

UNVEILING EU LAW AND THE RISE OF SEX REASSIGNMENT SURGERY FOR MINORS: A CRITICAL EXAMINATION OF GENDER DYSPHORIA TREATMENT IN ITALY

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ABSTRACT

This study examines the experiences of children and pre-adolescents with gender dysphoria (GD) within the Italian healthcare system. While current treatment guidelines recommend that young patients be managed by specialized medical professionals, such as psychologists and neuropsychiatrists, trans-activists - often lacking medical and scientific expertise - have increasingly influenced clinical practices, introducing ideological perspectives into GD clinics. As a result, children are frequently led to believe that medical intervention, such as sex-reassignment surgery or puberty-blocking drugs, is the only viable solution to their psychological and existential distress. These treatments suppress natural puberty, preventing breast development and menstruation in females and testicular growth in males. Adopting a qualitative research approach, this study investigates the GD treatment protocol implemented at the Careggi Medical Center in Florence, Italy - one of Europe's most renowned healthcare institutions - where trans-activists frequently replace medical doctors in diagnosing GD in minors. The findings indicate that, in 2021, the EU Parliament passed a Resolution granting minors the right to undergo gender transition procedures even without parental consent. This legislation, influenced by the powerful trans lobby and backed by left-wing progressive political forces, has contributed to the growing number of young individuals experiencing incongruence with their biological sex. Furthermore, the study highlights that, although GD is not classified as a disease, it requires management by specialized medical professionals. This is crucial not only due to the uncertain long-term risks associated with puberty-blocking medications but also because gender transition may not always be the most appropriate course of action. At present, GD is frequently approached from an ideological and political standpoint, heavily shaped by trans advocacy movements. The researchers argue that children and pre-adolescents experiencing GD are often denied access to essential psychotherapeutic and psychiatric care within Italian medical centers, where they should receive appropriate and comprehensive treatment.

Keywords: Children and Pre-adolescents, EU Parliament, Gender Dysphoria, Gender Identity, Trans Advocacy

INTRODUCTION

In May 2019, the World Health Organization (WHO), representing 194 member states, including Italy, updated the International Statistical Classification of Diseases and Related Health Problems (ICD-11) to reclassify transsexuality, removing it from the category of mental disorders and placing it under "sexual health conditions". This decision reflects the significant healthcare needs of transgender individuals (Iribarren, 2024), and follows a precedent set nearly half a century earlier when homosexuality was removed from the Diagnostic and Statistical Manual of Mental Disorders (DSM). The reclassification of GD aims to reduce stigma and affirm self-determination while ensuring continued access to psychological, hormonal, and surgical treatments. WHO maintains that transsexuality is not a mental disorder and that its prior classification contributed to discrimination, harassment, abuse, and even criminalization in some contexts.

The term "transgender" encompasses individuals who do not conform to the binary gender framework of male and female, including those who experience a disconnect between their gender identity and biological sex (transsexual individuals) and those who do not identify with any specific gender (genderqueer individuals). Confusion often arises between gender identity (one's internal sense of being male or female), gender roles (behaviors and expressions associated with a particular culture's gender norms), and sexual orientation (physical and emotional attraction to a specific gender). However, when an individual undergoes medical intervention for sex reassignment, the term "transsexual" is used to define them according to their transitioned sex (Montano, 2018). The process of gender transition is complex and multifaceted. In Italy, Law No. 164 of April 14, 1982, regulates sex reassignment procedures, outlining key steps to legally and medically transition. The initial phase involves recognizing individuals' discomfort with their biological sex and societal role. Once they solidify their gender identity and its implications, guidance may be sought from specialists, either independently or through advocacy organizations. Psychological assessments play a crucial role in diagnosing GD and supporting individuals throughout their transition. These consultations facilitate self-acceptance and help navigate societal and familial challenges. Gender transition affects multiple aspects of life - social,

psychological, medical, and legal. The recognition of a sex change requires a judicial ruling, as the removal of reproductive organs, barring medical necessity, is otherwise considered a violation of bodily integrity. A judge issues the verdict based on expert opinions and technical evaluations from court-appointed or personally selected specialists. Sex reassignment surgery, including vaginoplasty or phalloplasty, is available in public hospitals and covered by Italy's National Health System, making the procedure free of charge. While medical transition marks a significant milestone, individuals must then navigate reintegration into society, education, and the workplace, which can present challenges. Therefore, ongoing psychosocial support is essential in fostering self-affirmation and a stable daily life. Long-term follow-up, including psychological counseling and medical evaluations, is critical, particularly for monitoring the administration of lifelong hormone therapy (Tanini, 2019; Bilotti, 2024).

Law No. 164 of April 14, 1982, has served as a positive example of legal integration and respect for the psychophysical well-being of individuals with GD. It is important to clarify that the term "sex change" is misleading and is used primarily for accessibility in public discourse. In reality, transgender individuals undergo a process of gender affirmation rather than transformation. The legal provisions outlined in this law serve as instruments to affirm and formalize an individual's gender identity within civil records, rather than altering or redefining an intrinsic aspect of their identity, which is innate and unique to each person (Parigiani, 2024). In 1985, this law faced a constitutional challenge regarding its legitimacy. However, in ruling No. 161 of May 6, 1985, the Constitutional Court dismissed the claim, affirming that the law reflects an evolving legal framework that increasingly prioritizes human dignity and individual freedom (Vassallo, 2015). The rights of transgender individuals were further reinforced by Legislative Decree No. 150 of 2011, which allows legal recognition of gender identity without requiring surgical intervention. Following this decree, the Italian Supreme Court - whose legal principles guide lower courts - established that all transgender individuals over the age of 18 have the right to self-identify their gender, which must be legally recognized on official documents regardless of any physical modifications. The protection of a person's physical and psychological well-being is fundamental, as the right to a free and fulfilling life is a core human right (Attanasio, 2021; Alliva, 2023). Additionally, in ruling No. 143 of July 23, 2024, the Constitutional Court reaffirmed that individuals have the right to define and experience their own gender identity. The ability to surgically modify one's sexual characteristics is considered a fundamental right, particularly in cases where the disparity between anatomical sex and gender identity causes significant psychological distress. Acts concerning one's body, when aimed at safeguarding personal health - including mental health - are thus deemed legally permissible. Currently, legal gender rectification requires only the objective confirmation of a gender transition, which may be completed through hormonal therapies and psychological support without the necessity of surgical intervention (Ntuk & Rapicavoli, 2024). As a result, under current jurisprudence, transgender men can retain their male reproductive organs while being legally recognized as women on official documents (Carosi, 2023).

