Community Listening Sessions with Aromantic People: Summary and Recommendations Report

PRIDEnet

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Part 1: Overview – What did we do and why?

PRIDEnet (https://pridenet.org/) is a national network of individuals and organizations committed to the meaningful engagement of LGBTQIA+ people throughout the entire research process. We do this through connecting community members with ways to participate in research and creating opportunities for community input to inform all stages of the research process. PRIDEnet recognizes that the LGBTQIA+ community is not a monolith; we have different experiences, issues, concerns, strengths, and needs. One method of community engagement that helps us understand these differences are community listening sessions, where we listen to the opinions and experiences of LGBTQIA+ people on health issues facing their communities and possible solutions to those problems, barriers to research participation, and trusted sources of health information. As PRIDEnet engages with individuals and organizations that represent the diverse subcommunities under the LGBTQIA+ umbrella, we often encounter unique perspectives related to health research participation. By taking the time to listen to the unique perspectives of these communities, we can create a more welcoming and affirming research environment for the most marginalized, yet-to-be-reached parts of LGBTQIA+ communities. This report is based on community listening sessions with members of the aromantic community, completed in partnership with the Aromantic-spectrum Union for Recognition, Education, and Advocacy (AUREA). Aromantic commonly describes someone who experiences little to no romantic attraction.

AUREA (https://www.aromanticism.org) is an international, volunteer-run, online organization whose goal is to assist the growth of the aromatic community and advocate for its interest through further recognition and education internationally. They assemble information about aromanticism, including vocabulary, research, online resources, links to in-person groups, and printable educational materials.

Recognizing the need for more affirming research related to aromantic and aromantic-spectrum communities, PRIDEnet reached out to AUREA to explore collaboration in the design and implementation of community listening sessions that would address the lack of information surrounding the social, mental, and physical health of aromantic people and help us understand the challenges faced by and the resilience of the aromatic community. Through the established collaboration, AUREA was instrumental in the development, engagement, and recruitment of the community listening sessions. With AUREA's guidance and because of our findings, we will be using the term "aromantic" to describe participants in the community listening sessions, which is inclusive of everyone on the aromantic spectrum, and acknowledges that other community members may use different terms to describe themselves (see Part 3: Session Participants and Key Themes).

PRIDEnet is an *All of Us* National Community Engagement Partner, focusing on LGBTQIA+ community engagement, for the National Institute of Health's *All of Us* Research Program, an ambitious effort to gather health data from one million or more people living in the United States to accelerate research that may improve health. This report will be provided to *All of Us* to improve engagement with and be more responsive to the needs of LGBTQIA+ communities.

Part 2: Methods – How did we do what we did?

PRIDEnet began meeting with AUREA in November 2022 to develop community listening sessions, akin to focus groups, focused on input from aromantic community members. Collaboratively, PRIDEnet and AUREA determined the list of community listening session questions and focus topics and created the

screening survey, demographic survey, recruitment materials, and post-session survey. Materials were finalized and received IRB approval in May 2023. See Appendix A for the final discussion questions. Online, live, community listening sessions were scheduled for May 25, 2023 and June 5, 2023. Recruitment materials were distributed via social media and internal mailing lists at PRIDEnet and AUREA.

There were 713 individuals who completed the screening and demographics survey and IRB-approved consent procedures. Following a review of the screening survey responses, 24 individuals were deemed eligible to participate and invited to attend one of the scheduled sessions. A total of 21 individuals participated in both sessions: the first session held on May 25, 2023 had 11 participants, which was facilitated by PRIDEnet Community Engagement Coordinator, Cassie Armea-Warren, MSc and PRIDEnet Senior Community Engagement Specialist, Mahri Bahti, MPH and the second session held on June 5, 2023 had 10 participants, which was facilitated by PRIDEnet Community Engagement Coordinator, Cassie Armea-Warren, MSc and PRIDEnet Community Engagement Lead, Daniel Moretti, MSc. A post-session survey was distributed to participants of the community listening sessions to gather demographic information and quantitative data.

Both sessions were audio and video recorded. The recordings were professionally transcribed and analyzed inductively for common themes, which are summarized in Part 4 below.

Part 3: Terms and Definitions

As brought up by the participants in these community listening sessions, many people may have never heard of the term "aromantic" or are not familiar with aromanticism and some of the terms used frequently by people in this community. Considering this, we have provided a list of definitions for the terms used by participants during the sessions and that appear frequently in this report. These definitions have been sourced directly from our community partner, AUREA's website: https://www.aromanticism.org/en/all-terms. More terms, citations indicating their origin, including historical context, relevant links, and frequently asked questions can be found on AUERA's website: https://www.aromanticism.org.

- 1. <u>Alloromantic</u>: Describes a person who experiences romantic attraction or is not on the aromantic spectrum.
- 2. <u>Allosexua</u>l: Describes a person who experiences sexual attraction or is not on the asexual spectrum.
- 3. <u>Amatonormativity</u>: The widespread assumption that everyone is better off in an exclusive, romantic, long-term coupled relationship and that everyone is seeking such a relationship.
- 4. <u>Aromantic</u>: Commonly describes someone who experiences little to no romantic attraction, abbreviated to "aro." It also describes someone whose experience of romance is disconnected from normative societal expectations, due to feeling repulsed by romance, or being uninterested in romantic relationships. Commonly used as a specific identity term by people who experience no romantic attraction.

- 5. <u>Aromanticism</u>: Aromanticism is a romantic orientation, which most commonly describes people who experience little to no romantic attraction to others.
- 6. <u>Asexual</u>: Commonly describes someone who experiences little to no sexual attraction, abbreviated to "ace." It also describes people whose experiences with sex are disconnected from normative societal expectations, due to feeling repulsed by or uninterested in sex.
- 7. <u>Split Attraction Model (SAM)</u>: Some aromantic people use the SAM to make a distinction between experiences of attraction depending on certain characteristics, conceptualizing them as different types of attraction [sexual attraction and romantic attraction*]. A person who uses the SAM to describe themselves may experience different types of attraction as distinctive and decide to label the attractions separately. It's not a model that works to describe everyone's experiences, and there are some disagreements about its history.

