes among transgender youth.^{4,5,8-12} This is supported by findings in the RI YRBS that transgender youth were significantly more likely to report not feeling safe in their neighborhood, not having their basic needs met at home, and being bullied in school.

Another concern is the high rates of sexual violence experienced by transgender youth. Rhode Island's transgender youth were significantly more likely than cisgender youth (27% vs 6%) to report that they were ever forced to have sex. They were also more likely to report experiencing dating violence. Victimization of transgender students is also prevalent in higher education, with almost one quarter (24%) of transgender participants reporting gender-based violence in college or vocational settings.¹³ Additionally, a 2014 study found that transgender masculine youth assigned female at birth experienced a 15-fold increase of distressing sexual harassment compared to cisgender male youth.¹⁴ These experiences can have long-term negative effects on mental health, resulting in higher rates of depressive symptoms, suicidality, and sexual risk-taking.⁶

Analysis of RI YRBS substance use data found that Rhode Island's transgender youth are more likely than cisgender youth to report current use of marijuana, alcohol, and e-vapor products, findings similar to those of other studies.^{7,15} Other studies have also indicated transgender youth are more likely than cisgender youth to engage in heavy drinking, have an earlier age of onset of alcohol use, use other illicit drugs, and engage in polysubstance (i.e., use of multiple substance) use.^{7,15} Additionally, results from our analyses indicate RI transgender youth were more likely than cisgender youth to have ridden in a car with someone using marijuana and alcohol, a finding of concern because car crashes are a leading cause of death for teens.¹⁶





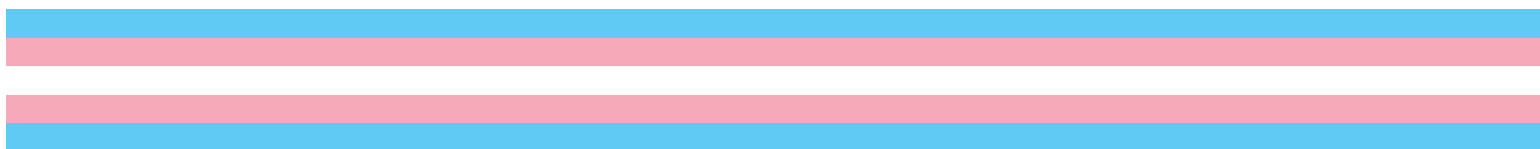
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Discussion (continued)

Recommendations for improving the health of transgender youth must focus on improving social environments (including families and schools) and improving access to appropriate medical and behavioral health services. Implementing programs that prevent bullying, specifically bullying on the basis of gender identity and sexual orientation, has been shown to reduce bullying of LGBTQ+ youth.¹⁷⁻¹⁹ Gender affirmation (e.g., name changing) and having a supportive environment at home and school has been found to be significantly protective against discrimination, suicidal ideation, and suicide attempts; however, fewer than one in three transgender youth nationwide report that their home is gender-affirming.^{8,20} Access to gender-affirming environments should be prioritized to reduce the number of non-cisgender adolescents in crisis. Additionally, access to supportive medical and behavioral health services can improve overall health. While a growing number of medical and behavioral healthcare professionals are adopting trans-inclusive practices, and although Rhode Island does have a small number of trans-centered healthcare programs, more training is needed to bolster the skills of healthcare professionals.

There were several limitations to our analyses. First, the small sample size limited some of the possible analyses. Second, due to the structure of the RI YRBS questions, all those identifying as transgender were grouped together and we could not separately compare the health of transgender males and transgender females. Furthermore, no RI YRBS questions assess whether respondents described themselves as non-binary, even though growing numbers of young adults use this term to describe themselves.^{22,23} Understanding the health risks faced by non-binary individuals is an important avenue of future research.

RI YRBS data continues to be one of the best sources for studying health risks among transgender and sexual minority youth in Rhode Island. Understanding the health needs and improving the health of transgender youth should be a priority.

