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EU Policy, Medical Ethics, and the Treatment of Gender Dysphoria among Italian Minors: An Analytical Inquiry

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ABSTRACT

This study investigates how gender dysphoria (GD) among children and adolescents is addressed within the Italian healthcare system, situating the analysis within broader European legal and political frameworks. Although clinical guidelines recommend that young patients be evaluated and treated by qualified specialists—including psychologists and child neuropsychiatrists—activist organisations without medical training have increasingly shaped therapeutic pathways, often framing medical interventions, such as puberty suppression or surgical procedures, as the primary response to gender-related distress. Using a multi-method, case-focused framework, the study draws on documentary review, publicly available interviews, and media content analysis to examine treatment protocols at Florence's Careggi Medical Center, a leading institution within Italy's healthcare system. Peer-reviewed literature on adolescent development, medical ethics, and clinical standards informed the analysis, ensuring conclusions were grounded in established scholarship. Evidence suggests that activist voices have, in some cases, supplanted medical expertise in shaping diagnoses and treatment decisions for minors. The analysis further considers the 2021 European Parliament Resolution, which endorsed the right of minors to pursue gender transition even without parental authorisation. Although GD is not classified as a pathological condition, it requires careful oversight due to uncertain long-term implications of puberty blockers and the possibility that medical transition may not be suitable for every case. Findings underscore the urgent need to restore evidence-based medical practice, ensuring that minors receive appropriate, comprehensive, and ethically responsible care.

1. INTRODUCTION

In 2019, the World Health Organization (WHO) introduced the eleventh edition of the International Classification of Diseases (ICD-11), endorsed by its member states, among them Italy. A central feature of

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this update was the relocation of transsexuality from the category of psychiatric and behavioral pathologies to the framework of sexual health conditions. This decision not only acknowledged the complex healthcare needs of transgender populations but also paralleled a major precedent established decades earlier, when homosexuality ceased to be listed as a disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM). According to WHO, the former classification of transsexuality as a mental disorder had contributed to stigma, discrimination, and, in some contexts, criminalisation. By contrast, its reclassification seeks to affirm self-determination, reduce prejudice, and maintain access to psychological, hormonal, and surgical care (Montano, 2018).

The umbrella term transgender refers to individuals who do not fit neatly into the male–female binary. This includes people whose gender identity diverges from their biological sex (commonly referred to as transsexual individuals) as well as those who reject fixed gender categories (such as genderqueer individuals). Confusion often arises because gender identity, gender roles, and sexual orientation are distinct concepts: gender identity refers to one’s internal sense of self as male, female, or another identity; gender roles denote cultural norms about how men and women are expected to behave; and sexual orientation concerns patterns of emotional and physical attraction. When an individual undergoes medical procedures aimed at altering sexual characteristics, the term transsexual is commonly used to refer to their affirmed sex. Gender transition is a multifaceted process involving psychological, medical, legal, and social dimensions (Zennaro, 2023).

In Italy, gender transition has been regulated since 1982 by Law No. 164, which establishes the legal and medical framework for sex reassignment procedures. The process typically begins with acknowledgment of distress related to one’s biological sex and societal role. Once gender identity is consolidated, individuals may seek guidance from mental health professionals or through advocacy groups. Psychological assessment plays a pivotal role in diagnosing GD and assisting patients throughout their transition. These consultations are designed to promote self-acceptance and assist individuals in managing familial and social challenges. Because transition affects every aspect of daily life, psychosocial support remains essential both during and after medical intervention. In addition, long-term clinical follow-up is required to monitor lifelong hormone therapy and to address the psychological and medical implications of gender transition (Dentis, 2024).

Law No. 164 has often been regarded as an essential step toward safeguarding the dignity and well-being of individuals with GD. Nevertheless, the expression “sex change” is somewhat misleading; it is used in common discourse but fails to capture the reality that transition is more accurately described as gender affirmation. The law provides a formal means to recognise one’s gender identity in civil registries, rather than altering an intrinsic element of personal identity. Although the law was challenged in 1985, the Italian Constitutional Court upheld its legitimacy, emphasising its alignment with evolving principles of human dignity and individual freedom (Dalla Balla, 2025). Subsequent legal reforms, including Legislative Decree No. 150 of 2011, further advanced these protections by allowing for the legal recognition of gender identity without obliging individuals to undergo surgical procedures. Building on this, Italy’s Supreme Court later established that transgender adults are entitled to legal recognition of their chosen gender on official documents, independent of any bodily interventions (Tebano, 2015).

Recent constitutional rulings have reinforced this trajectory. For example, a 2024 decision reaffirmed that individuals have the right to shape and experience their gender identity, and that surgical modification of sexual characteristics constitutes a fundamental right in cases where incongruence causes significant psychological distress. In such circumstances, acts involving one’s body are deemed lawful if they are directed at protecting personal health, including mental well-being. Current jurisprudence thus permits gender recognition on legal documents following psychological and hormonal treatment, even in the absence of surgical intervention. Consequently, individuals assigned male at birth who undergo transition may retain their reproductive organs while being officially recognised as female, illustrating the evolving legal approach to gender identity in Italy (Fossati, 2024; Caleca, 2024).