PROBLEM STATEMENT

Law No. 164 of 1982, a landmark achievement for the transgender community, along with Legislative Decree No. 150 of 2011, has never been subject to significant controversy when applied to adults who, exercising their autonomy, have the right to rectify their sex at birth if deemed incongruous with their gender identity. However, as these laws do not specify a minimum age for gender transition in cases of GD, uncertainty arises regarding their applicability to minors. Legal scholars and neuropsychiatrists, drawing on scientific research and judicial precedents, have consistently asserted that minors, lacking independent legal capacity, cannot personally request a legal sex change, nor can their parents initiate the process on their behalf. Consequently, individuals under eighteen must wait until reaching adulthood to initiate the process autonomously. Until that age, they are not legally recognized as *compos mentis*, and cannot delegate this decision to their parents, as such a choice is deeply personal and carries lifelong implications (Marzorati, 2024). This issue has been exacerbated by EU Resolution 2021/2557, which grants minors suffering from GD the right to undergo sex reassignment surgery. As a result, Italian law has been implicitly modified, extending this right to individuals under eighteen despite the long-standing principle that minors lack full legal capacity. This shift has led to a sharp and unprecedented increase in the number of minors initiating or completing gender transition between 2022 and 2024 (Vicini, 2024).

This study aims to examine the implications of this legal transformation and investigate the factors contributing to the increasing number of minors undergoing gender transition in Italy following the adoption of EU Resolution 2021/2557.

LITERATURE REVIEW

GD is no longer classified as a mental or behavioral disorder under the 2019 WHO classification but is instead recognized as a sexual health condition requiring scientific, social, and political attention. Scientific research on gender identity suggests that, beyond socio-cultural and psychological influences, biological factors may also play a role. Ongoing studies in this area seek to improve understanding of transgenderism, transsexualism, and gender dysphoria GD - a condition characterized by the incongruence between individuals' gender identity and their sex assigned at birth - ultimately striving to enhance the well-being of transgender and gender-variant people. Gender identity refers to individuals' internal perception of themselves as male, female, both, or neither. According to experts (Lingiardi et al., 2015), it is generally established within the first three years of life and may not always align with the sex assigned at birth. Importantly, gender identity is distinct from sexual orientation, which pertains to emotional, affective, and sexual attraction toward members of the opposite sex, same-sex, or both, classifying individuals as heterosexual, homosexual, or bisexual. Other components of sexual identity include biological sex, determined by genetic and anatomical characteristics, and gender role, which encompasses societal expectations regarding masculinity and femininity.

Research on sexual reassignment suggests that biological factors contribute to the formation of gender identity, influencing whether individuals perceive themselves as cisgender (gender identity aligns with assigned sex), transgender (gender identity differs from assigned sex), or gender-variant (rejecting a binary gender framework). However, biological research in this area remains limited, often relying on small sample sizes, post-mortem brain analyses, and studies affected by external variables such as hormone therapy (Negro, 2022; Veutro, 2020).

Medical studies focusing on physiological aspects, independent of social and cultural influences, suggest that gender identity may be shaped by hormonal balance, genetic factors, prenatal exposure, neuroproteins, and neuroanatomical differences. Imaging studies have identified variations in white and gray matter distribution between cisgender and transgender individuals. Additionally, research on gonadal steroids suggests that fetal or neonatal exposure to these hormones may play a role in the sexual differentiation of the human brain (Chung et al., 2022; Bakker, 2018).

Despite the biological insights, experts caution against reducing gender identity solely to molecular or neurological determinants. Dr. Chiara Caravà, psychologist and vice president of the Italian Society of Psychotherapy for the Study of Sexual Identities, warns that an overly biological perspective risks overlooking the diversity of gender identities beyond the male-female binary. As societal attitudes evolve, more individuals openly express their gender identity, highlighting the obsolescence of rigid categorizations. Caravà emphasizes that rather than seeking definitive causes, the priority should be fostering an inclusive society that acknowledges gender diversity as part of human variation and ensures the well-being of gender-variant individuals (Magistroni, 2018).

Addressing GD in children and pre-adolescents is highly complex, not only for scientific reasons but also due to political and ideological influences. Contemporary discourse often broadens the definition of GD to include various forms of psychological distress, driven by political correctness and “wokification” - an ideology that promotes left-aligned progressive social views, particularly regarding gender and identity (Hinsliff, 2024). Questioning this perspective can result in severe professional and social repercussions for medical experts, including job loss, censorship, and accusations of discrimination.

A recent study, *Gestione della disforia di genere nell'adolescente* (Management of Gender Dysphoria in Adolescents), published in June 2024, aims to establish standardized guidelines for managing GD. The Italian Academy of Pediatrics, in collaboration with multiple psychiatric societies, has developed a summary and opinion document (Zuccotti et al., 2024). The report emphasizes that an accurate diagnosis should involve psychologists, neuropsychiatrists, and physicians, with surgical intervention considered only as a last resort. In children and pre-adolescents, GD is diagnosed based on at least six criteria, including a persistent desire to be of the opposite gender, strong preferences for cross-gender clothing, roles, and activities, and a marked discomfort with one's sexual anatomy. In adults, diagnosis requires at least two criteria, such as a strong desire to change one's primary or secondary sexual characteristics or to be recognized as the opposite gender.

