

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 FOR RYAN M. KENDALL, JESSICA RITTER,
MATT SALMON, ADRIENNE SMITH, LILLIAN
LENNON, ADAM TRIMMER, DAVID BELTRAN,
AND GARRARD CONLEY AS *AMICI CURIAE*
SUPPORTING RESPONDENTS**

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INTEREST OF *AMICI CURIAE*

Amici Curiae are eight individuals who as youth were subjected to conversion therapy, a dangerous and discredited practice that promises or seeks to change an individual's sexual orientation or gender identity.¹ *Amici* submit this brief to highlight how conversion therapy—no matter how voluntary or well-intended—predictably fractures families and robs young people of their religious communities. The personal stories of *Amici* illustrate the serious risks to young people and families that Colorado's Minor Conversion Therapy Law reasonably seeks to prevent by prohibiting treatments that are ineffective, have no evidentiary support, and cause serious harm.

SUMMARY OF ARGUMENT

As *Amici's* stories show, young people or parents who seek out conversion therapy do so in moments of great vulnerability, believing it can prevent a young person from being gay, lesbian, bisexual, or transgender and keep them connected to their families and faith. They are shocked and deeply hurt when conversion therapy instead leads to profound harms such as severed family ties, loss of faith, and estrangement from religious community and spiritual practice. Colorado's law reasonably seeks to prevent these and other harms and to ensure that state-licensed mental health professionals provide only safe and effective treatments. *Amici* urge the Court to permit Colorado

¹ No counsel for a party authored this brief in whole or in part, and no counsel or party made a monetary contribution to the preparation or submission of this brief.

to protect youth and families by prohibiting health care practices it has reasonably deemed harmful, ineffective, and contrary to basic professional standards of competence and neutrality.

ARGUMENT

I. *Amici* experienced firsthand how conversion therapy tears families apart and isolates young people from their faith communities.

Amici's stories highlight how young people from religious backgrounds and their families may seek out conversion therapy to help them navigate some of the most challenging times in their lives. Several *Amici* recall feeling terrified that their sexual orientation or gender identity would cause them to lose their families, their faith communities, and even God's love. Meanwhile, their parents were worried about them, trying to protect them, or seeking to guide them and bring them closer to their deeply held religious convictions. The false promise of conversion therapy—that specific therapeutic techniques can change a person's sexual orientation or gender identity—seemed to offer a straightforward way for *Amici* and their families to remain close to each other, their shared religious beliefs, and their religious communities.

In reality, conversion therapy had the opposite effect. *Amici* recount how conversion therapy fractured their families. Some were turned against their parents by their therapists, who counseled them that same-sex attraction or transgender identity stems from faulty parenting. Others became estranged from

their families when their parents ignored how conversion therapy was harming them and instead judged them for “failing,” believing the therapists’ baseless assurances that change was possible. In many cases, conversion therapy devastated the entire family as it drove *Amici* into depression and isolation, leaving parents to grapple with profound regret over a decision they believed would help their children.

Amici’s experiences in conversion therapy also destroyed their ties to their religious communities. Many went from viewing religion as a source of love, comfort, and community to seeing religion as synonymous with judgment, rejection, and trauma. The relationships and routines that had given their lives meaning and purpose were shattered. In many cases, *Amici* felt they had to disavow their faith altogether to heal from the pain wrought by conversion therapy. Although some found their way back to spirituality, others never did.

A. Ryan M. Kendall

Ryan Kendall and his two siblings were raised by their parents in an evangelical Christian community in Colorado Springs, Colorado. Ryan attended an evangelical Christian elementary school and a Catholic high school. When Ryan was a young teenager, his parents discovered he was gay and believed his soul was in eternal danger. Ryan’s parents desperately sought to “fix” him by sending him to a Christian therapist. After a couple sessions, they were referred to the National Association for Research & Therapy of Homosexuality (NARTH), an organization founded by the psychologist Joseph Nicolosi, Sr. For approximately a year and half, Ryan underwent conversion

therapy with Nicolosi through telephone sessions and in-person sessions at NARTH's California center.

During each session, Nicolosi promised that Ryan's treatment would help him suppress his same-sex desires. Ryan knew that his sexual orientation was inherent and unchangeable—he knew he was gay in the same way he knows he is short and half-Hispanic. But his parents believed Nicolosi's false assurances.

The experience destroyed Ryan's family. When conversion therapy predictably did not work, Ryan's parents told him he was abhorrent, disgusting, and evil. Ryan felt like he had lost his home and his place in the family. His siblings felt caught in the middle and forced to choose between their parents and their brother.

At 16, severely depressed and contemplating suicide, Ryan dropped out of high school and ran away from home. He lost his parents, his siblings, and his faith community. He remained estranged from his family for the next decade as he tried to find his place in the world. He continued to struggle with depression, having internalized the message from conversion therapy that he was defective and unlovable. His education was derailed, and he went through periods of drug abuse and homelessness. In time, with years of hard work and determination, Ryan overcame this adversity and graduated summa cum laude from Columbia University with a degree in political science, followed by a law degree from UCLA School of Law. He is now a successful civil rights lawyer in California.

