

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.

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

**BRIEF OF PARENTS OF CONVERSION-
THERAPY PARTICIPANTS AND CLERGY
SUPPORTING FAMILIES AFFECTED BY
CONVERSION THERAPY AS AMICI CURIAE
SUPPORTING RESPONDENTS**

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INTERESTS OF AMICI CURIAE

Amici are parents of children who participated in and suffered from conversion therapy, and a religious leader who helps families like theirs. They respectfully submit this brief to the Court in the hopes that the Court will reflect on their stories, told authentically and in the first person, when considering the constitutionality of Colorado's Minor Conversion Therapy Law (MCTL). Each story illustrates the harms that conversion therapy can inflict on children and their families. Amici believe that the harm they have suffered and witnessed from conversion therapy, while deeply personal, is not unique, and that legislatures can and should consider their stories and the harm conversion therapy causes when deciding whether conversion therapy falls below the acceptable level of medical care for licensed professionals. Amici believe that their stories illustrate precisely the kinds of harms Colorado's legislature sought to protect against in the MCTL, and that the MCTL promotes, rather than inhibits, families' relationships with each other and with faith.*

A. Linda Robertson

Linda Robertson lost her son, Ryan, in 2009 after he turned to drugs to cope with the pain many years of conversion therapy caused him. For the last 16 years, Linda has told her family's story to Christian parents to encourage them to reflect Christ's unconditional love for their LGBTQ children.

* No party or counsel in this matter authored this brief in whole or in part, and no monetary contribution intended to fund the preparation or submission of this brief was made by such counsel or any party. *See* Sup. Ct. R. 37.6.

B. Joyce Calvo

Joyce Calvo is the mother of Alana Chen, a devout young woman who died by suicide in 2019 after pursuing conversion therapy in the Archdiocese of Denver, Colorado. A mother of four living in Colorado, Joyce continues to speak out publicly, urging parents and faith communities to affirm and protect youth. She recently shared her testimony with the Association of U.S. Catholic Priests.

C. Martha Conley

Martha Conley is the mother of Garrard Conley. After finding out Garrard was gay, Martha and her husband sent Garrard to a conversion therapy program. The program led Garrard into a deep depression, ultimately requiring Garrard to fight his way out of the program. Garrard memorialized his experience in his memoir in *Boy Erased*, which was adapted into a movie starring Nicole Kidman and Russell Crowe. Martha and her husband remain deeply religious, and they have vowed to use Garrard's experience to help other families avoid the heartbreak they endured.

D. Paulette Trimmer

Paulette Trimmer's son Adam attended conversion therapy after he attempted suicide because he was rejected by a friend for being gay. Conversion therapy broke the relationship between Adam and his parents by teaching Adam that his parents' failings caused him to become gay. Now that they have repaired their relationship, Paulette and Adam have dedicated themselves to educating other families about the harm that conversion therapy causes.

E. Robert Cottrell

Robert Cottrell served as an Evangelical pastor for more than 20 years and, with his wife Susan, now provides support to individuals who have experienced religiously-based rejection because of their sexual orientation or gender identity and to their parents. Through this ministry, Robert and Susan have counseled thousands of parents and adult children, including many affected by conversion therapy.

INTRODUCTION AND SUMMARY OF ARGUMENT

Colorado enacted the Minor Conversion Therapy Law (MCTL), Colo. Rev. Stat. § 12-245-224(1)(t)(V), in 2019 to prohibit licensed healthcare providers from harming children by engaging in the dangerous and discredited practice of “conversion therapy,” which tries to change the minor’s gender or sexuality. The MCTL applies only to licensed healthcare providers, not religious or spiritual leaders. In enacting the MCTL, Colorado’s legislature recognized what the overwhelming weight of scientific and medical evidence shows: Conversion therapy is dangerous and ineffective for children. It harms their wellbeing and sense of self, their connection with their parents, and their relationship with faith. Studies and meta-analyses (which synthesize data from multiple studies) have come to the same conclusion. Indeed, a systematic review by the American Psychological Association of peer-reviewed literature on conversion therapy concluded that efforts to change sexual orientation both are unlikely to succeed and involve a risk of harm. See American Psychological Ass’n, *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation* (2009),

tinyurl.com/mu725b23. For example, the report identified research showing that teenagers who receive conversion therapy exhibit high rates of depression, suicidality, and anxiety. *Id.* at 3.

