KEVIN GRANE

University of Denver/Iliff School of Theology

FAITH AND TRANSITIONS: RELIGIOUS NOTIONS OF ACCOUNTABILITY AND GENDER AFFIRMING CARE FOR YOUTH

Introduction

In a recent study conducted by The Associated Press, the number of gender-affirming surgeries in the U.S. nearly tripled from 2016 to 2019 before dropping slightly in 2020. About 48,000 patients underwent such surgeries during the five years studied, with about 13,000 procedures done in 2019, the peak year, and 12,800 in 2020.[1] In a 2022 study conducted by the Pew Research Center, they determined that about 5% of young adults in the U.S. say their gender is different from their sex assigned at birth.[2] Transgenderism has exploded across the United States and the global West at an unprecedented degree over the last decade. This phenomenon raises new bioethical concerns regarding the availability and permissibility of transgender surgeries. One of the principal concerns is that of agency. At what age is one eligible for transition? Are there any conditions in which a parent might advocate for a minor? What is the process like to determine whether one is aware of their decision? To answer these questions, bioethicists and an entire society may benefit from the wisdom of the world's faith traditions, which have been considered agency qualifications for centuries.

Various factors have contributed to the recent popularity of gender transition surgery. Improved surgical techniques have improved outcomes, reduced recovery times, and lower complication rates.[3] Advances in hormone replacement therapy have improved the safety and effectiveness of medical transitions. An increase in social and political awareness, as

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[1] Johnson, C. K. 2023, October 6. Gender-affirming surgeries in the U.S. nearly tripled before Pandemic dip, study finds. https://apnews.com/article/transgender-surgery-gender-affirming-care-minors-eea6964112e528e8509cf4ba00f3fa52#:~:text=About%2048%2C000%20patients%20underwent%20such,in%20the%20highest%20volume%20year

[2] Brown, A. 2022, June 7. About 5% of young adults in the U.S. say their gender is different from their sex assigned at birth. https://www.pewresearch.org/short-reads/2022/06/07/about-5-of-young-adults-in-the-u-s-say-their-gender-is-different-from-their-sex-assigned-at-birth/

[3] Restar, A. J. 2023, June 24. *Gender-affirming care is preventative care*. Lancet Regional Health. Americas. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10290445/

evidenced by greater visibility and representation of transgender individuals in media and society, as well as changes in laws and policies, better protect the rights of transgender individuals. Increased coverage of transgender healthcare[4] along with a myriad of social movements, have all contributed to the growing popularity of transgender surgery as well.

Let us pause momentarily and ask: Who are those undergoing transition surgery? Several scholars, such as Flores[5] and Meerwijk[6] have conducted studies coming up with figures ranging between 0.39%- 0.56% of the population identify as transgender. The Pew Research Center determined that adults under 30 are more likely than older adults to be trans or nonbinary. They also found that more than four in ten (44%) say they personally know someone who is trans, and 20% know someone who is nonbinary, indicating a much higher social awareness than exists. In a study by Translational And Urology (TAU) (2019), they concluded:

- In general, G.C.S. is more common in transgender men than in transgender women and least common in gender non-binary or nonconforming populations.[7]
    - Across transgender populations, chest ("top") surgery is more common than genitourinary reconstructive ("bottom") surgery. Chest surgery is generally reported at about twice the rate of genital G.C.S.
- Transgender and gender non-binary (T.G.N.B.) identification appears to be more common among younger age groups. According to the Williams Institute's estimates, T.G.N.B. prevalence among adults is highest in the 18–24 age group.
- First, transgender females (females assigned 'male' at birth) are usually identified at higher rates than transgender males (males assigned 'female' at birth).
- Non-white groups are overrepresented in T.G.N.B. populations. Flores *et al.* estimate transgender prevalence among non-Hispanic whites at approximately 480 per 100,000,

[4] See Aetna, Blue Cross Blue Shield, Cigna, Humana, Kaiser Permanente, UnitedHealthcare and more.

[5] Flores AR, Brown T.N.T., Herman JL. Race and Ethnicity of Adults Who Identify as Transgender in the United States. Los Angeles, CA: The Williams Institute, 2016.

[6] Meerwijk EL, Sevelius JM. Transgender Population Size in the United States: a Meta-Regression of Population-Based Probability Samples. Am J Public Health 2017;107:e1-8.

[7] Nolan, I. T., Kuhner, C. J., & Dy, G. W. (2019, May 10). *Demographic and temporal trends in transgender identities and gender-confirming surgery*. Translational Andrology and Urology. https://tau.amegroups.org/article/view/25593/html

lower than 770 per 100,000 for non-Hispanic blacks, 840 per 100,000 for "Hispanic/Latino," and 640 per 100,000 for "other non-Hispanic" categories.[8]

In imagining the archetype of the most likely candidate for transgender surgery, we may, therefore, envision a non-white young adult.

Who is Eligible?