Research by Lorenzo Lughetti and Silvia Ciancia indicates that GD can emerge as early as preschool age, but up to 84% of affected children “desist” and realign with their birth-assigned sex by puberty. In 2023 *La disforia di genere in età pediatrica e adolescenziale* (Gender Dysphoria in Childhood and Adolescence), the authors distinguish sex as a biological construct from gender as a personal identity. They highlight that gender identity typically develops between ages 3 and 7, and while some young children may express a desire to belong to the opposite gender, this is often a phase rather than a persistent condition. Only 6% of cases persist into adulthood. The authors advocate for a cautious diagnostic approach, requiring long-term psychological evaluation by a multidisciplinary team, including psychologists, neuropsychiatrists, pediatricians, endocrinologists, gynecologists, and urologists. Immediate medical intervention is discouraged, with psychological counseling recommended to support children and their families in exploring gender identity.

For a comprehensive understanding of GD in young patients, *Adolescenza e disforia di genere. Aspetti giuridici, medici e socioantropologici* (Adolescence and Gender Dysphoria: Legal, Medical, and Socio-Anthropological Aspects) (Facchini & Landuzzi, 2023) offers valuable insights. The book examines GD from psychological, medical, legal, and social perspectives, highlighting its impact on various aspects of life, including education and employment. It emphasizes the need for a cautious and gradual approach to GD diagnosis and treatment, particularly given the rising prevalence among biologically female adolescents. Understanding GD in adolescence remains a complex and urgent research priority, requiring multidisciplinary engagement from medical, psychological, and social perspectives.

RESEARCH OBJECTIVES, QUESTIONS, AND SCOPE

This study critically examines how the Italian National Health System (NHS) addresses cases of GD in children and pre-adolescents, a subject that has gained increasing relevance due to evolving medical practices and growing political activism. The research is motivated by the need to understand the intersection between healthcare, law, and activism in shaping the treatment of minors diagnosed with GD. Specifically, the study pursues three main objectives:

1. To trace the evolution of EU law regarding gender identity and assess its influence on Italian legislation regulating the diagnosis and treatment of GD in minors.
2. To analyze clinical practices at Careggi Public Hospital in Florence between 2022 and 2024, focusing on cases where transsexual activist groups were significantly involved in the decision-making processes regarding medical interventions for minors.
3. To investigate the emergence of new medical guidelines related to GD and to explore the social, political, and institutional factors contributing to the marked increase in GD cases among children and adolescents over the past three years.

To achieve these objectives, the study addresses the following research questions:

1. How has the development of EU supranational law shaped Italian national legislation concerning GD in children and adolescents?
2. Are the diagnoses and medical treatments for GD conducted at Careggi Hospital in alignment with established medical protocols and ethical standards?

3. What are the principal social, political, and institutional drivers behind the sharp rise in GD diagnoses among minors in Italy?

By addressing these questions, the study offers a comprehensive and interdisciplinary analysis of GD treatment practices in Italy. It highlights the increasing perception of GD not merely as a medical issue but as a political matter and a tool for transsexual lobby self-affirmation. In doing so, the research contributes to a broader understanding of how law, medicine, and activism converge in the contemporary management of pediatric GD.

METHODOLOGY

This study adopts a multi-method approach to examine GD in children and pre-adolescents, focusing on its scientific validity, political influences, implementation feasibility, and legal framework at both EU and national levels. The methodology comprises three primary components - documents, qualitative interviews, and media content analysis - within a case study framework, which is well-suited for investigating complex phenomena in real-life contexts (Yin, 2018).

1. Document Analysis

The study examines official guidelines issued by the Italian Ministry of Health concerning GD in minors, as well as legislative texts, judiciary reports, and political investigations related to medical institutions addressing GD. The analysis seeks to trace policy development, evaluate the scientific foundations of medical protocols, assess the transparency of decision-making processes, and identify potential external influences.

2. Qualitative Interview Analysis

Interviews with policymakers, trans-activists, parents of children with GD, scientists, and medical professionals - sourced from reputable media outlets - were analyzed to capture diverse perspectives. Thematic analysis was conducted to explore the motivations behind GD-related policies, assess the level of scientific consensus, and examine political dynamics. This approach identifies both prevailing narratives and dissenting viewpoints.

3. Media Content Analysis

A systematic analysis of articles from leading Western media outlets was conducted to assess the portrayal of GD, its framing, and public discourse. Articles were selected through keyword searches (e.g., "children GD", "gender theory", "sexual health issues") and analyzed for content, tone, and bias. This component provides insight into media narratives and societal perceptions of GD in minors.

4. Data Synthesis

Findings from document analysis, interviews, and media content analysis were synthesized to provide a comprehensive understanding of the evolving discourse on minors' GD. A triangulation approach enhances the reliability of results, ensuring that multiple sources inform the study's conclusions on the scientific validity of GD diagnoses and the growing number of minors seeking gender transition.

5. Limitations

While this multi-method approach offers a comprehensive examination of GD in minors, certain limitations must be acknowledged, including restricted access to confidential policy documents, reliance on publicly available interviews, and potential media bias. The qualitative interview analysis is limited to publicly available sources, which may not encompass the full spectrum of perspectives, particularly those of professionals or stakeholders unwilling to engage in public discourse. Furthermore, the selection process, while rigorous, cannot eliminate the possibility of selection bias, as certain voices may be overrepresented due to media visibility or political prominence. Similarly, the media content analysis is subject to inherent biases within selected publications. Mainstream media outlets often frame GD within specific ideological or political narratives, influencing public perception. While efforts have been made to include diverse sources, the findings may still reflect underlying editorial biases rather than an entirely neutral representation of the issue. Despite these limitations, the study mitigates their impact through methodological triangulation, ensuring that conclusions are drawn from multiple sources and cross-referenced for validity. A critical analytical approach is applied to all data, recognizing potential biases and inconsistencies to provide a balanced and well-substantiated assessment.

