

2025  
**Girls  
Report**  
RHODE ISLAND

## Dear Friends,

In the spring of 2024, the two of us sat down together to explore ways our organizations could collaborate to better serve the girls of Rhode Island. Our conversation quickly turned to the importance of data—real, concrete information that could shed light on the challenges and opportunities facing girls in our state. When Dana shared the 2023 *Indiana Girls Report*, we wondered: Could we do something similar for Rhode Island?

As you can see in this report, the answer is a resounding yes.

With no initial funding and a deep belief in the importance of this work, we pulled together a passionate coalition of volunteers, researchers, and community leaders who shared our vision. The result is the *Rhode Island Girls Report*, a comprehensive snapshot of girls' lives in our state. It captures their strengths, the barriers they face, and the urgent need for investment in their futures.

This report is more than just data—it's a call to action. We hope it inspires policymakers, educators, donors, and community members to prioritize the well-being of Rhode Island's girls. They are the future of our state, and when we invest in them, we all thrive.

With gratitude,



Dana Borrelli-Murray  
Executive Director, Girl Scouts  
of Southeastern New England



Kelly Nevins  
Chief Executive Officer,  
Women's Fund of Rhode Island

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**As organizations dedicated to supporting girls and gender-expansive youth, we deeply understand the needs in our state.**

*As a collective, we now have a comprehensive collection of data that highlights the realities we know all too well. With this valuable information, we can develop informed recommendations and advocate effectively for our greatest asset—our young people.*

*We invite you to join us in leveraging this report to spark initiatives that enhance the lives of girls across Rhode Island. Together, we can make a meaningful difference.*

Signed Collectively by -->

- Blackstone Valley Advocacy Center
- Day One
- Family Service Rhode Island
- Gather RI
- Girl Scouts of Southeastern New England
- Girls on the Run RI
- Lincoln School Providence
- Nora's Haven
- Rhode Island Alliance of Boys and Girls Clubs
- Rhode Island Coalition Against Domestic Violence
- Rhode Island Coalition for Children and Families
- Rhode Island for Community and Justice
- Rhode Island KIDS COUNT
- SafeBAE
- Sojourner House
- The Womxn Project Education Fund
- Women's Fund of Rhode Island
- Women's Resource Center

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## About the Rhode Island Girls Report

The 2025 *RI Girls Report: A Profile of Rhode Island Girls* (1st ed.) was inspired by the 2023 *Indiana Girl Report: A Profile of Indiana Girls*<sup>1</sup>. Both are overviews of the well-being of girls and the realities they face throughout our respective states. Following the lead of the *Indiana Girl Report*, we collected similar data with two guiding principles: that the data will help to inform positive changes for RI girls and that if more states do likewise, we might eventually be able to compare “apples to apples,” identifying common challenges and shared opportunities to address them.

Rhode Island’s data was compiled and the report created through a collaborative effort of Blue Cross & Blue Shield of Rhode Island, Brown University School of Public Health, Girls on the Run RI, Girl Scouts of Southeastern New England, Rhode Island for Community & Justice, Rhode Island KIDS COUNT, The Womxn Project Education Fund, and Women’s Fund of Rhode Island.



This report includes specific data sourced from a variety of government and public resources, including from:

- Rhode Island KIDS COUNT Factbook;
- American Community Survey (ACS);
- Rhode Island Department of Health;
- Data Resource Center for Child & Adolescent Health; and
- Youth Risk Behavior Survey (YRBS).

The data is meant to inform parents, educators, youth service providers, policymakers, community leaders, and donors about the major issues that face our girls and what can be done to support and improve their journey towards adulthood. The length of each section may differ in size due to the complexity of the topic and variety of strategies available to address issues. It is not meant to imply bias.

The information from this report may be copied, distributed, or otherwise used, provided the source is cited as: *2025 RI Girls Report: A Profile of Rhode Island Girls (1st ed)*.

## **HOW TO READ THE REPORT**

This report contains three distinct sections, designed to provide a comprehensive overview and elevate statewide attention to the realities impacting girls' lives. The Executive Summary offers highlights and recommendations for adults who want to get involved to support girls. The next section, Rhode Island Girls' Well-Being, identifies trends in the well-being of RI girls and the calls to action which can collectively change the landscape and serve as levers for change. The third section, Factors Contributing to RI Girls' Well-Being, presents data on the factors that inform the well-being of girls at two scales: (1) the family and community level and (2) the societal level.

## **CONTENT WARNING**

This report includes details, discussions, and data related to topics such as trauma, violence, loss of life, and various forms of abuse.

## **DISCLAIMER**

This report may be linked to other sites and services that are not maintained by the writers or publishers of this report and we are not responsible for the content of those sites. Consequently, we cannot be held responsible for the accuracy, relevancy, copyright compliance, legality, or decency of material contained in sites listed on or otherwise linked to the *2025 RI Girls Report: A Profile of Rhode Island Girls*. The inclusion of any link to such sites does not imply endorsement by the writers or publishers of this report.

## 2025 Executive Summary

A single question launched the *RI Girls Report* debut issue: "How are girls faring in Rhode Island?" The answer, it turns out, is quite complicated.

Inspired by the 2023 *Indiana Girl Reports*, a coalition of local organizations banded together to see what the data could tell us about the issues impacting girls' lives. Research tells us that girls have a greater capacity to thrive when they have a safe space to grow emotionally and physically, when they are surrounded by supportive adults, when they are introduced to new experiences that help them learn new skills, and when they stay physically active and socially connected.

Real life, however, is not that simple. Girls' lives are complicated and messy. Rarely do all the necessary factors align perfectly to provide girls with everything they need to survive and thrive.

What happens then? There are three specific areas of support where collective efforts can more positively impact girls' overall wellness. Those involved in creating this report and local organizations serving girls and gender-expansive youth are committed to advancing these efforts. We are issuing a call to all who care about girls to join us in this work.

### 1: Positive Childhood Experiences

These conditions throughout childhood can help young people process stressful life events, build resilience, and become mentally and physically healthy adults. They center around safe, stable, and nurturing relationships and environments.

#### The current state:

- 39% and 45% of RI girls aged 6-17 participated in Clubs/Organizations or Sports Teams/Lessons, respectively, lower rates than boys<sup>2</sup>.
- Only 1 in 10 girls (12.2%) reported they were active for an hour every day of the week in 2022 vs. 19.6% of boys<sup>3</sup>.
- 6% of girls dropped out of school before achieving their high school diploma<sup>4</sup>.

Girls recognize the need for safe schools, trusted adults, and peer networks, alongside opportunities to develop skills and leadership in supportive, girl-focused spaces.

- At least 57% of high school girls indicated that there was a teacher or another adult at school they could talk to if they had a problem<sup>3</sup>.
- Between 58-61% of Gen Z said their mentor helped them with their mental health<sup>5</sup>.

## 2: Addressing Interpersonal Aggression

Bullying, cyberbullying, dating violence, and sexual assault are part of a self-perpetuating cycle of violence. These adverse experiences—often rooted in childhood trauma for both the victim and the perpetrator—increase the risk of mental disorders.

### The current state:

- 43% of middle school girls reported being bullied on school property, with a noticeable rise in instances in 2023<sup>3</sup>.
- 10% of high school girls reported being physically forced to have sex<sup>3</sup>.
- 17% of high school girls reported experiencing dating violence<sup>3</sup>.

## 3: Access to Mental Health Supports

Given the higher rates at which girls and gender-expansive youth experience interpersonal aggression—and gaps in their positive childhood experiences—it is no surprise that they also report mental health challenges at twice the rate of boys.

All adolescents should have access to mental health support, including through programs, interventions, and mental health services in their schools and communities. Yet that is not always the case.

### The current state:

- Girls are 2x more likely than boys to experience chronic depression and engage in suicidal ideation (28% vs. 13% boys in middle school; 20% vs. 10% boys in high school)<sup>3</sup>.
- Regardless of school age status, girls were more likely than boys to consider and attempt suicide. Nearly one in three middle school girls seriously considered suicide, with 13% attempting suicide<sup>3</sup>.
- The ratio of school psychologists (713:1) and counselors (374:1) to students is above the minimum recommended levels, which are 500:1 for school psychologists and 250:1 for both social workers and counselors<sup>6-9</sup>.



Increasing access to mental health support is critical for girls to address the challenges they face now—and when accessible for all adolescents—are key to preventing future aggression and violence.



## *Overall Call to Action: Empowering Rhode Island's Girls for a Brighter Future*

Rhode Island's girls face a complex set of challenges—ranging from disparities in education, mental health crises, and systemic inequities, to interpersonal violence and limited access to critical resources. Yet, their resilience and potential provide an incredible opportunity for positive change. This report calls on policymakers, educators, community leaders, families, and all stakeholders to join forces in ensuring that every girl in Rhode Island has the opportunity to thrive.

### **Key Priorities for Action**

#### **1. Expand Access to Positive Childhood Experiences**

Every girl deserves a safe, supportive environment to grow and succeed. Increase funding for after-school programs, mentorship opportunities, and leadership initiatives that foster resilience, self-confidence, and skill-building. Ensure that homeless and underserved girls receive targeted resources to meet their basic needs.

#### **2. Address Interpersonal Aggression and Gender-Based Violence**

Break the cycle of bullying, dating violence, and sexual assault through comprehensive prevention programs, inclusive education on healthy relationships, and robust enforcement of anti-violence policies. Empower schools to create safe and inclusive spaces, especially for marginalized groups like transgender youth.

#### **3. Invest in Mental and Behavioral Health Services**

Close the gap in mental health support by hiring more school-based counselors, psychologists, and social workers to meet recommended ratios in all schools. Expand access to community-based mental health programs and address stigma around mental health to encourage girls to seek help.

#### **4. Promote Equity in Education and Career Readiness**

Eliminate gender-based barriers in education by ensuring equitable access to Science, Technology, Engineering, and Mathematics (STEM) opportunities, addressing absenteeism, and supporting girls with individualized education plans. Strengthen college and career readiness initiatives to prepare girls for a diverse range of high-demand fields.

#### **5. Enhance Community Safety and Support Networks**

Build safer neighborhoods and schools by engaging families, communities, and policymakers in creating well-lit public spaces, accessible safe routes, and stronger

anti-discrimination policies. Foster mentorship and support networks that reflect the diversity and experiences of Rhode Island's girls.

## **6. Increase Philanthropic Support for Girls' Programs**

Funding organizations and programs that directly support girls is critical for achieving gender equity. According to the Women & Girls Index 2022, philanthropic support for women's and girls' organizations in the United States represents just 1.9 percent of overall giving. While Rhode Island is slightly better at funding programs with a gender lens than is seen nationally, severe under-resourcing remains—particularly for programs focused on girls of color. To address this, funders must prioritize initiatives that empower girls and address systemic barriers. These programs are essential to fostering leadership, resilience, and equity in our communities.

## **The Path Forward**

Achieving these goals requires bold, collective action. Policymakers must prioritize legislation that ensures equity, access, and funding for youth-centered initiatives. Educators must advocate for and implement inclusive, trauma-informed practices in schools. Community leaders must champion local solutions to systemic challenges. Families must foster open conversations and provide unwavering support to girls as they navigate complex social and academic environments.

Equally important, philanthropy must play a transformative role. Strategic, sustained investments in programs with a gender lens can help bridge resource gaps and ensure that all girls—particularly those from historically marginalized communities—have the tools, resources, and opportunities to thrive.

The inspiration for this report came from the *2023 Indiana Girl Report*, which was led by the Girl Coalition of Indiana. No such coalition for girls exists (yet) in Rhode Island. Is now the time to both create a coalition for girls and gender-expansive youth AND to invest more in our girls? We believe the answer is a resounding YES!

Together, we can create a Rhode Island where every girl—regardless of her background or circumstances—has the opportunity to succeed. By investing in their well-being, we are not only shaping their future but also building a stronger, more equitable community for all.

***Let's act now. The future of Rhode Island depends on it.***

## *Overview of 2025 RI Girls Report: A Profile of Rhode Island Girls*

This report was compiled to highlight the particular challenges that girls face within the state of Rhode Island, using a variety of government and publicly available resources and extensive research on educational, physical, and mental and behavioral wellness (reflected in our dimensions of wellness below). Aspects of this report also include the experiences of transgender youth, many of whom identify as female. The report includes recommendations for parents, educators, youth service providers, policymakers, community leaders, and donors to improve support and overall conditions for girls in the state of Rhode Island.

### **DIMENSIONS OF WELLNESS**

This report examines Dimensions of Wellness that girls need to thrive and are essential for their holistic development. It is challenging to tease these dimensions completely apart from one another, so we cross reference this in the report where applicable.





**EDUCATIONAL WELLNESS:** To create equal opportunities in the classroom, educators and school leaders must focus on cultivating an environment that sparks curiosity, encourages risk-taking, and motivates girls to explore new possibilities. While societal expectations often push girls to excel academically, they can also impose pressures that limit their success or constrain their career aspirations. Academic wellness for girls begins with access to high-quality early education, equal opportunities across all fields of study—including STEM—throughout their K-12 journey, and pathways for continued learning in higher education or vocational training. Additionally, afterschool programs and extracurricular activities play a vital role in helping girls build social skills, recognize their inherent value, and develop strong self-confidence.

**PHYSICAL WELLNESS:** Supporting girls' growth and development involves fostering environments where they can build strong, healthy bodies and thrive in safe surroundings. This includes ensuring access to nutritious food, opportunities for physical activity, and comprehensive health education. Girls also benefit from secure housing, reliable healthcare, and supportive communities of peers and caring adults who nurture their overall well-being and provide a foundation for healthy development.

**MENTAL AND BEHAVIORAL WELLNESS:** Promoting mental and behavioral well-being means creating spaces where girls can build emotional and social resilience. This involves helping them recognize, express, and regulate their emotions with the support of compassionate adults. Providing opportunities for self-care and co-regulation empowers girls to address challenges like bullying, eating disorders, and depression. Experiences such as trauma, substance misuse, and suicidal thoughts can significantly affect their mental health, both immediately and in the long term, highlighting the importance of nurturing supportive environments.

**FACTORS CONTRIBUTING TO RI GIRLS' WELL-BEING:** This section explores the critical contributors to their well-being, organized into two sections: **Family & Community** and **Society**. The well-being of girls in Rhode Island is shaped by a complex interplay of personal, familial, community, and societal factors. Social resilience emerges from a strong support network, including family stability, economic resources, and opportunities for social engagement within the community, free from interpersonal violence. Girls' well-being begins with their immediate surroundings—family, peers, and the community. These environments play a pivotal role in shaping their experiences and resilience. Beyond personal and community influences, broader societal conditions significantly impact girls' well-being. Understanding these influences is essential for creating environments that empower girls to thrive.

## Data Limitations

This report is meant to offer insight into the obstacles and challenges facing our girls in Rhode Island. It also provides a context for all youth-serving organizations, specifically those working with girls, to address the gender gaps that are present across all dimensions of well-being.

Just as there are gaps in the experiences and opportunities impacting girls, we recognize that gender gaps also exist in data and data collection. Gender biases and accurate representation are not issues unique to Rhode Island as organizations around the world work towards equitable data-collection standards to address gender data gaps.



When available, gender-specific data and research have been utilized in order to minimize gender biases and highlight the unique experiences that girls face. It is important to recognize that biases exist in data collection, reporting, and availability that affect the data surrounding all genders, but especially impacts the availability of girl-focused data.

Some specific data limitations include:

- For some data points, a lack of gender differentiation in reports means we cannot always disaggregate data about girls versus boys;
- Due to Rhode Island's small population, some data, such as race or income details, is withheld to ensure individual privacy;
- Gender-inclusive data, including those for transgender and non-binary youth, are not available for many metrics;
- The Youth Risk Behavior Survey (YRBS) includes a question asking, "What is your sex?" However, students may answer based on their sex assigned at birth or their identity when completing the survey;
- Individuals identifying as transgender were categorized as a single group, without distinguishing between transgender males and transgender females;
- Although a growing number of young adults describe themselves as non-binary, none of the surveys used capture this information; and
- Statistics summarizing gender, sex, race, ethnicity, and other demographic characteristics are set and vary by the primary source of the data (e.g., US Census).