Amici—parents of children who participated in and suffered from conversion therapy, and a religious leader who helps families suffering from conversion therapy—write to share with the Court important perspectives on why the MCTL is constitutional. Amici’s stories, conveyed in first person narrative directly from amici themselves, show that Colorado’s law is a critical and narrowly targeted safeguard against grave harm to children and their families.

1. The MCTL does not violate the First Amendment. The law regulates mental health treatment, which is subject to “less protection” than other laws that regulate speech, because it targets professional conduct (practicing conversion therapy) that only incidentally involves speech. *National Institute of Family & Life Advocates v. Becerra*, 585 U.S. 755, 768 (2018) (*NIFLA*). Whether that means rational basis review or a higher level of scrutiny makes no difference, because Colorado’s interest in protecting minors from dangerous medical treatment meets any standard as a critically important way to protect children and their relationships with themselves, their families, and their faith.

2. While the academic literature details the dangers of conversion therapy at a conceptual level, this brief presents voices and experiences of parents whose children experienced conversion therapy and whose lives and children’s lives conversion therapy forever altered, as well as the voice of a pastor who supports

families who live with the trauma inflicted by conversion therapy.

The parents have come forward to tell their stories and share their trauma to underscore the pain and grief that conversion therapy caused their families and the harm it threatens to inflict on others. These parents hope to help explain that conversion therapy leads astray even parents who would do anything to help their children. Likewise, for the clergy-member, working with families affected by conversion therapy practices has shown him firsthand the grief and trauma conversion therapy leaves in its wake.

Each of these stories is unique, but some commonalities emerge. All of the parents profoundly regret their decision, or the decision of their child, to pursue conversion therapy. For each family and for the clergy-member, conversion therapy isolated the child by pushing them away from the most positive and prosocial supports in their life—family and religion. That’s because each of the children subjected to conversion therapy came to believe that their families had caused them to become gay, and that there was something immutably wrong with them. That message proved to be damaging—and in some cases fatal—for these children, just as it surely has for countless others exposed to conversion therapy.

ARGUMENT

I. Colorado’s MCTL accords with the First Amendment because it protects children from harmful practices by licensed medical and mental-health professionals.

Amici’s stories help show that Colorado’s MCTL is constitutional under rational basis review, intermediate scrutiny, or even strict scrutiny. The conduct

regulated by the MCTL is subject to “less protection” because it regulates professional conduct (mental health treatment) that only incidentally involves speech. *NIFLA*, 585 U.S. at 768. But even if intermediate or strict scrutiny applies, the MCTL clears the bar because it is narrowly tailored to serve Colorado’s compelling government interest in protecting children from dangerous and harmful conversion therapy.

A. The First Amendment doesn’t prohibit states from regulating practices by state-licensed professionals when the state concludes that those practices might harm its residents. That’s because the First Amendment “does not prevent restrictions directed at ... conduct from imposing incidental burdens on speech.” *Id.* at 769. Indeed, the Constitution “afford[s] less protection for professional speech” when states “regulate professional conduct, even though that conduct incidentally involves speech.” *Id.* at 768.

The Court hasn’t decided whether “less protection” means rational basis or a higher level of scrutiny. But under any tier of scrutiny, the Court has long permitted the regulation of medical practices by licensed professionals that might harm the recipients, especially when the recipients are minors. The long history of regulating medical practice shows that states have an abiding interest “in protecting the integrity and ethics of the medical profession.” *Washington v. Glucksberg*, 521 U.S. 702, 731 (1997). A state’s interest is at its apex when the state seeks to “protect[] minors’ health and welfare.” *United States v. Skrmetti*, 145 S. Ct. 1816, 1836 (2025); accord *New York v. Ferber*, 458 U.S. 747, 756-57 (1982). As a result, states have “wide discretion to pass legislation,” even when there “is medical and scientific uncertainty.” *Skrmetti*, 145 S. Ct. at 1836 (quoting *Gonzales*

v. Carhart, 550 U.S. 124, 163 (2007)). That discretion includes enacting laws that supersede parental consent in the area of healthcare that might harm minors, because states might “reasonably question” whether, under certain circumstances, “parents’ consent is valid and consistent with ethical principles.” *Id.* at 1846 n.6 (Thomas, J., concurring).