*In addition to AUERA's definition of SAM above, we wanted to provide an example of how this model distinguishes between a person's romantic attraction and sexual attraction, allowing them to be different from one another. For example, a woman's romantic attraction might be aromantic and she feels sexual attraction to other women, and she might identify as an aromantic lesbian. In this model, both her romantic attraction and sexual attraction are expressed.

Part 4: Session Participants and Key Themes – What did we find?

Demographic Survey

A brief online survey was administered at the end of the sessions to collect demographic and quantitative data. All 21 session participants completed the post-session survey. The post-session survey was administered *via* Qualtrics online survey software. In the survey, 71% of individuals identified their race and/or ethnicity as White; followed by 14% identified as Black, African American, or African; 5% as Hispanic, Latino/x or Spanish; 5% as American Indian or Alaska Native; and 5% as Other/None of these fully describe me. A majority of session participants, 57%, were between the ages of 25- and 34-years-old, followed by 38% between the ages of 18- and 24-years-old. Most session participants identified as members of the LGBTQIA+ community due to their aromantic or aromantic-spectrum identity (86%) and/or their sexual orientation, another orientation (*e.g.*, an orientation in reference to other attraction types such as platonic attraction, aesthetic attraction, or sensual attraction), and/or their gender identity (67%). Most session participants reported seeing a health care provider within the past year (80%). See Appendix B for additional demographic information.

LGBTQIA+ Identity and Intersectionality

Sub-theme: The "A" in LGBTQIA+

Most session participants identified as part of the LGBTQIA+ community because of their aromantic identity alone, even when they had other LGBTQIA+ identities, such as queer, Two-spirit, or transgender.

"It's really ridiculous, and that obviously, clearly, aspectrum [aromantic and asexual spectrum] people are queer and fully belong with those seven letters just as much as anyone else belongs in that community."

"I absolutely identify as part of the LGBTQ+ community for a multitude of reasons. Aromantic is for sure one of them, but I'm also trans and non-binary and also part-time asexual, part-time allosexual with varying queer attractions no matter – like, I also very much split up all my attractions into tertiary and sexual and aesthetic, but no matter what kind of attraction I'm feeling, it is queer."

"I feel that queerness... is something that lacks cis [cisgender] het [heterosexual] normativity. And, so, I feel like aromanticism fits directly within it because saying no to the institutions of romance, something that's just seen as inherently, quote unquote human, when we have humans who don't experience it. I don't know where else I could logically align myself."

Session participants expressed frustration with people both within and outside of the LGBTQIA+ community for not knowing what the "A" in LGBTQIA+ stands for as well as the incorrect assumption that there is only one "A" and that aromanticism is an umbrella orientation under asexuality.

"...I'm still meeting people to this day who think the A in LGBTQIA stands for ally. Like, no, that's not what it stands for, but if you want to have a talk about it, we can. Like, it's really disheartening sometimes."

"Honestly, the thing that I find most troublesome is when people, especially outside the community, but I've seen it from people in the community as well, assume that all aros [aromantic people] are like a subset of asexuality. And I have absolutely no beef with aroaces [people who are both aromantic and asexual]. Like, it's not y'all's fault, but it's the assumption from the rest of everyone that gets a little bit tiresome. Trying to find any kind of representation, any kind of discussion around aromanticism that doesn't center asexuality in the broader society can be a little bit difficult."

Sub-theme: Coming Out

When explaining their aromantic identity to others, the language used by participants of the sessions was characterized by numerous intricacies. They described various microidentities that encompass a spectrum of differences in romantic orientations. Some session participants felt their identity could not easily be explained to people outside of the community, and responses ranged from 2-4-word phrases to 3-5-sentence descriptions.

"I feel like within the aromantic community, this is an extremely layered question. Like, I openly say that I'm aromantic. And then if somebody knows me at all, I'll say that I'm on the aromantic spectrum or greyspec, or that I am romantic/aromantic. And then that comes with an immediate I have to define what romantic/aromantic is... And then if we get a little bit deeper into the community, there's a whole bunch of terms..."

"... the thing that really helped me explain things to non-queer people and even just queer people that didn't know, was essentially if they were only attracted to one gender, just... imagine how you feel about the opposite gender and then apply that to everyone. And then that started

having people feel like it made a little more sense because before it was, like, how do you not do that?"

"I say... when I don't want to explain, which is like 99% of the time... I say I don't date. ... And specifically, even if I'm talking to queer people and want to explain the one-sentence version and not the ten-sentence version, I'll be like, I'm a lesbian, but I don't date."

"I definitely do enjoy them [microlabels] because they helped me figure out that I was aromantic. I'm, like, this doesn't sound like me, and so I started going through the list and I'm like, oh, no, that one fits me perfectly."

Session participants shared that coming out to people as aromantic or on the aromantic spectrum requires a lot more explanation and emotional labor because people have never heard of aromanticism, do not believe this identity is real (e.g., "you haven't met the right person" or "it's a phase"), or there are incorrect assumptions about aromanticism.

"... when I came out to her [my sister]... She was like, oh, so you don't experience feelings, you know, like a sociopath."

"I got asked by, again, like a male friend who had interest in me, I said, 'Oh, I'm aroace [aromantic and asexual'] something something, and then he goes, 'So, when you going to change your orientation? Like, when are you going to stop being aroace?' And, like, there's just this expectation that either there's something wrong with you, that you're unfeeling, or that it's just a phase, and it's going to change."

"I honestly think being aro [aromantic] is the most challenging of my identities — as far as representation and other queer people understanding it, and when looking for relationships."

Sub-theme: Aromanticism on a Spectrum

Session participants shared diverse identities and experiences, encompassing not only their intersectional identities but also within their aromantic identity. There was a range of behaviors and attitudes towards romance within the aromantic community. Some are repulsed by romance, while others might love to watch romantic comedies or engage in behaviors that are seen as romantic (e.g., cuddling, holding hands) but are not experienced as romantic by them. Regardless of individuals having diverse experiences and attitudes towards romance, there was a common thread: session participants universally did not like when this information was used against them or to invalidate their identity.

