Behavioral and Physical Health of LGBTQ+ Youth in Rhode Island: Implications for Clinical Care and Policy

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INTRODUCTION

Adolescents and young adults are shaped by intersecting developmental, social, and structural forces. For lesbian, gay, bisexual, transgender, queer, and other sexual and gender minority (LGBTQ+) youth, these forces often translate into disproportionate exposure to stigma, discrimination, and unmet health needs.[1-4] Nationally and in Rhode Island (RI), LGBTQ+ youth experience higher rates of depression, anxiety, suicidality, substance use, and victimization than their heterosexual and cisgender peers.[2,3,5-8] At the same time, strong evidence demonstrates that affirming families, schools, communities, and health care environments substantially improve outcomes.[4,9-11]

Rhode Island offers a unique context. The state has strong legal protections for LGBTQ+ people, including bans on conversion therapy and protections against discrimination targeting gender identity and sexual orientation. Yet, marked health disparities persist for LGBTQ+ youth. This commentary synthesizes available RI-specific data on the behavioral health of this population, supplemented by national evidence and clinical experience, to describe the size and characteristics of the LGBTQ+ youth population, summarize key health outcomes, identify protective factors, and highlight actionable opportunities for providers, school systems, health systems, and policymakers. A separate commentary in this issue will describe the policy landscape and implications for LGBTQ+ youth in RI.

LGBTQ+ YOUTH IN RHODE ISLAND: SIZE AND TRENDS

Population-based estimates of LGBTQ+ youth in RI primarily come from the Youth Risk Behavior Surveillance System[12,13] (YRBS), the RI Department of Education, and the UCLA Williams Institute[14] [**Table 1**]. YRBS data indicate that of the approximately 45,000 high school students in RI, about 19% (roughly 8,000) identify as LGBTQ+, including about 3.5% (roughly 1,500) who identify as transgender.[5] These estimates are comparable to national figures,[14] with RI reporting slightly lower overall LGBTQ+ prevalence but similar proportions of transgender youth. Over time, the proportion of youth identifying as LGBTQ+ has increased in RI and nationally.[15] For example, RI Department of Education estimates suggest LGBTQ+ identification rose from approximately 10% in 2016 to nearly double that figure in recent years.[16] While increased visibility and social acceptance likely contribute, limitations in earlier data collection—particularly the late inclusion of gender identity questions—make it difficult to determine whether observed increases reflect true population changes or improved measurement.

Importantly, available data likely underestimate transgender and nonbinary youth, as many surveys rely on single-item gender identity questions that exclude youth who are questioning or have nonbinary identities. Additionally, many youth use labels to describe their sexuality and gender beyond those commonly used in survey questions. However, a strength of the RI YRBS is its inclusion of "questioning" youth, both in sexual orientation and gender identity. At the same time, fear of stigma and safety concerns may further suppress disclosure, particularly among youth experiencing marginalization in other domains.[17]

Table 1. Rhode Island LGBTQ+ and transgender youth demographic characteristics by source

Source	Total LGBTQ+ Population: n (%)	Total Transgender Population: n (%)	Methodology/Sample
RI Department of Education (DOE) and Department of Health (DOH)[4]	10%	N/A	Synthesized data from CDC YRBS, RI Kids Count, DOH Surveillance
RI Youth Risk Behavior Surveillance System (YRBS)[1,2]	8021 (19%)	1503 (3.5%)	Data from 2021 and 2023 samples weighted to obtain statewide population estimates
UCLA Williams Institute[3]	6000	400	Combines own estimates with US Census and YRBS data to develop report

MENTAL AND BEHAVIORAL HEALTH OUTCOMES

Mental and behavioral health disparities are among the most striking inequities facing LGBTQ+ youth in RI. State and national data consistently show elevated rates of anxiety, depression, and suicidality compared with heterosexual and cisgender peers.[1-4,6,8,12,15,18-21] In RI, over half of LGBTQ+ youth report symptoms of anxiety or depression. Compared to heterosexual youth, gay/lesbian/bisexual and queer/questioning youth have much higher rates of seriously considering suicide (H: 26%, LGB: 60%, Q/Q: 71%) and attempting suicide (H: 6%, LGB: 17%, Q/Q: 20%) Rates are also substantially higher among transgender and nonbinary youth when compared to cisgender youth. More than one in two transgender youth in the state has seriously considered suicide, and more than one- third concerning proportion report suicide attempts, compared to 14% and 8% of cisgender youth.[6] Similar trends are seen at the national level.[12,13]

These outcomes are strongly shaped by social context. Only about 43% of transgender and nonbinary youth in RI describe their home as affirming,[8] and family rejection is a powerful predictor of poor mental health outcomes and suicidality.[22,23] Conversely, access to gender-affirming care—including mental health services, family-based interventions, and social affirmation—has been associated with improved psychological wellbeing.[24,25] Despite high need, access to mental health care remains limited. More than one-third of RI LGBTQ+ youth who sought mental health services in the past year were unable to obtain them.[8] Common barriers include fear of involuntary hospitalization, cost, lack of affirming providers, and concerns about privacy—particularly when care is delivered virtually. Conversion therapy, defined as efforts to change an adolescent's actual or perceived gender identity, gender expression, or sexual behavior, is known to cause severe psychological distress, depression, substance abuse, and suicidality among LGBTQ youth.[26,27] It is present, but fortunately not common in RI. Seven percent of LGTBQ+ young people in RI report being threatened with conversion therapy and 3% were subjected to conversion therapy, despite the practice being legally banned in the state.[8]

