

# Restrictive Masculinity Norms and Behavioral Health Outcomes Among Rhode Island Sexual and Gender Minority Young Adults

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## ABSTRACT

**INTRODUCTION:** Restrictive masculinity norms (RMNs), characterized by emotional suppression, dominance, and risk-taking, have been linked to adverse health among cisgender heterosexual men. Little is known about how RMNs operate among sexual and gender minority (SGM) populations, particularly transgender young adults.

**METHODS:** Data were from the 2024 Rhode Island Young Adult Survey, a cross-sectional, web-based survey of adults aged 18–25 years. Analyses were restricted to SGM participants (n=438), with sub-analyses among transgender young adults (n=100). RMNs were measured using a 12-item questionnaire. Outcomes include alcohol use disorder (AUD), cannabis use disorder (CUD), heroin use, intimate partner violence (IPV), problematic pornography use, and problem gambling. Modified Poisson regressions with robust standard errors were used to assess main effects after adjusting for sex assigned at birth, transgender identity, age, race/ethnicity, and social status.

**RESULTS:** Among SGM young adults, a one-unit increase in RMNs score was associated with increased risk of all outcomes [AUD: 1.13 (95%CI 1.08, 1.18); CUD: 1.03 (95%CI 1.01, 1.06); heroin use: 1.22 (95%CI 1.13, 1.31); IPV: 1.04 (95%CI 1.02, 1.06); problematic pornography use: 1.05 (95%CI 1.02, 1.09); problem gambling: 1.11 (95%CI 1.07, 1.15)]. Associations were consistently stronger among transgender young adults, including a markedly elevated risk for heroin use [4.91 (95%CI 3.30, 7.31)], while the association with CUD was not statistically significant.

**CONCLUSIONS:** RMNs are associated with adverse behavioral health among SGM young adults and exert a disproportionate impact on transgender individuals. Addressing RMNs may represent an important, modifiable pathway for reducing behavioral health inequities during young adulthood.

**KEYWORDS:** restrictive masculinity; young adults; sexual and gender minorities; transgender

## INTRODUCTION

Restrictive Masculinity Norms (RMNs) are rigid societal standards rooted in traditional cisgender male ideals that define expectations of masculinity, including risk-taking, emotional toughness, self-reliance, dominance, aggression and anti-femininity.<sup>1,2</sup> They are often highly reinforced and celebrated culturally, including in widespread media portrayals and through everyday social norms.<sup>3</sup> At a structural level, these norms organize financial, sexual, and social power in ways that maintain and reinforce male dominance.<sup>4</sup>

Adherence to RMNs has been associated with poorer health and well-being, particularly through avoidance of vulnerability and help-seeking, as well as increased engagement in risky behaviors such as: substance use, aggression, and sexual behaviors.<sup>5,6</sup> However, existing research largely focuses on cisgender heterosexual men,<sup>7</sup> leaving limited understanding of how these norms affect sexual and gender minority (SGM) health, and particularly transgender individuals.

For SGMs, RMNs are considered within a heteronormative social context that privileges cisgender heterosexuality and traditional gender roles.<sup>8</sup> For transgender and gender-diverse individuals, these norms may be especially salient, due to heightened gender policing and pressures related to gender legitimacy.<sup>9</sup> As a result, RMNs may differentially shape stress exposure, identity development, and coping behaviors, warranting examination by transgender status rather than treating SGM populations as homogenous.