Although Ryan rebuilt his life, the damage his family suffered continues to be extremely painful.

Ryan learned in conversion therapy that his parents could not love him unconditionally. Part of him will never stop being the child who wants his parents' love and approval. Ryan never wanted to cut his parents out of his life, just as his parents never wanted to lose their son.

It took years, but after stopping conversion therapy, Ryan was able to reconcile with his father. When his father died in 2015, Ryan was forced to grieve not only his father's death, but also the decade they lost because of conversion therapy.

With hindsight, Ryan has been able to reflect not only on how conversion therapy harmed him and his family, but also on how it destroys communities. He has friends who also experienced conversion therapy, and he has seen how it alienates family members from each other, drives people from their faith communities, and leaves young people untethered and alone. To Ryan, conversion therapy is not just an ineffective and discredited practice; it harms everyone in its orbit. Ryan hopes sharing his experience with this Court will help other families avoid these devastating outcomes.

B. Jessica Ritter

Jessica Ritter was raised in a close-knit evangelical Christian family in Dallas, Texas. Religion dictated the rhythms of her young life. She attended a private Christian school where she took Bible study courses. She went to church with her family every Sunday, and she was an active member of her youth group, which met weekly. Jessica noticed she was attracted to women from a very young age, but she tried

to suppress her feelings. She was determined to live by her faith.

When Jessica was 17 years old, her parents sent her to a licensed conversion therapist at the urging of their church. Jessica was battling a recent diagnosis of depression and anxiety, and she was desperate to reconcile her same-sex attraction with her Christian faith. She could not bear the thought of the therapy “failing.” She feared eternal damnation, losing her family’s love, and the possibility of forfeiting her dream of attending and playing golf at Rhodes College. She committed herself fully to the process.

Jessica’s conversion therapy consisted of individual sessions and group sessions. In individual therapy, she was taught that her same-sex attraction was caused by sexual abuse she had endured in early childhood. She was instructed to go on dates with men, and she was praised for dressing in more feminine clothing. As she went through this treatment, she lost over 40 pounds during this time and became dangerously underweight. Her therapist celebrated her appearance as a mark of progress.

The group therapy sessions focused on recovering from addiction through faith. Jessica was treated alongside adult women aged 25 to 50 who were dealing with drugs, alcoholism, and sex addiction. These sessions sent her a message that she was lost and broken. Eventually, she started to believe it.

Emotionally and spiritually depleted, Jessica eventually left for college, carrying with her an immense, unspoken weight. Her conversion therapy continued intermittently for two more years. At the time, she was considered a “success story.” She dated men

and joined a sorority. But she knew that this therapy had not changed who she was.

Although Jessica pursued religious studies in college to better understand her path, her faith was deeply fractured. In the decade that followed, she struggled with intimacy and alcohol abuse, and even experimented with atheism in search of relief. She could no longer connect with her family, her friends, or the Christian community she had grown up with. She could not find comfort in religion the way she had in her youth. Instead, she began to associate Christianity with judgment, rejection, and isolation.

Eventually, Jessica returned to therapy—this time, to heal from the harm caused by conversion therapy. It took years of painful work, but Jessica slowly began to reclaim her identity, her mental health, and her faith, and she came off the medications she had relied on for nearly 15 years. Today, Jessica lives with her wife in Texas. They were married in a Christian ceremony that affirmed her deep faith as well as her identity. She is a successful professional and has found a sense of peace she never thought possible. Through healing from this dark chapter of life, she believes God has deepened her capacity for love, empathy, compassion, and grace. Nevertheless, the trauma of conversion therapy still lingers, and she continues to struggle with her faith and self-worth.

C. Matt Salmon

Matt Salmon grew up as the youngest of four children in a Mormon family in Mesa, Arizona. Faith was a core aspect of his identity and his family life. The family attended church together every weekend and prayed and read scriptures together every morning

before school. Matt went to youth group and had an hour of daily religious instruction through Seminary starting in ninth grade.

In addition to giving their children a strong foundation in their Mormon faith, Matt's parents created a stable, warm, and playful home environment. Matt's mother was kind, nurturing, and encouraging. She was always ready to help Matt build or create his next project, and he knew he could always rely on her. Matt's father was a Republican Congressman who split his time between Arizona and Washington, D.C. When he was away for work, he called home every morning for the daily family prayer and scriptures. When he was home, he prioritized bonding with his children, playing with them on the trampoline and showing them his favorite old Westerns. Matt loved and admired his dad and grew close to him as a teenager, often confiding in him and talking to him about spirituality.

