

No. 24-539

IN THE
Supreme Court of the United States

KALEY CHILES,

Petitioner,

v.

PATTY SALAZAR, IN HER OFFICIAL CAPACITY
AS EXECUTIVE DIRECTOR OF THE COLORADO
DEPARTMENT OF REGULATORY AGENCIES, *et al.*,

Respondents.

ON WRIT OF CERTIORARI TO THE UNITED STATES
COURT OF APPEALS FOR THE TENTH CIRCUIT

**BRIEF OF *AMICI CURIAE*
CONVERSION THERAPY SURVIVOR
NETWORK AND 17 LGBTQ+ SURVIVORS
OF CONVERSION THERAPY
IN SUPPORT OF RESPONDENTS**

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INTERESTS OF *AMICI CURIAE*¹

Amici are seventeen LGBTQ+ survivors of conversion therapy and the Conversion Therapy Survivor Network (“CTSN”), a nonprofit survivor-founded organization which provides a support network to approximately one hundred members, uniting survivors and addressing the lasting impact of these practices. In its various activities, CTSN engages with thousands of stakeholders to advocate against conversion therapy, engaging in educational campaigns on the harms of conversion therapy through presentations, videos, and panels.

The individual *amici* survived conversion therapy and endured the significant harm caused by providers who engaged in conversion therapy practices. They reside in thirteen states, and are proud parents, children, spouses, partners, and friends, ranging from twenty years old to their late fifties. *Amici* work as engineers, marketers, counselors, licensed therapists, chefs, lawyers, filmmakers, and business owners, among other professions. They include individuals of Roman Catholic, Muslim, Jewish, and Buddhist faiths.

Each of *amici*’s stories is unique, from discovering their LGBTQ+ identity, to their experience enduring and surviving conversion therapy, and to the significant lasting effects they experienced as a result. Yet *amici* are united in their resilience in the face of

¹ Pursuant to Rule 37.6, *Amici* affirm that no counsel for any party authored this brief in whole or in part, and no person or entity other than *Amici*, their members and their counsel has made a monetary contribution to support the brief’s preparation or submission.

conversion therapy, and in their steadfast belief that conversion therapy is a harmful, traumatizing practice that no young person should have to endure. Because Colorado’s Minor Conversion Therapy Law (the “MCTL”) and similar laws in more than 20 states are an important safeguard against conversion therapy practices, *amici* have an interest in asking this Court to consider their experiences before rendering its decision.

SUMMARY OF ARGUMENT

Petitioner frames this case as involving families and adolescents who “want” or “choose” to address their gender dysphoria through conversion therapy, *see* Pet. Br. at 2, which Petitioner presents as a legitimate, effective medical intervention, arguing that “there is no reliable evidence” that it is a harmful practice, *id.* at 13.

Petitioner’s arguments are directly contradicted by *amici*’s lived experiences.

First, many *amici* were sent to conversion therapy under coercive conditions. Particularly for *amici* who, at the time, were minors living under parental or other adult control, most felt they had no choice but to endure conversion therapy to maintain family relationships, not to mention their sole source of financial means providing for their basic needs like food or shelter.

Second, the tactics of conversion therapy are anything but legitimate medical practices—for most *amici*, conversion therapy was rooted in shame-based “counseling,” which at its core, was intended to convince *amici* that their LGBTQ+ identities were immoral, worthy of contempt and disgust, and in need

of fixing.

Third, *amici* experienced significant and lasting harmful effects on their mental and physical health, including self-harm, anxiety, depression, post-traumatic stress disorder (“PTSD”), and suicidality, amidst others, because of conversion therapy.

Fourth, not only do *amici* resoundingly attest to conversion therapy being a cruel, traumatizing experience, but conversion therapy universally failed to change their identities or help them with their actual needs as LGBTQ+ youth.

Fifth, *amici* are united in their steadfast belief that laws like the MCTL have and will continue to prevent needless suffering—many wonder how their lives could have gone had similar laws been in effect in their states during their youth.

Finally, *amici*’s experiences healing from the trauma of conversion therapy—often involving medical and therapeutic care—demonstrate *amici* are living, breathing proof that access to healthcare consistent with professional standards and community support, not conversion therapy, is what LGBTQ+ youth need to thrive.

ARGUMENT

Amici submit their stories as survivors who are keenly aware of the harms caused by conversion therapy. They understand the stakes for those the MCTL and similar laws protect.

I. *Amici* are LGBTQ+ Survivors of Harmful So-Called Conversion “Therapy” Tactics

Petitioner presents this case as involving individuals who “voluntarily seek her counseling.” *Id.*

at 4. But in *amici*'s experience, being subjected to conversion therapy was never truly voluntary, especially for minor *amici* whose livelihoods depended on adults around them. Many *amici* were pressured, repeatedly urged, or even forced, to undergo conversion therapy by their parents and/or trusted adults.

Petitioner also disregards the harmful conversion therapy tactics used by providers. *See id.* at 13-14. Whether through one-on-one sessions with providers or group sessions and conferences, *amici* universally experienced first-hand the harms of conversion therapy.

A. Most Amici Were Subjected to Conversion Therapy as Minors by Licensed Medical Professionals

Most *amici* were subjected to conversion therapy as minors by licensed medical practitioners. Many *amici* thus entered treatment under the mistaken belief that their providers would comply with ethical standards of care. At least one *amicus* was initially unaware they were being subjected to conversion therapy, and several *amici* described their parents being inadequately informed about the nature of the "therapy" to which they subjected their children.