Perhaps most relevant to our discussion is TAU's observation that "T.G.N.B. people begin to identify as T.G.N.B. at a relatively young age. According to U.S.T.S. results, by age 20, 94% of respondents began to feel that their gender was different from the sex assigned at birth, 73% of respondents began to think they were transgender, and 52% began to tell others that they were transgender."[9] Here, the given age is 20 years old, yet there are a variety of legislative texts dictating a few different ages at which one is eligible for transgender therapy and surgery. As of 2024, 25 states have enacted laws slash policies limiting youth access to gender-affirming care. Of those 25, 17 are currently being challenged.[10] Some have, therefore, concluded that 39% of the national population of trans youth (age 13-17), or 117,600 individuals, are living in states restricting their right to gender-affirming care.[11]

In the remaining 25 states that have not passed restrictions on gender-affirming care for trans youth, there are still several eligibility requirements and best practice guidelines that typically need to be followed. Principally, for minors to receive any form of medical treatment, including gender-affirming care, parental or guardian consent is typically required. Many health professionals conduct thorough evaluations to diagnose gender dysphoria and assess the minor's mental health and readiness for gender-affirming treatment in a process that typically involves multiple sessions with the minor and their family. The World Professional Association for transgender

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[8] Flores AR, Brown T.N.T., Herman JL. Race and Ethnicity of Adults Who Identify as Transgender in the United States. Los Angeles, CA: The Williams Institute, 2016.

[9] Herman JL, Flores AR, Brown T.N.T., et al. *Age of Individuals who Identify as Transgender in the United States*. Los Angeles, CA: The Williams Institute, 2017.

[10] Kates, L. D. and J. 2024, July 17. *Policy Tracker: Youth access to gender-affirming care and state policy restrictions*. K.F.F. https://www.kff.org/other/dashboard/gender-affirming-care-policy-tracker/

[11] *Attacks on gender-affirming care by state map*. Human Rights Campaign. (n.d.). https://www.hrc.org/resources/attacks-on-gender-affirming-care-by-state-map

health has put together highly in-depth and comprehensive standards of care, which are highly regarded among the medical community.[12] Some further guidelines encourage a period of living in the desired gender role before initiating medical treatments as well as hormone therapy.

For those under the age of 13 who have not yet begun the puberty process, gender-affirming care may extend to hormone and puberty blockers. "puberty-blocking" medication, often GnRH analogs, delay the onset of secondary sexual characteristics by suppressing the release of sex hormones like estrogen and testosterone. When puberty blockers are discontinued, puberty typically resumes as it would have naturally. The U.S. Food and Drug Administration has approved the drugs to treat prostate cancer, endometriosis, and central precocious puberty, but not gender dysphoria. Their off-label use in gender-affirming care, while legal, lacks the support of clinical trials to establish their safety for such treatment. From 2017 to 2022, one U.S. study found that there were at least 4,780 adolescents who started on puberty blockers and had a prior gender dysphoria[13] diagnosis.[14]

The other standard medical treatment for youth gender-affirming care is hormone therapy. Hormone therapies involve the administration of hormones (testosterone and estrogen) to induce physical changes aligned with an individual's gender identity.

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[12] The World Professional Association for Transgender Health. (n.d.). https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf Aside from the W.P.A.T.H. Standards of Care, other areas of concern may include: 1) Ensuring realistic expectations of what surgery can and can not do, being emotionally prepared for the realities of potential complications or less-than-satisfactory outcomes. 2) Ensure adequate support during the pre-and post-surgery period. This includes having someone to take you to and from surgery and be with you after surgery to assist with recovery needs. This could include obtaining supplies at the pharmacy, preparing meals, and assisting with domestic needs. For those who do not have someone to fill these roles, arrangements can be made for home health assistance or even short-term placement in a skilled nursing facility. See *the Preoperative assessment process*. Preoperative assessment process | Gender Affirming Health Program. (n.d.). https://transcare.ucsf.edu/preoperative-assessment-process, for example.

[13] Gender dysphoria refers to psychological distress that results from an incongruence between one's sex assigned at birth and one's gender identity. See *What is gender dysphoria?* Psychiatry.org - What is Gender Dysphoria? (n.d.). https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria

[14] Respaut, R., & Terhune, C. (n.d.). "Putting numbers on the rise in children seeking gender care." https://www.reuters.com/investigates/special-report/usa-transyouth-data/

Many contributing factors are often considered for gender-affirming care for youths. Gender-affirming care is associated with reduced levels of depression, anxiety, and suicidal ideation in transgender youth. Studies have shown that access to hormone therapy and puberty blockers can significantly improve mental health outcomes. For example, a 2021 study in the *Journal of the American Academy of Child & Adolescent Psychiatry* found that gender-affirming hormone therapy was linked to lower rates of suicide and mental health issues among transgender adolescents.[15] Gender-affirming care can also enhance overall quality of life by aligning physical appearance with gender identity, improving social functioning and self-esteem. The use of puberty blockers and hormone therapy can also prevent gender dysphoria by preventing the development of secondary sexual characteristics that are incongruent with one's gender identity.[16]

There are also several common critiques for gender-affirming care for youth. The first is an insignificant amount of long-term research on the outcomes of gender-affirming treatments in adolescence, holding concerns of unknown impacts on bone density and other developmental aspects.[17] Other concerns include societal pressures and the influence of peer or parental expectations.[18]

Informed Consent

The most significant concern for the legality or lack thereof of gender-affirming care as it pertains to youth is informed consent. At what age is one capable of grasping the lifelong effects of gender transition, Along with all of the other contributing factors at play here? Furthermore, At what point is one independently autonomous? Etymologically, autonomy means “self-legislation" And refers to one's mental capacity. Someone with the capacity for autonomy can make decisions that reflect their values, preferences, and sense of self. An autonomous decision is made freely based on these

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[15] Budge, Stephanie L., Jill L. Adelson, and Kimberly AS Howard. "Anxiety and depression in transgender individuals: the roles of transition status, loss, social support, and coping." *Journal of Consulting and Clinical Psychology* 81, no. 3 (2013): 60(8), 987-995.