2. PROBLEM STATEMENT

Law No. 164 of 1982 and Legislative Decree No. 150 of 2011 marked significant progress in recognising the rights of transgender individuals in Italy. While these provisions have generally applied to adults without generating substantial controversy, their application to minors remains unclear due to the absence of an explicit age threshold for legal gender transition. Scholars and clinical experts generally maintain that decisions with lifelong consequences, such as medical or legal gender transition, should be reserved for individuals with full legal capacity, typically adults, and that parental authorisation alone may not suffice (Signani, 2025; Dentis, 2024).

Recent developments at the European level—most notably EU Parliament Resolution 2021/2557—explicitly recognise the rights of minors with GD to pursue medical and legal transition, thereby reshaping the Italian legal landscape. While prior research has examined EU-level policy frameworks, legal protections, and the psychosocial needs of transgender youth (Manzani, 2019; Falezza, 2022), gaps remain in understanding how these policy changes translate into clinical practice, institutional decision-making, and treatment pathways at the national level (Marzano, 2024; Calcaterra et al., 2024).

This study addresses this gap by investigating the outcomes of recent EU legal changes in Italy, focusing on the intersection of healthcare protocols, legal frameworks, and advocacy dynamics. Specifically, it examines how these factors have influenced the growing number of minors diagnosed with GD and how policy implementation interacts with medical and ethical standards. By directly linking the study's aim to its research objectives and questions, this problem statement establishes a clear conceptual foundation and underscores the study's contribution to interdisciplinary understanding of pediatric GD management in a European context.

3. LITERATURE REVIEW

Since 2019, the World Health Organization (WHO) has no longer classified GD as a mental or behavioural disorder, but as a condition within sexual health requiring medical, social, and political consideration. This shift reflects growing recognition that gender identity involves multiple determinants, including psychological, cultural, and potentially biological factors. Ongoing studies aim to improve understanding of transgender experiences and to support the well-being of gender-diverse populations.

Gender identity is generally defined as one's internal sense of being male, female, both, or neither. Research suggests it is established in early childhood, often within the first years of life, and may not coincide with sex assigned at birth. Notably, it is essential to differentiate gender identity from sexual orientation, which concerns the direction of emotional bonds and sexual desire, and from gender roles, which reflect cultural expectations regarding masculinity and femininity (Chianura, 2021).

Scientific investigations into the origins of gender identity have examined biological contributions. Some evidence suggests a connection between identity development and hormonal balance, genetics, prenatal exposure to steroids, and neuroanatomical variation. Imaging studies, for instance, have reported differences in white and gray matter between cisgender and transgender individuals. Research into gonadal steroids also suggests that fetal or neonatal hormonal environments may influence brain sexual differentiation. However, these findings are often limited by methodological challenges, such as small sample sizes, reliance on post-mortem brain analysis, or confounding variables like prior hormone therapy (Bailey & Blanchard, 2023).

Despite these insights, many scholars caution against reducing gender identity solely to biology. Critics argue that an exclusively medicalised interpretation neglects the diversity of identities that extend beyond the male–female binary. As social attitudes shift, more individuals articulate their gender experiences in ways that challenge rigid categories, prompting calls for frameworks that emphasise inclusion and well-being over causal explanations (Ortuso, 2024).

The treatment of GD in minors remains especially complex. Clinical practice is influenced not only by scientific debate but also by political and ideological pressures. In contemporary discourse, GD is

sometimes framed broadly to encompass forms of psychological distress associated with identity, with progressive movements advocating affirmation-based approaches. Professionals who question this model risk social or professional repercussions, including censorship or accusations of discrimination (Barberini, 2024).

In Italy, recent initiatives have sought to standardise care. A 2024 report by the Italian Academy of Pediatrics, prepared in collaboration with psychiatric associations, recommended multidisciplinary involvement in diagnosis and treatment. For children and pre-adolescents, a GD diagnosis requires several consistent indicators, such as a strong desire to be of another gender, persistent cross-gender behaviors, and marked discomfort with one's body. In contrast, diagnostic criteria for adults are less extensive, requiring evidence of an enduring desire to alter sexual characteristics or be recognised as the opposite gender. The report further emphasised that medical or surgical interventions should be considered only after psychological evaluation and prolonged observation, with counseling prioritised as the first line of support (Calcaterra et al., 2024).

Longitudinal studies indicate that many children who express gender incongruence do not persist in these identities into adolescence or adulthood. Some research reports that the majority of children realign with their sex assigned at birth by puberty, while only a small proportion continue to experience GD into later life. These findings underscore the importance of a cautious, long-term approach, relying on psychological assessment by a multidisciplinary team that may include pediatricians, endocrinologists, psychologists, and neuropsychiatrists. Immediate medical intervention is generally discouraged for younger patients (Pessina et al., 2024).