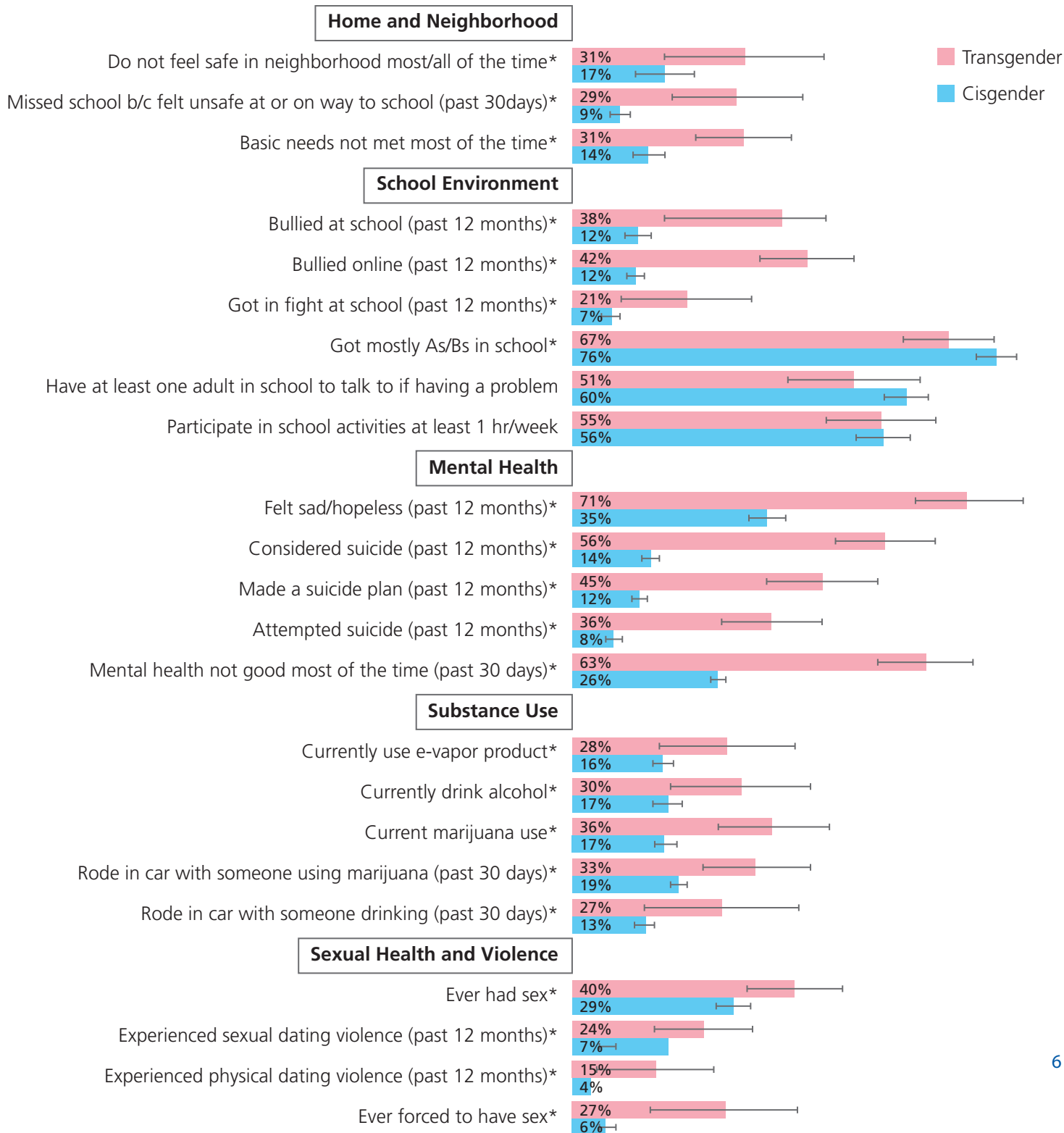




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Figure 1. Selected health measures among RI high school students, by gender identity

Source: 2021 and 2023 RI YRBS



Note: *Indicates statistical significance ($p < .05$) based on chi-square test (not 95% confidence interval); bars represent 95% confidence interval



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For More Information

This brief was prepared by RIDOH's Population Health Surveys Unit in the Center for Health Data and Analysis and RIDOH's Sexual Orientation and Gender Identity (SOGI) Equity Work Group.

Learn more about RIDOH's Youth Risk Behavior Survey (YRBS) here:

<https://health.ri.gov/data/adolescenthealth/>

Learn more about RIDOH's SOGI Equity Work Group here:

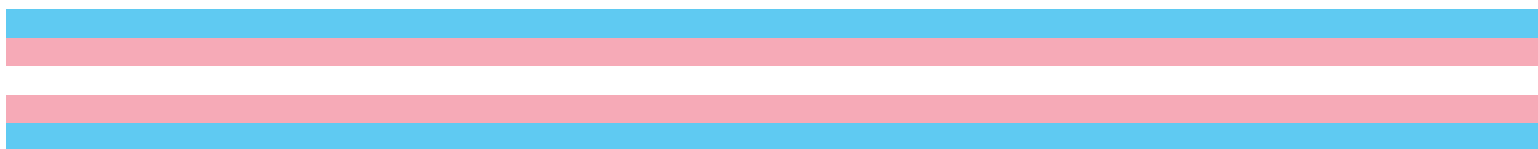
<https://health.ri.gov/sogi>

Find helpful resources for LGBTQ+ community members here:

<https://health.ri.gov/partners/sogi/>

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