Some *amici* were unsure whether their provider was a licensed medical practitioner, or, for *amici* who underwent conversion therapy multiple times, if all their "therapists" maintained licenses. *Amicus* Elliott Hinkle, a nonbinary thirty-one-year-old from Wyoming, experienced this confusion as an adolescent undergoing conversion therapy. They grew up in

foster care and now work as an advocate and consultant with youth and families in the child welfare system. Mx. Hinkle was subjected to conversion therapy from ages sixteen to nineteen. Mx. Hinkle described licensed providers conducting conversion therapy in tandem with faith leaders, “which was confusing.”

B. Many Amici Entered Conversion Therapy Under Coercive Circumstances

Many *amici* entered conversion therapy under coercive circumstances, required by their parents or adults in their community. Most *amici* felt compelled by outside pressures to acquiesce to conversion therapy.

Many *amici* were pressured into conversion therapy by their parents. Some, like *amicus* Syre Klenke, complied because they relied on their parents for food and shelter and feared losing such basic life necessities if they refused. Mr. Klenke is a thirty-four-year-old transgender man who was subjected to conversion therapy for four years, from ages fourteen to eighteen, in Texas where he grew up. Mr. Klenke was forced to choose between his parents abandoning him and attending a conversion therapy conference.

Amicus Samuel Nieves had a similar experience. Mr. Nieves is a forty-two-year-old gay man who was subjected to conversion therapy from ages twenty-one to twenty-three in Utah. He is a secular Buddhist and grew up Mormon. He works in IT and is a board member of CTSN. Mr. Nieves’s parents told him he had to go to therapy “to stop being gay” or he would be prohibited from living at home. Believing he needed to

honor and obey his parents, he complied.

Other *amici* describe having a positive relationship with their parents, but feared abandonment if they pushed back.

Amicus Donovan van der Gracht describes such an experience. He is a twenty-eight-year-old transgender man from Maryland who was subjected to conversion therapy at age seventeen, when Maryland authorized conversion therapy for minors. Mr. van der Gracht felt “devastated” when his parents urged him to undergo conversion therapy and recalls “begging them not to make me go.” Ultimately, he complied, because: “I always wanted to be a good child and I loved and wanted to please [my parents], . . . I relied on them for my basic needs, [and] was afraid of losing access to that support.”

Amicus Charlie Reed’s experience was much the same. Mx. Reed is a twenty-year-old nonbinary person who was subjected to conversion therapy in Ohio from ages thirteen to fourteen. Mx. Reed similarly says, “it did not feel like I had control over the situation at all. I said yes to therapy, but in the way kids have to say yes to their parents.”

Some parents were unaware of the nature of the “treatment” they urged their children to receive. Mx. Reed described his parents sending him to conversion therapy as motivated by their desire for their child to be “safe”: “They trusted the American government and the medical system, and it failed them. And it failed me.”

Amicus Dylan Scholinski is a fifty-nine-year-old

artist who grew up in the Chicago area. When Dylan was fourteen, their therapist recommended institutionalization. Dylan's parents followed the therapist's advice, believing they were being told, "this is your only choice. If you don't do it, you're not good parents." The hospital subjected Dylan to conversion therapy without their parents' consent and continued over objections from Dylan's mother.

Some *amici* describe their parents initially believing conversion therapy would "help" their child, but ultimately realizing and regretting the harms it caused. *Amicus* Jacob Smith² is a twenty-three-year-old from Texas who was subjected to conversion therapy twice a week beginning at age thirteen with a therapist whose practice did not advertise itself as a conversion therapy practice. Jacob initially believed the therapy was "regular therapy" and not conversion therapy. Jacob's mother understood the sessions to be "talk therapy to work through being gay," but realized several years later that this was conversion therapy, to which she regrets sending her child.

Amicus Zach Meiners describes his father feeling similarly. Zach is a thirty-five-year-old gay man from Kentucky. He works in video production and produced "Conversion," a 2024 film on conversion therapy. He was subjected to conversion therapy twice weekly for four years during high school. Like Jacob's parents, Zach's father believed he was providing his son necessary medical treatment, but now sees conversion

² Jacob Smith uses a pseudonym to protect his privacy and safety.

therapy as a harmful practice.

Several *amici* acquiesced to conversion therapy because they feared losing their community. *Amicus* Cairn Yakey describes such an experience. Mx. Yakey is a forty-two-year-old queer nonbinary person who was subjected to conversion therapy from ages fifteen to seventeen and again from twenty-seven to thirty in Illinois, totaling nearly seven years. They now work as a Licensed Professional Counselor. Mx. Yakey is Christian and described how the church was their “safe” place and how they would do anything to not lose their friends and community. Once, struggling with issues at home, they turned to their church for support and were offered a counselor to help. But after disclosing their thoughts about their gender and sexual orientation, the counseling became conversion therapy. The counselor told Mx. Yakey things like “being gay is a sin” and “you can’t be gay and a Christian.” Mx. Yakey felt confused and betrayed, but continued the sessions, desperate to not lose their community.

The coercion *amici* endured was harmful in and of itself. Not only did such coercion influence *amici*’s decisions to agree to conversion therapy; it also left *amici* even more vulnerable to the harms of conversion therapy.