Matt realized he was gay when he was around eight or nine years old, though he did not have words for it at the time. He was terrified that God would punish him by separating him from his family after death, breaking his family's eternal bond. He asked God to make him straight, or if that was not possible, to at least send his family with him to eternal damnation so they could stay together forever. Despite his prayers, his attraction to men persisted. When he was a teenager, he confessed to a church leader that he had a brief relationship with another boy in his high school. His parents suggested that he try a form of conversion therapy called reparative therapy. Matt

was initially skeptical, but when his therapist promised he could become attracted to women, he threw himself into the treatment.

For the next two years, Matt went to individual and group conversion therapy, completed therapeutic workbooks, and attended weekend retreats to change his sexual orientation. His therapist, Floyd Godfrey, was a licensed professional counselor at the time. Godfrey's treatment philosophy was that homosexuality was a form of "sexual cannibalism" caused by a failure in sexual development. According to Godfrey, healthy boys grow up identifying with their fathers and view their mothers as exotic, leading to a sexual attraction to women in adulthood. When boys are deprived of healthy masculine connection in childhood, they exoticize and eroticize men and feed off masculinity to fill the void. Under this pseudoscientific theory, a man can eliminate his same-sex attraction by repairing the wounds of his childhood and establishing healthy, non-sexualized masculine connection.

Applying this theory, Godfrey claimed that Matt's parents were to blame for his same-sex attraction. He accused Matt's father of being physically and emotionally absent due to his political career, leading Matt's mother to play an outsized role in Matt's childhood. Matt had always felt proud of his father's Congressional service and the sacrifices his family made for the good of the country, and he had always been grateful for his mother's loving attention. But he trusted his therapist and grew angry with his parents, especially his dad.

At home, Matt went from confiding in his father to barely speaking to him. Matt's dad felt demonized

by the conversion therapy and was shocked and hurt when Matt began to pull away. At the same time, Matt's mother began distancing herself from Matt, ashamed that she had created the conditions for him to become gay. Matt felt isolated, and the mood in the family went from cheerful to bitter. Matt's sister later told him that conversion therapy brought darkness into their home.

Meanwhile, Matt's efforts to change his sexual orientation were not yielding results. He felt an overwhelming sense of failure. He developed obsessive tendencies around religious practice, hoping that if he became the perfect Mormon, God would reward him by taking away his same-sex attraction. He prayed at least twice a day and often more, fasted regularly, gave his money to the church, and read the scriptures cover-to-cover, again and again. Matt's therapist, who shared his Mormon faith, encouraged this behavior. The therapist often reminded Matt that God expected him to overcome his attraction to men, and if he did not succeed in conversion therapy, he would live a life of misery.

After two years of tireless effort, Matt realized that conversion therapy was never going to change who he was. He confronted his therapist, who admitted that his same-sex attraction was "never going away" and fighting against it would be a "lifetime battle." This directly contradicted what the therapist had been telling him for two years—that change was possible, and if he was not changing, he was a failure. Although Matt felt betrayed by Godfrey's dishonesty and abuse of the therapeutic relationship, he also felt released.

With prayer and reflection, Matt came to accept that he is gay. He is grateful that conversion therapy did not shake his faith in God. But it did destroy the religious identity and family bonds that, until then, had been the core foundations of his life. When he stopped conversion therapy, he also left the church. He even asked to be removed from all church records—an extreme step that is typically reserved for excommunication. The sense of belonging and purpose he found in religion growing up had been weaponized against him by an abusive therapist, leading him to associate religion with shame, rejection, and trauma.

The damage to Matt's family relationships also persists to this day, despite more than 20 years of progress toward healing. Although Matt's parents initially believed that he failed at conversion therapy because he simply did not try hard enough, they now understand how harmful the treatment was, and they have apologized for putting him through it. Matt and his parents do not always agree or believe the same things, but they share a deep mutual love and desire for connection. Still, Matt struggles with feelings of abandonment and lack of trust stemming from his years in conversion therapy. He is haunted by the feeling that it did not have to be this way.

D. Adrienne Smith

Adrienne Smith was raised in a devout Mormon household in a small Mormon community in the West.² She went to church almost every day, attended church events, went to church camp in the summers,

² Adrienne Smith uses a pseudonym here to protect the privacy and wellbeing of herself and her family.

and loved spending time with her best friends, who were also Mormon. It was a happy childhood, and her faith community was at the center.

When Adrienne was 15 years old, she told her parents she was gay. Because her parents loved her deeply, they were afraid of what this could mean for her soul. They wanted to save her and protect her. Through church networks, they learned about a group home in Utah that performed conversion therapy and sent her there.

At the group home, Adrienne was told she needed to work on herself and realize she was not gay. She was forced to carry a backpack full of rocks to “feel the burden of being gay.” She was subjected to physical beatings. She was kept out of school and was not allowed to speak to her parents without supervision. In regular “talk therapy” sessions, she was told that being gay means living a bad life.