"Similarly with my partner that I had, like, I would run away if they wanted hugs or something because it just made me actively uncomfortable, but it was subconscious until I had the whole terminology of aromanticism and everything where now I could put a name to it and was like, that's why I ran away. It was not a game. It was genuinely my brain telling me, 'Nope, not now.' So, it's stuff like that where it's like, but what about this in the past? It's like, that's fine. That's the past. I know better now, and that's why all of this visibility and stuff is important."

"... just the assumption that like, oh, of course you want this [romance] because it's totally normal to want this. Everyone wants this. And, yeah, it's awkward when you don't want that... I have the same thing in a very different problem in that I am an incredibly tactile person. I love

nothing more than to cuddle and snuggle with people, and people see that and they're, like, oh, well, I don't get it. You clearly like this person because you're, like, sitting in their lap. And it's like, no, I just like hugs. So it's sort of like that same idea of like, well, you did this in the past, so that doesn't make sense that you're aro [aromantic]."

Sub-theme: Intersectionality

Session participants shared how their aromantic identity intersects with their other identities (*e.g.*, being neurodivergent, disabled, transgender, Black). At the intersections of race, gender, and/or sexuality, session participants described the challenge of not feeling fully acknowledged or seen in spaces that centered one identity over another. At the intersections of being neurodivergent and/or disabled, it made it difficult for some session participants to tease these apart. It is vital to underscore that while some session participants shared that their neurodivergence and/or medications for mental health diagnoses made them feel like it was difficult to assess what feelings are related to being aromantic and what feelings are related to their neurodivergence or medication, this should not be understood as a causal relationship; instead, it should be understood that both identities coexist and can create complexity for individuals trying to differentiate between them.

"... being Black and just acearo [asexual and aromantic] is just, like, a lot of intertwining issues, too, like overt sexualization, you don't want it, the whole housewife mentality, juggling those, and just sort of a lot of things that also just as a Black woman, there's also just like this struggle of being seen as feminine in any way or form or manner, even if — because a lot of times being clocked or being told that you are masculine is very, very offensive to a Black woman, especially when they're doing everything they can to embrace their femininity. And something that is as inherently feminine is romance is love, it's princesses, this, you know, this sort of perfect ever after. So it always just has me, like almost feel like is this the best course of action for me while still trying to retain the best mental health for myself. So that's how my relationships are impacted with my identities as being Black and aro [aromantic]."

"And considering I don't see a lot of Black queer people or, like, I'm always on the hunt for Black queer people — that sounds so bad. But, I mean, I just hope to find people to relate to. And being aro [aromantic] kind of hinders that because I don't know a lot of Black aromantic people."

"I feel like being chronically disabled has made my identity harder because I doubt myself in ways of, 'Am I thinking that I am aroace [aromantic and asexual] because of my medication or my depression or anxiety?' Or in other cases, I feel like a chest binder would be so nice, but my body can't handle it, so I feel not queer enough."

"The concept of love and how society portrays and perceives love, especially romantic love, I don't know if this is my neurodivergence or something else, but it really just makes no sense to me... I was having anxiety responses to this [friendships turning romantic], to these people, and I thought it was a crush because everyone told me these are the symptoms of a crush. And what it really was, was the societal and peer pressure to turn these relationships romantic when it was really just uncomfortable to me and not at all what I was searching for with these people."

"... coming out as aromantic also made me realize that I'm also bisexual... It was just kind of like, well, yeah, I never really looked because I was never really interested in dating... [I] dated a

woman at some point because it was like, well, society kind of expects you to. But now I can just accept that [aromantic identity]."

Sub-theme: Gender Norms and Aromanticism

Many session participants discussed how romantic norms are shaped by gendered social constructs and expectations. Many session participants of diverse gender identities shared that as they embraced their aromantic identity, they also embarked on a journey to explore their gender identity. Conversely, some session participants found that understanding their gender identity led to a better comprehension of their aromantic identity. For those with fluid gender identities, their romantic and sexual orientations also fluctuated in alignment with their gender. Additionally, for those session participants who identified as Black and/or neurodivergent, this journey of exploration took unique forms as they articulated encountering limitations in their explorative endeavors due to the complexities of these intersecting identities.

"It [romance] is really lumped together with femininity, and it's something that especially women and AFAB [assigned female at birth] folks are, like, have put on them to want, but also the stigmatization of arospec [aromantic spectrum] men is something that is truly not talked about enough because even though romance isn't exactly something that's put on men, the absence of it is definitely something that they have to deal with the sort of repercussions of because of how society views romance in general."

- "... And then I kind of got into this thing of, like, am I nonbinary? And I explored that. And I was like, no... it wasn't that I didn't identify as a woman. It's that I didn't identify as a wife or mother... And, so, I think that would be the way that I found the term aroace [aromantic and asexual] gender."
- "...for me, it was very much the trans to non-binary to aro [aromantic] pipeline because once I was breaking down gender and once I was breaking down sexuality, I was then able to break down romantic and romance and amatonormativity and society's views on romance and why I felt such a strong disconnection to it as well as why I felt such a strong disconnection to society's perceptions and ideas of gender."

"This is going to sound so sad, but due to already being at risk of being seen as unfeminine as a Black woman and aroace [aromantic and asexual] I feel a lot of apprehension with exploring my gender identity."

Community Health Concerns and Solutions

A common community health concern expressed by session participants centered on the general assumption that romance and romantic attraction are essential components of a person's life. As a result of this incongruence with the lived experience of aromantic people, session participants discussed the difficulties of growing up without an appropriate label for an important aspect of who they were and how they navigated both romantic and platonic relationships. Session participants shared that prior to learning about aromanticism and other microlabels on the aromantic spectrum, they experienced negative mental health consequences and other trauma in their efforts to force romantic attachment and enter negative relationships. Microlabels refer to nuanced identifiers that individuals may use to describe their personal identity, preferences, or characteristics. For example, people may use

microlabels to convey more precise information about their experiences and feeling, beyond the broader categories. Examples of microlablels include terms such as "grayromantic" or "WTFromantic." These labels help people articulate aspects of their identity with greater specificity than broader, umbrella terms might allow. It's important to note that language and terminology in this context can be highly personal and may vary between individuals.

