



Gender
Dysphoria
Alliance



PRESS KIT

Meet the GDA

Gender Dysphoria Alliance (GDA) was established in 2021 by people with personal experience of Gender Dysphoria (GD). We are volunteer run, non-partisan and not for profit.

The way in which gender and GD are often discussed today can leave people thinking that there is just one way to experience gender dysphoria and only one way to manage it. Too often, we hear people talking about GD, or related processes such as medical transition, in ways that make it sound as though everyone thinks, or should think, the same way about these issues or about their experiences. People don't always feel comfortable asking questions, feeling doubt or disagreeing with the dominant activist framework.

Our central aim is to help create a more evidence-based, less ideological conversation about GD. We work to broaden the way we all talk about this condition to help show the richness and reality of our individual experiences.

We believe that honesty and transparency about the full range of experiences of those of us with GD are in the best interest of all of us.

At GDA, we have four key aims:

1. Inform the conversation about Gender Dysphoria

2. Explain why evidence-based care is so important

3. Include people who detransition/regret/desist

4. Support sex-based rights when carrying out our work

You can read more about our mission [here](#).

"Hello, I wanted to thank you very much for your research, work, content and love. It helped me very much in the questioning of my 'identity' which is a large word. I stopped transitioning a week ago after 3 years and I hope it is still right but it feels right and I feel more at peace with myself even though it is scary. "



What We Believe

We believe passionately that individuals who experience Gender Dysphoria have greater agency in our lives and in our decision-making once we have had the opportunity to understand the different types of GD that exist, and after we have explored the origins and nature of our own feelings as an individual.

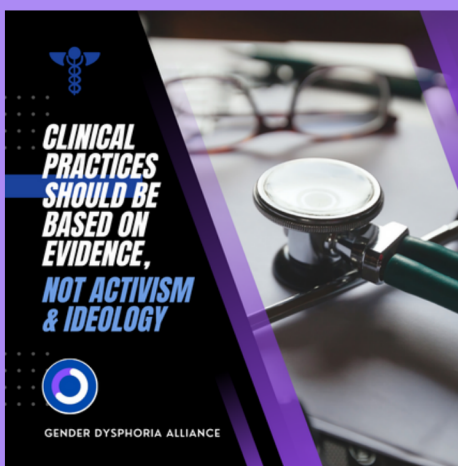
We also know from our own experience that evidence-based care is incredibly important for all of us who choose to access clinical healthcare support relating to our GD. As in all aspects of healthcare, we all have a right to expect that clinical decisions are informed by peer-reviewed evidence and thorough clinical assessment. This is nowhere more important than when it comes to how we, as a society, support children experiencing GD.

It is vitally important to us that we are all honest and transparent about the full range of experiences of people with GD. Any trans rights movement that seeks to side-line or ignore the full range of experiences of people with GD will, in our view, always be extremely vulnerable to criticism.

This means that we always strive to listen to the voices of those people who choose to detransition, people who experience GD but whose feelings desist or who decide not to transition, and people who experience regret about past choices. We see it as fundamentally misleading to tell someone that everyone with GD finds relief from medical interventions; some people simply do not, and, in some cases, people can find their symptoms worsen following medical treatment. It is important for us to talk about the fact that, for some people with GD, non-medical solutions to distress can sometimes work just as well, if not better, than medical interventions.

Transparency about the breadth of experience is key to enhancing the quality of healthcare for everyone in the future.

As an organisation, we also place our belief in sex-based rights at the heart of our work. We see it as entirely possible – indeed essential – to have a framework for understanding the rights of people with GD, and of trans people more broadly, that does not conflict with the sex-based rights of women and lesbian, gay and bisexual people. We also believe that those of us with GD are ill-served when we are led to believe that our own immutable biological sex does not matter.



Meet Our Team



Read more about Aaron's story [here](#).

Aaron Kimberly: Executive Director

Aaron medically transitioned in 2006, and has been a mental health clinician since 2008. He lives in Canada, with a banjo on his knee.

“Medical transition is but one option for those with GD. We need to reclaim our understanding of GD as a condition so that we can have reality-based conversations and solve real personal and social problems. “Trans” as a concept, masks many underlying issues. A queer theory-based understanding of myself worsened my GD. Medical transition became an addiction. The illusion only works if we’re lucky enough to pass and everyone else plays along perfectly. It’s an exhausting game of whack-a-mole to dodge the reminders of my female past and female biology. How is that kind of dissociation desirable? Some people may benefit from medically transitioning, but we still need a reality-based understanding of ourselves, to keep our feet on the ground.”



Read more about Aaron's story [here](#).

Aaron Terrell: Director of Operations

Aaron is an American transman interested in the causes of gender dysphoria as well as the socio-political trends that facilitate medical transition.

