



ORIGINAL ARTICLE

“I Don’t Know if I Would’ve Made It Through High School Without It”: Transgender Adolescents’ Perspectives on the Impact of Gender-Affirming Care

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Abstract

Purpose: Research suggests that gender-affirming medical care (GAMC) is associated with improved health outcomes; however, there are increasing efforts to limit access to this care for minors. Little prior research has explored transgender and nonbinary (TNB) adolescents’ perspectives regarding the impact of accessing GAMC. The goal of this study was to understand the impact receiving GAMC as minors has had on the lives of TNB adolescents.

Methods: Adolescents ages 14–17 who reported having received GAMC were recruited in August 2023 via their electronic health record portal account to participate in an anonymous, qualitative study. Participants completed an electronic survey containing two open-ended questions about how accessing GAMC in adolescence had impacted their life. Free-text responses were reviewed to develop a *de novo* codebook. Each response was coded and themes were generated iteratively using an inductive thematic analysis framework.

Results: In total, 60 adolescents (82% White, 55% identified as a boy or man) completed the survey. Three themes and two subthemes were identified from participants ($n = 60$): (1) Congruence, involving ways accessing GAMC enhanced alignment between their gender identity and physical appearance and their ability to self-love, (2) Mental Health, describing how receiving GAMC impacted adolescents’ mental health, and (3) Thriving, focusing on how GAMC impacted adolescents’ ability to engage with others and become more future-oriented.

Conclusions: Findings from this study highlight the positive impact GAMC has on adolescent mental health and social well-being and thus add to our growing understanding of the impact of GAMC and the possible harms associated with limiting access.

Keywords: gender affirming care; impact of care; self-perception; transgender health

Introduction

A growing body of research has shown that access to gender-affirming medical care (GAMC) for transgender and nonbinary (TNB) adolescents is associated with improved psychosocial functioning, life satisfaction, and mental health, including reduced depression and thoughts of suicide.^{1–6} Recent studies suggest that the improved mental health effects of GAMC are associated with increased appearance congruence, or the alignment between an individual’s gender identity and physical appearance.^{2,7}

Despite evidence demonstrating a positive impact on adolescent mental health, a growing number of states in the United States have considered or passed legislation restricting GAMC for minors.^{8,9} Although the overall impact of this legislative climate is not yet known, recent studies of parents and providers emphasize both the profoundly positive impact of GAMC and grave concerns related to the potential loss of access to this care.^{10–13} Although there have been numerous studies exploring the effects of GAMC on TNB youth,^{1–6} little prior research has explored the impact of this care from

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the perspectives of TNB adolescents' themselves. Given the current sociocultural context and legislative restrictions on GAMC, the current study aimed to center the impact of accessing GAMC from the perspectives of TNB adolescents.

Methods

Participants and recruitment

Potential participants were identified in the Epic electronic health record (EHR) if they (1) were currently between the ages of 14 and 17 (due to policies related to MyChart messages and a desire to understand the experiences of adolescents accessing this care younger than 18), (2) had completed an encounter with a gender clinic medical provider at a single gender clinic located in Washington State between October 2020 and July 2023, and (3) had an active patient portal account (MyChart).¹⁴ Eligible participants were sent a MyChart message in August 2023 containing information about the study. This message contained a link to a REDCap^{15,16} screening survey to confirm eligibility. The purpose of this screening survey was to confirm they (1) were between the ages of 14 and 17 and (2) had received GAMC defined as: puberty blockers (histrelin implant or leuprolide injections), testosterone, estrogen, or top surgery from a licensed medical provider.

Those who met these inclusion criteria and provided assent to participate were asked to complete the full survey. A waiver of parental consent was obtained. All study procedures were followed and were approved by the Seattle Children's Institutional Review Board in July 2023.

Survey items

Demographic survey items included gender identity, sex assigned at birth, race and ethnicity, and type(s) of GAMC received. For gender identity, participants could choose all that applied from a series of gender identity options including a write-in option. Open-ended questions about their experiences receiving GAMC before age 18 included the following:

How has receiving GAMC before you turned 18 impacted your life?

How has the way you see yourself changed since you started GAMC?

