

No. 24-539

IN THE
SUPREME COURT OF THE UNITED STATES

KALEY CHILES,

Petitioner,

v.

PATTY SALAZAR, et al.,

Respondents.

On Writ of Certiorari to the United States Court of
Appeals for the Tenth Circuit

**BRIEF OF *AMICI CURIAE* GREGORY COLES,
JOSHUA PROCTOR, AND BILL HENSON
IN SUPPORT OF RESPONDENTS**

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INTERESTS OF *AMICI CURIAE*¹

Gregory Coles:

Mr. Coles provides an underrepresented perspective as an openly gay man who upholds the theologically traditional ethic on sexuality and gender. His Personal Statement highlights the misguided notion that “Christian faithfulness [demands] a change in our sexual orientation,” a belief that has led to “isolation and alienation from our families, our [faith] communities, and even our faith itself.” Because of his devout commitment to his faith, he urges the Court not to conflate orientation and identity change with the freedom to explore these questions in values-aligned ways, which he believes the Colorado law correctly distinguishes.

Joshua Proctor:

Mr. Proctor represents the typical therapy client described by the Petitioner: a theologically conservative Christian who sought conversion therapy as a minor. His Personal Statement shows the lack of agency, inefficacy, and harm that conversion practices pose to minors, their families, and their faith.

Bill Henson:

Mr. Henson is the President of Posture Shift Ministries, Inc., a global leader in training and consulting services on LGBT inclusion and care from the perspective of a traditional biblical ethic on

¹ No counsel for a party authored this brief in whole or in part, nor did any person or entity, other than *amici* or their counsel, make a monetary contribution to the preparation or submission of this brief.

marriage, sexuality, and gender identity. His Personal Statement shows that his organization has never encountered any individual who reported that their faith or healing journey was dependent upon access to a licensed conversion therapy counselor.

SUMMARY OF ARGUMENT

Conflict between religious liberty and protections for LGBT youth is not inevitable. Indeed, there are many LGBT Christians and organizations who remain faithful to traditional, conservative teachings about sexuality and gender. This Brief contains verbatim Personal Statements from some of these individuals and examines the ways conversion therapy has harmed their faith and families, how embracing historic Christianity does not require endorsement of conversion therapy, and how Christians are not served by unproven practices that set unrealistic expectations.

ARGUMENT

I. INTRODUCTION

As discussed in the Personal Statements from the *Amici Curiae*, there are theologically conservative, faith-based alternatives that really do help LGBT youth explore their identity in value-congruent ways without resorting to unproven practices such as conversion therapy. In considering the issues presented by Colorado's Minor Conversion Therapy Law ("MCTL"), these *amici curiae* urge the Court not to overlook their perspectives as conservative Christians who are both exclusively same-sex oriented and abstinent or who work with theologically conservative LGBT youth and their families.

II. PERSONAL STATEMENTS OF *AMICI CURIAE*²

Gregory Coles:

I write as a lifelong Christian who is exclusively same-sex oriented and sexually abstinent. As the Court deliberates in the case of *Chiles v. Salazar*, I urge you not to neglect the existence of celibate gay Christians like me in your deliberation.

Born into an evangelical Christian family, I was raised for fifteen years as a child of missionaries in Indonesia. I hold a PhD in English from Penn State and teach as an adjunct professor at Roberts Wesleyan University, a Christian liberal arts college. I have been an active member and held leadership roles in evangelical Christian churches since middle school, serving congregations of the Christian & Missionary Alliance, Free Methodist, and Evangelical Covenant Church denominations. All these churches hold the historically Christian belief that sexual behavior belongs exclusively within male-female marriage. I share this belief as an openly gay man.

I became aware of my same-sex orientation at the onset of puberty. I spent the next twelve years waiting for God to either make me heterosexual (so I could pursue an opposite-sex marriage) or change my convictions about sexual ethics (so I could pursue a same-sex marriage). When neither transpired, I committed myself to celibacy, publicly documenting my journey and my convictions in a 2017 memoir, *Single*,

² To give the Court their perspectives as clearly as possible, these Personal Statements are quoted verbatim from the *Amici Curiae* themselves—*i.e.*, counsel did not assist in their preparation or edit them for this Brief.

Gay, Christian: A Personal Journey of Faith and Sexual Identity, which was favorably reviewed in *Christianity Today* and endorsed by prominent evangelicals, including Dr. D. A. Carson of The Gospel Coalition and Dr. Ron Sider of Evangelicals for Social Action.