[16] Laidlaw, Michael K., Quentin L. Van Meter, Paul W. Hruz, Andre Van Mol, and William J. Malone. "Endocrine treatment of gender-dysphoric/gender-incongruent persons: an Endocrine Society clinical practice guideline." *The Journal of Clinical Endocrinology & Metabolism* 104, no. 3 (2019): 686–687.

[17] Kimberly, Laura L., Kelly McBride Folkers, Phoebe Friesen, Darren Sultan, Gwendolyn P. Quinn, Alison Bateman-House, Brendan Parent, et al. "Ethical issues in gender-affirming care for youth." *Pediatrics* 142, no. 6 2018.

[18] Kimberly, Laura L., Kelly McBride Folkers, Phoebe Friesen, Darren Sultan, Gwendolyn P. Quinn, Alison Bateman-House, Brendan Parent, et al. "Ethical issues in gender-affirming care for youth." *Pediatrics* 142, no. 6 2018.

considerations. Autonomy is heavily rooted in individualism, according to which the ideal is for humans to be self-reliant, independent, and in-control reasoners.

More specifically, the case of gender-affirming care for youth is one of positive autonomous rights that requires more than noninterference; it implies obligations to support the person as a decision-maker and provide access to the means necessary to carry out one's actions. The underlying idea is that people cannot make meaningful, authentic, or reflective decisions without assistance from others, making the question of autonomy not only one of individual but also collective designation. Several ethicists, specifically feminist ethicists, have brought attention to this relational view of autonomy. They view humans as socially embedded creatures mutually dependent on others to build and maintain their capacities and sense of self.[19]

Autonomous agents, individuals with the capacity for self-governance and rational decision-making, can provide valid consent. This is because consent requires the ability to understand, deliberate, and voluntarily agree to a specific action or arrangement without coercion or undue influence. According to Faden and Beauchamp (1986), informed consent hinges on autonomy, as only fully autonomous individuals can adequately evaluate the implications of their decisions and give genuine, informed consent to them.[20] This idea is further supported by O'Neill (2002), who argues that autonomy is a prerequisite for moral agency and the ability to enter into consensual agreements, as it ensures that individuals act out of their own volition rather than under external compulsion.[21]

Once one is determined to consent, the inter-relational question of what constitutes *informed* consent is also raised. Medical providers possess what is known as therapeutic privilege, which determines what information must be disclosed and what may be withheld. Every medical professional must make a judgment, as thoroughly informed consent, on every nuance of a particular medical practice or condition that is virtually impossible to disclose. Therefore, a physician must judge what is necessary and what is not. Liberal political philosophy insists that meaningful information must be disclosed even if the clinician does not believe it will benefit. Clinicians may abide by three possible standards: the professional standard, the

[19] Guidry-Grimes, Laura K., and Robert M. Veatch. "The Basics of Bioethics." (2019):135 and 136.
[20] Faden, Ruth R., and Tom L. Beauchamp. *A history and theory of informed consent*. Oxford University Press, 1986.
[21] O'neill, Onora. *Autonomy and trust in bioethics*. Cambridge University Press, 2002.

reasonable person standard, and the subjective standard.[22] The professional standard is the traditional standard that requires a position to disclose what colleagues similarly situated would have disclosed in similar circumstances. This standard does not necessarily require a physician to acknowledge the patient's autonomy but does implore them to disclose information as if the patient is autonomous. The reasonable person standard introduced in cases such as Canterbury v. Spence Requires a physician to disclose what a reasonable patient would want to be told or find significant, even if none of the physician's colleagues would agree.

This approach will be employed if the physician determines the patient's autonomy because they have the capacity for reason. Finally, the subjective standard involves giving the patient information they would personally find meaningful, subject to the individual patient's life plan and interests. In this instance, the clinician must invest time and effort to determine the patient's idiosyncratic interests and tastes. In doing so, the clinician acknowledges the patient's autonomy to the highest degree. In highlighting these critical nuances, we see how autonomy Is founded not only on the individual's capacity to act autonomously but also beholden to external judgments of autonomous capacity. If the subjects consider themselves autonomous yet their clinician does not, then different definitions of how the subjects ought to be informed would be exercised and conflicted with one another, likely leaving the subjects wanting.

Legal acknowledgment of autonomy is often seen through a graduating scale of rights and privileges. Most states allow an individual to obtain a driver's license at 16. At 18, a U.S. citizen can vote, enter contracts, serve in the military, and be prosecuted under the adult criminal system. At 21, one of the latest milestones of graduated autonomy in the United States, one is legally allowed to consume alcohol. Each of these milestones reflects significant determinations of autonomy through a graduated scale of autonomous development, which is incomplete until age 21. However, there are some limitations, such as one's capacity to be claimed as dependent on tax forms, which only arise at 25 years old. Yet different countries hold different judgments on these milestones and, therefore, different judgments on developing one's autonomy. For example, in countries like Germany, Austria, and Belgium, individuals can purchase and consume beer and wine at 16 but must be 18 to buy spirits.

[22] Guidry-Grimes, Laura K., and Robert M. Veatch. "The Basics of Bioethics." (2019): 140.