B. 1. The MCTL regulates professional conduct that only incidentally involves speech. Colorado enacted the MCTL as part of its Mental Health Practice Act (Act), which regulates professional mental health care practice “to safeguard the public health, safety, and welfare of the people” of Colorado. Colo. Rev. Stat. § 12-245.101(1). The Act creates a state licensing regime that regulates professionals who engage in various forms of “practice or treatment” with patients. To that end, the Act prohibits mental-health professionals from engaging in harmful practices, including exercising undue influence on patients, *id.* § 12-245-224(1)(j), accepting commissions or rebates for referring clients to other professionals, *id.* § 12-245-224(1)(o), or performing treatment “contrary to the generally accepted standards of the person’s practice,” *id.* § 12-245-224(1)(t)(III).

In line with the Act’s other regulations to protect patient safety, the MCTL, prohibits a licensed professional from practicing “[c]onversion therapy with a client who is under eighteen years of age.” *Id.* § 12-245-224(1)(t)(V). The MCTL defines conversion therapy as a practice that attempts to “change an individual’s sexual orientation.” *Id.* § 12-245-202(3.5). The MCTL aligns with a long history of state and federal regulation of the practice of medicine, in service of protecting patient health, even if that regulation takes the form of incidentally burdening speech. *See*

generally Watson v. Maryland, 218 U.S. 173, 176 (1910).

2. The MCTL is constitutional under rational basis review, intermediate scrutiny, or strict scrutiny. The MCTL serves Colorado’s paramount interest in protecting the physical and psychological wellbeing of minors, and in regulating and maintaining the integrity of the mental-health profession in Colorado. The record before the district court overwhelmingly showed that conversion therapy is ineffective and harms minors. *Chiles v. Salazar*, No. 22-cv-2287, 2022 WL 17770837, at *9 (D. Colo. Dec. 19, 2022), *aff’d*, 116 F.4th 1178 (10th Cir. 2024). Colorado considered that comprehensive body of evidence and made the reasonable decision that banning conversion therapy for minors advances the state’s interest in protecting the health and safety of Colorado’s children. In doing so, Colorado narrowly tailored the MCTL to regulate conduct only by licensed medical and mental health professionals, and to prohibit only the practice of conversion therapy itself. It does not apply to religious or spiritual leaders, or prohibit licensed medical professionals from providing support to minors who seek to practice celibacy for religious reasons. The MCTL is reasonable and constitutional.

As discussed below, amici’s stories—stories of families who have experienced conversion therapy, and a pastor who works with those families—strongly support Colorado’s regulation. Amici’s experiences detail the harms that Colorado has a compelling—and certainly legitimate—interest in preventing, and underscore that prohibiting mental-health professionals from practicing conversion therapy on minors is a narrowly targeted but critical means of protecting

children by regulating harmful conduct that only incidentally affects speech.

II. The experiences of families whose children experienced conversion therapy, as well as those of a pastor who helps families heal, confirm the importance of Colorado’s law.

To help show why the Court should uphold the MCTL, amici respectfully offer their firsthand accounts of the harm conversion therapy has caused their children, their families, and their faith. Amici’s stories illustrate why the MCTL serves Colorado’s compelling interest in protecting children from conversion therapy.

A. Linda Robertson

In November of 2001, my beloved 12-year-old son Ryan, the second of four children, confided in me that he was gay. To me, his joy-filled self-discovery was anything but. I knew, with equal confidence, that his very soul was in danger. I knew that he couldn’t see, as a 7th grader, that he was being lured into the false belief of the secular world that the gay lifestyle would fulfill him. I knew it would only bring destruction and would introduce him to a world full of licentiousness and godlessness. Crippling fear consumed me—it stole both my appetite and my sleep. My beautiful boy was in danger, and I had to do everything possible to save him.

I began an impassioned search, and to my great relief, I found an answer. There were therapists, authors, and entire organizations dedicated to helping kids like Ryan resist temptation and instead become who God intended them to be. He could grow to find satisfying love and intimacy in a Christian marriage like my husband and I had.

I found such comfort in the promises that conversion therapy, backed by the power of Christ, made. Ryan didn't have to be gay. Ryan was still young and hadn't yet had any romantic or sexual encounters with another boy. The experts reassured me that the time was right for intervention. With the correct approach, God had provided a way for wholeness and holiness. I spent each day for years in fervent prayer that Christ would make Ryan straight.