Adrienne told the local church Bishop about the conversion therapy techniques she was being subjected to and pleaded with him to help her. The Bishop refused to intervene, telling Adrienne that the group home was “harsh” but “headed in the right direction.” Eventually, after almost a year, Adrienne escaped the group home and reported the owners to the police. She was placed in foster care and then returned to her parents, finally able to live as herself.

Adrienne and her parents remain close and understand how conversion therapy harmed not only Adrienne but their whole family. Despite this strong relationship, Adrienne has not been able to join her parents in church since she escaped conversion therapy. She still misses her church community today,

years later. She remembers how it felt to have best friends in the church growing up. Back then, she trusted that if something bad happened, she could lean on the church community for support. But the comfort and sense of community she used to feel were shattered beyond repair when she realized that the church had facilitated the abuse and trauma she experienced. In spite of her parents' good intentions and genuine desire to bring her closer to their shared Mormon faith, Adrienne's conversion therapy had the opposite effect—driving her away from the church for good.

E. Lillian Lennon

Lillian Lennon grew up in Alaska and was raised Christian. When she was 14 years old, with the help of a therapist, she told her parents she was transgender. Her parents did not understand. They were talking about separating, the family was struggling with finances, and Lillian's younger sister had been diagnosed with cancer. They believed Lillian was acting out, and they told her they were sending her to treatment locally. Terrified, Lillian ran away from home. Her parents located her and transported her against her will to a residential treatment facility called Island View in Utah. What she thought would be a two- to three-month stay lasted almost two years.

At Island View, Lillian was subjected to conversion therapy to change her gender identity. The staff team working with her was led by a licensed therapist who dictated how Lillian was treated in the facility. She was forced to live in a boys' dorm with the most aggressive boys. She was the only transgender girl in

the dorm, and she was the youngest. The boys frequently physically, verbally, and sexually harassed her. Staff actively encouraged the harassment and told Lillian it would “help her work out her issues.” In addition, Lillian was not allowed to keep any belongings that were labeled “offensive,” which included feminine clothing and feminine personal items. She was not allowed to use a female name, refer to herself as a girl, or associate with girls in the program without supervision. When other young people at the facility referred to her as a girl or by her chosen name, they would be punished.

In individual therapy sessions, Lillian’s therapist told her that she was not really transgender and that she was claiming a false identity to seek attention and lash out against her parents. The therapist counseled Lillian to connect with her “genuine self” and act male. In family therapy, the therapist tried to get her to “admit” that calling herself transgender was “destructive behavior.”

When the therapy did not succeed in changing her gender identity, Lillian was punished. She was held back for refusing to cut her hair short. Unlike other teenagers in the program, she was not allowed to visit her family at home because staff believed she could not be trusted. Toward the end of her treatment, she was put in isolation for over a month. She sat in her room alone at a desk all day. She was not allowed to speak to anyone or to have any belongings other than the Bible and her textbooks.

None of the treatment at Island View changed who Lillian was. It only caused her pain. She became depressed and anxious. She felt broken. She struggled

to trust her parents and to feel comfortable around them. At the same time, she wanted to return home and start healing those ties. Lillian told her therapist she wanted to work on her relationship with her family, but the therapist refused to focus on anything other than changing her gender identity. Lillian's parents were also frustrated that the treatment was not working and blamed Lillian for not trying hard enough.

Eventually, Lillian's parents gave up on Island View and transferred her to a step-down facility, where she began working with a new therapist. Although Lillian initially encountered the same treatment at the step-down facility, her new therapist quickly realized that she was transgender and deeply hurting. The new therapist helped her parents understand what it means to be transgender and worked with them to get Lillian home.

By the time Lillian returned to Alaska, she was 16 years old. She had been disconnected from home, family, and community for two years. Her relationship with her parents was severely fractured. She continued to struggle with anxiety and depression, and she had nightmares about her time at Island View. For a long time, her parents did not acknowledge her pain. This left Lillian feeling neglected and abandoned.

Today, Lillian remains in touch with her parents and continues to work on rebuilding their relationship. Lillian's mom has said she regrets sending Lillian to Utah. But the pain that conversion therapy wrought on the family remains. Lillian's father will not discuss Island View or the impact it had on her and the family. Lillian wishes they could talk openly

about how conversion therapy harmed her and divided her family. She hopes that with more time, more healing will be possible.

F. Adam Trimmer

Adam Trimmer grew up in Prince George, Virginia, in a conservative Pentecostal and Southern Baptist family. An only child, Adam spent most of his time growing up with his mom, who was kind and caring. His dad worked evening and night shifts at nearby factories. When his dad was off work, they played board games and video games and went out for ice cream together. As a family, their life was built around religion. They prayed together, went to church together twice a week, and enjoyed going out to eat with their church friends on Sundays. Adam was an active member of his youth group and church choir, and he spent his school breaks at Vacation Bible School and on mission trips. For fun, he loved going to religious conferences and concerts at Liberty University. Adam loved his family and his religious community and felt safe with them.