C. Many Amici Experienced Shame-Based “Counseling,” Teaching Them Self-Hatred or Wrongly Attributing The “Cause” of Their Sexual Orientation and/or Gender Identity to Other Unrelated Trauma or Relationships

Many *amici* experienced shame-based “counseling,” intended to make *amici* feel ashamed of and, in turn, reject their LGBTQ+ identities. Overall, *amici* describe tactics rooted in making *amici* feel as though something was “wrong” with them that needed to be “fixed.”

Amici describe providers pressuring them to change their sexual orientation or gender identity to conform to gender stereotypes; framing their LGBTQ+ identities as something to be ashamed of and/or contrary to their faiths; and incorrectly attributing their LGBTQ+ identities to other, unrelated sources of trauma, typically in their family structures, such that if *amici* just addressed that trauma, they’d be able to “fix” (*i.e.*, be rid of) their LGBTQ+ identities. *Amicus* CTSN likewise affirms these themes come up frequently among their members in weekly survivor support group sessions.

- i. Amici experienced a range of tactics pressuring them to change their sexual orientation or gender identity and conform to gender stereotypes*

Many *amici* describe pressure by providers to conform to gender stereotypes, conveying the message that conforming was necessary to “fix” what was “wrong” with them.

Amicus Gabriel Arkles describes an example of that pressure. Mr. Arkles is a Muslim transgender

man in his late forties who was subjected to conversion therapy on two different occasions in Pennsylvania, at ages seventeen and twenty. He now works as a lawyer fighting for the trans community.

Mr. Arkles was first subjected to conversion therapy tactics by his pediatrician, who pressured him to take estrogen to make his body appear more “normal”—*i.e.*, traditionally feminine. Mr. Arkles had a similar experience three years later, during an unrelated medical visit to a primary care physician who, uncomfortable with his facial and body hair, urged him to see an endocrinologist. The endocrinologist also urged him to take estrogen to reduce facial and body hair to conform with his sex assigned at birth. When Mr. Arkles declined, the endocrinologist nevertheless wrote to Mr. Arkles’s primary care physician strongly recommending he take estrogen. Mr. Arkles communicated he was comfortable with his body and facial hair, but the endocrinologist made clear that she “thought I *ought* to be uncomfortable and wanted me to become uncomfortable.” Mr. Arkles’s providers “pushed [estrogen] on me without any regard for informed consent because they had an agenda for my gender that I did not share.”

Mr. Nieves’s conversion therapist also urged him to repress feminine aspects of his identity and presentation. Mr. Nieves was told he needed to do “masculine” things like wear flannel, lower his voice, play football, enjoy country music, and to stop doing “effeminate” things like cooking, dancing, and singing. This experience only exacerbated Mr. Nieves’s feelings that he was never comfortable being a boy,

and processing those feelings remains ongoing for Mr. Nieves to this day.

As a child, Dylan Scholinski was bullied for not presenting femininely enough, sometimes being pinned down by other children who put makeup on Dylan to force them to be more feminine. Dylan was put in therapy at school, where their therapist attempted to change Dylan to prefer “girl clothes or girl career choices” to make them less likely to be bullied, and therefore less depressed. Rather than stopping the bullying, the school therapy eventually led to Dylan being put in “severely emotionally disturbed” classes at school and later being institutionalized.

- ii. *Many amici experienced conversion therapy tactics designed to teach self-hatred and self-harm*

Several *amici* describe experiencing conversion therapy practices rooted in encouraging *amici* to feel shame, or even hatred, about who they were.

Zach Meiners describes having been “taught how to hate myself,” stemming from conversion therapy tactics rooted in fear. He was told if he acted on his feelings toward men, he would contract AIDS and die. He described the message conveyed to him while in conversion therapy: “The goal for me is to feel shame, so I will change because of that shame.”

Mr. Klenke similarly describes being repeatedly shamed and emotionally manipulated into believing that there was something inherently wrong with him.

As A.V., a twenty-four-year-old transgender man who was sent to conversion therapy at age fourteen in

Utah, puts it: “My transness was treated as something to be ‘fixed.’ My identity was medicalized and weaponized, and my parents were sold a ‘cure.” He was heavily shamed for his identity: “I experienced punitive ‘interventions,’ such as having to wear a sign around my neck and was isolated from peers because of my gender identity. In talk therapy, I was repeatedly sexualized. I was also told that because it was ‘my choice’ to be trans, I needed to respect my family’s ‘choice’ not to accept me.”

Sometimes, providers themselves, in their talk therapy practices, urged *amici* to self-harm as *part* of the conversion therapy practice. Mr. Klenke describes providers recommending using self-harm as punishment for instances of same-sex attraction—including “burning himself with quarters after heating them up with a lighter, popping his wrists repeatedly with rubber bands, and cutting himself.” He recounts how “almost everyone” in group sessions participated in the recommended self-harm and self-mutilation punishments. “Nothing in my life has been as defining or traumatic.”

Zach Meiners was similarly told to punish himself for “gay thoughts” by his therapist—which he did, through flicking himself with rubber bands (causing “welts” all over his wrist), hitting himself against a wall, or burning himself by turning on the shower too hot. He became suicidal, and attributes being alive today only to someone the night before his planned suicide attempt telling him, “I love you and care about you.”

Mr. A.V., who was subjected to conversion therapy at a residential facility, describes his response to the self-hatred he was taught: “My experience at this

facility induced a state of severe dissociation. They wanted to strip our personalities down, restricting access to music, books, art, friends, or anything that could be seen as a ‘distraction’ to ‘treatment.’” He describes being “overmedicated on antipsychotics, benzodiazepines, lithium, female hormones, and other mood altering drugs. . . . Compliance was the goal, there was no regard for my mental wellbeing.”