Nobody could have accused me of being hateful or homophobic; our kids had grown up watching me love my gay sibling (and his partner) and warmly embrace the children of our gay neighbors. I taught my children to see others with compassion, and, as the Bible taught, without judgment. But those others weren't my own responsibility to protect—and I didn't care for them as I did my own child, with the fierce, vigilant, shielding love of a mother.

My goal was to do whatever I could to save my beloved child. That meant finding Christian therapists and organizations who would recognize the threat that Ryan was facing and help me protect him. I had an agenda—one that was borne from love, to be sure—but also overwhelming fear. My own agenda crowded out my ability to be curious and compassionate about Ryan's emotional needs. At first, he was angry at my response. But quickly he convinced himself that he, too, wanted to please God more. Obviously, he didn't want to end up in hell, or to be disapproved of by his parents and his church family. The two of us, with the support of my husband, began doing everything we could to change his sexual orientation: fervent prayer, scripture memorization, adjustments in our parenting strategies, conversion therapy based books, audio and video recordings and live conferences with titles like,

“You Don’t Have to be Gay” and “How to Prevent Homosexuality.” He increased his involvement at church, memorized Scripture and met weekly with his youth pastor. He wanted so badly to please God ... and me.

Ryan spent the next few years immersed in his own personal battle. When he was outside of our home, he was charming and charismatic. But inside his behavior became worrisome. He retreated to his room, not opening his door for days. He dipped in and out of suicidality, as we desperately tried to keep him from harming himself. He continued to assume, as we did, that the cause of his turmoil was this unwanted homosexuality—a sin inside of himself that seemed impossible to eradicate.

Still, he didn’t give up. We attended an Exodus International week in Indiana—a conference filled with keynotes from respected “ex-gay” therapists, pastors and experts of the conversion therapy movement. We were hanging on to their promises that, given enough earnest dedication, Ryan would be freed from his torment.

After 6 years, Ryan, came to me in despair to say that he had done everything God had required, but God hadn’t kept up his side of the bargain. He still didn’t feel attracted to girls; all he felt was completely alone, abandoned and needed the pain to stop. He had been researching psychedelics and was planning to try them.

We had—unintentionally—taught Ryan to hate his sexuality. And since sexuality cannot be separated from the self, we had taught Ryan to hate himself. As he began to use drugs, he did so with a recklessness and a lack of caution for his own safety that was alarming to everyone who loved him.

Over the next 18 months we stopped hearing from Ryan, and my fear of Ryan someday having a boyfriend seemed trivial in contrast to our fear of his death. I had spent the last eight years trying to change my child, and instead I had lost him. My efforts to keep Ryan safe had tragically backfired. Ryan was convinced that neither we, or God, could love and accept him, and so he had given up trying.

During that horrific time, God had our full attention. We stopped praying for Ryan to become straight. We started praying for him to believe that God loved him. We stopped praying for him never to have a boyfriend. We started praying that someday we might get to know his boyfriend.

Our son died of despair on July 16, 2009. I have long letters from him from the months before his death, all full of anguish—contemplating the impossible battle between his desire to have the kind of intimacy with another human that my husband and I have, and his desire to be loved by God. He could see no way to be accepted by God while being true to his own nature, so he told me that he could see no other option than to end his pain by ending his life. We lost the ability to love our gay son, because we no longer had a gay son. What we had wished for ... prayed for ... hoped for ... that we would *not* have a gay son, came true. But not at all in the way we used to envision.

The proponents of conversion therapy never cautioned me to make sure change was someone my child actually wanted—they just said it was right. And it was possible.

They never warned me of what I've now learned from child psychologists—that children can't feel safe

or connected to parents who don't trust them. And kids that aren't connected to their parents are the most unsafe kids of all.

I've spent the last 16 years grieving, telling my story, and helping other Christian parents reflect the truly unconditional Love of Christ to their LGBTQ kids. I remind them to focus on connecting with their children rather than changing and controlling them. And I urge them to do what I no longer can—love their children just because they breathe.