Data analysis

Demographic characteristics were analyzed descriptively. Text responses to the open-ended items were analyzed using an inductive thematic analysis approach.¹⁷ All

free-text responses were reviewed iteratively by two members of the research team to develop a *de novo* codebook containing 27 unique codes. Two authors then independently coded all responses in Microsoft Word using coder comments. All disagreements between coders were reviewed by a third coder who settled each dispute, adjudicating all codes to full agreement. Final themes and subthemes were then generated iteratively by three members of the research team using an inductive thematic analysis framework.¹⁷

Positionality of the research team. Our study team represents a diversity of identities that informed the design and analysis of this study and includes transgender, nonbinary, cisgender, and queer-identified individuals who are Latine or White as well as researchers and medical providers with expertise in adolescent gender-affirming care.

Results

Participant characteristics

A total of 390 adolescents were sent a message providing information about the study, 199 were read within one week, and 83 participants began the screening survey. Of these, 80 adolescents were eligible to participate, 73 provided assent to participate, and 60 completed all survey items (30% response rate).

Respondents' demographic characteristics ($n = 60$) are presented in Table 1. Participants were predominantly White (82%), however, 20% identified with more than one race or ethnicity. A majority of participants identified as a boy/man (55%) and/or transmasculine (42%), with nearly half of participants (47%) indicating that they identified with more than one gender identity. A majority of participants indicated having received gender-affirming hormone therapy, with 79% reporting having received testosterone and 19% reporting receiving estrogen.

Three themes and two subthemes were identified from TNB adolescents' responses to the two open-ended survey items. Descriptions with representative quotes are included in the following sections and additional quotes are included in Table 2.

Theme 1: Congruence focused on the ways in which accessing GAMC has affected and/or has the potential to affect how participants feel about themselves through enhanced alignment between their gender identity and physical appearance, and their subsequent ability to love themselves. Many participants shared experiences of how changes in physical attributes allowed them to see

Table 1. Demographics of Participants (n = 60)

Ethnicity and Race, n (%) ^a	
First Nations/Indigenous/Native American/American Indian	5 (8)
Asian	6 (10)
Black or African American	3 (5)
Latino/a/x/e or Hispanic	8 (13)
White	49 (82)
Two or more ethnicities or races	12 (20)
Gender Identity, n (%) ^a	
Boy/Man	33 (55)
Girl/Woman	7 (12)
Transmasculine	25 (42)
Transfeminine	9 (15)
Nonbinary	10 (17)
Genderqueer	6 (10)
Another gender identity not listed above ^b	15 (25)
Two or more gender identities	28 (47)
Sex Assigned at Birth, n (%)	
Male	12 (20)
Female	47 (78)
Did not specify	1 (2)

^aParticipants could select all that applied so response choices are not mutually exclusive.

^bThe gender identities not listed included the following: gender-fluid, gender questioning, gender nonconforming, agender, demiboy, androgyne, two-Spirit, bigender, and genderflux.

themselves and feel more like who they know themselves to be.

I've always seen myself as a man. I was frustrated and confused when puberty started, I hated myself. Since I have been able to start transition medically, I've been able to see myself more and more. The way I'm supposed to be. [Participant 29—White, transmasculine adolescent]

I have felt great and a lot better in my skin. I feel like although my body doesn't exactly match who I am, parts of me are beginning to line up and I feel better. [Participant 33—Multiracial, transmasculine adolescent]

As my body has changed, the way I feel about myself has improved massively. [Participant 66—White, transfeminine adolescent]

A few participants shared that they had not yet seen some of the physical effects they desired from GAMC, but hoped to see them soon.

I feel that I have made significant progress in my journey, although, again, I only recently started HRT, so there aren't many significant changes yet. [Participant 69—White, transfeminine adolescent]

Several TNB adolescents emphasized that receiving GAMC was associated with a feeling that they were worthy of love and care—especially from themselves.

It's easier to see myself as someone worthy of self-care, friends, and good things because it's easier to have confidence and self-love. [Participant 45—White, transmasculine adolescent]

I love myself for the first time in my life. I love my face, my body, my mind, my heart, I Love everything about myself whereas before I hated everything about myself. [Participant 53—White, transmasculine adolescent]

Some TNB adolescents shared that a change in the pitch of their voice as a result of GAMC made a positive impact on the way they perceived themselves.

