How to Help

- Include asexuality and aromanticism on your websites and intake forms if you also mention other orientations by name. Say "orientation," not "sexual orientation."
- Trust your patients' understanding of their own identities as well as their boundaries around sexual and romantic intimacy. Believe them about their orientations and their relationship and sexual status and history.
- Provide a person-centered approach to care.
- Do not conflate "sex therapy" with "relationship therapy" or "couples therapy".
- If you prescribe medications that can lower libido, keep in mind that asexual patients may not be bothered by this side effect or may even embrace it.
- Be aware that some asexual people may avoid exams where their genitals are examined or touched even when medically necessary. Allow for other options when possible, including self-examination or visual exams.
- Have information on asexual and aromantic orientations available to your patients.

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More Resources

***Ace* by Angela Chen**

***The Invisible Orientation* by Julie Sondra Decker**

***Untrue* by Wednesday Martin**

***Aros Eros Arrows* by Michón Neal**

***Ask* by Kitty Stryker**

The Asexual Visibility and Education Network: asexuality.org

Aromantic-spectrum Union for Recognition, Education, and Advocacy: aromanticism.org

American Association of Sexuality Educators, Counselors, and Therapists: aasect.org/asexual-rights

TAAAP Learn: taaap.org/learn

About The Ace and Aro Advocacy Project

TAAAP is an organization dedicated to providing resources on asexuality and aromanticism to the public.

Our goals are to increase the visibility of ace and aro identities, to provide resources on asexuality and aromanticism to professionals, and to support ace and aro members of society.

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The Ace and Aro Advocacy Project

Aro and Ace Healthcare

Disclaimer: This is just an introduction, and there are many more concerns that might come up depending on the individual. Please use this as a starting point rather than the final word in caring for aro and ace people.

Asexuality

Asexuality is a sexual orientation where the person experiences little to no sexual attraction or desire.

Asexuality is often confused with a lack of libido or sex drive and viewed as a medical disorder. Consequently, health care professionals may treat it as a malady.

It's important to recognize that some asexual people have no libido and some do. Their identities should be validated either way.

Many ignorant health care approaches to asexuality are equivalent to reparative or conversion therapies.

The American Association of Sexuality Educators, Counselors, and Therapists states that "asexuality and ace-spectrum identities are not mental, developmental, or sexual disorders. They are not responses to trauma or inexperience – they are valid and fulfilling identities and orientations."

Common Missteps

- Reducing asexuality to a sexual dysfunction/desire disorder
- Assuming a history of sexual trauma
- Asking or insisting on hormone testing or treatment
- Confusing asexuality with low libido
- Asking about masturbation
- Assuming anything about their sexual activity or interest
- Making patients undergo tests such as pregnancy and STI tests when they are not sexually active

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Intersections

Providing competent care for aros and aces requires helping professionals to affirm patients' orientations and not conflate their health conditions with their identities or vice versa.

Depression: Depression can lower libido as well as interest in relationships.

Medications: Some medications, including SSRIs, lower libido.

History of trauma: Traumatic sexual or romantic experiences can impact desire for sexual or romantic engagement.

Substance Abuse: Addiction can lead to self- isolation and diminished sexual drive.

Hormone treatments: Hormonal treatments may be needed for birth control, gender-affirming care, and/or imbalance correction, but can be used as a form of conversion therapy.

Neurodiversity: Neurodiversity can impact social interactions, understanding of sexual or romantic norms, and sensory experiences.

Disability: Disabled people are often desexualized and delegitimized as partners.

More Missteps

- Seeking a medical "cause" for the orientation
- Attributing unrelated mental or physical health issues to orientation
- Assuming asexuality and aromanticism are the same or part of a package deal
- Asking patients to educate and train their providers on their orientation(s)
- Discouraging the use of identity labels
- Doubting orientation based on behavior
- Dismissing the dichotomy of health and orientations as not important

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Aromanticism

Aromanticism is a romantic orientation where the person experiences little to no romantic attraction or desire.

Aromantic people frequently do not form or desire romantic relationships.

Promiscuity, uncommitted sex, and nonmonogamy are all pathologized in many ways. Aromantics might engage or be presumed to engage in these behaviors, especially if they are not asexual, and may be pathologized by diagnoses such as:

- Attachment disorders
- Autism
- A history of trauma
- Anxiety disorders
- Personality disorders, including antisocial, avoidant, borderline, obsessive compulsive, schizoid, and schizotypal

They may also be unable to access care for nonpartnered sexual concerns.

Common Missteps

- Saying "Love is what makes us human"
- Conflating sex, sexual attraction, and/or platonic attachment with romance
- Viewing romantic relationships or feelings as a sign of health or recovery
- Assuming emotional availability and intimacy are essential, a sign of health, or romantic
- Confusing romantic attraction with performative romance
- Telling patients they'll "find the right person" someday
- Using the term "just friends"

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