B. Joyce Calvo

I'm writing as the mother of a child who pursued conversion therapy, and to share the devastating impact this had on our lives. I have four children, and my middle child, Alana, was the most sensitive and quiet one. She was a vibrant, popular kid who excelled in art, academics, and ultimate frisbee. But she was also different from her peers. From a young age, Alana dreamed of becoming a nun, volunteering frequently with the Sisters of Charity and the Sisters of Life in Denver, visiting the homeless under the Boulder Creek Bridge, and leading retreats organized by the Archdiocese of Denver (Alana was a frequent volunteer at the local adoration chapel). Her devotion led many in our lives to call her "the Saint," and as parents who were not particularly devout (we were weekly Mass Catholics, not the daily Mass ones), we were watchful but supportive of our daughter's spiritual interests.

At 14, Alana confessed to her spiritual director that she was attracted to women. This priest told her not to tell us, her parents. And over the next seven years of their mentoring relationship, Alana was directed to numerous "orthodox" Catholic resources,

therapists, and Archdiocesan-endorsed programs that promised to change (or spiritual heal) her same-sex attraction. As parents we had no idea this was going on. Alana pursued these programs entirely on her own, at the urging of spiritual guides she trusted.

In Alana's journals, we discovered that the reason she sought to change her sexual orientation was so that she could follow her vocation to become a nun. She wrote about the "mother-wounds" that she was told caused her to become gay. On the outside, however, Alana began to show marked mood and behavioral changes. She began to cut and self-harm, carving the word "DEFILED" into her upper left arm. She was hospitalized twice for suicidality. As a mother, Alana's depression woke me up to the deep shame and pain she was carrying, and we used all our means to find in-patient programs to help her recover. But all of this was not enough. On December 9, 2019, we lost Alana to suicide.

The devastation to our family and community has been unspeakable. The official denials from the Archdiocese and silence from those who mentored Alana have added salt to our weeping wounds. Many church leaders know that Alana's experience was not consistent with official church teaching, but remain confused when psychologically damaging approaches appear under the guise of orthodoxy. This is why the law is protective. It dissuades future teens from pursuing discredited practices, especially in contexts where mentors and counselors are not properly trained. I cry out to God every day, not only for the loss of Alana, but for the destruction that conversion therapy causes to the most sacred of relationships: the relationship between a child and their parents,

between a child and God, and between a child and herself.

Shortly before Alana died, she gave an interview with the *Denver Post*. “I think the Church’s counsel is what led me to be hospitalized,” she said. “I was feeling so much shame that I was comforted by the thought of hurting myself. I’ve now basically completely lost my faith. I don’t know what I believe about God, but I think if there is a God, he doesn’t need me talking to him anymore.”

I urge you to uphold Colorado’s Minor Conversion Therapy Law.

C. Martha Conley

Seven years ago, my son Garrard’s memoir *Boy Erased* became a major motion picture starring Nicole Kidman and Russell Crowe, opening many eyes to the reality of conversion therapy. Today, I want to share my story as his mother—not just about our mistakes, but about the love that guided us then and the love that guides us now.

When Garrard was “outed” by a classmate in college, my husband and I felt lost. We loved our son deeply, but we didn’t understand what it meant for him to be gay. Like so many parents facing something unfamiliar, we turned to the people we trusted most: our church leaders. They directed us to what they called a therapeutic program in Memphis, assuring us it would help.

We went because we loved Garrard. We went because we wanted him to be happy and whole. We had no idea that what we thought was help would become the source of trauma he carries to this day.

At the program, I watched my vibrant son grow visibly more depressed. The “therapy” was built on harmful assumptions, that being gay stemmed from deficient parenting or a lack of masculinity. None of it felt right to my mother’s heart, but we had been told this was the path to healing.

During his therapy, Garrard was told he needed to recognize that he hated his father in order to be healed. Using hatred to find love did not seem like part of Christ’s teachings. Eventually, Garrard had to fight his way out of the therapy program; as they took all of his belongings upon entry, he had to struggle to retrieve his phone so he could call me to pick him up. The memory of that moment—knowing I had put my child in a place where he had to fight for his freedom—will stay with me forever.

Today, I know what I didn’t know then: no therapy can change someone from gay to straight. I know that many young people subjected to conversion therapy don’t survive it. Every morning, I wake up grateful that my son is alive and that our relationship survived our mistake.