From a young age, Adam knew he was not attracted to girls, but he tried to ignore it and focus on his faith, family, and friendships. When he was 13 years old, he consciously realized he was gay, and that this part of him stood apart from his family's deeply held convictions and his own religious beliefs. This realization was almost too much to bear. Not wanting to lose his place in his family or community, he kept his sexual orientation a secret and began praying to become straight.

After years of unanswered prayers, Adam slowly began to open himself up to the idea that he could be

both gay and Christian. He allowed himself to fall in love for the first time, only to have his heart broken. Devastated by the loss of his pillar of support during his coming out process and feeling alone, Adam attempted suicide. When he was recovering in the hospital at age 18, a missionary leader visited him and suggested conversion therapy could solve his problems. For the first time since his suicide attempt, Adam felt hopeful. He was comforted by the concrete goal and structure that conversion therapy seemed to offer. He saw it as a straightforward path to recovery.

Adam immediately began individual counseling with a licensed therapist who supported the conversion therapy provided by the missionary leader. Over the next eight months, with the encouragement of his therapist, he received continuing counseling from the missionary leader, sought out group therapy, and attended multiple conversion therapy conferences. All these different forms of conversion therapy were costly, and some were financially out of reach for his family. But Adam was begging his parents to let him go, so they helped him raise the money.

Adam's parents regretted their decision almost immediately as they watched conversion therapy tear their family apart. One of the core principles of Adam's therapy was that a gay child is the product of an overbearing mother and an absent father. Based on this counseling, Adam came to believe his parents were to blame for his same-sex attraction. In his mind, if his dad had not worked nights, and his mom had been less involved in his life, he would have turned out straight. Adam felt relieved to blame his parents rather than feeling ashamed of himself. He wrote a

scathing letter accusing his dad of abandoning him as a child. He stopped talking to his mom almost completely. When his mom joined him for a session with the licensed therapist, she was told that she needed to back out of his life and show him less love. Adam's mom was devastated. She could not imagine stepping away from her son right after his suicide attempt. It broke her heart to see Adam turn against her in the moment he needed her most.

As Adam continued with his treatment, his mother became more vocal about her concerns, and Adam started seeing more red flags. He began to suspect that conversion therapy was never going to change who he was, and that there was no basis for the promises his faith leaders and therapists were making. When he noticed how conversion therapy was hurting other people he met, a switch flipped inside him, and he knew he needed to get out.

Adam is grateful he escaped the grip of conversion therapy as soon as he did. But for him, stepping away from conversion therapy also meant losing his faith and his religious community. He had spent his adolescence searching for a way to bridge the internal divide he felt between his sexual orientation and his religious identity. He sought out conversion therapy because he believed it would relieve him of this burden and keep him close to God, his family, and his church. In the end, it drove him away from all three.

Unable to separate his Christian beliefs from the trauma and manipulation he came to associate with conversion therapy, he felt he had no choice but to renounce his religious identity. He tried to erase religion from his life, deleting old messages, photos, and social

media posts. On one occasion, more than a decade after stopping conversion therapy, he tried to attend an inclusive Christian church service to support a friend. When the church choir sang, he began sobbing and had to leave. Today, he still cannot step inside a church.

The damage to Adam's family also had a lasting impact. He came away from conversion therapy depressed, angry, and unrecognizable to his parents. His relationship with his mother, once so close, remained distant for years. Almost a decade passed before they could speak openly about how conversion therapy had twisted their family dynamic. Today, more than 15 years later, Adam's family is restored. Although Adam and his parents hold different beliefs about morality and sexuality, they agree on how harmful conversion therapy is—not just to the individual, but to the whole family. Adam's mom is now an advocate for laws prohibiting conversion therapy for minors.

G. David Beltran

David Beltran was raised in a loving Catholic family in Florida. He was very close to his mother and admired her strength and commitment to raising him and his brother. When David was about 12 or 13 years old, his mother discovered he was gay. She believed her son would die of AIDS if he “lived a gay lifestyle,” and she wanted him to have a happy and healthy life. She was determined to find a cure for his homosexuality. She put David through several forms of conversion therapy, including individual therapy, religious counseling, and online courses focused on overcoming same-sex attraction. She even joined him in taking the online conversion therapy classes. David shared his

mother's religious convictions and was invested in changing his sexual orientation.

Conversion therapy taught David and his mother that same-sex attraction was the product of an unhealthy home environment. They were told that men become gay because their fathers are poor role models, which causes them to reject masculinity and identify with their mothers. David believed this narrative and applied it to his own life. As a child, he had resented his father for not treating his mother well, and he had always gravitated toward the loving relationships he had with his mother and grandmother.

