

**Committee:** Legal Committee

**Agenda Item:** Expanding international law to include judgements on the use of puberty blockers on minors for gender incongruence and transition

**Student Officer:** Duru Akay & Luka Işıl - Deputy Chair

## Introduction

In recent years, there has been a dramatic rise in the number of individuals aged under 18 seeking treatment for distress and/or impaired functioning associated with an inconsistency between their sex assigned at birth and their experienced and/or expressed gender identity. This condition is clinically diagnosed as ‘gender dysmorphia’ or ‘gender incongruence,’ and care described as ‘gender-affirming’ or ‘gender-affirmative’ has been one of the principal models adopted by the medical profession in the West for treating minors who receive this diagnosis. In addition to psychological and social support, the treatment can entail medical interventions including the administration of puberty blockers.

Puberty blockers are medications that suppress the sex hormones produced by the body and put puberty on pause by preventing changes such as voice lowering, breast growth and periods. These medications were introduced for medical use in the 1980s, originally to treat prostate cancer, and they were soon adapted for pediatric use as a treatment for precocious puberty (a rare condition in which puberty begins earlier than 8/9) The usage of puberty blockers in transgender adolescence began in the 1990s and has been proceeding for decades. Preventing the development of secondary sex characteristics that would be consistent with the patient’s sex assigned at birth and eliminating the need for surgical procedures later on (e.g. chest construction, hair removal) are among the main uses of puberty blockers.

Overall, research indicates that puberty blockers are effective in reducing the distress caused by physical changes contradicting one's gender identity and providing more time for transgender youth to make decisions about gender-affirming care, as a central argument advanced in favor of minors' access to gender-affirming medicine is that studies have demonstrated its potential to improve their mental health and wellbeing. Early intervention can eliminate the psychological suffering related to the development of secondary sex characteristics incongruent with gender identity, and enhance the social adjustment and self-confidence of patients, while also 'buying them time' to explore their gender identity.

However, gaps in research on gender-affirming treatment lead to concerns and opposition regarding its use on minors. Because of the lack of evidence regarding the risks and benefits associated with puberty blockers, legislative and executive actions have been taken by various jurisdictions in order to prohibit or limit the use of puberty blockers for gender-affirming care. Among the many factors that lawmakers will need to take into account are: research studies pertaining to this area of medicine; the nature and quantity of available scientific data about this intervention, including compared to other medical treatments; all the potential benefits and drawbacks associated with minors' use of gender-affirming medical treatments; and ethical implications of their access to them. In formulating laws regarding gender-affirming medical treatment for minors, it is important to weigh rights of minors, rights and responsibilities of their parents/guardians, and responsibilities of legislatures, courts, and health practitioners.

To approach this issue considering the theme of IRMAKMUN 2024, “Stability and Youth Empowerment,” we should pay close attention to the dynamic nature of international law and the interference of third parties. To ensure stability, legal frameworks regarding the use of puberty blockers on minors for gender incongruence and transition should provide evidence-based, consistent, and culturally sensitive management of puberty blockers. Focusing on the research-based implications of puberty blockers is critical for decisions that will be made upon the implementation of their legislation on a global scale. The emphasis on youth empowerment is important for this topic, as the debate should prioritize the autonomy of the youth in a legal aspect, highlighting the importance of the minors’ rights to participate in decisions that have a major impact on their lives regarding the legal frameworks of the issue.

## Definition of Key Terms

**Puberty blockers:** Puberty blockers are medications that suppress the sex hormones produced by the body to delay the effects of puberty on the body, and are used as a treatment for gender incongruence. The usage of puberty blockers pauses the further development of changes caused by puberty, and once the usage is terminated, puberty will resume.

**Gender incongruence:** Gender incongruence is a condition defined as ‘persistent incongruence’ in the case of adolescents – between an individual’s ‘assigned sex’ and their ‘experienced gender’ in the International Statistical Classification of Diseases and Related Health Problems (ICD-11).

**Gender transition:** Gender transition refers to the process of shifting to a gender different than the one assigned at birth. The transition of sex characteristics is administered by medication and surgical operations.

**Gender-affirming care:** Gender-affirming care is the treatment of individuals diagnosed with gender incongruence that can entail puberty blockers, hormone treatments, and sometimes surgical procedures. The treatment is aimed at aiding the gender-transitioning of individuals suffering from gender incongruence to have the physical traits of their preferred sex. This care eliminates the unease, distress, and feeling of ‘being trapped in the wrong body’ individuals with gender incongruence feel as a result of expressing gender characteristics associated with the non-preferred sex.