Several *amici* experienced shame-based counseling from licensed providers rooted in religious condemnation of their identity. For several *amici*, their religious places of refuge became sites of coercion. Some *amici* were forced to pray, memorize and recite Bible verses, and threatened with being reported to church leaders if they refused.

Mx. Reed described a licensed provider equating same-sex attraction to addiction, incest, and pedophilia—all sharing the characteristics as being “against God.” When that licensed provider could not articulate a reason for why being gay or engaging in consensual same-sex relationships was bad, she defaulted to calling it a sin.

Similarly, Mr. Klenke was told he was being treated using (outdated) techniques to treat “sex addiction,” including redirection and prayer when he found someone attractive—a traumatic and distressing experience. Back then, Mr. Klenke was not publicly out as a transgender man and identified as a lesbian, but his therapist explicitly encouraged him to pursue relationships with men in an effort to change his sexual orientation—advice he felt was inappropriate given he was a minor at the time. He also described providers employing peer pressure tactics during group sessions to convince him that he

should be ashamed of his identity.

- iii. *Many counselors wrongly attributed amici's sexual orientation or gender identity to unrelated trauma or relationships and blamed amici's sexual orientation or gender identity for negative external events*

Several *amici* describe their provider framing their conversion therapy practices as an effort to “help” *amici* “struggling with same-sex attraction.” Many *amici* describe their provider explaining that they sought to uncover a source of trauma “responsible” for *amici*’s identity, enabling providers to present their efforts as trauma treatment rather than attempts to change *amici*’s intrinsic identity.

Mr. van der Gracht’s provider tried to convince him he was not truly bisexual, but rather had been misled by past trauma—perhaps a strained relationship with his parents, or insecurity stemming from a past romantic relationship—into “falsely” identifying as such. But because he had a positive relationship with his parents, the counselor struggled to identify any such trauma, highlighting the contrived nature of the “treatment.” Mr. Klenke similarly recalls his provider being convinced his sexual orientation was the result of “actively being groomed by someone else.”

Zach Meiners described his provider blaming his homosexuality on his relationship with his dad, claiming that it caused him to connect with males in an “unhealthy” way, saying: “Homosexuality is an illegitimate way to meet a legitimate need.”

Mr. Nieves was similarly told that his sexuality was rooted in familial issues that he, as a Mexican-

Puerto Rican individual, felt were never understood by providers. One provider told him he needed to go fishing with his dad to become straight: “I was shocked. How could I possibly fly to Mexico, go fishing, and then come home straight? I hated fishing. I’d only talked to my dad a hand full of times. I didn’t have the money for the flight. And, I don’t speak Spanish.” Not only was his sexuality being invalidated, but his racial identity was also never considered. It was “both confusing and infuriating.”

II. Efforts to Change *Amici’s* Sexual Orientation or Gender Identity Were Harmful to Their Mental and Physical Health

Amici overwhelmingly describe themselves as survivors, emphasizing the devastating, lasting, and nearly fatal effects of conversion therapy.

A. *Conversion Therapy Negatively Impacted Amici’s Development as Young People, Causing Isolation, Thoughts of Self-harm, Suicidal Ideation & Attempts, Anxiety, and Depression*

For *amici*, undergoing conversion therapy was the demarcating traumatic event in their childhoods and young adulthoods. Many *amici* developed severe mental health issues because of conversion therapy. Mx. Reed describes developing suicidal ideation because conversion therapy convinced him “that it’s best for gay kids to die young so they go to heaven.” As to their parents’ reactions, Mx. Reed explains: “they thought my gayness was making me suicidal, when it was actually the response to my sexuality that was hurting me so much.” Mx. Hinkle similarly

reports developing anxiety, PTSD, and suicidal ideation and attempts, which reached their “peak” while in conversion therapy.

Mr. van der Gracht recounts the stark, immediate effects of conversion therapy, prior to which he had no history of depression. Within one week of conversion therapy, he began to self-harm and started experiencing suicidal ideation.

Mr. van der Gracht explains before conversion therapy, he was a “bright, energetic, extroverted, self-confident, straight A student,” who “did theatre and participated in athletics.” After starting conversion therapy, his grades “tanked” and he started failing exams for the first time in his life. He became sullen, withdrawn, and had nighttime anxiety and nightmares so intense that, on average, he was only sleeping 1-4 hours a night. Though Mr. van der Gracht tried conversion therapy for fear of losing his bond with his parents, ultimately conversion practices themselves jeopardized his familial relationships. He avoided being home whenever he could, feeling unsafe. He had regular panic attacks. He stopped engaging with friends. His confidence was completely shaken.

Due to conversion therapy, Mx. Yakey struggled with anxiety, suicidality, and PTSD. They felt vulnerable, betrayed, depressed, and anxious, internalizing messages that they were disgusting and unlovable. Today, as both a survivor and psychotherapist, they have a unique perspective of having experienced conversion therapy’s harms themselves and witnessing their clients bear out the

studied increase in risks of depression, anxiety, substance use disorder, and suicidality caused by conversion therapy.

Mx. Reed describes their passions as a child—they had loved to read—completely fading because of conversion therapy, as they fell into a depression that lasted long after they stopped undergoing conversion therapy. They did not think they would grow up at all. “My life was very much in danger.”

Zach Meiners too had suicidal thoughts. To him, conversion therapy “came close to killing me.” Mx. Hinkle similarly felt that they were inevitably going to die by suicide. “I felt like I didn’t have anyone... I just felt very hopeless.”