From the perspective of Minority Stress Theory, RMNs may function as chronic stressors by reinforcing stigma, discrimination, and pressures to conform to dominant gender expectations, with transgender individuals potentially experiencing compounded stress, due to the intersection of gender-identity stigma and rigid gender-norm enforcement.<sup>8</sup> These norms are often internalized at a young age and may contribute to psychological distress and mental health disparities.<sup>10</sup> Chronic exposure to such stressors has been associated with poorer mental health outcomes and maladaptive coping strategies, which may manifest in risky or compulsive behaviors similar to those observed among cisgender heterosexual men due to RMNs.<sup>11</sup>

Young adulthood represents a critical developmental period characterized by identity exploration, risk-taking, and the highest rates of anxiety and depression.<sup>12-14</sup> SGM

young adults experience disproportionate mental health burdens during this stage, yet the role of RMNs in this disparity remains unexamined.<sup>15</sup> Accordingly, this study aims to assess associations between RMNs and multiple behavioral outcomes—including alcohol use disorder (AUD), cannabis use disorder (CUD), heroin use, intimate partner violence (IPV), problematic pornography use, and gambling problems—among SGM young adults, with separate analyses by transgender status to identify distinct risk pathways.

## METHODS

### Sample

This study utilized data from the 2024 administration of the Rhode Island Young Adult Survey (RIYAS). This survey is web-based in Qualtrics and is implemented by the Rhode Island Department of Behavioral Health, Developmental Disabilities & Hospitals (BHDDH). Eligible participants included young adults aged 18–25 years old who reside in Rhode Island for at least part of the year. Data collection occurred from May through August of 2024. Recruitment was conducted via targeted paid ads on Instagram and Spotify, as well as informal emails to multiple institutions of higher education across the state. This was a self-report survey that took an average of 20 minutes to complete. All participants received a \$10 electronic gift card. All respondents provided electronic informed consent. This study was approved by the local institutional review board. Among the total sample (n=1,008), those who identified as sexual and/or gender minority individuals were included in this study. This includes those who responded that their sexual orientation was anything other than heterosexual (e.g., gay/lesbian, bisexual, pansexual, etc.) or that their self-reported gender identity did not align with their sex assigned at birth, or they reported themselves to be transgender (n=442). Those who reported their sex assigned at birth as intersex (n=4) were excluded due to a small sample size when controlling for sex assigned at birth. This yielded a final analytic sample of n=438. Sub-analyses were also restricted to those SGMs who responded *yes* to “Do you identify as transgender?” (n=100).

### Measures

The primary exposure of interest in this study is RMNs. This was assessed by a 12-item measure known as the Restrictive Masculinity Scale, which evaluates the extent to which individuals endorse rigid or traditional masculine norms. The scale includes statements such as, “Men should be able to cry openly when they feel emotional,” and, “If a woman declines sex, men should respect that choice.” Responses were recorded on a 5-point scale, ranging from 0 (strongly disagree) to 4 (strongly agree). After scoring, possible total values ranged from 0, representing the lowest endorsement of restrictive masculinity norms, to 48, representing the highest endorsement.<sup>16</sup>

Alcohol use disorder was measured using the Alcohol Use Disorders Identification Test (AUDIT), a valid and reliable 10-item screening tool.<sup>17</sup> Scores were calculated using standard scoring procedures, and participants with scores  $\geq 15$  were categorized as having AUD ( $\alpha=0.82$ ). Cannabis use disorder was evaluated using the Cannabis Use Disorders Identification Test-Revised (CUDIT-R), a valid and reliable 8-item screening instrument.<sup>18</sup> Items were scored following standard scoring procedures, and participants with scores of  $\geq 12$  were categorized as having CUD ( $\alpha=0.83$ ). Heroin use was assessed by the question, “Have you ever used heroin?” Those with response options “yes, in the past month” or “yes, more than a month ago” were considered to have used heroin. Intimate partner violence was measured in response to the question, “Have you ever experienced verbal or physical abuse or threats from a romantic partner?” Those responding “yes, in childhood” or “yes, in adulthood” were considered to have experienced IPV. Problematic pornography use was measured using the valid and reliable 6-item Problematic Pornography Consumption Scale (PPCS-6).<sup>19</sup> Item scores were summed in accordance with scoring instructions ( $\alpha=0.87$ ), and those with scores of  $\geq 20$  were categorized as having problematic pornography consumption. Problem gambling was measured using the valid and reliable 3-item Brief Biosocial Gambling Screen (BBGS), an instrument designed to identify behaviors associated with gambling-related harm.<sup>20</sup> Each item had a Yes/No response format, and endorsement of at least one item was defined as problem gambling. The items asked respondents whether, in the past 12 months, they: (1) felt restless, irritable, or anxious when attempting to reduce or stop gambling; (2) tried to hide the extent of their gambling from family or friends; or (3) experienced financial difficulties severe enough to require assistance with basic expenses.