“While, in my case, transition did provide significant relief, and I stand here a decade later without regret, I do wonder if had I been given a different story or tools to explain my discomfort with my sex, would I have found the relief I needed without such drastic and invasive measures? After all, no one is born in the wrong body and I was not supposed to be male. What we are currently doing is solving software issues by carving up hardware. We are treating normal female adolescence with blunt force transition. We should be identifying the root issue before trying to solve vague and nebulous anxieties - body dysmorphia, social anxiety, fear of loneliness - with irreversible hormones and surgeries.”



Read more about Kellie's story [here](#).

Kellie Pirie : Detransition Educator

Kellie is a detransitioned woman from Canada who underwent medical transition beginning in 2004. She is an advocate for balanced care of youth.

“I am a 57-year-old woman and a medical transition regrettor, though I haven't taken steps to medically detransition, since most of the changes to my body are permanent. I pass as male in society and work full time as a truck driver. Since 2004, when I first started taking testosterone, I've reflected a lot about what's happened to me and why I made the decisions I did. In 1966 my mother married a convicted pedophile who sexually exploited me for many years as a child. I moved to Vancouver BC, as an adult during the early 2000's. There I encountered trans-ideology and was completely enchanted by the fantasy that living my life as a man would make me feel safer.”

Our Activities

Initially with a focus in North America, the organisation has now expanded its international reach. We have supporters living in England, Ireland, Finland, Denmark, the Netherlands, and Uganda.

Our work takes many forms. For example:

We record a regular podcast called **Transparency**, in which we have in-depth conversations with diverse individuals with personal or professional experience of Gender Dysphoria.

We produce accessible information about the different types of GD people can experience to help individuals make sense of their own experience and make more informed choices.

We are a contact point for media organisations across the world that want to hear from individuals who have GD and have provided quotes and speakers to support a wide range of events and news stories.

We partner with a growing range of organizations that have emerged across the world to support people who are questioning their gender, who experience GD, their families and others to understand and promote the importance of evidence-based care and effective support.

Individuals across the world support GDA and our work by signing up to be kept informed about our work, and contacting us to explore how we might be able to help them share their personal story. As a volunteer organisation, we rely on the generous donations of our supporters to be able to do the work that we do. Donations are made via our website. All money donated goes into our costs of running our website, producing our podcast, and special projects like creating educational content.

The Wisdom of Trans Elders



Not calling y'all old, just experienced! This show is exactly what the trans and queer community need, the voices of older trans people who are not afraid to speak out about the shocking uptick of trans identification in recent years. The Aaron's and their guests are all very calm, nuanced, and use real data and science as they tackle the topic of trans. Thank you, from those of us that are unsure on how to speak up.



Media Enquiries

We are happy to receive media enquiries, particularly as working with the media to help foster a more evidence-based, less ideological conversation about Gender Dysphoria.

Please email with details of your request. aaronk@genderdysphoriaalliance.com

Examples of how we have worked with journalists include:

- Providing an interview
- Sharing a statement or quotation from GDA on a particular news story
- Helping to find other individuals to share their experiences of having Gender Dysphoria

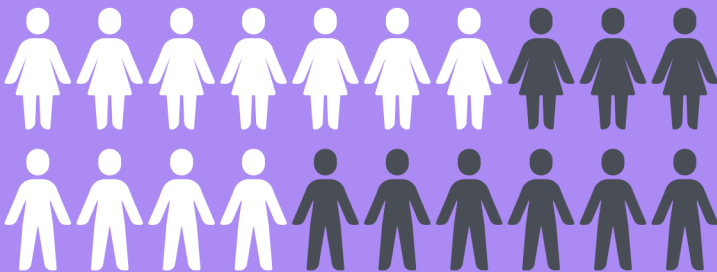
Please note that, due to the intense focus on gender issues at the moment, we are not always able to say yes to every request. However, we do all we can to work with journalists and other news and media outlets by providing quotes and/or interviews – especially when we feel our engagement or participation will help broaden the conversation currently taking place around gender and gender dysphoria.

Invitations for more in-depth interviews or appearances, such as podcast interviews or speaker requests, are also welcome. To help us consider your request, please email us media@genderdysphoriaalliance.com with details of your event, podcast or channel – including some summary information about past events or guests, and some high-level information about your target audience, event size or listenership, and anything specific you would like us to focus on. We aim to make decisions about requests as quickly as possible.

5523
DOWNLOADS
PER MONTH

USA	55.5%
UK	15.07%
Canada	10.42%
Australia	4.49%

Age 18–24	9.2%
Age 25–34	49.1%
Age 35–44	13.5%
Age 45–54	18.8%
Age 55–64	9.4%



WEBSITE SESSIONS = 2086/month
Unique Visitors = 1722/month