Other scholarship has examined the legal, medical, and socio-cultural dimensions of GD in adolescence. This body of research highlights the challenges faced by youth in educational, family, and employment contexts, and emphasises the importance of providing gradual and individualised care. Particular attention has been drawn to the growing number of biological females presenting with GD during adolescence, a trend that remains insufficiently understood. Collectively, the literature underscores the importance of interdisciplinary research and the need for careful, evidence-based treatment frameworks for minors (Marzano, 2024).

4. RESEARCH OBJECTIVE AND QUESTIONS

This research investigates the approaches adopted by Italy's National Health Service in handling GD among minors, focusing on the growing visibility of the issue as medical protocols evolve and political debates intensify. The inquiry is further driven by the broader aim of clarifying how healthcare policies, legal considerations, and advocacy dynamics converge in shaping treatment pathways for young patients.

Three principal objectives guide the study:

1. To examine the progression of EU legal frameworks on gender identity and evaluate their impact on Italy's regulatory approach to diagnosing and providing care for minors with GD.
2. To review the clinical protocols implemented at Careggi Public Hospital in Florence between 2022 and 2024, emphasising cases in which advocacy organisations supporting transgender rights appear to have influenced decisions concerning medical treatment for underage patients.
3. To explore the development of contemporary medical standards on GD and analyse the social, political, and institutional dynamics that appear to underlie the rising number of diagnoses in minors.

In pursuit of these aims, the study sets out the research questions listed below:

1. How have changes within EU-level legal frameworks impacted Italian statutory provisions addressing GD among children and teenagers?

2. How closely are the evaluations and treatment procedures for GD at Careggi Hospital consistent with accepted clinical standards and professional ethical norms?
3. Which societal, political, and institutional dynamics help explain the significant growth in GD diagnoses among Italian minors?

By engaging with the issues at stake, the research provides an interdisciplinary perspective on GD management in Italy. It highlights that GD is increasingly perceived not only as a medical condition but also as a politically charged issue and a locus for transsexual advocacy. Through this analysis, the study underscores the multifaceted interactions of legal principles, medical decision-making, activist advocacy, and the broader social–ethical context that together influence contemporary clinical approaches to pediatric GD.

5. METHODOLOGY

This research employs a multi-method design to investigate gender dysphoria (GD) in children and pre-adolescents, with particular attention to scientific grounding, political dimensions, institutional application, and legal regulation at both the European and Italian levels. By employing a case-focused framework, the research allows for a detailed exploration of multifaceted and evolving challenges, capturing their manifestations and interactions in practical environments (Yin, 2018). The Italian context represents a critical site where supranational legal frameworks, national health policies, and trans-advocacy mobilisation intersect, making it a valuable lens to examine how legal norms, medical practices, and political advocacy shape the treatment of minors diagnosed with GD.

5.1 *Documentary Review*

A systematic review of institutional and legal documents was conducted, including ministerial directives, official guidance from the Italian Ministry of Health, legislative acts, judicial decisions, and parliamentary inquiries related to medical practices concerning GD in minors. Documents were selected based on relevance, authority, and their ability to illuminate policy development and the influence of advocacy groups. Peer-reviewed literature was incorporated to contextualise findings and support interpretation of legal and clinical frameworks. This review provided the foundation for understanding the legal and institutional dynamics shaping GD care.

5.2 *Qualitative Interview Analysis*

Publicly available interviews with key stakeholders were analysed, including lawmakers, representatives of transgender advocacy organisations, parents of children diagnosed with GD, and experts in biomedical research and clinical practice. A range of these interviews was systematically analysed using thematic coding. They were selected based on relevance, clarity, and insight into legal, medical, and social dimensions of GD. Thematic analysis of these interviews identified recurring patterns, including motivations behind legislative and clinical decisions, professional consensus, and tensions arising from political or ideological disputes. Peer-reviewed studies were used to support claims regarding clinical and ethical considerations, ensuring that interpretations remained grounded in scholarly evidence.

5.3 *Media Content Examination*

Publicly available articles published in leading European and Western outlets were selected through targeted keyword searches (e.g., “gender dysphoria in children”, “gender theory”, “sexual health and minors”). The analysis considered how GD is framed, the rhetorical strategies employed, the overall tone, and possible ideological biases. The rationale for including media analysis is to capture the societal and political discourse surrounding GD in minors. Media representations provide insight into public perceptions, ideological pressures, and potential influences on clinical and legal decision-making, thereby

complementing the documentary and interview data. This component ensures that the study considers not only formal policy and medical protocols but also the broader cultural context that shapes how GD in minors is understood and acted upon.

5.4 Data Integration and Triangulation

Findings from documents, interviews, and media were integrated to construct a comprehensive picture of how GD in minors is conceptualised, regulated, and contested in Italy. Triangulation across these sources enhanced reliability and validity by confirming converging evidence and mitigating bias. Peer-reviewed studies were explicitly incorporated to support interpretations regarding clinical protocols, ethical considerations, and developmental psychology in minors with GD. Constraints included limited access to confidential institutional documents, reliance on publicly available interviews, and potential media selection bias. Findings were interpreted with caution, and cross-validation was employed wherever possible to ensure credibility.