Sub-Theme: Lack of Awareness and Acceptance that Aromanticism is a Valid Orientation

There was general discussion about the idea that many people are unaware that aromanticism exists as an orientation, and beyond that basic knowledge, lack an understanding that is not a problem to be fixed.

"I think, as a start, one of the main things is for people to actually know what aromanticism is because I feel like that's still a lot outside of the queer community. It's not well known or not known in the sense that we want to be known. As people kind of think of it as a problem or something to be fixed a lot of times, which can kind of lead to, you know, like, oh, you know, you have to go to therapy and fix this issue because you don't experience romantic love, that sort of thing."

"...understanding that this is a real orientation and something that is not a problem to be solved, I think that's the main first step because that's still a big problem."

Sub-Theme: Negative Experiences in Health Care Settings

Regarding experiences in medical settings, session participants expressed concerns about health care provider's attitudes that being aromantic and/or asexual is a problem that needs to be fixed, with one session participant likening this approach to conversion therapy.

"They see a medical solution when they hear about aromanticism and asexuality. As well as, of course, in the mental health field, saying, 'Well, what can we do to get you out of that? How can we fix that?' Which they're not aware they're performing conversion therapy because they don't think of it the same way they would think of being gay. But that's what we need, to have so much more education to be like, this is what you were saying when you were saying that to me."

Another session participant mentioned that mental health providers have connected their aromantic identity to depression.

"Specifically even mentioning to a psychiatrist, psychologist, or a mental health professional, or even just a general practitioner that you are aromantic, or even hinting at it, that you're, let's say, not interested in pursuing romantic relationships or not interested in pursuing sexual relationships, they're going to see it as either you need to be on an antidepressant because you have depression, or you should get off your antidepressant because those medications or other medications can cause low libido."

One session participant living with a disability and other chronic health conditions discussed the difficulties of navigating conversations with healthcare providers who draw erroneous connections between these health conditions and their aromantic orientation, leading to feelings that providers were denying their identity/orientation.

"I'm very open about being disabled, and I have other conditions that cause me to lose consciousness. And my mental health was brought in, and my choice of how I partner was brought in to an assessment of my disabilities and of my chronic conditions because it was unfathomable that maybe these things were entirely separate. Because in the minds of the doctors, they'd stated things like, 'Well, maybe you don't like partnering because you have all of these chronic illnesses and they're all related, and you don't actually have your identity.' Rather, you're just ill and that makes it too hard for you to be partnering. Which personally doesn't apply to me, and it's incredibly difficult."

One session participant who identifies as aromantic allosexual and experiences sexual attraction but not romantic attraction, noted that their sexual health needs are not being adequately met due to conflation of aromantic and asexual orientations.

"I'm aro allo [aromantic and allosexual] and often get mistaken for aroace [aromantic and asexual], even by health professionals, which sometimes means they don't think of certain sexual health needs I might have."

A lack of understanding of aromantic identities can contribute to unmet health needs for some individuals who feel that they cannot be completely honest with their healthcare providers.

"I feel like I can't be honest when asked about anything sexual/romantic. I personally have no interest in either and never have, but I've had doctors say things like, "You're just waiting for the right person" and I sort of vaguely go along with it since I think it makes the appointment easier so I can just get the checkup and then be done with it. I feel like if someone can't be honest with healthcare providers, it leads to the potential for a medical issue to be overlooked."

One session participant expressed a desire to answer questions about orientation when filling out medical forms in order to avoid being asked questions about sexual and/or romantic partners and avoid unnecessary questions and interactions.

"Because if I write down that — if I click the little asexual button, then I would like them not to ask me if I'm sexually active...and then I would never have to answer that question again, which would personally help me a lot. And if I, like, if I press the little aromantic button, then maybe I would be like, maybe don't ask if I have a significant other that they could call or ask if they could be, like, is there a family member or a friend instead? So, like, if they have that little button thing, maybe it's less like they're gathering your information and more, like, 'This is for us to help you. How do you want it to pertain to how you want us to use it?' That kind of thing."

Sub-Theme: Partnering and Amatonormativity

Session participants discussed structural issues in social, legal, and medical settings that assume that partnering is a normal part of adulthood and confer advantages to people who choose to partner and disadvantage those who do not.

One session participant felt that the healthcare system relies on an individual having a social support system, often comprised of a spouse/partner and possibly children, to provide or supplement care beyond what is offered institutionally.

"I feel like healthcare, as it is right now, relies a lot on having a family, having a spouse and children. For older people, the idea that they're going to be cared for by their children. Or even for younger folks, when we have surgery, if it's a major surgery, there's the expectation that there's going to be family or a partner there to care for someone, and that's not practical. And it needs — the whole system needs to be redone, frankly, because even for partnering folks, it can be a lot to put all of that on one person. But for non-partnering folks, it's just not realistic."

One individual noted that being on both the aromantic and on the aplatonic* spectrum limited the availability of a support system to meet their care needs as a person also living with disabilities, which gave them concern about getting older as a non-partnering, non-romantic person relying only on family support. (*Aplatonic can describe individuals who experience little to no desire to form a friendship with a particular person and can also describe people who struggle to form relationships of any kind with other people.)

"So I am a disabled person with some support needs. I am lucky enough to have a family that cares a great deal and is able to help provide some of those support needs, but a theme in the disability community is the person who helps care for you and take care of your support needs is your romantic partner, which I don't think I will ever have. I also am on the aplatonic spectrum, so friends are also not as easy to come by. So it worries me about getting older not having as many — not having as much access to healthcare and the way to help with and fulfill my needs as a non-partnering, non-romantic person who really only has my family. So for me, a lot of my aromatic needs also intertwine with my mental health and my disability needs."

