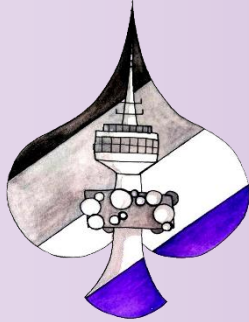




A joint project of  
Ace & Aro Collective AU

&

ACT Aces



A detailed study of  
acephobic  
discrimination, violence,  
oppression and hate  
crime.

**“I don’t  
know if this  
counts  
but...”**

Asexual Lived  
Experiences Survey 2021:  
Final Report

**Kate Wood**

---

## Introduction

Well.

It’s been a long two years, but I’ve done it – I have written what we believe is the world’s largest ever study into asexual discrimination, violence and hate crime. When people ask me what my hobby is, I’ve spent the past four years of my life with an incredibly weird response but this is who I am now.

In January of 2020, working with ACT Aces, my local ace compatriots, I wrote a little something called the [ACT Aces Asexual Experiences Survey](#). We covered several different areas with our questions, about demographics, asexual identity, relationships and family, violence and discrimination and asexual pride and community. A lot of the questions were just camouflage for the information we really wanted to get at. Myself and some of my comrades were speaking together at a conference and we were going to talk about a lot of really serious things that no one in our queer community was talking about – discrimination and violence against asexual people. We were worried someone would say “Oh, but you just had an awful time in the health system!” “Oh but only you were hurt!” “You’re just isolated cases!” So... we put out a little survey to see if we could get some statistics to prove that it wasn’t just us. We thought we could get the local aces in our group to do it, maybe a few other Australians.

We got 1600 responses from all over the world. I had to ask them to turn the survey off early – there was too much data for me to cope!

### *Notes on the journey (TW: Sexual assault)*

When I was about 17, I survived repeated, escalating sexual assault – and even though nobody, not even me, knew I was asexual at the time, that doesn’t mean what happened to me wasn’t acephobic in nature. People did what that did to me because they found my attitudes to sex weird, funny and something that made it okay to treat me as less than. And they did it because they had a genuine belief that it would “fix” me. It was a long time after that before I came out as asexual. And it was at 33 – half of my whole lifetime, and after a *teeny* breakdown – that I finally told people about what I’d been through.

When I began to look into the data from that first survey, what I found was horrifying. Not only was my personal experience with sexual violence common – what traumatised me then now felt comparatively mild. Also, something weird happened. I wasn’t distressed, triggered or retraumatised by the many stories I was reading. I was just getting angrier and angrier and more and more charged up to do something about this. How could so many people be suffering but I hadn’t been able to find these statistics anywhere? How could these numbers be so high and there was barely anything when you googled it? Why wasn’t there a pamphlet with this stuff on? The more work I do, the more other survivors I talk to, the more I publish, and present, the more I heal.

### *Notes on my methodology, tone, and general attitude*

Now, I’ve been criticised because I’m not an academic. I’ve got almost two postgraduate degrees, but they’re not in remotely the right field. I’m an ingroup researcher, and I’m also an activist and apparently that makes my work less reliable, less valid. But I do not apologise for it. In fact – it’s given me a little freedom. If I’m not an academic, I’m not constrained by the kind of stuffy academic

language that isn't accessible to everybody. So, I've tried to make this report a little more 'plain speaking' where I can – while still maintaining a precise tone when needed. I've written this report, it took forever and I'm proud of what I've done. So, when I refer to how or why something was calculated or interpreted, I'm not using any of that "the authors" or "we" business – I'm just saying "I". When referring to the writing of the survey, I say "the survey authors", which involved a team of three, including myself.

I believe my respondents. I don't think they're lying to me. So I'm using language like "X respondents *were* involved" or "X respondents *did* experience", rather than saying "X respondents *reported* this" or "X respondents *said* that". The exception to this is on my charts and graphs – I can't control who might take those and use them in isolation, so I have made sure they are very clear about the information they show.

The downside to this approach is if a respondent says that they did not experience intimate partner violence, for example, even though they did (and survivors may well deny even to themselves). My approach of using language that takes respondents at their word means I'm removing these people from the narrative.

We collected a lot of personal stories, and I have used nowhere near as many as I'd like. As stated in the survey, I have corrected spelling errors, and major grammar or other typo issues (such as where a word is missed out and it is obvious what it should be, or a few words are repeated). I never altered the words in any way that I felt affected the writer's voice, so other things that some might call "mistakes" I have left in because they're not mistakes – they're deliberate things some people don't like.

My methodology is essentially explained as I go along. With each question, where I make a calculation or propose a reason behind the data, I make an effort to explain why I am doing this, or what external information I am basing my reasoning on. I try not to draw conclusions, but rather use my experience in the ace community, and logic, to ponder the why of things.

There are a number of case studies throughout the report. These were chosen using Google's random number generator. All the appropriate respondents were included in the pool for selection (in one case this was "everyone", in other instances, I divided up a group by gender or another criteria, and selected one from each). You will notice that there are no case studies included for Part 6: Physical Violence and Threats, or Part 7: Healthcare. This is simply because I did not feel that one was required – it would not add anything not already seen from the data presented.

You will find a glossary of potentially unfamiliar words at the end of this report. It contains the words a person unfamiliar with many common LGBTQIA+ identities might not know, and that anyone not asexual might need to learn. I have also included little boxes to explain other, less common new words in the places they appear.

### *On the content and your safety*

This report is about some distressing subjects. It may be triggering if you are a survivor of any of these forms of violence. Even if you're not, for asexual people it might just be upsetting to read a lot of words at once about the unpleasant things that people say and do. For other people in the LGBTQIA+ community, much of what is in this report will likely be quite familiar – although some may be a little different.

Remember, you won’t always know that you are being triggered. So, pace yourself and don’t read more than you want to. Self care is always important, but now is a great time to remember it.

The personal stories are likely to be particularly upsetting, and those are in either purple or green italics. There are no specific trigger warnings, because everything is divided into subject, so please use your best judgement, and take care of you.

### *On thanking literally everyone who ever lived*

When I began this work, ACT Aces was intending to do a follow-up survey. At that time, I was also part of the team at Australian Asexuals, and two of my colleagues there wanted to do a survey on healthcare. So, we made it into one big survey. This was a terrible mistake. The survey was much too long, very confusing, a disaster on mobile, and as many people failed to complete it as succeeded.

The survey was written by myself, my now partner Gemma Gray and Kerry Chin of Australian Asexuals. I was assisted in the early stages by Cas Schmacker of Aces+ Melbourne, who helped me look at the data in some new and creative ways that I had not considered. All of the data collation, calculation, graphing and the writing of the report has been my own work, supported by an incredible team of moral support pals, who were on call at all times.

The very hardest part of doing this work is the reading of the personal stories. We received 1611 stories of abuse, hatred, discrimination and truly shocking sexual violence and I read each and every one of them twice. My little support team was on hand for me to message any time things got a little much for me to cope with. They offered to let me send them the most upsetting stories that I read, and share the burden of them. My special thanks to all of them.

I finished this report while helping to launch the Ace & Aro Collective AU. I am Research Director of this new organisation and I want to thank all of my new colleagues for their bottomless support for what I do and the way I choose to do it. But thankyou also to Australian Asexuals, where this report started life – and of course to ACT Aces, the little anarcho-syndicalist commune where my work first started, and most especially to the incredible Madeleine Tranter.

Thanks to Dr. Aley O’Mara and Atiya McGhee for believing in me when I needed it a lot. Thankyou to Dipa, my friend on the frontline. Thank you to Sophia, who is always there exactly when I need it – and was again, when editing was needed. Thankyou to Cody Smith, the best ally the Ace community could ask for. Thanks to Kerry and Cas. And obviously, massive, massive, massive thanks to Gemma who as well as writing questions, has supported me through this absolutely wild two year process, whether that means talking me through the stress, letting me debrief, or leaving me alone to play with my spreadsheets.

If this were the Oscars, they’d have played me off by now. Every word was essential.

Thankyou most of all to every person who is within these pages<sup>1</sup>, whether you are words, or just a number. None of you are numbers to me.

- Kate Wood

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<sup>1</sup> Every person, that is, except the last three.

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# 1. Demographics and Background

## 1.1 Response Numbers

The survey received a total of **2929** responses. However, only **1669** of these were *Completed Responses*. Of these, two were removed from the dataset as *Troll Respondents* (See Section 8). Only *Completed Responses* were used for quantitative data. In the remainder of this document, the term “Respondents” refers to the **1667 Respondents** who completed a genuine survey response and whose quantitative data was suitable for inclusion.

*Incomplete Responses* were used only for the text fields. The stories shared by these respondents are valuable and the research team wanted them to be included. The qualitative data of their stories is thus included in the research, and the stories were counted in quantitative data related to the number of stories received, and who they were received from.

## 1.2 Location

The survey was open to respondents worldwide, but circulated widely in local Australian groups with strong encouragement for local members to participate. It was also shared with the activists planning *International Asexuality Day* who were asked to encourage the members of their organisations to participate. The survey was in English and this was a potential barrier to international participation.

Australian responses were **405**, or **24.3%** of the total. This included four respondents who selected the answer that they are an Australian citizen currently living overseas. **32** respondents were from New Zealand, for a total of **437**, or **26.2%** of respondents from Oceania. No respondents were from any of the Pacific Island nations. Australian, New Zealand and Australian citizen overseas responses were grouped together as *Local Respondents*.

Apart from the three local answers, the only other specific country given on the survey question about location was the USA - this choice was made based on previous experience that a large number of respondents would be from the USA and that write-in answers would take many different forms and be time-consuming to consolidate. A total of **645** or **38.7%** of respondents were from the USA.

All other responses were write-in, and including those countries already mentioned, respondents came from a total of **57** countries. **16** respondents only wrote a region, such as “*Scandinavia*” or “*SE Asia*”.

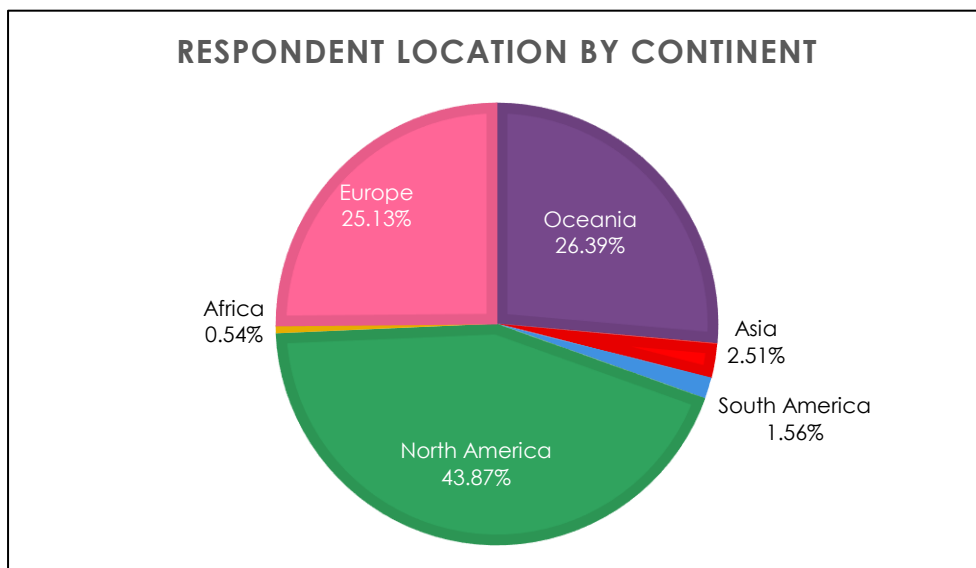


Figure 1.1 shows the distribution of respondents by continent.

Figure 1.2 is a map showing the locations of respondents.

Figure 1.1: Respondent location by continent

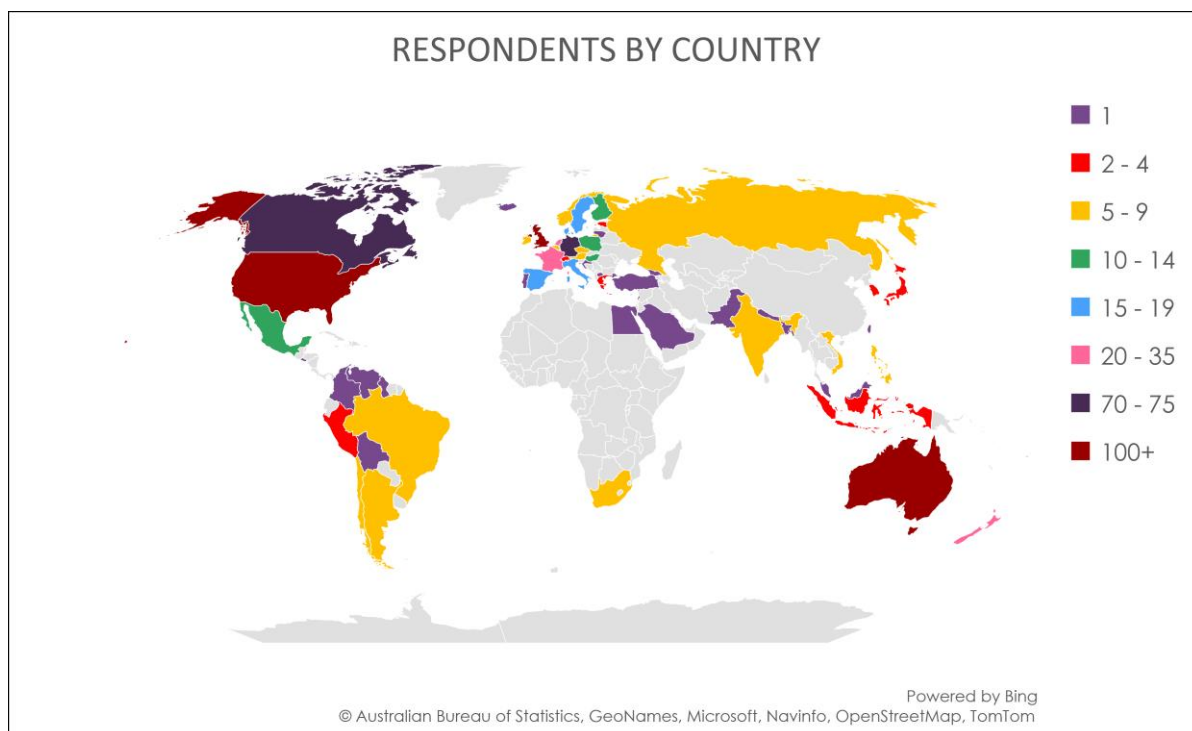


Figure 1.2: Respondents by country

This map has some correlation to countries and areas where there are large asexual activist organisations, or where the survey authors have strong personal relationships with local organisers - such as South America, France, Scandinavia, Mexico and Germany. This suggests that dissemination of the survey may have been aided by members of social and activist groups being encouraged to participate. The largest responses were in the USA (645), Australia (405), UK (132) and Canada (75), all countries where English is the primary language spoken. The next largest response was Germany (70), and after this there is a significant gap before New Zealand (32) and The Netherlands (30). Aside from the three active asexual activist groups in Germany, I cannot find any reason for the survey's success there, in comparison to other European countries.

## 1.3 Age

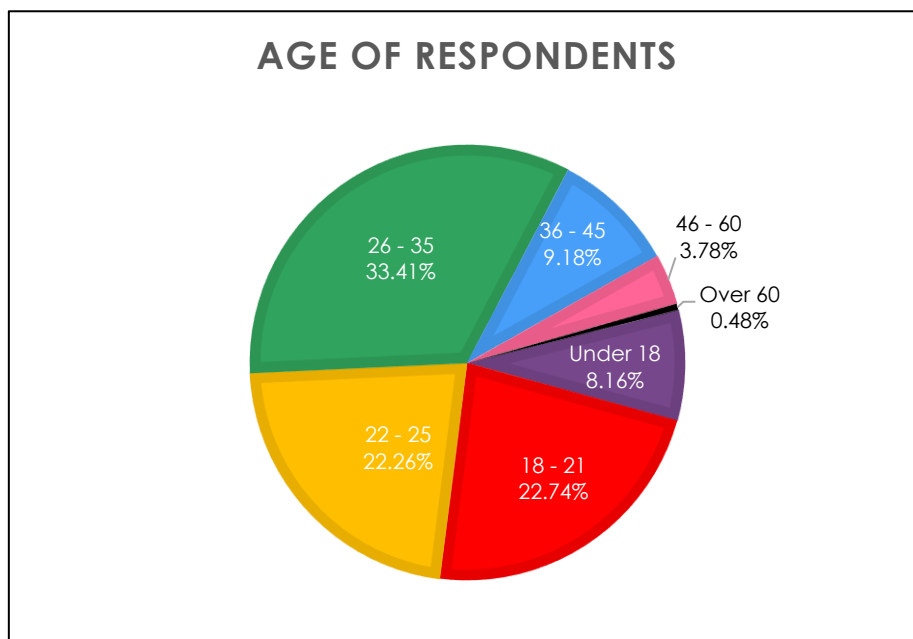


Figure 1.3: Age of respondents

Figure 1.3 shows a breakdown of the respondents' ages by percentage. A full third of respondents were aged between 26 and 35 (557 or 33.4%). The bulk of the remainder were aged between 18 and 25, with 379 or 22.7% in the 18 - 21 age group and another 371 or 22.3% in the 22 - 25 group. 18 to 35 year-olds in total comprised 78.4% of respondents. Over 60 was selected as the final age group, based on experience that very few people over this age identify as asexual. This proved true, with only 8 respondents over 60. 136 or 8.2% of respondents were younger than 18, but it is not known how young they were. The youngest and oldest ages of respondents were not recorded.

## 1.4 Gender

The survey question about gender gave six common options and an *Other* for respondents to write in their gender. Respondents could write in more than one gender. Some respondents gave four or five genders. This made the data on gender difficult to quantify, but the survey authors felt strongly about the importance of allowing respondents to express their gender identity authentically.

The six original options provided were: *Female*, *Male*, *Nonbinary*, *Agender*, *Genderfluid*, *Genderqueer*. A total of 32 other genders were written in under the *Other* option. Figure 1.4 shows the relative sizes of different gender groupings of respondents.

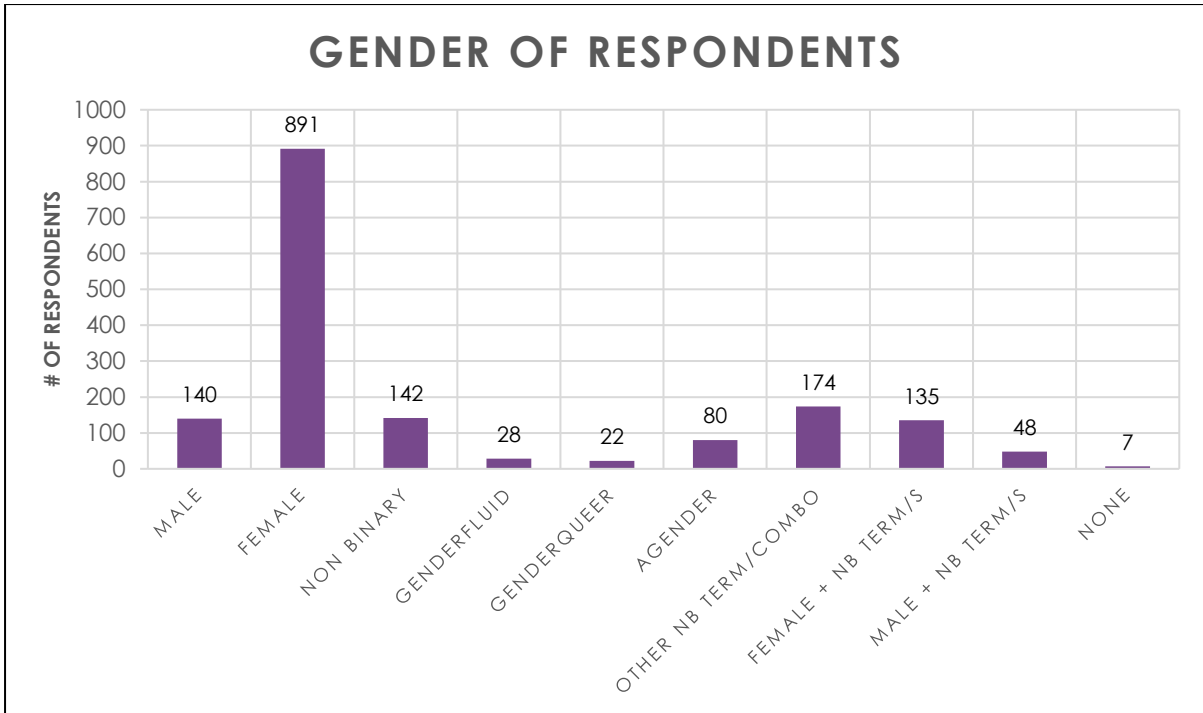


Figure 1.4: Gender of respondents

Female respondents vastly outnumbered male respondents, with nonbinary people also accounting for a significant proportion. In order to make a useful comparison, *Figure 1.5* uses the same 5-point gender scale used in the *ACT Aces Asexual Experiences Survey 2019*<sup>2</sup>. The result shows a drastic reduction in the percentage of respondents leaving the gender question blank. None/Unknown answers were reduced from **18.6%** in the 2019 survey to **0.4%** in the current survey. The reason for this is unknown. Both surveys had the option for any gender to be written in - the 2019 survey had just the open field, while in the current survey, the 6 initial options were also provided.

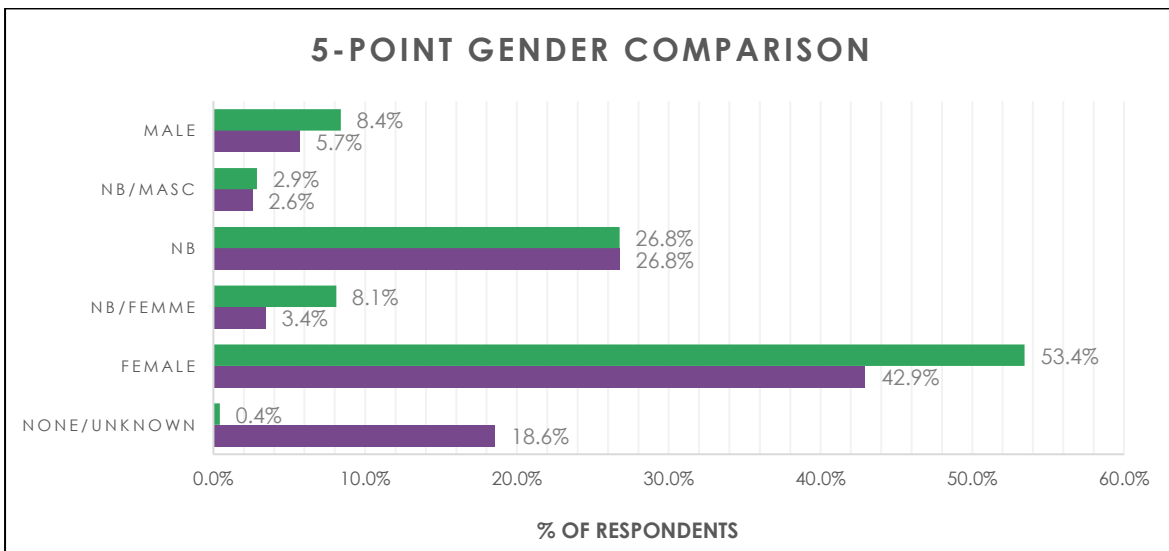


Figure 11.5: 5-Point gender comparison 2019 vs 2021

<sup>2</sup> Kate Wood, "ACT Aces: Asexual Experiences Survey, Final Report" (Canberra, ACT: ACT Aces, 2020), p. 11.

Note that the survey report was released in January 2020, but the survey took place during 3 weeks in September 2019.

Table 1.1 is a complete list of all **38** gender terms used by the survey respondents, sorted by frequency. The six original options are the most common, while there are **22** terms used by only one respondent each.

Female	1031	Unsure	6	Cassfem	1	Genderfae	1
Nonbinary <sup>3</sup>	388	Transmasc	5	Demifemale	1	Genderless	1
Agender	234	Genderflux	4	Demigender	1	GenderQuirky	1
Male	182	Autigender	3	Demigirlflux	1	Gendervague	1
Genderqueer	97	Neutrois	3	Demiguy	1	Girlflux	1
Genderfluid	94	Boyflux	2	Female-ish	1	Queer	1
Questioning	26	Agenderflux	1	Femme	1	Woman adjacent	1
Demigirl	14	Ambonec	1	Fluctuating	1	Womanflux	1
Demiboy	7	Apathetic to gender	1	Gender Apathetic	1		
Trans masculine	6	Bigender	1	Gender Variant	1		

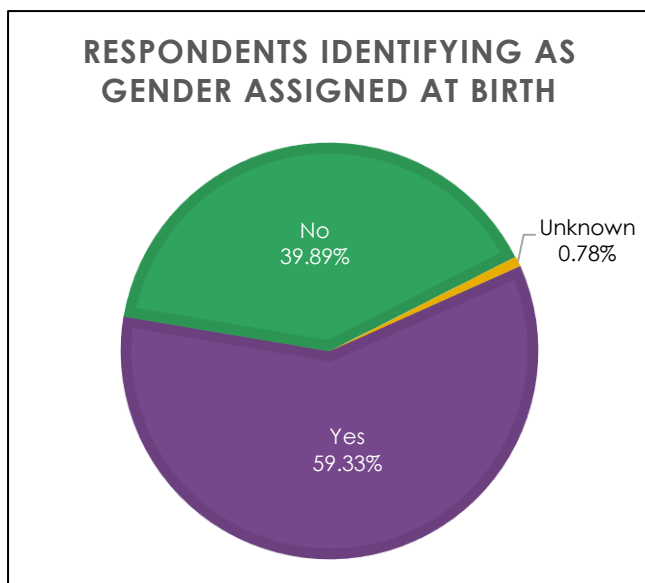
665 or 39.89% of respondents told us that they don't identify with the gender assigned to them at birth. While almost this many respondents used nonbinary terms to describe their gender (627), the two figures do not overlap entirely because many of the nonbinary respondents also identified as the binary gender assigned to them at birth - such as "Female genderfluid" or "Male agender genderqueer".

---

#### NEW WORDS!

- Ambonec*: simultaneously female, male and neither.
  - Autigender*: the experience of gender is so integrally linked to autism that they cannot be separated.
  - Cassfem*: apathetic/indifferent to gender, but knows themselves to be somewhat feminine
  - Demi-*: prefix indicating someone is partially, but not wholly that gender.
  - flux*: suffix indicating that this gender is fluid, but can often mean it's the usual gender or the easiest to describe
  - Genderfae*: a form of gender fluidity that never encompasses any masculine/male genders
  - Neutrois*: a nonbinary identity that is usually considered as null gender or an absence of gender
- 

<sup>3</sup> In the survey, "Non binary" with a space was used. I have since been corrected and asked to use nonbinary with no space and no dash, and am retroactively doing so.



However, when asked if they identified as transgender, only 270, or 16.2% responded Yes, with a further 9.7% (161) responding Unsure. The significant difference between those not identifying with the gender assigned at birth and those identifying as transgender is accounted for mostly by nonbinary respondents who do not identify as the gender assigned to them at birth, but who do not identify as transgender.

Previous surveys<sup>4</sup> have found 30 - 40% of asexual people identify as transgender and/or gender diverse, and this result is at the upper end of this bracket.

Figure 1.6: Respondents identifying as gender assigned at birth

## 1.5 Intersex Respondents

On advice from [Intersex Human Rights Australia](#), the survey asked “Were you born with a variation of sex characteristics (this is sometimes called intersex)?” Figure 1.7 shows responses to the question.

Seven, or 0.42% of respondents answered Yes, which is dramatically smaller than the proportion of people with intersex variations within the general population (up to 1.7%<sup>5</sup>).

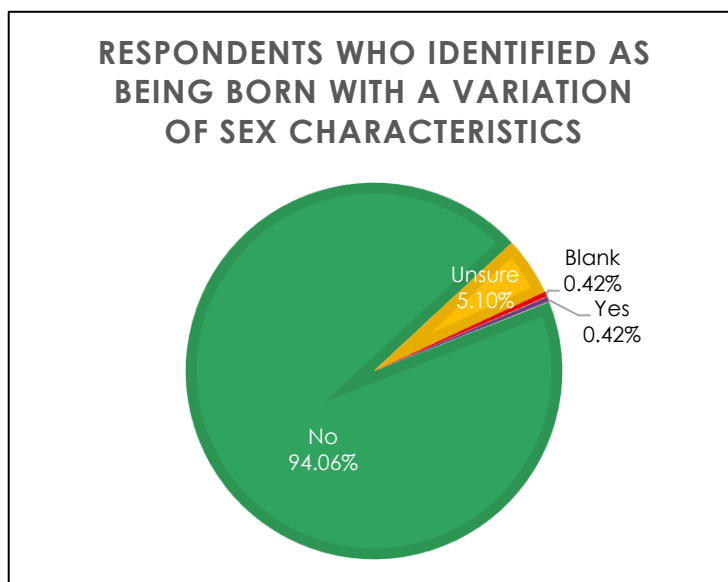


Figure 1.7: Respondents who identified as being born with a variation of sex characteristics

<sup>4</sup> K Wood (2020), p. 12. (40% of respondents nonbinary).