Furthermore, we may also consider the right to drive. In Some European countries such as France, Germany, and Italy, the minimum driving age is 18. Examples of conflicting judgments on an individual's autonomy as mediated through legal rights are boundless. However, this is precisely the concern regarding gender-affirming care for youth. For at what age is one sufficiently autonomous to comprehend the ramifications of taking puberty blockers and hormone therapy as well as undergoing gender transition surgery?

This is precisely where religious discourse contributes substantively to the conversation. In the following section, we will explore different notions of graduated autonomy as developed and demonstrated through religious theology and ritual. In doing so, we may observe further judgments on autonomy that prove helpful in developing legal rights for gender-affirming care for youth.

The Age of Accountability

Across religious traditions, there are practices that have functioned to acknowledge the autonomy of individuals for thousands of years. Religion has been pondering the same question of agency that bioethics has raised once again pertaining to one's capacity for informed consent and autonomy in engaging in gender-affirming care. The following section examines the significant milestone markers in some of the world's most statistically significant religious traditions. We pay special attention to the point at which this autonomy is awarded. If the question we are attempting to answer in the case of gender-affirming care is at what point to award the individual agency (implicitly being capable of informed consent), then tracking these judgments across religious traditions lens a helpful insight into the discourse as it plays out in our contemporary political arena.

Of particular note before we begin is the common conception of autonomy being completed at marriage or childbearing found across these religious traditions. For our purposes, we are concerned with the point of autonomy of the individual, though highlighting that individual autonomy is not often seen as the end of one's journey to autonomy. For these traditions, the autonomous journey is complete not when one may be responsible for oneself but at what point one is responsible for another.

Judaism: Bat/Bat Mitzvot

For centuries, religions have considered accountability and marked the commencement of one's genuine autonomy through various theological developments and ceremonial rituals. Beginning with the Jewish tradition, the most significant coming-of-age ritual is the bar or bat mitzvah. This ritual signifies transitioning from childhood to adulthood at 13 (Bar Mitzvah) and 12 for girls (Bat Mitzvah). The Hebrew Bible does not explicitly mention the bar or bat mitzvah, though some scriptures have been interpreted as laying the groundwork for the age of responsibility. Genesis 34:25 describes Simon and Levi, sons of Jacob, as men at the ages of 13 and older, based on rabbinic interpretation. Numbers 6:2 describes taking a Nazarite vow, typically taken at 13. Yet it is essential to note that neither of these instances nor any other across the Hebrew Bible mentions explicitly the age of 13 as the commencement of this coming of age. The explicit mention of the age of 13 as the concluding fluoridation of one's childhood and commencement of adulthood in the Jewish tradition is found in the *Talmud, Tractate Niddah 45B*, stating:

> "A boy of 13 years and one day becomes obligated in the commandments, as it is stated: 'and these are the commandments, which the Lord commanded Moses for the children of Israel in Mount Sinai.' (Leviticus 27:34). 'Children of Israel' - It is stated that when they reach the age of 13 and one day, they are obligated to the commandments."

Further reinforcement is found in the writings of Maimonides (Rambam), Mishnerd Torah, *Hillcot Ishut* 2:9, in which he explicitly states that a boy is responsible for his actions and is subject to the commandments from the age of 13. From the commencement of this milestone, Jews are expected to gradually take on more responsibilities and eventually reach a point of complete submission to the 613 *mitzvot* (commandments).

Christianity: First Communion

Concerning Christians, we have a much greater variety of milestones celebrating the progression of one's autonomy.[23] Typically practiced amongst Catholics and other orthodox traditions is celebrating the first communion. A child between seven and nine is typically considered eligible for this rite of

[23] It is worth noting here that in some traditions, such as the Eastern Orthodox tradition, the age of reason is less emphasized. Infants are typically baptized and receive communion as part of their initiation into the church. By utilizing these practices in this way, they become less of a judgment of agency and more of a testament of grace from the commencement of life. See Ware, Timothy. *The Orthodox Church: an introduction to Eastern Christianity*. Penguin U.K., 1993.

passage. The practice of communion itself originates in the last supper of Jesus and his apostles before his arrest and crucifixion. It is reaffirmed by early followers such as Paul in 1st Corinthians 11:26. It was popularized by the writings of Saint Ignatius of Antioch and St. Justin martyr, and by the 2nd century, was a well-established ritual. However, it was not until the Middle Ages that the "Age of Reason" idea became significant. It was determined that children should reach an age where they could understand the basic tenets of the faith before receiving the Eucharist. This led to establishing the first communion as a separate and significant event in a child's life.