5.5 Reliability, Validity, and Limitations

Several measures were adopted to ensure reliability and validity. First, triangulation across documents, interviews, and media sources allowed for cross-validation of findings. Second, selection criteria were applied consistently to include authoritative, relevant, and verifiable sources. Third, peer-reviewed literature was explicitly incorporated to contextualise findings and support interpretive claims. Fourth, thematic coding and analysis were conducted systematically, with emerging patterns compared against established scholarly evidence to reduce subjectivity. Constraints remain. Access to confidential institutional documents was limited, potentially restricting the depth of analysis. Reliance on publicly available interviews may have excluded perspectives from less visible stakeholders. Media sources carry inherent selection bias, as coverage often favours certain actors or narratives. To mitigate these limitations, all findings were interpreted with caution, and cross-referencing between sources was applied wherever possible to maintain the credibility of conclusions.

6. RESULTS AND DISCUSSION

Current Italian legislation does not explicitly define a minimum age for GD patients seeking transition. Nevertheless, legislative debates leading to the passage of Law No. 164/1982 and Legislative Decree No. 150/2011 consistently implied that the age of eighteen is required for sex reassignment. The doctrine of *capacità di agire* (capacity to act) underpins Italian jurisprudence, establishing when individuals may exercise legal rights and assume responsibilities. This legal capacity is typically conferred at the age of majority—eighteen—except where the law provides specific exceptions. Provisions allowing minors to act via parental or guardian representation do not appear in the legal framework concerning gender identity or reassignment (Acquaviva, 2024).

Until 2021, judicial practice in Italy uniformly held that only adults could seek legal recognition of a gender different from their biological sex. Courts emphasised that sexual identity is an intimate and deeply personal right, thereby rejecting parental petitions for surgical or medical interventions aimed at altering a child's sexual characteristics (Attanasio, 2021). However, this legal stance shifted after 2021, when Italian jurisprudence began to reflect the influence of European Union (EU) legislation and rulings of the Court of Justice, extending certain protections and recognition to transgender minors (Sisti, 2023).

6.1 EU Parliament Resolution 2021/2557

The turning point came with the adoption of EU Parliament Resolution 2021/2557, which explicitly recognised the presence of transgender youth and their entitlement to make autonomous decisions regarding their gender identity. The Resolution, reinforced by the binding authority of the Court of Justice of the European Union (CJEU), requires national courts in all 27 member states to align their judgments with EU law (Cassano, 2024). This legal recognition entitles minors to assert their gender identity when they

perceive a mismatch between their biological sex and self-identification. Current Italian and EU jurisprudence therefore acknowledges that both adults and minors may change their gender identity on official documents, regardless of whether surgical interventions have been undertaken (Pignataro, 2024).

The underlying principle is that gender identity—shaped by intellectual, emotional, and perceptual experiences—takes precedence over external physical traits. Consequently, the law increasingly recognises that incongruence between assigned sex and gender identity may lead to considerable psychological strain, warranting legal and medical recognition to safeguard well-being (Grossi, 2023). This approach reflects a broader shift in jurisprudence and political orientation within the EU since the 2019 parliamentary elections, where progressive forces played a decisive role. Under this framework, minors identifying as transgender currently possess equivalent legal entitlements to adults concerning decisions about their own gender identity. In cases of parental opposition, they may appeal to a Juvenile Court and request the appointment of an independent advocate tasked with safeguarding their interests and representing them throughout all judicial proceedings (Barba, 2023).

6.2 *The Evolution of EU Policy*

Although gender identity and LGBTQIA+ rights have long been debated in EU institutions, early measures before 2009 were limited to non-binding recommendations urging member states to prevent discrimination. The first binding step came in 2009 during the Barroso presidency, when the EU Parliament passed a Resolution explicitly affirming LGBTQIA+ rights as integral to fundamental freedoms. In 2014, under the Juncker presidency, another Resolution denounced every manifestation of discrimination related to gender identity and urged the establishment of an inclusive EU-wide framework for the protection of LGBTQIA+ rights (Grasso, 2018; Passarelli, 2024).

Significant momentum was achieved during the 2019–2024 legislative period under President Ursula von der Leyen. On 11 March 2021, the EU Parliament adopted Resolution 2021/2557, officially recognising the EU as a “LGBTIQIA+ Freedom Zone”. This legislation reinforced the right of all individuals to freely express their personal gender and sexual identity, ensuring protection from any form of bias or mistreatment.

Additionally, the regulation mandated EU nations to modify their domestic laws by ensuring:

- i. free and accessible gender-affirming healthcare in specialised clinics.
- ii. modification of legal identity documents without the need for medical procedures.
- iii. designation of a minimum of 20% of public healthcare funding for services supporting transgender individuals.
- iv. minors’ right to transition medically or legally without parental consent.
- v. full recognition of trans rights as part of EU human rights law.
- vi. sanctions for non-compliance by member states.
- vii. right of appeal to the CJEU for violations of trans rights.
- viii. mandatory dissemination of gender identity information, including within schools.
- ix. educational programs for instructors addressing the legal rights and social considerations of gender diversity.
- x. protection and residency opportunities for non-EU nationals facing discrimination or danger due to their gender identity.