My perspective is not a marginal one in evangelical Christian spaces, nor is it unique to me. My voice speaks in unity with a growing group of gay Christians who are committed to historic Christian beliefs about sexuality and who live according to these beliefs while also accepting the psychological consensus about the reality of sexual orientation, the unreliability of sexual fluidity as a strategy for pursuing heterosexuality, and the inefficacy of sexual orientation change efforts. Many of us know firsthand the psychological and spiritual wounds wrought by ostensible mental health experts who encouraged us to conflate sexual orientation change with Christian faithfulness.

As I reviewed the Petitioner's brief and the amici curiae submitted on the Petitioner's behalf in *Chiles v. Salazar*, I noted two related and worrisome conflations:

- (1) A conflation between sexual behaviors and sexual orientation. This conflation spuriously asks the Court to treat distinct categories as coextensive.
- (2) A conflation between therapy that supports clients in pursuing behaviors aligned with their religious convictions and therapy that promotes sexual orientation change. This conflation falsely implies that, if the Court wishes to protect the legality of the former—as religious freedom undoubtedly demands—the Court must therefore also declare the latter legal for minors.

Gay Christians who uphold a historically Christian sexual ethic are all too familiar with these conflations, often because they formed the substance of our own adolescent traumas. We have falsely believed that our Christian faithfulness demanded a change in our sexual orientation, and we were fed deceptive data indicating that such change was far more likely than it truly was. This belief has led to isolation and alienation from our families, our communities, and even our faith itself. Christians in my position are determined to live our lives visibly because we refuse to see another generation of gay Christian adolescents fall prey to the same lie.

In my view, the current Colorado law maintains a valuable distinction between therapy that supports young people's religious convictions and therapy that over-promises shifts in sexual orientation. This reality alone does not constitute an argument for or against the legitimacy of the current law; the State's right to oversee counseling licensure and to limit specious therapeutic messaging to minors is beyond the scope of my scholarly expertise. As I once told a journalist who inquired about my views on conversion therapy bans, "I'm less focused on the legality of conversion therapy than I am on its stupidity." My primary concern in *Chiles v. Salazar* is not how the Court rules on Colorado law, but whether the Court's ruling recognizes the crucial legislative distinction between sexual orientation and sexual behavior.

No matter how the Court rules in *Chiles v. Salazar*, I appeal to you to reject the Petitioner's false conflations, especially the conflation between genuine religious support and attempted sexual orientation change. There is a world of difference between helping a young gay person live in accordance with their

Christian convictions and instilling in that young person an unrealistic expectation of future heterosexuality. I long for a nation in which people of all ages are free to receive lifegiving mental health support aligned with their Christian convictions, without being non-consensually subjected to the potential deleterious effects of sexual orientation change efforts.

As to whether minors are equipped to give therapeutic consent to the social, psychological, and spiritual risks associated with sexual orientation change efforts, I leave to the Court's discernment.

Joshua Proctor:

I am an openly gay man who underwent various attempts to change my sexual orientation from the ages of 9 to 18. These included therapy with a NARTH (now Alliance for Therapeutic Choice and Scientific Integrity)-affiliated counselor under the supervision of Dr. Joseph Nicolosi, Sr. I am also a Christian spiritual director and church leader who holds to a traditional sexual ethic, believing that God calls Christians to not engage in sexual activity outside the confines of marriage between a man and a woman. Because of that belief, I am pursuing a life of celibacy even as an openly gay man. My rejection of orientation change efforts is not due to a change in my theological convictions, but precisely because these therapeutic practices spiritually and psychologically damage the potential for sexual and gender minority Christians to live out their faith in truth and dignity as image-bearers of God.

I was a church leader within the Christian and Missionary Alliance of Colombia for 8 years and currently serve in a church plant of the ECO (Evangelical Covenant Order) Presbyterian

denomination—both of which hold a traditional belief on marriage and sexuality. I have also spent the past ten years training thousands of pastors across the Americas from conservative Christian denominations on how to increase care for LGBT individuals while maintaining their theologically conservative views on marriage. In addition, as a spiritual director, with a Doctor of Ministry from Kairos University, where my thesis explored how ministry leaders who uphold a traditional Christian sexual ethic can accompany LGBT people in their spiritual formation, I can say with assurance that the pursuit of changing one's attractions or gender identity are not necessary to follow the traditional view of sexuality and gender according to the Christian faith.

My interest in this case is that the overturning of Colorado's ban on conversion therapy for minors fails to recognize that minors lack the developmental capacity to fully assess the risks and implications of pursuing efforts to change their sexual orientation or gender identity. As someone who underwent these attempts as a minor through multiple avenues including talk therapy, prayer ministry, and live-in programs, I was the best-case scenario of a child who truly desired to change their sexual orientation because of their faith. While encouraged by my parents and initially forced into therapy, I did pursue these attempts with the highest level of personal motivation and cooperation a minor could exhibit. In a few cases, I was the one who asked my parents to allow me to attend conversion therapy sessions, groups, and events with the specific intent of changing my orientation.