I think the most noticeable thing that changed was/is my voice—which has been very crucial to my self-esteem. It's one of the very few things I can genuinely [say] I love about myself. [Participant 56—White, transmasculine adolescent]

Several participants shared that their relationship with their own reflection has changed in positive ways.

Looking in the mirror became a positive thing. Self-confidence went up. I feel more comfortable in my own body. [Participant 1—Multiracial, transmasculine adolescent]

I've started to see myself as really being a girl, inside and out. I sometimes look in the mirror and am shocked at how good I look. [Participant 2—White, transfeminine adolescent]

Theme 2: Mental Health centered adolescents' perspectives regarding how receiving GAMC impacted their mental health, specifically how their GAMC directly reduced gender dysphoria, anxiety, depression, self-harm, and suicidality. Many participants shared increased happiness as a result of receiving GAMC.

I felt absolutely miserable and hopeless and pretty pathetic before I started taking testosterone. . .my mental health has become so much better and I feel so happy being able to pass as male and actually feeling male. [Participant 8—Indigenous, transmasculine adolescent]

It has made me more confident in my future, helping me to be happier and less depressed. [Participant 10—Multiracial, transfeminine adolescent]

Adolescents frequently shared that their anxiety or depression improved as a result of receiving care.

I feel like a part of my mind has quieted. I am excited to go in the water again and try new clothes. I am far less distressed by my body, and I feel less anxious in public. [Participant 81—Multiracial, transmasculine and nonbinary adolescent]

Gender affirming care has improved the quality of my life immensely. It's made me happier, lessened my anxiety, depression, and body issues. [Participant 45—White, transmasculine adolescent]

Several TNB adolescents shared that their gender dysphoria was markedly reduced after initiating GAMC and that this care also improved anxiety and feelings of hopelessness related to gender dysphoria.

I used to feel intense anxiety about going out in public. . .I contemplated ending my life because I didn't think I would ever be seen as a boy. . .now I have things I'm looking forward to, my life isn't completely consumed by my anxiety and dysphoria. [Participant 52—White, transmasculine adolescent]

A few participants noted that they did continue to have challenges with their mental health, but that these remaining challenges were made more manageable after receiving GAMC.

Table 2. Themes, Subthemes, and Representative Quotes (n = 60)