Session participants discussed economic advantages to partnering as it relates to shared housing and healthcare expenses. One session participant noted that having more freedom to choose who can share health insurance policies could help in this regard.

"Another thing that I would say is just the way that health insurance works in this country and how if you're going to get health insurance for a partner's employer, they'll typically want you to be married. I feel like the expansion of who we're able to include, like if we're under the system where we have to get healthcare through our employers, we should be able to elect people outside of our immediate family."

One session participant, who is in a long-term queer platonic relationship, expressed frustration over the lack of options within medical and legal settings to gain some of the benefits of marriage, which isn't an option for them.

"...there's a friend that I've had, he's my partner, but not in the sense of a romantic partner... he is now my queer platonic partner. But as far as the healthcare system and the government, that doesn't mean anything. We can't do anything as far as that's concerned even though he's the person I want to spend my life with. What am I supposed to do about that? You know, we want to live together and spend the rest of our lives together, but that means nothing. I can't designate him to be the person that comes to the hospital with me. And my only option is to get married, and I don't want to do that, so it sucks."

Additionally, there was discussion about the effects that societal changes in perceptions about how and whether people choose to pursue relationships could benefit everyone.

"Any kind of relationship or love or sex should not be a societal expectation and should be a personal choice. And, so, my hope for the future is that we can break down these ideas and these societal perceptions around what relationships are and what relationships should be and how everyone should strive for and want and need relationships to begin with because even non-aspec people [non-aromantic and -asexual spectrum], there are certain types of relationships that non-aspec people should want to – not want to pursue and should be able to do that without shame, or stigma, or marginalization. Everyone should be free from amatonormativity and allonormativity and platonormativity. Everyone should be free to have their own relationships be their personal choice, and be up to them and not something society tells them they should do."

Health Research Attitudes and Experiences

Session participants felt that community participation in health research studies could help contribute to increased knowledge of aromantic orientations and related microlabels. Discussion centered around the types of questions that could be asked to allow people to identify both their romantic and sexual orientation.

Sub-Theme: Asking Questions about Sexual Orientation and Romantic Attraction

Session participants expressed a variety of opinions about how researchers and clinicians should ask questions about sexual orientation and romantic attraction. Although there was consensus that these questions should be separated, session participants felt that the context of how the questions were asked and how the information would be used were important factors in considering whether separate questions were needed.

"I think the first thing you want to ask with data collection — this is part of my job — is why are you asking? You have to know what you're going to do with this data. Like, don't just collect data just because you feel like it needs to be on a form because forms should have that. I think I know why you're asking and what you're going to do with it. And, so, I think the best forms that I have seen have a category for sexual orientation and a category for romantic orientation, and all of those options are two different poles parallel."

One session participant noted that there is disagreement within the community about whether these questions should be asked separately but expressed that having separate questions allowed them more options to identify who they are.

"I think we [aromantic people] are all, like, at least if we don't use the split attraction model, we're definitely familiar with it. But I know that there are a lot of folks who either don't use it or are actually very against using it. So, yes, I would like those options for myself, but I also want something sort of for them to be, like, this is what I am, and it's, like, there's no split attraction."

Sub-theme: Allowing for Additional Options and Multiple Answers

Another session participant recommended allowing people to select multiple answers for gender identity, sexual orientation, and romantic/partnering orientation.

"..having a romantic attraction section and a sexual orientation section, and then having the ability to select multiple as a multigender person — gender fluid multigender person — that as well as a multiple choice gender section so that you can select multiple genders and multiple

sexual orientations and multiple romantic orientations would be so helpful because all of my attractions are so related to what my gender is at any given moment."

Additional options that would allow for a more nuanced ability to identify sexual and/or romantic attraction and partner orientations include allowing people to fill in the blank or to select options that do not incorporate sexual attraction.

"They have so many different options for your sexual orientation, but there's none for your romantic orientation. So if they literally just had a fill in the blank that's optional so if people don't know what that means, they don't have to fill it out, but people who are aromantic, we can actually put something in there and they can actually get data for that, you know? I feel like it's not hard."

Sub-Theme: Sharing Results

Related to additional themes that came up in terms of a lack of visibility and knowledge of aromantic orientation, session participants felt that researchers should share results with the community, especially on social media.

One session participant, who has participated in several research studies in the past and is also a community leader, lamented that the lack of sharing research results impacts their ability to inform and help other community members.

"I think one of the big benefits is also tied to one of my concerns, but I've participated in this aro [aromantic] and ace [asexual] research at an academic level for a long time. Like at least five years that I've been doing these studies, and the majority of them, I never see the results. I never see what comes out of them. I never see what actually could help my community. As a leader within my community and my section of the aroace [aromantic and asexual] community, specifically I work in progressive Christianity and affirming church circles, it's just not — like, I just don't ever get to know what happened with that data."

Another session participant suggested that building a presence on social media can help researchers with relationship building and learning.

"...having that active social media connection that you're forming relationships with these people that you're studying, you know their terms, you know their concerns, and that they can also benefit from your work as well."

Information Sharing and Community Building

Sub-theme: Exclusion from LGBTQIA+ Community

Most session participants felt that LGBTQIA+ spaces, communities, and events should be inclusive for everyone under the LGBTQIA+ umbrella but often experienced them as exclusionary to aromantic people. This sentiment was accentuated for session participants who also identified as disabled, neurodivergent, transgender, Two-spirit, and/or Black.

"I feel like I am a queer person. I belong in queer spaces, but I am also sort of romance-repulsed, sort of sex-repulsed, and a lot of queer folks who are not aro [aromantic] or not ace [asexual], that's their safe space to be very, very open about their sexuality or their romantic attraction, and they deserve that space to be able to do that. So it's, yeah, it's hard to find sort of like what

is that balance, where can, sort of, the entire community, the queer community come together, and where can, sort of, people have their different spaces for whatever kinds of needs that they have."