RESULTS AND DISCUSSION

Italian law governing sex reassignment and gender identity does not explicitly specify an age requirement for individuals with GD seeking transition. However, parliamentary records preceding the enactment of Laws No. 164/1982 and No. 150/2011 indicate that the age of 18 has always been considered a *conditio sine qua non* for undertaking sex reassignment. A fundamental principle in Italian law is the capacity to act, which refers to an individual's legal ability to exercise rights and fulfill obligations. This capacity is generally acquired at 18, granting individuals full autonomy in legal matters unless otherwise specified by law. While minors can act legally through parental or guardian representation in certain cases, such provisions are absent from Laws No. 164/1982 and No. 150/2011 (Sacco, 2024). Until 2021, Italian courts consistently ruled that only transgender adults could seek legal recognition of their gender identity under these laws. However, after this date, jurisprudence shifted to align with EU legislation

and Court of Justice rulings, extending legal protections to transgender minors (Militello, 2021). Before 2021, Italian courts consistently ruled that sexual identity was a deeply personal right, rejecting parental requests for medical-surgical interventions to alter a minor's sexual characteristics. Additionally, Italian jurisprudence maintained that the two aforementioned laws allowed only adults to undergo sex or gender identity changes, excluding minors from this possibility (Giacomelli, 2019).

EU Parliament Resolution 2021/2557

Since 2021, the EU legal framework, along with the binding jurisprudence of its Court of Justice, has formally recognized both the existence of transgender minors and their right to self-determination. This legal recognition grants minors the ability to determine their own gender identity when their assigned biological sex is not perceived as just or natural. Furthermore, the EU Court of Justice's rulings and the legal principles they establish are binding on magistrates across all 27 EU member states, requiring their strict implementation within national judicial systems (Danna, 2023). Currently, both Italian and EU jurisprudence affirm that transsexual and transgender individuals, including minors, can undergo sex reassignment surgery or request gender rectification in official documents, without the need for surgical intervention (Ferrari, 2024). Legal frameworks now acknowledge that discrepancies between assigned sex at birth and perceived gender identity often cause distress, prioritizing personal fulfillment and well-being. As a result, individuals affected by GD, including minors, may be legally recognized under a gender different from their biological sex, regardless of physical modifications. Gender identity, rooted in intellectual, emotional, and perceptual dimensions, is regarded as prevailing over external physical traits (Balsamo, 2024). Contemporary jurisprudence reflects an increasingly open stance on gender identity, aligning with EU legislation and the left-wing political agenda that gained prominence following the May 2019 EU elections. Transgender minors now possess the same rights as adults in determining their gender identity. Should parental opposition arise, they may seek recourse through the Juvenile Court, requesting a special guardian to represent them in legal proceedings (Monella, 2019; Di Nicola, 2024).

Gender identity and the rights of transgender, transsexual, gay, lesbian, and bisexual individuals have long been central to the EU institutions' political agenda. However, before 2009, the EU Parliament issued only non-binding Recommendations urging EU member states to respect LGBTQIA+ rights and prevent discrimination. The first Resolution on this matter, adopted in 2009 (2004–2009 legislative term, President Barroso), explicitly recognized LGBTQIA+ rights as an integral part of fundamental human freedoms requiring protection. A key subsequent Resolution, passed on 4 February 2014 (2014–2019 legislature, President Juncker), condemned all forms of discrimination based on gender identity and called for a comprehensive EU policy to safeguard LGBTQIA+ rights (Molinari, 2021). Under the 2019–2024 legislature (President Ursula von der Leyen), the EU Parliament strengthened its stance by issuing a binding Resolution on transgender and transsexual rights, obligating EU member states to incorporate its provisions into national law.

On 11 March 2021, the EU Parliament adopted Resolution 2021/2557, declaring the Union an "LGBTIQIA+ Freedom Zone". This Act affirms that all individuals within the EU have the right to express their sexual orientation and gender identity without fear of intolerance, discrimination, or persecution. It also mandates that member states adapt their legislation to ensure:

1. Transsexual individuals can access specialized clinics for gender-affirming treatments easily and at no cost.
2. Transgender individuals can change their gender on official documents swiftly, without requiring surgical procedures.
3. At least 20% of each member state's public health budget is allocated to meet the needs of transgender individuals.
4. Minors, even without parental consent, can legally or surgically transition, as the right to a fulfilling life applies regardless of age.
5. The protection of transsexual and transgender individuals is a fundamental priority under EU law, as their freedoms fall within the broader category of human rights.
6. Member states failing to uphold these rights face severe sanctions.
7. Trans individuals may appeal to the EU Court of Justice if they believe their rights are violated.
8. Comprehensive information on gender identity and transition must be openly disseminated, including through elementary and secondary education.
9. Before being hired, teachers at all educational levels must undergo specialized training on the legal and social aspects of trans rights.
10. Non-EU citizens lacking such protections in their home countries have the right to seek asylum and be safeguarded within the EU.

Resolution 2021/2557 was approved with 492 votes in favor, 141 against, and 46 abstentions (Gaudiosi, 2021). Following its adoption, the EU Commission introduced the LGBTQIA+ Equality Strategy 2020–2025 on 12 November 2021. This groundbreaking initiative, the first of its kind, reaffirms the Commission's commitment to a "Union of Equality", where diversity is valued, and all individuals can live freely without discrimination, exclusion, or violence. It outlines measures to strengthen LGBTQIA+ rights across policy areas and amplify the voices of marginalized communities. Additionally, it urges member states to incorporate trans rights education into school curricula, ensuring that minors are fully informed of their legal protections (La Gatta, 2024). The EU Parliament has thus enacted binding legal provisions, aligning with Recommendations issued by the Council

of Europe in 2017 and 2018. These Recommendations called for the abolition of medical prerequisites for legal gender recognition, the facilitation of gender changes for minors, and the removal of mandatory gender markers on official documents (Morresi, 2022).