Conversion therapy filled David's mother with shame and guilt. She felt like a bad parent. Like any loving son, David wanted to ease his mother's pain. He worked hard at conversion therapy for years, but nothing changed. He blamed himself. He felt like a monster. He constantly worried he was letting his family down.

The efforts to change David's sexual orientation affected every aspect of family life. David's mother and father got back together in an effort to help David, but ongoing issues in their adult relationship led to more conflict in the home and ultimately to divorce when David was 17. In addition, David's mother would not allow David to get too close with male friends, and she tried to prevent him from seeing anything that might encourage gay thoughts. Every TV channel was blocked unless it was religious. David and his brother were not allowed to use the computer without supervision, and they could not have devices with internet access until they turned 18. The restrictive rules made the house feel like a prison.

In college, David continued trying to repress his sexual orientation and felt frustrated that his efforts were not working. Then he started to see reports in the media that conversion therapy is ineffective. He heard that the former president of Exodus International, a prominent conversion therapy organization, had apologized and admitted that its programs could not change a person's sexual orientation. David felt an overwhelming sense of betrayal and fell into a deep depression. He felt like he and his mother had been lied to for years by authority figures they trusted.

When David graduated college, he accepted that he is gay. David's mother is still disappointed in herself and in David for "failing" and not trying harder at conversion therapy. For David, who has spent years working to shed the self-hatred he learned in conversion therapy, it is incredibly painful to see his mother continue to carry this shame. Although their relationship is still close, David mourns the deeper relationship they could have had if conversion therapists had not falsely promised his mother that change was possible.

David also regrets how his conversion therapy affected his younger brother's upbringing. Looking back on the restrictive rules that were imposed in his teenage years as part of the effort to change his sexual orientation, he sees how his brother was deprived of the freedom and supportive family environment that most children get. It pains him to think that he and his brother might have had closer relationship for all these years if conversion therapy had never taken root in their home.

H. Garrard Conley

Garrard Conley grew up in rural, small-town Arkansas with his mother and father. Before he was born, his father promised that any child born into the family would be devoted to God. True to that promise, Garrard was raised in the Baptist tradition. He read the Bible every morning before school and prayed before bed every night. His family went to church at least three times a week, and often more. The church served as both a place of worship and a community center for the entire town. Growing up as a member of this faith community, he felt safe, protected, and loved.

Garrard also felt the power of God's love through the love his family shared. He was very close to both his parents. His mom encouraged his passion for reading and writing, and she taught him that he could achieve anything he wanted in life. His dad, who owned a cotton gin and then worked at a Ford dealership before eventually becoming a Baptist preacher, taught Garrard the value of a good work ethic. He also loved taking Garrard on hunting and fishing trips and showing him God's beauty through nature. Together, Garrard's parents created a joyful atmosphere in the family home. Garrard remembers an ideal childhood full of games, ghost stories, festive Christmases, and happy family vacations.

When Garrard was a teenager, his parents discovered he was gay and sent him to conversion therapy on the advice of church leaders. Garrard, who had been praying for God to take away his attraction to men for years, was not sure the treatment could change him. But he was terrified of losing his parents

and his church family, who were everything to him, so he committed to the experience. He followed a strict program that required him to dress, act, and move his body “like a man.” He racked his brain for memories of sexual trauma to satisfy his counselors, who insisted that child abuse is the root cause of same-sex attraction in 99 percent of cases. When his counselors falsely planted the notion that he was a victim of excessive affection and inappropriate touch from his mother, he knew it was untrue. Still, he grew uneasy around his mom and started to distance himself from her. Over the course of the treatment, he became increasingly lonely and depressed, and he was seriously contemplating suicide.

Garrard realized something was terribly wrong when, one day, he was instructed to yell at an empty chair representing his father. He was told to say that he hated his father for being emotionally absent in his childhood. None of this rang true for Garrard. His father had always been there for him growing up. He refused to do the exercise, telling his counselors, “I don’t hate my father. I love my father.” When they continued to push him, he walked out of the room, called his mother to pick him up, and never returned.

Unfortunately, Garrard’s realization came too late to protect his family. By the time he left conversion therapy, his mother had already lost her son. She later told Garrard that when he started the program, he became a totally different person. It was as if the light had gone out of his eyes, and she was watching her baby die in front of her. It broke her heart. And while she supported Garrard’s decision to leave, Garrard’s father was ashamed that the treatment did not

work. The experience drove a wedge between Garrard's mother and father, and it led Garrard to feel that his father no longer loved him unconditionally. The strong family bonds that Garrard had always known were broken. He could barely speak to his parents for years.

Garrard also lost his faith. The religious teachings incorporated into his conversion therapy did not feel like the God he had known or the love he had felt in church. He began to question everything he believed in. He also lost the ability to pray, which had been one of his greatest comforts before conversion therapy. For a time, he identified as an atheist. This further eroded his relationship with his parents, which had always been grounded in religion.