The Resolution was adopted with 492 votes in favor, 141 against, and 46 abstentions (Stillone, 2021). Shortly afterward, the Commission launched the LGBTQIA+ Equality Strategy 2020–2025, its first comprehensive plan to strengthen equality, promote diversity, and embed trans rights education across policy domains, including primary and secondary education (Ubbiali, 2025). These developments aligned with earlier Council of Europe recommendations (2017, 2018) that had called for eliminating medical prerequisites for legal gender recognition, facilitating minors’ transitions, and abolishing compulsory gender markers in public documents (Sangiuliano, 2024).

6.3 Resistance and National Controversies

Despite strong lobbying in favor of the Resolution, resistance persists in parts of Europe. Hungary has openly opposed the EU framework, enacting legislation that prohibits minors from accessing material on sexuality, homosexuality, or gender identity in schools or media. Hungary's government contends that the duty of providing sex education should rest with parents instead of governmental or institutional bodies (Gomez, 2025).

The EU Commission, headed by Ursula von der Leyen, condemned this law as incompatible with EU values and human rights obligations. The Commission referred Hungary to the CJEU, arguing that the law violates internal market regulations, discriminates against LGBTQIA+ individuals, and undermines fundamental EU principles (Follis, 2022). Pending resolution, EU funds to Hungary have been frozen as leverage to compel compliance. The conflict has escalated politically, with some progressive voices even proposing Hungary's exclusion from the EU on grounds of illiberalism and alleged alignment with Russian autocratic policies (Bortoletto, 2025).

6.4 Italian Public Opinion

The implementation of EU Resolution 2021/2557 has generated heated debate in Italy. Data collected by the polling institute *Noto Sondaggi* in November 2022—through a CAWI-based survey of two million citizens aged 18 to 70 with a $\pm 1.2\%$ margin of error—showed that public opinion leaned strongly against legalising gender transition for minors: 66 percent opposed the measure, 21 percent expressed support, and 13 percent remained undecided or withheld a response. The question posed was deliberately phrased in simplified terms to enhance public comprehension. Crucially, Italy itself did not legislate independently on the matter but was required to adhere to the binding obligations established under the EU Resolution (Ludovici, 2025). Media analysis reveals how GD in minors is framed in public discourse, often emphasising ideological or political perspectives. These frames interact with the core findings by highlighting the societal and advocacy pressures that may influence clinical protocols, parental perceptions, and legislative debates. Understanding media representation thus provides an additional layer of context, showing how public narratives align with or challenge observed trends in clinical and legal practices.

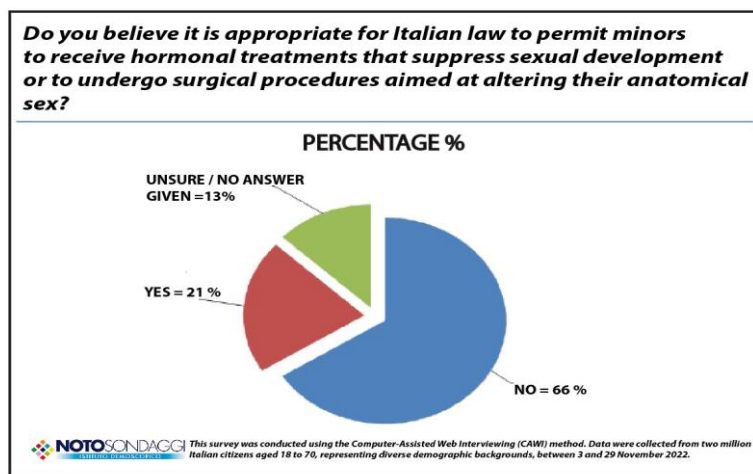


Fig. 1. Results of the November 2022 *Noto Sondaggi* survey on public opinion regarding gender transition for minors. (Source: https://www.provitaefamiglia.it/media/userfiles/files/sondaggio_pro_vita_settembre_2022.pdf)

Beyond legislative measures, the European Parliament has committed significant financial resources to support transsexual and transgender rights, channeling funds through multi-year programs designed to

promote inclusion, awareness, and cultural transformation. Table 1 summarises a selection of the five-year projects 2019-2024, their stated purposes, and allocated budgets (Giubilei, 2025; Scura, 2024).

Table 1. EU-Funded Projects Supporting Trans Advocacy Initiatives

Scheme/Plan Designation	Strategic Focus	Budget Allocation (in € million)
Spectrum Arts	To investigate performance art as a tool for promoting gender diversity.	€25
Trans Voice Network	To enhance better understanding of the challenges faced by transgender individuals.	€40
Identivista	To provide educational initiatives on gender concepts and personal identity development.	€90
Spectravia	To foster awareness of LGBTQIA+ perspectives and encourage active engagement in society.	€110
Mentora Youth	To enhance mental health services tailored for LGBTQIA+ adolescents.	€120
Opencadia	To create inclusive environments and reduce bias in higher education settings.	€80
Labelfree Initiative	To encourage active participation in advocacy and community programs for LGBTQIA+ youth.	€130
Scholaria Pride	To support academic achievement among LGBTQIA+ students.	€35
Cinequeer Lab	To nurture emerging filmmakers and expand LGBTQIA+ representation in media.	€20
Curriculumum Rainbow	To integrate LGBTQIA+ perspectives into school teaching materials and programs.	€30