Nevertheless, resistance has emerged despite the significant lobbying influence that facilitated the adoption of Resolution 2021/2557 across most EU member states. Hungary, in particular, has adopted national legislation that fundamentally opposes the Resolution’s approach to gender identity and minors’ rights, triggering legal and political conflict at the EU level.

All EU countries, except Hungary, have amended their domestic legislation to implement the provisions of Resolution 2021/2557. Hungarian law stipulates that pornography, as well as content depicting sexuality, promoting different gender identities, sex reassignment, or homosexuality, must not be accessible to minors under the age of 18, particularly within schools (Lancari, 2023). The Hungarian government maintains that sex education is a parental responsibility rather than a task for educational institutions.

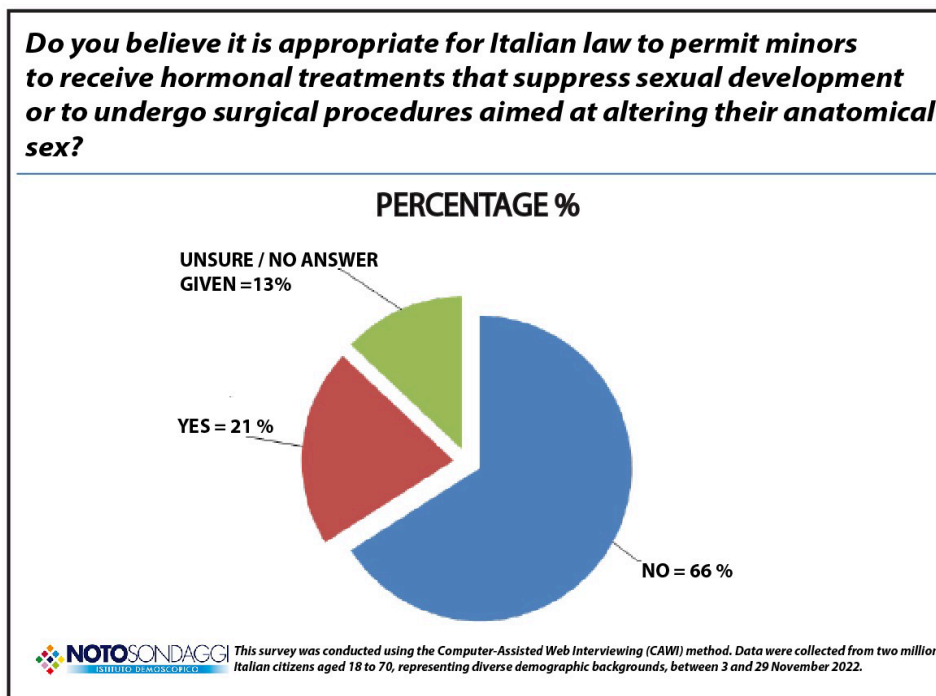
This law has been criticized as “shameful” and “contrary to EU law” by President Ursula von der Leyen as head of the EU Commission. Consequently, the institution has referred Hungary before the CJEU (Court of Justice of the European Union), arguing that the legislation infringes upon internal market regulations, the human rights and dignity of transgender individuals, the EU fundamental values, and discriminates against people based on their sexual orientation and lifestyle choices (Volontè, 2022). The legal dispute between Hungary and the EU Commission is expected to extend over many months, potentially years. In the meantime, the EU has frozen funds destined for Hungary, aiming to exert financial pressure to force the repeal of the contested law, which Hungarian authorities argue is intended to protect minors from ideological indoctrination by transgender advocacy movements (Baccini, 2023). The Commissioner for European Affairs, Hadja Lahbib, publicly affirmed that the rights of transgender and transsexual individuals fall within the broader category of human rights in the EU legal framework. Accordingly, she asserted that minors must have access to information and narratives promoting diverse gender identities and sex transition options. From this perspective, Hungary’s legislation is viewed as transphobic and deserves to be severely sanctioned (Dugato, 2023).

In an even more radical development, progressive political forces supporting President von der Leyen have even proposed Hungary’s expulsion from the group of 27 EU member states, portraying the country as undemocratic, illiberal, and ideologically aligned with autocratic tendencies of the Russian regime (Di Bartolo, 2025).

EU Resolution 2021/2557 has faced significant opposition in Italy. In November 2022, Noto Sondaggi, one of Italy’s leading polling institutes, utilizing the CAWI (Computer-Assisted Web Interviewing) method for data collection, conducted a survey among two million Italian citizens aged 18 to 70 regarding the appropriateness of legalizing gender transition for minors. The margin of error for this survey was reported at $\pm 1.2\%$. The results revealed that 66% opposed the measure, 21% supported it, and 13% were undecided or refused to respond. Notably, the survey question was simplified for public understanding, as Italy did not independently enact such a law but was required to comply with EU Resolution 2021/2557. Under the EU legislative framework, legally binding instruments adopted by the Parliament impose obligations on all 27 member states. Specifically, Resolutions require them to adopt internal norms that reflect their provisions, whereas Directives become an integral part of each national legal system without the need for additional legislation (Grazzini, 2024).

Figure 1. It illustrates the outcomes of the November 2022 survey.

(Source: https://www.provitaefamiglia.it/media/userfiles/files/sondaggio_pro_vita_settembre_2022.pdf)



Beyond legal provisions, the EU Parliament has allocated substantial funds to promote and enforce the rights of transsexual and transgender individuals. The table below presents the approved five-year projects, detailing their funding and objectives (Guzzo, 2024; De Vico, 2024).