Curtis Lopez-Galloway, a thirty-one-year-old gay man and founder of the Conversion Therapy Survivor Network, was subjected to conversion therapy at age sixteen. He became severely depressed and began to self-harm after beginning conversion therapy. He withdrew from his family and began hating them. He considered suicide and developed PTSD.

Mr. Klenke recalls being barely able to stay mentally present in day-to-day-life during the time he underwent conversion therapy. He was severely withdrawn and suffered symptoms of complex PTSD, constant anxiety, depression, and severe panic attacks. His confidence and self-worth hit all-time lows. He developed severe trust issues with people, especially adults, in his life. He, like many others, developed extreme suicidal ideation and attempted suicide twice as a minor. He recounts conversion therapy “made me feel like I would be unable to find friendships, companionship, or even love as a

transgender person.”

Mr. A.V. shares: “As a result of the abuse and torture I experienced in conversion therapy, I developed debilitating PTSD and functional neurological symptoms.”

In addition to causing new mental and physical health conditions, conversion therapy also came at the expense of treating existing health problems for some *amici*. In their pursuit of conversion therapy, providers whom these *amici* and their families trusted to treat *amici* ignored *amici*’s actual medical needs. When Dylan Scholinski was institutionalized at the age of fourteen, they were suffering from severe depression due to bullying, and their parents believed they were sending Dylan to be treated for depression. Rather than treating Dylan’s depression, the hospital primarily treated them for “gender identity disorder.” When their mother found out, she objected and told the hospital “that’s not why [Dylan is] here.” Despite this, the hospital continued to focus on conversion therapy rather than treating Dylan’s depression.

Before starting conversion therapy, Jacob Smith developed PTSD following a traumatic sexual assault. Jacob’s therapist made his PTSD “ten times worse than it should have been” and “would bring [the sexual assault] up out of nowhere very aggressively, using the harshest terms to describe its physical symptoms” as part of the conversion therapy. The same therapist told Jacob’s parents that children were sometimes gay because they were spoiled at home, so Jacob’s parents gave him less food and water at home. During this period, Jacob was in school athletics “in

110 degree Texas heat without much food [or] water.” The resulting dehydration led to Jacob being hospitalized for a severe, painful lung condition.

At the time of Mr. Arkles’s second encounter with conversion therapy from his primary care physician, he had an unrelated and potentially serious medical issue. Mr. Arkles struggled to get his primary care physician to address it “because she was so hung up on me taking estrogen.”

B. Conversion Therapy Negatively Impacted Amici into Adulthood

For *amici*, undoing the traumatic impacts of conversion therapy is a lifelong project. For many, even getting to the point of seeking help to address their trauma caused by conversion therapy has been an arduous process. Some *amici* are still afraid to seek counseling because of their experiences in conversion therapy.

The negative impacts conversion therapy had on Mr. Nieves as a young adult and into later adulthood are endless: “I suffered from night terrors, severe depression, headaches, low affect, suicidal ideation, loss of meaning, loss of hope, loss of family, loss of friends, I struggled to keep a job, I was angry all the time, I lashed out at people, I wanted to sleep all the time, I hated myself, I began to show symptoms of Dissociative Identity Disorder. . . . I hated being gay and wanted to take a pill to end it or my life.” The trauma of conversion therapy prevented Mr. Nieves from finishing graduate school and becoming a Licensed Marriage and Family Therapist—many of the things he did as a student therapist triggered that

trauma and made it impossible to follow through with his education.

Mr. van der Gracht described his struggles with PTSD as an adult: “It’s been over a decade, and I still feel like I am trying to put the pieces together and heal.” Because the PTSD treatment he needed included talk therapy—the same techniques used by providers engaged in conversion therapy—it took him a long time to build the confidence and trust to feel safe enough to speak to a mental healthcare provider.

Mr. Klenke continues to struggle with complex PTSD, anxiety, depression, panic attacks, and suicidal ideation. He has trust issues, is avoidant of many social situations, and has difficulty maintaining friendships and romantic relationships.

Mx. Reed explains: “I cannot express enough how much of my life has been affected by this single experience.” They still struggle with low self-worth, anxiety, and difficulty maintaining jobs and relationships. Their relationship with their parents “is forever shattered.”

Mr. Arkles is more suspicious of doctors due to his experience, contributing to him delaying needed medical care. Mx. Hinkle similarly reports mistrust of medical providers because of conversion therapy.

Zach Meiners’s experience in conversion therapy led him to believe that sexuality writ large—and by extension, his own sexuality—was the root of various traumatic events that he struggled to process. For example, when a close family friend died by suicide, he remembers feeling as though it was his fault in some way. When he brought those feelings to his

therapist, rather than saying, “no, it’s not your fault,” he recalls his therapist telling him that he needed to “unpack how sexuality could have affected” the suicide or his feelings of being at fault. This and other similar experiences reinforced Zach’s belief that his sexuality made it his “fault” that bad things happened. In adulthood, this led him to become tolerant of others being abusive—conversion therapy made him think that he “deserved” that abuse, that it was his “fault” due to his sexuality.

Mr. A.V. shares: “It is very rare that I sleep through the night without nightmares about my time in conversion therapy. . . . I now suffer from severe PTSD and episodes of psychogenic non epileptic seizures as a result of torture and prolonged overmedication. Conversion therapy stole years from my life, and took countless friends from me.”