Several explicit authoritative statements and the determination of the Age of First Communion and the Age of Reason are revered differently across denominational Orientations. The Roman Catholics may refer to the code of Canon law, specifically canon 913, found in the Libreria Editrice Vaticana (1983), stating:

> The administration of the Most Holy Eucharist to children requires that they have sufficient knowledge and careful preparation so that they understand the mystery of Christ according to their capacity and are able to receive the body of Christ with faith and devotion. §2. The Most Holy Eucharist, however, can be administered to children in danger of death if they can distinguish the body of Christ from ordinary food and receive communion reverently.[24]

While not explicitly stated, the age of reason here is commonly understood to be around seven years old.[25]

Scores of scholars have also contributed their voices to the discourse on the age of reason and the bestowing of spiritual autonomy upon those who reach it. In his work Luther's Small Catechism, Martin Luther wrote that children should be prepared to understand the sacraments, implicitly setting an age of reason around 7.[26] John Calvin does not suggest an exact

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[24] Code of Canon Law - book IV - function of the Church Liber (cann. 879-958). (n.d.). https://www.vatican.va/archive/cod-iuris-canonici/eng/documents/cic_lib4-cann879-958_en.html

[25] The text "Catechism of the Catholic Church, No 1244, also states that children should receive their first communion when they have reached the age of reason; while not stating an exact age for "the age of reason," it is again implied to be around seven years old. Catechism of the Catholic Church. (n.d.). https://www.vatican.va/archive/ENG0015/_INDEX.HTM

[26] Luther, Martin. *Luther's Small Catechism: Developed and Explained*. Lutheran Publication Society, 1893.

age but emphasizes the capacity for understanding as crucial for participation in the sacraments.[27] Furthermore, Thomas Paine produced a significant work called *The Age of Reason*. In this work, Pain advocates for the use of reason over traditional markers of autonomy, arguing that personal moral and intellectual development should guide these rights rather than religious authorities.[28]

Christianity: Baptism

Thomas Paine's argument against progressive religious autonomy by means of age in lieu of assessing this progression through rational cognitive capacity became the de facto orientation of many Protestant reform groups that now dominate Protestant Christianity. Such notions are demonstrated through the ideology surrounding perhaps the most significant Christian right: voluntary baptism.[29] Voluntary baptism, otherwise known as believers' baptism, implies agency and informed consent in much the same way we see it function with gender-affirming care for youth. Not only must the baptized be capable of comprehending the meanings and ramifications of baptism, but so too must the religious authority or baptizer recognize their autonomy to provide sufficiently informed consent to make the ritual genuinely voluntary. In this instance, you may note the parallels between baptizer and physician in validating autonomy and enabling informed consent.

Due to the diversity of Christian beliefs upon baptism, there are few explicit requirements for voluntary baptism as determined by age, but rather, one is determined independently based upon the individual's sufficient demonstration of volunteerism and comprehension. Though for our purposes, some brief generalizations may be made for reference:

Denomination	**Age**
Roman Catholic[30]	7
Baptist [31]	7

[27] John, Calvin. *Institutes of the Christian religion*. Forgotten Books., 1901.
[28] Paine, Thomas. *The Age Of Reason*. DigiCat, 2022.
[29] Note that I distinguish voluntary baptism from infant baptism. Infant baptism is a common practice among many orthodox traditions, completed in the first few weeks of birth and sometimes at specific age markers, such as one week or at the time of circumcision. This practice is predicated upon the belief of original sin and initiates the child into the church.
[30] U.S. Catholic Church. *Catechism of the Catholic Church*. Image, 2012.
[31] Blount, Douglas K., and Joseph D. Wooddell, eds. *The Baptist faith and message 2000: Critical issues in America's largest protestant denomination*. Rowman & Littlefield Publishers, 2007, 15.

Pentecostal[32]	7
Church of Jesus Christ of Latter-day Saints [33]	8
Seventh-day Adventist Church[34]	10-12
Lutheran[35]	7-8
Jehovah's Witnesses [36]	12
Methodist Tradition [37]	12
Church of England [38]	7
Mennonite Tradition [39]	12-14
Presbyterian Church (U.S.A.) [40]	12

Christianity: Adolescent Confirmation

Adolescent confirmation is another marker in many Christian denominations, signifying the coming of age and awarding of spiritual agency and independence. It typically involves a formal ceremony where adolescents affirm their faith, often following a period of instruction and preparation. This process often includes a period of instruction in the faith, which may include Bible study, learning about church teachings, and discussions about the significance of confirmation. This process may be conducted with or without a mentor, and it typically culminates with a ceremony that may involve the laying of hands, anointing with oil, the profession of faith, an affirmation

[32] Assemblies of God (U.S.A.) official website | AG position papers and other statements. (n.d.-a). https://ag.org/Beliefs/Position-Papers
[33] In the L.D.S. Church, the age of 8 is explicitly set as the age at which children may be baptized, following their ability to understand and choose to follow the faith. See Doctrine and Covenants*, Section 68:27. Available at: [Church of Jesus Christ of Latter-day Saints] (https://www.churchofjesuschrist.org/study/scriptures/dc-testament/dc/68?lang=eng).
[34] Seventh-Day Adventist Believe: A Biblical Exposition of 27 Fundamental Doctrines. 1988.
[35] Herl, Joseph, Peter C. Reske, and Jon D. Vieker. "Lutheran Service Book."
[36] Watch Tower Bible and Tract Society of Pennsylvania. "Baptism—A Christian Requirement." *The Watchtower*, May 15, 2008. Available at: [Watchtower Online Library] (https://www.jw.org/en/library/magazines/).
[37] The Book of Discipline of The United Methodist Church*, United Methodist Publishing House, 2016. Available at: [United Methodist Church] (https://www.umc.org/en/content/book-of-discipline-2016-electronic-versions).
[38] Church of England. "Guidelines for Baptism." *The Church of England Website*. Available at: [Church of England](https://www.churchofengland.org/).
[39] Confession of Faith in a Mennonite Perspective*. Herald Press, 1995. Available at: [Mennonite U.S.A.](https://www.mennoniteusa.org/confession-of-faith/).
[40] Book of Order, Presbyterian Church (U.S.A.). Office of the General Assembly, Presbyterian Church (U.S.A.), 2019. Available at: [PC(USA) Book of Order](https://www.pcusa.org/site_media/media/uploads/oga/pdf/2019-23-boo-elec_010621.pdf).

of baptismal vows, and, of course, celebration. As a formalized church service, this is almost always conducted for students between 12 and 14, but it may also be available to older students of all ages.