[Ace Community Survey Team, The Ace Community Survey, October 27, 2022, https://acecommunitysurvey.org/.](#)

The Ace community survey has several years worth of survey data, but often you need to take separate data and calculate ((Nonbinary and/or Gender Diverse) – (NB/GD, also identifying as trans) + (Trans) = Trans/GD.

<sup>5</sup> “Intersex for Allies,” Intersex Human Rights Australia, November 21, 2012, [https://ihra.org.au/allies/.](https://ihra.org.au/allies/)



## 1.6 Sexual and Romantic Orientation

Questions about sexual and romantic orientation were asked in three parts. For simplified data collection, the first two questions asked respondents to choose their sexual and romantic orientations from a list. The wording of the questions was: “Which of the following best describes your sexual/romantic orientation? (You will have more options to choose from later)”.

Options for sexual orientation were: *Asexual*, *Grey-Asexual*, *Demisexual*, *Ace Spectrum/Ace Umbrella* and *Unsure/Questioning*.

Options for romantic orientation were: *Aromantic*, *Demioromantic*, *Greyromantic*, *Other Under Aromantic Umbrella*, *Alloromantic (Bi-, Hetero-, Homo-, Pan-)*, *Unsure/Questioning* and *I do not agree with/define myself under the Split Attraction Model*.

### 1.6.1 Sexual Orientation

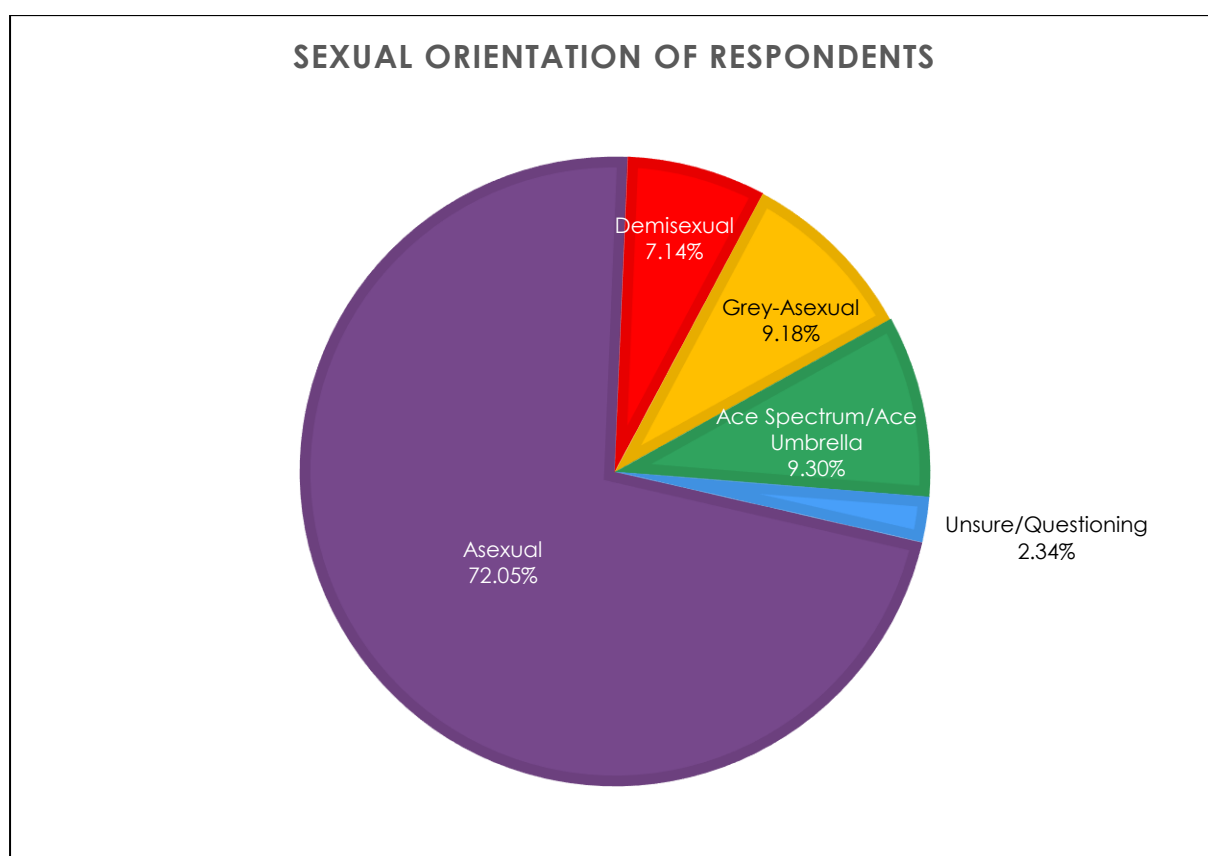


Figure 1.8: Sexual orientation of respondents

Figure 1.8 shows the sexual orientations of respondents, as percentages. **1201**, or **72.05%** of respondents chose “Asexual” as the label that best described them. **119** or **7.14%** chose “Demisexual” and **153**, or **9.18%** chose “Grey-Asexual” (sometimes called Greysexual or Grey-A). These are the three most common labels under the asexual umbrella, and between them accounted for **88.4%** of respondents. **155**, or **9.3%** of respondents chose “Ace Spectrum/Ace Umbrella”. This choice could mean that they don’t feel a connection to any specific label under the Ace Umbrella (also known as

the Ace Spectrum), but know that they belong somewhere within. It could also mean that they identify with one of the many “microlabels” that are under the Ace Umbrella.

A small number (39) of respondents chose “Unsure/Questioning”, and these people may not know how they identify specifically under the Ace Umbrella, or they may be questioning whether or not they are asexual - the question left ambiguity and the survey was open to people who are not openly asexual or still questioning themselves and their identity.

## 1.6.2 Romantic Orientation

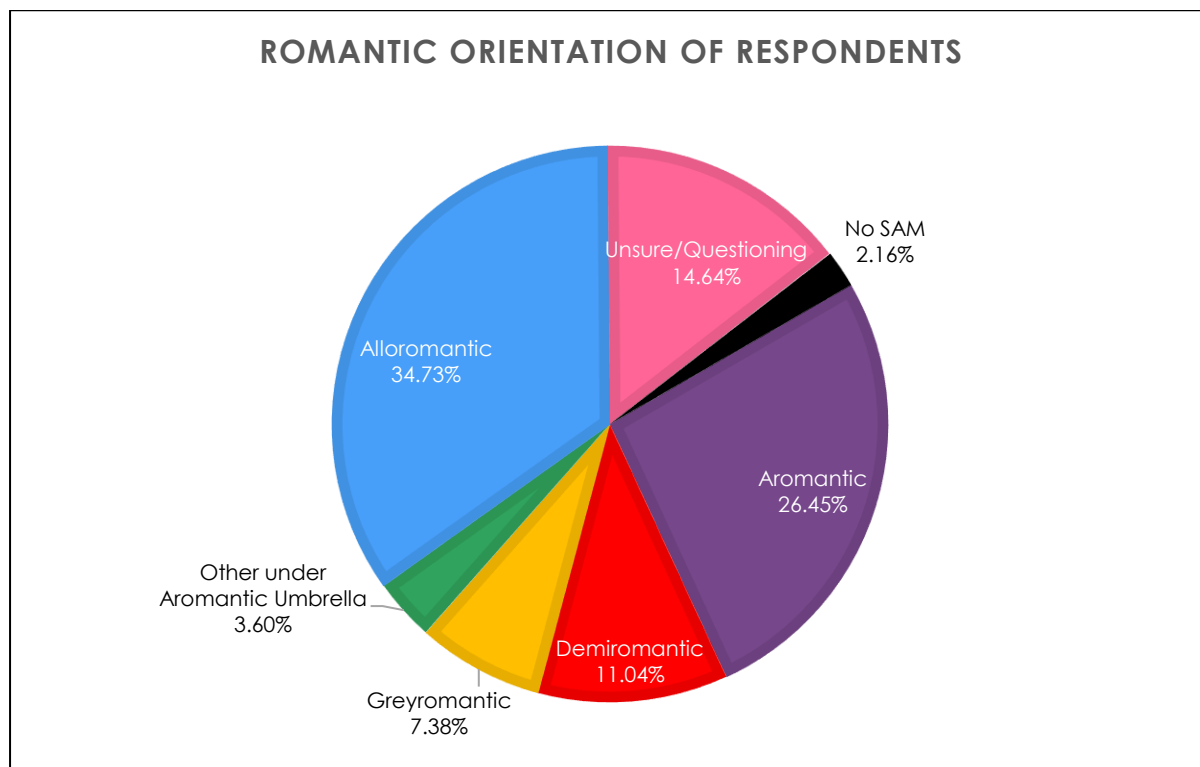


Figure 1.9: Romantic orientation of respondents

Figure 1.9 shows the romantic orientations of respondents. It is a common misconception that asexual people are also aromantic and vice versa. Previous surveys, including the previous ACT survey, and the *Ace Community Survey* have found similar population numbers.<sup>6</sup>

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*Allo-* is a prefix that we use to mean “not a-”. So, an “allosexual” person is anyone not on the asexual spectrum. An “alloromantic person” is anyone who is not somewhere under the aromantic umbrella.

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In this survey, **441 (26.45%)** respondents chose the “Aromantic” label as most closely describing them. In total, aromantic identities made up **48.5%** of respondents. **579** or **34.73%** of respondents answered that *Alloromantic* most closely described them. This could mean that the person identifies as *Heteroromantic*, *Bioromantic*, *Homoromantic* or

<sup>6</sup> K Wood (2020), p. 9: Aromantic 25%, Demiromantic 10%, Greyromantic 7%  
 Ace Community Survey Team (2020), p. 17: Aromantic 30%, Demiromantic 17%, Greyromantic 15.1% (note: respondents could select more than one romantic orientation – these results line up very closely with the romantic orientation results in Section 1.6.3, when respondents had multiple options. See Figure 1.12)

*Panromantic* - anything that can be a sexual orientation can be a romantic orientation. **14.64% (244)** of respondents chose “*Unsure/Questioning*”, which is greater than the number choosing “*demiromantic*”, and twice the number who chose “*greyromantic*”. Both *demiromantic* and *greyromantic* are considered common identities within asexual and aromantic communities, and so it is significant that so many more respondents chose “*Unsure/Questioning*” when asked about their Romantic Orientation.

One reason for this could be that the definition of “*Romantic*” is less defined than that of “*Sexual*” and many asexual people describe being unsure where lines are drawn between romantic and sexual or platonic behaviours. This confusion is described in some of the stories submitted to this survey about abusive relationships, and sexual assaults - but the people submitting the stories also described their confusion as a reason why they struggled with their identity. It can be hard to understand your sexual or romantic orientation if you cannot identify what is sexual, romantic or neither.

Finally, **36** respondents, or **2.16%** indicated that they do not agree with or use the Split Attraction Model to describe themselves. While the teams at ACT Aces and AACAU use the SAM and find it useful, we respect that not everyone in the asexual community does, and the data for these respondents was recorded using just the sexual orientation they indicated.

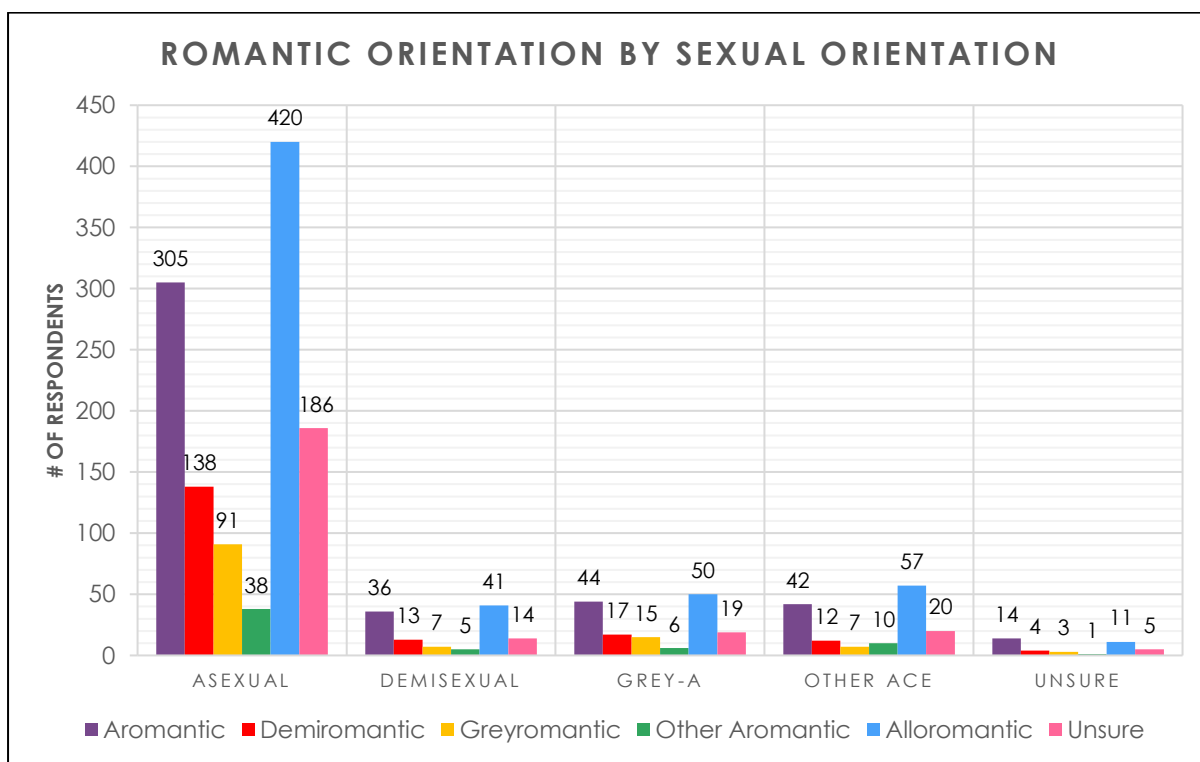


Figure 1.10: Romantic orientation by sexual orientation

Figure 1.10 groups respondents by sexual orientation, then graphs their romantic orientation.

This shows that a total of **420 (25.2%)** of respondents chose both “*Asexual*” and “*Alloromantic*”, making *Alloromantic Asexuals* the largest single group. The second largest is *AroAces*, at **305** or **18.3%**. “*Alloromantics*” are the most common in every sexual orientation, followed by “*aromantics*” – the exception being those who are “*Unsure*”, where it is the other way around.

Apart from those two largest groups, "demiromantics" and "greyromantics" were the most common in each of their corresponding sexualities, but the numbers are small: **10.92%** of demisexuality chose demiromantic and **11.11%** of grey-asexuals chose greyromantic.

### 1.6.3 Orientation Identifiers

The third question about Orientation allowed respondents to choose as many words as they wished from a list of 32 common ace, aro and allo orientations, or add anything else under *Other*.

Table 1.2 shows the 32 *orientation identifiers* provided. There was no limit to the number of alternatives that could be included in the "Other" box:

Asexual	Aromantic	Demisexual	Demiromantic
Grey-A/Greyasexual	Greyromantic	Aceflux	Aroflux
Aegosexual/ Autochorisexual	Aegoromantic/ Autochorisomantic	Apothisexual	Bisexual
Bioromantic	Cupiosexual	Cupioromantic	Fraysexual
Frayromantic	Gay	Heterosexual	Heteromantic
Homosexual	Homoromantic	Lithsexual	Lithromantic
Pansexual	Panromantic	Queer	Quoisexual
Quoiromantic	Reciprosexual	Recipromantic	Unsure/Questioning

---

#### **NEW WORDS!**

*All of these words are described with a -sexual suffix, but with a -romantic suffix, the type of attraction is simply different.*

**Aegosexual:** only experiences arousal in a way disconnected from the self. May enjoy pornography or fantasy involving others but can be repulsed even imagining themselves in a sexual situation. Not necessarily an asexual identity as some can feel sexual attraction.

**Apothisexual:** asexual and sex repulsed – feeling that sex repulsion is integral to the self.

**Cupiosexual:** asexual but still interested in pursuing sexual relationships

**Fraysexual:** only able to feel sexual attraction to those there is no bond or connection with emotionally

**Lithsexual:** feels sexual attraction but either does not want it reciprocated or may even lose the attraction if it is reciprocated

**Quoisexual:** from the French "what?". Unsure what sexual attraction actually is and therefore unsure of sexual orientation.

**Reciprosexual:** can feel sexual attraction to those who are attracted to them

---

The words chosen for the list were: commonly used alloromantic orientations and their sexual equivalents (bi-, hetero-, homo- and pan-), the three most common asexual and aromantic prefixes (a-, demi- and grey-), as well as some of the most well-known microlabels (in the experience of the survey authors). These included quoi-, recipro-, lith- and fray-. "Gay" and "Queer" were also included.

After receiving the responses, I noted two significant omissions. The original list should have included "Lesbian" as a specific identifier separate from "Gay" or "Homosexual". We should also have included "AroAce" as a specific identity that is used by many people who are both Asexual and Aromantic - these people would identify as "Asexual", "Aromantic" and "AroAce". Several people wrote this response in, but I think it likely that many others would

have chosen the response if it had been in the list, as being *AroAce* is an identity distinct from being asexual or aromantic.

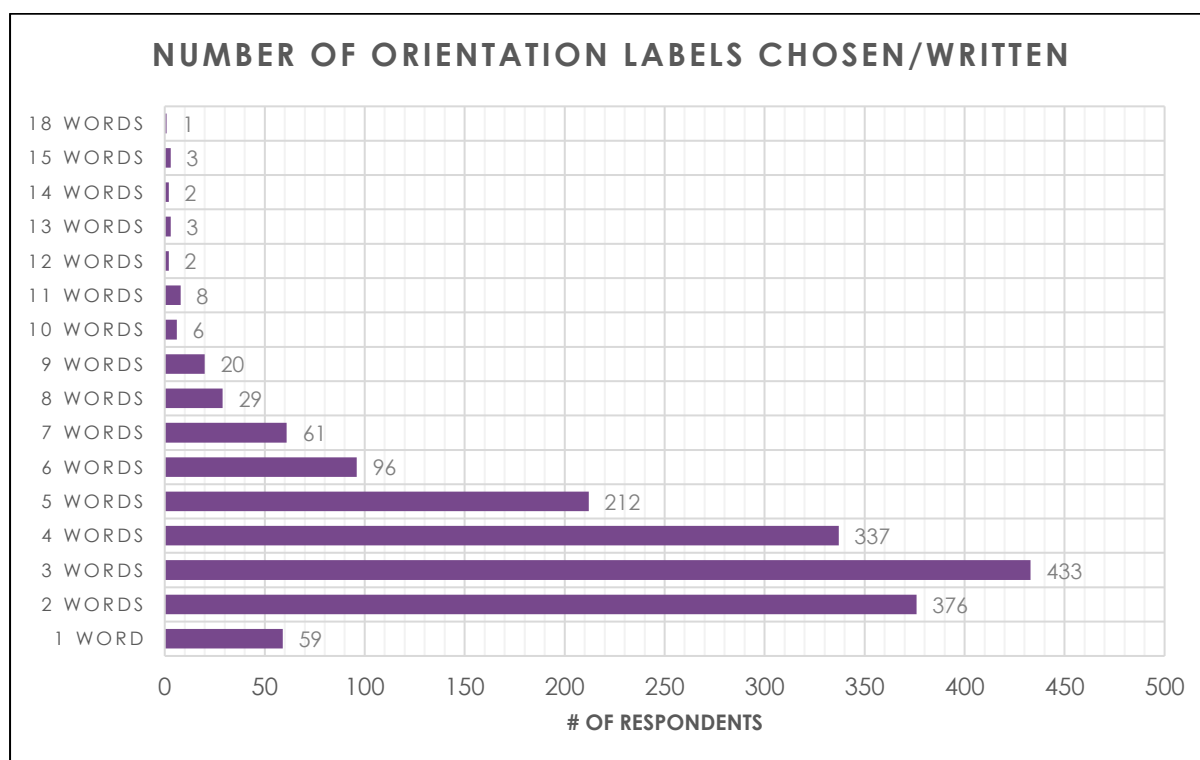


Figure 1.11: Number of orientation labels chosen/written

Figure 1.11 shows the number of labels chosen or written by respondents. **18** respondents left the question blank, and one checked every label box, including those which contradict one another - this was removed as an outlier or error.

The mean number of orientation identifiers used is **3.78**.

Of the **376** respondents who use only **two** orientation identifiers, **304** of them use one sexual orientation and one romantic orientation. Of the remaining **72**, there were a variety of combinations given, including:

- ♣ Two ace-spec orientations, such as “Asexual and Grey-Asexual”
- ♣ Demisexual and another sexual orientation, such as “Demisexual and Bisexual”
- ♣ Any orientation and Queer, such as “Asexual and Queer”
- ♣ Any orientation and Unsure/Questioning, such as “Aegosexual/Autochorisexual and Unsure/Questioning”
- ♣ Asexual and an allosexual orientation, such as “Asexual and Heterosexual”

The most common number of choices was **three**. **433** respondents use three orientation identifiers. Some patterns for the three orientations chosen include:

- ♣ Two ace-spec identifiers and one aro-spec identifier, such as “Asexual, Demisexual and Demiromantic”
- ♣ Two aro-spec identifiers and one ace-spec identifier, such as “Asexual, Aromantic and Quoiromantic” (this specific combination appears eight times, more than many individual identifier words)

- ♣ One sexual orientation, one romantic orientation and "Queer", such as "Asexual, Aromantic and Queer" (74 respondents) or "Asexual, Biromantic and Queer" (67 respondents)
- ♣ Demisexual, a second sexual orientation and a romantic orientation, such as "Demisexual, Bisexual and Homoromantic"
- ♣ Demiromantic, a second romantic orientation and a sexual orientation, such as "Asexual, Demiromantic and Biromantic"
- ♣ An ace-spec identifier, a romantic orientation and Aegosexual/Autochorisexual, such as "Asexual, Biromantic and Aegosexual/Autochorisexual".
- ♣ One of the three most common ace-spec identities, any second response and a write-in response, such as "Asexual, Aromantic and Bi-oriented Aroace"

### Microlabels – all about Emily

Emily, an Australian aged 18-21, selected the most orientation identifiers, a total of 18<sup>7</sup>. In the preceding questions where she could choose only one answer, she selected *Grey-Asexual* and *Aromantic*. When able to choose as many identifiers as she wished, Emily selected:

*Asexual, Grey-Asexual, Greyromantic, Aceflux, Aroflux, Aegosexual/Autochorisexual, Cupiosexual, Cupioromantic, Fraysexual, Frayromantic, Gay, Homoromantic, Lithsexual, Lithromantic, Queer, Quoisexual, Quoiromantic, Unsure/Questioning*

Emily is not an outlier - 24 other respondents use more than ten identifiers. The next largest number was 15, with three respondents using that many identifiers.

Understanding asexual (and aromantic) identity can be difficult and seems imposing to those outside. Many find the number of microlabels to be intimidating, and these labels are often subject to ridicule. There is a perception, particularly in online spaces, that asexuals are confused and do not have a clear definition of what "asexual" means, and that there are microlabels to describe every possible variation (and that this is a bad thing).

An understanding of Emily and what her labels mean - why one person might choose to use so many personal descriptors and how they can coexist without contradicting one another - can help to understand asexuality and asexual people.

Many asexual people have labels that they use to describe themselves to those *within* their own asexual community and different labels that they use when talking to those *outside*. This may explain why Emily uses both the labels *Asexual* and *Grey-Asexual*. It might be an easy shorthand to refer to herself as *Asexual* when talking to most people, but when speaking to those who are within her own community and who have a greater understanding of the terminology, she may be able to talk about being *Grey-Asexual* and the nuances of that experience. *Grey-Asexual* covers a lot of potential experiences, because it essentially means "does not quite identify as asexual but also is not allosexual". There are any number of microlabels that fit into this definition.

As well as being *Grey-Asexual*, Emily identifies as *Aceflux*, which means that her asexuality fluctuates and she does not always experience the same level of asexuality. How and why it fluctuates is personal and unique to the individual, and in some cases it can mean fluctuating within the spectrum

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<sup>7</sup> Apart from the respondent who selected all of them, and was removed as an outlier.

of asexuality and in others it can mean fluctuating in and out of asexuality. She is also *Greyromantic* and *Aroflux* - perhaps in a similar way, or in a completely different way.

Emily is *Aegosexual/Autochorisexual*, which means different things to different people, but it is probable that she at least finds it difficult to imagine herself in sexual situations - aegosexual people may be able to have sexual fantasies or even enjoy pornography, but only when the situations imagined or depicted are removed from themselves. When they consider themselves in the sexual situation, they lose arousal or even become disgusted or repulsed by it.

Asexuality's many microlabels can often be seen in a negative light as "boxes" people are locking themselves into, but to the people that use them, they serve two important purposes. Firstly, they allow the individual to describe a feeling that they may never have had a description for, and to find other people who share that experience. Asexual experiences are rarely shared in the media or popular culture and when they are, the complex nuances are not explored. Often, reading the definition of a microlabel gives an asexual (or aromantic) person the feeling that someone understands them and shares an experience they had never put words to before.

The second purpose of a microlabel is to describe what an asexual person is looking for in a relationship, what they are interested in, what they are willing to commit to and what feelings they experience in and around relationships. In this sense, the labels are useful tools to communicate boundaries and expectations. Many of Emily's labels can do this.

Cupiosexual is a label used by people who are asexual but still interested in pursuing a romantic relationship. *Lithsexual* and *Fraysexual* both describe the way Emily's sexual desire responds to the person she's attracted to. *Lithsexual* means sexual attraction to those who will not or cannot reciprocate the feeling (such as famous people, or people who aren't attracted to your gender). Attraction will fade if the person reciprocates. *Fraysexual* means sexual attraction to those you do not know very well. Attraction will fade if a relationship or connection starts to form.

If Emily feels sexual attraction only to people who will not reciprocate or she doesn't know well, that might be why she identifies as *Grey-Asexual* - because she does feel sexual attraction, but she does not feel like she is allosexual. She is still interested in forming sexual relationships, so she uses the label *cupiosexual*. All this applies romantically as well, so she uses those labels also. Parallel to this, Emily is *aegosexual*, describing the way she experiences sexual fantasy. There is some fluctuation in her experience, so she uses the terms *aceflux* and *aroflux*. What attraction she does feel is perhaps only towards other women - she uses the terms *gay* and *homoromantic*. On top of all this, Emily is not sure what sexual attraction and romantic attraction really are - what differentiates them from one another, or from platonic attraction and just wanting to be someone's friend? How does she know when she feels them? Because of these feelings, Emily uses the identifiers *quoiromantic* and *quoisexual*. She also considers herself to be *queer*. Finally, she ticked the *Unsure/Questioning* box.

Although Emily's 18 responses may seem like a confusing list, she actually has some very specific and useful words that have allowed me, as the researcher reading her answers, to understand her experience of asexuality, and how it is different from every other respondent's.