Yet, even with the utmost willingness, I look back and realize I was not at all capable of actually taking into account all the factors that led to my decisions as a

minor to pursue this change. I can say now, as a 34-year-old adult, that none of these efforts or practices decreased my attraction to the same-sex. Instead, these attempts led to heightened depression and suicidal ideation, beginning around age 16 and continuing through college, including a suicide attempt in my later years of high school. As I entered college at the age of 18 and accepted that my sexual orientation would not change, the shame which had built up from my inability to change led me to risky sexual behavior and drug use through college.

Minors from traditional religious communities cannot make a free and informed decision to pursue efforts to change their orientation or identity because they internalize the message, often reinforced by parents, faith leaders, and peers, that their acceptance, dignity and even salvation depend on change. This remains true even when loved ones claim acceptance, because the underlying belief of conversion therapy is that LGBT orientations and identities are more corrupt than that of heterosexual and cisgender peers, which communicates that they are “less than” unless change occurs. When these youth regularly hear negative or exclusionary messages about LGBT people and are told their salvation depends on therapeutic outcomes, especially from their loved ones, they internalize those messages as directed at them.

Minors growing up in religious households have no way to truly understand what their lives could be like if they chose to accept their sexual orientation or gender identity regardless of how they choose to express it and live it out. They see and hear what is available through the sources at hand which often come through family and church community. In my own case, I never even heard of the idea that a gay person could be a Christian

until I entered college. My counselor and church community consistently communicated that it was not an option. This presented me with a polarized understanding of the choices available: to either change my orientation in order to live out my faith or reject my faith in order to accept my orientation.

I met hundreds of other children and youth who underwent conversion therapy throughout my childhood. There was never a case where such attempts actually worked to change the person's internal attractions or dysphoria, even in cases where the person went on to pursue opposite sex marriage or gender conforming expressions of identity. In fact, the majority of those minors ended up leaving their Christian faith altogether because it was too closely tied to the harm they had experienced through those attempts. They felt like failures. Those who did not undergo attempts to change until adulthood, I have found to be less likely to leave their faith even after accepting that their identity or sexuality were not going to change.

Building on its ineffectiveness and harmful effects, my work with sexual and gender minority Christians has found that attempts to change one's identity and orientation predominantly lead individuals to a disconnect with God and their faith. When your relationship with God hinges on a shift in your identity or desires, the realization that no shift has occurred leaves individuals spiritually stranded. This impact is lessened when the individual did not attempt to change their orientation or identity until adulthood. In my work, every LGBT person, even when pursuing celibacy due to their religious convictions, must find a sense of dignity in their sexuality or identity in order to combat the harmful effects of change efforts.

The argument that Colorado's law violates the freedom of speech of therapists is inaccurate. Therapy while involving speech is an act of care and even in the case of speech, therapists are restricted by their licensing to operate in the best interest of the client and not their own. If a therapist believes that a client's sexual orientation or gender identity is impacted or rooted in trauma, moral evaluation of attraction or identity is unnecessary to treat the underlying trauma. In fact, it is a therapist's discussion and promise of orientation and gender changes that will result from treating the trauma and the consequential expectations for the client from the treatment that are often the most damaging.

In my case, my therapist from NARTH believed that my sexual orientation was rooted in the challenges of my relationship with my father as well as my lack of healthy connection with male peers. Not only did this belief put strain on my relationship with my father as the cause of my attractions, but it caused my father to struggle with unnecessary guilt because of this narrative. Through intentional, honest conversation, we rebuilt our relationship and today it is the strongest and healthiest it has ever been. I also have diverse, non-sexual, healthy relationships with male peers. I did everything advised of me, yet my attractions to men remain as present as ever. It became increasingly clear that my attractions were not rooted in these relationships as my therapist claimed. Instead, it was the false promises he made and the lack of dignity he attached to my persisting attractions that instilled deep shame which has taken me years to heal.

It is a necessity to protect minors from these therapeutic methods, which not only lack supportive evidence to prove their effectiveness but instead have

actually been found to be harmful in the overwhelming majority of cases, especially for minors. For the sake of vulnerable children of faith, whose trust in God is at stake, I urge the Court to uphold Colorado's right and responsibility to protect our youth and ensure their dignity and safety.

Bill Henson:

I founded Posture Shift Ministries in 2006 to assist church leaders on inclusion and care of LGBT people. We have trained 300k+ leaders, sold books reaching over 50k+ families, and cared for thousands of sexual and gender minorities across every age group. Many identify as LGBT and others describe their experience as struggling with unwanted same-sex attraction (or SSA).