Table 1: Projects favoring trans advocacy groups

PROJECT NAME	PURPOSE	FUNDS ALLOCATED (MILLION EUR)
DragTivism Jr.	To delve deeper into the so-called Drag Queens art.	€55
Awareness and Inclusion of Transgender	To increase public awareness of transsexual and transgender people’s needs.	€80
Early Gender Equality Education	To educate the world about gender identity.	€110
Rainbow Bridges	To increase the knowledge of LGBTQIA+ people’s rights.	€135
LGBTIQIA+ Youth Affirmative Mental Health Approaches	To increase the quality of mental health of young LGBTQIA+ youngsters.	€160
PPE - Promoting Pluralistic Education in EU Universities	To combat invisible discrimination related to LGBTQIA+ people.	€120
BS - Beyond Stereotypes	To become an activist for LGBTQIA+ associations.	€175
UNIQUE	To improve the academic achievement of people who identify as LGBTQIA+.	€70
QCP – Queer Cinema Project	To create queer filmmakers and promote their careers.	€30
TETRIS	To increase LGBTQIA+ content within EU schools.	€45

Sources Table 1:

1. Guzzo, 2024: <https://www.provitaefamiglia.it/blog/leuropa-finanzia-corsi-drag-queen-per-minori-ecco-cosa-sta-succedendo>
2. De Vico, 2024: <https://www.secoloditalia.it/2024/08/lgbt-e-drag-queen-e-lultima-trovata-della-ue-per-educare-i-minori-fdi-basta-follie-gender-con-i-soldi-pubblici/>

EU Resolution 2021/2557 - addressing the first objective of this research - introduces a significant shift in how minors are treated in matters of gender transition. Under Italian law, minors are not legally autonomous: they cannot enter into contracts, assume obligations, or be held accountable in court, as they are not recognized as having full decision-making capacity. However, the Resolution grants them the right to undergo sex reassignment procedures, despite the profound medical and social consequences involved. This change appears to be driven more by ideological considerations than by safeguarding minors (Occhipinti, 2021). Numerous documentaries highlight the experiences of individuals who underwent sex reassignment procedures as minors, only to express deep regret in adulthood. Their testimonies raise serious concerns about the long-term consequences of such interventions and further support the argument that EU Resolution 2021/2557 fails to protect minors’ well-being, instead serving as a vehicle for ideological advocacy promoted by trans-activist organizations (Gallo, 2023).

The Resolution was approved under strong lobbying pressure from trans advocacy groups, which have actively influenced EU institutions to advance their agenda. As a result, it effectively modifies Italian legal principles, which traditionally prioritize the protection of minors by limiting their ability to make life-altering decisions before adulthood. This lobbying power is further strengthened by substantial financial support from the same institutions, enabling these groups to effectively carry out their initiatives, as demonstrated in Table 1.

Recent analyses highlight that trans advocacy networks have become one of the most influential lobbying forces within EU institutions, surpassed only by the arms industry lobby. Their presence is particularly evident in the three main EU political bodies (Parliament, Commission, and Council), where they strategically mobilize to influence legislative and policy developments concerning gender identity, minority rights, and healthcare access for transgender individuals. The exceptional organizational capacity, combined with extensive financial resources and institutional support, has enabled these groups to exert a disproportionate influence on policymaking processes. This growing political strength underscores the broader structural dynamics that facilitate the advancement of initiatives such as the Resolution under examination, often prioritizing ideological objectives over traditional safeguards, particularly those related to the protection of minors (Rampini, 2024).

The Treatment of Gender Dysphoria in Minors: The Careggi Hospital Case

Careggi Hospital in Florence is among Europe’s leading centers for diagnosing GD in children and pre-adolescents. It follows the guidelines of the World Professional Association for Transgender Health (WPATH) and employs a multidisciplinary team, including endocrinologists, psychologists, psychotherapists, gynecologists, urologists, plastic surgeons, radiologists, child neuropsychiatrists, and bioethicists. However, activists from major transgender associations also play a significant role in diagnosing GD in minors (Ulivelli, 2024).

The WPATH guidelines - developed in the United States in 2020 under Health Minister Rachel Levine and later adopted in Europe - recommend administering *Triptorelin*, a drug that halts puberty, suppressing sexual development and organ maturation (Osmetti, 2024). According to a study by Dr. Hilary Cass, director of the Royal College of Pediatrics and Child Health in the UK, these guidelines lack scientific rigor and are heavily influenced by ideological considerations. One of the primary concerns raised in her study is the lack of robust scientific evidence supporting the long-term safety and efficacy of puberty blockers. Existing research is largely based on small sample sizes and short-term observations, failing to provide conclusive data on the potential psychological, physiological, and developmental consequences for minors. Additionally, Dr. Cass highlights the overrepresentation of transgender advocacy groups in shaping these guidelines, which has led to recommendations that prioritize gender-affirming medical treatments over cautious, evidence-based approaches. The strong influence of activists has contributed to an emphasis on early medical intervention, often sidelining alternative therapeutic pathways such as psychological support or a “watchful waiting” approach. Furthermore, the study raises concerns about the insufficient psychological and neurodevelopmental assessment of minors before initiating medical transition. The guidelines do not adequately account for the complexities of adolescent identity development, mental health conditions, or underlying psychological distress that may contribute to gender dysphoria. Instead, they encourage fast-tracked medicalization, often bypassing comprehensive psychological evaluations that are essential in determining the most appropriate course of action for each individual (Drigo, 2024). Nevertheless, despite these significant concerns, the WPATH guidelines have been widely implemented across numerous Western countries, influencing clinical practices and affecting thousands of young patients (Nicolato, 2024). *Triptorelin*, a gonadotropin-releasing hormone (GnRH) agonist - a substance that binds to and activates hormone receptors, initially stimulating them before ultimately reducing gonadotropin production - is typically used to treat prostate cancer in men and breast cancer in premenopausal women. It was authorized for medical use by both the WHO and the Italian Medicines Agency (AIFA) in 2019. However, its administration to minors for GD treatment requires two conditions: confirmation by a multidisciplinary team (including a child neuropsychiatrist) and continuous psychological, psychotherapeutic, and psychiatric support (Ognibene, 2024).