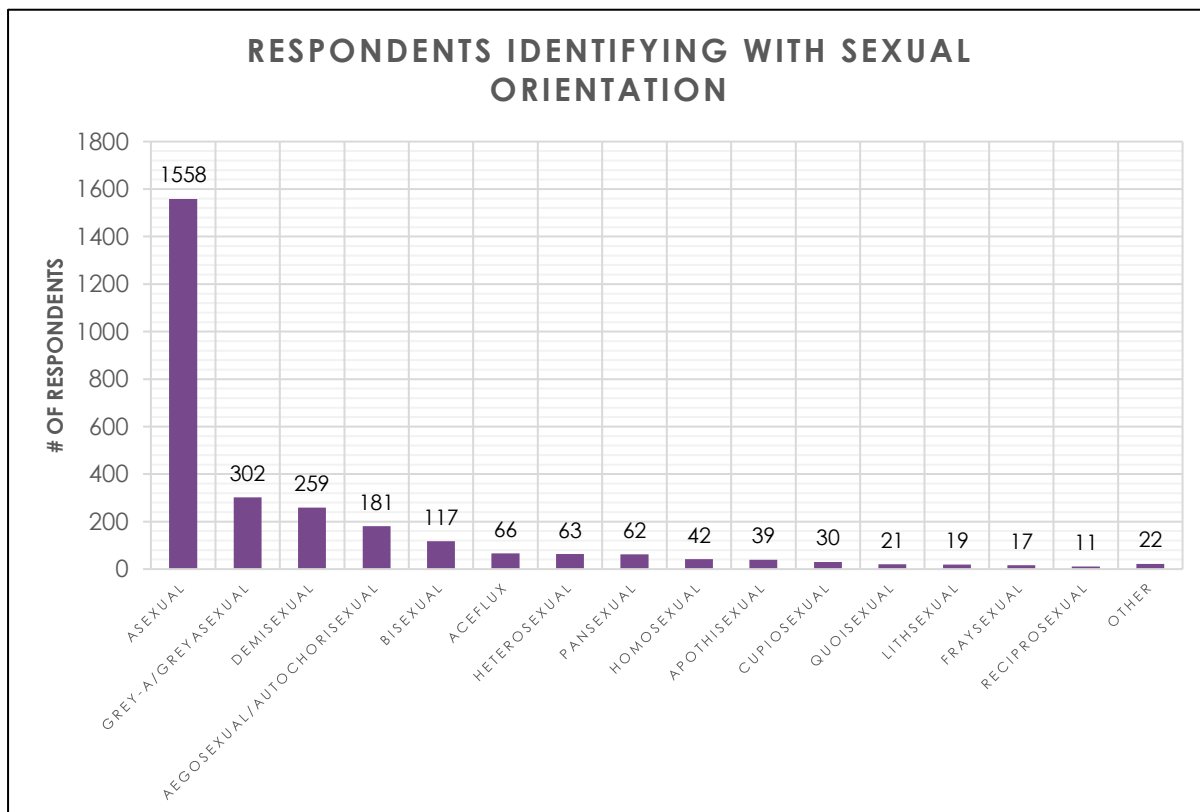


Figure 1.12: Respondents identifying with sexual orientation

Figure 1.12 shows the number of respondents identifying with sexual orientation terms.

**1558** respondents chose *“asexual”*. This leaves only 90 respondents who do not identify as asexual. 16 of these people selected *“asexual”* when they could only choose from the five options given. In some of these cases, it might be that the respondent did not see a need to indicate that they identify asexual a second time - for example five respondents gave only a romantic orientation and selected no other box.

An unexpected result is that after the three most common ace-spec orientations, and aegosexual/autochorisexual, the 5th most common sexual orientation chosen was *“bisexual”*, with **117** respondents selecting this. **25** of these respondents also chose *“demisexual”*. **44** also chose *“Grey-Asexual”* and **13** also chose both. The remaining **35** had a wide variety of identity labels. **54.7%** of those using the *“bisexual”* label also chose *“queer”*, compared to **41.7%** of the full cohort.



The “Other” category consisted entirely of write-in responses:

*Androsexual* (3), *Caedsexual* (2), *Fictosexual* (2) and one each of *Abrosexual*, *Acemid*, *Acespec*, *Aliquasexual*, *Aremsexual*, *Enbian/Cetero*, *Hetero Grey-A*, *Monosexual*, *Neuroasexual*, *Omni/Panasexual*, *Omnisexual*, *Parosexual*, *Pothisexual*, *Sapiosexual*, *Uni-Grey-Asexual*.

**NEW WORDS!**

- Abrosexual*: fluctuating sexual attraction.
- Acemid*: asexual and on the aromantic spectrum, but not aromantic (and so not identifying as AroAce)
- Aliquasexual*: only feeling sexual attraction under specific circumstances.
- Androsexual*: several possible definitions – sexual attraction only to men, to masculine presenting people, or a third, transphobic definition.
- Aremsexual*: asexual and has a libido (the definition of asexuality does not exclude those with a libido)
- Caedsexual*: asexual as a result of a traumatic experience.
- Ceterosexual*: sexual attraction to nonbinary and genderqueer people.
- Enbian*: nonbinary person attracted to other nonbinary people.
- Fictosexual*: sexual attraction only to fictional people (a form of lithsexuality)
- Neuroasexual*: feels sexual attraction or wants to perform sexual acts but cannot due to repulsion or aversion caused by neurodivergence or mental illness.
- Omnisexual*: attraction to multiple genders.
- Parosexual*: experiences sexual attraction to multiple genders in different ways.
- Pothisexual*: asexual and sex indifferent or sex favourable.
- Sapiosexual*: attraction to intelligence. NOTE: AACAU considers sapiosexuality to be an ableist and classist concept and does not accept it as a queer identity.
- Unisexual*: attraction only to a single person for a long time or possibly a lifetime

“Bisexual”, “pansexual” and both combined amount to **179 respondents**, while **63** respondents are “heterosexual” and **42** are “homosexual”, for a total of **274** respondents identifying with an allosexual label. This is illustrated in *Figure 1.13*.

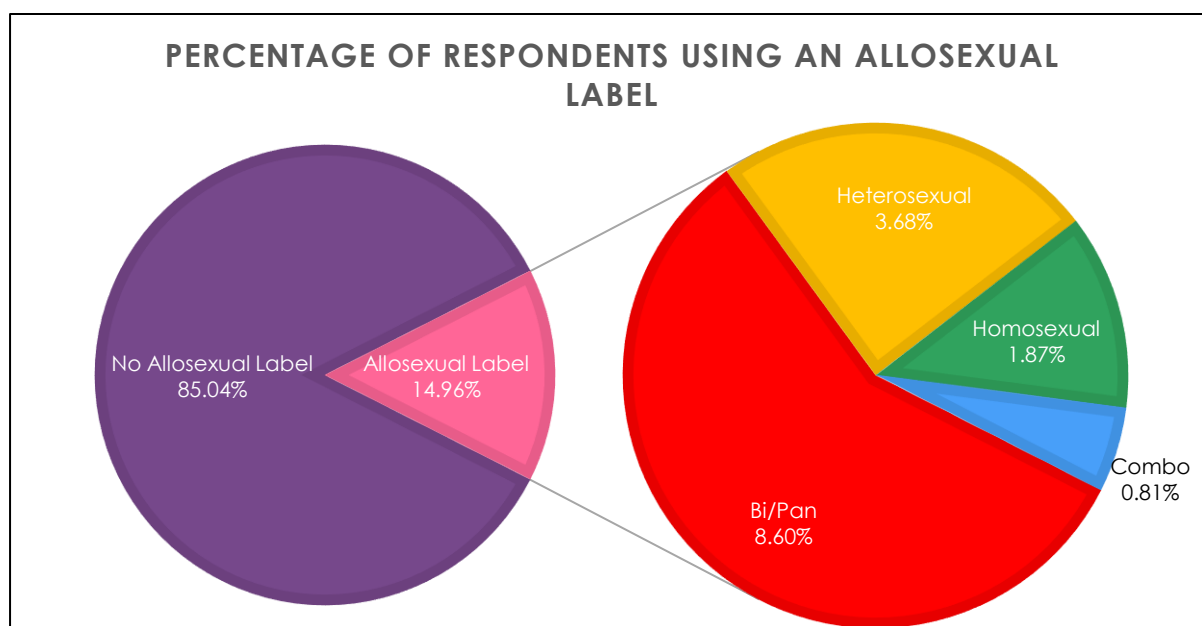


Figure 1.11: Percentage of respondents using an allosexual label

Figure 1.14 shows the romantic orientation identifiers chosen by respondents.

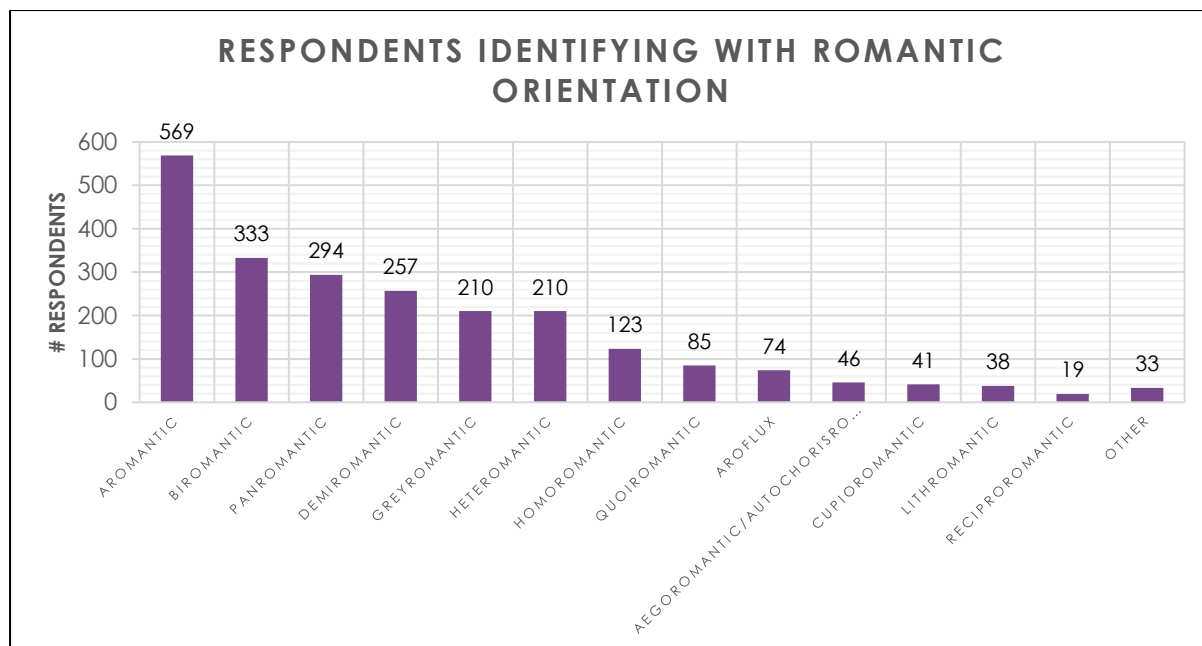


Figure 1.14: Respondents identifying with romantic orientation

The 33 responses included within the Other category were all write-ins, except for the first. They are:

Frayromantic (6), Polyromantic (6), Andromantic (3), Omniromantic (3), Arospec (2), Gyneromantic (2), Idemromantic (2), Sapioromantic (2) and one each of Abromantic, Demipolyromantic, Grey-Aromantic, Grey-Panromantic, Hetero-Aromid, Loveless Aro, Uniromantic.

### NEW WORDS!

**Aromid:** reverse of acemid. Aromantic, and on the ace spectrum but not specifically asexual.

**Gyneromantic:** several possible definitions – romantic attraction only to women, to feminine presenting people, or a third, transphobic definition.

**Idemromantic:** experiencing no real difference between platonic and romantic feeling and using other factors to label relationships

**Polyromantic:** romantically attracted to many, but not all, genders.

The 569 respondents who are “aromantic” represent 34.53% - a result which is in common with other surveys of the asexual population<sup>8</sup>. As with “bisexual” and “pansexual”, there was some overlap with those who responded “biromantic” and those who responded “panromantic.” The total count of respondents who chose one or both is 538 (32.27%).

“Aegosexual/autochorisexual” was the fourth most common sexuality label chosen (181, 10.98%), while only 46

(2.79%) respondents chose the corresponding romantic label, “aegoromantic/autochorisromantic”.

This significant swing is matched in the opposite direction, with “quoiromantic” (85, 5.16%) being four times as common as “quoisexual” (21, 1.27%).

<sup>8</sup> See the 2020 Ace Community Census cited above

Figure 1.15 shows that almost 50% of respondents chose one or more alloromantic labels - but as can be seen by comparing the two pie charts, even though the total number is much greater, the proportions of each prefix are roughly the same as with allosexual labels.

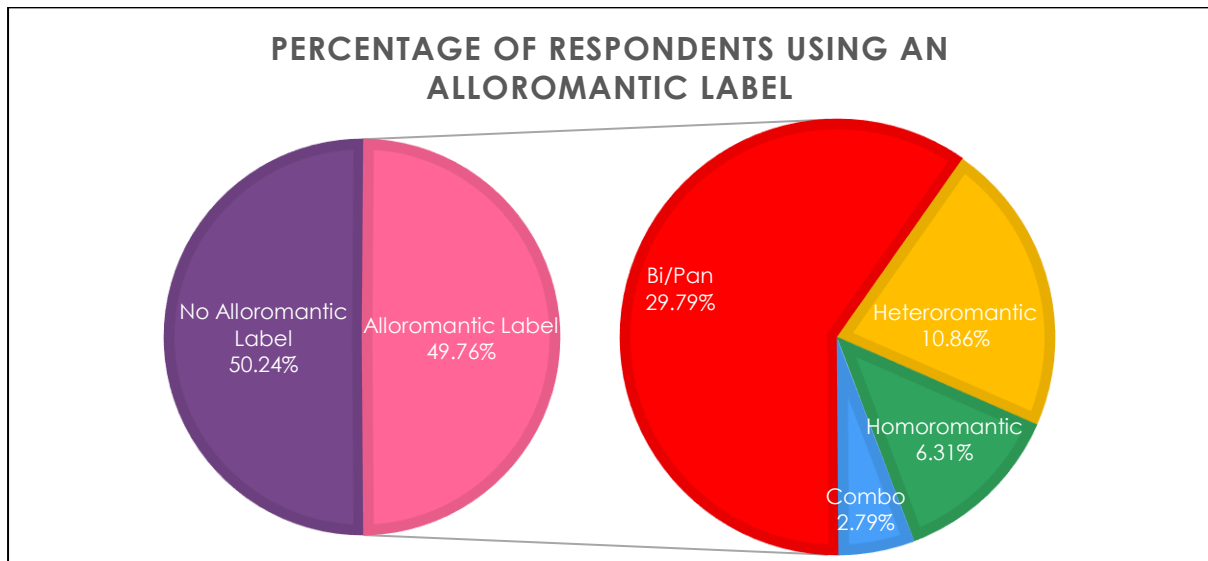


Figure 1.15: Percentage of respondents using an alloromantic label

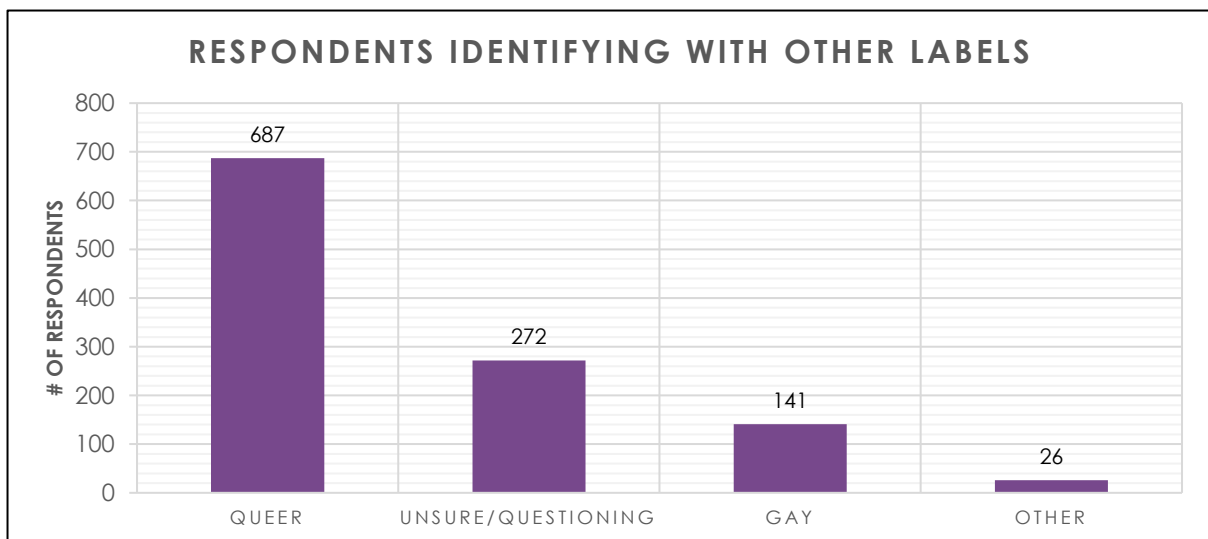


Figure 1.16: Respondents identifying with other labels

Figure 1.16 shows the number of respondents using orientation terms that do not apply specifically to either sexual or romantic orientation.

The labels included within “Other” were: *Lesbian* (8), *Bi* (5), *A-Spec* (2), and one each of *Achilleian*, *Fluid*, *Lesbian-Leaning*, *Myrsexual*, *Neuroqueer*, *Pan*, *Sapio*, *Sapphic*, *Straight*, *Trixic* and *Unique*.

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**NEW WORDS!**

*Achilleian*: Men and nonbinary person attracted to other men and nonbinary people.

*Myrsexual*: experiencing multiple ace-spec identities at the same time.

*Neuroqueer*: neurodivergent and queer, in a way that is intertwined.

*Sapphic*: woman or nonbinary person attracted to other women and nonbinary people.

*Trixic*: nonbinary person attracted to women.

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As discussed above, use of the term “*queer*” was more common among those identifying as “*bisexual*” (54.7%) than the full cohort (41.7%). Figure 1.17 also shows a correlation between age and the use of “*queer*”.

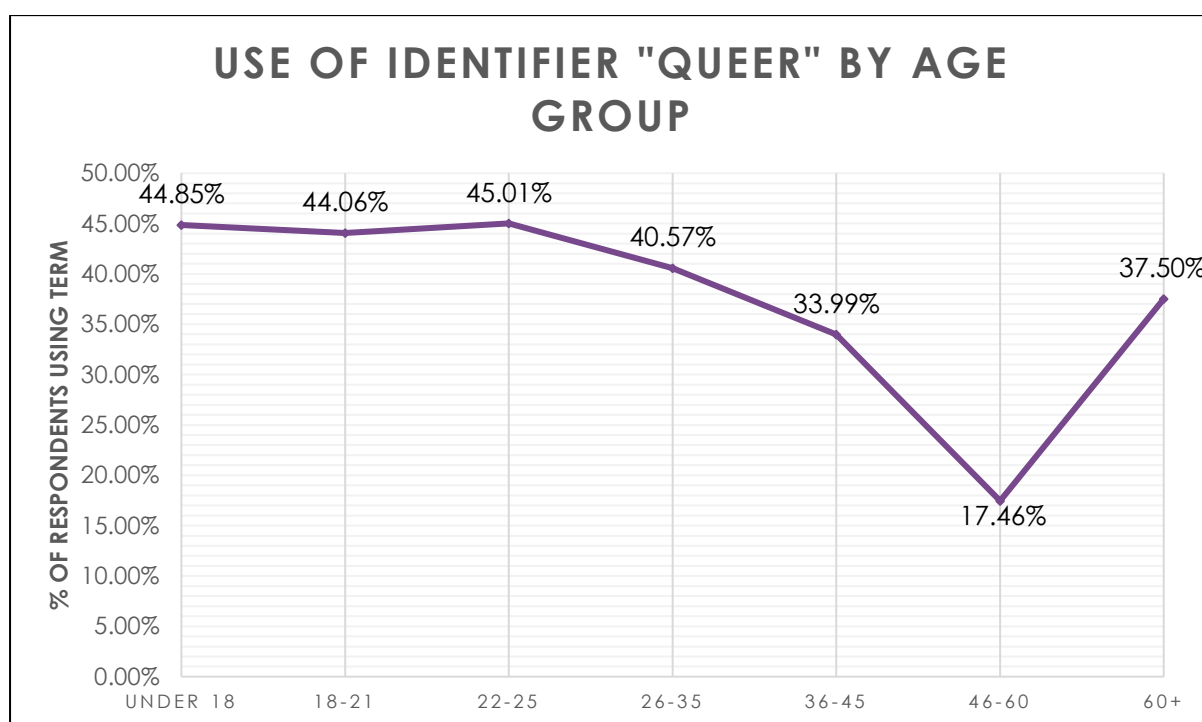


Figure 1.17: Use of identifier “*Queer*” by age group

The use of the term “*queer*” holds steadily at about 44 – 45% up until the 26 – 35 age group when it begins to drop, reaching a low of 17.46% at 46 – 60 years old. It rises again after 60, but it should be noted that the sample size is much smaller, and this figure of 37.5% represents three respondents out of eight.

Splitting all respondents at the age divide of 35/36 where the marked drop occurs, the resulting two cohorts show a significant difference. 43.63% of respondents aged 35 and under chose the word “*queer*”, while only 29.65% of those over 35 chose the word.

### 1.6.4 A-Spec and Behavioural Terms

26 additional write-in terms remain. 18 of these are A-Spec specific terms, and a further 8 describe sexual expression or behaviour, but are not necessarily specific to the asexual and aromantic communities. *Table 1.3* summarises these terms.

Table 1.3: A-spec and behavioural terms – Write ins			
A-Spec Specific Terms			
Term	# Resp.	Term	# Resp.
Alterous	5	Oriented AroAce	3
Bi-Oriented AroAce	3	Oriented	2
AroAce	2	Panalterous	2
Bi-Oriented Quirooace	1	Bi-Oriented Greyro Ace	1
Pan + Achillean-Oriented AroAce	1	Hetero-Angled	1
Sapphic-Oriented AroAce	1	Pan-Oriented AroAce	1
Demisensual	1	Queerplatonic	1
Demiqueerplatonic	1	Panplatonic	1
Homoplatonic	1	Queeraesthetic	1
Behavioural/Expression Terms			
Kinky	2	Placiosexual	2
Apathetic	1	Axiosexual	1
Bi Curious	1	Iamvanosexual	1
Parasexual	1	Polyamorous	1

#### NEW WORDS!

*Axiosexual*: Only interested in/able to engage in sexual acts with those there is an attraction to (the attraction could be romantic or some other form than sexual).

*Iamvanosexual*: enjoys having sexual acts performed on them but not performing sexual acts on their partner.

*Parasexual*: a person (usually asexual) who enjoys recreational sex without having attraction to their partner.

*Placiosexual*: enjoys performing sexual acts on their partner, but not having sexual acts performed on them.

## 1.7 Sex Favourability

Respondents were asked: “On a scale from Sex Repulsed to Sex Favourable, where would you place yourself?”

Within the asexual community, people will use these words or scale to discuss their attitude towards personally having sex. While an asexual person may have varying attitudes towards sex and sexuality - a “sex positive” outlook, for example, this is different from their personal willingness to engage in sex and sexual activities.

The generally accepted scale is:

Sex Repulsed

Sex Averse

Sex Indifferent/Sex Neutral

Sex Favourable

In composing the survey, the authors failed to define what the words “*Sex Repulsed*” and “*Sex Favourable*” mean and this was an oversight. Based on the text responses to the following question, it appears that the majority of respondents understood the question and its intention but by failing to define terms, the question lacked clarity. Those respondents outside the asexual community - such as those new to their identity, closeted or not interacting with other asexual people - may have skipped the question or not given the most accurate response.

### 1.7.1 Rating sex favourability

Respondents were given a sliding scale that allowed them to place their sex favourability at a point between 0 and 100 (inclusive). *Figure 1.18* shows the average sex favourability, grouped by sexual orientation chosen from single-choice list.

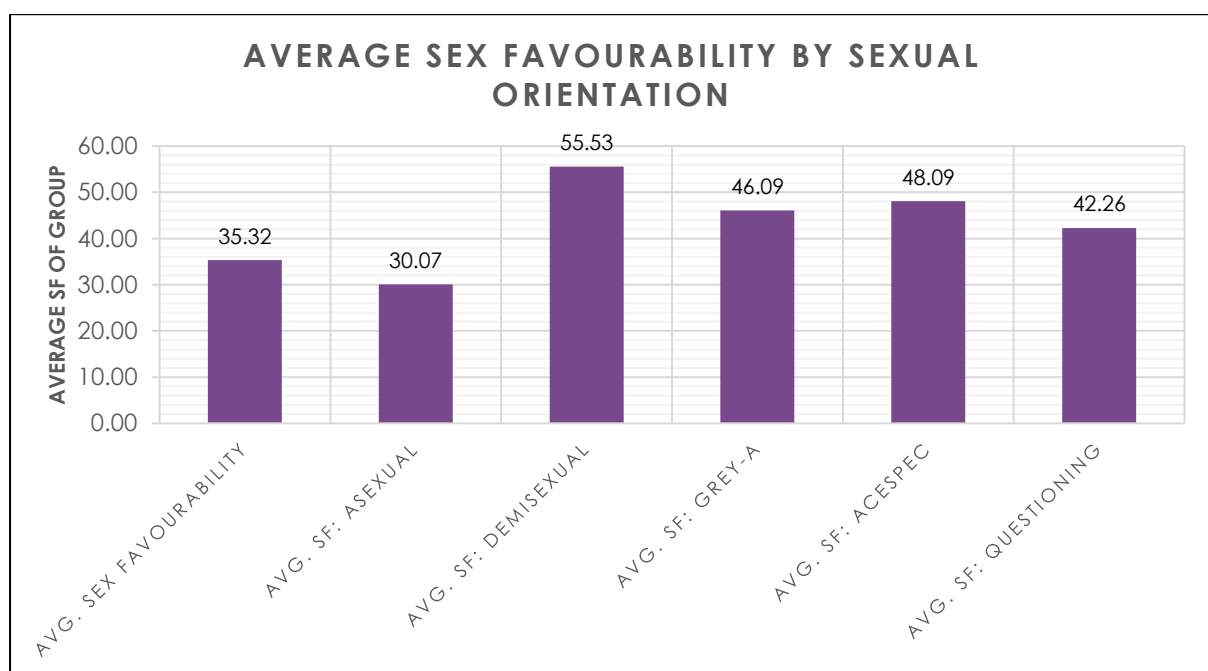


Figure 1.18: Average sex favourability by sexual orientation

The average sex favourability for the entire cohort was **35.32**, and the only individual sexual orientation with a lower average than this was asexuals (**30.07**) - overwhelmingly the majority of respondents. Demisexuals had the highest average, with **55.53**.

The average was affected by the high number of respondents who rated their sex favourability as zero: **201**.

The 201 respondents who gave their Sex Favourability as 0 will have had a strong impact on the mean, but the second most common choice was 50, with **164** respondents giving this answer. This is above that average of **35.32**. *Figure 1.19* illustrates that there are more responses below 50 than above. But the most apparent trend that I noted is the spike at every multiple of 5. Respondents were more inclined to place themselves at these multiples.

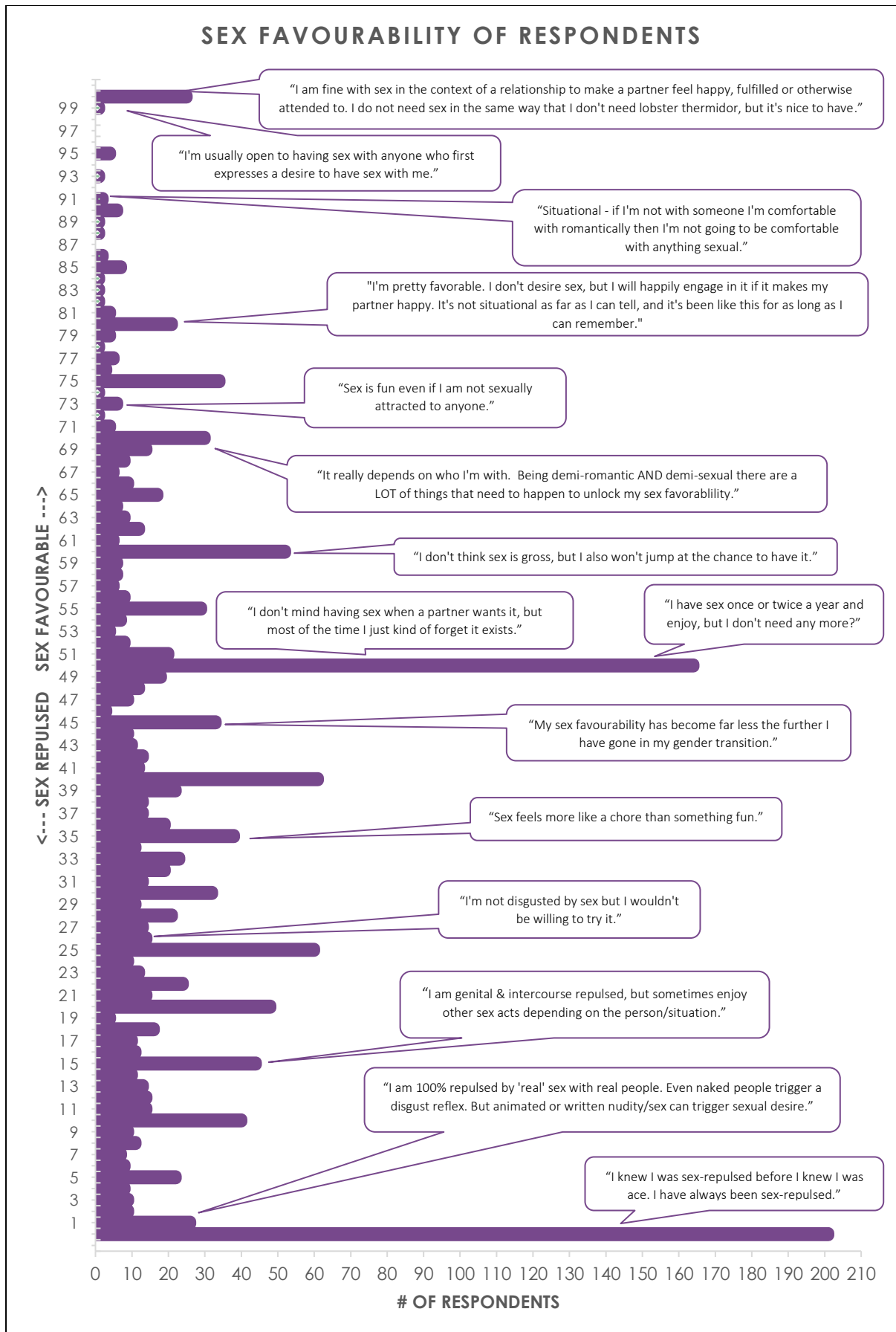


Figure 1.19: Sex favourability of respondents

I thank those respondents who I have quoted in Figure 1.19: Maximillian Ximenez, USA; M, Australia; MH, USA; Sparrow, USA; Apple, USA; BJ, USA; Leo, Germany; R, USA; Hanna, USA; Sindy, Australia; AB, USA; Shamie, Australia; Ness, Australia; VM, Australia and Ariel, USA.