"I have a non-visible disability and mental disability, so a lot of the time people will say that my identities are a symptom of this, and that it's not that I don't belong in the community because it's something that needs to be treated in that fact. And these things were from, like, hard core, like for the people, like, LGBT fighters, and that as like a really young person in the community really hurt... I think that if we can get to the point where, like, a younger person in the community who has the same issues can feel like it's a part of them and not a disease that defines it, I think we get to a really good place."

"I've joined aroace [aromantic and asexual] meetups and feel at home there, but never tried doing anything with the general LGBTQIA community and have heard that we aren't welcome, so I never tried to connect with the community."

"I felt fully welcomed as a trans guy in the community that I found. But there was never any discussion of anything to do with aromanticism, and I think that's part of why it took me so long to come to this label. And I wish that more community spaces were willing to have that discussion just because I feel like of all the parts of me, that was the part that never came up and that I wish had."

"I am Two-spirit Cherokee, and for me, Two-spirit encompasses both — well, all aspects of my queerness, and I think it's frustrating because a lot of people want to police who can use certain labels, and there is kind of like a — there's a lot of discussion about microlabels... And to tie it back into my being aromantic, I just felt like, oh, I already have so many parts in the LGBTQI+ community, and, like, do I really need all these labels? Yeah, I don't know. It's just an interesting thing to kind of come to terms with for yourself and within finding your — finding your community."

Sub-theme: Aromantic Community Online

Many session participants said they found community with other aromantic people online, through Tumblr, Discord, Instagram, and X (formerly Twitter). Others preferred to stay off social media, feeling too much like their identities were up for debate or at the center for some sort of discourse, while others described having to sort through a lot of aphobia (*i.e.*, prejudice against aromantic and asexual people) until they found an accepting community.

"I know I've talked to similar people online who are also asexual and aromantic who, like, had the realization like, 'Oh, my God, there are other people like me,' and then in the same breath, going, 'Oh, my God, I'm not broken.'"

"... the aro [aromantic] community became large primarily online, and it made community far more accessible... It makes me feel really glad to be able to be aro in this time and age now that the internet gives us the opportunity to participate, especially this supports disabled queer people in the large community of disabled aros [aromantic people]."

"I started identifying as asexual and then eventually as aromantic about 10 years ago on Tumblr. Definitely, that was a time. And there was a lot of discourse there. We called it the discourse, but it was phobia. It was hate. And a lot of that was driven by women in the queer community, and that was really difficult for me. So I started identifying very strongly as queer and as LGBTQ as a reaction to that, as part of that, and being part of a very accepting, diverse community within that Tumblr community."

Sub-theme: Visibility

Visibility was important to session participants. They named the aromantic flag (see Appendix A, Figure 1) as a great way to let aromantic people know you want to include them, and despite the abundance of aromantic microidentities, there was generalized consensus that using the terms "aromantic," "aro," or "arospec" are good options for creating an inclusive and welcoming environment for individuals in the aromantic community. Session participants explained the complexity of being seen as aromantic through images used in recruitment materials like flyers, posters, and pamphlets.

"I think that for it to be specifically like aromantic inclusion, you kind of have to have that flag or that word because I think a lot of people, you know, they'll see a pride flag and, yeah, it does include me, but I think when people think of LGBT, they're not thinking of aroace [aromantic and asexual], whatever."

"Personally, I would really, really appreciate more things that take the time to acknowledge all asexual or aromantic people. I also think that providing aromantic resources... are significantly more helpful than just acknowledging we're there. I think being able to specifically understand that not all aromantic people are asexual and that some people have sexual or romantic relationships regardless of their identity."

"I think one thing I would want is for the diversity of our community to be represented. So, like, not just white able-bodied people. Like, there's, you know, racial diversity, and diversity of ability, and diversity of gender identity, and I think all of those things should be represented."

Session participants expressed a personal connection to the traditional pride flag (see Appendix A, Figure 2) or the progress pride flags (see Appendix A, Figures 3 and 4) upon seeing it, but this did not imply that they felt they would be accepted or feel they belonged by others in a space where these pride flags are displayed. Only when accompanied by the aromantic flag (see Appendix A, Figure 1) did some session participants feel comfortable enough to enter spaces or attend pride-related activities.

"I personally also identify as queer, so when I see any flags for the queer community as a whole, I do feel represented, but I don't think that it necessarily addresses that I'm aromantic. It addresses that I'm not part of the allosex [allosexual] heteronormative collective. So it acknowledges that I exist, but it doesn't acknowledge aromantic people specifically I don't think, but it's also not denying that I'm there."

"So definitely I'm a fan of the aromantic flag. I also am okay with the updated queer flag, but I still feel like when I see it, I'm unsure if I belong in that space sometimes."

Sub-theme: Harmful Terms, Stereotypes, and Assumptions

Session participants discussed experiences of harm and discrimination from within and outside of the LGBTQIA+ community resulting from misunderstandings about aromanticism as well as assumptions that dehumanize aromantic people.

We asked session participants about terms they find harmful, and their responses fell into the following categories:

1) People do not know that aromanticism is an orientation or identity, so they do not have negative terms.

"We're almost too invisible for people to have mean names for us, lol."

"I don't think that people know us enough to have actual directed slurs at the aromantic community, which is good, but I don't know."

"I don't think there's like a specific word. You know, like, a lot of the words that we use to describe ourselves, we chose and create ourselves as a community. I feel like because there's less knowledge of who we are, it's harder to have derogatory words, which is good."

2) Experiences of people saying their aromatic identity was made up and not real.

"I hear people saying that about a lot of people in our community... they just think, you know, all this stuff is made-up."

"For me it's more the denial of my terms as 'real': that it's 'not a thing' and we're just straight and 'wanting to be oppressed so bad' "" I'm also very aego [aegoromantic*]/romance favorable, so I hate the stereotypes of all of us being anti-romance/romance-negative (in a society sense for everyone)." (*Aegoromantic describes a person who enjoys the idea of romance but does not wish to be a participant in romantic activities.)

3) Session participants shared specific terms that are harmful.

"Broken. I hated being told I was broken when trying to explain my identity to people."