Amicus A. Lazarus Orr recounts his arduous journey of healing the harms from conversion therapy. Mr. Orr is a thirty-five-year-old Jewish transgender man who grew up in West Virginia and was subjected to conversion therapy at ages twelve, fifteen, and seventeen. Mr. Orr recounts his “long road of unlearning shame, finding community, and reclaiming who [they’ve] always been.” He shares:

“What I went through wasn’t just misguided—it was abuse, plain and simple. Conversion therapy took away my sense of safety, identity, and worth at a critical time in my development. . . . I was subjected to humiliation, spiritual manipulation, physical deprivation, and invasive questioning

designed to break me down and make me ashamed of who I was. . . .

I lived with a deep detachment from my body, my spirit, and my sense of self. I turned to self-harm, substance use, and survived a long-term abusive relationship with someone who thought violence could force me into being someone I wasn't.

That level of psychological and physical harm doesn't just fade. It stays with you. It took me decades - and the support of a queer-affirming therapist and chosen family - to begin to unlearn the shame that was forced onto me. To learn that there was never anything wrong with being queer or trans. That I am not broken, and never was."

III. Efforts to Change *Amici's* Sexual Orientation or Gender Identity Did Not Work

In addition to the significant harms inflicted by conversion therapy, efforts to change *amici's* sexual orientation and/or gender identity were unsuccessful. Overall, *amici* report that conversion therapy did not change who they were; it did, however, make them question their worth, their value, their safety, their right to happiness, and their right to live fully, freely, and authentically. Conversion therapy did not change *amici's* sexual orientations or gender identities, but for many, it made them question if life was worth living.

Amici's experiences directly refute the purported

efficacy of conversion therapy practices. As *amici* attest, conversion therapy does not work to change sexual orientation or gender identity, but even if it did, it would still be cruel and abusive.

A. Many Amici Knew Their Sexual Orientation and/or Gender Identity From a Young Age

From a young age, *amici* recognized their sexual orientation or gender identity, whether subconsciously or explicitly.

Curtis Lopez-Galloway noticed his sexual orientation as a young teenager. Mr. Orr knew “by the time [he] was nine, that he was attracted to both girls and boys.” Zach Meiners cannot “really remember a time when [he] didn’t feel different in some way.”

Amici who are trans or nonbinary also have early memories of their gender not matching the sex they were labeled at birth, intrinsic clarity about who they were, and the harms of being unable to live openly. Mr. van der Gracht has early memories of being three or four and “refusing to wear dresses” and, around age ten, “cutting off all [his] hair and wearing boys’ clothes.”

Mx. Hinkle remembers being in elementary school, and “seeing [themselves] as more masculine, wanting to wear boy’s clothes, but not having the language for it.” They also have deep-seated early memories of fear. Knowing what had happened to Matthew Shephard, a young gay man who was beaten, tortured, and left to die in Wyoming in 1998, Mx. Hinkle had “fears of being perceived as anything other than a straight or feminine girl.”

Mr. Orr describes: “I knew from a very early age, around 5, that I wasn’t a girl. I only wanted to wear

boys' clothes, play sports, and do all the things that were labeled 'masculine.'" Growing up, he "didn't have the language or education to understand I was transgender - I just knew something didn't line up between how people saw me and who I knew myself to be."

Mx. Yakey has memories "at age four or five of not feeling like a girl, and also not like a boy." When Mx. Yakey first menstruated, they remember crying in a restaurant bathroom. "I felt betrayed by my body."

The truths that *amici* lived as youth are not aspects of their identities that can or should be manipulated, convinced, trained, or converted out of a person—they are intrinsic to *amici*'s identities.

B. Conversion Therapy Caused Some Amici to Delay Living Publicly As Their True Selves, But Did Not Change Their Identities

Conversion therapy did not change *amici*'s sexual orientation or gender identity. As Curtis Lopez-Galloway puts it, he "was gay then, and [he's] gay now." Mr. van der Gracht shares that conversion therapy "obviously didn't change who I was."

This was a common sentiment amongst *amici* who, with emphatic certainty, stated that conversion therapy made them question a lot about themselves—their memories, their experiences, their self-worth—but did not change their sexual orientation or gender identity.

For many *amici*, conversion therapy occurred at a formative age, when societal, communal, and familial pressure all coalesced, exacerbating the homophobia and/or transphobia they faced. Due to these compounding pressures, many *amici* felt forced to

perform traditional gender roles for social acceptance and community. To them, performing these distorted and pressured identities never demonstrated that conversion therapy was “working”—rather, these pressures to perform aggravated their mental distress, dysphoria, and societally-driven self-hatred.

Mr. van der Gracht and Mx. Hinkle both recount dealing with “shame” about who they were.

Mr. Orr “prayed constantly for God to make [them] ‘normal,’ convinced that who [they were] would cost [them] love, belonging – even salvation.”

Mx. Yakey did a lot of things “to fit in” with the female sex they were assigned at birth. “I shaved my legs to not get made fun of; wore make-up and clothes that felt uncomfortable, avoided changing in the open in locker rooms, and tried to hide the flat chest that felt preferred.” They tried to date boys because it was presented as the right thing to do. But “it never felt right, and I couldn’t seem to live up to expectations around being ‘girly.’”

The expectation to fit in and perform heteronormativity or gender identity took a heavy toll. As Mx. Yakey shares, conversion therapy and these pressures “leave young people in a really dangerous spot when they are at their lowest.”