Responses to the follow-up written question indicate that this question that attempted to quantify sex favourability was not useful. It lacked a common frame of reference. The next question was:

*Is your Sex Favourability situational? Has it changed over time? Do you have something else to tell us about being Sex Repulsed, Neutral, or Favourable?*

Each person’s sex repulsion or favourability is subjective, and so the written responses of different people who gave themselves the same score can indicate the problem with asking respondents to place themselves on the scale with no further definition. The following examples come from respondents who marked themselves a 0, ie. as sex repulsed as possible:

*I think I'm fine with other people having sex, but when I think of anyone near my genitals... \*barf\**

- A, USA

*I have always been sex repulsed, for as long as I can remember. As a child, I had negative reactions to seeing romance portrayed in media.*

- C, UK

*Even saying words associated with sexuality grosses me out.*

- K, Canada

Looking at each of these three individuals together, they might be ranked as progressively more repulsed by sex - K finds even words repulsing, while A is not repulsed by the idea of other people having sex. But because “repulsed” is a subjective term - it is possible that A feels a far greater disgust and horror at the thought of sex than K does. Is it ever possible to objectively measure sex repulsion or sex favourability?

## 1.7.2 Written responses

What is useful in the written responses is what they tell us about the varied range of experiences asexual people have with sex favourability. For some, the fluctuations in their attitude to sex made the scale system useless as a tool, and for others, their attitude had changed over the course of their life. The perception of asexual people as “just not liking sex” is not only incorrect but even for many of the respondents who do not like sex, the attitude is a dismissive simplification. Below are some examples of the range of experiences respondents described:

*Yes, my favourability for sex (involving only myself or with others) changes according to my hormonal cycle. On most days, I don't have a libido and am sex repulsed. But around the middle of my cycle, I usually experience a slight increase in libido. Sometimes I engage with it if I am feeling sex neutral that day. Though, this also relates to my gender identity. I identify as agender and do not prefer thinking about anything to do with my genitals. That may be a factor why I am repulsed.*

- J, Hong Kong (Sex Favourability: 5)

J is an example of both sex favourability fluctuating with hormone cycles (although this was more common with people higher up the scale) and gender identity or gender dysphoria causing sex



repulsion. This is significant, with a high proportion of the asexual community being trans and/or nonbinary.

*I would rather die and have my body destroyed than be in a sexual situation. However, I will also actively seek out fiction with sexual content in it. Sex in nonfiction contexts or reality tends to illicit a neutral response at best or even revulsion at worst.*

- S, USA (Sex Favourability: 10)

S is representative of a number of respondents towards the bottom of the scale who said they seek out erotica and fictional scenarios - often preferring written media over visual - despite being repulsed at the idea of themselves in a sexual situation. This could be categorised as *aegosexuality* - enjoying or potentially being aroused by sexual situations, provided the person themselves is not involved in the scenario.

*I would consider myself sex neutral, however as of the last two years or so I have felt intense discomfort if my partner tries to initiate sex. I'm not sure if I have always been this averse or if being in a relationship with someone who respects my boundaries has allowed me to stop suppressing the feelings of discomfort.*

- L, USA (Sex Favourability: 11)

L's response is an example of one of the two opposing kinds of scenarios described by respondents in healthy, successful relationships. L described feeling more comfortable with being who they are and accepting that they are sex averse. Other respondents described a loving partner making them feel more safe and able to experiment and becoming more comfortable and favourable towards sex.

*I'm specifically repulsed in relation to sex-related fluids (including artificial lube). I'm ok with using sex toys to masturbate. I enjoy reading smut (no images) but don't enjoy watching porn.*

- L, Australia (Sex Favourability: 20)

L's repulsion towards bodily fluids is a recurrent theme throughout many of the responses. Fluids, the transfer of fluids or the idea of fluids were frequently cited by respondents as a specific reason they are repulsed by or averse to sex.

*If I was in a committed long term romantic relationship and I felt that both of us would grow closer together from having sex, than I would do it but other than that I don't see the point and would avoid it.*

- L, USA (Sex Favourability: 29)

L's attitude of "I don't see the point" was common among respondents rating themselves around 30 through 60. Many respondents in this range used these or similar words to express that they found sex pointless or boring, either agreeing with L that they would perform sexual acts in a relationship, saying that they would only have sex for procreation or expressing that they had been sexual in the past but would not in the future.

*Started sex favorable, after many years of making myself have sex for allo partners I'm closer to sex repulsed*

- S, USA (Sex Favourability: 31)

S's story of becoming more repulsed the more that they had sex they did not want was repeated in many other responses, with S being higher on the scale than most. Other phrases used were "forced myself to", "had to", "pushed into", etc. Respondents who gave this type of response described questionable consent as well as sexual assault.

*I am sex-positive and (mostly) sex repulsed. If people want to have consensual sex, I am all for it. I just don't want to have sex. I've even done sex work, but I don't have a desire for sex.*

- A, USA (Sex Favourability: 39)

Anecdotally, we are aware that there are asexual people who engage in sex work. Some sex indifferent or sex favourable asexual people find sex work to be a good fit for them because of the way their asexuality allows them to separate themselves from the client and keep boundaries. Both ACT Aces and AACAU are safe spaces for asexual sex workers.

*It's very situational. I'm only interested in sexual encounters with anonymous or spontaneous partners. Very opportunistic, which is dangerous so I don't take those opportunities. I only fantasise about them. With partners, I feel nothing in sexual intercourse because there is no arousal or desire for penetration- and no excitement in the situation after the first time. However, I can desire and enjoy giving and receiving oral sex.*

- S, Australia (Sex Favourability: 59)

This experience of sex favourability and arousal described by S shows just how very specific and individual the experience of sex favourability can be - and how inadequate a 0-100 scale is for measuring such a complex and nuanced experience.

*I started up being very sex repulsed, but it changed over time, together with me falling in love for the first time (and finding out I was Demi). I'm still with that person, and I've grown to like sex a lot (at least with him). Not so sure about other people yet, since I haven't tried...*

- C, Denmark (Sex Favourability: 80)

C is demisexual, and the average for demisexual respondents was 25% higher than the average for asexual respondents. C's response is typical of demisexual respondents, that sex favourability is high with a partner that they are sexually attracted to - which is not an unexpected result.

*I am fine with sex in the context of a relationship to make a partner feel happy, fulfilled or otherwise attended to. I do not need sex in the same way that I don't need lobster thermidor, but it's nice to have.*

- Maximillian, USA (Sex Favourability: 100)

25 respondents placed their favourability at 100. Those who gave a written response had a variety of different experiences to share, and described those experiences in different ways. Maximillian used a metaphor that is particularly effective.

These final four short examples represent some of the different and varied reasons respondents gave for having fluctuating sex favourability that were not covered above:

*I am sex repulsed toward men and sex neutral toward women*

- M, USA (Sex Favourability: 29)

*I become more favourable when I am intoxicated, or during certain gender phases (genderfluid)*

- C, Australia (Sex Favourability: 30)

*In new relationships I am sex favourable but as the honeymoon phase wears off I become sex repulsed. Always.*

- S, Australia (Sex Favourability: 45)

*It is very dependent on where I physically am. I am much more comfortable at home or where I can leave immediately if I need to*

- J, Canada (Sex Favourability: 50)

## 1.8 Religion

The survey asked one question about religion in the “demographic” section: “What is your religion? (You can write in “Other” if yours is not among the common choices listed.)”

The three most common responses were *Atheist (521)*, *No Religion (429)* and *Agnostic (412)*. 20 respondents chose all three of these responses and there were a large number of double responses in every combination - so that the separate numbers are not useful to compare with one another or with the other responses.

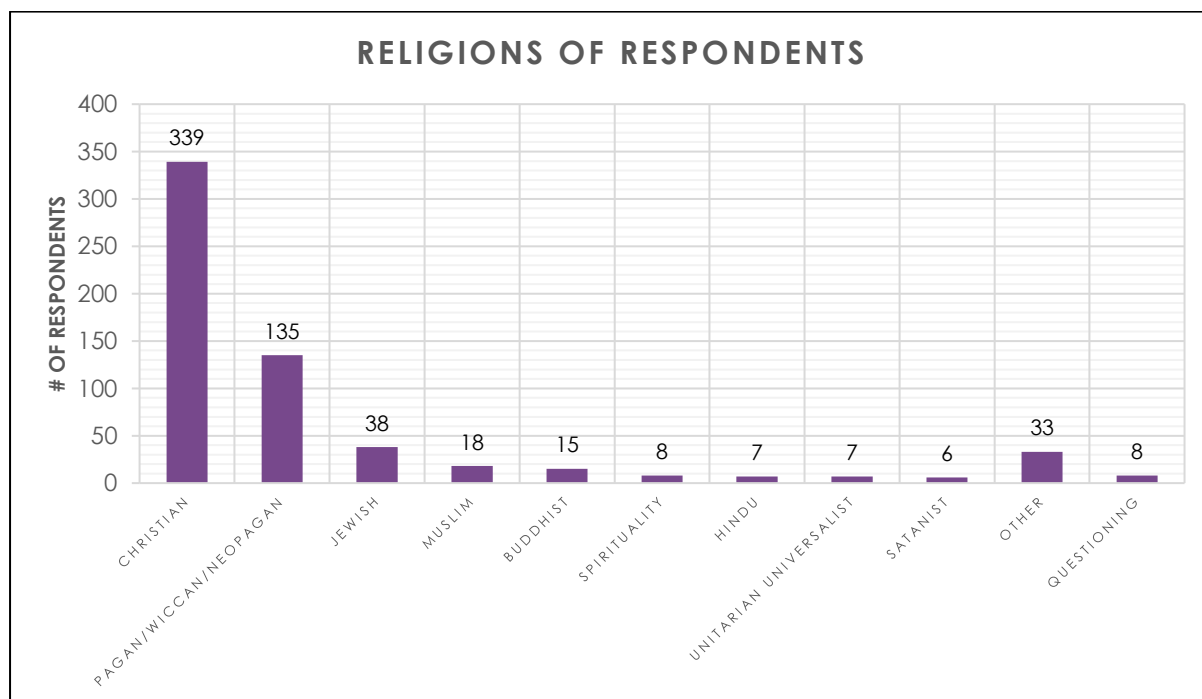


Figure 1.20: Religions of respondents

Figure 1.20 shows the religions of those respondents who indicated a religion. 339 respondents indicated that they were Christian (including 6 who specified Catholic, 2 Quakers and 1 each of Mormon and Orthodox).

The survey authors included the category "*Pagan/Wiccan/Neopagan*" based on the number of write-ins from the previous ACT Aces survey. This proved effective, as **133** respondents chose this category, and only **2** write-ins were manually placed there by me.

The large discrepancy between Christians and other religions, especially Jews (**38**), Muslims (**18**), Buddhists (**15**) and Hindus (**7**) indicates more should be done to circulate future surveys into different populations. These religions are common on a world scale, and yet represent just fractions of survey respondents.

The *Other* category was made up of:

*Omnism (3), Pantheism (3), Animist (2), Humanist (2), Secular Buddhist (2), Shinto (2), and one each of: African traditional religion, Apatheism, Astrology, Baha'i, Christian Witch(ish), Deism, Discordianism, Druid, Earth Spiritual/Indigenous Beliefs, Existential Nihilism, Folk Christian (Appalachian/US East Coast Folk Practices), Hellenism, Luciferianism, Oscillating Universe Theory, Pastafarianism, Personal Beliefs, Religious Naturalism, Theism, "Other".*

## 2. Microaggressions

“Microaggressions” are a concept developed by African American psychiatrist Chester Middlebrook Pierce. While it has lately been decried as a “woke” new concept, Pierce first wrote about microaggressions in the 1970s. A microaggression is a seemingly small insult, slight, dismissive remark or offence against a marginalised person. On their own, any microaggression appears to be a minor matter, or insignificant. Often the victim will react and be seen to be “petty” or “overreacting” to what appears to others as little provocation. Microaggressions build up.

Imagine you are in a room with one hundred other people, and they all take turns to stab you continually with little needles, one at a time. When you turn around in frustration and shout “Hey! Stop stabbing me!” the person with who just put in the last needle puts a hand to their chest, opens their mouth wide, and looks at you in shock and says “Why are you being so rude to me? I only stabbed you with one little needle. Don’t overreact!”

Microaggressions originally described the ongoing racism black Americans are subjected to on a daily basis in a society that considered itself beyond racism if it was no longer using overtly racist language or codifying discrimination into law.

“From the perspective of the perpetrator, microaggressive slights may appear banal and trivial (micro), but they have serious detrimental effects on the target person or group. Microaggressions can induce enormous stress and anger, ultimately generating feelings of invisibility and marginalization in Blacks (*Franklin, 1999; Pierce, 1988*). The fact that microaggressions may represent “small acts” does not take into account their cumulative nature or the power of the demeaning message. Although a minor event might not be sufficient to constitute a serious stressor, it has been found that the cumulative impact of many events is traumatic.”<sup>9</sup>

If you are interested in reading about asexuality and microaggressions, I strongly recommend Karen Cuthbert’s excellent journal article on the idea of epistemic injustice<sup>10</sup>, and the gendered nature of ace microaggressions. It’s too academic for me to quote in detail here, but it is not a difficult read and the idea of epistemic injustice is a perspective on microaggressions that is very valuable. (Also it will give you lots of other sources to look at next).

Since the term microaggression was coined by Pierce, it has been applied in new ways to many other marginalised communities. Here, we have applied it to the asexual community. The microaggressions experienced by asexual people include ways in which people doubt the reality of asexual experiences, presuming to know an asexual person’s feelings better than they do themselves. They include insults, invasions of privacy, assertions that a person’s sexuality is an illness and implications that asexual people are not human.

The survey listed twenty-nine common microaggressions experienced by asexual people. Against these was a list of ten possible types of person (ie. *parent, friend, stranger*) that these behaviours or actions might be coming from. Respondents were asked to check off those people on the list who had been the perpetrators (however unknowingly) of the listed microaggressions.

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<sup>9</sup> Derald Wing Sue, Christina M. Capodilupo, and Aisha M. Holder, “Racial Microaggressions in the Life Experience of Black Americans,” *Professional Psychology: Research and Practice* 39, no. 3 (2008): pp. 329-336, <https://doi.org/10.1037/0735-7028.39.3.329>, p. 329.

<sup>10</sup> Karen Cuthbert, “Asexuality and Epistemic Injustice: A Gendered Perspective,” *Journal of Gender Studies* 31, no. 7 (2021): pp. 840-851, <https://doi.org/10.1080/09589236.2021.1966399>.

Table 2.1 lists the 29 microaggressions, indicating those that have been grouped together for analysis, either because of their similarity or because they are contradictory to one another.

Saying asexuality is "not real" or "not normal"	Saying asexuality (or your attitudes towards sex) is something to be "fixed" or "cured"	Saying "You just haven't met the right person" or similar
Saying that asexuality is a "phase" or similar	Saying that you (or any asexual) need to have "hormones checked" or similar	Saying that you are too attractive to be asexual, or similar
Saying that everyone is demisexual	Saying that "Sex is what makes us human" or similar	Saying that you are asexual because you are unattractive, or similar
Saying that demisexuals are "sex-shaming" others	Saying that "Sex is part of human nature"	Saying that romantic relationships require sex to be valid
Invalidating your asexuality because you have had sex before	Invalidating your asexuality because you are in a relationship	Invalidating your asexuality because you have children
Invalidating your asexuality because you have never had sex	Invalidating your asexuality because you are not sex repulsed	Invalidating your asexuality because you want children
Assuming/Asking if you have had a bad relationship	Invalidating your asexuality because of your sense of humour (enjoying sexual jokes, etc)	Asking you invasive or inappropriate questions because you are asexual
Assuming/Asking if you have been sexually assaulted in the past	Comparing asexuality to being unfeeling/robotic, etc	Dismissing your asexuality as unimportant/irrelevant
Offering amateur opinions/diagnosis on why you are asexual	Shaming you (or any asexual person) for having a partner who is not asexual	A third party pressuring you to try dating
Calling you (or another asexual person) a "late bloomer"		A third party pressuring you to try sex

### Survey Authors' Note

*Microaggressions are often a controversial subject. Some do not believe they exist, and others debate what is a "true" microaggression and what is not.*

*These are 29 microaggressions identified by asexual people who work within the asexual community – and it is not for any allosexual person to disagree or speak over them. The only thing up for debate is whether any of these may be more than "micro" – as some respondents commented.*

In Figure 2.1 the 29 microaggressions have been ranked from least reported "Shaming you (or any asexual person) for having a partner who is not asexual" (19.92% of respondents) to most reported "Saying "You just haven't met the right person" or similar" (80.56% of respondents). The figures

represent the percentage of respondents who ticked at least one category of perpetrator - indicating they had experienced that type of microaggression at least once.

A “Never” option was also available and in each individual microaggression, “At least once” and “Never” do not add up to 100% as some respondents always left the question blank.

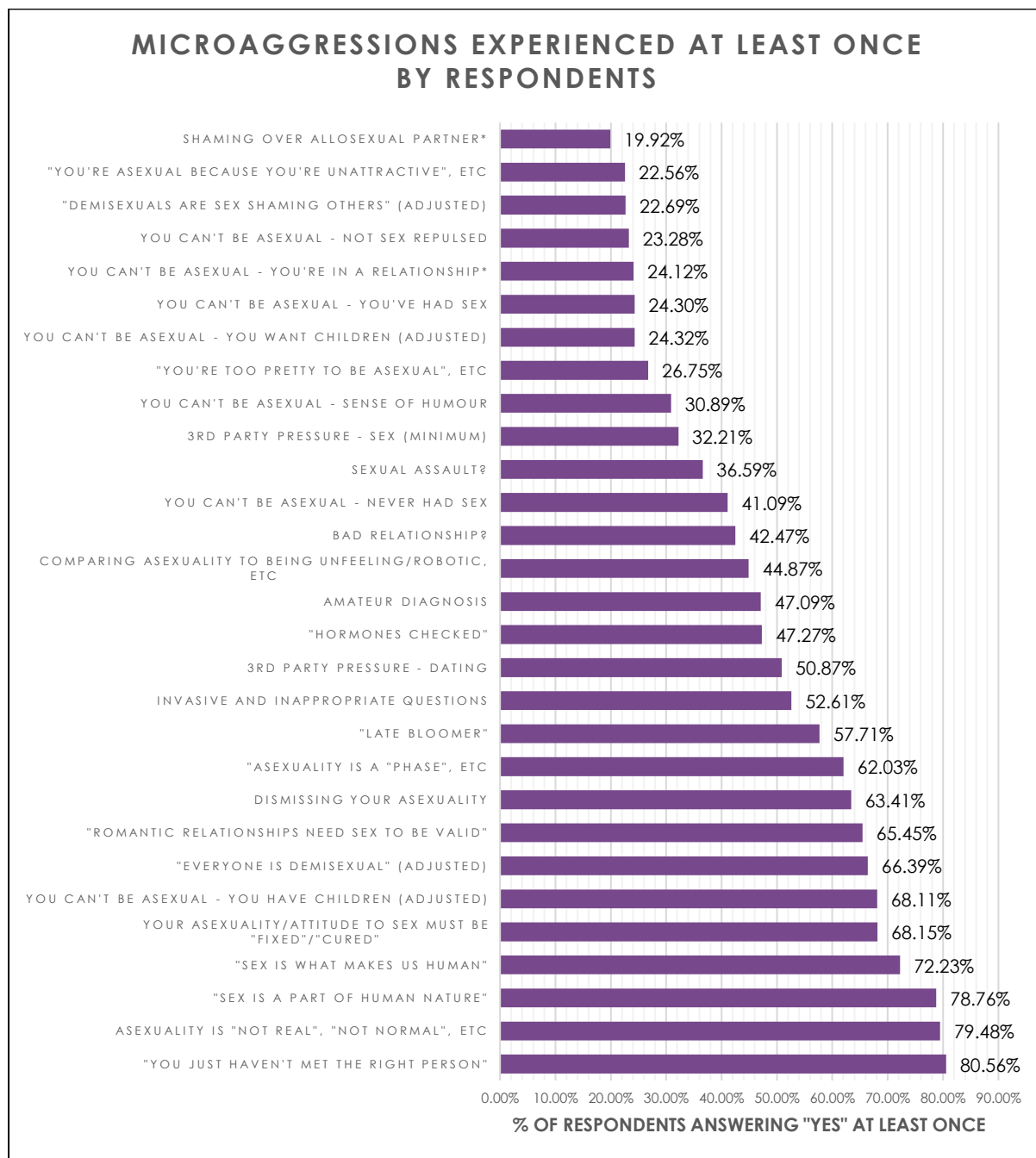


Figure 2.1: Microaggressions experienced at least once by respondents

## 2.1 Saying that asexuality is "not real" or "not normal"

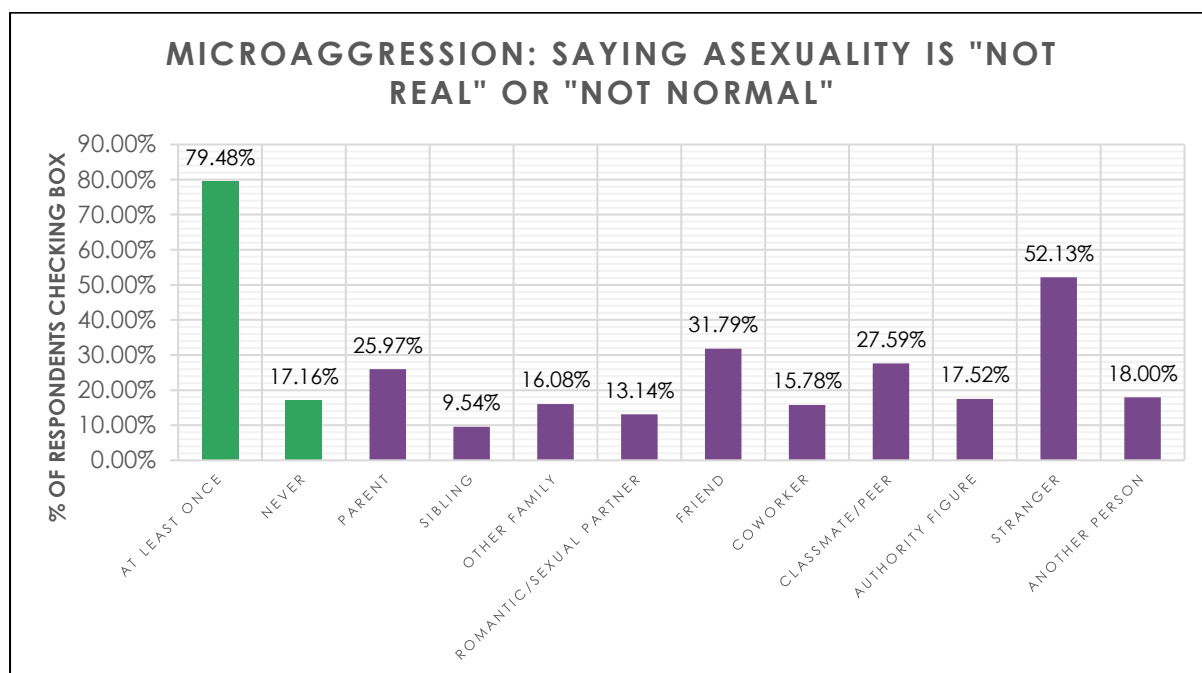


Figure 2.2: Microaggression: Saying Asexuality is "not real" or "not normal"

This microaggression was the second most common overall, with **79.48%** of respondents checking one or more boxes. The most common perpetrator was strangers at **52.13%** of respondents having been told this by a stranger - this was the most common stranger microaggression. It was also the most common classmate/peer microaggression with **27.59%**. Friends and parents also had high results (**31.79%** and **25.97%**).

For demisexuals, this was the most common microaggression with **83.2%** of demisexuals indicating that they've been told that asexuality is not real or not normal.

*I have a family member who told me that she "had a friend in college who was just like me, and after she graduated she was perfectly normal and went into a happy relationship." The word "normal" is what set me off about it.*

- A, USA

*My twin sister discovered I was asexual when she saw AVEN in my phone's browser history. She was disgusted and told me pretty much all of the usual arguments ("You just haven't met the right person yet", "It's just a phase", "You shouldn't assign yourself to a category like that - you're going to change your mind later"). She refused to even consider it as a possibility. We've never spoken about it again. It's been five years.*

*Despite my forced "coming out", she continues to try to hook me up with people. She thinks that people who don't seek out sex or relationships are automatically lonely or broken.*

- BrH, USA



## 2.2 Saying asexuality (or your attitudes towards sex) is something to be "fixed" or "cured"

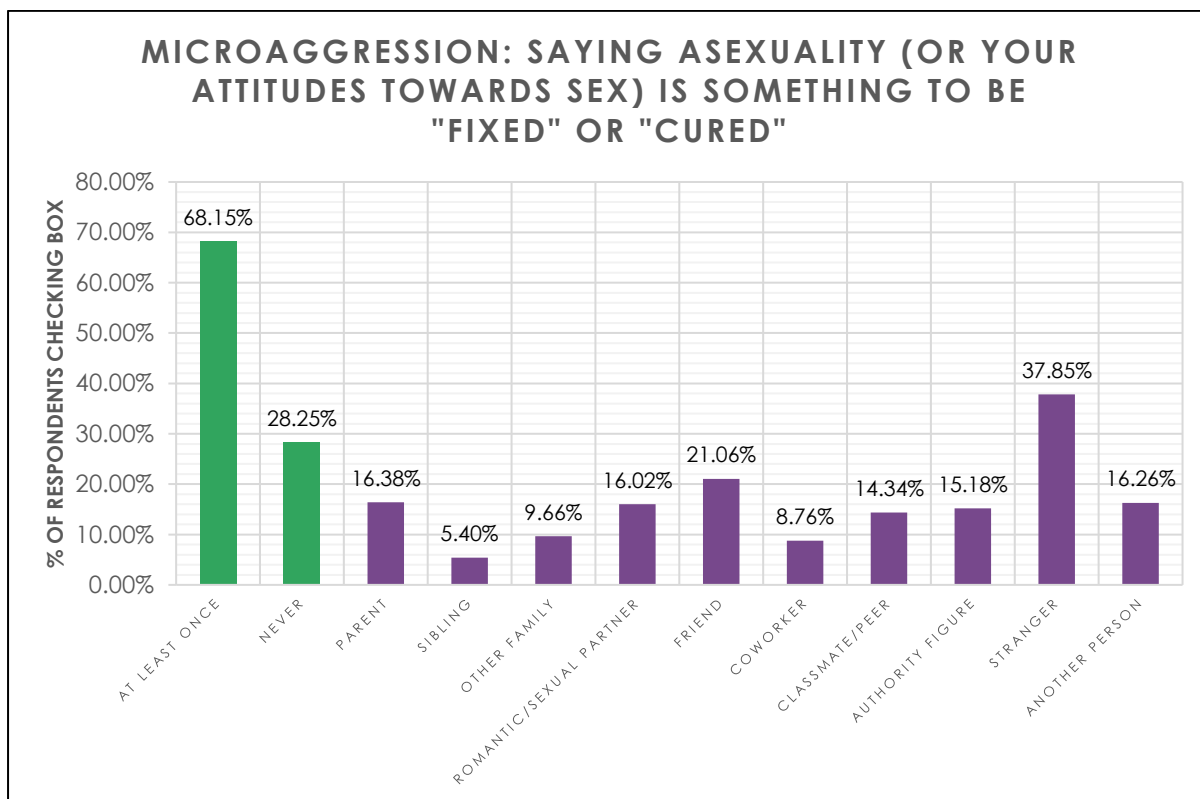


Figure 2.3: Microaggression: Saying asexuality (or your attitudes towards sex) is something to be "fixed" or "cured"

**68.15%** of respondents indicated that they had been told at least once that their asexuality, or their attitude towards sex is/was something that needed to be fixed or cured. This came most commonly from a stranger (**37.85%**) but the second most common perpetrator of this microaggression was friends. **21.06%** of respondents were told by a friend, someone who could reasonably be expected to be supportive, that they need to be fixed or cured for their sexuality or libido.