The truth is devastating and simple: when you tell a young person that something as fundamental as who they love is wrong or disordered, you wound their very soul. Despite our deep love and sincere belief that we were helping, we caused Garrard grievous harm.

This is why I support Colorado’s law protecting families from experiencing what we did. These laws don’t attack religion or loving parents. They protect us. They ensure that licensed therapists cannot abuse their professional authority by offering treatments that have no scientific basis and that can destroy young lives.

As parents, we're vulnerable when we're told our child can be "fixed." We want to believe there's a way to make their path easier. Laws like Colorado's protect us from being misled by those who would profit from our fear and love.

My husband and I remain deeply religious people. Our faith teaches us to love, and we've learned that true love means accepting our children as God made them. It grieves me when this issue is portrayed as religious parents versus LGBT youth, as if protecting children somehow threatens faith.

Religious parents don't want their children harmed. We don't want to be deceived by practitioners offering false hope through dangerous methods. We want our children to receive the same competent, ethical, evidence-based care that all children deserve.

Our story isn't just about regret; it's about growth. It's about learning that the love we thought we were showing had to evolve into a deeper, more accepting love. It's about understanding that protecting LGBT youth isn't about attacking families; it's about protecting families from the heartbreak we endured.

Every parent wants their child to be happy, healthy, and whole. Laws like Colorado's help ensure that our love—however imperfect—leads us toward help that heals rather than harms.

D. Paulette Trimmer

My husband and I have a teenage son, Adam, who was active in our Pentecostal church. In college, Adam became close friends with someone who knew Adam was gay and was accepting of this. When Adam told his friend he had developed romantic feelings for him,

the friend ended their friendship. Unable to cope with losing his best friend, Adam attempted suicide.

While he was in the hospital, a youth group leader from our church visited him and said, “I have something for you.” This turned out to be a program that claimed to make gay people straight. Adam said, “Mom, I want to go.” He had me read about the program, and I asked, “Are you sure?” He said yes, but explained it was expensive and asked if I could help him raise the money. Despite our misgivings, his father and I said if this was really what he wanted, we would help. We never pushed him to go, but he was adamant.

Before Adam left for that first program, he loved me and his dad. When he came back, everything changed. He didn’t want to be around either of us. He told his father he was “the worst father in the world.” When I would tell him I loved him, he would turn away. When I tried to give him a hug, he pushed me away. This was heartbreaking for our family—we were always huggy people, and Adam would always hug me goodbye and say “I love you.”

There was a second program Adam wanted to attend. I didn’t want him to go, but he begged me. I said, “If this is really what you want, we will help you.” That one cost even more money. When he came back, he was even worse toward us. When he wanted to go to a third program, we finally put our foot down. I said, “No. I don’t know what they’re teaching you, but it’s killing our relationship with you.”

For several years after those programs, our relationship remained distant. We were slowly starting to get it back when Adam asked me to watch a movie with him called *Love, Simon*, about a gay teenager.

After the movie, Adam finally told me what had happened in the programs he'd attended.

That's when we learned these programs had taught him that he was gay because he had an overbearing mother and an absent father. Neither of these things is true, but they drilled this into his head. That was why he didn't want anything to do with us—because he believed we had made him gay. He said, "I was blaming you and I was blaming dad. And that's what they taught me."

A few years later, we all went to see *Boy Erased*, a film about a young man who went to conversion therapy. On the way home, Adam told us, "That place—that's where I wanted to go after the first two programs. That's the place I was begging you to let me go. Thank you for not letting me go there."

People don't realize how damaging this therapy is, not only to the person going through it, but to the parents. Parents don't realize their child is going to come out totally different, and you're going to regret sending them there. When Adam turned against us, it broke our hearts. It hurt my husband especially when Adam said he was the worst father in the world. Adam has apologized so many times since then, and my husband tells him, "Adam, that wasn't you. I know that was not you."

I'm thankful our relationships are back and that Adam loves us so much again. But I wish I could warn other parents: these programs don't change who your child is—they change how your child sees you. And that damage can take years to undo. We're one of the lucky families. We got our son back. Not every family does.

E. Robert Cottrell

My wife and I hear from thousands of adults who endured conversion therapy as minors—people who were told they could make themselves not gay or transgender. The psychological damage is serious and lasting: self-hatred, promiscuity, drug abuse, and suicide attempts are tragically common. When children are told by parents or therapists that they are broken and must change, they desperately try to comply. Some even pretend the therapy worked. But when they realize they cannot change who they are, many conclude: “I am destined for hell on earth and in eternity because I am fundamentally broken.”