Themes and Subthemes	Representative Quotes
Theme 1: Congruence	<p><i>It's Made Me More Comfortable in my Body Which Made Me More Confident and Allowed Me to Focus on Other Things instead of Worrying about How I'm Perceived by Others. [Participant 58—White, Transmasculine Adolescent]</i></p> <p><i>I enjoy the person I am more than before I started gender affirming care. [Participant 9—White, transmasculine adolescent]</i></p> <p><i>I've become a lot more confident, energetic, and generally happy. [Participant 2—White, transfeminine adolescent]</i></p> <p><i>My voice is deeper, and I feel so gender euphoric. [Participant 60—Latine, transmasculine adolescent]</i></p> <p><i>I am happier, more confident, no longer depressed, I now love my body instead of wanting to throw up every time I looked in a mirror. [Participant 52—White, transmasculine adolescent]</i></p> <p><i>When I look at myself, how I outwardly look feels more aligned with how I inwardly am. [Participant 5—Multiracial, transmasculine adolescent]</i></p> <p><i>I have finally started feeling like myself . . . [Participant 8—Indigenous, transmasculine adolescent]</i></p> <p><i>I was able to finally truly grow up and into myself. [Participant 12—Latine, transmasculine adolescent]</i></p> <p><i>It takes a lot of the ambiguity away from my femininity. At the end of the day, I can know that I have estrogen pumping through my body . . . I feel inherently separate from male biology in this way. [Participant 48—White, transfeminine adolescent]</i></p> <p><i>I also feel more comfortable in my skin, and can express myself more femininely without feeling dysphoric. [Participant 24—Multiracial, nonbinary adolescent]</i></p>
Theme 2: Mental Health	<p><i>. . . I couldn't be more happy, I feel the best I have been my entire life. [Participant 62—White, transmasculine adolescent]</i></p> <p><i>I am not as depressed or anxious as I was in the past since starting testosterone. [Participant 20—White, transmasculine adolescent]</i></p> <p><i>. . . [GAMC] helped me feel like a normal kid and experience a childhood instead of having to wait until I'm 18 to start living. I don't know if I would have made it that long, otherwise. [Participant 29—White, transmasculine adolescent]</i></p> <p><i>I feel so much more like myself, obviously my mental health will never be perfect, but within the past year that I've taken [testosterone] I've gotten so much more happy and comfortable with myself and my life. [Participant 21—White, transmasculine adolescent]</i></p>
Theme 3: Thriving	<p data-bbox="183 1297 467 1320">Subtheme 3.1: Social-Well-Being</p> <p><i>I don't have to worry as much about people knowing I'm trans and thinking I'm a girl, so I've been more extraverted, I've been able to participate in sports with my friends [Participant 29—White, transmasculine adolescent]</i></p> <p><i>I am able to happily exist in social spaces . . . [Participant 53—White, transmasculine adolescent]</i></p> <p><i>It allows me to have a much more normal high school experience . . . [Participant 51—Multiracial, transmasculine adolescent]</i></p> <p><i>It's made it easier to pass, which has made me face much less discrimination . . . [Participant 45—White, transmasculine adolescent]</i></p> <p><i>I have started to feel less alienated from my peers and friends, like I am no longer an other. [Participant 32—White, transmasculine adolescent]</i></p> <p data-bbox="183 1612 402 1635">Subtheme 3.2: Optimism</p> <p><i>I feel much more secure in how my life and body will be going forward, and I've been able to feel good about how my body has begun developing [Participant 83—White, transfeminine adolescent]</i></p> <p><i>. . . it was as if I was able to finally truly grow up and into myself . . . [Participant 12—Latine, transmasculine adolescent]</i></p> <p><i>I feel excited about changes rather than anxious and dreading them. I feel my insecurities are more focused on things average teens are insecure about, and while that still sucks, it sucks way less. I can actually have a vision about how I may look as an adult. [Participant 81—Multiracial, transmasculine and nonbinary adolescent]</i></p> <p><i>I enjoy the person I am more than before I started gender affirming care. I have seen myself as more feminine and have been happier with myself knowing that I will eventually achieve my goals. [Participant 9—Multiracial, transfeminine adolescent]</i></p>

I'm so happy. Being on gender affirming hormones has almost completely rid me of all gender dysphoria . . . I still have depression, for reasons unrelated to gender, but I haven't thought about suicide in a long time. [Participant 60—Latine, transmasculine adolescent]

My depression no longer impacts my day-to-day life. It's still there but way more manageable. . . I no longer self-harm and have not thought of suicide at all. [Participant 17—White, transmasculine, nonbinary adolescent]

Many participants shared that they were previously considering suicide and that they believe receiving GAMC saved their lives.

When I was 15 I was executing a plan to end my life and the only reason I didn't go through with it is because I knew that someday I would be able to start testosterone. Testosterone saved my life. [Participant 53—White, transmasculine adolescent]

I think receiving care before the age of 18 has greatly improved my quality of life, and in all honesty probably saved it. [Participant 12—Latine, transmasculine adolescent]

. . . I was going through constant suicidal episodes. . . now that I've been on [testosterone], I'm much, much happier. I don't know if I would've made it through high school without it. [Participant 37—White, transmasculine adolescent]

Theme 3: Thriving described two ways in which GAMC impacted their lives: improving their ability to interact with others socially and influencing their outlook on the future. Community engagement and future orientation have been associated with the concept of thriving in adolescents.¹⁸

Subtheme 3.1: Social-Well-Being focused on how GAMC positively impacted their social interactions and engagement with others. Many adolescents shared that access to GAMC increased their ability to socialize with others and that this has allowed them to thrive in school and other social settings.

I have been more confident and able to talk to others more (something that pre gender-affirming medical care was a big struggle for me). My grades have improved school wise and I have been more involved in extracurriculars and friends. [Participant 5—Multiracial, transmasculine adolescent]

Several adolescents specifically mentioned the positive impact that GAMC has had on their high school experience. Others shared that they were better able to socialize and be present in society because they felt safer to do so as a result of GAMC.