Islam: Age of Maturity

When it comes to Muslim conceptions of graduated autonomy, the onset of puberty (*bleugh*) is a crucial milestone marking the age at which one is considered morally responsible for one's actions and accountable to God. This typically occurs between the ages of 12 and 15 and signifies the development of intellectual maturity/reason (*aql*). In Islam, there is not typically any formal recognition or ritualistic celebration associated with the commencement of puberty, though there may be local customs or traditions to commemorate the achievement. Practically, this is the point at which one is expected to observe the pillars of Islam, such as the daily prayer (*salah*) and almsgiving (*zakat*, though this is not emphasized as heavily at this juncture as it is at the point in which one establishes financial independence which is another significant milestone), and fasting during Ramadan (*swam*). However, some or all of these may be practiced before this milestone.

The clearest and most observable milestone of agency development in Islam is the legal age of maturity. This is the point that signifies when an individual can enter into contracts, be legally married, and be fully responsible for any legal offenses they commit. The legal age of maturity is typically around 15, but this can vary according to different schools of thought and legal systems. The Quran speaks to this notion, including Sura *an-nur*, stating: "And when the children among you reach puberty, let them ask permission [at all times] as those before them have done. Thus Allah makes clear his verse for you. And Allah is knowing and wise." The Hadith speaks to this as well, stating in *Sahih Bukhari*, volume 8, book 73, hadith 6, The Prophet Muhammad (P.B.U.H.) said: "The pen is lifted from three: from the sleeper until he wakes, from the child until he reaches puberty, and from the insane until he regains sanity." In each of these instances, one may notice that the commencement of puberty and not a specific age marks the beginning of one's autonomy.

Classical Islamic jurisprudence does, however, make explicit judgments on age. *al–Muwatta* by Imam Malik as well as *Bidayat al-mujtahid* by Ibn Rushd states: "It is related from Malik that he heard that the age of puberty for a boy is 15 years, and for a girl is when she first menstruates." Some schools of thought, such

as the Hanafi school of Islamic jurisprudence, one of the major Sunni legal schools, consider 15 the age of maturity for both boys and girls but only in the instance that no physical signs of puberty have appeared before then.[41] Unlike the other major Abrahamic traditions, there is no ceremonial ritual or formal acknowledgment of one's reaching this milestone aside from local traditions and family practices.

Hinduism: Upanayana (Sacred Thread Ceremony)

Turning our attention to Eastern religious traditions, we begin with the Hindu *upanayana* (Sacred Thread Ceremony). The *upanayana* is one of the most important rites of passage in Hinduism, marking the transition from childhood to student life. The boy (note that this ceremony is not typically performed for girls) is given a sacred thread (`*yajnopavita*`) and begins formal study of the Vedas. This ceremony signifies the boy's readiness to take on religious responsibilities and the beginning of his spiritual education. The ceremony represents the child's entry into a life of discipline, learning, and the gradual assumption of adult roles and autonomy.

The point at which this ceremony will be conducted varies slightly among sources. The *Manusmriti* (*Manava Dharmasastra*) states: "A boy should receive the sacred thread at the age of eight, or at the very least by the age of sixteen."[42] The Yajnavalkya Smriti states: "The *upanayana* should be performed for a Brahmin boy at the age of eight, for a Kshatriya boy at eleven, and for a Vaishya boy at twelve."[43] The *Bhagavata Purana* raises a unique nuance in suggesting different stages for different casts, stating: "The sacred thread ceremony for a Brahmin should take place when the boy is eight years old; for Kshatriyas and Vaishyas, it is appropriate at the age of eleven and twelve, respectively."[44] The *Narada Smriti* also shares the cast distinction, stating: "The ceremony of the sacred thread should be conducted according to the prescribed ages for each varna (caste): Brahmins at eight years, Kshatriyas at eleven, and Vaishyas at twelve."[45] Defining precisely when one should reach this independently autonomous state requires nuance. Considering these together, we may generally consider the ages between 8 and 12 to be the judgment of most common Hindu practice. It is also crucial to note that this same ritual may often

[41] *Al-Hidayah*: The Guidance*, by Burhan al-Din al-Marghinani, Volume 1, p. 456. The same may also be said for the Shafi'I school. See Reliance of the Traveller* (Umdat al-Salik), by Ahmad ibn Naqib al-Misri, translated by Nuh Ha Mim Keller, Section m2.2, p. 564.
[42] *Manusmriti*, Chapter 2, Verses 28-30.
[43] *Yajnavalkya Smriti*, Chapter 1, Verses 13-14.
[44] *Bhagavata Purana*, Canto 7, Chapter 14, Verses 21-22.
[45] *Narada Smriti*, Chapter 7, Verses 22-24.

be observed in Buddhists and other Eastern traditions, especially in regions where Hindu and Buddhist practices intertwine.