## Major Actors Involved

### World Health Organization

The World Health Organization (WHO) is a specialized agency of the United Nations focused on promoting global health. In the most recent edition of the International Statistical Classification of Diseases and Related Health Problems (ICD-11) developed by WHO, “gender incongruence” is included in the “conditions related to sexual health” chapter, after being moved from “mental and behavioral disorders”. This relocation reflects current knowledge that incongruence and transition of gender identity are not conditions of mental health. The classification of gender incongruence reinforces the idea that medical interventions such as puberty blockers are a necessary aspect of healthcare rather than being unnecessary or experimental.

### United Nations Human Rights Office of The High Commissioner

The Human Rights Office of The High Commissioner (OHCHR) is a department of the United Nations that promotes and protects all human rights guaranteed under international law. The Convention on the Rights of the Child was adopted by the OHCHR in 1989, establishing the protection of individuals under the age of eighteen through the framework of international law.

The convention emphasizes the rights of the child regarding making decisions upon his or her well-being, particularly through articles 3 (stating the best interest of the child as the primary consideration), 12 (assuring the right of the child who is capable of forming his/her own views to express those views and being heard in all matters affecting him/her, including judicial and administrative proceedings), and 24 (recognizing the rights of the child to access the highest attainable standard of healthcare and facilitation for treatment). The judgments contained in this convention regarding the well-being and autonomy of minors set a legal ground for the issue of international legislation regarding their use of puberty blockers. Furthermore, OHCHR accepts the lack of legal recognition of transgender individuals' identity as a human rights abuse. The listed rights of transgender individuals cover trans minors as well, and States are obliged to provide trans persons with necessary healthcare services.

### World Professional Association for Transgender Health

The World Professional Association for Transgender Health Inc. (WPATH) is an international, interdisciplinary non-profit organization devoted to promoting evidence-based care, education, research, advocacy, public policy, and respect for transgender health. Under WPATH, professionals from a cross-section of fields provide resources exploring gender identity. In the most recent version of the Standards of Care (SOC) published by WPATH that documents appropriate and necessary treatments of transitioning for transgender people, "puberty suppressing hormones" are listed under "fully reversible interventions" and it is stated that adolescents may be eligible for puberty suppressing hormones as soon as pubertal changes have begun, and informed consent from the individual and the parent if the age of medical consent is not reached is required to begin treatment.

### United States of America

The United States has been in the global spotlight for this issue for years. They have implemented many policies for their citizens, however it is crucial to remember the Federal VS. State tensions.

Whilst most states share the same policies for gender incongruence, certain states, whether they be democratic or republican, have varying different policies. States such as Oregon and California have many policies to protect and provide healthcare for their trans youth, along with access to puberty blockers and having strict requirements for both mental and physical health, states such as Texas and Florida have either banned or made the process of gender transition nearly impossible for their youth to access. This shows the wide rift that the country possesses. Due to the rift, they cannot play the biggest role in international law, statistics show that they might be on the verge of collaborating with all states to reach a unanimous agreement.

## England

England has been an active participant in the discussions of puberty blockers, especially on whether minors should or should not be able to use them. Recent discussions with the NHS have revealed that England is debating on whether minors under the age of 16 should not be able to consent to using puberty blockers. The debate points out that minors shouldn't be able to access puberty blockers due to not being mentally stable and mature. This argument also aligns with the policies of Sweden and Finland. The main focus of England is to ensure the safety of their youth and make sure they do not suffer mental or physical harm due to complications of such medication. They merely hope to prevent any harm to their minors.

## The Netherlands

The Netherlands has always been a leader when it comes to gender policies. Ever since the “Dutch Protocol” in 1990, they have been leading the world in gender policies and transgender rights. They had introduced puberty blockers in the “Dutch Protocol” of 1990, being one of the first to do so. The Kingdom of the Netherlands has always looked out for gender dysphoria, especially in the hands of adolescents. These policies have continued to this day, with the latest report being in February of 2024 where the topic of discussion was the long term effects of physical and mental issues corresponding with these surgeries. The Kingdom of the Netherlands has been a beacon of light for many global policy changes.