Without his family, his church, or his relationship with God, he felt like his life had been violently taken from him, and life no longer had meaning.

Years later, Garrard found his way back to his family and his faith by writing about his experience in conversion therapy. To inform his writing, he interviewed his counselors and his parents, challenging himself to see the story from their perspective and to forgive them. This process created an opening for Garrard and his parents to begin healing the deep wounds that had plagued their family for nearly a decade.

The resulting memoir, *Boy Erased*, went on to become a New York Times bestseller and was adapted into a film in 2018. After his book was published, Garrard met hundreds of survivors of conversion therapy who were touched by his writing. Hearing their stories moved him deeply and helped him find the same love for himself that he tried to show others in his book.

For the first time in 15 years, he felt God's compassion. He began to pray regularly again and eventually returned to Christianity.

Today, after more than 25 years of healing, the trauma of conversion therapy still shows up in Garrard's daily life. He struggles to tell his parents about things that matter to him, and he feels panicky when he goes inside a church. But he is proud of how far he and his parents have come. He is driven by the conviction that his life's purpose is to bring more love and compassion into the world. He hopes that people of all backgrounds and all religious beliefs can take away this message from his story: Conversion therapy breaks young people down until they can no longer feel love from God or family. Religious families and communities are helped, not harmed, by laws prohibiting this harmful practice.

II. Colorado has a legitimate and even compelling interest in regulating licensed mental health care professionals to prevent practices it has reasonably found to be ineffective and harmful.

Amici's stories shed light on how conversion therapy undermines young people's connections to family and faith, causing lasting trauma not just to individuals but to families and entire communities. Their experiences mirror those of many other young people who have been traumatized by conversion therapy practices: Abundant social science research shows that conversion therapy is associated with severed

family ties³ and disconnection from religious community and practice,⁴ among other serious harms.⁵

³ See, e.g., Elisabeth Dromer et al., *Overcoming Conversion Therapy: A Qualitative Investigation of Experiences of Survivors*, 2 Social Science & Medicine – Qualitative Research in Health 100194, at 5 (2022), <https://doi.org/10.1016/j.ssmqr.2022.100194>; Judith M. Glassgold, *Research on sexual orientation change efforts: A summary*, in The Case Against Conversion “Therapy”: Evidence, Ethics, and Alternatives 36 (D.C. Haldeman ed., 2022), <https://doi.org/10.1037/0000266-002>; Adam Jowett et al., *Conversion Therapy: An evidence assessment and qualitative study* 48, United Kingdom Government Equalities Office (2020), available at https://pure.coventry.ac.uk/ws/portalfiles/portal/44880617/2020_12_15_Conversion_Therapy_Reserach_Report_AJ_edited_clean_4_.pdf.

⁴ See, e.g., Dromer et al, *supra* note 3, at 6; Timothy W. Jones et al., *Religious trauma and moral injury from LGBTQ+ conversion practices*, 305 Social Science & Medicine 115040, at 5 (2022), <https://doi.org/10.1016/j.socscimed.2022.115040>; Glassgold, *supra* note 3, at 39; Jowett et al., *supra* note 3, at 33; Madison Higbee et al., *Conversion Therapy in the Southern United States: Prevalence and Experiences of the Survivors*, 69 J. Homosexuality 612, 616, 626 (2022).

⁵ See, e.g., Travis Campbell & Yana van der Meulen Rodgers, *Conversion therapy, suicidality, and running away: An analysis of transgender youth in the U.S.*, 89 J. Health Economics 102750, at 8 (2023), <https://doi.org/10.1016/j.jhealeco.2023.102750>; Amy E. Green, *Self-Reported Conversion Efforts and Suicidality Among US LGBTQ Youths and Young Adults, 2018*, 110 Am. J. Public Health 1221, 1223-1224 (2020), <https://doi.org/10.2105/AJPH.2020.305701>; John R. Blosnich et al., *Sexual Orientation Change Efforts, Adverse Childhood Experiences, and Suicide Ideation and Attempt Among Sexual Minority Adults, United States, 2016-2018*, 110 Am. J. Public Health: Surveillance 1024, 1027-1028 (2020), <https://doi.org/10.2105/AJPH.2020.305637>; Glassgold, *supra* note 3, at 37; Jowett et al., *supra* note 3, at 45; Higbee et al., *supra* note 4, at 615-616.