"I know other people in the community get called things like monsters or robots because they don't, you know, there's something different, there's something's wrong with them."

"For me personally, it's anything that comes with dehumanization, like being seen as robotic or unfeeling."

Many session participants shared that it was less about specific terms and more about concepts that reinforce harmful stereotypes. Additionally, many session participants conveyed that they often find themselves trapped in a harmful dichotomy. This occurs either due to a lack of comprehension about aromanticism, leading to the misinterpretation of their actions, or the imposition of rigid societal expectations, which can have their identities called into question or feel pressured to conform.

"I guess the kind of things that I've noticed is that there's a big problem with being infantilized sometimes with general society seeing romantic relationships as a sign of adulthood. So you kind of get looked at as a kid. Even though you may be partnering, it's still not the correct way."

"... the automatic assumption of being loveless rather than it being something personal, something that's pushed onto you with being aro [aromantic] being seen as or being called deficient in some way is a thing that just grinds my gears the most is, like, being called immature. It's being portrayed as you're not ready for this rather than this is who you are and you just don't experience it."

"It feels like when you're aro [aromantic] you're either seen as careless or a 'tease/heartbreaker.'"

"Not really a term used by others but the most hurtful thing is when people misinterpret my lack of romantic interest as a lack of love/care or that I'm 'cold'. Or the reverse – misinterpretation of my love/care as romantic attraction. Feels very violating/isolating."

Session participants gave various examples that demonstrated how certain terms carry distinct impacts when used by someone within the aromantic community compared to use by someone outside of the aromantic community.

"... there is a term used within the community that I support people within the community using, but if someone outside the community uses it, I would have questions and not be comfortable with that, which is loveless. Like, there are plenty of aros [aromantic people] who identify themselves as loveless, but if someone were to call me loveless because I'm aromantic, I would be like, 'no.'"

"I agree with people who are like, oh, some of these words, you know, even though the nasty ones from outside the community I would use, but I know that most people wouldn't feel like that. There is, I think, a subset of the aromantic community who does vibe with those words like cold, loveless, frigid, those kind of words. I'm one of those, but I think the autism comes into play there because there's very much a section of my aromanticism that's like, 'I don't know how feelings work, and I kind of don't care.' So if people call me cold, it's whatever. But it's very much a word that I think most people wouldn't vibe with."

"... there's a common phrase within the queer community of ways to quantify us as still human, like... aros [aromantic people] are still human because they can still love, just not romantic love, discounting that some people don't like to use the word love. Some people don't feel like that describes their experiences... And I think, yeah, 'love is love' is not an inclusive phrase."

Part 5: Recommendations – What are the take-aways?

To ensure that aromantic people feel welcomed into your space, it is helpful to affirm this
community as part of the larger LGBTQIA+ community, display the aromantic flag (see Appendix
A, Figure 4), and provide aromantic resources at clinics or in community spaces. For example,
our partner, AUREA, has pamphlets available on their website for free to download and print:
https://www.aromanticism.org.

- 2. Health researchers and health care providers should educate themselves about aromanticism and the aromantic community to build trust and reduce the amount of emotional labor that some people experience in medical and health settings.
- 3. Do not conflate asexual orientation/identity with aromantic orientation/identity. In the care environment, this does not mean you should always address them separately. Since some people split their sexual and romantic attractions while others do not, people should be given the option to have them addressed separately or together.
- 4. Acknowledge the diversity in individual attitudes towards romantic attraction and partnership within the aromantic community with an increased awareness of the disparities that some individuals face associated with romantic attraction and/or partnering. Some aromantic people are in partnering relationships while others are not, which can have economic, medical, and legal implications.
- 5. Allow aromantic people to be seen as whole and complex and not as having an issue that needs to be fixed. Do not pathologize aromanticism. Understand that the layered identities and experiences of aromantic people may at times be related, but do not have causality relationships. Aromanticism is not "caused" by medication, a traumatic event, mental health diagnosis, or being neurodiverse.
- 6. To ensure better representation of the aromantic community in health research, include aromantic community members from the beginning (e.g., study design) and engage them throughout, including sharing of results. Familiarize yourself with the terms used and discourse happening within the community.
- 7. Consider asking clinical and research questions in a way that separates sexual orientation and romantic orientation and allows for multiple selections as well as the opportunity for individuals to provide a write-in response.
- 8. Use language that is inclusive of the aromantic community and informed by differences in attitudes towards romantic attraction, love, and partnering.

Part 6: Next Steps – What does PRIDEnet plan to do next?

- 1. PRIDEnet will continue to expand our community engagement network by building relationships and partnerships with organizations serving and/or advocating for the aromantic community.
- 2. PRIDEnet will continue to recruit people who identify as aromantic to serve as PRIDEnet Participant Advisory Committee members and PRIDEnet Ambassadors, enhancing our ability to refine our messaging, outreach, and research dissemination activities in real time.
- 3. PRIDEnet will advise as appropriate to treat sexual orientation and romantic attraction as separate questions in its partnering research studies and collaborate with members of the aromantic community to review the options provided for these questions to ensure they are inclusive.

- 4. PRIDEnet will continue to develop aromantic-inclusive programming (*e.g.*, online panels and discussions about health and research highlighting aromantic voices) and use more aromantic inclusive language and visuals in materials.
- 5. PRIDEnet will continue to engage with people who identify as aromantic throughout the research process. We will use community feedback to ensure that the research participation experience is affirming, meaningful, and meets community priorities.
- 6. PRIDEnet will continue to share research findings back with the community, including disseminating this report to the aromantic community members who were participants of these community listening sessions. PRIDEnet will collaborate with AUREA to share this report with their network.
- 7. PRIDEnet will use the results of these community listening sessions to educate health researchers, healthcare providers, and other organizations within the *All of Us* Consortium on the lived experiences of aromantic community members to increase their cultural competency, humility, and sensitivity to the unique issues that the aromantic community has faced in medical and health research settings.