## Demographics of Rhode Island's Girls

Understanding the diverse demographics of girls in Rhode Island is essential to fully grasp the initiatives being implemented across the state. While acknowledging the variety of backgrounds and experiences among girls is critical, it is equally important to provide a shared framework for how this report and youth-focused organizations define and approach these demographic groups.

While some definitions are widely recognized, others may be less familiar in the context of data reporting. Below are explanations for several key demographics that are central to this report:

- **Sex:** The classification of individuals as female or male based on biological characteristics such as chromosomes, anatomy, and hormone levels, typically determined at birth.
- **Gender:** the characteristics of women, men, girls, and boys that are socially constructed, including associated norms, behaviors, and roles.
- **Cisgender:** a person whose identity corresponds to the gender registered for them at birth.
- **Transgender:** individuals who answered “yes” when asked if their sex at birth is not the same as they think or feel about gender on the YRBS.
- **Age:** the number of years a child has lived since birth.
- **Race:** a social category that groups individuals based on shared physical characteristics, cultural connections, or historical ties.
- **Ethnicity:** the cultural identity of a group, defined by shared traditions, language, religion, ancestry, or customs linked to a specific geographic region.

In this report, the definition of “girl” is a child under the age of 18, unless otherwise noted, whose sex assigned at birth was marked as female.





## GENERAL DEMOGRAPHICS

### Number and Percent of Youth Under 18 Years, RI: 2022

|               | Under 5 Years |                     | 5 to 9 Years |                     | 10 to 14 Years |                     | 15 to 17 Years |                     |
|---------------|---------------|---------------------|--------------|---------------------|----------------|---------------------|----------------|---------------------|
|               | # of Youth    | % of Youth Under 18 | # of Youth   | % of Youth Under 18 | # of Youth     | % of Youth Under 18 | # of Youth     | % of Youth Under 18 |
| <b>Female</b> | 26602         | 12.77%              | 27742        | 13.32%              | 28655          | 13.76%              | 18355          | 8.81%               |
| <b>Male</b>   | 27570         | 13.23%              | 28327        | 13.60%              | 31303          | 15.03%              | 19770          | 9.49%               |

Source:

U.S. Census Bureau. (2022). Sex by Age. American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B01001. Retrieved December 17, 2024, from <https://data.census.gov/table/ACSDT5Y2022.B01001?q=b01001&g=040XX00US44>.

### Place of Birth for Total Youth Under 18 Years, RI: 2022

|                                      | # of Youth | % of Youth |
|--------------------------------------|------------|------------|
| <b>Born in Rhode Island</b>          | 161966     | 77.75%     |
| <b>Born in Other State</b>           | 32011      | 15.37%     |
| <b>Native; Born outside the U.S.</b> | 4028       | 1.93%      |
| <b>Foreign Born</b>                  | 10319      | 4.95%      |

Source:

U.S. Census Bureau. (2022). Place of Birth by Age in the United States. American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B06001. Retrieved August 7, 2024, from <https://data.census.gov/table/ACSDT5Y2022.B06001?q=B06001&g=040XX00US44>.

### Relationship to Primary Householder for Total Youth Under 18 Years, RI: 2022

|                               | # of Youth | % of Youth |
|-------------------------------|------------|------------|
| <b>Biological Child</b>       | 177077     | 82.86%     |
| <b>Adopted Child</b>          | 3348       | 0.80%      |
| <b>Stepchild</b>              | 6256       | 4.64%      |
| <b>Grandchild</b>             | 13248      | 6.08%      |
| <b>Other relative</b>         | 3913       | 1.22%      |
| <b>Foster child/unrelated</b> | 3994       | 1.74%      |

Source:

U.S. Census Bureau. (2022). Relationship to Householder for Children Under 18 Years in Households. American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B09018. Retrieved December 19, 2024, from <https://data.census.gov/table/ACSDT5Y2022.B09018?q=B09018&g=040XX00US44>.

### Number and Percent of Youth Under 18 years by Race/Ethnicity, RI: 2022

|               | American Indian |                     | Asian      |                     | Black      |                     | Hispanic   |                     | Native Hawaiian/<br>Pacific Islander |            | Two or More Races |            | White      |            | Some Other Race |            |
|---------------|-----------------|---------------------|------------|---------------------|------------|---------------------|------------|---------------------|--------------------------------------|------------|-------------------|------------|------------|------------|-----------------|------------|
|               | # of Youth      | % of Youth Under 18 | # of Youth | % of Youth Under 18 | # of Youth | % of Youth Under 18 | # of Youth | % of Youth Under 18 | # of Youth                           | % of Youth | # of Youth        | % of Youth | # of Youth | % of Youth | # of Youth      | % of Youth |
| <b>Female</b> | 544             | 0.26%               | 3790       | 1.82%               | 8506       | 4.08%               | 27604      | 13.25%              | 94                                   | 0.05%      | 14671             | 7.04%      | 64014      | 30.73%     | 9735            | 4.67%      |
| <b>Male</b>   | 747             | 0.36%               | 3564       | 1.71%               | 7827       | 3.76%               | 29832      | 14.32%              | 67                                   | 0.03%      | 16909             | 8.12%      | 67595      | 32.45%     | 10261           | 4.93%      |

#### Sources:

- U.S. Census Bureau. (2022). Sex by Age (White Alone). American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B01001A. Retrieved August 7, 2024, from <https://data.census.gov/table/ACSDT5Y2022.B01001A?q=B01001A: Sex by Age&g=040XX00US44>.
- U.S. Census Bureau. (2022). Sex by Age (Black or African American Alone). American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B01001B. Retrieved August 7, 2024, from <https://data.census.gov/table/ACSDT5Y2022.B01001B?q=B01001B: Sex by Age&g=040XX00US44>.
- U.S. Census Bureau. (2022). Sex by Age (American Indian and Alaska Native Alone). American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B01001C. Retrieved August 7, 2024, from <https://data.census.gov/table/ACSDT5Y2022.B01001C?q=B01001C: Sex by Age&g=040XX00US44>.
- U.S. Census Bureau. (2022). Sex by Age (Asian Alone). American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B01001D. Retrieved August 7, 2024, from <https://data.census.gov/table/ACSDT5Y2022.B01001D?q=B01001D: Sex by Age&g=040XX00US44>.
- U.S. Census Bureau. (2022). Sex by Age (Native Hawaiian and Other Pacific Islander Alone). American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B01001E. Retrieved August 7, 2024, from <https://data.census.gov/table/ACSDT5Y2022.B01001E?q=B01001E: Sex by Age&g=040XX00US44>.
- U.S. Census Bureau. (2022). Sex by Age (Some Other Race Alone). American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B01001F. Retrieved August 7, 2024, from <https://data.census.gov/table/ACSDT5Y2022.B01001F?q=B01001F: Sex by Age&g=040XX00US44>.
- U.S. Census Bureau. (2022). Sex by Age (Two or More Races). American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B01001G. Retrieved August 7, 2024, from <https://data.census.gov/table/ACSDT5Y2022.B01001G?q=B01001G: Sex by Age&g=040XX00US44>.
- U.S. Census Bureau. (2022). Sex by Age (Hispanic or Latino). American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B01001I. Retrieved August 7, 2024, from <https://data.census.gov/table/ACSDT5Y2022.B01001I?q=B01001I: Sex by Age&g=040XX00US44>.



### Languages Spoken at Home for Total Youth Age 5 to 7 Years, RI: 2022

|   | # of Youth | % of Youth |
|---|------------|------------|
| <b>Speak only English</b>                       | 128728     | 61.79%     |
| <b>Speak Spanish</b>                            | 24534      | 11.78%     |
| <b>Speak other Indo-European Languages</b>      | 4724       | 2.23%      |
| <b>Speak Asian and Pacific Island Languages</b> | 2516       | 1.21%      |
| <b>Speak Other Languages</b>                    | 842        | 0.40%      |

Source:

U.S. Census Bureau. (2022). Language Spoken at Home. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1601. Retrieved August 7, 2024, from <https://data.census.gov/table/ACSST5Y2022.S1601?q=S1601&g=040XX00US44>.

### Household Type for Total Youth Under 18 Years, RI: 2022

|                                    | # of Youth | % of Youth |
|------------------------------------|------------|------------|
| <b>Married-Couple Household</b>    | 131012     | 62.89%     |
| <b>Cohabiting Couple Household</b> | 22029      | 10.57%     |
| <b>Single Father Household</b>     | 9800       | 4.70%      |
| <b>Single Mother Household</b>     | 44995      | 21.60%     |

Source:

U.S. Census Bureau. (2022). Household Type for Children Under 18 Years in Households (Excluding Householders, Spouses, and Unmarried Partners). American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B09005. Retrieved August 7, 2024, from <https://data.census.gov/table/ACSDT5Y2022.B09005?q=B09005&g=040XX00US44>.

### Sexual Orientation and Gender Identity for RI Youth

|                               | Transgender | Cisgender |
|-------------------------------|-------------|-----------|
| <b>Gay, Bisexual, Lesbian</b> | 84.0%       | 16.2%     |
| <b>Straight</b>               | 16.0%       | 83.8%     |

Sources:

- 2021 and 2023 Rhode Island Youth Risk Behavior Survey.
- Rhode Island Department of Health. (2024). Health and Safety of Transgender High School Students in Rhode Island. Retrieved 12/19/24, from <https://health.ri.gov/publications/databriefs/GenderIdentityYRBS-DataBrief-4.9.24.pdf>.



## Rhode Island Girls' Well-Being

Girls' well-being is essential to the community because healthy, supported girls become empowered, engaged adults who contribute positively to society. When girls are given the opportunity to thrive, they bring their strengths, skills, and perspectives into their communities, enriching the social and economic fabric. Girls who grow up with a strong foundation of wellness are more likely to excel academically, pursue fulfilling careers, and become active citizens, all of which contribute to a robust and vibrant community.

Moreover, investing in girls' well-being reduces future societal costs associated with health care, social services, and criminal justice that often arise from untreated trauma, poverty, or educational inequity. Communities with high rates of well-being among girls tend to be safer, more stable, and more inclusive, which benefit everyone. Additionally, supporting girls' well-being has a generational impact; girls who grow up with access to support and resources are more likely to raise healthy, resilient families, creating a cycle of empowerment and stability. Prioritizing girls' well-being is thus an investment in the community's long-term prosperity, equity, and resilience.



### EDUCATION

#### *Why It Matters*

Developing an educational environment that inspires curiosity, promotes taking risks, and motivates girls to explore new opportunities is essential for creating equity in the classroom. While societal expectations often push girls to excel academically, these same influences can sometimes restrict their academic achievements or confine their career aspirations. Supporting academic success for girls starts with high-quality early childhood education, ensuring fair access to all areas of study—especially STEM subjects—throughout their K-12 journey, and providing opportunities for continued learning in higher education or vocational training programs.

#### **This section includes the following dimensions of Education:**

- K-12 Student Enrollment
- Academic Proficiency
- Individualized Family Service Plans/ Individualized Education Plans
- Absenteeism
- Discriminatory Treatment in School
- Suspensions
- After-School Programs and Activities
- College & Career Readiness
- High School Graduation Rate

### How are our girls doing?

- Girls are 1.5 times more likely than boys to miss 4-6 school days and 1.2 times more likely than boys to miss 7-10 school days during the school year due to illness or injury<sup>2</sup>.
- 6% of girls dropped out of school before achieving their high-school diploma<sup>4</sup>.
- In the 2023-2024 school year, girls' English Language Arts & Math proficiency (tested in grades 3-8) were 35% and 28% respectively<sup>10</sup>.
- While both boys and girls experienced a decline in *RI Comprehensive Assessment System's* (RICAS) Math proficiency from 2019-2023, girls started at a lower level. <sup>4</sup>
- There are significant gender differences in after-school program participation rates by types of activities<sup>2</sup>.

## ENROLLMENT

### K-12 Student Enrollment Populations, RI: SY2023-24, October 1st

|                | # Total Enrollment | # Free and Reduced Lunch Eligible | % Free and Reduced Lunch Eligible | # Receiving Special Education Services | % Receiving Special Education Services | # Multilingual Learners (MLL) | % MLLs |
|----------------|--------------------|-----------------------------------|-----------------------------------|--|--|-------------------------------|--------|
| Female         | 65109              | 28555                             | 44%                               | 8292                                   | 13%                                    | 8327                          | 13%    |
| Male           | 69625              | 30543                             | 44%                               | 15269                                  | 22%                                    | 9730                          | 14%    |
| Other          | 1420               | 615                               | 43%                               | 150                                    | 11%                                    | 365                           | 26%    |
| Total Students | 136154             | 59713                             | 44%                               | 23711                                  | 17%                                    | 18422                         | 14%    |

Source:

Rhode Island Department of Education. (2024). RIDE Data Center. Retrieved December 11, 2024, from <https://datacenter.ride.ri.gov/Home/FileDetail?fileid=994>.

There were 136,154 students enrolled in K-12 schools on October 1st throughout Rhode Island for the 2023-2024 academic year. Girls make up 48% of the student population<sup>11</sup>.



## ACADEMIC PROFICIENCY

Proficiency across subjects and years varies by gender. A summary of girls' proficiency in the *Rhode Island Comprehensive Assessment System (RICAS)*, *Scholastic Aptitude Test (SAT)*, and *Next Generation Science Assessment (NGSA)* includes:

### ***Rhode Island Comprehensive Assessment System (RICAS)*** **English Language Arts Proficiency**

| <b>2019</b>   |                  |                  |                   |
|---------------|------------------|------------------|-------------------|
|               | <b>3rd Grade</b> | <b>8th Grade</b> | <b>All grades</b> |
| <i>Female</i> | 53.60%           | 44.40%           | 45%               |
| <i>Male</i>   | 42.40%           | 28.40%           | 32%               |
| <b>2021*</b>  |                  |                  |                   |
|               | <b>3rd Grade</b> | <b>8th Grade</b> | <b>All grades</b> |
| <i>Female</i> | 45.80%           | 35.90%           | 38%               |
| <i>Male</i>   | 35.20%           | 22.10%           | 28%               |
| <b>2022</b>   |                  |                  |                   |
|               | <b>3rd Grade</b> | <b>8th Grade</b> | <b>All grades</b> |
| <i>Female</i> | 39.40%           | 35.30%           | 36%               |
| <i>Male</i>   | 33.70%           | 23%              | 27%               |
| <b>2023</b>   |                  |                  |                   |
|               | <b>3rd Grade</b> | <b>8th Grade</b> | <b>All grades</b> |
| <i>Female</i> | 37.80%           | 38%              | 37%               |
| <i>Male</i>   | 35.90%           | 26.70%           | 29%               |

Source:

Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, 2019-2023.

\*Though available, 2020 data are not shown here due to COVID-19 pandemic educational disruptions.

For all grades together in *RICAS*, in all years (2019-2023), girls have higher rates of proficiency in ELA than boys, with a difference of at least 6% each year. However, RI girls' overall ELA proficiency rates have declined from 45% in 2019 to 37% in 2023<sup>10</sup>. In SAT scores, girls show a slight decline from 2019 to 2023 that has not recovered yet.

For all grades together in *RICAS*, the gap in math proficiency between boys and girls has increased consistently from 2019 to 2023, with boys at a higher proficiency rate. The widest gap in this dataset is in 2023 for 3rd graders: boys' math proficiency rate is at 38.1% and girls' is at 30.60%<sup>10</sup>. Declines are also shown in girls' SAT math proficiency scores from 2019 to 2023.

### Rhode Island Comprehensive Assessment System (RICAS) Math Proficiency

| 2019   |           |           |            |
|--------|-----------|-----------|------------|
|        | 3rd Grade | 8th Grade | All grades |
| Female | 35.20%    | 25.10%    | 29%        |
| Male   | 37%       | 23.80%    | 30%        |
| 2021*  |           |           |            |
|        | 3rd Grade | 8th Grade | All grades |
| Female | 24.50%    | 16.50%    | 19%        |
| Male   | 25.60%    | 15.60%    | 21%        |
| 2022   |           |           |            |
|        | 3rd Grade | 8th Grade | All grades |
| Female | 33.10%    | 19.60%    | 25%        |
| Male   | 36.90%    | 21.90%    | 28%        |
| 2023   |           |           |            |
|        | 3rd Grade | 8th Grade | All grades |
| Female | 30.60%    | 22%       | 27%        |
| Male   | 38.10%    | 23.80%    | 32%        |

Source:

Rhode Island Department of Education, *Rhode Island Comprehensive Assessment System (RICAS)*, 2019-2023.