*The first time I came out, which was to my father, he suggested that I "play around" with some of my male classmates, and then that he'd take me to the doctor to "get that fixed."*

- Renee, USA

*I had a "friend of a friend" suggest that I could cure my asexuality by watching porn.*

- M., USA

See *Section 5* for accounts of the sexual violence that takes place when a person takes this idea of "curing" asexuality through sex and inflicts harm. See *Section 7* for the actual harm inflicted by doctors attempting to "cure" asexuality. A microaggression does not stay a microaggression – if we don't correct it, it grows.

## 2.3 Saying "You just haven't met the right person" or similar

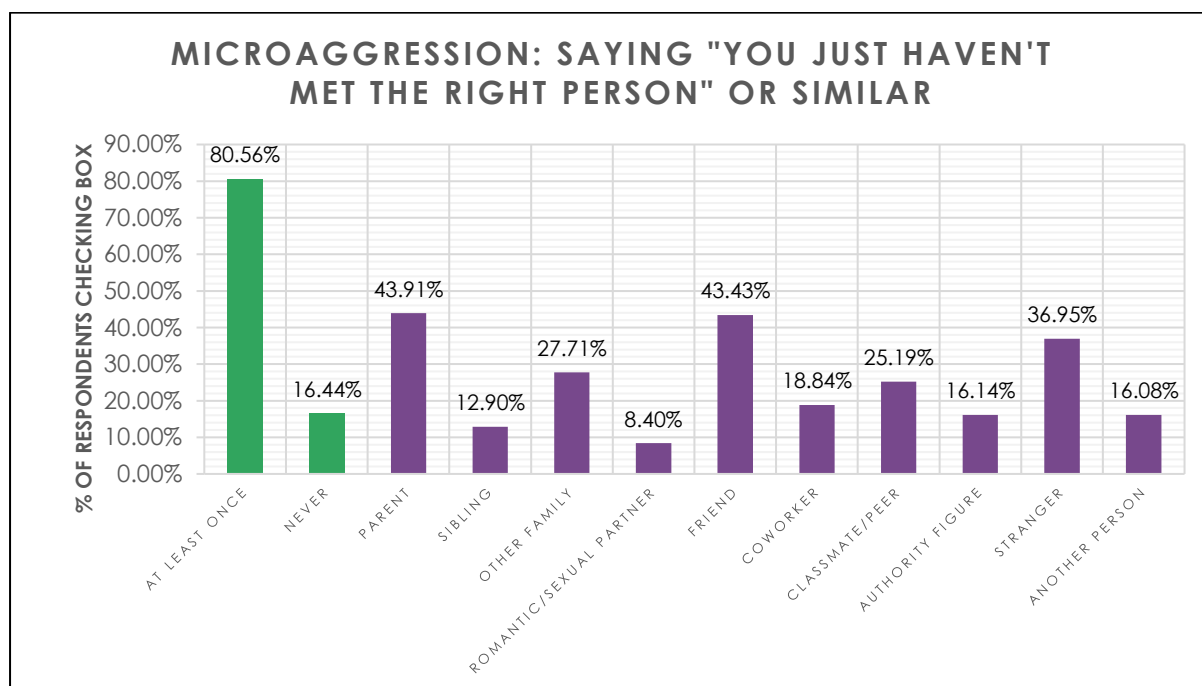


Figure 2.4: Microaggression: Saying "you just haven't met the right person" or similar

"You just haven't met the right person" was the most common microaggression on the list, with **80.56%** of respondents having experienced it. Perpetrators were more commonly people closer to the respondent - it also had the highest number for parents (**43.91%**), siblings (**12.9%**), other family (**27.71%**), friends (**43.43%**) and coworkers (**18.84%**). This was the most common microaggression experienced by the asexual and "other under asexual umbrella" cohorts, with a respective **81.1%** and **79.9%** of those groups checking at least one box.

*Something people may not realize actually hurts a lot is when people say "Oh, you just haven't met the right person yet." It is a blatant dismissal of you telling them about your asexuality/aromanticism. It also makes me feel like what they mean is actually: "You cannot be truly happy if you never experience sexual/romantic attraction which is why I hope that you will suddenly do feel it when that 'magical' one person comes into your life."*

- Eva, Netherlands

*When I first came out to my mom, she first tried to brush it off as "You are just a late bloomer and haven't met the right one yet." After I explained it to her more, she started to understand what I was saying better, however she wouldn't stop telling me about how her first time having sex was well into university so I "still have time" (I am currently at university). When I tried to use the "Think of someone you aren't attracted to, that's how I feel about everyone" example to help her understand better, she started using the "Everyone is Demisexual" argument against me, talking about how she wasn't attracted to my dad until after they were good friends for a while. That is when I ended the conversation. I think her problem wasn't with asexuality, but with her sadness that I was asexual and would be missing out on what she thinks is one of the greatest pleasures in the world. I've assured her I am not missing out on anything, but that doesn't stop her from asking if I have a boyfriend yet every few months.*

- Layria, USA

## 2.4 Saying that asexuality is a "phase" or similar

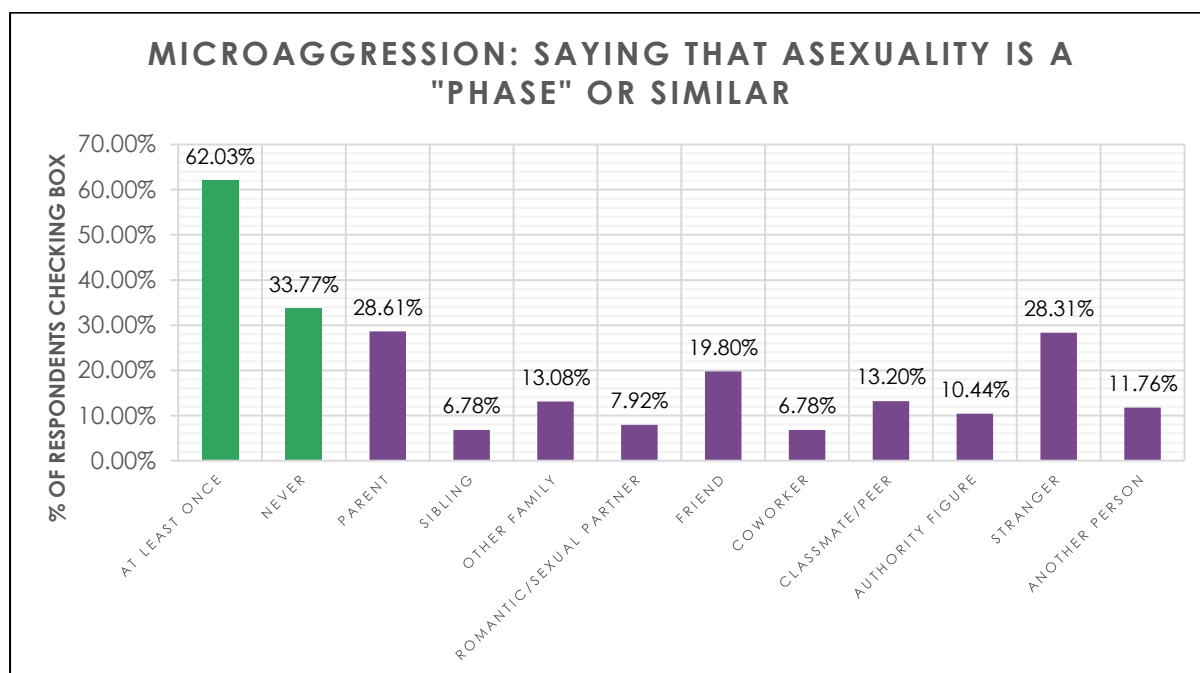


Figure 2.5: Microaggression: Saying that asexuality is a "phase" or similar

Almost two thirds (**62.03%**) of respondents checked at least one box to indicate they'd been told asexuality is a phase, or something similar to this. The most common person saying this was a parent (**28.61%**), followed closely by strangers (**28.31%**). This microaggression was more common with the asexual cohort, **64.11%** of whom checked at least one box, while the other three groups all ranged in the mid fifties.

*The amount of friends' parents who tell me it's just a phase and I just need to meet the right person. I swear to God. They barely know me and they think they are the expert on me and my life.*

- H, Australia

*I do experience quite a bit of it with my 60-year-old father. I have attempted to come out to him multiple times, but he blocks it off quite effectively before I can even get into it. It's the usual "No, this is a phase, you'll find someone etc." talk that doesn't acknowledge the existence of asexuality at all, while pushing some sort of responsibility on me that isn't there or shouldn't be there. He very clearly thinks my aro/ace single life is nothing more than a lifestyle choice that I'll eventually grow out of. Since I am an only child and in my late 20ies there is a certain expectation to provide grandchildren, which he very much lets me know by demonstratively cooing over every small child he sees when I'm around. It hurts every single time he does it, because I very likely will never have the type of little family my father wants for me - which doesn't actually bother me, but knowing that I am and will continue to inevitably disappoint my father does.*

- H., Germany

## 2.5 Saying that you (or any asexual) needs to have "hormones checked" or similar

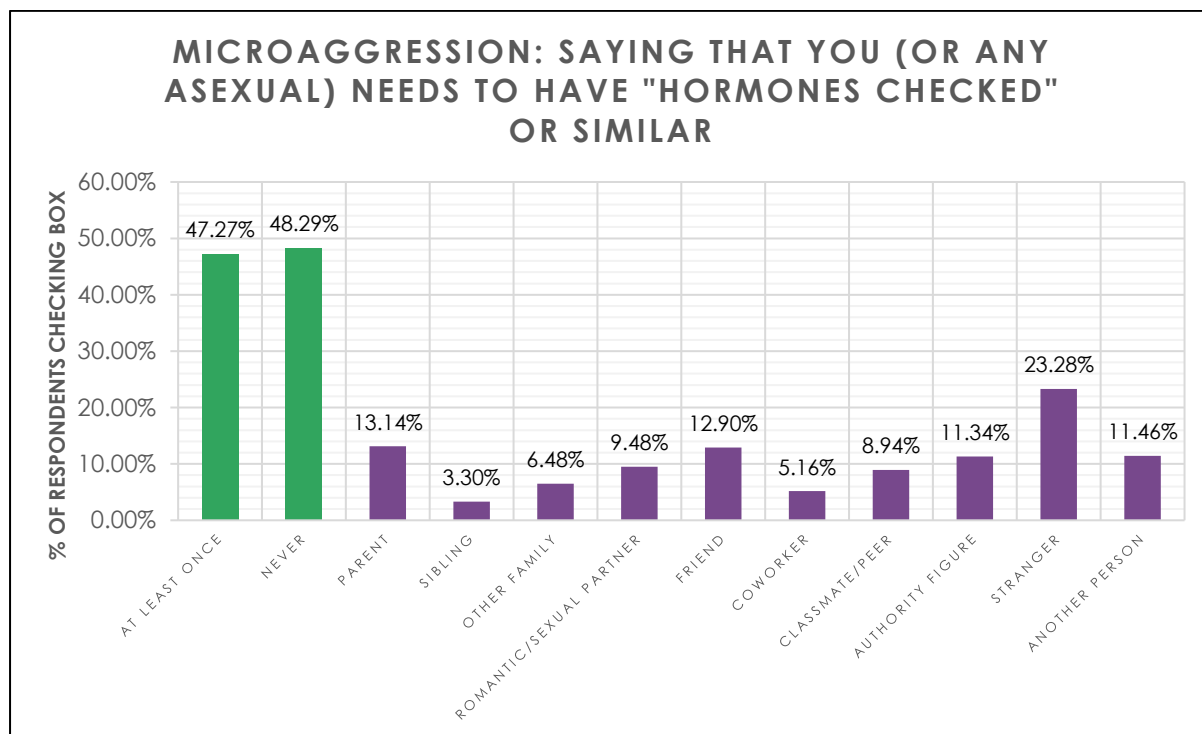


Figure 2.6: Microaggression: Saying that you (or any asexual) needs to have "hormones checked" or similar

**48.2%** of respondents checked the box that they had never experienced this microaggression. **47.8%** chose one or more of the boxes indicating that they had. Where respondents submitted stories about specific microaggressions they had experienced, incidents of this were a common choice, particularly where the person in question was a parent (**13.14%**). Some stories involved a medical professional (most checked the authority figure box in this case). The most common person involved in this microaggression was strangers (**23.28%**) but the parental incidents may be more impactful, accounting for the greater frequency of stories submitted about this.

*The most microaggressions I've experienced have been from my parents. When I first came out, they encouraged me to see a doctor and have my hormones tested. My mom eventually came around, but my dad still struggles to accept it as legitimate. He says he understands, but then he asks when I'm going to try dating and things like that.*

- Ayana, USA

## 2.6 Saying that you are too attractive to be asexual, or similar; and Saying that you are asexual because you are unattractive, or similar

I have chosen to combine these two microaggressions for analysis, because they are direct opposites of one another and yet both are experienced by members of the asexual community, and some people even report being told both.

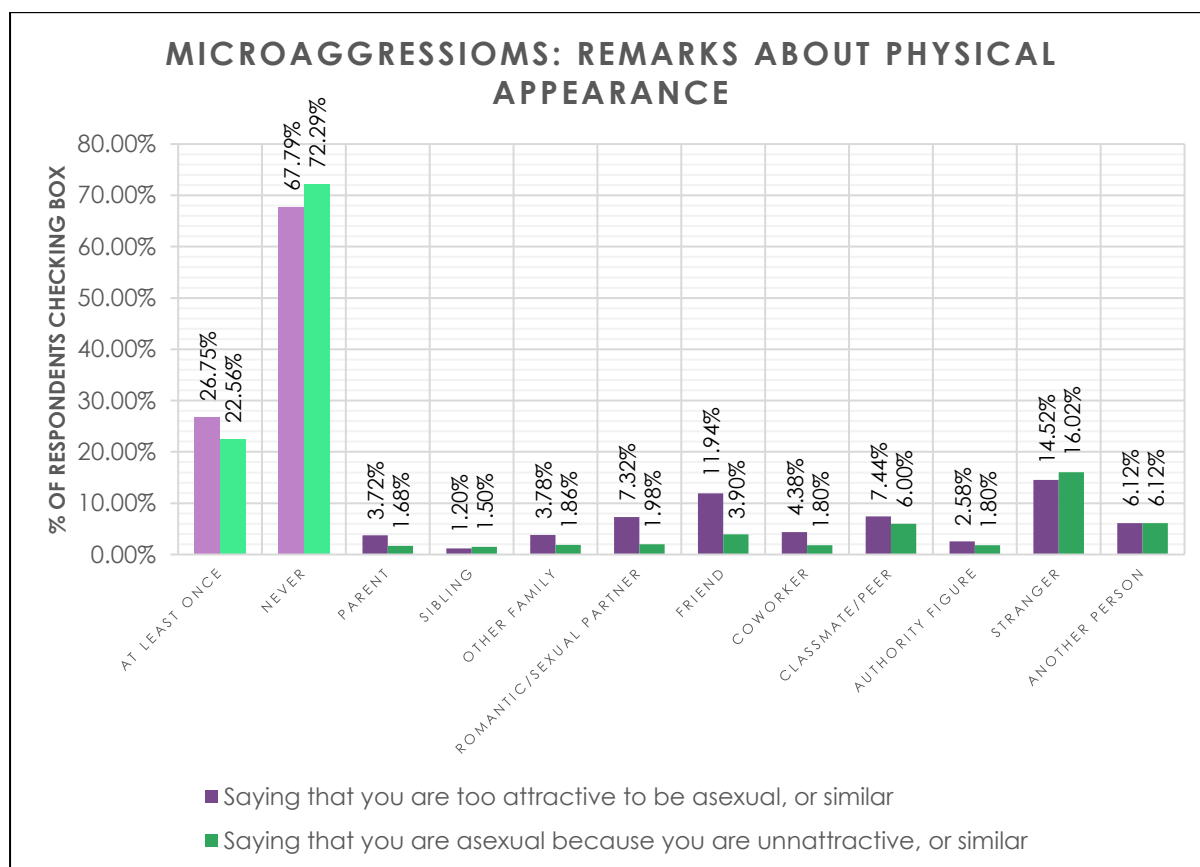


Figure 2.7: Microaggressions: Remarks about physical appearance

Figure 2.7 compares the two statements that relate asexuality to the respondents' physical appearance. More respondents had been told they were too attractive to be asexual (26.75%) than had been told that they are asexual (or pretending to be/believe themselves to be) because they are unattractive (22.56%). There were two categories of person who were selected more as making the "unattractive" statements than the "attractive" ones. These were siblings (1.5% unattractive, 1.2% attractive) and strangers (16.02% unattractive, 14.52% attractive). Another person was equally common for both at 6.12%.

The well-intentioned kind statements being more likely to come from friends, romantic partners and partners, while deliberately cruel statements come from strangers is unsurprising. That siblings were more commonly making the "unattractive" statements is an anomaly compared to the other family members, but the actual numbers are very small at that percentage size – only in the high teens.

179 respondents, or 10.74% reported experiencing both microaggressions, but not necessarily from the same groups. Whether they checked off the same groups was not analysed, as there is no way of knowing if they mean the same person or two people within the same group.

"Attractive" statements were the second least common microaggression for siblings, and "unattractive" statements the second least common for parents (1.68%).

*When I came out at work, I was met with a barrage of microaggressions: saying "what kind of teenager doesn't like sex," approaching me sexually during work hours, saying "it's a shame" because I'm "too attractive," etc. When I approached my managers about it, their response was that I shouldn't have come out if I didn't want to be harassed.*

- F., USA

*I've had people question the validity all the time. I've had people say I'm just insecure, immature, scared, traumatized, inexperienced, prude, fat, or ugly. People make it seem like it's not normal, especially for an adult.*

*They also make it seem like a choice like celibacy.*

- Jenna, USA

## 2.7 Saying that everyone is demisexual

Although respondents in other cohorts also heard this microaggression, with 46.45% of asexual, grey-asexual and other groups indicating they had experienced this from at least one group, this is a microaggression specific towards demisexual people. Figure 2.8 therefore represents the responses from only those identifying as demisexual.

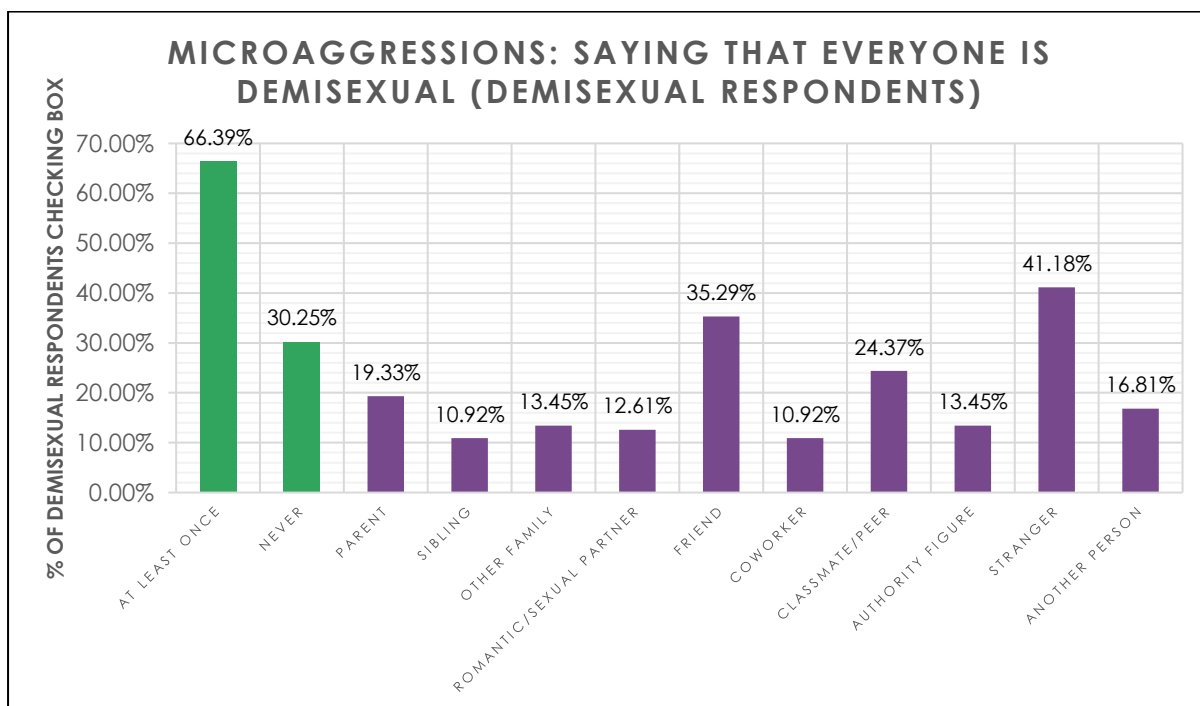


Figure 2.8: Microaggressions: Saying that everyone is demisexual

Two thirds (66.39%) of demisexual respondents have been told by at least one person that "everyone is demisexual". If this is compared with the rest of the microaggressions, where figures are taken from the whole group, this would make this the sixth most common on the list.

The most common group saying this was a stranger (**41.18%**), but friends also scored highly (**35.29%**). Every one of the ten groups scored higher than **10%**, the practical meaning of this being: at least 10% of demisexual respondents have been told “everyone is demisexual” by each of these ten groups of people.

*I'm sure it's something every person who identifies as Demi hears. That everyone is demisexual. They don't really understand that I don't feel any sort of sexual attraction until there is an emotional bond. And why I haven't enjoyed the few one night stands/hookups I've tried.*

- Emma, Australia

## 2.8 Saying that demisexuals are "sex-shaming" others

As with the previous category, this is a microaggression specifically directed at demisexual people and so *Figure 2.9* represents only those responses. The *Asexual* and *Other under asexual umbrella* groups did indicate some experience of this (**18.75%**) and *Grey-asexuals* actually had a slightly higher rate of this experience than demisexuals did (**22.88%**).

Some of this might be accounted for by the cohorts being selected on the basis of the one choice respondents made when asked to pick a single sexual orientation category - and some people identify as both grey-asexual *and* demisexual. Others may have identified as demisexual in the past and now are grey-asexual. Others may simply have been talking about asexuality generally and heard this statement, as with the other two groups.

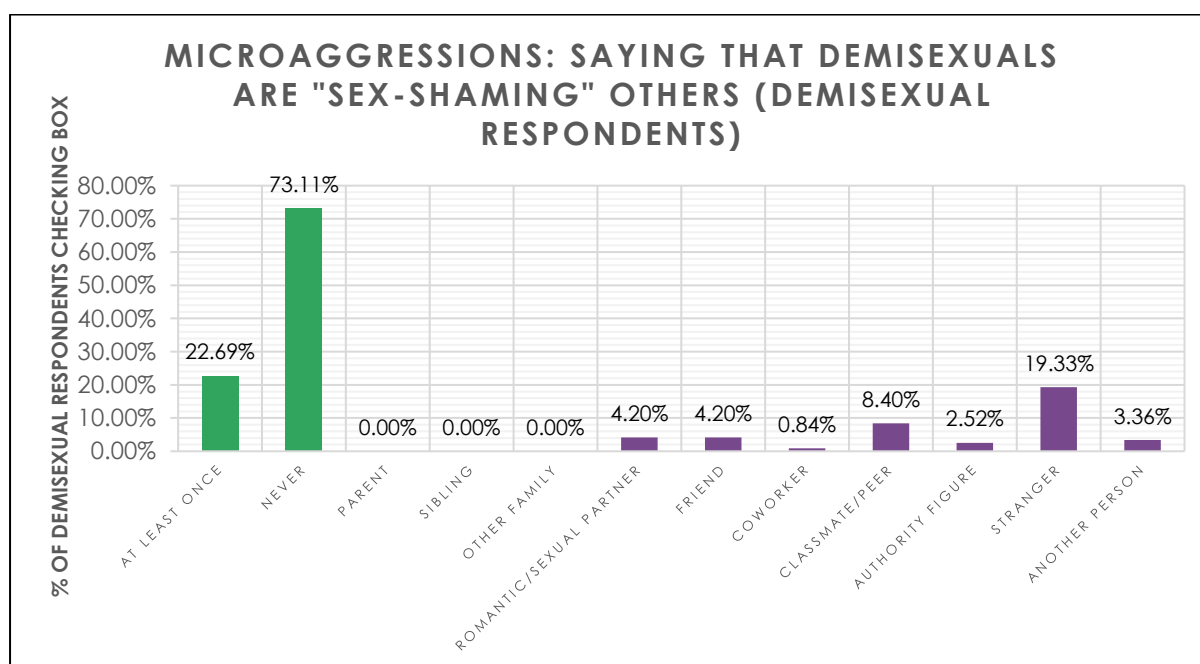


Figure 2.9: Microaggressions: Saying that demisexuals are "sex-shaming" others

The idea that demisexual people are shaming other people’s sexual behaviour by their existence is periodically raised on social media, with recent waves of aphobia on Twitter and Tumblr including this idea. This may be the reason why **19.33%** of demisexual respondents have heard this coming from a stranger.

*I have been told by a stranger on the internet that all demisexuals and aces think that those who are sexually active are massive sluts. Which is seriously not true, but they just seemed so pissed off with us in general.*

- KCT, New Zealand

## 2.9 Saying that "Sex is what makes us human" or similar and Saying that "Sex is part of human nature"

These two microaggressions are so similar that they have been grouped together.

Figure 2.10 shows the prevalence of each of the two individual statements, "Sex is what makes us human" and "Sex is a part of human nature".

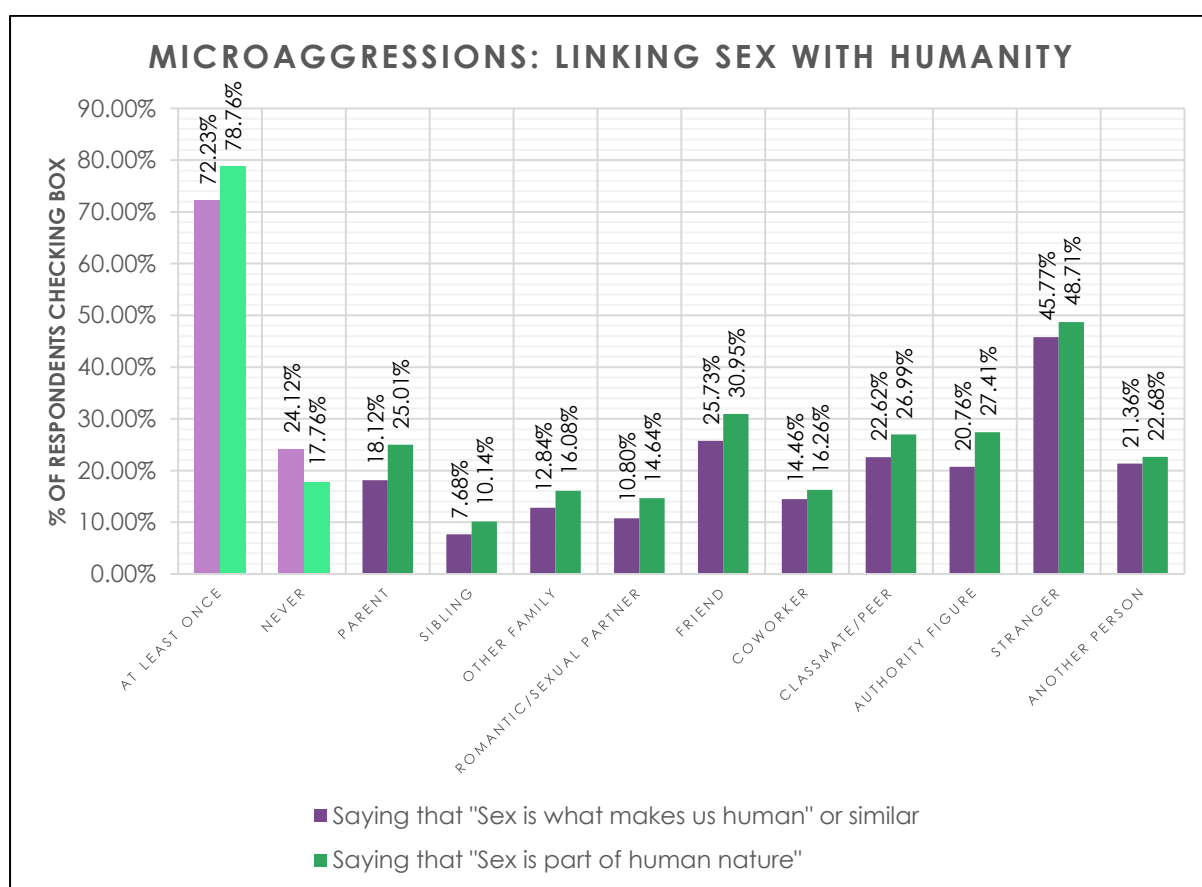


Figure 2.10: Microaggressions: Linking sex with humanity

"Sex is a part of human nature" was consistently higher with more respondents reporting this microaggression from every category of person - this was the third most common microaggression on the list, while "Sex is what makes us human" was the fourth. "Sex is a part of human nature" was the most common microaggression reported by grey-asexuals.