A 2024 investigation by the Public Prosecutor’s Office of Florence, initiated after complaints from concerned parents, revealed that Careggi Hospital failed to adhere to WHO and AIFA protocols. The drug was reportedly administered just two weeks after minors were admitted, without the necessary comprehensive assessments (Lodige, 2024). The inquiry found that GD diagnoses were often made hastily and without thorough psychological or neuropsychiatric evaluation. Witnesses reported that diagnostic interviews - intended to be conducted by child psychologists and neuropsychiatrists - were instead handled by transgender activists lacking medical qualifications. These activists allegedly issued diagnoses within two weeks, later validated by complicit psychologists. Furthermore, investigations indicated that parents were systematically excluded from the diagnostic process, despite expert consensus emphasizing parental involvement as crucial for the children’s emotional security and well-being (Giordano, 2024). Providing appropriate support for adolescents experiencing gender incongruence is vital for their psychological health and development. Clinicians should:

1. Foster a safe, respectful, and non-judgmental environment for exploring gender identity.
2. Stay informed about gender identity issues and educate colleagues and parents.
3. Offer psychological counseling to help adolescents navigate challenges such as self-esteem issues and depression.
4. Actively involve parents and family members in the diagnostic and treatment process, ensuring open dialogue and support.

A holistic and cautious approach, prioritizing psychological support and family involvement, is essential to safeguard the well-being of children and pre-adolescents with GD (Zuccotti et al., 2024; Eleuteri & Di Lazzari, 2024; Migliore, 2024).

The Ministry of Health conducted an internal audit at Careggi Hospital to assess the diagnostic procedures for GD in patients aged 6 to 17. The findings aligned with those of the Florence judicial authority: young patients were not evaluated by qualified psychologists but by transgender activists, and many were hastily admitted for sex reassignment surgery or prescribed *Triptorelin* without adhering to WHO and AIFA guidelines. This rushed approach contradicts medical research emphasizing that a significant proportion of patients overcome gender dysphoria after puberty (Van der Grinten et al., 2021). Careggi Hospital staff defended their actions, citing the high patient volume as a barrier to thorough diagnostic evaluations. However, this approach disregarded those undergoing detransition, such as individuals reversing their gender transition, often for complex and varied reasons, including external pressures, traumatic experiences, or personal reconsiderations. Identifying these factors requires time and careful assessment, as the detransition process can span months or even years (Piemonte, 2024). The Health Ministry concluded that children and adolescents treated at Careggi Hospital did not receive proper medical care, raising concerns about patient safety and ethical standards (Borselli, 2024). The hospital has admitted an increasing number of young patients over the years, as reflected in the following table, which distinguishes between those undergoing sex reassignment and those receiving puberty blockers.

Table 2: Numbers of minors admitted and treated at the Careggi Hospital in 2022, 2023, and 2024

YEAR	NUMBER OF PATIENTS ADMITTED	PATIENTS UNDERGOING REASSIGNMENT SURGERY (%)	SEX	PATIENTS TREATED WITH <i>TRIPTORELIN</i> (%)
2022	5838	1517 (26%)		4321 (74%)
2023	8266	2562 (31%)		5704 (69%)
2024	12530	4886 (39%)		7644 (61%)

Source Table 2: Italian National Health Institute: <https://www.iss.it/>

The data reveal three key issues:

1. The number of minors diagnosed with GD and undergoing sex reassignment has risen from 2022 to 2024.
2. Every patient examined was diagnosed with GD, without exception.
3. The established medical protocol - which advises against administering hormonal treatments during the observation period - was disregarded, despite evidence that 85% of children diagnosed with gender incongruence naturally overcome their dysphoria during adolescence (Van der Grinten et al., 2021).

When psychological and neuropsychiatric diagnoses - requiring extended observation - are conducted by activists rather than medical specialists, the integrity of patient care is compromised. The evidence suggests that Careggi Hospital has approached GD not as a medical condition but as an ideological issue (Rodriquez, 2024).

The analysis of cases from 2022 to 2024 at Careggi Public Hospital highlights the significant role played by trans-activist organizations in shaping GD-related interventions for minors, directly addressing the second objective of this study. Their influence has extended beyond advocacy, impacting medical practices and institutional policies regarding gender transition procedures. Furthermore, the sharp rise in cases over the past three years can be attributed to evolving medical guidelines that increasingly normalize early interventions, such as puberty blockers, cross-sex hormone therapy, and surgical procedures. These protocols tend to categorize a broad range of psychological issues - including anorexia, anxiety disorders, mood disturbances, and obsessive-compulsive behaviors - under the umbrella of GD, often bypassing in-depth case-by-case analysis. By doing so, they risk medicalizing complex mental health conditions without proper diagnostic scrutiny. This trend, examined in alignment with the third research objective, emphasizes the urgent need for a critical reassessment of existing medical protocols to ensure that treatment decisions prioritize the well-being of minors over ideological pressures.

The Ministry of Health's investigation into Careggi Hospital's diagnostic methods for GD in minors has sparked both political and scientific debate. Left-wing political groups supporting LGBTQIA+ groups argue that restricting minors from accessing puberty blockers and sex reassignment procedures infringes upon their legal rights under EU law. Conversely, conservative forces call for a revision of the WPATH guidelines for GD treatment (Moia, 2024). Scientific concerns over puberty blockers remain divided - some researchers warn of potential adverse effects on physical and cognitive development, while others question their efficacy in improving mental health outcomes for GD patients (Moro, 2024). In response, several progressive nations have adopted a more cautious approach to gender-affirmative care (GAC), which encompasses medical, surgical, and psychological interventions aimed at affirming individuals' gender identities.