\*Though available, 2020 data are not shown here due to COVID-19 pandemic educational disruptions.

### Scholastic Aptitude Test Math Proficiency, Rhode Island

|        | 2019 | 2020** | 2021 | 2022 | 2023 |
|--------|------|--------|------|------|------|
| Female | 32%  | N/A    | 25%  | 24%  | 24%  |
| Male   | 31%  | N/A    | 27%  | 27%  | 27%  |

### Scholastic Aptitude Test English Language Arts Proficiency, Rhode Island

|        | 2019 | 2020** | 2021 | 2022 | 2023 |
|--------|------|--------|------|------|------|
| Female | 55%  | N/A    | 52%  | 51%  | 52%  |
| Male   | 46%  | N/A    | 45%  | 44%  | 46%  |

Source:

Rhode Island Department of Education, *Scholastic Aptitude Test (SAT)*, 2019-2023.

\*\*The SAT was not administered in 2020 due to the COVID-19 pandemic.



### Next Generation Science Assessment (NGSA) Science Proficiency

| 2019   |           |           |            |            |
|--------|-----------|-----------|------------|------------|
|        | 5th Grade | 8th Grade | 11th Grade | All grades |
| Female | 32%       | 31%       | 32%        | 32%        |
| Male   | 32%       | 31%       | 30%        | 31%        |
| 2021*  |           |           |            |            |
|        | 5th Grade | 8th Grade | 11th Grade | All grades |
| Female | 29.50%    | 30%       | 36%        | 32%        |
| Male   | 31.30%    | 31.10%    | 36%        | 33%        |
| 2022   |           |           |            |            |
|        | 5th Grade | 8th Grade | 11th Grade | All grades |
| Female | 31.50%    | 28.30%    | 31%        | 30%        |
| Male   | 33.60%    | 29.80%    | 31%        | 31%        |
| 2023   |           |           |            |            |
|        | 5th Grade | 8th Grade | 11th Grade | All grades |
| Female | 31%       | 27.40%    | 32%        | 30%        |
| Male   | 32.10%    | 29.30%    | 31%        | 31%        |

Source:

Rhode Island Department of Education, *Next Generation Science Assessment (NGSA)*, 2019-2023. \*Though available, 2020 data are not shown here due to COVID-19 pandemic educational disruptions.

For all grades together in the *Next Generation Science Assessment*, science proficiency remained between 30-32% from 2019 to 2023. The greatest change in that period for an age group occurred with 8th grade girls, who experienced a 3.6% decline in the number of girls proficient in science, while boys in that grade experienced a 1.7% decline. However, age group is an important context here: 11th grade girls were proficient at the same or greater levels as boys in this time period<sup>12</sup>.

These school-proficiency rates indicate that less than half of all students in RI are meeting the proficiency standards for their grade level across many metrics. Rhode Island's educational system, like many others, faces several challenges. Some of the key issues include:

- 1. Achievement Gaps:** Persistent achievement gaps may exist between different demographic groups, including racial and socioeconomic disparities. Students from historically marginalized backgrounds often face lower proficiency rates and fewer educational opportunities.
- 2. Funding Inequities:** Disparities in funding between schools can lead to uneven access to resources, such as technology, extracurricular activities, and specialized support services. This inequity affects student outcomes and overall school performance.

3. **Teacher Shortages:** Rhode Island, like many states, is experiencing a shortage of qualified teachers, particularly in high-need areas such as special education and STEM subjects. This shortage can impact the quality of education and student support.
4. **Curriculum and Standards:** Ensuring that curriculum and standards meet the needs of all students and prepare them for future success is a challenge. There are ongoing debates about how to balance standardized testing with a broader, more holistic approach to education.
5. **Student Mental Health:** Poor mental health can adversely impact academics. Addressing the mental health needs of students is increasingly recognized as a critical issue. Schools often lack sufficient resources to provide adequate mental health support and counseling services. See the section on Mental and Behavioral Health for additional details.
6. **School Infrastructure:** Many schools face issues related to aging infrastructure, which can affect the learning environment. Maintaining and upgrading school facilities is a significant concern.
7. **Remote and Hybrid Learning:** The COVID-19 pandemic highlighted the challenges of remote and hybrid learning models, including issues related to technology access, digital literacy, and maintaining student engagement.
8. **Parental and Community Engagement:** Building strong partnerships with parents and the community is essential for student success. Schools need effective strategies to engage families and communities in the educational process.

Addressing these issues requires a multifaceted approach involving policy changes, increased funding, and targeted support to ensure that all students have the opportunity to succeed.

### INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) OR INDIVIDUALIZED EDUCATION PLAN (IEP)

Of the children with an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) covered under the Individuals with Disabilities Education Act, *girls' rates are nearly half those of boys' across age groups*. For example, in K-12 Special Education, girls make up 35% of the children with IEPs and boys make up 65% of those children. An IFSP is a family-focused, early-intervention plan of services that



a very young child, aged birth through 2, may receive for special education and other professional supportive services such as physical and speech therapy. An IEP is a plan designed to support the educational needs of children between the ages of 3 and 21 in light of an identified disability.

#### Children with an Individualized Family Service Plan or Individualized Education Plan, RI

|               | Early Intervention (under age 3; IFSP) | Preschool Special Education (age 3 to K entry; IEP) | K-12 Special Education (IEP) |
|---------------|--|---|------------------------------|
| <i>Female</i> | 37.90%                                 | 32.63%  | 34.95%                       |
| <i>Male</i>   | 62.10%                                 | 67.31%  | 65.04%                       |
| <i>Other</i>  | -                                      | 0.06%   | 0.01%                        |

Source:

- Rhode Island Executive Office of Health and Human Services, Gender of all with IFSP on June 30, 2023.
- Rhode Island Department of Education, Gender of all with IEP on June 30, 2023.

## ABSENTEEISM

According to data from 2022, girls are more likely than boys to be absent from school for illness or injury, but boys tend to miss more days of school. Several factors could contribute to girls being more frequently absent than boys from school, due to health reasons, including:

- Menstrual health, including severe menstrual cramps or other menstrual disorders which can cause significant discomfort;
- Autoimmune disorders, which can cause chronic health issues and are more common in girls;

#### Number of days absent from school in past 12 months because of illness or injury, RI: 2022

|               | No missed days | 1-3 days | 4-6 days | 7-10 days | 11 or more days |
|---------------|----------------|----------|----------|-----------|-----------------|
| <i>Female</i> | 24.0%          | 29.6%    | 28.2%    | 12.0%     | 6.3%            |
| <i>Male</i>   | 29.8%          | 33.2%    | 18.6%    | 10.0%     | 8.4%            |

Source:

2022 National Survey of Children's Health.

- Perception of symptoms, in that girls may be more attuned to or willing to report symptoms that could lead to absences; and
- Stress and anxiety, in that girls are experiencing higher levels of stress and anxiety, which can impact physical health.

## DISCRIMINATORY TREATMENT IN SCHOOLS

Percentage of adolescents who have ever felt they were treated badly or unfairly in school because of their race or ethnicity, RI: 2023

|               | Middle School | High School |
|---------------|---------------|-------------|
| <i>Female</i> | 41.0%         | 32.7%       |
| <i>Male</i>   | 39.6%         | 33.9%       |

Source:  
2023 Rhode Island Youth Risk Behavior Survey.

The data from the 2023 Rhode Island Youth Risk Behavior Survey (YRBS) highlights a significant portion of girls reporting feelings of unfair treatment in school because of race or ethnicity, particularly in middle school<sup>3</sup>. Although the percentages decrease among high school students, a notable proportion of students continue to report these experiences. The slight gender differences suggest that both boy and girl students are similarly impacted by this issue.

### Recommendations for Improvement:

Implementing a variety of policy recommendations can create a school environment where every student feels valued and treated fairly, regardless of their race or ethnicity. These might include:

- Reviewing school discipline policies to ensure they are applied fairly and avoid disproportionately affecting students based on race or ethnicity;
- Adopting and implementing mandatory anti-racism and cultural competency education programs for students, teachers, and staff. These programs should be introduced in middle school and continue through high school;
- Requiring regular and enhanced training for educators and administrators that focuses on cultural responsiveness, recognizing implicit bias, and preventing discrimination;



- Developing anonymous and accessible reporting systems for students to share instances of discrimination and mistreatment;
- Appointing dedicated personnel (e.g., counselors or diversity officers) to handle such reports and support affected students;
- Encouraging peer-led initiatives, such as diversity clubs or student councils, that promote awareness of racial issues, cultural exchange, and inclusive practices within the student body;
- Implementing restorative justice practices as an alternative to punitive measures; and
- Involving parents and local communities in anti-racism education and initiatives through workshops, town halls, and partnerships with local organizations.

By implementing these strategies, schools can actively work to reduce the percentages of students who report experiencing racial discrimination, ensuring a safer and more inclusive learning environment for all.

## SUSPENSIONS

### Suspensions, RI: 2022-2023

|              | % of Students Enrolled | % of Suspensions |
|--------------|------------------------|------------------|
| <i>Girls</i> | 48%                    | 34%              |
| <i>Boys</i>  | 52%                    | 66%              |

Source:  
Rhode Island Department of Education, 2022-2023 school year.

In the 2022-23 school year, boys and girls were suspended at vastly different rates: despite making up 48% of school enrollment, girls constituted 34% of suspensions. Meanwhile, boys represented 66% of suspensions despite making up 52% of school enrollments<sup>4</sup>.

## AFTER-SCHOOL PROGRAMS AND ACTIVITIES

A key component of providing robust social networks and safe spaces for growth and development for students is the availability of after-school programs. Parents often look to after-school activities to fill the gap between the end of the children's school day and the end of the parents' work day. The benefits of after-school programs are numerous, including providing a safe and monitored environment for students, receiving homework help, engagement in STEM programs, access to healthy snacks or meals, and the availability of supportive adults such as mentors, instructors, or coaches. These benefits and opportunities provide value to both parents and their children. Parents are confident in knowing their children are safe and engaging in productive activities and children are enrolled in an environment that allows them to explore their likes and dislikes and better understand themselves and their worth.

### Youth Ages 6-17, Participating in Organized Activities, RI: 2022

|               | Clubs or Organizations | Sports Team or Lessons | Any other Organized Activity or Lesson |
|---------------|------------------------|------------------------|--|
| <i>Female</i> | 38.8%                  | 44.7%                  | 49.1%                                  |
| <i>Male</i>   | 45.4%                  | 65.9%                  | 33.1%                                  |

Source:  
2022 National Survey of Children's Health.

Based on data from the 2022 National Survey of Children's Health (NSCH), there are significant gender differences in participation rates across different types of organized activities in Rhode Island. The gender gap might be attributed to several social, cultural, and developmental factors. Girls are more engaged in organized activities or lessons other than sports and clubs, whereas boys are more involved in sports and clubs<sup>2</sup>.

Culturally, girls are often directed towards creative and cooperative activities, while boys are encouraged towards more competitive and physical activities like sports. Many sports teams are gender-segregated, and there might be more active recruitment or availability of sports teams for boys, particularly in sports like football or basketball. While Title IX has increased opportunities for girls in sports, the legacy of underrepresentation persists in some areas. Boys historically have had more institutional support for sports participation even as efforts to promote gender equity in sports continue.

Additional reasons that might explain the gender differences:

- **Activity Preferences:** Boys and girls may develop different interests early on, which can influence the activities they choose. Studies have shown that boys often gravitate towards activities involving competition, physicality, and teamwork, which could explain the high male participation in sports. Conversely, girls might prefer activities that involve socialization, creativity, or skill development, leading to higher participation in organized lessons or creative arts.
- **Availability of Opportunities:** Some schools or communities might offer more opportunities for boys in sports teams and clubs, whereas opportunities in creative or educational activities might be more marketed or available to girls. Gender biases in program design and availability could contribute to the gap.
- **Self-Efficacy:** Boys are often socialized to feel more confident in physical and competitive settings, which might drive them toward sports and clubs. Girls, on the other hand, might feel more competent in settings that encourage cooperation, creativity, and non-competitive learning, leading to their higher participation in other organized activities.
- **Friendship and Social Networks:** Children are often influenced by their peers when it comes to choosing activities. Boys may be more likely to join sports teams because their friends are doing so, while girls may participate more in other lessons or activities where they can socialize with peers.
- **Targeted Marketing:** Sports teams and physical activities are often marketed towards boys, reinforcing the stereotype that these activities are “masculine.” Conversely, lessons in arts, music, and other organized activities might be marketed more towards girls.

These trends reflect broader societal norms, which continue to evolve but still shape the participation choices and opportunities available to young people. Addressing these gaps often requires targeted interventions that challenge stereotypes, provide equal opportunities, and create supportive environments for all genders.



## ATTENDANCE, GRADUATION AND DROPOUT RATES

### Attendance, Graduation, and Dropout Rate, RI: 2022-2023

|               | Chronic Absence Rates | 4 year Graduation Rate | Dropout Rate |
|---------------|-----------------------|------------------------|--------------|
| <i>Female</i> | 29%                   | 87%                    | 6%           |
| <i>Male</i>   | 29%                   | 81%                    | 10%          |

Source:

Rhode Island Department of Education Data Center, adjusted 4, 5, and 6 year Cohort Graduation Rates for 2022-2023 school year.

The 87% high school graduation rate for girls is higher than that for boys by 6%. Furthermore, girls have a lower dropout rate by nearly 4%<sup>4</sup>.

Additional graduation-rate data from the RI Department of Education for the Class of 2023 shows 84% of all students graduated within 4 years<sup>13</sup>. Graduation-rates by race/ethnicity (not disaggregated by gender) are as follows:

- 74% of Native American
- 92% of Asian\*
- 82% of Black
- 77% of Hispanic
- 88% of White students

\*The 2024 Rhode Island *KIDS COUNT Factbook* noted that rates for Asian students are not detailed by ethnic group, although differences exist between groups exist as shown in national research<sup>13</sup>.

## CAREER AND COLLEGE READINESS

### Immediate College Enrollment, RI: 2023

|        |       |
|--------|-------|
| Female | 72.2% |
| Male   | 56.3% |

### Six-Year College Completion, RI: 2017 Cohort

|        |       |
|--------|-------|
| Female | 59.8% |
| Male   | 52.7% |

Source:

New England Secondary School Consortium. Common Data Project - 2024 Report.

Retrieved December 19, 2024, from <https://www.greatschoolspartnership.org/data-report/>

After high-school graduation, Rhode Island's girls immediately enroll in college more than boys, with 72% of girls immediately enrolling and 56% of boys immediately enrolling in 2023. This trend is seen in other New England states as well. Rhode Island's young women also have a higher six-year college completion rate, with nearly 60% of young women completing college after six years and 53% of young men doing the same<sup>14</sup>.

The trend of girls enrolling in college at higher rates than boys can be attributed to several interconnected factors:

**1. Academic Performance:**

- **Higher Grades:** Girls often outperform boys in high school, earning higher GPAs and academic honors, which can lead to greater college enrollment.
- **Standardized Tests:** Girls may score comparably or better than boys on standardized tests like the SAT (see SAT English Language Arts data), influencing college admissions.

**2. Educational Attitudes:**

- **Value on Education:** Girls may place a higher value on higher education and long-term career goals, motivating them to enroll immediately after high school.
- **Perseverance and Motivation:** Studies show that girls often exhibit more persistence and motivation in academic settings, contributing to their readiness for college.

**3. Social Expectations and Support:**

- **Changing Gender Roles:** There has been a societal shift towards supporting women's education and career aspirations, encouraging girls to pursue higher education.
- **Parental Support:** Families may be more supportive of daughters attending college, seeing it as a path to independence and success.