Other covariates were included because they are considered potential confounders in the relationship between RMNs and the various outcomes.<sup>21</sup> These include sex assigned at birth (female, male), transgender identity (yes/no), age (in years), race/ethnicity (White, Black, Hispanic, Asian, something else), and social status. Perceived social status was assessed using the MacArthur Social Ladder. Participants indicated where they believed they ranked within their community on a scale from 1 (worst off) to 10 (best off).<sup>22</sup>

### Statistical Analysis

The analytic sample of sexual and gender minorities (n=438) was first described by all study variables using frequencies and percents. Two-sample t-tests were used to compare mean RMN scores by transgender identity and each of the study outcomes. Crude and multivariable modified Poisson regression with robust standard errors was used to examine the relationship between RMNs and each of the study outcomes among the full SGM sample, as well as transgender young adults specifically. Because odds ratios from logistic

regression can substantially overestimate risk ratios, even for relatively rare outcomes, modified Poisson regression with robust standard errors were used to directly estimate risk ratios. This approach provides more interpretable effect estimates and avoids convergence issues associated with log-binomial models.<sup>23</sup> Adjusted models controlled for sex assigned at birth, transgender identity, age, race/ethnicity, and social status. Model coefficient estimates were exponentiated to report risk ratios (RRs) and adjusted RRs (aRRs) along with their corresponding 95% confidence intervals. Statistical significance was determined using a threshold of  $\alpha=0.05$ . All statistical analyses were conducted in Stata, version 15.<sup>24</sup>

### RESULTS

The sample of sexual and gender minority young adults in Rhode Island was predominantly female (82.4%) and White (60.7%). The young adults had a mean age of 21.06 years (SD: 0.11) and mean social status of 5.39 (SD: 0.09). The poor health outcomes among SGM young adults ranged in prevalence from 29.0% experiencing IPV, 18.3% meeting the definition for CUD, 9.4% with problematic pornography use, 5.3% with problem gambling, 3.4% meeting the

definition of AUD, to 1.1% reporting heroin use. The mean RMNs score, which can range from 0 to 48, with higher scores showing greater endorsement of restrictive norms, was 24.01 (SD: 0.31) in this sample [Table 1]. Transgender young adults had lower mean RMNs score [22.0 (SE: 0.61)] than those who did not identify as transgender [24.6 (SE:0.35);  $p<0.001$ ], while those with AUD ( $p<0.001$ ), heroin use ( $p<0.001$ ), IPV ( $p=0.002$ ), problematic pornography use ( $p<0.001$ ), and problem gambling ( $p<0.001$ ) had higher RMNs scores than their non-outcome counterparts [Figure 1]. Only those with CUD relative to those without had insignificant differences in mean RMNs scores ( $p=0.075$ ).

In crude and adjusted models, RMNs were positively associated with all outcomes among SGM young adults [Table 2]. Similarly, among transgender young adults specifically, all crude relationships, except between RMNs and CUD, were significant and positive. After controlling for all covariates, these findings remained [Table 2].

Figure 1. Mean Restrictive Masculinity Scale by Behavioral Health Outcomes among Sexual and Gender Minority Young Adults