Sources:

1. Giubilei, 2025: <https://www.ilgiornale.it/news/politica/migranti-green-e-lgbt-fiuni-denaro-dallue-ong-pi-ideologiche-2448900.html>
2. Scura, 2024: <https://decripto.org/lunione-europea-finanzia-programma-per-minorenni-per-diventare-drag-queen-lallarme-di-isabella-tovaglieri/>

6.5 Resolution 2021/2557 and Minors' Autonomy

The adoption of EU Resolution 2021/2557, central to the first objective of this study, marks a profound shift in how minors are legally treated with regard to gender transition. Under Italian law, minors lack legal autonomy: they cannot independently enter into contracts, assume binding obligations, or face court accountability, as they are deemed incapable of exercising full decision-making capacity. Traditionally, this framework has served to protect minors from making irreversible life-altering choices before reaching adulthood. However, Resolution 2021/2557 overrides these national protections by granting minors the right to undergo sex reassignment procedures, both legally and surgically, without parental consent. Critics argue that this development prioritises ideological commitments over the welfare of minors, given the significant medical, psychological, and social implications involved (Colaiacovo, 2024). Documentaries and testimonies from individuals who transitioned as minors but later expressed regret in adulthood further underscore concerns about the long-term consequences of such interventions. These accounts highlight the need for caution, as irreversible decisions taken in adolescence may not reflect stable or enduring identity choices (Di Meo, 2024).

6.6 Lobbying Power and Political Influence

The adoption of Resolution 2021/2557 was shaped by sustained lobbying from trans-advocacy groups, which have become increasingly influential within EU institutions. These organisations have leveraged both strategic mobilisation and substantial financial resources—often supported directly by EU funds—to

advance policies that align with their objectives. In effect, the Resolution modifies long-standing Italian legal traditions by diminishing parental authority and national safeguards in favor of expanded minors' rights. Recent analyses indicate that trans-advocacy networks now constitute one of the most powerful lobbying blocs in Brussels, second only to the arms industry (Gonzato, 2024). Their strategic presence within the EU Parliament, Commission, and Council has allowed them to shape legislative outcomes and reframe debates on gender identity, minority rights, and healthcare access. This influence has been amplified by EU financial backing, which not only funds awareness campaigns but also provides structural capacity for sustained political engagement. The convergence of financial support and institutional access has produced a situation in which ideological objectives often supersede traditional considerations of child protection and parental responsibility. This dynamic illustrates how advocacy-driven policymaking, when reinforced by substantial funding and lobbying power, can significantly alter national legal landscapes and recalibrate the balance between individual rights and protective safeguards for minors (Tortora, 2024).

6.7 Approaches to Pediatric GD: The Careggi Experience

The Careggi Hospital in Florence is recognised as a prominent European institution responsible for conducting diagnostic evaluations of GD in both children and adolescents. Its procedures follow the guidelines of the World Professional Association for Transgender Health (WPATH) and are implemented through a multidisciplinary team composed of endocrinologists, psychologists, psychotherapists, gynecologists, urologists, plastic surgeons, radiologists, child neuropsychiatrists, and bioethicists. Yet, activists affiliated with prominent transgender associations have reportedly played a notable role in the diagnostic process of minors (Merli, 2024).

The WPATH recommendations—initially drafted in the United States in 2020 under the supervision of Health Secretary Rachel Levine and subsequently adopted in several European countries—advocate the use of Triptorelin, a puberty-blocking agent that interrupts sexual maturation (Cerone, 2024). However, an independent review led by Dr. Hilary Cass, director of the Royal College of Paediatrics and Child Health in the United Kingdom, criticised these standards for being ideologically motivated and insufficiently evidence-based. Cass underscored that clinical research on the long-term safety of puberty blockers is limited, often relying on small sample groups and short observation periods, which fail to provide robust conclusions about their physical, cognitive, or psychological impacts.

Her findings also pointed to the disproportionate influence of trans-advocacy organisations in shaping the guidelines, which resulted in a framework prioritising gender-affirming medical interventions at the expense of more cautious therapeutic strategies, such as psychological counseling or delayed decision-making. Moreover, she observed that the guidelines inadequately addressed the complex developmental, mental health, and identity issues that often accompany adolescent gender distress. The result has been a tendency toward rapid medicalisation, often without comprehensive psychological evaluation, despite the need for a more individualised and cautious approach (Triggle, 2024). Despite their limitations, the WPATH recommendations have gained broad acceptance in Western healthcare institutions, influencing the approaches used to manage care for a large number of pediatric patients (Dayan, 2024).

Triptorelin, a gonadotropin-releasing hormone (GnRH) analog typically used in the treatment of prostate and breast malignancies, received official authorisation from both the World Health Organization and the Italian Medicines Agency (AIFA) in 2019. Its use in paediatric patients, however, is strictly regulated, requiring assessment by a multidisciplinary team that includes child neuropsychiatrists, alongside ongoing psychological and psychiatric monitoring (Pili, 2024).