**4. Career Aspirations:**

- **Diverse Career Interests:** As more women enter traditionally male-dominated fields, girls may feel empowered to pursue a wider range of career paths that require a college degree.
- **Job Market Awareness:** Girls might be more aware of the importance of a college degree in securing better job opportunities and salaries.

**5. Gender-Specific Programs and Initiatives:**

- **Outreach Programs:** Many schools and organizations offer programs specifically designed to encourage girls in STEM fields and other areas, leading to increased college enrollment.



- **Scholarship Opportunities:** There are various scholarships and grants aimed at female students, which may motivate them to enroll in college.
- 6. Psychological Factors:**
- **Confidence Levels:** While boys may exhibit higher confidence in their abilities in some areas, girls often develop a strong sense of academic self-efficacy, encouraging them to pursue higher education.
- 7. Social Networks:**
- **Peer Influence:** Girls may be more influenced by peers who are pursuing college, creating a social norm that encourages enrollment.

### --> CALL TO ACTION

Since college can be expensive, parents and students naturally want to ensure there is a return on investment. Jobs in the Science, Technology, Engineering, and Math (STEM) sectors tend to pay very well, but women are less likely to work in these roles as noted in Women's Fund of Rhode Island's *Women's Well-Being Index* on Economic Security.

Increasing girls' interest in STEM careers involves a multifaceted approach that targets various stages of education and emphasizes supportive environments. Here are several strategies to encourage more girls to pursue STEM fields:

- 1. Early Exposure to STEM:**
  - **Hands-On Activities:** Provide engaging, hands-on STEM experiences from a young age, such as science fairs, robotics clubs, and interactive workshops that spark curiosity.
  - **STEM Camps:** Organize summer camps focused on STEM topics, allowing girls to explore these subjects in a fun, relaxed environment.
- 2. Role Models and Mentorship:**
  - **Female Role Models:** Highlight the achievements of women in STEM through guest speakers, workshops, and profiles in school newsletters or social media.
  - **Mentorship Programs:** Connect girls with female mentors in STEM fields who can provide guidance, encouragement, and career advice.
- 3. Curriculum and Classroom Environment:**
  - **Inclusive Teaching Practices:** Encourage teachers to use inclusive teaching methods that engage all students, avoiding stereotypes about gender and abilities in STEM subjects.
  - **Problem-Based Learning:** Incorporate real-world problem-solving projects that show the practical applications of STEM and how they can impact communities.

#### 4. Peer Support Networks:

- **Girls-Only STEM Clubs:** Establish girls-only clubs that focus on STEM activities, allowing girls to collaborate and support each other without the pressure of mixed-gender dynamics.
- **STEM Competitions:** Encourage participation in competitions such as coding challenges, science olympiads, or robotics tournaments that foster teamwork and confidence.

#### 5. Parental and Community Engagement:

- **Parent Workshops:** Educate parents about the importance of encouraging girls in STEM and provide resources on how to support their interests.
- **Community Partnerships:** Collaborate with local businesses and organizations to create internship opportunities, workshops, and events that introduce girls to STEM careers.

#### 6. Scholarships and Financial Incentives:

- **Targeted Scholarships:** Offer scholarships specifically for girls pursuing STEM degrees to alleviate financial barriers and incentivize enrollment.
- **STEM Grants:** Create grant programs for schools to fund STEM-related projects and resources that engage girls.

#### 7. Media Representation:

- **Positive Representation:** Promote positive portrayals of women in STEM through media, literature, and educational materials, showcasing diverse role models and success stories.
- **STEM-focused Campaigns:** Launch campaigns that celebrate girls' achievements in STEM and encourage them to pursue their interests.

#### 8. Career Awareness and Exploration:

- **Career Days:** Organize career exploration days that focus on STEM careers, allowing girls to meet professionals and learn about various roles in the field.
- **Job Shadowing:** Facilitate job shadowing opportunities in STEM-related jobs, giving girls a first-hand look at potential career paths.



By implementing these strategies, we can create a more inclusive and supportive environment that encourages girls to pursue STEM careers, helping to close the gender gap in these fields and fostering a diverse workforce for the future.

Here are some STEM enrichment opportunities open to youth in Rhode Island, including:

**Summer camps:**

- [GirlsGetMath](#) at Institute at Brown for Computational and Experimental Research in Mathematics
- [STEM-related summer camps offered at URI](#) (not girl specific)
- [STEM-related camps at Moses Brown](#) (not girl-specific)

**Ongoing workshops/programs:**

- [MobileQuest STEM Center](#), Cranston, RI

**Additional Resources:**

- [National Girls Collaborative Project](#), New England chapter projects

Also offers [STEM Champion Training](#) (How to be a STEM Champion for Girls)

- [SWENext Club](#) (Society of Women Engineers for students)





## Physical Health

### *Why It Matters*

For girls to flourish, communities must foster environments that support their physical well-being and overall health. This includes ensuring access to nutritious foods, opportunities for physical activity, comprehensive health education, and other resources essential for their growth and vitality.

### **This section includes information on:**

- Physical Activity
- Healthy Weight
- Sexual & Reproductive Health
- Sleep
- Substance, Alcohol and Tobacco Use

### **How Are Our Girls Doing?**

- Girls display 16% lower rates of physical activity than boys, with a noticeable drop from middle to high school<sup>2</sup>.
- Girls were nearly three times more likely to express concerns about body weight and shape compared to boys, despite the rate of obesity between them being roughly the same<sup>2</sup>.
- In 2022, the rate of youth pregnancies dropped to one of its lowest documented level with 8.3 births per 1,000<sup>15</sup>.
- Only 22% of female high school students are getting eight hours or more of sleep<sup>3</sup>.

### **PHYSICAL ACTIVITY**

Continued research shows the wide-ranging benefits of exercise and physical activity for children, especially for those ages 6-17. It's important for children to get enough physical activity each day so they can develop their muscles, bones, and cardiovascular systems as they grow. Regardless of gender, the Centers for Disease Control and Prevention (CDC) recommends that children engage in 60 minutes of age-appropriate, moderate-to-vigorous physical activity each day<sup>16</sup>.

Rhode Island data suggests a gender gap in physical activity levels, with males being more active daily than females. Girls display lower rates of physical activity, with a noticeable drop from middle to high school<sup>3</sup>. There is a need for programs specifically aimed at increasing physical activity among girls, particularly as they transition into high school.

**Number of Days Per Week Spent Exercising, Playing a Sport or Participating in Physical Activity for at least 60 Minutes, RI: 2022**

|               | 0 Days | 1-3 Days | 4-6 Days | Everyday |
|---------------|--------|----------|----------|----------|
| <i>Female</i> | 13.5%  | 50.1%    | 24.2%    | 12.2%    |
| <i>Male</i>   | 12.1%  | 41.8%    | 26.5%    | 19.6%    |

Source:  
2022 National Survey of Children's Health.

**Percentage of adolescents who were physically active at least 60 minutes per day on 5 or more days**

|               | Middle School | High School |
|---------------|---------------|-------------|
| <i>Female</i> | 36.1%         | 32.8%       |
| <i>Male</i>   | 49.6%         | 48.4%       |

Source:  
2023 Rhode Island Youth Risk Behavior Survey.

Girls might exercise less than boys due to interconnected social, cultural, psychological, and environmental factors. For instance, traditional gender roles and stereotypes often promote physical activity and sports more aggressively for boys than for girls. School physical education programs might not offer activities that engage girls as much as boys or lack girl-specific programming.

In addition, teenage girls may be more self-conscious about their bodies, especially during high school years. Fear of judgment, lack of confidence, or discomfort with their bodies can lead to decreased participation in physical activities, particularly in environments like gyms or sports teams where they may feel scrutinized. Menstruation may also play a role.

About a quarter of young women who are college students experience period poverty throughout the year<sup>17</sup>. The term period poverty is defined as the inability to afford or access products to manage a period, and income has been found as an important indicator of menstruators finding period products unaffordable<sup>18</sup>. As of 2022, all



Rhode Island public schools are required to provide free period products in all female and gender-neutral bathrooms for students in grades 5-12. However, menstruation does not always conveniently start when a student is in school, so there is a chance that period poverty could be responsible for some school absences and lack of participation in physical activities.

### Recommendations for Improvement:

To reduce the gender gap, strategies could include promoting a more inclusive and supportive environment for girls in physical education, creating and encouraging participation in non-competitive and diverse physical activities, and addressing societal norms and stereotypes that discourage girls from being physically active.

Engaging girls through role models, improving access to girl-specific sports programs, and fostering a more body-positive environment could also make a significant difference.

Finally, ensure students experiencing menstruation have free and regular access to period products at both home and school; if the school has food and clothing donation sites, perhaps period products can be included if they are not already available.

## HEALTHY WEIGHT

Being over or underweight can have significant health implications for girls, affecting their physical, psychological, and social well-being. In general, the percentage of girls who are overweight or obese has grown from 29.6% in 2018 to 36.6% in 2022<sup>19</sup>.

### Overweight and Obesity Rates for Girls 2-17, RI: 2018-2022

|                     | 2018  | 2019  | 2020  | 2021  | 2022  |
|---------------------|-------|-------|-------|-------|-------|
| Overweight          | 13.4% | 15.6% | 15.8% | 16.6% | 15.7% |
| Obese               | 16.2% | 15.2% | 18.1% | 21.4% | 20.9% |
| Overweight or Obese | 29.6% | 30.8% | 33.9% | 38.0% | 36.6% |

Source:

KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Cigna HealthCare, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by Rhode Island Department of Health, Body Mass Index Clinical and Billing Records of Children Ages 2-17 in Rhode Island, 2019-2023.

**BMI/Weight Status of Youth Ages 10-17, RI: 2022**

|               | <b>Underweight (Less than 5th Percentile)</b> | <b>Normal Weight (5th-84th Percentile)</b> | <b>Overweight (84th-95th Percentile)</b> | <b>Obese (95 Percentile or Above)</b> |
|---------------|---|--|--|---------------------------------------|
| <i>Female</i> | 9.0%  | 55.9%                                      | 13.3%                                    | 21.8%                                 |
| <i>Male</i>   | 12.1%   | 54.5%                                      | 12.0%                                    | 21.4%                                 |

Source:  
2022 National Survey of Children's Health.

**BMI/Weight Status of High School Students, RI: 2022**

|               | <b>Underweight (Less than 5th Percentile)</b> | <b>Normal Weight (5th-84th Percentile)</b> | <b>Overweight (84th-95th Percentile)</b> | <b>Obese (95 Percentile or Above)</b> |
|---------------|---|--|--|---------------------------------------|
| <i>Female</i> | 2.6%  | 68.6%                                      | 16.4%                                    | 12.4%                                 |
| <i>Male</i>   | 4.5%  | 61.1%                                      | 15.8%                                    | 18.6%                                 |

Source:  
2023 Rhode Island Youth Risk Behavior Survey.

**Parent Reported Concerns About Child's Weight, RI: 2022**

|               | <b>Yes (too high)</b> | <b>Yes (too low)</b> | <b>No</b> |
|---------------|-----------------------|----------------------|-----------|
| <i>Female</i> | 12.7%                 | 2.8%                 | 84.5%     |
| <i>Male</i>   | 8.1%                  | 4.3%                 | 87.6%     |

Source:  
2022 National Survey of Children's Health.

The data from the 2022 National Survey on Children's Health (NSCH) offers insights into concerns and trends related to children's weight, body image, and efforts to manage weight. Parents generally have more concerns about their daughters being overweight compared to sons. A larger proportion of girls express concern about their body weight and shape compared to boys, suggesting body image may be a more significant issue among girls<sup>2</sup>.

During the past 12 months, how concerned were children about their body weight, body shape, or body size?

|               | Very much | Somewhat | Not at all |
|---------------|-----------|----------|------------|
| <i>Female</i> | 7.5%      | 20.3%    | 72.2%      |
| <i>Male</i>   | 2.7%      | 19.6%    | 77.7%      |

Source:  
2022 National Survey of Children's Health.

What adolescents are trying to do about their weight, RI: 2022

|                      | Lose weight | Gain weight | Stay the same weight | Not trying to do anything about their weight |
|----------------------|-------------|-------------|----------------------|--|
| <b>Middle School</b> |             |             |                      |  |
| <i>Female</i>        | 51.0%       | 7.2%        | 13.2%                | 28.7%  |
| <i>Male</i>          | 33.5%       | 21.3%       | 17.7%                | 27.5%  |
| <b>High School</b>   |             |             |                      |  |
| <i>Female</i>        | 52.4%       | 10.7%       | 14.0%                | 22.8%  |
| <i>Male</i>          | 36.6%       | 29.1%       | 14.9%                | 19.4%  |

Source:  
2023 Rhode Island Youth Risk Behavior Survey.

The prevalence of obesity is roughly similar among both genders, though slightly higher in females. There was a notable increase in obesity rates for both girls and boys, particularly during the pandemic years (2020-2021), suggesting that public health challenges during this period may have contributed to weight gain among children. The slight decrease in rates of obesity in 2022 may indicate some improvement, post-pandemic<sup>3</sup>.

A higher percentage of girls in both middle and high school are trying to lose weight compared to boys. Conversely, more boys are trying to gain weight, reflecting potentially different societal pressures or body image ideals between genders<sup>19</sup>.

### Recommendations for Improvement:

Addressing the health implications of overweight status in girls involves comprehensive strategies that include:

- **Promotion of Physical Activity:** Encouraging regular physical activity can help manage weight and improve overall health.
- **Nutritional Education:** Teaching healthy eating habits is crucial for weight management and preventing diseases.
- **Psychological Support:** Providing access to mental health support can help address between body image issues, depression, and anxiety.
- **Social Support:** Creating supportive environments in schools and communities can reduce stigma and bullying, encouraging healthier social interactions.

Overall, tackling these health implications requires a multidisciplinary approach that includes healthcare providers, families, schools, and community programs aimed at supporting healthy growth and development for all children.

## SEXUAL & REPRODUCTIVE HEALTH

### Teen Birth Rate

Teen birth rates (TBR) in Rhode Island have been steadily declining for over a decade. The rate reached its lowest documented level in 2021 with 7.8 births per 1,000 teens <sup>15,20-22</sup>.

#### Teen Birth Rate (per 1,000) for Girls Age 15-19 Years, RI: 2012-2022

| Year | Teen Birth Rate |
|------|-----------------|
| 2012 | 19.9            |
| 2013 | 17.7            |
| 2014 | 15.8            |
| 2015 | 14.3            |
| 2016 | 12.9            |
| 2017 | 11.4            |
| 2018 | 11.5            |
| 2019 | 10              |
| 2020 | 9.4             |
| 2021 | 7.8             |
| 2022 | 8.3             |

Source:

- Hamilton, B.E., et al. (2021). U.S. and State Trends on Teen Births, 1990-2019. National Center for Health Statistics (U.S.). Retrieved August 8, 2024 <https://www.cdc.gov/nchs/data-visualization/teen-births/index.htm>.

- Osterman, M., Hamilton, B. E., Martin, J., Driscoll, A., & Valenzuela, C. (2022). Births: Final Data for 2020 (NCHS National Vital Statistics Reports). National Center for Health Statistics (U.S.). [https://stacks.cdc.gov/view/cdc/112078/cdc\\_112078\\_DS1.pdf](https://stacks.cdc.gov/view/cdc/112078/cdc_112078_DS1.pdf)

- Osterman, M., Hamilton, B. E., Martin, J., Driscoll, A., & Valenzuela, C. (2023). Births: Final Data for 2021 (NCHS National Vital Statistics Reports). National Center for Health Statistics (U.S.). [https://stacks.cdc.gov/view/cdc/122047/cdc\\_122047\\_DS1.pdf](https://stacks.cdc.gov/view/cdc/122047/cdc_122047_DS1.pdf)

- Osterman, M., Hamilton, B. E., Martin, J., Driscoll, A., & Valenzuela, C. (2024). Births: Final Data for 2022 (NCHS National Vital Statistics Reports). National Center for Health Statistics (U.S.). <https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-02.pdf>

**Possible Factors Contributing to the Decline:**

- **Increased Access to Contraception:** Over the past decade, Rhode Island expanded access to contraception and family planning services.
- **Sexual Education Programs:** Improved sexual education programs focusing on both abstinence and contraception have been credited with reducing teen pregnancies nationwide.
- **Societal Changes:** There has been a cultural shift where more teenagers are postponing sex and focusing on education and career opportunities, contributing to lower birth rates.