PHYSICAL HEALTH, SUBSTANCE USE, AND SAFETY

LGBTQ+ youth in RI also experience disparities in physical health outcomes that reflect heightened exposure to stress, violence, and discrimination. Bullying and victimization remain pervasive among LGBTQ+ youth, and some disparities vary by sexual orientation and gender identity.[6] For example, in RI, more than one-third of transgender youth report in-person bullying, and over 40% report online harassment.[5] These experiences are associated with absenteeism, substance use, psychological distress, and increased risk of injury.[28] Transgender youth also report struggling with substance use—specifically alcohol, marijuana use, and vaping nicotine—compared to cisgender peers,[29] patterns that mirror national findings among sexual minority compared to heterosexual youth.[30] For example, prevalence of current marijuana use was higher among gay, lesbian, and bisexual students (32.0%) than heterosexual students (20.7%).[30] However, in this same study, no differences were seen in behaviors related to birth control, nutrition, or physical activity between heterosexual versus gay, bisexual, and lesbian youth.[31]

SEXUAL AND REPRODUCTIVE HEALTH EDUCATION

Comprehensive, inclusive sexual and reproductive health (SRH) education is essential for LGBTQ+ youth,[32–34] yet remains inconsistent.[35] Most RI high schools report covering gender identity and sexual orientation, but fewer provide LGBTQ+-inclusive education on HIV, sexually transmitted infections, and pregnancy prevention.[35] Available data are limited by reliance on district self-report and do not assess instructional quality or student outcomes. Gaps in inclusive SRH education leave many LGBTQ+ youth without accurate, relevant information, increasing vulnerability to adverse sexual health outcomes and reinforcing stigma.[34,36] Improved monitoring and evaluation of SRH education—including student-centered assessments—are needed at the district and state level to ensure curricula are comprehensive and inclusive, health teachers are comfortably and confidently implementing the curricula, and the instruction translates into meaningful knowledge and skills for all youth.

ACCESS TO AND EXPERIENCES WITH HEALTH CARE

Direct RI-specific data on health care experiences among LGBTQ+ youth are limited, but existing evidence suggests mixed progress. Barriers to care operate at multiple levels: individual fears of disclosure, interpersonal discrimination, insufficient provider training, limited availability of affirming services, insurance gaps, and broader societal stigma.[37] Experiences of discrimination remain common, as nearly two-thirds of LGBTQ+ youth in RI report mistreatment in school related to sexual orientation or gender identity.[6,12] Discrimination is independently associated with poorer physical and mental health outcomes, even after accounting for socioeconomic factors.[38] Analyses of RI claims data indicate that transgender adolescents receive preventive services at rates comparable to or higher than cisgender peers, though often outside traditional primary care settings.[39] Addressing these barriers requires coordinated, multilevel strategies.

INTERSECTIONAL DISPARITIES

Intersectionality provides a critical framework for understanding how overlapping systems of oppression intensify health inequities.[40] Although RI-specific data are sparse, national evidence indicates that LGBTQ+ youth who are also youth of color, immigrants, or from low-income backgrounds experience compounded disparities.[41-44] Studies show that LGBTQ+ youth of color face higher levels of school hostility, reduced access to mental health services, and greater unmet health needs than White LGBTQ+ peers.[45] These patterns likely extend to RI, underscoring the urgency of collecting and analyzing disaggregated data by race, ethnicity, gender identity, and socioeconomic status to guide equitable interventions. Affirming peer and adult support, including communities formed through online and virtual spaces, may be especially critical for youth with intersecting marginalized identities who often face reduced access to in-person supports and thus rely more heavily on alternative networks to buffer compounded stress.[46]

PROTECTIVE FACTORS AND RESILIENCE

Despite elevated risks, LGBTQ+ youth demonstrate remarkable resilience when supported by affirming environments. Family acceptance is among the strongest protective factors, associated with lower rates of depression, substance use, and suicidality.[47–49] Yet, fewer than one-third of RI LGBTQ+ youth report high levels of family support, with even lower rates among transgender youth.[50] Schools and communities also play a critical role. LGBTQ+-affirming school policies, supportive staff, inclusive curricula, and access to Gender and Sexuality Alliances (GSAs) are associated with improved academic and mental health outcomes.[51] In RI, fewer than half of LGBTQ+ youth describe their schools as affirming, highlighting significant room for improvement.[52]

Community-based organizations and online spaces also provide vital support, fostering belonging and identity affirmation. For example, Youth Pride (https://www.youthpride ri.org/) and local PFLAG chapters (https://pflag.org/find-achapter/), offer direct services such as peer support groups, youth programming, and family counseling. These organizations help foster a sense of belonging and safety for LGBTQ+ youth, which is essential for their mental and emotional development. While online communities can mitigate isolation—particularly for transgender youth[46]—they also can expose youth to harassment,[53] reinforcing the need for digital literacy and safety initiatives.

IMPLICATIONS FOR POLICY AND PRACTICE

Closing health equity gaps for LGBTQ+ youth in Rhode Island requires coordinated action across systems. Recent anti-LGBTQ+ policies at the local, state and national level are not evidence-based and will only worsen health outcomes and equity in this population.[54,55] Priority strategies include: 1) **Expanding access to affirming mental health care**, including insurance coverage, workforce development, and youth-centered telehealth models; 2) **Improving provider education and clinical training** on LGBTQ+ youth health and gender-affirming care; 3) **Strengthening data collection**, including routine, disaggregated sexual orientation and gender identity measures; 4) **Enhancing school-based supports**, such as inclusive SRH education, establishing and providing adequate funding for Gender and Sexuality Alliances (GSAs), and anti-bullying policies; and 5) **Investing in families and communities**, particularly programs that promote acceptance and culturally responsive care.

Rhode Island has a strong foundation of legal protections and community assets. Leveraging these strengths—while addressing persistent gaps—offers a clear opportunity to improve the health and wellbeing of LGBTQ+ youth statewide.

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