The Norwegian Healthcare Investigation Board has raised concerns about the lack of scientific evidence supporting these procedures in minors, criticizing national guidelines for allowing excessive discretion in treatment decisions. Consequently, it has recommended a review of WPATH's standards. The UK's National Health Service (NHS) similarly concluded that the long-term effects of hormone therapy on minors remain unknown, leading to the closure of GD treatment centers for individuals under 18 and a ban on such therapies to safeguard children's well-being. Likewise, Denmark now mandates psychological counseling instead of medical interventions for minors, prohibiting gender-affirming surgeries. Sweden, Finland, and Norway have also banned puberty blockers since 2022, restricting sex reassignment procedures to legal adults, challenging EU regulations on gender identity rights (Calvi, 2024). In Italy, the Ministry of Health has announced the establishment of a dedicated working group under the supervision of the National Bioethics Committee to develop specific guidelines on the provision of puberty blockers to minors. Additionally, AIFA, the national drug agency, is set to review its internal regulations to assess the appropriateness of prescribing such treatments to young patients. However, no legislative measures have been proposed to restrict sex reassignment surgeries for individuals under 18 - likely due to concerns over potential backlash from trans-activist groups and the broader political implications of challenging EU policies on gender-affirming care. However, the new EU Parliament, formed after the June 2024 elections, may be called upon to revise its legislation on sex reassignment surgery for minors, as right-wing political forces - who had previously opposed EU Resolution 2021/2557, viewing it as ideologically driven by the political agenda of trans organizations - have gained prominence within the assembly (Terragni, 2024)

CONCLUSION

The findings of this study suggest that the 2021 EU legislation on GD is primarily ideological, aligning with the progressive policies of EU institutions. It prioritizes subjective gender identity over biological science, a stance increasingly contested by medical professionals who argue that minors lack the cognitive maturity to make irreversible decisions with lifelong consequences. Critics further contend that this ideological framework has contributed to the rising number of children and adolescents diagnosed with GD, often without fully understanding its implications (Sirianni, 2024). Addressing this issue is not only complex but also politically sensitive, as it directly challenges the interests of the trans community. Those who question current practices often face accusations of transphobia, as seen in the case of renowned transgender doctors Marci Bowers and Erica Anderson. In 2021, they publicly warned against the reckless administration of puberty blockers to minors, yet their concerns were silenced in both medical and mainstream media (Vivaldelli, 2021). While the WPATH maintains that puberty blockers are safe and reversible, leaked internal files have sparked political and scientific controversy. These documents reveal that WPATH does not adhere to evidence-based medical standards and that its members are aware of the severe, often irreversible, consequences of gender-affirming treatments, including infertility, cancer risks, and loss of sexual function (Giojelli, 2024). Following these revelations, several European countries, including Italy, have established scientific committees to reassess WPATH guidelines. However, major transgender advocacy groups strongly oppose any revisions, viewing them as a hard-won achievement (Scandroglio, 2024).

Beyond the ethical and medical concerns, the economic dimension of transgender healthcare is also significant. Research by the Gran View Institute indicates that the European market for gender-affirming treatments expanded from €5 billion in 2022 to €28 billion in 2024, with projections of continued growth. Alongside public hospitals such as Careggi in Florence, numerous private clinics across Europe specialize in sex reassignment procedures, further contributing to the industry's rapid expansion. While not illegal, this booming industry raises ethical concerns, particularly regarding the increasing number of minors undergoing medical transition (Moggia, 2024).

Before being a political issue, GD should primarily be regarded as a medical concern. The scientific community has yet to clarify several critical aspects, making it premature to debate the ethical implications of allowing teenagers to undergo gender transition. Endocrinologists and neuropsychiatrists are still investigating the long-term effects of puberty blockers on growth, fertility, and tumor development. However, there is consensus that gender reassignment is not merely a form of cosmetic surgery. The increasing politicization and promotion of gender fluidity have contributed to confusion among adolescents - an age group already struggling with identity formation. This phenomenon has fostered what can be described as a form of social and ideological dysphoria. The side effects of *Triptorelin* remain largely unknown due to the lack of comprehensive studies. Yet, it is provided free of charge by the National Health Service (Sorbi, 2024).

LIMITATIONS AND FUTURE RESEARCH

This study has several limitations and requires further development. In addition to the 2021 EU law, two key factors appear to be contributing to the rising number of minors identifying as gender dysphoric: the influence of academic curricula and excessive exposure to social media. From elementary to high school, students are frequently exposed to books, cartoons, TV series, and educational materials that idealize transgender identities, portraying them as aspirational role models (Cossu, 2024). Meanwhile, social media platforms subtly encourage minors to pursue gender transition, often in defiance of parental concerns, and promote the belief that medical transition is a universal solution to psychological distress (Carone, 2024). These factors warrant deeper investigation and will be a central focus of future research. Additionally, recent political developments in the United States could have significant repercussions on global discussions surrounding gender identity. Following his re-election, President Donald Trump announced an executive order mandating the use of the term "sex" instead of "gender" in federal policy, effectively eliminating legal recognition of transgender and non-binary identities. Furthermore, he has instructed Defense Secretary Pete Hegseth to review the Pentagon's policy on transgender military personnel, potentially reinstating a ban on their service. These measures have sparked intense debate, with many expressing concerns over their impact on the LGBTQIA+ community (Mouriquand, 2025). Simultaneously, changes in social media policies - particularly those implemented by Meta - may influence public discourse on gender identity. The loosening of content moderation and fact-checking could allow for a wider range of perspectives, challenging the dominance of ultra-liberal and progressive ideologies. In many Western societies, deviations from politically correct narratives often result in severe consequences, including legal action, professional repercussions, and social ostracization (Bellotto, 2025). As the United States continues to shape global ideological trends, these developments are likely to resonate across Europe. A critical question remains: will the EU follow the U.S. shift away from woke ideology, or will it maintain cultural and political autonomy? The future of EU policies on gender identity and transgender rights is now a subject of extensive debate among policymakers, academics, historians, media commentators, and LGBTQIA+ activists (Serra, 2025). These ongoing discussions will form a crucial area for future research.

CONFLICT OF INTEREST

The authors declare no conflicts of interest related to this publication. The study was conducted independently, with no financial or personal affiliations that could have influenced its findings.

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