Mr. Nieves sums up the overarching themes shared by several *amici*: “when it comes to our sexuality or gender identity, we never changed. And we were harmed by attempts to suppress or eliminate these essential pieces of who we are as a people.”

C. Conversion Therapy Did Not Help With, and Often Worsened, Amici's Gender Dysphoria

Conversion therapy worsened the gender dysphoria many *amici* were experiencing. Some *amici* also felt forced to cut off or change the contours of important relationships because they were being “counseled” to repress who they were and delay living as their true selves, further pushing them into isolation.

Other *amici*, while intrinsically knowing their identity, felt severely manipulated, to the point where conversion therapy delayed their understanding of themselves, or forced *amici* to deny parts of themselves to survive, again delaying their ability to live on their own terms and worsening their gender dysphoria.

Mx. Yakey recalls: “I was terrified to be who I was because I knew how many relationships I would lose. . . . Conversion therapy left me afraid and ashamed to be who I truly was.” They internalized messages conveyed to them about being “disgusting and unlovable” due to their identity.

For Mr. Klenke, the anti-trans rhetoric he heard did not “help” him work through his gender dysphoria; instead, it affected how and when he chose to come out—specifically, he thought he was going to die before he could come out as trans.

While Mr. van der Gracht came out in college, he wonders what the last few years of high school would have been like if he “had been able to experience them authentically as an LGBTQ+ young person.” “Maybe it would have allowed me to develop a more established sense of self alongside my peers, rather

than later in life as an adult.” He also explains that he suspects the shame instilled by conversion therapy also delayed his coming out as transgender.

IV. LGBTQ+ Youth Deserve Access to Healthcare Consistent with Professional Standards

Laws like Colorado’s MCTL could have prevented much of the needless suffering *amici* endured. *Amici* resoundingly attest that access to healthcare consistent with professional standards has been essential for them to address trauma caused by conversion therapy and help begin the path to healing.

A. Amici Believe Bans on Conversion Therapy for Youth Could Have Prevented Needless Suffering

For many *amici*, a ban on conversion therapy could have prevented the harms detailed above. As a result, many *amici* spend significant time and energy advocating for the end to this cruel practice.

As Mr. A.V. describes: “I would never wish the pain that conversion therapy has caused me on anyone. Conversion therapy doesn’t work and subjects vulnerable youth to dehumanizing and abusive conditions.”

As a clinician, Mx. Yahey emphasizes conversion therapy contravenes one of the core tenets of a therapist’s ethical code: “do no harm.” A ban is necessary because, as they put it: “I see no way a licensed provider can ethically practice conversion therapy.”

Mr. Carl Charles, a forty-one-year-old transgender man residing in Georgia and originally from Colorado,

was subjected to conversion therapy at age fifteen for approximately eight months. He now works as an LGBTQ+ rights attorney. He explains that prohibiting conversion therapy protects LGBTQ+ youth from suffering “irreparable harm that reverberates throughout their lifetime.”

For Mr. van der Gracht, the prospect of restricting states’ abilities to ban this harmful practice is “heartbreaking.” As Mx. Hinkle attests: “I’m glad I made it through but wouldn’t want anyone else to go through it.”

In the same vein, many *amici* wonder how their young lives could have unfolded differently had conversion therapy been banned during their youth.

For example, Mr. Charles had a close friend come out to him after graduating high school, and despite knowing he was queer, Mr. Charles rejected his friend, “told her she was wrong, and [they] didn’t speak again for several years.” Mr. Charles shares: “The experience of conversion therapy significantly delayed my understanding of my sexual orientation and negatively impacted important relationships. . . . When my friend who I was in love with came out to me, I rejected her, and I can only imagine what might have happened if instead I had been supportive and maybe said ‘me, too.’”

B. Support from their Communities and Access to Care Consistent with Professional Standards Provides Amici with Confidence, Safety, and Joy

After experiencing harmful conversion therapy practices during their formative years, *amici* who have accessed quality medical care—focusing on

improving their health rather than attempting to change who they are—as well as community support, have benefited deeply.

Several *amici* are in therapy to help them heal the trauma stemming from their experiences with conversion therapy.

Mx. Yakey has been working for three years with a therapist who has both helped them process their past trauma and empowered them to reflect on who they are, thereby increasing their understanding of and confidence in themselves: “I am now in a place where I can fully accept and celebrate who I am. I am incredibly grateful to those who have supported me. I live each day the most authentic me I have ever been. It makes me a better parent, friend, advocate, and psychotherapist.”

For Mr. Orr, “finding [a therapist] who helped me process trauma, rebuild my relationship with myself, and develop tools for self-care and resilience” was “a turning point.”

Mr. Klenke has been in therapy for complex-PTSD since 2010. In the small chunks of time without that specialized therapy, his conversion-therapy-related trauma “became overwhelming and made it incredibly hard to function in both a personal and professional capacity.” Conversely, Mr. Klenke recently got the “really incredible” opportunity to attend “Camp Lost Boys,” a transmasculine adult camp in the mountains of Colorado: “It gave me the chance to be in community with trans men in a way that I had not yet had the chance to experience. It was one of the most potent moments of gender euphoria that I have experienced.”

For Mr. van der Gracht, PTSD treatment and having a therapist who understands his trans and bisexual identities and practices consistent with professional standards has made a huge difference. He explains that he has been on a journey of “teaching” himself that it’s “okay to be happy.”

For some *amici*, access to transgender healthcare, which can include talk therapy, hormone therapy, or surgery, has been an incredible benefit to their health. Mr. A.V. shares: “I had top surgery several years ago, which has significantly improved my mental health and wellbeing. It is such a relief to finally exist peacefully in my body.”