**SLEEP**

Sleep is foundational for a child’s overall development, health, and well-being. It supports physical growth, cognitive abilities, emotional stability, and social interactions, all of which are crucial for a child’s successful development.

**Percentage of youth who reported they got 8 or more hours of sleep on an average school night, RI: 2023**

|               | Middle School | High School |
|---------------|---------------|-------------|
| <i>Female</i> | 39.5%         | 21.6%       |
| <i>Male</i>   | 51.7%         | 19.3%       |

**Percentage of children who usually or always go to bed at about the same time every weeknight, RI: 2023**

|               | Age 0-5 | Age 6-11 | Age 12-17 |
|---------------|---------|----------|-----------|
| <i>Female</i> | 91.6%   | 88.7%    | 88.5%     |
| <i>Male</i>   | 84.3%   | 97.5%    | 93.1%     |

Source:  
2023 Rhode Island Youth Risk Behavior Survey.  
2022 National Survey of Children’s Health.

There is a clear difference in the percentage of youth getting 8 or more hours of sleep between middle school and high school, with females consistently reporting lower percentages than males in middle school. Both genders experience a significant drop



in sleep duration in high school, with only 22% of female high school students and 19% of male high school students getting 8 or more hours of sleep compared to 52% of male middle-school students and 40% of female middle-school students<sup>3</sup>. Overall, the data highlight the importance of addressing sleep needs and bedtime routines as children transition from middle school to high school.

Helping children get the sleep they need involves creating a conducive sleep environment and establishing healthy habits. Here are several strategies:

### **1. Establish a Consistent Sleep Schedule**

- **Set a Routine:** Encourage a consistent bedtime and wake-up time, even on weekends, to regulate the body's internal clock.
- **Wind Down:** Introduce calming practices like reading, listening to soft music, or practicing mindfulness or deep-breathing exercises before bed.

### **2. Create a Comfortable Sleep Environment**

- **Dark and Quiet Room:** Ensure the bedroom is dark, quiet, and at a comfortable temperature. Use blackout curtains and white noise machines if necessary.
- **Comfortable Bedding:** Invest in a comfortable mattress and pillows to promote better sleep quality.

### **3. Limit Screen Time Before Bed**

- **Reduce Electronics:** Limit the use of screens (TV, tablets, smartphones) before bedtime, as the blue light emitted can interfere with melatonin production.
- **Encourage Other Activities:** Promote non-screen activities in the evening, such as reading or puzzles.

### **4. Encourage Physical Activity**

- **Daily Exercise:** Ensure children engage in regular physical activity during the day, which can help them fall asleep faster and sleep more soundly. However, avoid vigorous exercise close to bedtime.

### **5. Monitor Diet**

- **Healthy Eating & Hydration Habits:** Encourage a balanced diet and avoid large meals, caffeine, and sugary snacks close to bedtime. Ensure children are well-hydrated during the day, but limit fluid intake in the hour before bedtime to prevent nighttime awakenings.

## 6. Educate on Sleep Importance

- **Talk to children** about the importance of sleep for their health, mood, and performance. Understanding the benefits can motivate them to prioritize sleep.

## 7. Be a Role Model

- **Set an Example:** Parents and caregivers should model good sleep habits themselves. Show the importance of sleep by adhering to consistent sleep schedules and engaging in relaxing bedtime routines.



## 8. Address Sleep Issues

- **Identify Problems Early:** If a child is having trouble sleeping or frequently complains of fatigue, consult a pediatrician or sleep specialist to address potential underlying issues.

## 9. Create a Relaxing Atmosphere

- **Calming Activities:** Introduce calming practices like reading, listening to soft music, or practicing mindfulness or deep-breathing exercises before bed.

By implementing these strategies, parents and caregivers can help children develop healthy sleep habits that contribute to their overall well-being, development, and success in daily life.

## SUBSTANCE, ALCOHOL AND TOBACCO USE

Overall, substance use appears to increase as students transition from middle school to high school, with some substances showing more significant increases.

**Electronic Vapor Product Use:** There is a notable increase in use from middle school to high school, with high school females (37.6%) showing a significantly higher percentage compared to middle school females (14.9%)<sup>3</sup>. High school males also show an increase but to a lesser extent.

**Marijuana Use:** Both genders show an increase in marijuana use from middle school to high school, with high school females (34.2%) and males (24.9%) reporting higher usage compared to their middle school counterparts<sup>3</sup>.

**Percentage of youth who have reported lifetime substance use, RI: 2023**

|                      | Ever smoked a cigarette | Ever used an electronic vapor product | Ever had a drink of alcohol | Ever used marijuana | Ever taken prescription pain medicine without a doctor's prescription or differently than how a doctor prescribed it | Ever taken an over-the-counter drug to get high |
|----------------------|-------------------------|---------------------------------------|-----------------------------|---------------------|--|---|
| <b>Middle School</b> |                         |                                       |                             |                     |  |   |
| <i>Female</i>        | 4.1%                    | 14.9%                                 | 14.8%                       | 6.6%                | 10.0%  | 4.2%  |
| <i>Male</i>          | 2.6%                    | 8.2%                                  | 10.4%                       | 4.1%                | 4.9%   | 2.0%  |
| <b>High School</b>   |                         |                                       |                             |                     |  |   |
| <i>Female</i>        | 11.3%                   | 37.6%                                 | 10.1%                       | 34.2%               | 11.9%  | 4.3%  |
| <i>Male</i>          | 12.4%                   | 26.2%                                 | 12.2%                       | 24.9%               | 9.0%   | 4.9%  |
| <i>Transgender</i>   |                         | 28.0%                                 | 30.0%                       | 36.0%               |  |   |

Source:  
2023 Rhode Island Youth Risk Behavior Survey.

**Alcohol Use:** The percentage of students who have ever had a drink of alcohol increases from middle school to high school for both genders, though the increase is more pronounced for males<sup>3</sup>.

**Prescription Pain Medicine Misuse:** High school students show a slightly higher percentage of misuse compared to middle school students, with females reporting a higher rate than males.

**Cigarette Use:** The percentage of high school students reporting cigarette use is higher than middle school students, with a similar rate observed for both genders<sup>3</sup>.

**Over-the-Counter Drug Use to Get High:** This use shows a small increase in high school students compared to middle school students, with a slightly higher percentage in males compared to females in high school<sup>3</sup>.

The higher rates of substance use among girls in several categories suggest a few potential areas of concern and investigation:

- **Different Risk Factors:** Girls might experience different risk factors or pressures that contribute to higher substance use. This could include social, psychological, or environmental influences. For instance, social norms, peer pressure, or coping mechanisms related to stress or mental health issues might be more prevalent among females.

- **Behavioral Trends:** The higher rates could indicate different behavioral trends between genders. For example, girls might be more likely to experiment with certain substances or engage in behaviors like electronic vapor product use at an earlier stage.
- **Access and Availability:** The higher rates might reflect differences in access or availability of substances. Girls might have different patterns of access compared to males, influencing their use.
- **Health and Psychological Factors:** Girls might turn to substance use as a means of managing emotional or psychological difficulties, such as anxiety or depression. This behavior may be influenced by factors like societal expectations or mental health struggles.
- **Social and Cultural Influences:** Gender-specific social and cultural influences might play a role. Societal expectations and norms around femininity, mental health, and substance use might affect how and why girls engage in substance use.
- **Detection and Reporting:** There might be differences in how substance use is detected and reported between genders. For instance, girls might be more likely to report their substance use or be more involved in activities where substance use is prevalent.

A higher percentage of Rhode Island's transgender youth report using marijuana and drinking alcohol than their cisgender peers. Furthermore, transgender youth in Rhode Island are more frequently found to have been passengers in vehicles where the driver was using marijuana or alcohol—a concerning behavior given that car accidents are a leading cause of death among teenagers<sup>23</sup>.

Understanding these higher rates requires a deeper examination of the underlying causes and contributing factors. This could involve looking into detailed surveys, qualitative research, and interventions tailored to address the specific needs and challenges faced by girls and transgender youth.

### --> CALL TO ACTION

Targeted mental health support that addresses gender-specific issues such as anxiety, depression, or body image concerns may make a real difference. Girls and transgender youth might benefit from programs that address emotional well-being and coping strategies. In addition, peer support groups where youth can discuss their experiences and challenges in a safe environment can help in building trust and facilitating open discussions. Encouraging youth to take leadership roles in substance abuse prevention and initiatives gives them opportunities to build skills and advocate for positive change in their communities.

## Mental and Behavioral Health

### *Why It Matters*

Promoting mental and behavioral well-being means creating spaces where girls can build emotional and social resilience. This involves helping them recognize, express, and regulate their emotions with the support of compassionate adults. Providing opportunities for self-care and co-regulation empowers girls to address challenges like bullying, eating disorders, and depression. Experiences such as trauma, substance misuse, and suicidal thoughts can significantly affect their mental health, both immediately and in the long term, highlighting the importance of nurturing supportive environments.



### **This section includes data on:**

- Mental and Behavioral Health Trends
- Traumatic Stress
- Suicide and Suicidal Ideation
- Addressing The Youth Mental Health Crisis in Rhode Island

### **How Are Our Girls Doing?**

- In 2023, there were just under 1,500 hospitalizations for girls aged 5-19 due to a mental, behavioral, or neurodevelopmental disorder, a rate 1.5 times higher than for boys<sup>24</sup>.
- Transgender students were significantly more likely than their cisgender peers to report serious mental health challenges. Over half (56%) of transgender students reported seriously considering suicide, compared to 14% of cisgender students. Additionally, 45% of transgender students had made a plan to attempt suicide, compared to 12% of cisgender students, and 36% had attempted suicide in the past year, compared to 8% of their cisgender counterparts<sup>23</sup>.

### **MENTAL AND BEHAVIORAL HEALTH TRENDS**

The data highlight concerning mental health trends among girl students. The prevalence of these mental health issues increases from middle school to high school and underscores the need for targeted mental health support and interventions for girls in Rhode Island.

Between 2016-2023, girls made up a little less than half of all children enrolled in medical assistance that presented with severe and persistent mental illness (number of girls = 14,332). However, girls recently make up a larger portion of the hospitalizations and emergency department visits for mental and behavioral health



**Percentage of high school students who reported that their mental health was most of the time or always not good (including stress, anxiety, and depression) in the past 30 days, RI: 2023**

|             |       |
|-------------|-------|
| Female      | 36.9% |
| Male        | 15.4% |
| Transgender | 63.0% |

Source:  
2023 Rhode Island Youth Risk Behavior Survey

**Children Enrolled in Medical Assistance that Presented with Severe and Persistent Mental Illness**

|        | # of Children | % of Children |
|--------|---------------|---------------|
| Female | 14,332        | 44%           |
| Male   | 18,266        | 56.0%         |

Source:  
Rhode Island Executive Office of Health and Human Services, MMIS Database, 2016-2023

disorders. In 2023, there were more than 1,538 hospitalizations in RI for girls (aged 5-19 years) due to a mental, behavioral, or neurodevelopmental (MBD) disorder, a rate nearly 1.5 times higher than that for boys (number of hospitalizations for boys aged 5-19 in Rhode Island due to MBD diagnoses = 1,037)<sup>24</sup>.

While we note this difference as evidence of the severe mental health challenges that girls in RI face, the difference between girls and boys may be explained by various factors, such as the severity of these disorders, access to medical care, perceived need to seek medical care, and practices in diagnosing these disorders. For Rhode Island children in 2023, the diagnostic categories for MBD hospitalizations included depression; trauma- and stressor-related, anxiety- and fear-related disorders; and suicidal ideation, attempt, or intentional self-harm.<sup>24</sup>

**Emergency Department (ED) Visits and Hospitalizations for RI Youth by Age Group for Mental, Behavioral, and Developmental Diagnoses: 2023**

|        | 5-9 years |                  | 10-14 years |                  | 15-19 years |                  | All Ages (5-19 years) |                  |
|--------|-----------|------------------|-------------|------------------|-------------|------------------|-----------------------|------------------|
|        | ED Visits | Hospitalizations | ED Visits   | Hospitalizations | ED Visits   | Hospitalizations | ED Visits             | Hospitalizations |
| Female | 62        | 38               | 651         | 620              | 1092        | 880              | 1,805                 | 1,538            |
| Male   | 211       | 126              | 579         | 344              | 794         | 567              | 1,584                 | 1,037            |

Source:  
Rhode Island Department of Health. (2024). Hospital Discharge Data. Retrieved on September 25, 2024  
<https://health.ri.gov/data/hospitalization/discharge/>

The decline in youth mental health over recent years is well-documented and be attributed to several interrelated factors. These include the impact of the pandemic on isolation and disrupted education, increased stress and anxiety related to academic pressure, social media influence and its distorted sense of reality on the development of young minds, and uncertainty/fear about health, one's family, the economy, and the future. In addition, lifestyle changes for youth including changes in sleep patterns and physical activity, noted earlier in this report, can contribute to overall mental well-being. Addressing these issues requires a multifaceted approach, including improving mental health education, increasing access to resources, reducing stigma, and providing support both at home and in schools.

### TRAUMATIC STRESS

**Traumatic stress** is a psychological response to a highly distressing event or series of events that is perceived as overwhelming or life-threatening. These events can severely impact an individual's emotional and physical well-being. Traumatic stress often results from situations where a person feels intense fear, helplessness, or horror.

Common causes of traumatic stress can include serious accidents, witnessing or experiencing violent assault, sexual or physical abuse, sudden loss of a loved one, and medical emergencies. Traumatic stress can manifest in a variety of emotional, psychological, and physical symptoms, including:

- **Emotional Symptoms:**

- Intense fear, anxiety, or panic
- Feelings of helplessness or hopelessness
- Anger or irritability
- Emotional numbness or detachment
- Flashbacks or intrusive memories of the traumatic event
- Avoidance of reminders of the trauma

- **Cognitive Symptoms:**

- Difficulty concentrating or remembering things
- Negative beliefs about oneself or the world
- Hypervigilance (being constantly on alert for danger)
- Trouble making decisions or problem-solving

- **Physical Symptoms:**

- Headaches or stomachaches
- Increased heart rate or difficulty breathing
- Fatigue or exhaustion
- Difficulty sleeping or nightmares
- Muscle tension or pain



Based on the data provided from the 2023 Rhode Island Youth Risk Behavior Survey (YRBS), girls in both middle and high school are slightly less likely to have witnessed violent events in their neighborhoods compared to boys. There were less reports of traumatic stress among high school students, regardless of gender, relative to middle school students<sup>3</sup>. This may suggest that exposure to such events decreases with age, that adolescents perceive such events differently as they mature or become desensitized to violence, or that they may be less likely to be in situations where they witness such violence as they grow older.

### **Impact of Traumatic Stress**

When traumatic stress is prolonged and unaddressed, it can lead to more severe conditions such as **post-traumatic stress disorder (PTSD)**, depression, anxiety disorders, substance abuse, or other mental health issues. The effects of traumatic stress can disrupt daily functioning, relationships, and overall quality of life.