## General Overview of the Issue

### Bodily Autonomy in International Law

The issue of expanding international law to include judgements on the use of puberty blockers on minors for gender incongruence and transition can be directly linked with the degree of bodily autonomy recognized in international law. Legislation of laws allowing minors to authorize their own treatment with puberty-blocker medications can be approached as a freedom to have a say about one’s body, while the blocking of access to such medications can be interpreted as a violation of human rights relating to the autonomy of the individual. The documents which are to be mentioned hereafter provide us with an understanding of the scope of human rights recognized by international law.

- a. Universal Declaration of Human Rights (UDHR)

Adopted in 1948 by the United Nations General Assembly, the UDHR is an important and pioneering document in the recognition and protection of human rights. Beginning with the preambulatory clause “Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice, and peace in the world,” it is the first comprehensive and universal statement of human rights, affirming the absolute rights of every individual, regardless of nationality, race, gender or religion.

The right of individuals to have a say about their own bodies is covered in multiple articles of the convention. All human beings’ inherent dignity and equality of rights is affirmed, including their right to control their own body, and thus establishes the foundation for bodily autonomy. The right to life, liberty, and security of a person is secured, and the right to a standard of living adequate for health and well-being is stated. According to the UDHR, each individual possesses intrinsic worth simply by being human and owns an inherent freedom to decide upon his or her own body.

b. The Convention on the Rights of the Child (CRC)

Adopted by the OHCHR in 1989, The CRC is a crucial agreement in international law to protect the rights of individuals under the age of eighteen. Besides securing the fundamental rights of minors, the agreement states the rights of the child regarding making decisions about his or her well-being and having a say in every matter affecting him or her. This document emphasizes the autonomy of minors as well as their rights to receive the highest attainable standard of healthcare and facilitation for treatment and ensures that minors’ decisions are respected while safeguarding their well-being.



The documents mentioned above are included among the important documents emphasizing the autonomy of the minors regarding decisions upon their own bodies, and their rights to have access to necessary healthcare for their well-being. Keeping in mind that gender-affirming treatment is considered a health necessity as a treatment for gender incongruence, a ‘condition related to sexual health’, depriving minors of receiving the treatment administered with puberty-blocking medications could be considered a violation of fundamental human rights covered by UDHR and CRC.

### History of Gender-Affirming Care and The Usage of Puberty Blockers for Minors

The first treatments for transgender adults were introduced in Germany in the early 20th century. However, it was not until the 1970s and 1980s that specialized clinics in various Western countries began offering care for transgender children and adolescents, which initially consisted solely of counseling.

A gender identity clinic for children and adolescents that had opened in the Netherlands in 1987 pioneered a model of medical treatment for gender incongruence in minors that became known as the ‘Dutch Protocol’. For prepubertal children, the approach emphasizes counseling, addressing emotional and behavioral issues, exploring other diagnoses, and encouraging parents to adopt a "watchful waiting" approach. Adolescents aged 12+ undergo psychological and psychiatric assessments, and endocrinological screening. If they meet specific criteria—such as reaching puberty stages 2–3, having persistent early-onset gender incongruence, living in a supportive environment, and having no serious psychosocial issues—they may receive puberty blockers to suppress puberty. The Dutch Protocol has been implemented, with modifications, in many clinics in the West and various guidelines based on it have been developed.

## Importance of Gender-Affirming Care for Transgender Individuals

Individuals who feel unease and dissatisfaction about the difference between their biological sex and gender identity are diagnosed with gender incongruence and receive gender-affirming therapy to improve their mental health and well-being. The treatment of individuals diagnosed with gender incongruence can entail puberty blockers, hormone treatments, and sometimes surgical procedures. In the context of gender-affirming treatment, puberty blockers are medical interventions with reversible effects to prevent the development of secondary sex characteristics that would be consistent with the patient's sex assigned at birth.

Young trans people have been able to access puberty blockers under medical supervision since the late 1990s as a way to put on hold the physical changes of puberty, alleviate gender incongruence, and allow young trans people to flourish as their full selves. For many young trans people, or those questioning and exploring their gender identity, puberty blockers provide more time to make important decisions and allow them to explore gender identity treatment without the pressure of undergoing pubertal changes. Early intervention can reduce or even prevent the psychological suffering and anxiety that minors may experience as they develop secondary sex characteristics that do not align with their gender identity. For those who decide to fully transition, puberty blockers allow them to live in the correct gender as adults much more easily, by avoiding physical changes that are very difficult to reverse. Additionally, puberty blockers can boost these patients' self-confidence, enhance their 'self-image', and improve their social adjustment. It is also observed that there has been a low rate of reports of 'regret' from patients following medical gender-affirming treatment. Limited access to gender-affirming healthcare services is also one of the main reasons behind the high prevalence rates of depression and suicide among transgender individuals. It is believed that receiving the necessary treatment reduces individuals' mental health problems such as distress, depression, anxiety, and their tendency to engage in self-harm and commit suicide.