An investigation launched in 2024 by the Public Prosecutor's Office in Florence, prompted by complaints from parents, revealed that Careggi Hospital had bypassed these safeguards. Minors were reportedly given Triptorelin within two weeks of admission, without thorough psychological or neuropsychiatric evaluation (Vescio, 2024). Testimonies suggested that activists without medical training were involved in issuing GD diagnoses, later endorsed by sympathetic psychologists, while parents were consistently marginalised, thereby being systematically excluded from meaningful participation in crucial

stages of decision-making—contradicting expert consensus that emphasises family involvement as vital to the emotional stability of children (Vivian, 2024). Best practices in adolescent care highlight the importance of:

1. providing a safe, respectful environment for exploring identity
2. ensuring professionals remain informed and capable of supporting families
3. offering counseling to address issues such as depression or low self-esteem
4. actively including parents in the diagnostic and treatment journey.

Such a holistic and cautious approach is essential to protect the developmental and psychological well-being of minors experiencing gender-related distress (Griguolo, 2025; Migliore, 2025; Croteau, 2025).

A subsequent audit by the Italian Ministry of Health corroborated the judicial findings: minors were being evaluated not by licensed specialists but by activists, and some were directed toward puberty suppression or even surgical reassignment without compliance with WHO or AIFA protocols. This contradicts research showing that a large proportion of children experiencing gender incongruence—estimated at around 85%—resolve their dysphoria naturally during adolescence (Sala, 2023; Piemonte, 2023).

Hospital representatives defended their accelerated procedures by citing overwhelming patient demand, but this justification disregards the risks of detransition, a process that often involves complex psychological or social factors requiring long-term evaluation (Loy, 2023). Ultimately, the Ministry of Health concluded that minors at Careggi were not provided with adequate medical care, raising ethical and safety concerns (Sbrizzi, 2024). The increase in patient numbers over recent years is reflected in the following data:

Table 2. Yearly data on minors receiving care at Careggi Hospital between 2022 and 2024

Admission Year	Overall Patient Count	Surgical Transition (%)	Puberty Blocker Treatment (%)
2022	5838	1517 (26%)	4321 (74%)
2023	8266	2562 (31%)	5704 (69%)
2024	12530	4886 (39%)	7644 (61%)

Source: Italy's Healthcare Authority: <https://www.iss.it/>

The figures point to three critical trends:

- i. A sharp increase in the number of minors both admitted and medically transitioned between 2022 and 2024.
- ii. A 100% diagnosis rate of GD among admitted patients, with no recorded exceptions.
- iii. Persistent disregard for medical protocols requiring an observation period before initiating hormonal treatments, despite evidence suggesting that most adolescents overcome gender distress without medical intervention (Pessina et al., 2024).

These findings suggest that GD at Careggi Hospital has been approached more as an ideological matter than as a medical condition. The cases from 2022 to 2024 illustrate how trans-advocacy organisations have directly influenced diagnostic and treatment practices for minors, aligning with the second research objective. The surge in cases appears linked to evolving guidelines that normalise early medical interventions—ranging from puberty blockers to surgery—while broadening the diagnostic scope to encompass a wide range of psychological disorders. Such practices risk medicalizing conditions like anxiety, depression, or obsessive-compulsive tendencies under the umbrella of GD without sufficient individualised evaluation. This trend, relevant to the third objective of this study, underscores the necessity of reassessing current medical standards to ensure minors' well-being is prioritised over ideological imperatives (Capitano, 2024).

The Ministry of Health's inquiry has ignited broader political and scientific controversy. Progressive political forces and LGBTQIA+ advocacy groups defend minors' access to transition-related treatments as

a matter of rights under EU law, whereas conservative voices demand a fundamental revision of WPATH guidelines (Latorraca, 2025). Scholarly debates also remain polarised: some warn that puberty blockers pose risks to both physical development and mental health, while others argue that the evidence for their therapeutic benefits is inconclusive (Naguib, 2024).

This divergence has led several European countries to adopt more restrictive approaches to gender-affirming care (GAC). In Norway, the Healthcare Investigation Board criticised the scientific foundations of current practices and called for a reassessment of WPATH standards. The UK's National Health Service has closed all pediatric GD clinics and prohibited puberty blockers for minors, citing unknown long-term consequences. Denmark now mandates psychological support rather than medical interventions, while Sweden, Finland, and Norway have prohibited puberty blockers and limited surgical procedures to legal adults since 2022, challenging the EU's framework on gender identity rights (Tropea, 2025).

In Italy, the Ministry of Health has initiated a task force within the National Bioethics Committee to develop standardised protocols for the administration of puberty-suppressing medications. Simultaneously, AIFA is reviewing its regulatory policies to determine the suitability of these interventions for underage patients. However, no legal action has yet been taken to prohibit surgical interventions before the age of 18, likely due to concerns about political backlash and EU-level implications. The shifting balance of power in the EU Parliament following the June 2024 elections—where right-leaning parties opposed to Resolution 2021/2557 have gained influence—may eventually prompt a reconsideration of EU policy on medical transition in minors (Gobbi, 2025).