The ineffectiveness and baselessness of conversion therapy are similarly supported by the scientific literature.⁶ Consistent with this research, medical and mental health professionals have reached a broad

⁶ See, e.g., Glassgold, *supra* note 3, at 39 (explaining that “[n]o methodologically adequate research provides evidence” that conversion therapy can change sexual orientation); Kate Bradshaw et al., *Sexual Orientation Change Efforts Through Psychotherapy for LGBQ Individuals Affiliated With the Church of Jesus Christ of Latter-day Saints*, 41 J. Sex & Marital Therapy 391, 398, 409-410 (2014), <https://doi.org/10.1080/0092623X.2014.915907> (concluding that same-sex attractions and arousal persist despite efforts to change); Elaine M. Maccio, *Self-Reported Sexual Orientation and Identity Before and After Sexual Reorientation Therapy*, 15 J. Gay & Lesbian Mental Health 242, 246 (2011), <https://doi.org/10.1080/19359705.2010.544186> (similar); Government Equalities Office, *An assessment of the evidence on conversion therapy for sexual orientation and gender identity* (2021), <https://www.gov.uk/government/publications/an-assessment-of-the-evidence-on-conversion-therapy-for-sexual-orientation-and-gender-identity/an-assessment-of-the-evidence-on-conversion-therapy-for-sexual-orientation-and-gender-identity> (last visited Aug. 25, 2025) (stating that “there is no robust evidence that conversion therapy can change gender identity”).

consensus that conversion therapy lacks any evidentiary basis in science or medicine,⁷ which has been recognized by multiple courts throughout the country.⁸

Given the lack of evidence supporting conversion therapy and the serious harms it causes to young people, families, and communities, Colorado lawfully exercised its authority to regulate professional conduct

⁷ Independent Forensic Expert Group, *Statement on Conversion Therapy*, 30 Torture J. 66, 69-70 (2020), <https://doi.org/10.7146/torture.v30i1.119654>; Am. Med. Ass’n, *Issue Brief: Sexual orientation and gender identity change efforts (so-called “conversion therapy”)* 1-6 (2022), <https://www.ama-assn.org/system/files/conversion-therapy-issue-brief.pdf>; Am. Psych. Ass’n, *APA Resolution on Sexual Orientation Change Efforts* 1, 3 (2021), <https://www.apa.org/about/policy/resolution-sexual-orientation-change-efforts.pdf>; Am. Psych. Ass’n, *APA Resolution on Gender Identity Change Efforts* 1 (2021), <https://www.apa.org/about/policy/resolution-gender-identity-change-efforts.pdf>; Am. Psychiatric Ass’n, *Position Statement on Conversion Therapy and LGBTQ+ Patients* (2024), <https://www.psychiatry.org/getattachment/3d23f2f4-1497-4537-b4de-fe32fe8761bf/Position-Conversion-Therapy.pdf>; Jason Rafferty et al., *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents* 142 Pediatrics e20182162, at 4 (2018), http://publications.aap.org/pediatrics/article-pdf/142/4/e20182162/1529435/peds_20182162.pdf; Am. Academy of Child & Adolescent Psychiatry, *Policy Statement: Conversion Therapy* (2018), https://www.aacap.org/aacap/Policy_Statements/2018/Conversion_Therapy.aspx.

⁸ See, e.g., *King v. Christie*, 981 F. Supp. 2d 296, 303-304 (D.N.J. 2013), *aff’d sub nom. King v. Governor of N.J.*, 767 F.3d 216 (3d Cir. 2014); *Doe ex rel. Doe v. Governor of N.J.*, 783 F.3d 150, 153 (3d Cir. 2015); *Pickup v. Brown*, 42 F. Supp. 3d 1347, 1355 (E.D. Cal. 2012), *aff’d*, 728 F.3d 1042 (9th Cir. 2013), and *aff’d*, 740 F.3d 1208 (9th Cir. 2014); *Ferguson v. JONAH*, No. HUD-L-5473-12, 2015 WL 609436, at *8 (N.J. Super. Ct. Feb. 5, 2015); see also *Perry v. Schwarzenegger*, 704 F. Supp. 2d 921, 966 (N.D. Cal. 2010), *aff’d*, 671 F.3d 1052 (9th Cir. 2012), and *aff’d*, 671 F.3d 1052 (9th Cir. 2012).

by prohibiting the practice of conversion therapy on minors. The Court recently held that a State may regulate professional health care based on uncertainty about the risks and benefits of treatment and concerns about potential harms. See *United States v. Skrametti*, 145 S. Ct. 1816, 1836 (2025) (explaining that the Constitution “afford[s] States ‘wide discretion to pass legislation in areas where there is medical and scientific uncertainty’” (quoting *Gonzales v. Carhart*, 550 U.S. 124, 163 (2007))). Colorado has reasonably exercised that authority here.

CONCLUSION

Amici’s stories vividly illustrate how conversion therapy fractures families, damages religious affiliation, and severs community ties—even in cases where treatment is voluntary, motivated by religious conviction, and encouraged by loving parents who want the best for their children. Colorado has a legitimate and even compelling interest in preventing these demonstrated harms through reasonable regulations barring professionals from engaging in health care practices that are ineffective, have no evidentiary basis, and mislead patients and parents. The Court should affirm the Tenth Circuit’s decision.

Respectfully submitted,

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