For both statements, *stranger* was the most common group (45.77% for "sex is what makes us human" and 48.71% for "sex is part of human nature") and *friend* was the next most common (25.73% and 30.95%). *Classmates/peers*, *authority figures* and *parents* also scored highly. Looking at



only “Sex is a part of human nature”, more respondents reported hearing this statement from each of these groups (as well as *another person*) than reported never having heard it at all.

“Sex is a part of human nature” was the most common microaggression reported to come from both *authority figures* (27.41%) and *another person* (22.68%).

*It was in a psychology class in college. We were talking about how the public opinion on sexuality was adapting. One of my classmates brought up asexuality in class and the conversation turned to how “sexual attraction is part of being human” and “Asexual people are just doing it for attention”. I must've made a noise; the teacher looked right at me and asked what was up. I wish I had said something like “It's not every day you find out you're not human”, but instead I just said “But I don't even like attention! Why would I say something that's 'just for attention'?” I wish I had even just said “it's nothing”, but I was taught never to lie to teachers. The professor gave it a couple of moments, then asked if I wanted us to move off the topic. I'm glad she asked, I was able to say “Yeah, I'd rather not debate my existence.”*

*She kept the other student behind after class, and I didn't face any negative consequences, but it was still highly unpleasant. Did not enjoy, do not recommend.*

- Megan S., USA

*Shortly after figuring out I was asexual I decided to try online dating with my asexuality clearly in my bio to ward off unwanted attention. I started to receive a few messages from people asking about my orientation, all were pretty friendly and curious. I then got a message from a guy who wasn't so friendly. He asked about asexuality and I explained it to him and he goes on to say “I've studied psychiatry for 2 years and I'm telling you it's not humanly possible for someone to lack sexual attraction.” I went on to assure him it is possible, 1% of the world's population experience the same thing. He told me I was attention seeking and everyone is just making up new orientations these days and he then said “humans survive on sex we were made to reproduce” he then blocked me and I just felt so angry and invalidated. :(*

- Rachie, Australia

## 2.10 Saying that romantic relationships require sex to be valid

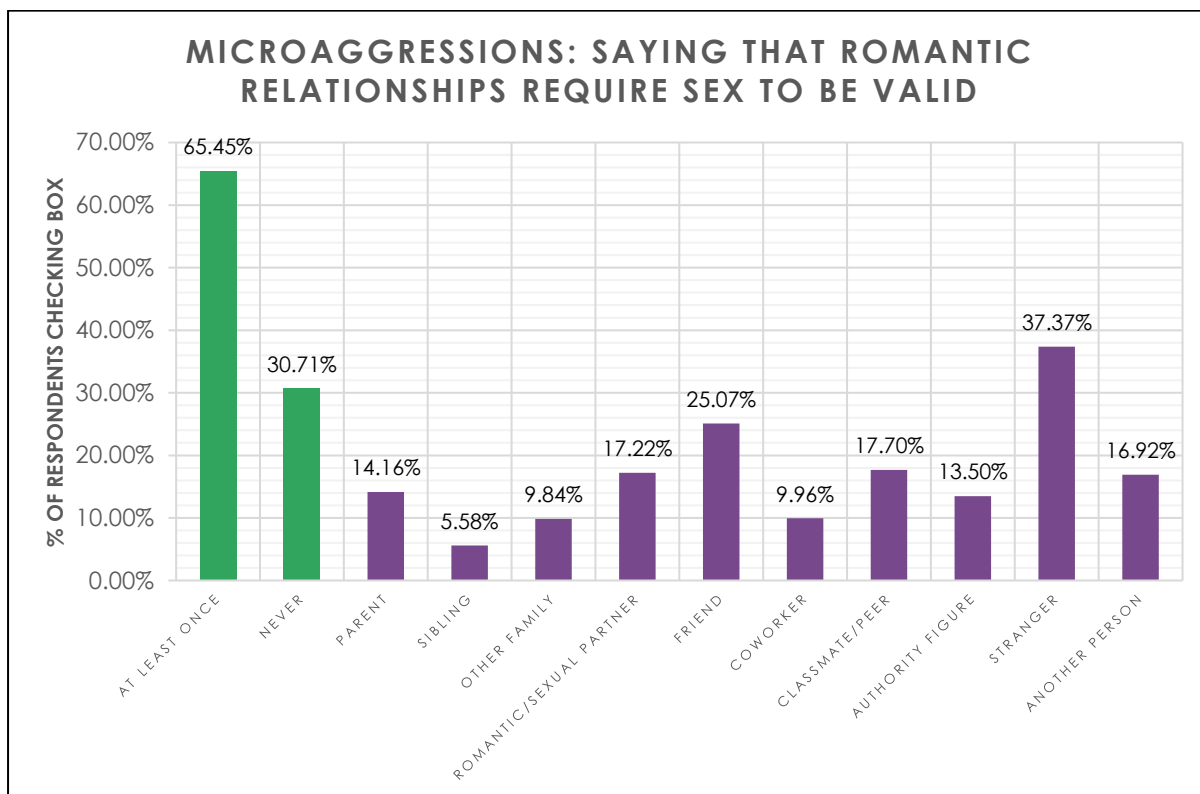


Figure 2.11: Microaggressions: Saying that romantic relationships require sex to be valid

Almost two-thirds (**65.45%**) of respondents reported being told that a romantic relationship requires sex to be valid. This was the most commonly reported microaggression from *romantic/sexual partners* (**17.22%**) (See Section 4). *Friends* (**25.07%**) and *strangers* (**37.37%**) were the most common sources of these statements.

The reporting of this microaggression was disproportionate between the four sexual orientation cohorts: **64.78%** of *asexuals* and **65.46%** of *others under the asexual umbrella* reported experiencing this at least once. Demisexuals reported much less - only **57.98%** while grey-asexuals much more - **76.47%**. No other microaggression shows such a wide range between the different orientations.

*When I came out as ace my ex asked me "what is the difference from us just being friends then, if we won't have sex?" and it felt awful that he didn't consider anything else we did together as a relationship unless there was sex involved.*

- Amanda, England

*My mother has always pressured me to date someone and when I started dating my ex (he's ace too) she assumed we had sex. All our friends, for several months, told us that we had to kiss and we had to have sex because "if you don't have sex you're just friends". It was very exhausting having everyone controlling us, every day, to see whether we had kissed or we had had sex or not. One time they all surrounded us (almost 40 people) shouting "KISS! KISS!".*

- C., Italy

## 2.11 Invalidating your asexuality because you have had sex before and Invalidating your asexuality because you have never had sex

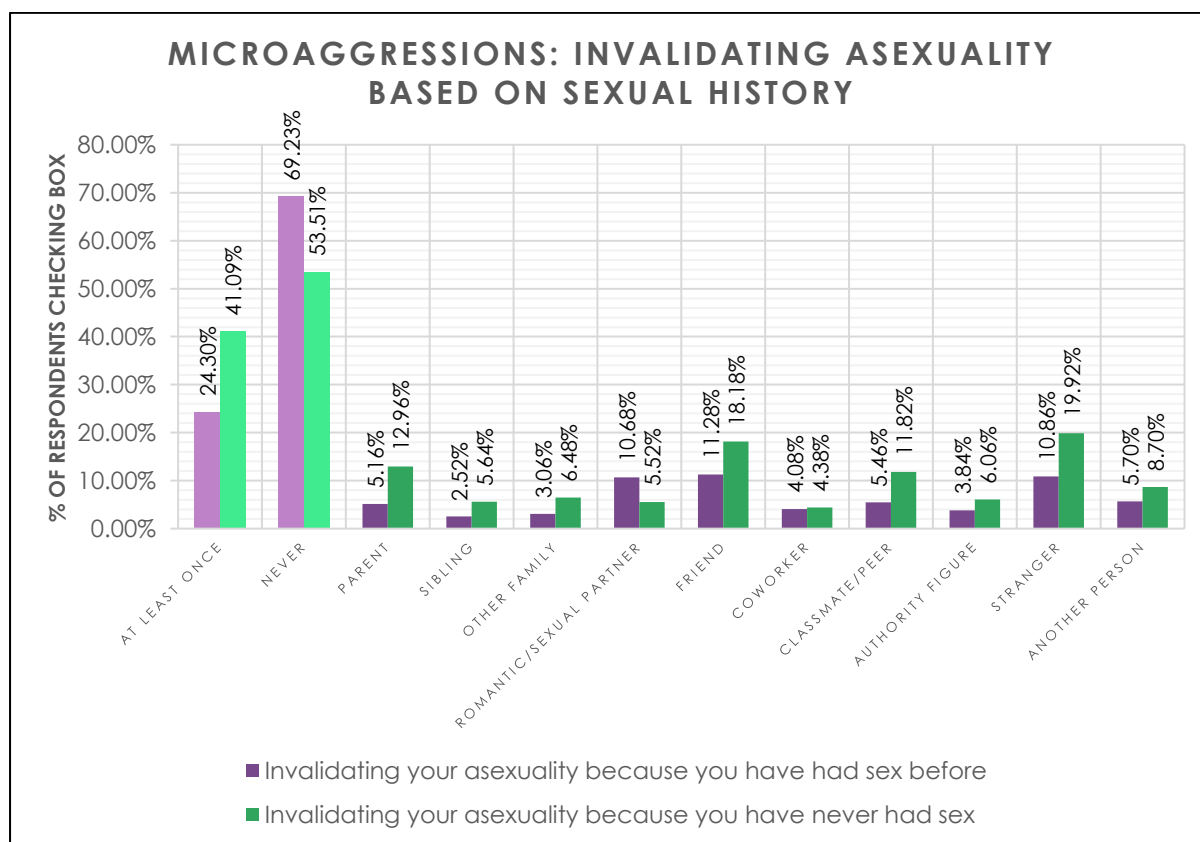


Figure 2.12: Microaggressions: Invalidating asexuality based on sexual history

These two microaggressions have been combined for comparison, as they are opposites. Invalidating asexuality based on a lack of sexual history was much more common (experienced at least once by **41.09%** of respondents) than invalidation on the basis of having a sexual history (**24.3%**). It is difficult to compare the two figures without knowing the sexual history of respondents - how many have a sexual history that others could use to invalidate them?

The only perpetrator group which scored higher on “invalidation because you have had sex before” was *romantic/sexual partner* and based on the qualitative responses, this often takes the form of the partner saying the respondent cannot be asexual because they have had sex within the relationship - a misunderstanding of what asexuality means.

*Someone once told me I couldn't be ace because we had had sex before and accused me of using it as an excuse to 'get out of' having sex with him again.*

- FK, India

*I had a friend who could not seem to understand that I was asexual. Kept asking "but how do you know" I identify as homoromantic but have never been with a woman sexually because of my asexuality. My friend also kept saying "but isn't it just because you haven't tried?" She seemed to not understand how hard it was for me to not have my explanation accepted.*

- LHP, Denmark

## 2.12 Invalidating your asexuality because you are in a relationship

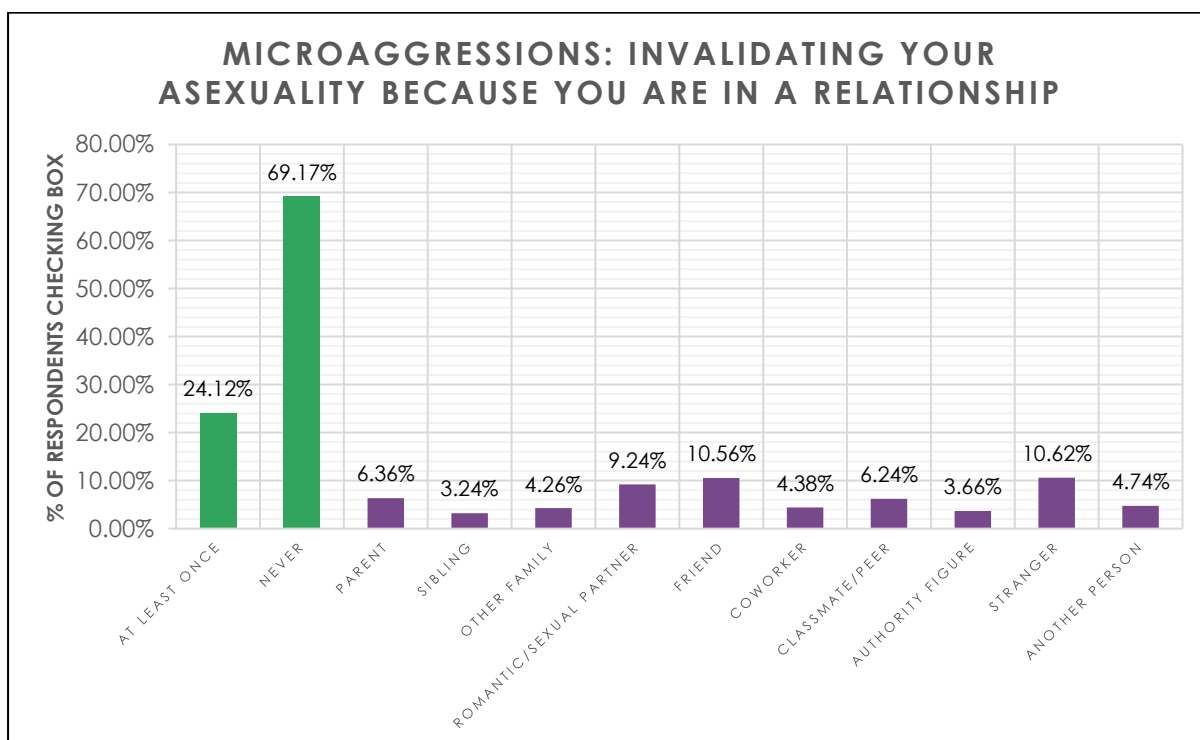


Figure 2.13: Microaggressions: Invalidating your asexuality because you are in a relationship

Figure 2.13 shows the prevalence of respondents being told that being in a relationship means they cannot/could not be asexual. **24.12%** of respondents had been told this by at least one person. There was less variation in the frequency of who was saying this than found in other microaggressions - the groups ranged from *sibling* at **3.24%** to *stranger* at **10.62%**. These numbers were not close to being the highest nor lowest for any of the perpetrator groups - but somewhere in the middle for each one.

There was a measurable difference between the four orientation groups. *Asexual* and *other under umbrella* groups were both within **2%** of the overall average. However, **30.25%** and **35.29%** of *demisexuals* and *grey-asexuals* experienced this microaggression - perhaps because these groups are more likely to be in a relationship.

These figures must be considered with the understanding that not all asexuals will be or have ever been in a relationship. Between 30 and 45% of asexual people are also aromantic, as seen in Section 1.6 (although not all aromantic people will avoid romantic relationships). **8%** of respondents in this survey were under 18 years old, another potential factor preventing relationships. Approximately 45% of respondents to the *ACT Aces 2019 Asexual Experiences Survey* had never been in a relationship.<sup>11</sup>

*When my sister explained [asexuality] to the other person they then claimed I couldn't be due to the fact I was married with a child and tried to ask my husband how he felt about it all. To which he said since I had worked it out (earlier this year) nothing has really changed we both just understand better.*

- Denise, Australia

<sup>11</sup> From original data.

## 2.13 Invalidating your asexuality because you have children and Invalidating your asexuality because you want children

As they are very similar, these two kinds of microaggression have been grouped together for analysis.

Figure 2.14 charts the responses given, and the prevalence of these microaggressions, with percentages as measured against the full cohort.

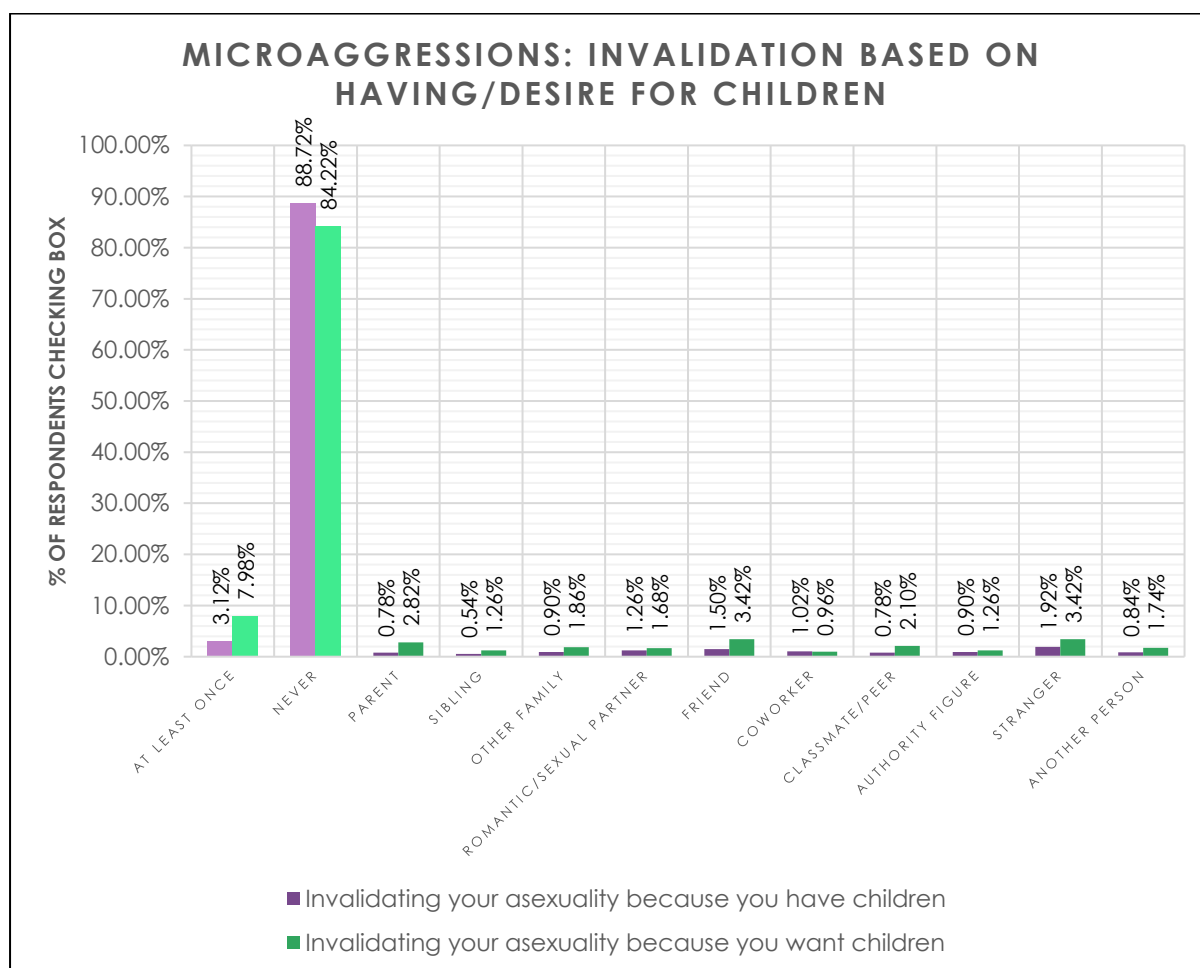


Figure 2.14: Microaggressions: Invalidation based on having/desire for children

**3.12%** of respondents reported their sexuality was invalidated because they had children. **7.98%** said their relationship was invalidated by someone because they wanted to have children. However, the 2019 ACT Aces survey found that the number of asexual people who had children was low, and that the number wanting to have children was also lower than in the general population. Although the number of respondents answering “Yes” to these microaggressions at first appears negligible, if the chart is adjusted to account for the percentage of the asexual population *for whom the questions are relevant*, the results are more useful.

The ACT Aces 2019 Asexual Experiences Survey found that **4.58%** of respondents had children (whether biological, adopted, honorary, stepchildren or “other”). **32.8%** of respondents wanted to have children.<sup>12</sup>

<sup>12</sup> Wood (2020), p. 42.

Figure 2.15 makes this adjustment by assuming that the proportion of respondents who already have children and who want children are the same as in the 2019 survey - and so the figures must only be seen as rough estimates of how frequent this microaggression may be in comparison to others. If **4.58%** of asexual people who have children have experienced being told they can't be asexual because of this, that would make this roughly the fifth or sixth most common microaggression experience. The previous, unadjusted chart showed that both having children and desiring children were given as reasons a person could not be asexual so rarely that a comparison was difficult to measure. With this approximation, we can estimate that those who have children already are two or three times more likely to experience invalidation than those who desire children but don't yet have any.

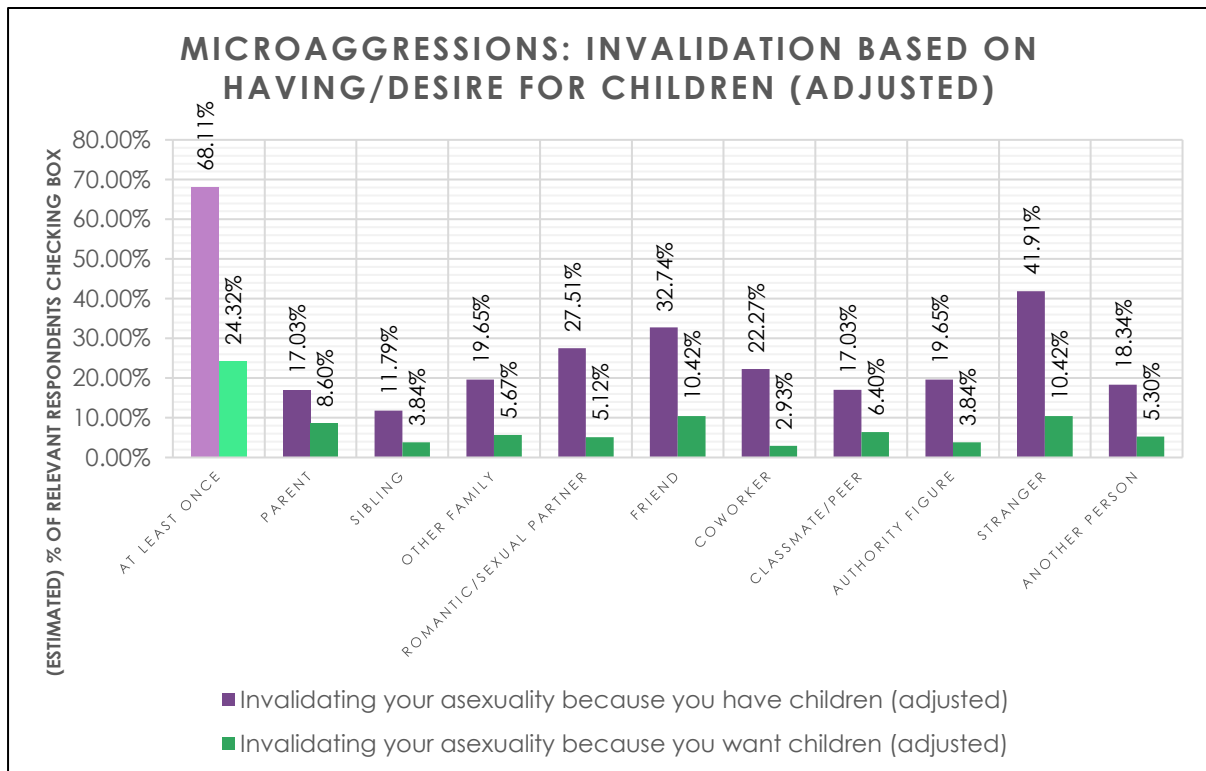


Figure 2.15: Microaggression: Invalidation based on having/desire for children (Adjusted)

*My psychiatrist also questions my Asexuality because I have a kid and he doesn't understand it at all.*

- Tiffany, USA

## 2.14 Invalidating your asexuality because you are not sex repulsed and Invalidating your asexuality because of your sense of humour (enjoying sexual jokes, etc)

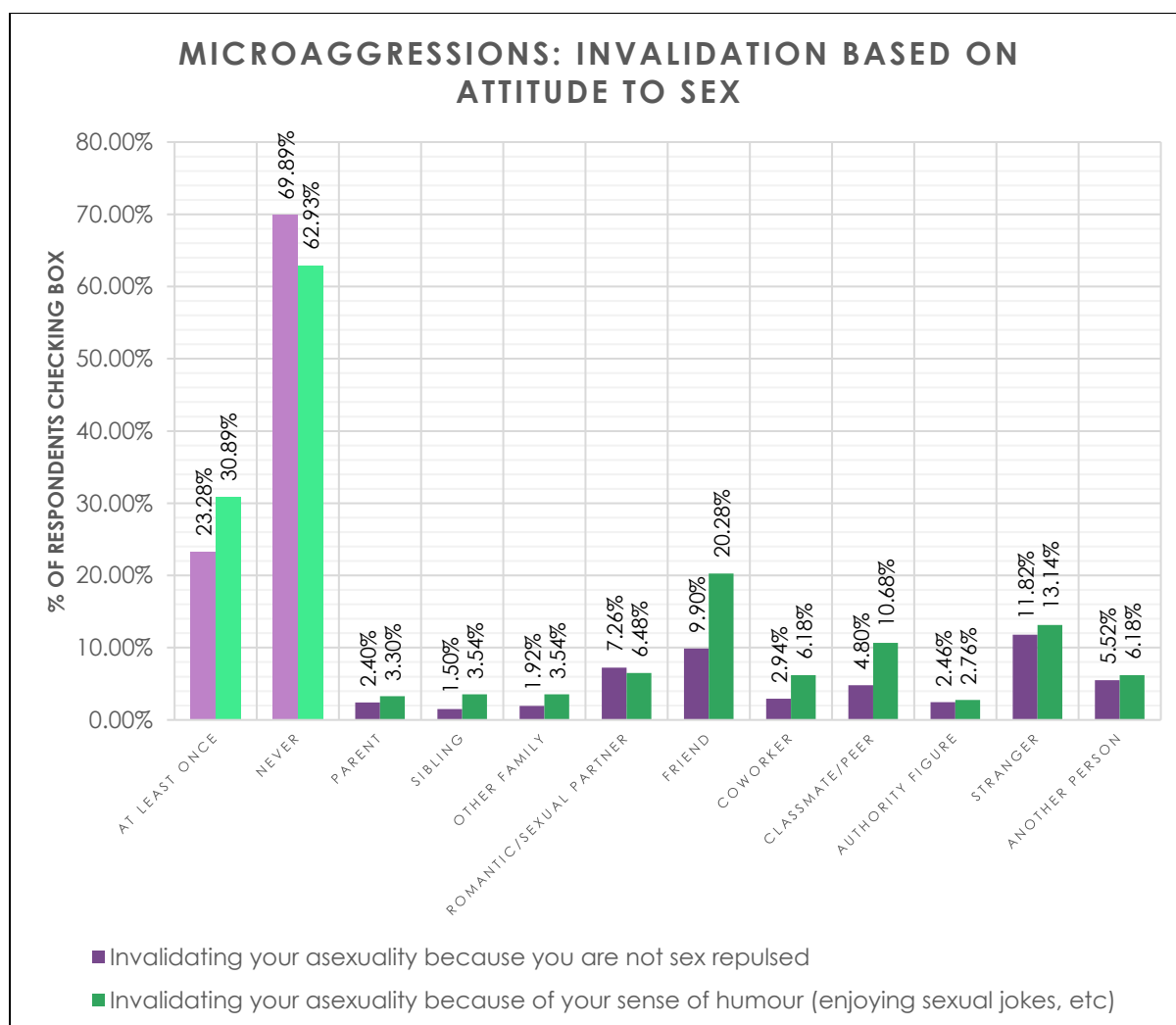


Figure 2.216: Invalidation based on attitude to sex

Figure 2.16 shows the results for respondents who had experienced their asexuality being invalidated both because they were not sex repulsed, and/or because their sense of humour was contrary to expectations (such as enjoying/making jokes about sex). **23.28%** of respondents indicated that they had been invalidated because they were not sex repulsed, and **30.89%** due to their sense of humour. For all categories, *sense of humour* scored higher, except for *romantic/sexual partner*. **7.26%** of respondents had experienced invalidation from a sexual or romantic partner because they were not sex repulsed, compared to **6.48%** for their sense of humour.