7. CONCLUSION

The analysis demonstrates that the 2021 EU regulatory framework on GD reflects an ideological rather than scientific orientation, closely aligned with the progressive agenda of EU institutions. The legislation places emphasis on self-declared gender identity while giving limited weight to biological evidence—a stance that many clinicians increasingly challenge. Healthcare experts contend that teenagers may not possess the emotional and cognitive maturity required to make permanent decisions with lasting effects, which generates significant ethical dilemmas. Critics contend that such policies have contributed to the sharp increase in GD diagnoses among minors, many of whom may not fully comprehend the implications of medical transition (Sartea, 2024).

The issue remains deeply political and socially charged. Those who question prevailing practices are frequently accused of transphobia, as demonstrated by the experience of prominent transgender physicians Marci Bowers and Erica Anderson. In 2021, both warned against the indiscriminate use of puberty blockers in minors, but their cautionary views were largely excluded from professional and mainstream debates (Gentilini, 2024). The World Professional Association for Transgender Health (WPATH) asserts that puberty-suppressing treatments are generally regarded as medically secure with reversible outcomes. Nonetheless, leaked internal reports have ignited controversy by suggesting that WPATH's recommendations may not be fully supported by rigorous clinical evidence, and that healthcare providers are aware of potential lasting consequences of gender-affirming procedures, including infertility, heightened cancer risk, and diminished sexual function (Hughes, 2024). In response, several European nations, including Italy, have established expert panels to review and potentially revise WPATH protocols. Nevertheless, prominent transgender advocacy organisations oppose these reassessments, viewing them as a threat to previously established advances in transgender healthcare (Tomasi, 2024).

In addition to clinical and ethical debates, the economic dimension of transgender healthcare deserves attention. Data from the Gran View Institute indicate that the European sector for gender-focused medical interventions experienced a substantial surge, rising from €5 billion in 2022 to €28 billion in 2024, with further expansion expected. In addition to public institutions like Careggi Hospital in Florence, an increasing number of private clinics now specialise in sex reassignment procedures, consolidating a lucrative medical sector. While this development is legally permissible, it raises ethical questions given the growing proportion of minors undergoing such interventions (Cocci, 2025).

Above all, GD should be approached first and foremost as a medical condition, not primarily as a political issue. Many fundamental scientific questions remain unresolved, particularly concerning the long-term impact of puberty blockers on growth, fertility, and tumor risk. Although consensus exists that gender reassignment cannot be reduced to a form of cosmetic surgery, ongoing research in endocrinology and neuropsychiatry is essential before sound ethical guidelines can be established. The heightened politicisation of gender diversity has also fostered confusion among adolescents, who are already navigating complex identity formation processes. These trends have led to what might be seen as a widespread social and ideological unease. At the same time, the long-term consequences of Triptorelin remain largely uncertain, due to limited longitudinal research, although the National Health Service currently provides the medication free of charge (Cardone, 2024).

7.1 Synthesis and Interdisciplinary Implications

This study demonstrates that the management of GD in minors is shaped by the dynamic interplay of legal frameworks, clinical practice, and ethical considerations. The evolving EU and Italian policies have expanded minors' legal rights, yet these changes intersect with medical uncertainty and contested ethical standards, highlighting the need for careful oversight by trained professionals. The findings underscore the importance of integrating policy analysis, clinical ethics, and empirical research to guide decision-making in pediatric GD care. By synthesising these domains, the research contributes to interdisciplinary scholarship, providing a nuanced understanding of how legislation, healthcare protocols, and advocacy influence outcomes for vulnerable populations. Ultimately, this study advocates for evidence-based, ethically responsible, and contextually informed approaches that balance the rights, well-being, and developmental needs of minors experiencing gender dysphoria.

8. LIMITATIONS AND FUTURE RESEARCH

This research faces certain inherent constraints that warrant supplementary investigation. Coupled with the effects of the 2021 EU legislation, two other factors seem to contribute to the increasing number of minors reporting GD: the influence of educational curricula and the pervasive influence of social media. From early education through secondary school, cultural and educational materials increasingly present transgender identities as aspirational, while online platforms often frame medical transition as a universal response to adolescent distress. Both trends merit deeper investigation to clarify their role in shaping youth perceptions of gender (Cigna, 2024; Sgreva, 2024).

Future research should also account for international political shifts, particularly developments in the United States, where recent policies reasserting “sex” over “gender” in federal law may influence global debates. At the same time, changes in social media regulation—especially the loosening of moderation policies—could broaden public discourse, challenging the dominance of progressive narratives. These dynamics raise important questions about whether the EU will align with evolving U.S. approaches or maintain independent policy directions. Understanding these trajectories will be essential for assessing the future of EU legislation on gender identity (Basile, 2025; Burch, 2025; Savagnone, 2025).

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AUTHORS' CONTRIBUTION

The authors contributed equally to the writing and development of each section of this research.

CONFLICTS OF INTEREST

The authors report no conflicts of interest, whether financial or personal, that might have affected the conduct or outcomes of this study.

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