### **Coping with Traumatic Stress**

Effective coping mechanisms include:

- Seeking **social support** from friends, family, or community
- Engaging in **therapy** (e.g., cognitive-behavioral therapy, Eye Movement Desensitization Reprocessing (EMDR), etc.)
- Practicing **self-care** techniques like mindfulness, relaxation exercises, and physical activity
- Receiving professional help from a **mental health professional** when needed

## SUICIDE AND SUICIDAL IDEATION

### Prevalence of Mental Health Issues in Youth, RI: 2023

|                      | Felt sad or hopeless for 2+ weeks in a row | Seriously considered attempting suicide | Made a plan to attempt suicide | Ever attempted suicide |
|----------------------|--|---|--------------------------------|------------------------|
| <i>Middle School</i> |  |   |                                |                        |
| <i>Female</i>        | 41.4%                                      | 28.2%                                   | 20.9%                          | 13.3%                  |
| <i>Male</i>          | 18.1%                                      | 12.8%                                   | 7.7%                           | 5.1%                   |
| <i>High School</i>   |  |   |                                |                        |
| <i>Female</i>        | 46.7%                                      | 20.2%                                   | 15.8%                          | 10.1%                  |
| <i>Male</i>          | 22.9%                                      | 10.1%                                   | 10.5%                          | 8.3%                   |
| <i>Transgender</i>   | 71%  | 56.0%                                   | 45.0%                          | 36.0%                  |

Source:

2023 Rhode Island Youth Risk Behavior Survey.

The data highlights a pressing mental health crisis among female and transgender students in Rhode Island, characterized by high rates of sadness, suicidal thoughts, planning, and attempts. Girls are at least two times more likely than boys to seriously consider attempting suicide<sup>3</sup>. Transgender youth are more than 2 times as likely as cisgender youth to report feeling sad or hopeless for two or more weeks in the past year, so much so that they stopped doing normal activities<sup>23</sup>. These findings underscore the necessity for targeted interventions and support systems that address the unique challenges faced by girls and gender-expansive youth during these formative years.

A significant proportion of female students report experiencing prolonged feelings of sadness or hopelessness. The increase from middle to high school suggests that these emotional struggles may intensify during the transition to adolescence, potentially linked to various stressors such as academic pressures, social dynamics, and changes in identity.

In addition, transgender students were 4-5 times more likely than cisgender students to report seriously considering suicide (56% vs. 14%)<sup>23</sup>.

The rates of female students seriously considering suicide are concerning, with nearly one in three middle school girls contemplating this drastic action. The decrease in high school may reflect either a shift in reporting or a change in circumstances, but the rates remain alarmingly high, indicating a critical need for mental health support.

Transgender students were significantly more likely to make a plan to commit suicide

than cisgender students (45% vs. 12%)<sup>23</sup>.

The data reveals that a substantial number of female students not only consider suicide but also make plans to attempt it. This step reflects a deeper level of distress and underscores the necessity for intervention strategies to address the mental health challenges they face.

Once again, transgender students were much more likely to attempt suicide than cisgender students in the past year (36% vs. 8%)<sup>23</sup>.

Rhode Island offers a variety of mental health support services for youth through both government and nonprofit organizations. Here are some key resources:

#### **Government Services:**

- **Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH):** BHDDH provides a range of mental health services for children and adolescents, including community mental health centers and crisis intervention programs.
- **Healthy Transitions RI:** This program targets youth and young adults aged 16-25 experiencing mental health challenges, offering access to clinicians, case managers, and specialists to assist with personal goals and transitions to adulthood.

#### **Nonprofit Organizations:**

- **Parent Support Network of Rhode Island (PSNRI):** PSNRI offers family peer support, resources, and advocacy for children with behavioral health needs. They provide a 24/7 crisis hotline at 1-855-543-5465.
- **The Providence Center:** This organization offers programs for teens aged 12-17, focusing on developing coping skills, managing emotions, and improving communication.
- **Family Service of Rhode Island (FSRI):** FSRI provides crisis response services, including a 24/7 mobile crisis hotline at 401-854-6678 for youth aged 2-21 experiencing behavioral or mental health crises.
- **Rhode Island Student Assistance Services (RISAS):** RISAS offers school-based substance use and mental health services, including counseling and prevention programs.
- **Tides Family Services:** Operating with a “no-walls” philosophy, Tides provides community-based programs for youth aged 6-21, available 24/7.
- **Project Weber/RENEW:** A harm reduction organization in Providence offering support for individuals with mental health and substance use challenges.

These organizations collaborate to provide comprehensive mental health support to



Rhode Island's youth, ensuring access to necessary services and resources. In the 2022-2023 school year, the rate of school psychologists (713:1) and counselors (374:1) was above the minimum recommended levels, which are 500:1 for school psychologists and 250:1 counselors<sup>6-9</sup>.

#### Student to Support Staff Ratio, RI: 2022-2023 School Year

|                             | Recommended Ratio | Rhode Island Ratio |
|-----------------------------|-------------------|--------------------|
| <i>School Counselors</i>    | 250:1             | 374:1              |
| <i>School Psychologists</i> | 500:1             | 713:1              |

Source:

- American School Counselor Association. Student-to-school-counselor ratio 2022-2023. Retrieved December 19, 2024, from <https://www.schoolcounselor.org/about-school-counseling/school-counselor-roles-ratios>
- National Association for School Psychologists. State Shortages Data Dashboard. Retrieved December 19, 2024 from <https://www.nasponline.org/about-school-psychology/state-shortages-data-dashboard>
- Whitaker et al. (2019). Cops and No Counselors: How the Lack of School Mental Health Staff is Harming Students. American Civil Liberties Union. Retrieved December 19, 2024, from <https://www.aclu.org/publications/cops-and-no-counselors>
- National Association of School Psychologists. (2020). The Professional Standards of the National Association of School Psychologists. Retrieved December 19, 2024, from <https://www.nasponline.org/standards-and-certification/nasp-2020-professional-standards-adopted>

## --> CALL TO ACTION

### Addressing the Youth Mental Health Crisis in Rhode Island

In November 2024, the American Civil Liberties Union of Rhode Island and other advocacy groups filed a lawsuit against the state alleging Medicaid eligible children and youth had been denied their right to appropriate mental health care<sup>25</sup>. As a result of the lack of available mental health services, the suit alleges that youth have been unnecessarily placed in state institutions and held there for too long. As mentioned in the lawsuit, the state's institutionalization rate is higher than the national average.

To address the mental health crisis among youth in Rhode Island, strategies must include:

- **Increasing Access to Services:** Expanding mental health services and support in schools and communities, as well as providers' ability to prescribe mental health medications with teleconsultation support.
- **Enhancing Educational Support:** Providing additional resources and support to help manage academic stress.
- **Building Community Programs:** Developing community-based programs that offer mental health support and promote resilience.
- **Reducing Stigma:** Continuing efforts to reduce stigma around mental health and encourage open dialogue.

Schools, families, healthcare providers, and policymakers must collaborate to address

and reduce these challenges effectively. We must expand school-based mental health programs and increase telehealth services.

Additional funding must be allocated to mental health services and local organizations whose initiatives specifically target youth and their families. Parents and caregivers need resources and workshops to better understand and support their children's mental health, including through support groups.

In 2024, Rhode Island legislators introduced the following bills in an attempt to address some of these issues, including:

- H7035/S2066 to appropriate \$7,875,000 to create mental health crisis hotline;
- H7147 to require four (4) hours of mental health instruction to 7th grade students in public schools;
- H7397 to provide funding for school-based mental health services provided they meet minimum staffing requirements: 250 students/counselor, 500 students/psychologist;
- H7545 to provide \$2M to school districts and municipalities to employ additional social workers;
- H7900 to require all public schools to have 1 full-time social worker for every 250 students, and provides \$2,000,000 to offset costs; and
- H7900/S2608 to require the Executive Office of Health and Human Services (EOHHS) to create an early childhood mental health hub program to improve access to mental health services for children under 6.

All were held for further study. *As of this writing, several advocacy groups are working on similar and additional bills to be considered by the General Assembly.*



# Factors Contributing to RI Girls' Well-Being

## INTRODUCTION



### FAMILY & COMMUNITY

#### *Why It Matters*

The well-being of girls requires a multifaceted approach that addresses both immediate needs and long-term resilience. A supportive family and strong community networks are essential for providing stability, yet many girls face challenges such as adverse childhood experiences (ACEs) that can disrupt their sense of safety and well-being. Exposure to bullying—both in person and online—along with concerns about neighborhood and community safety, further affect girls' mental and emotional health. In some cases, girls experience sexual and physical violence, which has lasting effects on their sense of self-worth and security. To mitigate these harms, access to caring mentors and role models is critical; mentorship offers girls a safe space for guidance, learning, and support as they navigate personal and community challenges. These positive influences help foster resilience, enabling girls to better cope with hardships and develop a strong foundation for future success.

#### **This section includes data on:**

- [Community and Neighborhood Safety](#)
- [Bullying](#)
- [Adverse Childhood Experiences \(ACEs\)](#)
- [Sexual and Physical Violence](#)
- [Mentorship](#)

#### **How are our girls doing?**

- There is a noticeable 5.1% difference between male and female high school students' perceptions of neighborhood safety<sup>3</sup>.
- 43% of middle school girls reported being bullied on school property, and 37% reported cyberbullying, with a noticeable rise in instances in 2023<sup>3</sup>.
- 10% of high school girls reported being physically forced to have sex<sup>3</sup>.
- Girls generally report higher rates of emotional and discriminatory related Adverse Childhood Experiences (ACEs)<sup>2</sup>.
- 18% of high school girls reported experiencing sexual violence<sup>3</sup>.
- There is a need for more mentors in Rhode Island, especially those whose lived experiences match students experiencing challenges.

## COMMUNITY AND NEIGHBORHOOD SAFETY

One of the more nuanced contributors to physical health is children's perception of their neighborhood and community. Girls should be confident in relying on their neighbors and community members to support their health and they should feel safe, secure, and supported within their communities.

**Percentage of high school students who most of the time or always feel safe and secure in their neighborhood, RI: 2023**

|                    |              |
|--------------------|--------------|
| <b>Female</b>      | <b>79.1%</b> |
| <b>Male</b>        | <b>84.2%</b> |
| <b>Transgender</b> | <b>69%</b>   |

**Percentage of adolescents who have ever seen someone get physically attacked, beaten, stabbed, or shot in their neighborhood RI: 2023**

|        | Middle School | High School |
|--------|---------------|-------------|
| Female | 21.9%         | 12.4%       |
| Male   | 20.6%         | 10.3%       |

Source for both:  
2023 Rhode Island Youth Risk Behavior Survey



In 2023, 5% less female students said they “most of the time” or “always” feel safe and secure in their neighborhood than did male students<sup>3</sup>.

Transgender youth are 3 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<sup>123</sup>.

The lower sense of safety among girls and transgender youth may be indicative of broader societal issues, such as gender-based concerns or experiences with harassment or violence. The gender gap may be likely influenced by a complex interplay of societal, psychological, and environmental factors, such as:

- Girls and transgender youth may be more likely to experience or fear gender-based harassment, assault, or violence, which could contribute to a lower sense of safety. This could include catcalling, stalking, or other forms of gender-specific threats. In some neighborhoods, males might dominate public spaces (e.g., parks, streets), which could make girls and transgender youth feel less secure or welcome in these areas.

- Societal norms often place a greater emphasis on girl vulnerability, which can impact how safe girls feel in public spaces. For instance, girls are more frequently warned by parents or guardians about potential dangers compared to boys who are often socialized to be more fearless or less concerned about potential threats. In addition, girls may be more sheltered or protected than boys, who may be given more freedom and independence at a younger age.
- The media often highlights violence against women and LGBTQ+ youth, which can amplify concerns.
- While strong peer-support networks can provide a sense of security, girls and transgender youth might also discuss safety concerns more openly with friends, reinforcing perceptions of danger.

Further study is needed to fully understand the reasons behind the difference, investigating additional factors such as the types of neighborhoods, socioeconomic status, or exposure to crime. Regardless, closing the gender gap in terms of perceived safety could include the strategies below.

#### **Recommendations for Improvement:**

- Educational programs that focus on gender equity and inclusion, challenging stereotypes, and encouraging mutual respect between genders. These programs should address issues like consent, harassment, and violence prevention.
- Empowerment initiatives that encourage females to participate in activities that build confidence and assertiveness, such as leadership workshops or self-defense classes.
- Developing and promoting safe routes to schools and community centers, with public spaces that are well-lit, well-maintained, and monitored through regular safety audits. Engage students in identifying areas where they feel unsafe and prioritize these for improvements.
- Schools and communities should have clear policies and procedures for reporting and addressing gender- and sexual-orientation-based harassment and violence that are accessible and trusted by girl and transgender students. In addition, schools and communities should provide easily accessible counseling and support services for students who experience or witness violence.

By addressing both the immediate safety concerns and the broader societal issues that contribute to the disparity, it is possible to create an environment where all youth feel equally safe and secure in their neighborhoods.



## BULLYING

### Consider these statistics:

- 1.5x the rate of traditional bullying among boys<sup>3</sup>
- 43% of middle school girls reporting being bullied on school property<sup>3</sup>
- 1.9x the rate of cyberbullying of middle school boys<sup>3</sup>
- 37% of middle school girls reporting being cyberbullied<sup>3</sup>
- Transgender students were more likely than cisgender students to be bullied in person (38% vs. 12%) and bullied online (42% vs. 12%)<sup>23</sup>

Many Rhode Island youth experience bullying. Bullying includes overt, unwanted, repeated acts or gestures, including verbal or written communications or images transmitted in any manner, physical acts, aggression, or any other behaviors that are committed by a youth or group of youths against another youth with the intent to harass, ridicule, humiliate, intimidate, or harm the other targeted youth and create for the targeted youth an objectively hostile environment. Girls and boys experience bullying differently, exhibiting differing responses and coping mechanisms.

Cyberbullying, or bullying that takes place on electronic platforms (i.e. Snapchat, Instagram, texting) has shifted the way that both girls and boys engage in and respond to bullying. This could be due to the pervasive reach of cyberbullying and the prevalence of digital services and platforms used by youth, causing victims to feel that there is no escape from abuse, compared to the physical reprieve, through separation, that can be available from traditional bullying.

Prior to the emergence of cyberbullying, girls engaging in bullying behavior would typically, though not exclusively, engage in indirect or relational bullying. This might include verbal abuse, gossip, and rumors, resulting in the victim becoming an outcast among social groups. This type of bullying is often disguised through passive-aggressive behavior and can be difficult to identify. As it manifests in digital spaces, it is made even more difficult by the anonymity possible through cyberbullying.



### Percentage of Youth Who Were Bullied on School Property in Past 12 Months, RI 2019-2023

|                      | 2019  | 2021  | 2023  |
|----------------------|-------|-------|-------|
| <b>Middle School</b> |       |       |       |
| <i>Female</i>        | 37.1% | 39.6% | 43.0% |
| <i>Male</i>          | 26.8% | 25.8% | 28.1% |
| <b>High School</b>   |       |       |       |
| <i>Female</i>        | 19.8% | 12.7% | 16.7% |
| <i>Male</i>          | 12.8% | 8.0%  | 15.3% |
| <i>Transgender</i>   |       |       | 38%   |

### Percentage of Youth Who Were Electronically Bullied in Past 12 Months, RI 2019-2023

|                      | 2019  | 2021  | 2023  |
|----------------------|-------|-------|-------|
| <b>Middle School</b> |       |       |       |
| <i>Female</i>        | 26.6% | 37.3% | 37.0% |
| <i>Male</i>          | 14.5% | 20.6% | 19.3% |
| <b>High School</b>   |       |       |       |
| <i>Female</i>        | 16.9% | 14.2% | 14.5% |
| <i>Male</i>          | 8.9%  | 10.2% | 12.2% |
| <i>Transgender</i>   |       |       | 42%   |

Source:

2023 Rhode Island Youth Risk Behavior Survey.

In 2023, there was a noticeable rise in bullying incidents among girl students (both middle school and high school aged) on school property, and the percentage of middle school girls who experienced cyberbullying was nearly double that of boys.

### Recommendations for Improvement:

Effective bullying prevention strategies involve a multifaceted approach that addresses the issue at multiple levels: individual, interpersonal, organizational, and community. These might include:

- Education and awareness, including regular training for teachers, staff, and parents in recognizing, addressing, and preventing bullying;
- Clear policies and procedures with consistent enforcement;
- Encouraging positive and inclusive behavior through character education;
- Integration of digital citizenship into school curricula to teach students about responsible online behavior, the impacts of cyberbullying, and how to protect their privacy;

- Encouraging parents to monitor social media use and setting appropriate privacy settings;
- Better access to counseling and support services, including peer support programs;
- Training students to recognize and report bullying through bystander empowerment workshops; and
- Establishing school safe zones/spaces where students can go if they feel threatened or need support.

*If there is good news here*, it's that the rate of girls who experience any type of bullying seems to decrease from middle school to high school, which may be attributed to increased maturity, improved school policies, and a focus on positive social dynamics.