At first, I saw this as an unexpected result - as sense of humour would appear to be less of a reason to dismiss a person's sexual orientation than their actual attitude to having sex.

The possible explanation lies in *romantic/sexual partner* being the only kind of person who used lack of sex repulsion as a source of invalidation more than sense of humour. All the other categories of perpetrator are more likely to know about and experience the respondents' sense of humour. This is a less intimate, less personal detail that other people are going to encounter in interactions with the

asexual person. The close result for *stranger* (11.82% for lack of sex repulsion and 13.14% for sense of humour) might seem to contradict this theory, but I would posit that perhaps respondents were being open about their asexuality on the internet, and experiencing online abuse as a result - many respondents wrote in the comments field that this was what they meant by ticking the "strangers" box.

*I think the few times I have come out, people have been less understanding of my sex neutrality. Comments like "why were you kissing him you're ace" or the fact that I have had sex before. While they don't disagree or try to say I am not ace, the mere question suggests that I have to be completely ace or nothing.*

- TR, Australia

*The first time I told someone I was Ace, it was my then best friend, they told me I couldn't be because I have a dirty sense of humour and I like showing cleavage. It was super invalidating and I, a naive 16 yr old at the time believed him and didn't tell anyone else for 2 years, and even then I couldn't say it sober until I was 22. That small moment gave me so much self doubt that still haunts me now at almost 26, but I am always proud to be Ace.*

- Lee, Australia

## 2.15 Assuming/Asking if you have had a bad relationship and Assuming/Asking if you have been sexually assaulted in the past

These two common assumptions about the reasons why asexual people become asexual - because they are somehow "broken" - have been grouped together for analysis. *Figure 2.17* compares the results for the two.

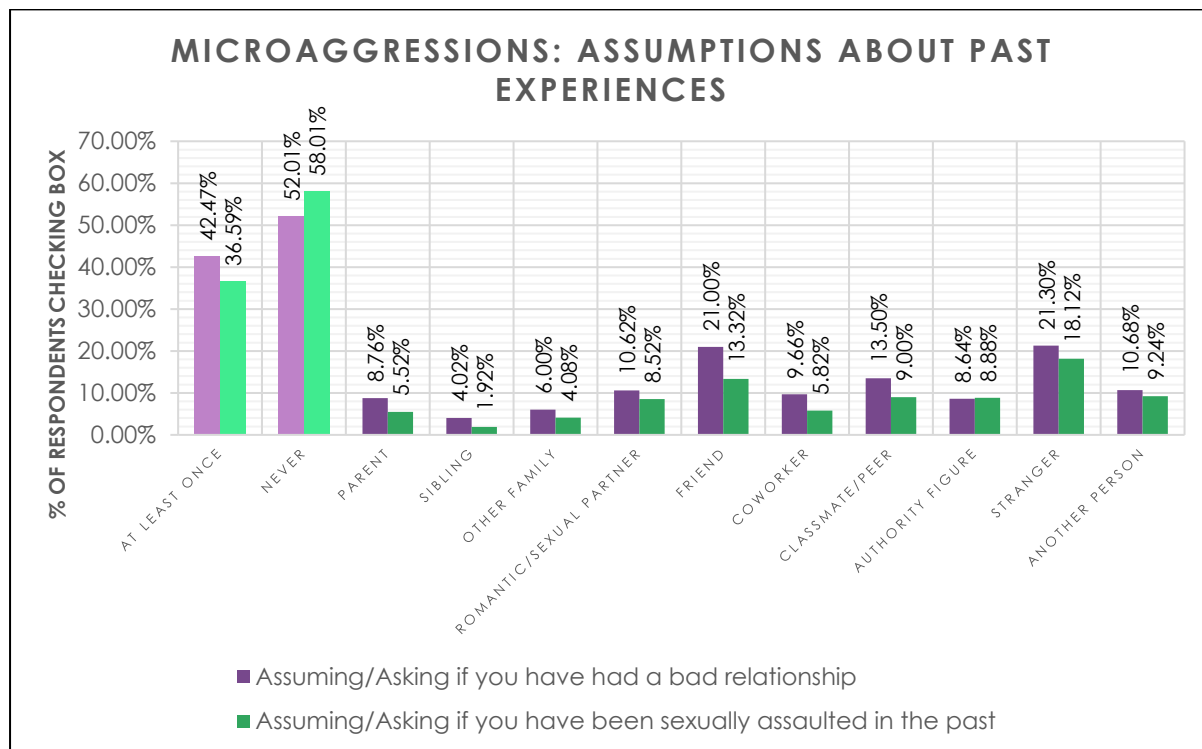


Figure 2.17: Microaggressions: Assumptions about past experiences



**42.47%** of respondents reported that at least one person had assumed or asked if they had a bad relationship. **36.59%** reported that at least one person had assumed or asked if they have been sexually assaulted in the past. The only category of perpetrator that scored higher for asking about sexual assault was “*authority figure*” (**8.88%** for sexual assault vs **8.64%** for bad relationship). This may be partially accounted for by medical professionals, perhaps therapists, counsellors and other mental health providers (see Section 7).

It is noteworthy that people more frequently assumed that asexuality is related to or “caused” by a negative relationship experience than a sexual assault. This is despite the reality that asexuality has nothing to do with interest in relationships - it is solely about sexual attraction, and even romantic attraction is not necessarily the determining factor in whether an asexual person will choose to pursue a relationship or not.

While it must be stressed that the vast majority of asexual people are born asexual, there is a small minority who genuinely do become asexual after surviving a sexual assault. ACT Aces and AACAU both welcome aces who became that way because of trauma. Their experiences are valid and they are genuinely asexual – but we also want the public to know that this is a rare situation. The overwhelming majority of asexual people just are the way they are and always have been. You should never assume an ace person has been through trauma – and if they have, there is also no reason to assume that the trauma is the *cause* of the asexuality. Many asexual survivors of sexual assault were targeted because of their asexuality (see Section 5). We also do not believe that any trauma survivor, or any person, is “broken” – hence my use of quotation marks to indicate this is a term coming from others – not a true reflection on anyone.

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*A person who is asexual due to trauma may like to identify with the term “Caedsexual” – but that’s a self-identifying term and not something that should be placed on them or used to other them. (You can also be Caedromantic)*

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*My mom is totally convinced I have some sex-related trauma I've blocked from my memory out of self preservation. She's insistent and pitying about 'all that I'm missing'. There's no evidence for any of that - she just can't wrap her head around asexuality without looking for reasons and pitying me for not being like her.*

- Magpie, USA

*The first person I ever came out to was my friend at the time. Her first response was "so were you raped?" and she refused to believe that I wasn't traumatized. It really made me not want to come out to anyone ever again.*

- Em, USA

## 2.16 Asking you invasive or inappropriate questions because you are asexual

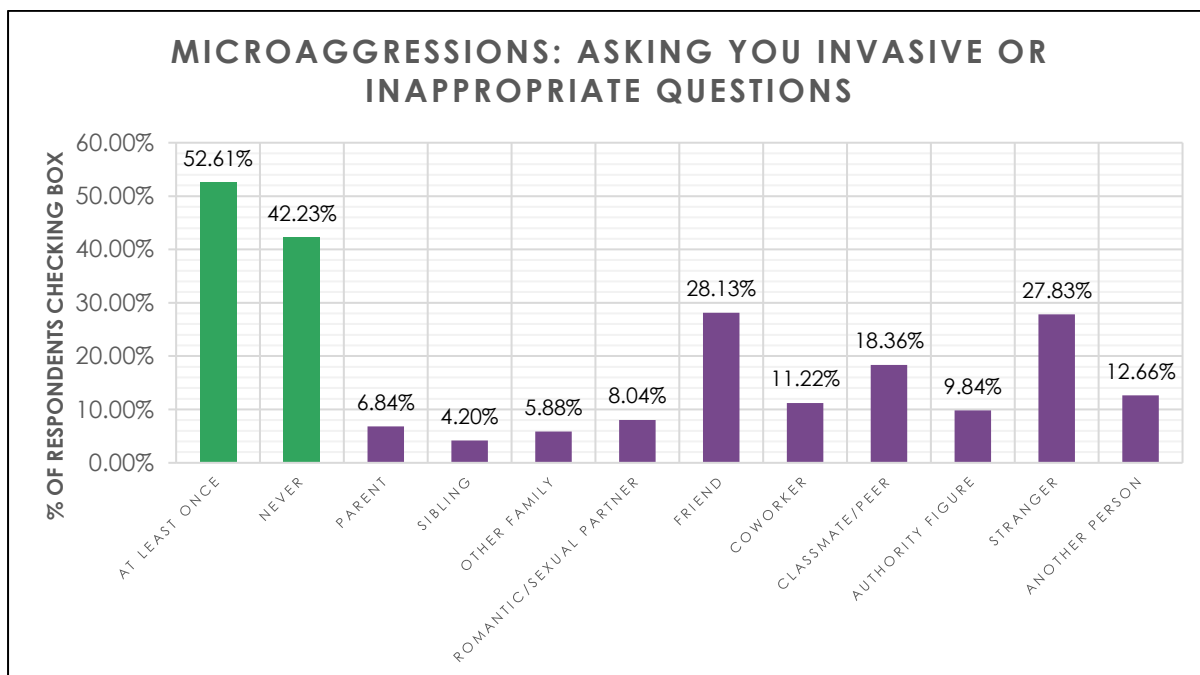


Figure 2.18: Microaggressions: Asking you invasive or inappropriate questions

**52.61%** of respondents reported that at least one person has asked them invasive or inappropriate questions. *Figure 2.18* shows the distribution of these responses across the different groups. The largest were *friend* with **28.13%** of respondents and *stranger* with **27.83%**.

*I had a coworker (whose name I wouldn't even have known if he hadn't been wearing a name tag) ask me after coming out as asexual if I masturbate, which is incredibly inappropriate, but not quite as inappropriate as a question I got after coming out to a former roommate of mine. He (apparently assuming the answer to the question of whether or not I masturbate) jumped directly to asking me what I think about when I masturbate.*

- A.R., USA

*When I tell someone I am Ace, I become a science experiment. I am something to be poked, to be prodded, to be turned over and looked into. When I tell someone I am Ace, it is as if I have opened the door to their questions, and to curiosities that they must normally keep quiet about. They ask about sex, about masturbation, about what I do like, and why I don't like. And it tends to start with the same question - "but you still have sex right?" Because that makes it all okay. Because then I'm still normal enough, or at least I'm not getting in the way of someone else's potential desires.*

- Arc, New Zealand

## 2.17 Comparing asexuality to being unfeeling/robotic, etc

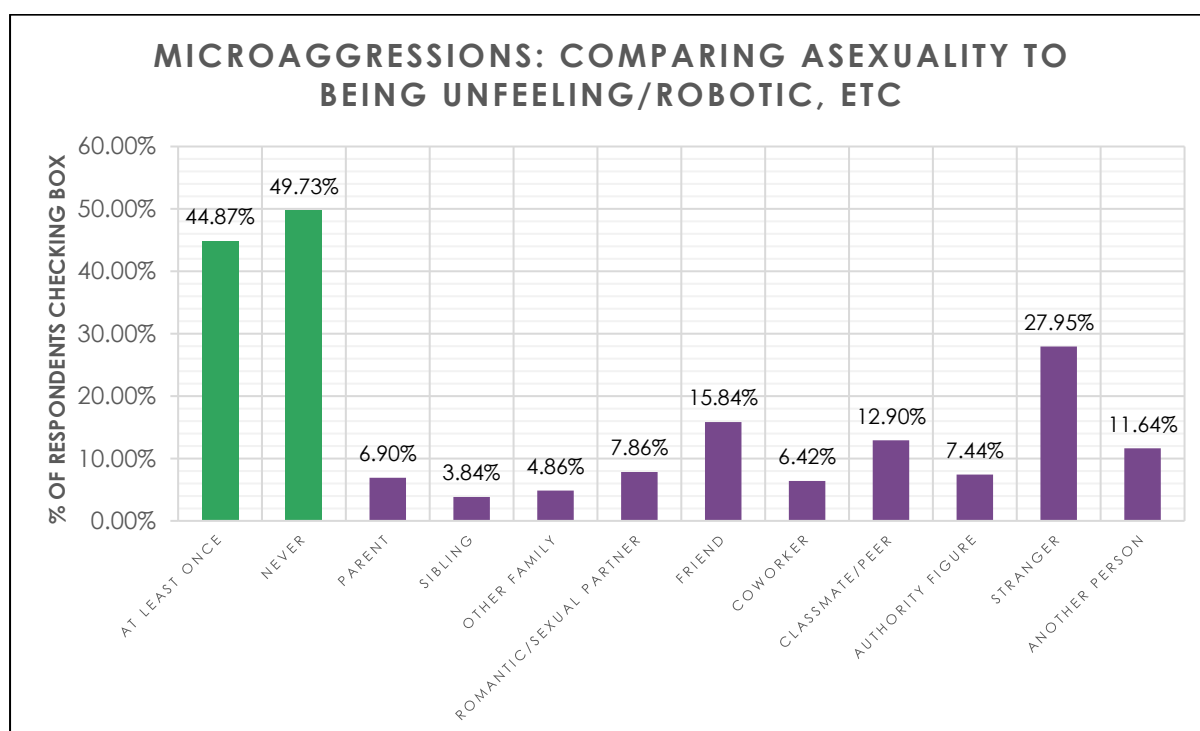


Figure 2.19: Microaggressions: Comparing asexuality to being unfeeling/robotic, etc

Figure 2.19 shows the **44.87%** of respondents who had indicated that they had experienced somebody comparing asexuality to being unfeeling, robotic or a similar sentiment. For **27.95%** of respondents this came from a stranger. For **15.84%**, this attitude came from someone they considered a friend. **6.9%** said that they heard it from a parent, and **7.86%** from their romantic/sexual partner. It is difficult to write about the impact of this language in an objective and scientific manner. The allosexual reader is asked to imagine being told that their sexual orientation makes them robotic, unfeeling or less than human - by a stranger, by a friend, by a parent. By their own partner.

These statistics are likely to be higher still for aromantic people - as the association with not feeling romantic attraction and not being able to feel “love” at all, in any context, is often made.

*I also constantly overhear people talk about individuals who aren't into sex being cold, unfeeling, lifeless people. They are considered unworthy dating material and thought to be selfish for depriving their partner. I have also been told that I can never experience real love without having sex and should expect to be lonely until I give in to having sex. While I do not hear these things on a daily basis, I do hear constant jabs from the people around me that dismiss or refuse to acknowledge that people like me exist and are happy as they are.*

- Sarah, USA

*My professor once compared being asexual to being a zombie, asking if a certain piece of literature didn't awake something in you were you even human? When pushed on it she then went on to say that there was something wrong/weird about asexuals.*

- Lynx, USA

## 2.18 Dismissing your asexuality as unimportant/irrelevant

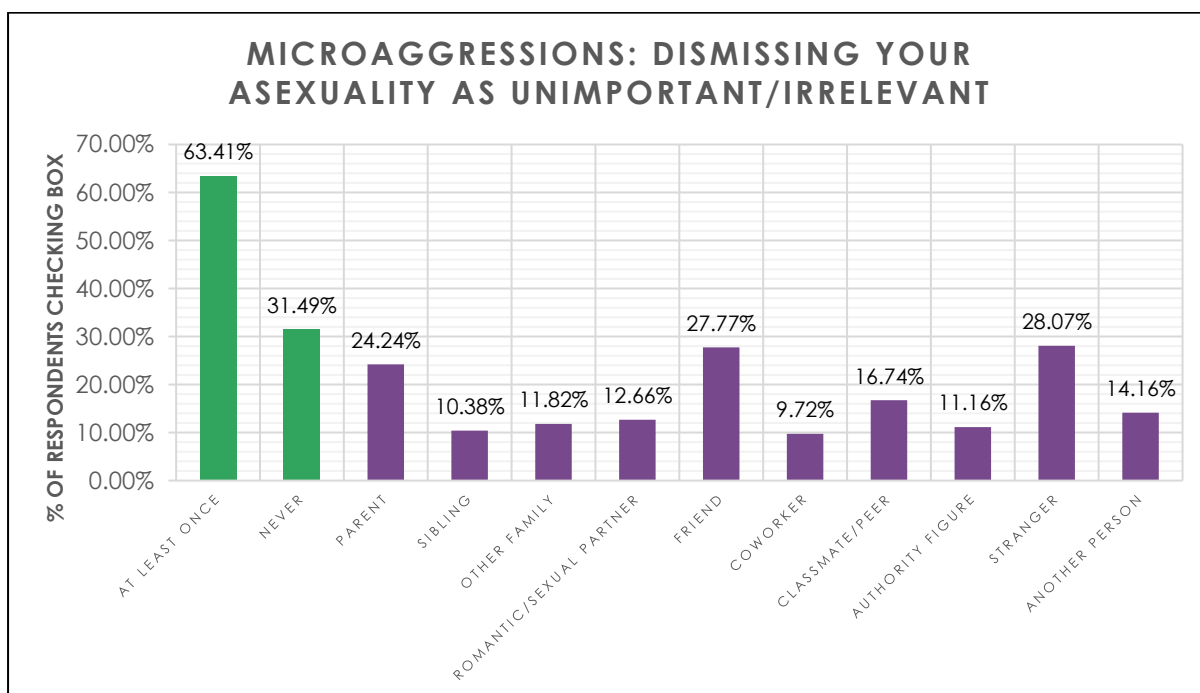


Figure 2.20: Microaggressions: Dismissing your asexuality as unimportant/irrelevant

As shown in Figure 2.20, **63.41%** of respondents experienced at least one person dismissing their asexuality as unimportant or irrelevant. **28.07%** said that a stranger had done this, and **27.77%** said that a friend had. This microaggression was one of the higher results from all family members, and a rare case of siblings reaching over 10% (**10.38%**). A person coming out as asexual is important and significant - they are sharing a personal part of themselves, and for most asexual people, their sexual orientation is a core part of their identity. It is often dismissed as unimportant because coming out is seen as revealing that you have an absence of something, rather than saying anything important about yourself.

These results suggest that this belief is still prevalent in the community, and that for many asexual people, coming out has not been taken seriously, by people closest to them, as well as the strangers and internet trolls who are perpetuating other harmful attitudes.

*When I came out to my friends they were accepting, but over time they showed that they didn't really care. It was almost as if they forgot about it the second after. They would ask me if I had crushes and teased me about it. I wanted my friends to support me, but instead they just wore me down and worsened my mental health.*

- Chiedza, South Africa

## 2.19 Offering amateur opinions/diagnosis on why you are asexual

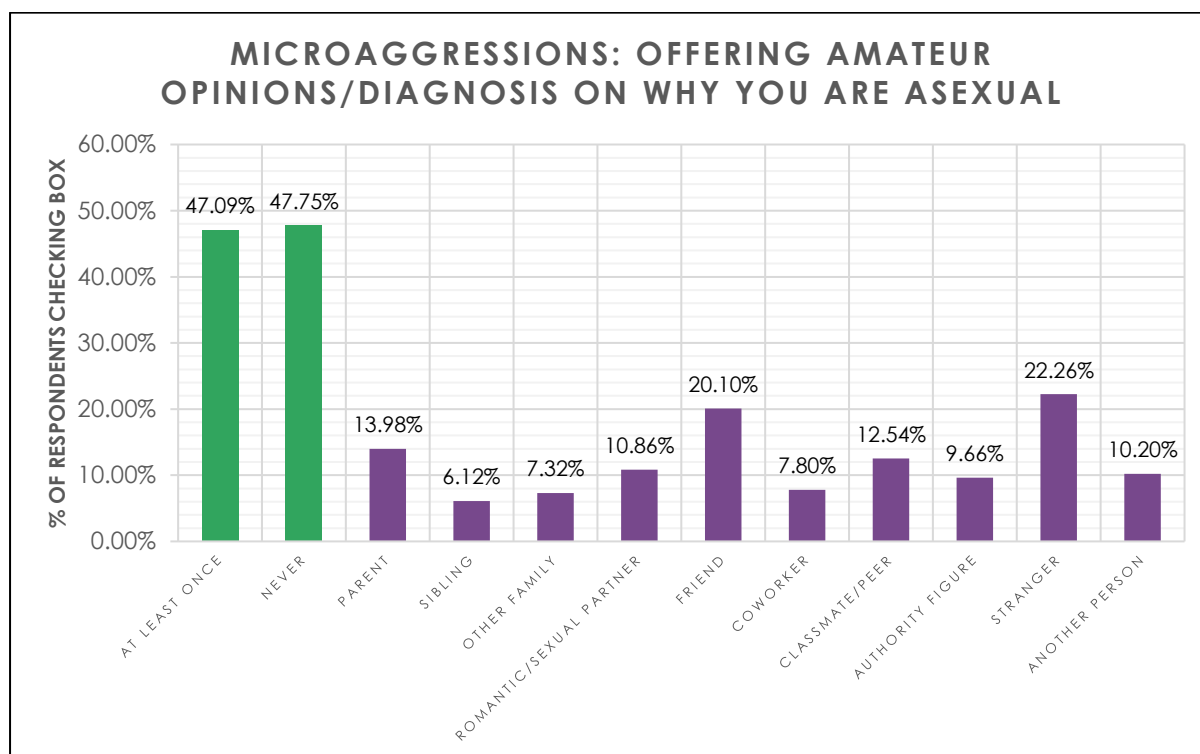


Figure 2.21: Microaggressions: Offering amateur opinions/diagnosis on why you are asexual

**47.09%** of respondents experienced at least one event of a person offering an opinion or amateur diagnosis about why they were asexual. Figure 2.21 shows the distribution of the people involved in these events. *Stranger* was most common, at **22.26%**, followed by *friend* at **20.10%**. *Parent* was the third most common, at **13.98%**. This microaggression was much more common for grey-asexuals, with **54.25%** having had this experience, while the other orientation groups were all between **44%** and **48%**.

*Being told "I'm too picky/a closet lesbian/sick/unlovable" for most of my late teenage years really had a lasting effect on my self esteem and mental health. Was it really all in my head??? Am I secretly really ill? Will I never get married if I don't "put out"? After seeing doctors and a therapist I can confidently say I am not physically or mentally ill and I am not a lesbian. It's not so much that nobody "floats my boat" but that I just don't have a boat to float!*

- AB, USA

## 2.20 Shaming you (or any asexual person) for having a partner who is not asexual

As with “Invalidating your asexuality because you are in a relationship”, analysis of the response rate for this microaggression must take into account that it is not relevant for every respondent. Unlike with demisexual respondents, we do not know the number of respondents who have ever been in a relationship, but we can estimate that it is roughly similar to the 2019 ACT Aces Survey, as we did in Section 2.12. However, as we can’t know how often those partners were allosexual, and because this question includes “(or any asexual person)”, I have chosen not to adjust the figures. I have calculated

percentages using the full cohort, but they should be viewed with the information in mind that only about 45% or so of 2019 respondents had ever been in a relationship. This question allows for the possibility of hearing this microaggression used when talking about a third party - but anecdotally, most asexual people who talk about hearing this say it was said about themselves.

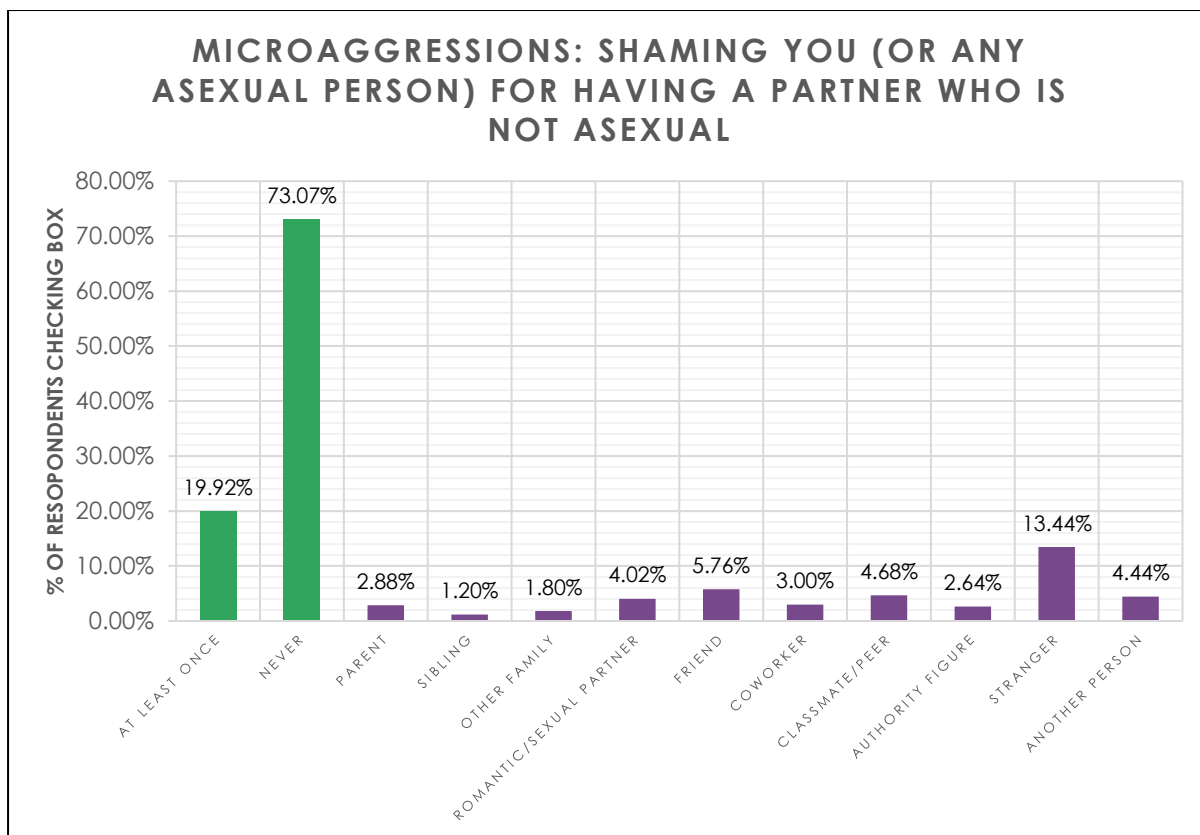


Figure 2.22: Microaggressions: Shaming you (or any asexual person) for having a partner who is not asexual

The respondents who answered yes to this microaggression are represented in Figure 2.22. **19.92%** of respondents had personally been shamed for an allosexual partner, or had heard another asexual person shamed. **13.4%** of respondents had experienced this from a stranger. All the other categories of person were **less than 6%**, with the next highest being *friend* at **5.76%**.

Only **4.02%** of respondents said this microaggression came from a *romantic/sexual partner*. However, the responses in Section 4 provided more detail about this kind of experience - and incidents where such behaviour moved beyond microaggression and into abuse.

Another variation of this is the perpetrators mocking or belittling the allosexual partner, making assumptions or value judgements about them because they are in a relationship with an asexual person. The survey did not ask about this, but it was referred to in qualitative responses.