In 19 years of full-time work in this space, we have never encountered any individual who reported that their faith or healing journey was dependent upon access to a licensed conversion therapy counselor. We have heard plenty of folks with unwanted SSA speak of attending their healing ministry or transformation group or prayer ministry. No one has been blocked from accessing these religious-based offerings.

Such offerings include something as broad-based as Celebrate Recovery available at thousands of churches across America. Other offerings include groups operated by organizations such as Re-generation Ministries. Other offerings include deep healing programs such as Living Waters, which is also widely accessible via Vineyard Churches across America.

Our statement is not commenting on whether any individual has ever benefited from more formal conversion therapy in a licensed setting. What we do know is that application of such therapy has often left

psychological and spiritual wounds. Some would even say it was abusive.

We also know that individuals who report progress in “healing” nearly always attribute such progress to worship, the power of prayer, the effectiveness of God’s Word, or the fellowship benefits of a healing or recovery ministry. Most individuals report that they have not become heterosexual in their orientation, but they still report a “healing” that is important to them. All of this is fully accessible via a person’s religious rights and access to faith-based resources.

III. THE MCTL PROPERLY BALANCES RELIGIOUS LIBERTY AND CARE FOR LGBT YOUTH

American jurisprudence is filled with cases that *appear* to pit religious liberty against LGBT rights. In these disputes, both sides often tend to assume the conflict arises between two separate and distinct groups: “LGBT people on one side and conservative religious individuals on the other.” Shannon Price Minter, *Belief and Belonging: Reconciling Legal Protections for Religious Liberty and LGBT Youth*, Religious Freedom, LGBT Rights, and the Prospects for Common Ground 38, 41 (William N. Eskridge, Jr. & Robin Fretwell Wilson eds., 2019).

The personal experiences of the *Amici Curiae*, however, demonstrate that the apparent conflict between religious liberty and LGBT rights often rests on a false premise. As Mr. Coles, Mr. Proctor, and Mr. Henson illustrate, many individuals maintain both traditional religious faith and acceptance of sexual orientation and gender identity as characteristics that cannot be manipulated or changed through specific therapeutic techniques. This reality undermines the

Petitioner's central argument that restricting conversion therapy is targeted at religious exercise or speech.

The MCTL's careful structure reflects this understanding that there is no such inherent conflict. The law prohibits licensed mental health professionals from engaging in "conversion therapy" while explicitly exempting those "engaged in the practice of ministry." Colo. Rev. Stat. §§ 12-245-224(1)(t)(V), 12-245-217(1). This distinction recognizes the fundamental difference between therapeutic interventions promising medical or psychological change and religious support for living according to one's faith.

The MCTL's approach is further supported by the experiences described by the *Amici Curiae*. Mr. Henson's nineteen years of ministry work reveal that individuals seeking help with unwanted same-sex attraction consistently find meaningful support through religious programs, prayer ministries, and faith-based recovery groups—none of which the MCTL restricts. Meanwhile, Mr. Proctor's and Mr. Coles' experiences demonstrate the psychological and spiritual harm that results when therapeutic promises of orientation or identity change create unrealistic expectations and false hope. Most significantly, the MCTL protects the very population that Petitioner claims to serve. As Mr. Proctor's statement reveals, minors from religious families are particularly vulnerable to being harmed by conversion practices. The MCTL recognizes that state regulation of professional therapeutic practices serves a compelling interest in protecting vulnerable minors from treatments that lack scientific support and have documented harmful effects.

CONCLUSION

The MCTL represents a carefully crafted balance that protects both religious liberty and vulnerable youth. By distinguishing between licensed therapeutic practice and religious ministry, the law preserves robust protections for religious exercise while preventing licensed professionals from subjecting minors to ineffective and harmful treatments.

The personal statements of the *Amici Curiae* demonstrate that this balance serves the interests of religious communities themselves. The MCTL's framework allows theologically conservative religious families to seek values-aligned support for their children while protecting those children from therapeutic practices that promise what they cannot deliver.

Colorado's approach reflects sound public policy grounded in both scientific evidence and respect for religious diversity. The MCTL does not force any individual to abandon their religious convictions, nor does it prevent religious communities from offering spiritual support to their members. Instead, it ensures that licensed mental health professionals—who hold themselves out as medical experts—cannot exploit the trust placed in them by offering unproven treatments to vulnerable minors.

For these reasons, counsel for these *Amici Curiae* urge the Court to affirm the Tenth Circuit's decision and recognize Colorado's authority to regulate professional therapeutic practice in the interest of protecting children from demonstrably harmful and ineffective treatments.

Respectfully submitted,

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