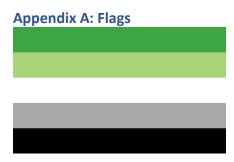


FIGURE 1: AROMANTIC PRIDE FLAG

Image description for Aromantic Pride Flag: equally spaced horizontal striped colors in the following order from top to bottom: green, light green, white, gray, and black.



FIGURE 2: TRADITIONAL PRIDE FLAG

Image description for Traditional Pride Flag: equally spaced horizontal striped colors in the following order from top to bottom: red, orange, yellow, green, blue, and purple.



FIGURE 3: INTERSEX INCLUSIVE PROGRESS PRIDE FLAG

Image description for Intersex Inclusive Progress Pride Flag: equally spaced horizontal striped colors in the following order from top to bottom: red, orange, yellow, green, blue, and purple, with additional stripes entering from the left in a triangle shape (black, brown, light blue, light pink, white) with the center of this triangle filled in yellow with a purple circle centered.



FIGURE 4: PROGRESS PRIDE FLAG

Image description for Progress Pride Flag: equally spaced horizontal striped colors in the following order from top to bottom: red, orange, yellow, green, blue, and purple, with additional stripes entering from the left in a triangle shape (black, brown, light blue, light pink, white).

Appendix B: Demographic Information, Identity, and Terminology Tables
Table 1: AGE DEMOGRAPHICS (N=21)

Age	% (n)
18 - 24	38% (8)
25 - 34	57% (12)
35 - 44	5% (1)

TABLE 2: RACE AND ETHNICITY DEMOGRAPHICS (N=21)

Race/Ethnicity (Select all that apply)*	% (n)
American Indian or Alaska Native	5% (1)
Asian	0% (0)
Black, African American or African	14% (3)
Hispanic, Latino/x or Spanish	5% (1)
Middle Eastern or North African	0% (0)
Native Hawaiian or other Pacific Islander	0% (0)
White	71% (15)

Other/None of these fully describe me: Ashkenazi Jewish	5% (1)
Decline to answer	0% (0)
No Answer	10% (2)

TABLE 3: SEXUAL ORIENTATION DEMOGRAPHICS (N=21)

Current Sexual Orientation (Select all that apply)	% (n)
Allosexual	10% (2)
Asexual	76% (16)
Bisexual	24% (5)
Gay	5% (1)
Lesbian	5% (1)
Pansexual	0% (0)
Queer	57% (12)
Questioning or Unsure	5% (1)
Same-gender loving	0% (0)
Straight/Heterosexual	0% (0)
Two-spirit	5% (1)
Another sexual orientation: Gray asexual	5% (1)
No sexual orientation or label (e.g., I use "aromantic" to describe my	0% (0)
entire identity)	
Decline to answer	0% (0)
No answer	10% (2)

TABLE 4: GENDER IDENTITY DEMOGRAPHICS (N=21)

Current Gender Identity (Select all that apply)	% (n)
Agender	29% (6)
Cisgender man	5% (1)
Cisgender woman	19% (4)
Genderfluid	19% (4)
Gender non-conforming	14% (3)
Genderqueer	24% (5)
Man	14% (3)
Non-binary	43% (9)
Questioning or Unsure	0% (0)
Transgender man	19% (4)
Transgender woman	5% (1)
Two-spirit	5% (1)
Woman	19% (4)
Another gender identity: Bigender, transmasculine	5% (1)
Another gender identity: Transmasculine	5% (1)
Another gender identity: (No additional provided)	5% (1)
Decline to answer	0% (0)
No Answer	10% (2)

TABLE 5: INTERSEX IDENTITY DEMOGRAPHICS (N=21)

Do you identify as an intersex person or a person with innate variations in sex characteristics?	% (n)
Yes	5% (1)
No	71% (15)
Unsure	10% (2)
Decline to answer	5% (1)
No answer	10% (2)

TABLE 6: LGBTQIA+ IDENTITY DEMOGRAPHICS (N=21)

Do you identify as a member of the LGBTQIA+ community (lesbian, gay, bisexual, transgender, intersex, asexual) or another sexual and/or gender identity? (Select all that apply.)*	% (n)
Yes, because of my aromantic or aromantic-spectrum identity.	86% (18)
Yes, because of my sexual orientation, another orientation, and/or gender identity.	67% (14)
No, I do not identify as a member of the LGBTQIA+ community.	0% (0)
I'm not sure	5% (1)
Decline to state	0% (0)
No answer	10% (2)

TABLE 7: LANGUAGE RECOMMENDATION FOR ASKING ABOUT AROMANTIC IDENTITY (N=21)

Do you have a recommendation for how research studies should ask participants if they identify as aromantic? (Select all that apply)*	% (n)
By asking about orientation more broadly, "What is your (sexual, romantic) orientation?" and include aromantic options (multiple answers allowed).	71% (15)
By asking a stand-alone question, "Do you identify as aromantic or on the aromantic spectrum?"	43% (9)
By asking, "What is your sexual orientation?" and include aromantic options (multiple answers allowed).	5% (1)
A different category: Options for split attraction models	5% (1)
A different category: What is your romantic orientation? (Aromantic, homoromantic, heteroromantic, grayromantic, demiromantic, none, etc	5% (1)
A different category: By asking "what is your romantic orientation?" and having comparable options to the sexual orientation question	5% (1)
A different category: As two separate questions (one for sexual, one for romantic)	5% (1)
No Answer	10% (2)

TABLE 8: TERM RECOMMENDATION FOR ASKING ABOUT AROMANTIC IDENTITY (N=21)

Which term(s) should be listed as options to identify aromantic orientation in research studies? (Select all that apply)*	% (n)
Aromantic	71% (15)
Aromantic/aro	48% (10)
Aromantic, grayromantic, or demiromantic	62% (13)
Aromantic spectrum	71% (15)
Aromantic, aro, asexual, and/or ace	52% (11)
A-spectrum/a-spec	14% (3)
Another term: An ability to elaborate on the option	5% (1)
Another term: Non-SAM Aro	5% (1)
Another term: Arospec	5% (1)
No answer	10% (2)