Some advocates of gender-affirming medicine for children also admit that more research is required because the scientific data supporting its efficacy and results "is still emerging and not yet robust." However, they reinforce that gaps and ambiguities in current research do not justify preventing minors' access to treatment, view the withholding as not a 'neutral act', and believe that doing so may increase the risks including serious mental health problems, physical discomfort, and social integration difficulties. It is argued that when denied puberty blockers, children may experience irreversible physical changes, causing dissatisfaction later in life. Another concern is that blocking authorized and instantaneous access to puberty blockers will possibly lead to the temptation to resort to unregulated and potentially unsafe substitute treatments. The observed safe and effective use of puberty blockers for other conditions such as precocious puberty and acne is another argument defended by advocates of minors' access to puberty blockers.

### Opposing Arguments to Minors' Access to Puberty Blockers

With the rapid increase in the number of minors being diagnosed with and seeking treatment for gender incongruence, there has been an ongoing debate on the implementation of puberty blockers as a method of gender-affirming care. The ambiguity of research regarding the implications of puberty blockers is one of the biggest factors causing opposition regarding minors' access to medications. This ambiguity is mainly caused by the lack of large, long-term, well-designed and conclusive research in relation to the key points mentioned below:

- The rise in the number of minors seeking this treatment and the demand, particularly from individuals assigned female at birth with late-onset gender incongruence;
- Optimal practices for treating and managing gender incongruence in minors;
- The effectiveness and safety of the medications, also including their psychological and physiological impacts;

- Long-term effects of puberty blockers on cognitive, psychosocial, sexual, and developmental outcomes (since the majority of the evidence about their effects comes from studies of their short-term use to treat precocious puberty, rather than their application to prevent minors from ever experiencing puberty consistent with their sex assigned at birth);
- patients' decisions to detransition, their satisfaction with and regrets about receiving gender-affirming medical care

As a result of the increase in the number of minors who received gender-affirming treatment, administrators and researchers have reported varying views about appropriate care for people with gender incongruence. Ideological beliefs are also believed to be influencing the interpretation of existing data, as well as the research to be conducted in this area; putting the accuracy of information to question.

Another major concern is the possible health implications of puberty blockers. It is maintained by some that they impede the development of genitalia, and could affect fertility and sexual function. Others highlight that the medications could cause physiological damage such as reducing bone mineral density and development, headaches, hot flushes, low mood, fatigue, and anxiety.

Some professionals do not believe that treating the mental health of minors with gender incongruence requires gender-affirming medical interventions, and that the high prevalence of mental health issues in this group does not imply that these issues are "secondary" to gender incongruence and that treating them will inevitably fix it.

It is argued that the evidence currently available does not support the claim that medical interventions are superior to psychological care and psychosocial assistance in reducing the distress experienced by children with gender incongruence, as there are possible alternative treatments to medications such as applying a 'watchful waiting' approach or 'psychosocial interventions'.

There is also the possibility that attending gender medical clinics can cause individuals to experience a ‘placebo effect’ and feel convinced that medical intervention will completely alleviate their distress. Some even think that obtaining gender-affirming medical procedures could have the unintended consequence of worsening the mental health of minors. They speculate that this could be the case if children suffer from low self-esteem, elevated anxiety, social rejection, and/or abuse as a result of the discrepancy between their behavior and physical attributes and those of their peers going through puberty in accordance with the sex they were assigned at birth.

Although the gender-affirming care model advocates for allowing the child to take the lead, research from the Netherlands indicates that both clinicians at gender clinics and parents of children with gender incongruence often struggle with uncertainty when evaluating the child’s capacity to make informed decisions about consenting to puberty blockers. Medical decision-making competence is generally defined by four essential criteria: (1) understanding relevant information, (2) recognizing the situation and its potential consequences, (3) weighing the benefits and risks of treatment options, and (4) communicating a clear choice. However, in practice, this assessment is often conducted informally and without a structured framework. Dutch researchers found that clinicians and parents expressed skepticism about whether children below a certain age can fully comprehend and appreciate the long-term health and psychosocial implications of puberty suppression.