I can't imagine how high school would've gone if I hadn't started testosterone. . . I've gone back to school and am about to graduate this year. The weird looks and comments are still there sometimes, but I have a lot more self-confidence so they don't get to me as much. [Participant 52—White, transmasculine adolescent]

I feel like I have become more of the person I wanted to be and am more comfortable taking risks (talking to new people,

joining clubs, etc.) because I'm not scared to be known. [Participant 65— White, transmasculine adolescent]

Subtheme 3.2: Optimism included adolescents' visions of their future and the hope they now feel as a result of having access to GAMC as adolescents.

. . . I have been set free. . . to simply just be a teenager growing into a young man. [Participant 12—Latine, transmasculine adolescent]

I see myself more as who I've always wanted to and can see myself becoming that person in the future. [Participant 43—White, transmasculine adolescent]

I feel excited about changes rather than anxious and dreading them. I feel my insecurities are more focused on things average teens are insecure about, and while that still sucks, it sucks way less. I can actually have a vision about how I may look as an adult. [Participant 81—Multiracial, transmasculine and nonbinary adolescent]

Discussion

Findings from this study show that TNB youth who desire GAMC benefit from receiving this care in adolescence in a number of ways, including changing the way they see and feel about themselves, improving their mental health and social well-being, and leading them to have a more optimistic outlook on life. These findings are aligned with an increasing number of recent studies focused on the positive impact of GAMC on TNB adolescent mental health and highlight the perspectives of adolescents who have received this care as minors.¹⁻⁵

Given the known mental health disparities that TNB youth face compared with their cisgender peers, our study findings suggest that access to GAMC has the potential to improve adolescent mental health.¹⁹⁻²¹ These findings are in line with a prior study involving parents and caregivers of TNB youth receiving GAMC in adolescence that described this care as life-saving and having an overwhelmingly positive impact on adolescent mental health.¹²

Especially in light of increasing legislative restrictions limiting access to GAMC for minors, understanding the impact that this care is currently having on the lives of the adolescents who are receiving it is critically important. These findings are aligned with other studies of both parents and clinicians that raise concerns about the implications restricting access to GAMC will have on adolescent mental health.^{10,11,13}

Limitations

Our findings should be interpreted with the acknowledgment that our sample lacked diversity with respect

to race, ethnicity, and gender identity, with the majority of participants identifying as White and male or trans-masculine. Although this sample is representative of the clinic population in which the study was conducted, further research should examine the impact of GAMC among more diverse populations of youth.²² In addition, participation was without direct compensation, which may have impacted study recruitment. Although we were unable to determine why only about half of the adolescents who were sent the recruitment message in MyChart chose to read it, this is in line with a recent study exploring adolescent patient portal use that found 55% of adolescents remain active portal users for less than one year.²³

We were unable to know the precise dose or duration of gender-affirming medications used by study participants, and this may be an important area of future research. In addition, future studies may benefit from the use of more traditional qualitative methods of data collection such as individual interviews. Finally, our sample was limited to a subset of youth who are patients with access to MyChart at a single clinic located in a state with no restrictions on GAMC for minors. Thus, this study population may not represent the perspectives of adolescents in the increasing number of regions with legislative restrictions limiting access to this care.

Conclusion

This qualitative study describes the experiences of TNB adolescents who received GAMC before age 18. Our findings show that among our clinic-based sample of older adolescents, GAMC improved quality of life, increased hope, improved academic and social engagement, reduced suicidality, and had deeply meaningful, positive impacts on mental health. This study adds to a growing body of evidence that access to GAMC improves both the health and well-being of TNB adolescents, with the added strength of elevating the words of the TNB adolescents themselves. These findings lend further strength to arguments for improved access to GAMC and ensuring that pediatricians are well-equipped to support TNB adolescents and their families in receiving this care.

Authors' Contributions

V.R. assisted with instrument creation, data collection, data analysis, and project administration, in addition, assisted in writing and revising the article for important intellectual content. D.L. assisted with instrument

creation and study conception and design. She also assisted with data analysis and writing and revising the article for important intellectual content. K.B. assisted with instrument creation, data collection, data analysis, and project administration and in addition, assisted in revising the article for important intellectual content. N.F.K. assisted with study conception and design. She also assisted with data analysis and writing and revising the article for important intellectual content. K.M.K. assisted with study conception and design. She also assisted with data analysis and writing and revising the article for important intellectual content. G.M.S. assisted with instrument creation and study conception and design. She also supervised data analysis and writing and revising the article for important intellectual content.

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