## ADVERSE CHILDHOOD EXPERIENCES

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in a person's life before the age of 18. These experiences are often linked to long-term health and behavioral issues later in life. They can be categorized into three broad areas:

### 1. Abuse:

- **Physical abuse:** Being physically harmed by a parent or another person in the household.
- **Emotional abuse:** Frequent verbal abuse, criticism, or humiliation.
- **Sexual abuse:** Any unwanted sexual contact or exploitation.

### 2. Neglect:

- **Physical neglect:** Not having basic needs like food, shelter, and medical care met.
- **Emotional neglect:** Not feeling loved, supported, or connected to family.

### 3. Household Dysfunction:

- **Parental separation or divorce.**
- **Experiencing issues in affording basic needs**, such as housing, food and clothing.
- **Substance abuse:** A household member addicted to drugs or alcohol.
- **Mental illness:** A household member with untreated mental health issues.
- **Domestic violence:** Witnessing violence between parents or caregivers.
- **Incarceration:** A household member being imprisoned.

ACEs can lead to serious long-term consequences, including increased risks for mental health issues like depression and anxiety, substance abuse, chronic health conditions like heart disease, and lower life expectancy. The higher the number of ACEs a person experiences, the greater the likelihood of these negative outcomes. However, protective factors like strong relationships and supportive environments can help mitigate some of these risks.

#### Prevalence of Adverse Childhood Experiences by Type for Youth 0-17 Years, RI: 2022

|        | Somewhat or very often hard to cover the basics, like food or housing, on family's income | Parent or Guardian divorced or separated | Parent or Guardian died | Parent or Guardian served time in jail | Witnessed domestic violence | Victim or witness of neighborhood violence | Lived with anyone who was mentally ill, suicidal, or severely depressed | Lived with anyone who had a problem with alcohol or drugs | Treated or judged unfairly because of their race or ethnic group | Treated or judged unfairly because of their sexual orientation or gender identity | Treated or judged unfairly because of their health condition or disability status |
|--------|---|--|-------------------------|--|-----------------------------|--|---|---|--|---|---|
| Female | 13.2%   | 22.8%                                    | 2.6%                    | 2.5%                                   | 1.5%                        | 2.4%                                       | 11.2%   | 8.4%  | 4.2%   | 3.2%  | 2.2%  |
| Male   | 15.1%   | 19.2%                                    | 2.2%                    | 5.5%                                   | 3.4%                        | 2.6%                                       | 7.8%  | 6.7%  | 3.1%   | 0.2%  | 1.4%  |

#### Prevalence of Adverse Childhood Experiences for Youth 0-17 Years, RI: 2022

|        | No ACEs | One ACE | Two or More ACEs |
|--------|---------|---------|------------------|
| Female | 59.0%   | 22.7%   | 18.3%            |
| Male   | 65.3%   | 19.8%   | 15.0%            |

Source:

2022 National Survey of Children's Health.

According to the 2022 National Survey of Children's Health, girls in Rhode Island are more likely than boys to experience one or multiple ACEs. The data highlight notable gender disparities in the prevalence of certain ACEs among Rhode Island youth. Girls generally report higher rates of emotional and discrimination-related ACEs, such as living with a mentally ill family member, facing unfair treatment due to race or sexual orientation, and experiencing parental separation<sup>2</sup>. This analysis highlights the need for gender-sensitive approaches in addressing and mitigating the impact of ACEs in youth.

#### Recommendations for Improvement:

In addition to mentorship and positive role models (which you can read about in the mentorship section), here are several evidence-based approaches designed to meet the specific needs of girls and transgender youth:

##### 1. Trauma-Informed Care

- **Gender-sensitive trauma therapy:** Provide therapy and counseling services specifically tailored to girls, focusing on trauma-informed approaches that acknowledge gender-specific trauma (e.g., sexual abuse, body image issues).

- **Safe spaces for disclosure:** Create environments where girls feel comfortable discussing their experiences without fear of judgment or retaliation, especially concerning sensitive issues like gender-based violence.

## 2. Educational Support and Intervention

- **Gender-responsive teaching methods:** Incorporate teaching strategies that take into account how girls learn and process trauma differently. This may include nurturing emotional literacy, self-expression, and fostering supportive peer relationships.
- **School-based mental health services:** Ensure that mental health support services in schools are gender-sensitive and accessible, with a particular focus on identifying and addressing issues related to ACEs that may affect girls' academic performance.

## 3. Support for Parents and Caregivers

- **Parenting programs:** Implement programs that teach parents how to provide emotional support and care specifically attuned to girls' developmental needs and challenges, such as addressing gender-based stressors like peer pressure, body image, and self-worth.
- **Parent-daughter programs:** Promote strong, positive relationships between mothers and daughters through workshops and activities that strengthen emotional bonds and communication.

## 4. Community and Social Support Networks

- **Peer support groups:** Create peer-led support groups where girls can share their experiences in a safe and non-judgmental environment, reducing isolation and helping them feel understood and supported by others with similar experiences.
- **Access to extracurricular activities:** Encourage participation in extracurricular activities like sports, arts, and clubs that help build resilience, teamwork, and leadership skills in girls.

## 5. Preventing and Addressing Gender-Based Violence

- **Violence prevention programs:** Implement programs aimed at preventing gender-based violence and harassment, both within families and in community settings. These should focus on teaching girls about healthy relationships and assertiveness skills.
- **Legal protection and advocacy:** Provide legal aid and advocacy services to girls who have experienced gender-based violence, ensuring they have access to justice and protective measures when necessary.

## 6. Culturally Sensitive Approaches

- **Culturally responsive interventions:** Design programs that are sensitive to the cultural backgrounds of girls, recognizing that cultural norms and expectations may shape how they experience and respond to ACEs.
- **Community outreach and education:** Work with community leaders and families to raise awareness of ACEs and their impacts, fostering a supportive culture that helps girls heal from trauma in culturally appropriate ways.

## 7. Health and Reproductive Services

- **Comprehensive health care:** Provide access to health services that address both physical and mental health needs, including reproductive health services and counseling for issues related to body image and self-esteem.
- **Access to mental health resources:** Offer affordable and accessible mental health services specifically for girls, including those related to managing the long-term effects of ACEs such as anxiety, depression, and post-traumatic stress disorder (PTSD).

## 8. Holistic and Strength-Based Approaches

- **Focus on strengths and resilience:** Instead of solely focusing on the negative impacts of ACEs, use therapeutic approaches that identify and build on girls' strengths, resilience, and coping strategies.
- **Mindfulness and self-care:** Introduce mindfulness practices, meditation, and self-care routines that are designed to help girls manage stress and trauma, fostering mental and emotional well-being.

## 9. Advocacy and Policy Change

- **Promote gender equity:** Advocate for policies that promote gender equity in education, healthcare, and social services to ensure that girls receive the support they need to overcome the challenges posed by ACEs.
- **Funding for gender-sensitive programs:** Secure funding for programs specifically targeting the needs of girls affected by ACEs, ensuring long-term sustainability and access to necessary resources.

In Rhode Island, several programs specifically address Adverse Childhood Experiences (ACEs) and offer support tailored to girls:

1. **Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students):** This program, implemented by Rhode Island Student Assistance Services (RISAS), places trained counselors in schools to help students dealing with substance abuse, mental health issues, and other ACE-related



challenges. It offers prevention education, individual and group counseling, and school-wide awareness activities to build resilience in youth, including girls, who may be affected by familial substance use or violence.

2. [Teen Institute](#) (RI Teen Institute - RITI): This leadership and prevention program focuses on developing personal and community advocacy skills among high school-aged youth. Through five-day residential training, it provides activities that strengthen decision-making, problem-solving, and conflict-resolution skills. Girls attending this program build resilience through peer support, mentoring, and leadership development, making it a powerful tool in addressing the impacts of ACEs.

3. [BH Link](#): Although not exclusively for girls, BH Link offers immediate mental health and substance use crisis support, including counseling and treatment referrals. This service provides critical intervention for youth who may be struggling with the effects of ACEs.

**SEXUAL AND PHYSICAL VIOLENCE**

The RI Youth Risk Behavior Survey data offers insights into the experiences of high school students in Rhode Island concerning forced sexual intercourse, sexual dating violence, and physical dating violence from 2019 to 2023. Girls and transgender students consistently report higher percentages than males in all categories, although reported rates for boys have shown more significant increases over time, especially in sexual and physical dating violence.

**Percentage of High School Students Who Were Physically Forced to Have Sexual Intercourse, RI: 2019-2023**

|             | 2019 | 2021 | 2023  |
|-------------|------|------|-------|
| Female      | 9.6% | 9.8% | 10.4% |
| Male        | 5.7% | 4.4% | 5.2%  |
| Transgender |      |      | 27.0% |

Source:  
2019, 2021, and 2023 Rhode Island Youth Risk Behavior Survey.

**Percentage of High School Students Who Experienced Sexual Violence, RI: 2019-2023**

|                    | <b>2019</b> | <b>2021</b> | <b>2023</b> |
|--------------------|-------------|-------------|-------------|
| <i>Female</i>      | 16.2%       | 17.5%       | 17.7%       |
| <i>Male</i>        | 4.4%        | 7.9%        | 9.2%        |
| <i>Transgender</i> |             |             | 34.0%       |

**Percentage of High School Students Who Reported Physical Dating Violence, RI: 2019-2023**

|                    | <b>2019</b> | <b>2021</b> | <b>2023</b> |
|--------------------|-------------|-------------|-------------|
| <i>Female</i>      | 7.5%        | 6.6%        | 7.4%        |
| <i>Male</i>        | 5.1%        | 5.9%        | 8.9%        |
| <i>Transgender</i> |             |             | 15.0%       |

Source:

2019, 2021, and 2023 Rhode Island Youth Risk Behavior Survey.

In 2023, 10.4% of female high school students reported being physically forced to have sexual intercourse, 7.4% of female high school students reported physical dating violence, and 17.7% of female high school students reported experiencing sexual dating violence<sup>3</sup>. 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 twelve months”<sup>23</sup>. These rates of dating and sexual violence are alarming and unacceptable.

**Recommendations for Improvement:**

Addressing and mitigating physical and sexual dating violence among high school girls requires a multifaceted approach that involves education, awareness, community engagement, and robust support systems.

One such strategy is to support Rhode Island schools in strengthening the implementation of Rhode Island's teen dating violence law. Recommendations found in the policy implementation report of the Rhode Island Coalition Against Domestic Violence include helping schools identify and implement existing evidence-based programs and promising strategies that support the development of healthy relationships among teens. Please see the following links for the complete set of recommendations included in the [executive summary](#) and [full report](#).

Another strategy is the [Domestic Violence Prevention Fund \(DVPF\)](#), funded by the Rhode Island Legislature, and aimed at promoting community engagement and preventing teen dating violence through community-led solutions. Each funding cycle, local community organizations lead projects that educate about gender-based violence and positively impact youth. Some programs are empowering girls to lead their peers of all genders, and other programs are engaging young men to step up and break the traditional gender norms that can contribute to gender-based violence. Examples of such programs include the Hidden Lotus and Junior Flames groups, youth-led gender equity programs facilitated by ARISE, Ten Young Men groups led by Young Voices, and Ten Young Refugee Men, led by the Refugee Dream Center.

### **Additional strategies to consider include:**

#### **1. Education and Awareness Programs**

- **Comprehensive Sex Education:** Implement age-appropriate sex education that includes discussions on consent, healthy relationships, and the recognition of abusive behaviors. Programs should empower students with knowledge about their rights and resources available to them.
- **Awareness Campaigns:** Schools can run awareness campaigns using posters, assemblies, and digital media to highlight the signs of dating violence and promote healthy relationship norms.

#### **2. School Policies and Training**

- **Clear Policies:** Establish clear policies that explicitly address dating violence, detailing the procedures for reporting and the consequences for perpetrators.
- **Staff Training:** Train teachers, counselors, and school staff to recognize the signs of dating violence and to respond effectively and sensitively to students who may be experiencing it.

#### **3. Support Systems**

- **Counseling Services:** Provide access to counseling services within schools where students can seek help in a confidential environment. Counselors should be trained to deal with issues related to dating violence.

- **Peer Support Groups:** Establish peer support groups that offer a safe space for students to discuss their experiences and learn from each other under the guidance of a trained facilitator.

#### 4. Community and Parental Involvement

- **Parent Education:** Educate parents on the signs of dating violence and the ways they can talk about relationships and respect with their children.
- **Community Resources:** Connect schools with local organizations specializing in domestic and dating violence to provide resources, support, and potential legal assistance.

#### 5. Intervention Programs

- **Bystander Intervention Training:** Teach students how to safely intervene when they witness acts of dating violence among their peers, promoting a culture of accountability and support.
- **Conflict Resolution Programs:** Implement programs that teach students effective conflict resolution and communication skills to manage disagreements without resorting to violence.

#### 6. Safe Reporting Mechanisms

- **Anonymous Reporting Tools:** Provide students with ways to report violence anonymously, such as through apps or online platforms, which can help them come forward without fear of retaliation.

#### 7. Leveraging Technology

- **Educational Apps and Platforms:** Use apps and platforms to provide educational content, support networks, and direct links to resources. Technology can be a powerful tool in reaching and engaging students.



These strategies should be implemented as part of a coordinated effort among schools, families, and communities to create a comprehensive support network that addresses the root causes of violence and provides effective prevention and intervention solutions.

**Percentage of Youth Who Reported They Were in a Physical Fight on School Property at Least Once in the Previous 12 Months, RI: 2023**

|               | Middle School | High School |
|---------------|---------------|-------------|
| <i>Female</i> | 9.8%          | 7.2%        |
| <i>Male</i>   | 18.7%         | 12.3%       |

Source:  
2023 Rhode Island Youth Risk Behavior Survey.

In 2023, the percentage of female students involved in physical fights was higher in middle school (10%) than high school (7%)<sup>3</sup>. This difference could indicate that as female students grow older, they are less likely to engage in physical altercations on school property. The higher rates of physical fights among middle school students suggest the need for targeted violence prevention programs in earlier grades. The persistence of the gender gap also indicates that interventions may need to be tailored to address the specific needs and behaviors of male students.

### --> CALL TO ACTION

The rate of physical dating and sexual violence is growing, with 17.7% of girls reporting that they experienced physical dating violence and 10.4% reporting that they were forced to have sexual intercourse in 2023<sup>3</sup>. Clearly, more needs to be done to protect RI's girls and educate our youth about healthy relationships.

One RI organization that is focused on fostering healthy relationships is [SafeBAE](#), which is the only survivor-founded, student-led national organization dedicated to preventing sexual violence among middle and high school students. The recommendations identified by researchers fall immediately in line with the organization's programs, bringing together student leaders, school staff, parents, and community leaders to create a coordinated response to sexual violence. SafeBAE's peer-led education model promotes affirmative consent, bystander intervention, trauma-informed responses to violence, Title IX compliance, sexual misconduct policy reform guidance, parent education, and pairs with classroom curriculum.

While the rise in reported dating and sexual violence is alarming, it also reflects a greater awareness among students of these issues. More students are recognizing abuse, speaking out, and seeking support. SafeBAE is committed to partnering with all schools to equip them with the tools and resources to prevent violence, respond effectively, and foster a culture where violence is not tolerated and support is always available. While this is a national organization, local chapters exist here in Rhode Island and in many RI school systems.

### **Additional RI-based organizations that can help:**

Rhode Island has several initiatives aimed at preventing violence among teenagers through various programs that focus on education, empowerment, and community involvement. Here are some notable programs:

- 1. Date SMART Program:** Offered by Lifespan, this program targets female high school students who have experienced dating violence. It includes group-based interventions that address dating violence and sexual health, aiming to empower teens to make safer choices ([Lifespan](#)).
- 2. Teen Institute (RITI):** Run by Rhode Island Student Assistance Services, this program focuses on leadership and prevention, training high school-aged peer leaders from diverse communities. RITI includes a residential training conference that covers conflict resolution, problem-solving, decision-making, and other critical skills. The program culminates in action planning for community health and social issues ([Rhode Island Student Assistance Services](#)).
- 3. School-Based Advocacy Program:** Run by Sojourner House, this program places trained advocates in schools to assist students who may be experiencing or witnessing abuse, including domestic or dating violence, and sexual harassment ([Sojourner House](#)).