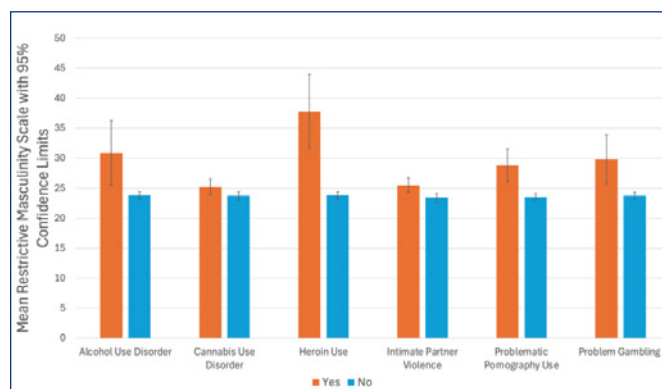


Table 1. Sexual and Gender Minorities Sample (N = 438), RIYAS 2024

Variable	N	%
Sex Assigned at Birth		
Female	361	82.4
Male	77	17.6
Transgender		
Yes	100	22.8
No	338	77.2
Age [Mean (SD)]	21.06	0.11
Race/Ethnicity		
White	266	60.7
Black	23	5.3
Hispanic	82	18.7
Asian	31	7.1
Something Else	36	8.2
Social Status [Mean (SD)]	5.39	0.09
Alcohol Use Disorder	15	3.4
Cannabis Use Disorder	80	18.3
Heroin Use	5	1.1
Intimate Partner Violence	127	29.0
Problematic Pornography Use	41	9.4
Problem Gambling	23	5.3
Restrictive Masculinity Norms [Mean (SD)]	24.01	0.31

Table 2. Adjusted Risk Ratios for Outcomes Associated with a One-Unit Increase in Restrictive Masculinity Norms Score among SGM and Transgender Young Adults

Outcome	SGM Young Adults (n=438)		Transgender Young Adults (n=100)	
	aRR	95% CI	aRR	95% CI
Alcohol Use Disorder	1.13	1.08–1.18	1.16	1.10–1.24
Cannabis Use Disorder	1.03	1.01–1.06	1.03	0.97–1.08
Heroin Use	1.22	1.13–1.31	4.91	3.30–7.31
Intimate Partner Violence	1.04	1.02–1.06	1.05	1.02–1.08
Problematic Pornography Use	1.05	1.02–1.09	1.11	1.01–1.21
Problem Gambling	1.11	1.07–1.15	1.16	1.08–1.24

NOTE: Modified Poisson regression with robust standard errors was used and coefficients were exponentiated. Adjusted models among SGMs controlled for sex assigned at birth, transgender identity, age, race/ethnicity, and social status. Adjusted models among transgender individuals controlled for the same except for transgender identity. All models were statistically significant.

## DISCUSSION

Higher endorsement of RMNs among SGM young adults is associated with an increased risk of multiple, adverse, behavioral health outcomes, AUD, CUD, heroin use, IPV, problematic pornography use, and problem gambling. These findings extend previous research conducted largely among cisgender heterosexual men, by demonstrating that RMNs remain harmful even within populations that, on average, endorse more flexible gender norms.<sup>7,25</sup> Notably, associations were often stronger among transgender young adults, identifying RMNs as a particularly salient and underrecognized contributor to behavioral health inequities within this population.

Although SGM young adults tend to endorse less restrictive gender norms than cisgender heterosexual individuals, these findings demonstrate that when RMNs are internalized, they are associated with harm. Within the context of minority stress, pressures to conform to dominant gender expectations may compound experiences of stigma and marginalization, reinforcing self-reliance, emotional suppression, and avoidance of help-seeking. These dynamics may increase vulnerability to maladaptive coping behaviors.<sup>26</sup>

Among transgender young adults, RMNs appear to exert a disproportionately strong influence on behavioral health outcomes. Despite lower average RMNs endorsement, transgender participants demonstrated larger effect sizes across nearly all outcomes, suggesting that even modest internalization of RMNs may carry increased risk. This pattern highlights the importance of examining RMNs by transgender status, as analyses that aggregate SGMs may obscure greater vulnerability among transgender young adults.