## Timeline of Important Events

Date:	Event:
Early 2000s	Development of the “Dutch Protocol”
December 2020	UK High Court Ruling on the case
June 2020	Finnish Guidelines Update

May 2021	Sweden's Karolinska Institute Policy Change
2021-2024	US State-Level Legislation
February 2022	France's National Academy of Medicine meet
February 2022	Swedish National Board of Health and Welfare update guidelines
September 2022	World Professional Association for Transgender Health (WPATH) SOC 8 Update
Mid 2023	Norwegian Government recommends new laws
February 2024	Parliamentary Investigation in the Netherlands
2023-2024	European Court of Human Rights start a potential case

## Related Documents

### [World Professional Association for Transgender Health \(WPATH\)](#)

The WPATH guidelines, mostly the Standards of Care (the 8th version), recommended access to medical devices such as puberty blockers, opposite gender hormones, and surgeries for those that are diagnosed with gender incongruence, provided that they demonstrate the needed emotional and cognitive abilities. However, debates within the WPATH show concerns over if the minors are able to provide the needed content without belligerent behavior.

## National Academy of Medicine, France

A 2022 statement from the French academy of medicine called for caution whilst using puberty blockers and opposite gender hormones for the minor population. Along with that, they emphasized the need for physiological evaluation and care. France currently doesn't allow these treatments without parental consent, and they acknowledge the physical and physiological risks and their side effects.

## UN Human Rights Frameworks

Whilst they did not directly address puberty blockers, several UN bodies, like the Office of the High Commissioner of Human Rights (OHCHR), have addressed gender issues as a part of the broader frameworks on health, discrimination and children's rights. Whilst specific recommendations may vary based on the context, with the focus being ensured on the informational consent and access to care under the human rights norms.

## European Legal Developments

Few European countries such as Finland and Sweden have paused or limited the access and availability for puberty blockers and their impact on minors, emphasizing psychological care as the first step. The policies given by these countries reflect the growing caution regarding long term effects and the ethical implications over medical interventions.

## Past Solution Attempts

### World Professional Association for Transgender Health Standard of Care

The World Professional Association for Transgender Health (WPATH) has developed and has fundamentally designed updated guidelines that support the usage of certain puberty blockers for transgender teens.

The mentioned guidelines emphasize the importance of mutual consent along with the understanding of both mental and physical consequences that these operations may have. They have also advocated treatment that both aligns and balances with the evolving gender identity.

### The Endocrine Society Clinical Practice Guidelines

The Endocrine Society has played a huge role in the advertisement of puberty blockers for teenagers experiencing gender dysphoria. By doing so, they have published guidelines with clinical support that advocate their demands. They hoped to provide certain frameworks for healthcare workers to support the transgender youth community, with a manner that will prioritize their physical and mental health and well being.

### National Health Services (NHS) Guidelines

The National Health Services (NHS) have provided guidelines that support the use of puberty blockers as a part of their comprehensive approach to treating teenagers suffering gender dysmorphia in the UK. The guidelines they allocate stress the importance of using multiple disciplinary teams in the assessment and supporting part of young patients.

### Legislative Efforts in Various Countries:

Certain countries across the globe have started initiating legislative efforts to have the rights of transgender minors to access certain medical procedures and care. As an example, certain states in the United States of America have started passing laws that call for the explicit use of puberty blockers for playing the part of gender affirming care. They hope to reflect the shift towards the hope of greater acceptance and legal support for the teenage transgender community.



## Possible Solutions

Solving the issue of expanding international law to include judgements on the use of puberty blockers on minors for gender incongruence and transition can be dealt with many different resources. The first step would be to open a specialised committee on the topic. As an example, the committee could be called the Advocation for Gender Incongruence and Transition (AGIT). They would implement legal frameworks and work alongside countries to ensure the safety for trans youth and to make sure they get the medical help they need. Human rights frameworks also have to be considered for the fact. Discrimination against trans youth has been at an all time high in recent years. Making sure that laws are put in place for the youth is and will be the number one priority of AGIT.

Education and research will also play a huge role in the process. Teachers and guardians should be well educated on the gender spectrum, along with the mental and physical implications that may come with the procedures and medications they may try to use. Gender reaffirming surgery should also be researched a lot more for safety implications. Surgeries might have unimaginable consequences on the teenagers' mental and physical health, and could be potentially life threatening. Researching these medical conditions is vital to help.

## Useful Links

[Approved Judgment - R\(TransActual CIC and Anor\) v SSHSC and Anor](#)

[US Law journal: Transgender operations](#)

[UK high court rulings](#)

[Swedens Karolinska Policy](#)

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