## **MENTORSHIP AND SUPPORT**

The data suggests that while support for girls from adults in schools generally increased from 9th to 11th grade in 2023, there is a drop in perceived support by 12th grade for girls. Boys in 10th and 11th grade have higher levels of support than girls by 5% and 2% respectively. While boys and girls seem to have less support in 12th grade, boys experienced a 13% drop in support vs. the 4% drop for girls<sup>3</sup>.

### **--> CALL TO ACTION**

Mentorship programs where girls are paired with positive girl role models who can guide them through challenges and foster resilience can make a difference. In addition, programs that focus on self-esteem building, leadership development, and empowerment will help girls build self-confidence.



**Percentage of High School Students Who Indicated there was at Least One Teacher or Other Adult in Their School That They Could Talk To If They Had a Problem, RI: 2023**

|               | 9th Grade | 10th Grade | 11th Grade | 12th Grade |
|---------------|-----------|------------|------------|------------|
| <i>Female</i> | 56.5%     | 58.1%      | 64.3%      | 60.4%      |
| <i>Male</i>   | 56.2%     | 63.1%      | 66.4%      | 53.9%      |

Source:

2023 Rhode Island Youth Risk Behavior Survey.

According to a MENTOR survey, between 58 and 61% of Gen Z respondents said their mentor supported their mental health as youth<sup>5</sup>. Mentor RI shared with the authors of this report that, of those who identified their gender, 57% of their mentors are female but only 30% of mentees are girls. This may indicate that less girls are requesting mentors, either through referrals or on their own.

There is a need for more mentors in RI, especially those with lived experiences that would match our youth with the highest needs -- those living with socio-economic challenges, those involved in the juvenile justice system, those living in geographic areas where violence is on the rise, youth living with grandparents or one parent only, and those who struggle with disabilities, English as a second language, or learning challenges. Information about becoming a mentor in Rhode Island is available [here](#).



## SOCIETY

### Why It Matters

Beyond personal and community influences, broader societal conditions significantly impact girls' well-being. Economic insecurity often leads to limited access to resources, affecting education, nutrition, and opportunities for personal growth. Unstable housing can disrupt schooling, social connections, and access to consistent healthcare, creating significant barriers to well-being. Lack of access to affordable healthcare prevents girls from receiving necessary medical, mental health, and preventive services. Involvement in the child welfare system, including foster care, can disrupt stability and contribute to feelings of insecurity. Legal disputes and family court involvement often signify underlying instability, which can negatively affect girls' emotional and psychological health. Finally, interaction with the juvenile justice system can stem from systemic inequalities and often perpetuates cycles of disadvantage, impacting future opportunities.



### This section includes data on:

- Poverty Rate
- Housing & Homelessness
- Health Insurance & Healthcare
- Child Welfare
- Family Court Referrals
- Juvenile Justice

### How are our girls doing?

- 15% of girls in Rhode Island live below the Federal Poverty Level<sup>26</sup>.
- 1,361 youth were homeless in RI in the 2021-22 academic year<sup>27</sup>.
- In 2023, RI ranked as the 10th best state for child health insurance rates in the United States, with 97% of children covered<sup>28</sup>.
- 52% of child maltreatment cases concern girls<sup>29</sup>.
- 32% of family court referrals were for girls<sup>30</sup>.
- Girls make up six times less of the total youth population in probation compared to boys<sup>29</sup>.

## POVERTY RATE

Both boys and girls in Rhode Island experienced a significant decline in poverty rates between 2012 and 2022. During this time period, Rhode Island experienced job growth in key sectors such as healthcare, education, and technology, which provided more stable employment opportunities for parents and guardians. In addition, increases to the minimum wage helped boost earnings for low-income workers, improving the financial stability of families and reducing poverty among children. Social safety net

### Percentage of Youth Living Below the Federal Poverty Line, Rhode Island

|               | 2012  | 2022  |
|---------------|-------|-------|
| <i>Female</i> | 18.1% | 14.5% |
| <i>Male</i>   | 18.6% | 13.6% |

Source:

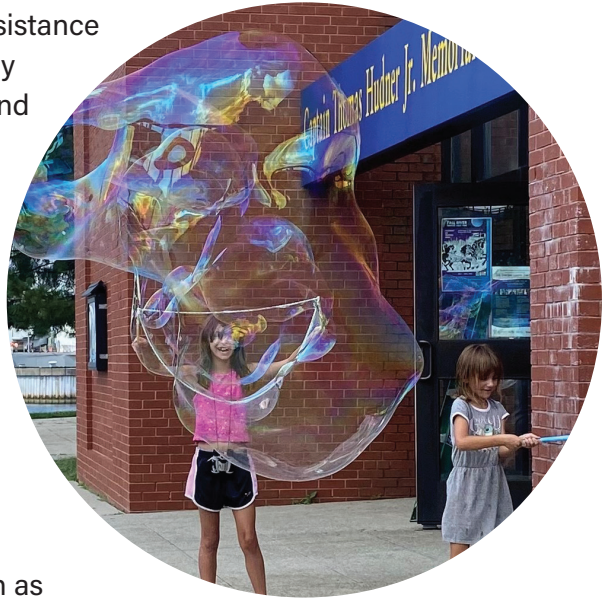
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programs such as the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, housing assistance, and pandemic-related aid also played a significant role in reducing poverty.

Temporary pandemic assistance -- including stimulus payments -- enhanced unemployment benefits, and expanded child tax credits, is coming to an end, while the ongoing affordable housing crisis continues to worsen. These factors could contribute to an increase in childhood poverty rates in the near future.

Experiencing issues in affording basic needs such as shelter, food or clothing has been identified as an adverse childhood experience. See prior section regarding adverse childhood experiences for more detail.



## HOUSING AND HOMELESSNESS

Just as the social and community environments impact the health of Rhode Island girls, so too does the physical environment. The physical environment is made up of external factors that individuals interact with such as air and water quality, transportation, and the homes in which they live. These factors influence the overall health of Rhode Island children but, for many girls, the physical environment has a much more direct impact on their health.

A lack of affordable housing has been a problem in Rhode Island for some time, both magnified and worsened by the COVID-19 pandemic. In 2023, 47% of renter households and 27% of owner households in Rhode Island were cost-burdened<sup>31</sup>. Statewide, the average rental payment has seen a 7% increase between 2017 and 2022, while the median single family home price has increased 32% between 2017 and 2022<sup>31</sup>.

Among the student population in public schools in the 2021-2022 school year, there were 1,461 youth who were homeless in the state<sup>27</sup>. The 2023 Annual Homelessness Assessment Report to Congress found that 38% of all unaccompanied youth experiencing homelessness were girls<sup>32</sup>.

It is important to consider that homelessness among girls and transgender youth might be underreported due to higher instances of “invisible” homeless situations, such as staying with friends, couch surfing, or being trafficked. Females in homeless situations face specific challenges, including higher risks of sexual exploitation and health issues. Transgender and non-binary youth are disproportionately affected by homelessness, facing even higher risks of violence, discrimination, and health issues than their cisgender peers.



## HEALTH INSURANCE AND HEALTHCARE

The physical well-being of girls is not dependent on only one, or even a handful, of factors. Ensuring healthy outcomes for girls as they grow up requires a comprehensive approach that provides services, resources, and conditions that contribute to their physical well-being. Access to healthcare is one important aspect of this.

***Rhode Island ranks as the 10th best state for child health insurance rates in the United States, with 96.7% of children covered.*** In 2020, 3.3% of Rhode Island’s children under age 19 did not have health insurance<sup>28</sup>. Under the Cover All Kids Act, undocumented children are also eligible for health insurance in Rhode Island.

In addition to nearly universal access to health insurance, Rhode Island’s girls have access to reproductive health care, including abortion care with the consent of a parent, legal guardian or judge’s excuse. Minors can access contraceptive services without parental consent and, beginning in 2024, they can obtain birth control



prescriptions directly from a pharmacist without having to see a doctor<sup>33</sup>. Rhode Island schools are required to teach sex education through their comprehensive school health education program, although the curriculum is not required to align with the National Sex Education Standards. The curriculum must stress abstinence, include instruction on sexual orientation and gender identity, discuss varying types of sexual violence, and instruct about consent by law. Students may be removed from instruction by written parental permission.

## Emergency Department Visits and Hospitalizations

### Minimum Number of Emergency Department (ED) Visits and Hospitalizations Across All Diagnoses for RI Youth: 2023

|               | Minimum Number of ED Visits | Minimum Number of Hospitalizations |
|---------------|-----------------------------|------------------------------------|
| <i>Female</i> | 27,838                      | 2,841                              |
| <i>Male</i>   | 27,856                      | 1,632                              |

Source:

Rhode Island Department of Health. (2024). Hospital Discharge Data. Retrieved on September 25, 2024 <https://health.ri.gov/data/hospitalization/discharge/>

In 2023, girls and boys aged 1 to 19 had roughly the same number of emergency department visits across all diagnosis types (e.g., injury, infection)<sup>24</sup>. However, in 2023, girls were hospitalized at nearly a 74% higher rate than boys<sup>24</sup>. See the “Mental and Behavioral Health” section of this report for more details about the higher rate of hospitalizations due to MBD diagnoses for girls than boys.

## CHILD WELFARE

### Child Maltreatment, RI: 2023

|        |     |
|--------|-----|
| Female | 52% |
| Male   | 48% |

Source:

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Informational System (RICHIST), 2014-2023.

From 2014 to 2023, 1,264 girls experienced maltreatment, which was a rate of 52% and slightly higher than that of boys (48%)<sup>29</sup>.

## FAMILY COURT REFERRALS

### Juvenile Offenses Referred to Family Court, RI: 2023

|        |     |
|--------|-----|
| Female | 32% |
| Male   | 68% |

Source:

Rhode Island Family Court, 2023 Juvenile Offense Reports.

In 2023, girls' proportion of juvenile offenses referred to family court were less than half those of boys: 32% of these referrals were for girls whereas 68% were for boys<sup>30</sup>.

## JUVENILE JUSTICE

### Youth on Probation, RI: 2023

|        |     |
|--------|-----|
| Female | 14% |
| Male   | 86% |

### Youth at Rhode Island Training School: 2023

|        |     |
|--------|-----|
| Female | 20% |
| Male   | 80% |

Source:

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Informational System (RICHIST), 2008-2023.

The percentage of girls in the total youth on probation is over 6x lower than boys<sup>29</sup>. Although girls make up a lower percentage of the youth at Rhode Island Training School than boys, it is important to note that the number of girls who passed through the Training School more than doubled from 19 girls in 2021 to 41 girls in 2023<sup>29</sup>.





## OVERALL CALL TO ACTION:

### *Empowering Rhode Island's Girls for a Brighter Future*

Rhode Island's girls face a complex set of challenges—ranging from disparities in education, mental health crises, and systemic inequities, to interpersonal violence and limited access to critical resources. Yet, their resilience and potential provide an incredible opportunity for positive change. This report calls on policymakers, educators, community leaders, families, and all stakeholders to join forces in ensuring that every girl in Rhode Island has the opportunity to thrive.



### Key Priorities for Action

#### 1. Expand Access to Positive Childhood Experiences

Every girl deserves a safe, supportive environment to grow and succeed. Increase funding for after-school programs, mentorship opportunities, and leadership initiatives that foster resilience, self-confidence, and skill-building. Ensure that homeless and underserved girls receive targeted resources to meet their basic needs.

#### 2. Address Interpersonal Aggression and Gender-Based Violence

Break the cycle of bullying, dating violence, and sexual assault through comprehensive prevention programs, inclusive education on healthy relationships, and robust enforcement of anti-violence policies. Empower schools to create safe and inclusive spaces, especially for marginalized groups like transgender youth.

#### 3. Invest in Mental and Behavioral Health Services

Close the gap in mental health support by hiring more school-based counselors, psychologists, and social workers to meet recommended ratios. Expand access to community-based mental health programs and address stigma around mental health to encourage girls to seek help.

#### 4. Promote Equity in Education and Career Readiness

Eliminate gender-based barriers in education by ensuring equitable access to STEM opportunities, addressing absenteeism, and supporting girls with individualized education plans. Strengthen college and career readiness initiatives to prepare girls for a diverse range of high-demand fields.

#### 5. Enhance Community Safety and Support Networks

Build safer neighborhoods and schools by engaging families, communities, and policymakers in creating well-lit public spaces, accessible safe routes, and

stronger anti-discrimination policies. Foster mentorship and support networks that reflect the diversity and experiences of Rhode Island's girls.

## 6. Increase Philanthropic Support for Girls' Programs

Funding organizations and programs that directly support girls is critical for achieving gender equity. According to the Women & Girls Index 2022, philanthropic support for women's and girls' organizations in the United States represents just 1.9 percent of overall giving. While Rhode Island is slightly better at funding programs with a gender lens than is seen nationally, severe under-resourcing remains—particularly for programs focused on girls of color. To address this, funders must prioritize initiatives that empower girls and address systemic barriers. These programs are essential to fostering leadership, resilience, and equity in our communities.

### The Path Forward

Achieving these goals requires bold, collective action. Policymakers must prioritize legislation that ensures equity, access, and funding for youth-centered initiatives. Educators must advocate for and implement inclusive, trauma-informed practices in schools. Community leaders must champion local solutions to systemic challenges. Families must foster open conversations and provide unwavering support to girls as they navigate complex social and academic environments.



Equally important, philanthropy must play a transformative role. Strategic, sustained investments in programs with a gender lens can help bridge resource gaps and ensure that all girls—particularly those from historically marginalized communities—have the tools, resources, and opportunities to thrive.

The inspiration for this report came from the *2023 Indiana Girl Report*, which was led by the Girl Coalition of Indiana. No such coalition for girls exists (yet) in Rhode Island. Is now the time to both create a coalition for girls and gender-expansive youth AND to invest more in our girls? We believe the answer is a resounding YES!

Together, we can create a Rhode Island where every girl—regardless of her background or circumstances—has the opportunity to succeed. By investing in their well-being, we are not only shaping their future but also building a stronger, more equitable community for all.

**Let's act now. The future of Rhode Island depends on it.**

## Methodology

The *2025 Rhode Island Girls Report* calculates many indicators about the well-being of Rhode Island's girls and families across three dimensions of wellness: Education, Physical Health, and Mental and Behavioral Health. The data were curated from government and publicly available sources by members of Blue Cross & Blue Shield RI, RI for Community & Justice, Girl Scouts of Southeastern New England, Rhode Island KIDS COUNT, the Community-Engaged Data and Evaluation Collaborative (an initiative of the Swearer Center for Public Service) and School of Public Health researchers at Brown University, and the Women's Fund of Rhode Island. This report provides the most recent data and research available at the time of writing from state partner agencies, peer-reviewed journals, national and state level surveys, as well as credible national entities, such as the Centers for Disease Control and Prevention and the U.S. Census Bureau.

Report authors gathered data and calculated summary statistics when possible based on public, government and other sources. Some summary statistics (e.g., teen birth rates) were calculated by the source, and methodologies regarding their calculations can be found in the sources themselves. To that end, names and terms and their definitions may vary between sources, local, state and government agencies. We made great effort to ensure the information and calculations here are reported accurately from their original source, though we are not able to guarantee accuracy of all data points from all sources.



The *2025 Rhode Island Girls Report* was inspired by the *2023 Indiana Girl Report* and generally follows its lead related to data collected, although some additional data is shared in our report to highlight unique Rhode Island experiences. This report is a collaboration between Blue Cross & Blue Shield RI, Brown University School of Public Health, Girls on the Run RI, Girl Scouts of Southeastern New England, Rhode Island for Community & Justice, Rhode Island KIDS COUNT, The Womxn Project Education Fund, and Women's Fund of Rhode Island.

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Beth Thompson, Special Projects Manager, Women's Fund of Rhode Island

Daniel Turner, PhD, Assistant Director, Community-Engaged Data and Evaluation Collaborative, Swearer Center for Public Service, Brown University