Hinduism: Graduated Process

In addition to the *upanayana*, Hindu practices involve several milestones on this path to autonomy. The first is the *vidyarambham* (Initiation into Learning), a ritual that marks the beginning of a child's formal education. The *vidyarambham* is a crucial milestone in recognizing the child's intellectual autonomy and readiness to acquire knowledge, often celebrated with a simple ceremony where the child writes their first letters. This milestone is typically celebrated between two and five years, though it has sometimes been delayed up to seven years.[46] The *vidyarambham* festival is an annual event held in Kerala on *vijayadashami* day. Its purpose is to initiate children into the world of learning. Parents, grandparents, elders, writers, teachers, and others act as Gurus to the children.

Another significant milestone is the *karnavedha* (Ear Piercing Ceremony). This ceremony involves the piercing of a child's ears. While its primary purpose is religious and cultural, it is also considered a rite of passage marking the child's development and growing independence. This ritual is significant for both boys and girls, though the specific age can vary depending on family traditions and regional practices. Typically, *karnavedha* is performed either "during the sixth month or seventh month or third year or fifth year or 7th year after birth. The ritual is not performed during even years after the birth of the child."[47] This timing is often based on astrological calculations to ensure an auspicious moment for the ritual. The ritual involves a purificatory bath and ornate clothing, ear piercing, and chanting holy scripture verses.

Finally, the last significant ceremonial marker of graduated autonomy before its full awarding at the Upanayana is the *Ritu Kala Samskara or Menarche* (First Menstruation Ceremony). Upon a girl's first menstruation, there is typically a celebration with family and friends and the giving of gifts, including jewelry and sarees. There is often a time of isolation for the young girl, during which she undergoes various purification

[46]Mathew, *Kuzhippalli Skaria*. "Society in medieval Malabar: a study based on Vadakkaṅ Pāṭṭukaḷ." 1979.

[47] *Ear piercing (Karna Vedha)*. Sri Gayathri Ashram Inc. (n.d.). https://www.gayathriashram.org/ear-piercing-karna-vedha.html

rights. This ceremony symbolizes the girl's readiness to take on new roles and responsibilities in society, including marriage.

Buddhism: Monastic Capability

Coming-of-age ceremonies in Buddhism are only widely practiced in cultural traditions. Due to the geographic and cultural variety in which Buddhism is practiced, there may often be ritualistic celebrations for those reaching maturity. Coming-of-age ceremonies in Buddhism are only widely practiced in cultural traditions, recognizing the individual's autonomy. However, when it comes to uniquely Buddhist rulings, sources are less concerned with the layman's achievement of autonomy and more concerned with the point at which one is considered sufficiently autonomous to devote oneself to monastic life. We may extrapolate Buddhist rulings on agency through rulings on monastic capability.

The Buddhist celebration of *Pabbajja* (Novitiation), meaning "going forth," is the ceremony where a young boy or girl (though more commonly boys) enters the monastic life as a novice monk or nun. This ceremony is a significant milestone, marking the transition from lay life to a life dedicated to spiritual development. The novice receives a robe and begins training in the Buddhist teachings and monastic discipline. This right is typically celebrated between 10 and 12 years old, though authoritative sources do not often cite these ages specifically; instead, they speak to subjective judgments of maturity.

We find explicit authoritative rulings on the capacity for one to undertake *upasampada* (Full Ordination). *Upasampada* is the ordination ceremony where a novice becomes a fully ordained monk or nun. This marks a significant step in one's spiritual journey, as the individual takes on the full responsibilities of the monastic code (*vinaya*). It formally recognizes spiritual maturity and autonomy within the monastic community. Achieving full ordination allows the individual to participate fully in monastic life, including teaching, leading ceremonies, and guiding novices. Authoritative rulings on this 20-year-old miracle marker may be observed in *Mahāvagga* 1.24.1: "One who is 20 years old and has completed the training as a novice may be admitted to the higher ordination."

As we now see, religious authorities afford agency to youth, typically between ages 8 and 16. This range is still quite broad and does not align with the ages currently considering legislative action. Nevertheless, especially in a multi-religious contemporary context, there is a need for a consistent approach.

From the religious contribution to this conversation, we may surmise a conviction to better prepare children for the responsibility of adulthood, which has for centuries been awarded to those we now consider to be in the "grey area" of agency. However, the gravity of gender-affirming care for youth calls for caution. While current statistics estimate approximately 1% of those undergoing gender-affirmation surgeries (G.A.S.) experience regret, the question remains of how to keep it that way. In considering which end of the religious spectrum to defer, we may consider a final perspective: scientific developmental considerations.

Science: Developmental Considerations

The age range of religious authorities is broad. In our current case of considering the permissibility and legality of gender-affirming care for youth, the ages in question are 13 to 17. In considering what side of this range one is deferred; developmental science has also developed several cognitive and emotional development milestones that lend an insightful perspective into the conversation of agency and informed consent. Cognitive capacity is crucial for informed consent because it ensures that an individual can fully understand, process, and evaluate the information presented about a decision or treatment. Adequate cognitive development enables people to comprehend their choices' nature, risks, and benefits, make reasoned judgments, and exercise autonomy.