C. Amici Lead Successful Personal and Professional Lives with Acceptance and Support

Despite the shame and fear they were taught to internalize in conversion therapy, *amici* now lead successful personal and professional lives with acceptance and support. *Amici* have forged meaningful and fulfilling lives, filled with significant personal and professional accomplishments, internal satisfaction, and joy.

Many *amici* have partners they love freely and openly, which many never thought would have even been possible for them in their youth. Mr. van der Gracht’s “partner is the light of [his] life.” Curtis Lopez-Galloway describes the day he married his husband as one of the most significant days in his life. Mr. Arkles has an “amazing partner who [he] loves.” For Mr. Charles, “dating and eventually marrying [his] husband has been an ongoing and significant source of joy.” Mr. A.V. “recently celebrated [his] first

wedding anniversary” and feels “lucky to live with such an amazing and loving partner.”

Amici have also pursued their passions and hobbies and built significant and meaningful communities, whose love and support helps remind them they are supported and accepted.

Mr. Klenke has five siblings who are all accepting, as well as one grandparent: “We have all grown closer, and the acceptance and support I have received from them have been some of the most euphoric moments throughout my transition.”

Zach Meiners has “two dogs, an incredible circle of friends, and has the opportunity to travel a lot.” Mr. Arkles “loves cuddling [his] cats, playing games, reading speculative fiction . . . [and] volunteer[ing] to help care for street trees.” Mr. van der Gracht feels lucky to have the “strong support of friends, always – [which] has meant the world to [him]. Family support has [also] been really important for healing.”

Mx. Reed describes making friends at community events and the local pride center “where I found people who understood me.” He describes getting to explore clothes, hobbies, and interests that make him feel like himself: “I like living again. I like myself, and I love being queer.”

Many *amici* are deeply proud of their professional accomplishments, several of which are meaningfully involved in LGBTQ+ advocacy work. Mr. Arkles “fights for trans communities.” He “is a practicing Muslim [who] co-founded an organization supporting the work of incarcerated gender justice leaders.”

Zach Meiners is a filmmaker and has owned his own business for eleven years, working in the

technology and storytelling sector. He is the creator of “Conversion,” a recent independent film about the harms of the conversion therapy industry.

Mx. Hinkle “get[s] to do a lot of exciting and cool work where I am fully authentically myself” as a consultant and advocate for LGBTQ+ youth.

Mr. Nieves, a CTSN board member, regularly gets to talk with fellow survivors: “No matter what happens, I know that every day when I begin my advocacy, the work will be rewarding.”

Mr. Charles is an attorney at Lambda Legal who has litigated many cases that have made a significant impact on the lives of transgender people across the country: “Every day I feel grateful and honored to be a lawyer in the LGBTQ+ rights movement . . . contributing to the movement for trans lives gives my everyday life purpose and meaning.”

For *amici*, having moments of feeling at home in their bodies and experiencing gender euphoria have been freeing.

Mx. Hinkle describes feeling “gender euphoria [when I get to] buy clothes I want to wear, be perceived how I want to be perceived.” Mr. Orr describes the elation that comes with being called “sir” or hearing his partner call him “his husband.”

Mr. Charles shares: “being correctly perceived and identified as male in the world never gets old and always brings a jolt of joy, even though I’m almost 15 years into my transition.”

For Mx. Yakey, legally changing their name was a huge moment of joy: “it felt like I released a huge weight, and it was a huge marking point in moving

towards being the most me I have ever been.”

Finally, some *amici* described singular, once-in-a-lifetime-moments that took their breath away, reflecting on their amazement that—despite their traumatic experiences with conversion therapy—they are alive to have these experiences.

Mr. Orr describes hiking through Iceland: “There are the wild, sacred moments of embodiment—like hiking through Iceland and cooling off under a glacial waterfall, shirtless and free. That moment wasn’t just beautiful—it was liberating. I felt at home in my body, in the world, and in the truth of who I am.”

But many who endure conversion therapy never get the opportunity to live these experiences. For several *amici*, the term “survivor” resonates so strongly precisely because of their intimate knowledge of the fact that so many do not survive conversion therapy.

As Mr. Nieves describes: “I identify with the term survivor because we all know people who did NOT survive. I survived because I didn’t have the means to end my life. If I didn’t have my little brother as a reason to live, I would have ended my life as soon as I ‘failed’ to change. To me, using any other term erases the life and death consequences of the harm from conversion therapy.”

As Mr. Orr explains: “Survivor, to me, is not just a word. It’s a testament to my resilience and a reminder that no one has the right to try and extinguish someone else’s light.”

The above accomplishments are not shared to soften the impacts conversion therapy forces survivors like *amici* to work through, and indeed, survive.

Rather, the fullness of *amici*'s lives today emphasize how authentic support and freedom from abusive practices can allow individuals to live with dignity. *Amici* have been able to thrive in adulthood—in spite of and after escaping conversion therapy, in part because they have accessed ethical, evidence-based healthcare—underscoring their resilience and tenacity as survivors.

As Mx. Yakey puts it: “It was a battle for my life, and I won.”

CONCLUSION

For the foregoing reasons, *amici* ask that the judgement of the Court of Appeals be affirmed.

Dated: August 26, 2025

New York, New York

Respectfully submitted,

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APPENDIX

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**APPENDIX A – LIST OF SEVENTEEN
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