The techniques used range from overtly abusive to seemingly gentler approaches, but the outcomes remain consistently harmful. Some programs employ the same tactics as the troubled teen industry: shame, physical abuse, emotional abuse, spiritual abuse, and even forcing minors to watch heterosexual pornography. Others use traditional talk therapy with a conversion focus. Regardless of method, the negative impacts are largely the same.

Christian teaching tells us to examine the fruit. The fruits of conversion therapy are unequivocally bad: destroyed individuals, fractured families, and damaged faith. When even Exodus International, the leading organization in conversion therapy’s history, recognized the harm they inflicted on tens of thousands and shut down, the message was clear: there must be a better way.

In our years of outreach to tens of thousands of Christian parents, we have never encountered a single parent with a positive view of sending their child

to conversion therapy. Parents are consistently heartbroken by two devastating outcomes:

First, the damage to their child's life. They witness drug addiction, destructive choices, mental health crises, and suicide attempts—consequences they never imagined possible. Often, they followed advice from religious leaders who recommended programs or therapists without understanding the true nature or methods involved. When parents discover the harm done to their child, they are devastated.

Second, the destruction of their relationship with their child. Family relationships often never heal or take decades to recover. For children raised in traditional religious communities, home represents ultimate safety and protection. When parents, the two people meant to love and protect unconditionally, send them to harmful therapy, it shatters their core belief in family itself. The very words “father” and “mother” can become triggers for tremendous pain.

Many parents tell us: “My child is struggling so much in life. I can't believe I recommended something that did this much damage.” Others say: “We've been accepting for years, but our child still won't speak to us.” When we ask what happened before acceptance, the answer is almost always the same: conversion therapy.

Conversion therapy inflicts another profound harm: the destruction of faith and trust in God. For Christian children, the three most influential beings are God, mom, and dad. Just as conversion therapy breaks trust in parents, it breaks trust in God. Children who survive this trauma often want nothing to

do with the faith they perceive as causing their suffering.

Repeatedly, we have seen this scenario: A teenager finally musters courage to come out, thinking, “My parents say they love me. I can trust them.” When those parents instead choose what appears to be a harshly rejecting faith over their own child, why would that young person ever want to return to such a God or faith?

As a pastor, I learned to say: “If you can’t breathe when you go into a church, that’s okay—God will meet you somewhere else.” Conversion therapy doesn’t just rob children of their religious faith; it may destroy their capacity for any spiritual connection.

Tragically, even when parents recognize the need for a different approach, there is often too much trauma and hurt for the child to consider reconciliation. Conversion practices don’t just harm individuals, they obliterate the very concept of family as a safe haven and, too often destroy faith itself.

There must be a better way.

* * *

Linda’s, Joyce’s, Martha’s, Paulette’s, and Robert’s first-person stories all show how conversion therapy fails children and their families. Their stories are powerful evidence that conversion therapy falls below the standard of care for licensed medical and mental-health professionals. That is why Colorado’s legislature enacted the MCTL. The MCTL serves compelling state interests by helping ensure that licensed medical and mental-health professionals cannot take advantage of vulnerable children and their families by offering conversion therapy as the answer to their

child's sexual orientation or gender. And by providing those protections, the MCTL helps give children and their families space to nurture faith and love, rather than allow conversion therapy to put them at odds with each other.

CONCLUSION

The Court should affirm the judgment of the court of appeals upholding the Colorado legislature's well-supported decision to enact the Minor Conversion Therapy Law. The MCTL does not violate the First Amendment, because it only incidentally affects speech and because it furthers Colorado's compelling interest in ensuring the health and safety of its most vulnerable residents. A state satisfies its important goal "of protecting minors' health and welfare" when it regulates medical treatment for minors that are "not supported by high-quality, long-term medical studies." *Skrmetti*, 145 S. Ct. at 1835-36. The MCTL does just that. It protects Colorado's children by prohibiting mental-health professionals from inflicting lifelong and significant trauma and harm on children, preventing families from having their lives torn apart, and protecting children from losing their relationship with religion in the process.

Respectfully submitted.

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