In making sense of the developmental considerations, we again consider a graduated development system geared towards the ultimate goal of autonomy. One of the earliest milestones would be identity formation. Erikson, E. H. (1968) was one of the first to conduct a scientific study on the topic, conducting a qualitative analysis of case studies, historical examples, and clinical observations to find that youth between the ages of 12 and 16 face significant challenges in forming a stable identity due to conflicting demands and changing roles and the successful identity formation requires resolving the conflict between personal and societal expectations. [48]

The next significant milestone is the normalization of limbic system activity. In a 2012 study, researchers used a combination of behavioral experiments, neuroimaging techniques (fMRI), and longitudinal studies to observe the brain during a series of risk-taking, impulse control, and decision-making tasks.[49] These

[48] Erikson, Erik H. "Identity: Youth and crisis." *WW Norton & Co google schola* 2 (1968): 341–358.
[49] Blakemore, Sarah-Jayne, and Trevor W. Robbins. "Decision-making in the adolescent brain." *Nature Neuroscience* 15, no. 9 (2012): 1184–1191.

scans were then compared with those of adults undergoing similar observation and testing. Their conclusions pointed to higher activity in the limbic system during adolescence, contributing to heightened emotional responses and risk-taking behavior. These trends peak around 14-16 years old and fully normalize at 25.

The development of the prefrontal cortex is also connected to the standardization of limbic system function. In a 2004 study by Gogtay et al., Researchers conducted a longitudinal study to map human cortical development from childhood through early development.[50] Magnetic resonance imaging (MRI) obtained detailed images of participants' brains at multiple time points across several years. The study analyzed Gray matter density in various brain regions, including the frontal, parietal, temporal, and octal lobes. They found that cortical maturation follows a back-to-front pattern, with the primary sensory and motor areas maturing first, followed by the association cortices, and finally, the prefrontal cortex. The prefrontal cortex, responsible for higher-order cognitive functions such as planning, impulse control, and decision-making, was found to be one of the last regions to mature, continuing to develop into the early 20s. Practically, the delayed maturation of the prefrontal cortex may explain why adolescents are more prone to risk-taking behaviors and less capable of impulse control.[51] Further studies have associated the development of the prefrontal cortex with cognitive control and decision-making abilities.[52]

Conclusions

When viewed comparatively, the major religious traditions provide a noteworthy and, in many respects, harmonious consensus on the question of youth accountability. Across Christianity, Judaism, Islam, Hinduism, and Buddhism, various rites of passage—from confirmations and bar/bat mitzvahs to Islamic rituals of moral accountability and Hindu/Buddhist initiations—signal that the threshold to moral and spiritual agency is often located well before the age of legal majority. Rather than treating children and adolescents as categorically incapable of discernment, these traditions affirm them as

[50] Vaituzis, Tom F. Nugent III et al. "Dynamic mapping of human cortical development during childhood through early adulthood." *Proceedings of the National Academy of Sciences* 101, no. 21 (2004): 8174–8179.
[51] Other studies verifying these findings may be found in Lenroot, R. K., & Giedd, J. N. (2006). "Brain development in children and adolescents: Insights from anatomical magnetic resonance imaging." *Neuroscience & Biobehavioral Reviews*, 30(6), 718-729. And Steinberg, L. (2008). "A Social Neuroscience Perspective on Adolescent Risk-Taking." *Developmental Review*, 28(1), 78-106.
[52] Steinberg, L., & Scott, E. S. (2003). "Less Guilty by Reason of Adolescence: Developmental Immaturity, Diminished Responsibility, and the Juvenile Death Penalty." *American Psychologist*, 58(12), 1009–1018.

developing persons who can meaningfully participate in moral, spiritual, and communal life, often beginning between the ages of eight and sixteen. This shared religious wisdom, while arising from diverse theological systems, underscores a remarkably consistent intuition: *youth are not best served when their voices are indefinitely deferred but when they are gradually empowered to bear responsibility within supportive structures.*

This convergence across traditions provides a valuable resource for contemporary bioethical debates surrounding gender-affirming care. While secular biomedical models often frame autonomy primarily in cognitive or neurodevelopmental terms, the religious frameworks emphasize relational trust, communal integration, and spiritual responsibility as markers of maturity. Accordingly, these traditions collectively caution against approaches that indefinitely postpone acknowledgment of youth agency, since such postponement risks undermining their inclusion in the very moral formation that prepares them for adulthood. Instead, by acknowledging markers of accountability earlier, parents and communities affirm that children are capable of discernment long before societies might otherwise grant them legal independence.

For parents and caregivers, this consensus carries practical implications. Too often, cultural dynamics encourage "moving the goalpost"—delaying recognition of youth agency under the guise of protection. Yet the shared religious wisdom challenges this posture. By consistently linking adolescence with a sacred entrustment of responsibility, these traditions call parents not merely to safeguard but to accompany, to trust that divine image-bearing and moral accountability emerge in their children earlier than is commonly assumed. To empower youth to discern and act with integrity in matters as profound as gender identity is not to abandon them to their own devices, but to align with a long history of religious practice that has privileged their agency within covenantal, communal contexts.

Ultimately, when both policy makers and faith communities draw upon this interreligious consensus, a more balanced ethical framework emerges. Such a framework neither relinquishes protective concern nor suppresses youthful agency but situates decision-making within a relational matrix of parental guidance, community support, and the religious acknowledgment of early moral capacity. This approach does not pit autonomy against protection but reframes autonomy as nurtured responsibility, already anticipated in the religious formation of youth. In such a model, parents are encouraged to cultivate trust, empowerment, and discernment alongside their children, confident that they walk in continuity with a

venerable consensus that sees young persons as capable moral agents worthy of both recognition and guidance.