## INTIMATE PARTNER VIOLENCE

The association between RMNs and IPV observed in this study is consistent with findings from cisgender heterosexual samples, while extending this literature to SGM and transgender young adults.<sup>27</sup> From a gender role strain perspective, rigid masculine expectations emphasizing dominance, aggression, and emotional suppression may generate chronic psychological strain when these ideals conflict with an identity.<sup>28</sup> In SGM relationships, gendered power expectations may be negotiated differently across partners, potentially increasing vulnerability to IPV when masculinity is asserted to validate identity or avoid perceived loss of power.<sup>29</sup> Together, these findings suggest that RMNs may compound minority stress, exacerbating risk for IPV.

## SUBSTANCE-RELATED OUTCOMES

Restrictive masculinity norms were also significantly associated with substance-related outcomes, including AUD, CUD, and heroin use. Substance use may serve as an avoidance-based coping strategy for managing emotional distress,

or identity strain when vulnerability and help-seeking are discouraged.<sup>30</sup> Associations were particularly pronounced among transgender young adults, including a markedly elevated risk ratio for heroin use, suggesting that RMNs may contribute to escalation toward higher-risk substances when access to adaptive coping and care is limited. The absence of a statistically significant association between RMNs and CUD among transgender participants may reflect limited statistical power.

## PROBLEMATIC PORNOGRAPHY USE AND PROBLEM GAMBLING

Restrictive masculinity norms were additionally associated with problematic pornography use and problem gambling—behaviors linked to impulsivity, sensation-seeking, and emotional disengagement.<sup>31</sup> Avoidance of vulnerability and emotional intimacy, central features of RMNs, may increase reliance on solitary or compulsive coping behaviors among SGM young adults. The stronger associations observed among transgender young adults in this study indicate that RMNs may partially explain these disparities by reinforcing risk-oriented coping strategies in the context of chronic stress.

Overall, these findings suggest that RMNs contribute to behavioral health risks among SGM young adults through mechanisms of gender role strain shaped by heteronormativity and stigma. Addressing rigid gender norms may therefore represent a meaningful opportunity to intervene in these health outcomes at a societal level.

## Limitations

This study is subject to several limitations. The cross-sectional design precludes causal inference, and self-reported data may introduce selection and reporting bias. Findings may not be fully generalizable to all SGM young adults in Rhode Island. Additionally, males were underrepresented in the sample, which may have resulted in conservative estimates of RMN endorsement and associated risks.

## IMPLICATIONS

These findings highlight RMNs as a public health concern among SGM young adults, particularly transgender individuals. RMNs may function as modifiable, upstream social determinants of behavioral health risk and should be considered within SGM-affirming healthcare, prevention, and intervention frameworks. Routine assessment of RMNs in clinical and community settings such as primary care, campus health services, and behavioral health screening programs may help identify individuals at increased risk and inform more tailored, upstream interventions.

Practitioners should adopt strength-based approaches that reframe the disclosure of poor health outcomes as acts of

resilience and courage.<sup>32</sup> By using affirming, supportive language, such as recognizing a patient's strength in navigating the pressures of RMNs, clinicians can foster a safer, more trusting environment that encourages help-seeking among young adults. Centering validation of SGM young adults' experiences and promoting a sense of wholeness are essential to supporting mental wellbeing and preventing adverse behavioral health outcomes.<sup>33</sup>

Interventions that promote emotional regulation, adaptive communication, and critical reflection on gender norms may enhance engagement and safety when implemented alongside efforts to address stigma, discrimination, and barriers to care. Addressing RMNs within broader structural contexts may strengthen public health efforts to improve behavioral health and reduce disparities among SGM young adults.

## CONCLUSIONS

Greater endorsement of RMNs was associated with increased risk of multiple, adverse, behavioral health outcomes among SGM young adults, with particularly strong effects among transgender individuals. These findings extend existing research on RMNs beyond cisgender heterosexual populations and underscore the importance of addressing rigid gender norms as part of efforts to reduce behavioral health inequities.

Promoting more expansive and inclusive understandings of gender may improve health outcomes not only for SGM communities, but for society as a whole. Young adulthood represents a critical window for this work, as norms established during this period shape long-term health trajectories. Addressing RMNs early may therefore yield lasting benefits for individual wellbeing, community health, and social equity.

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