*I distinctly remember one instance in particular when a person I respected said "That would suck, huh? To be married and HAVE to be celibate?" He wasn't even talking to me, and at the time I didn't even know I was asexual - I wouldn't figure that out about myself for another 3 or 4 years. Even so, at the time, the comment struck me as odd, and it stuck with me for a long time after that, even though I didn't notice it. It's still there in the back of my mind, even now - it's been over a decade.*

- Tassi, USA

## 2.21 Calling you (or another asexual person) a "late bloomer"

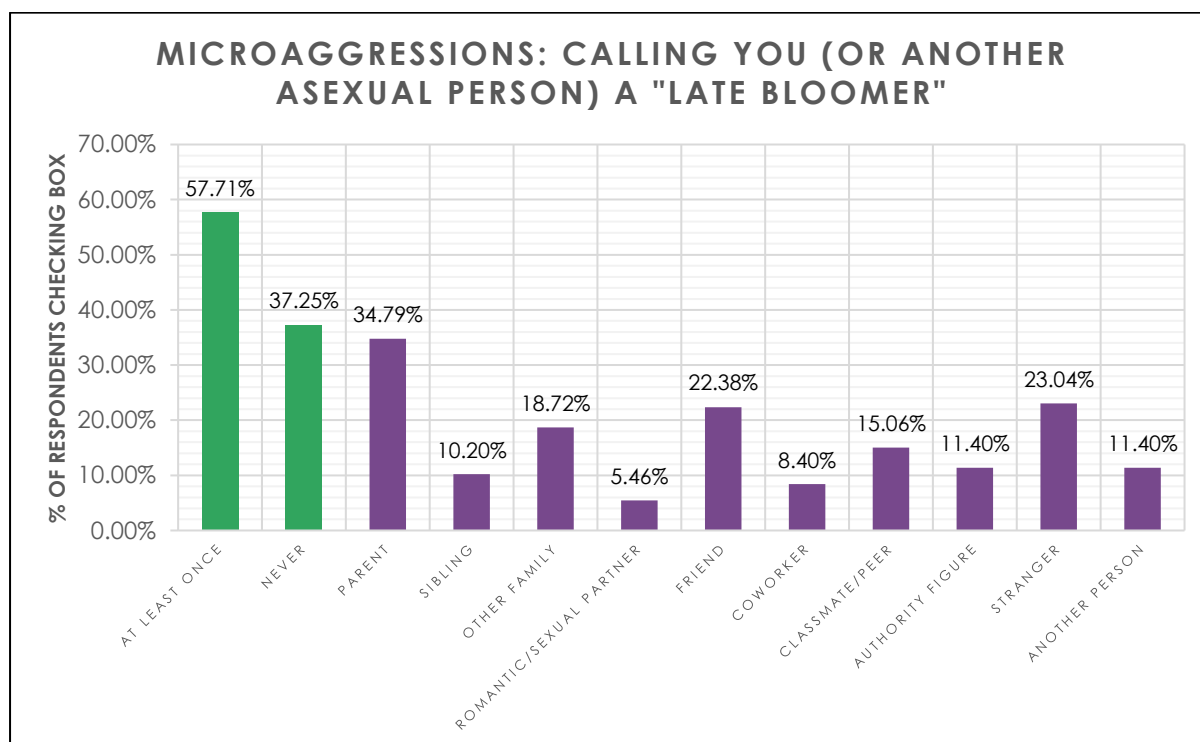


Figure 2.23: Microaggressions: Calling you (or another asexual person) a "late bloomer"

As shown in *Figure 2.23*, **57.71%** of respondents had either been called a late bloomer, or heard another asexual person called one. Almost as many respondents (**34.79%**) had experienced this microaggression from a parent than those who had never heard experienced it at all (**37.26%**). Other common categories were *stranger* (**23.04%**), *friend* (**22.38%**) and *other family* (**18.72%**).

*After I came out as a teenager, I was dismissed by my family because they said I was just a late bloomer. Any time I brought up how I felt, it was shut down. I was told that I just had to find the right person. I even requested that my identity be written in my medical file, but my doctor dismissed me because I was "too young to know" at 19 years old that I was asexual, and when I am older I will change my mind. After being pressured into dating by my family, and then being sexually assaulted, my feelings were validated by my family and by my doctor. Suddenly, it was understandable to them that I was sex repulsed because I was sexually assaulted. But I had those feelings all along. It should not have taken being assaulted for people to believe me. However, a lot of people in my life, including my doctor, told me that sex-repulsion would "go away" if I went to therapy, even though my sex-repulsion stems from being asexual.*

- Ro, Canada

## 2.22 A third party pressuring you to try dating and A third party pressuring you to try sex

The final two microaggressions have been grouped together as they are similar.

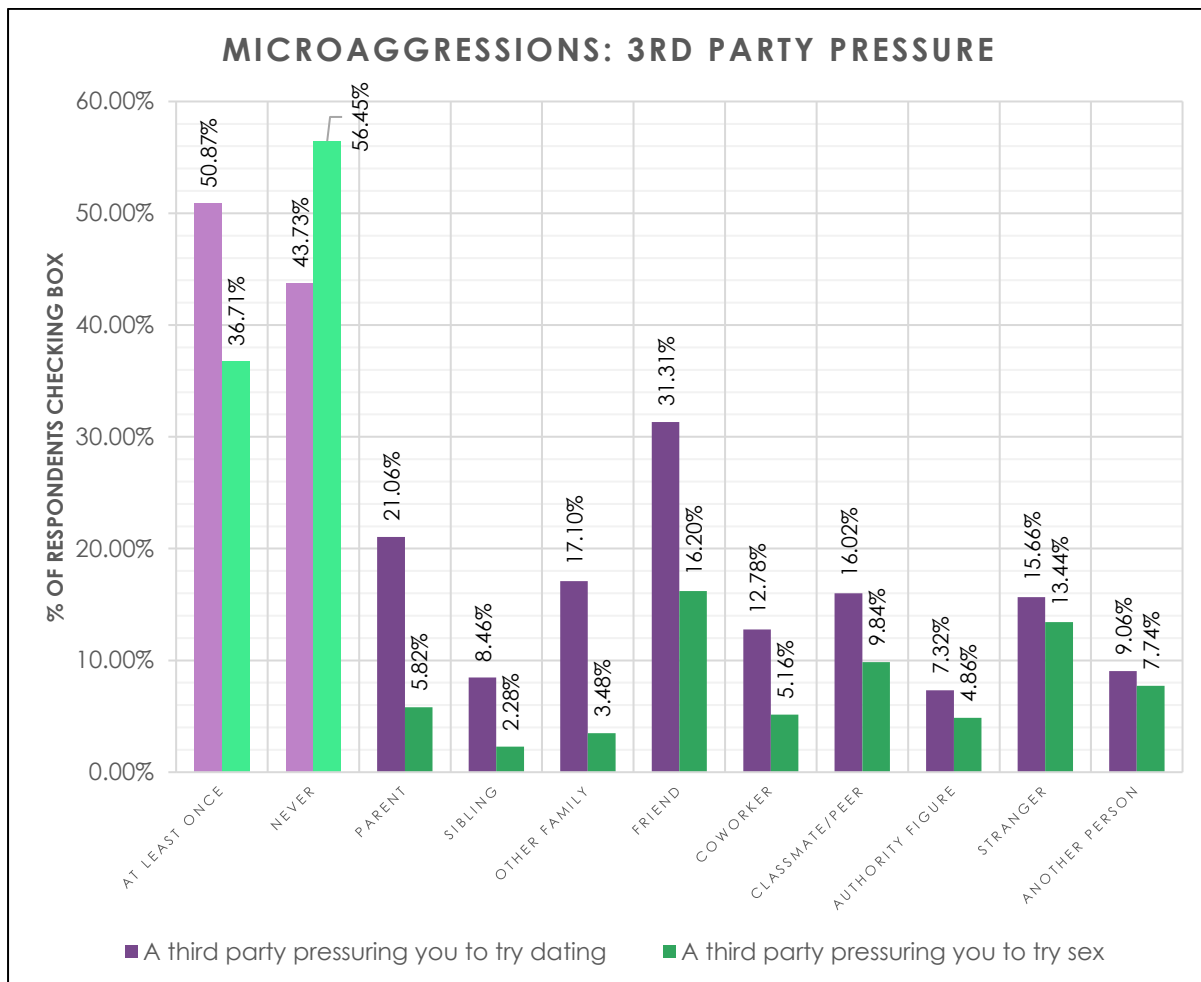


Figure 2.24: Microaggressions: 3rd party pressure

The responses shown in *Figure 2.24* do not include the *romantic/sexual partner* category, as unless one romantic partner is pressuring another into dating or having sex with another in an open or polyamorous relationship situation (possible, but unlikely to be commonplace), I believe this category is redundant. **62** and **197** respondents chose this category of perpetrator for dating and sex respectively, and I believe most of these involve a misunderstanding of the meaning of *third party*.

**2** respondents indicated that they had *only* experienced pressure to date from a romantic/sexual partner. **75** respondents selected only this category for pressuring them to try sex. The 2 is a negligible difference, so I am confident that *~about~* **50.87%** of respondents have been pressured by a third party to try dating. In regard to the 75, if they remain in the sample, **36.71%** of respondents have been pressured by a third party to try sex. If we remove all 75, the figure is **32.21%**. As we cannot know why each of the 75 respondents identified a sexual/romantic partner as a third party (misunderstanding, polyamorous/open scenario, something else), the safest conclusion is that the actual number is somewhere between the two figures.



When it comes to the categories reported as being involved in these two microaggressions, there was a spread across all of them. The most common for both is *friends* with **31.31%** for “*pressure to try dating*” and **16.20%** for “*pressure to try sex*”. *Parents* scored second highest for dating pressure with **21.06%** while *stranger* was second most common for pressure about sex.

*My ex-friend once trapped me with a guy that we both just met. We were getting dinner at our college cafeteria. A guy came up, introduced himself to me and started talking to my friend and sat down with us. I thought my friend knew him. As we're talking, I find out she doesn't know him either. This is their first time meeting... Eventually, she wants to leave and start heading home but wants us to come with her.*

*It's night, we're on-campus, in a city - reasonable request. On the way back to her place, she starts trying to hook me up with him. She's suggesting and insinuating several things to him on my behalf. Even showed him where I lived, hooked him up with my number. So he got a green light from my friend, who made it home safely, then bailed and left me alone. I then got stuck having to walk back home with him through an empty parking garage at night, in the middle of winter. He made several moves, I said several “Nos”.*

*He tried to grab me. I got away. When I made it back to my place I called my friend to tell her what happened. She laughed about how I should have hooked up with him, and made jokes about how I could have gotten fixed. I had a panic attack that night and a stalker for 3 months...*

- Jess, USA

*What hurts me most is that sex is seen as a rite towards adulthood. Virgins are considered “cute and childish”, or they are considered “ugly non social idiots”. Virgin shaming is huge and even the most open minded progressive people speak badly about “not having sex”. The Dutch are so proud of what they call “sexual freedom” but they do not seem to accept that this should also include the freedom to “just not be interested in sex”, the freedom to be left alone without peer pressure to have sex.*

*I haven't been in a relationship for twelve years and I am fine. But my colleagues keep asking me “when I will start my adult life”. To them, one can only be adult when in a relationship. I even got a Secret Santa poem that was completely about having to go on Tinder and saying that I must get laid, from my adult colleagues.*

- W, The Netherlands

## 2.23 Parents, Friends and Strangers

To illustrate the differences between the kinds of microaggressions asexual people experience from the different kinds of people in their life, I have chosen three of the groups that data was collected about. As well as representing three distinct types of relationship, all microaggressions had one of these perpetrators types as the most common. Among the 29 different examples: Stranger was the most common **22** times, Friend the most common **five** times, and Parent **twice**.

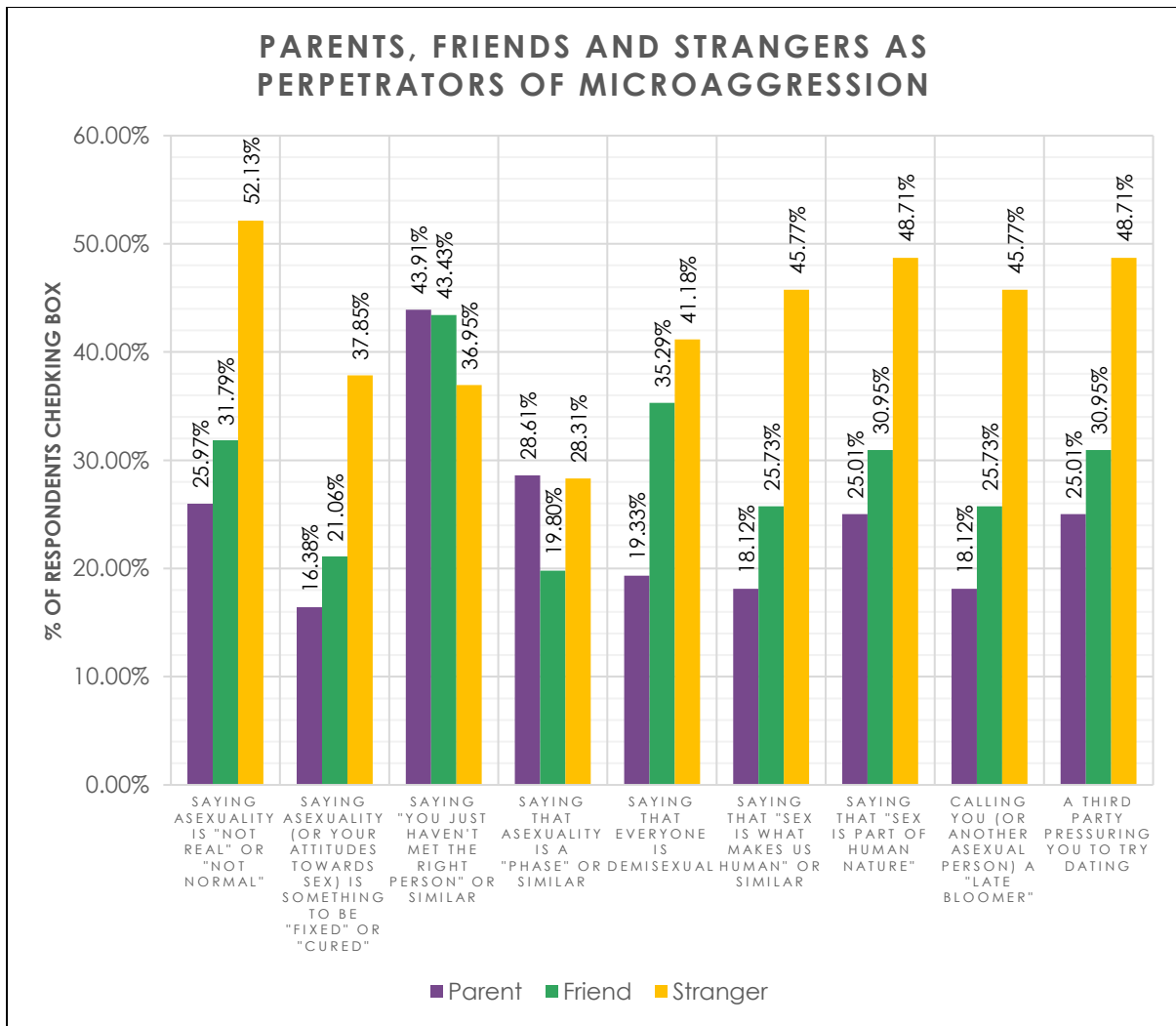


Figure 2.25: Parents, friends and strangers as perpetrators of microaggressions.

For Figure 2.25, the top five microaggressions for each of the three groups were selected to compare to one another. This amounted to nine in total. With the exception of the “You just haven’t met the right person yet” and “Saying that asexuality is a phase” microaggressions, all of these were most commonly perpetrated by strangers - so even where friends and parents were the most common perpetrators, they were still saying or doing these things less often than they said or did those on this chart, where stranger perpetrators are in most cases far outweighing them.

*The microaggressions that hurt the most were from my mother. She would say that I was ace because I was taking my meds for depression, because I wasn't taking my meds for depression, because I wanted attention, because I never had sex before, that I couldn't be ace because I was in romantic relationships, every little thing under the sun. The day I tried coming out to her, I made her a helpful cheat sheet about understanding asexuality. She laughed, told me I wasn't ace, outed me to several other people including a trans lady I never met who then said that I was “too sensitive” and that “this is what's wrong with [my] generation.” She then invalidated me for years before deciding she'd both never get through to me and also never understand me. Feel free to share my story. It hurts too much to think about, but I know there are a thousand like mine from a thousand people who think they're alone.*

- Flower, USA

*I was asked to list all of the ways in which I am oppressed as an ace person by someone I called a friend. They proceeded to tell me that my life was not that hard since I haven't been killed or disowned. I am not out to my parents and family, which I believe is the only reason why I've not been disowned.*

- Lena, Location Withheld

*The worst comments I've gotten were from strangers. The worst encounter I had was with a friend's friend's friend who targeted me. Nothing he said was particularly unique, common arguments from aphobes I hear on the internet, but he did begin asking invasive questions about my body (not knowing I'm trans), called me mentally ill and suggesting going to a mental illness hospital, and compared me to a dog which upset some of my friends (also asexual) who were present. I personally was not very upset about it despite it being my first encounter with an aphobe where the other person wasn't holding back but I think it was because I was more worried about them realizing there were other asexuals present and targeting them instead.*

- J, USA

## 2.24 Other Microaggressions Offered

As there were two open fields for respondents to leave both comments and stories, a number of other microaggressions were offered as being personal experiences or suggested as “common”.

One note made by four respondents was that for many of the microaggressions listed, the perpetrator had been “self”. They described that they had said many of these things to themselves during their journey to identifying as asexual – and often continued to do so.

*Most microaggressions I have experienced were self inflicted while breaking down the walls of allonormativity, while in the process of figuring out my own sexuality.*

- H, South Africa

The following list represents some of the microaggressions reported by multiple respondents and not included in the original list. Some are self-explanatory, while others include a short explanation:

- ♠ “Why do you need so many labels?”
- ♠ “You’re forcing yourself into a box.”
  - ♣ The idea that asexual people (especially young people) are locking themselves into the asexuality label for the rest of their life, and that by calling themselves “asexual” they won’t be open to experiencing sexual attraction if it occurs.
- ♠ “You’ve just given up on love.”
- ♠ “You can still find someone to love you.”
  - ♣ Implying that there will still be someone who will love you romantically, despite your sexual orientation.
- ♠ “Don’t worry, you’ll find someone.”
  - ♣ When coming out as asexual, many people experience being told this - missing the point entirely. The definition of asexuality is misunderstood, and the other person is assuming the asexual person is interested in finding a relationship, which they may not be.
- ♠ “You’re going to die alone and sad and lonely and alone and lonely and sad...”
- ♠ It’s not necessary to come out as asexual.

- ♣ No one needs to know you are asexual, and further, any negative experience you have is your own fault for being open about your asexuality.
- ♣ Assuming you’re ace because of your religion.
- ♣ All women are demisexual.
  - ♣ A misogynist assumption reported by all genders, and a misunderstanding of demisexuality.
- ♣ “You’re lucky not to have to think about sex/romance.”
- ♣ Being infantilised/treated as naive or childish.
- ♣ Dismissing all your opinions about sex/relationships.
  - ♣ Many people share the assumption that an asexual person cannot have an opinion, or give valuable advice, about sex or relationships.
- ♣ “I could NEVER live without sex!”
  - ♣ Sometimes heard when coming out - this reaction makes the asexual person’s coming out about the listener.
- ♣ Asexuals will end the human race.
  - ♣ The assumption that asexual people don’t want children, and that this will somehow lead to the decline of humanity as a whole.
- ♣ Asexuals having sex with someone they aren’t attracted to are bad people.
  - ♣ Accusations range from “dishonest”, through “psychopath” to “rape by deception”.
- ♣ Sex is your duty as a woman/wife.
- ♣ Deliberately making you uncomfortable.
  - ♣ Usually through sexual conversation, invasive questions, graphic discussion or images, etc (note: showing someone pornographic images without consent legally constitutes sexual assault in some jurisdictions).
- ♣ “Asexuals just want to be special.”
- ♣ Comparison to ameobas/plants/worms, etc.
- ♣ Asexuality is a cover for something truly shameful.
  - ♣ The idea that asexual people actually have some sexual desire they are ashamed of. This may be homosexuality (see Section 3.4.8), but is often suggested to be paedophilia or zoophilia.
- ♣ Aces are not queer/LGBTQI+.
  - ♣ Those who seek to bar asexual people from the community are referred to as “exclusionists”. They are frequently also anti-trans.
- ♣ All asexuals are white cishet special snowflakes.
  - ♣ A racist assumption that all asexuals are white. Also ignores the statistics about the high number of trans asexuals and low number of heteroromantic asexuals.
- ♣ “Stealing all the resources.”
  - ♣ A misconception that asexual people are taking resources away from the LGBTQI+ community that are needed by people who experience “genuine” oppression.
- ♣ Partner shame.
  - ♣ Allosexual partners asking/telling an asexual partner not to be open about their asexuality because it is embarrassing/humiliating for them.
- ♣ Asexuals don’t need/shouldn’t have media representation, and anyway they are boring.

Examples follow - some chosen because they were representative, or so specific that they are not included in the above list, but noteworthy.

*Honestly the worst is when people are like "like a plant?" because?? babe no?? plants reproduce sexually?? go back to biology class I'm begging you.*

- Grace, USA

*Had a bunch of strangers on a Facebook group claiming asexuals who choose to have sex are "using people", "disgusting" and "sociopaths"*

- Jacs, Australia

*I have been told by a short-time romantic partner "You are like an ice cream cake that I'm not allowed to eat" in regards to me not wanting to have sex.*

- RB, Denmark

*My family showed me pictures of various men and women to "find one that made me horny", saying that I hadn't seen the right person yet*

- Lauren, USA

*A lot of people call me "assexuada" (which in Portuguese means asexual as in a bacteria with a reproduction without fusion of gametes) and not "asexual" (the right term in Portuguese) and no matter how much I correct them, they still use the word "assexuada" and I feel like I am being invalidated...*

- Liz Emera, Brazil

Finally, Mary-Ann provided a list that encapsulates many attitudes, misconceptions and contradictions all in one person's experience:

*I can't really think of one particularly relevant story to detail here at the moment, but I could add a few examples of frustrating assumptions people have made about me, in response to my attempts to explain my asexual or aromantic preferences. Among other things, I got told that:*

*I was being unfair and too difficult; that I had to at least give a man a decent chance before refusing his advances.*

*I'm no longer a child and I should know what I'm getting into when I act friendly towards men; there's no such thing as platonic friendship between a man and a woman.*

*I needed to loosen up and be "warmer," to let out the wild girl in me.*

*I might actually be a repressed lesbian.*

*A fine woman like me had no reason to have such low self-esteem that I would deny myself the right to be truly loved.*

*Passionate love is a beautiful expression of humanity that it would be sad to miss out on.*

*Sex is just a harmless bit of fun and I shouldn't turn it down.*

*It's normal to fear love as a virgin, but that mustn't stop me from opening up.*

*Soon, I would understand the crushing loneliness of being without a man in my life.*

*And many other perplexing arguments of the same kind!*

- Mary-Ann, Canada

### 3. Religious Discrimination

In the ACT Aces 2019 Report, six respondents volunteered the information that they had experienced discrimination by a religious organisation. Although this was a very small number, one of the ACT Aces’ recommendations was that a future report could ask specifically about religious discrimination.

For this survey, respondents were asked “Have you ever been or felt discriminated against, pressured by, ostracised or rejected by a religious community or organisation because of your asexuality (even if your asexuality was only one factor)?”

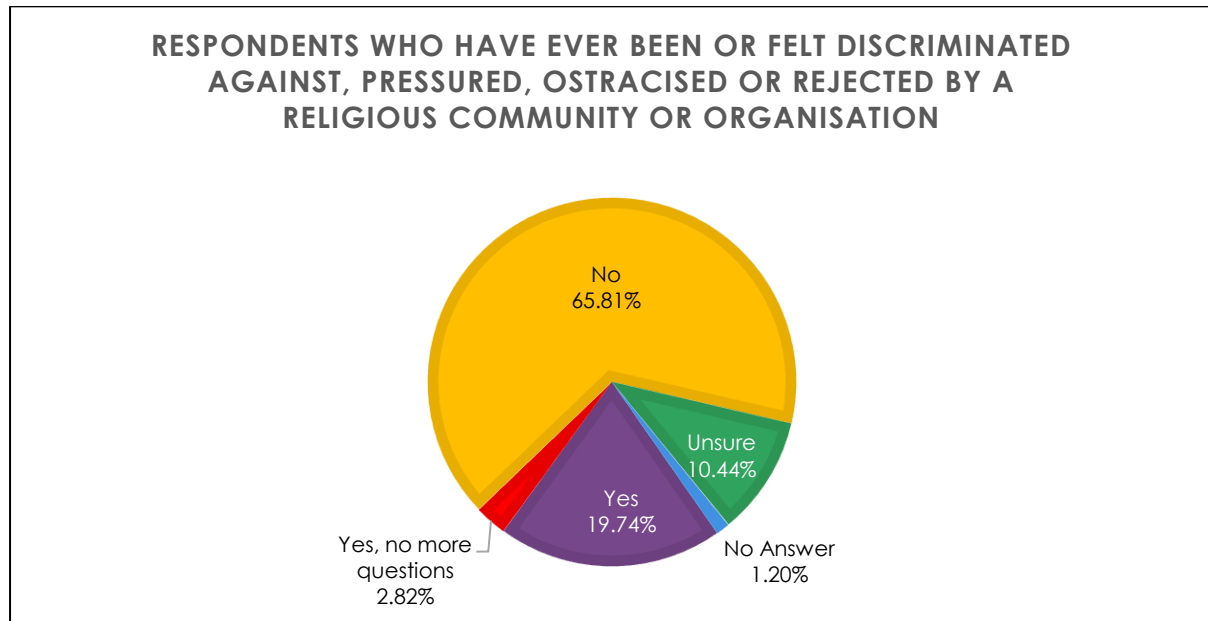


Figure 3.1: Respondents who have ever been or felt discriminated against, etc, by a religious community/organisation.

Figure 3.1 indicates the answers given by respondents to that question. Those who selected the answers “No” or “Yes, but I do not wish to answer any more questions” moved immediately to the next set of questions and were not asked about this subject further. “Yes” and “Unsure” responses were asked to report details and invited to tell their story if they wished to do so. The total number of these responses was 550 or 33%, however, not all respondents answered all the questions.

#### 3.1 Religions Reported

The vast majority of religions reported were Christian denominations. This is likely reflective of the geographic distribution of respondents - many of the respondents who told stories about Christianity were from the USA. I originally attempted to compare the respondents’ religion (see Section 1.8) to the religions reported in this section, to examine the relative proportions. However, this proved pointless - 336 respondents are currently Christian while 339 reported a Christian denomination as the religion they felt discriminated against them. Only about 17% of survivors reported still engaging with the religious community in questions (Section 3.2), and so we would not expect proportionality. In addition, several respondents named more than one religion, or more than one Christian denomination (one respondent named four). Other answers included “Fundamentalist Christian”, which is not a specific church. Additionally, Roman Catholic and Catholic have similar but not the

exact same meaning<sup>13</sup> – all *Roman Catholics* are *Catholics* but not vice versa. Most respondents in the USA and Australia responding “Catholic” are most likely to be *Roman Catholic* but we cannot be certain – so I have consolidated both responses into *Catholic*.

Table 3.1 is best viewed as a *rough estimate* that reflects the religions named by respondents, rather than a completely accurate count.

<b>Table 3.1 Religions Cited</b>		
Religion	#	% of Group
Christian	153	27.8%
Anglican	7	1.3%
Assemblies of God	1	0.2%
Baptist	22	4.0%
Brethren Church	1	0.2%
Calvinist	1	0.2%
Catholic	81	14.7%
Evangelical	11	2.0%
Episcopalian	1	0.2%
Fundamentalist	2	0.4%
Jehovah's Witness	3	0.5%
Lutheran	7	1.3%
Methodist	9	1.6%
Mormon	15	2.7%
Orthodox	3	0.5%
Pentecostal	4	0.7%
Plymouth Brethren	1	0.2%
Presbyterian	2	0.4%
Protestant	8	1.5%
Seventh Day Adventist	4	0.7%
<b>TOTAL CHRISTIAN</b>	<b>336</b>	<b>61.1%</b>
Buddhist	2	0.4%
Daoist	1	0.2%
Hindu	3	0.5%
Jewish	5	0.9%
Muslim	10	1.8%
New Age	1	0.2%
Ordo Templi Orientis	1	0.2%
Pagan/Wiccan/New Age	12	2.2%
Satanist	1	0.2%
Shinto	1	0.2%
Unitarian Universalist	1	0.2%
Wiccan	2	0.4%
<b>TOTAL OTHER</b>	<b>40</b>	<b>7.3%</b>
Atheism	3	0.5%
Unknown	96	17.5%
	<b>435</b>	

<sup>13</sup> “What Is the Difference between Catholic and Roman Catholic?,” St. Luke the Evangelist Catholic Church, accessed February 9, 2023, <https://saintlukeslidell.org/news/what-is-the-difference-between-catholic-and-roman-catholic>.

The most common religion reported was unspecified "Christian" with **153**, followed by "Catholic" with **81**, then *Baptist* with **22**.

When it came to non-Christian religions, Paganism/Wiccan/New Age were most common, with **12** reports, then Islam with **10** and Judaism with **5**. Atheism was even reported **3** times.

### 3.2 Relationship with the religion

The survey asked three questions to ascertain respondents' relationship to the religion/s they reported:

*"Were you raised in this religion?"*

*"Before the incident/s occurred, how would you describe your relationship with this church/religion/faith? (Check any that are true.)"*

*"What is your current relationship with this church/religion/faith? (Check any that are true.)"*

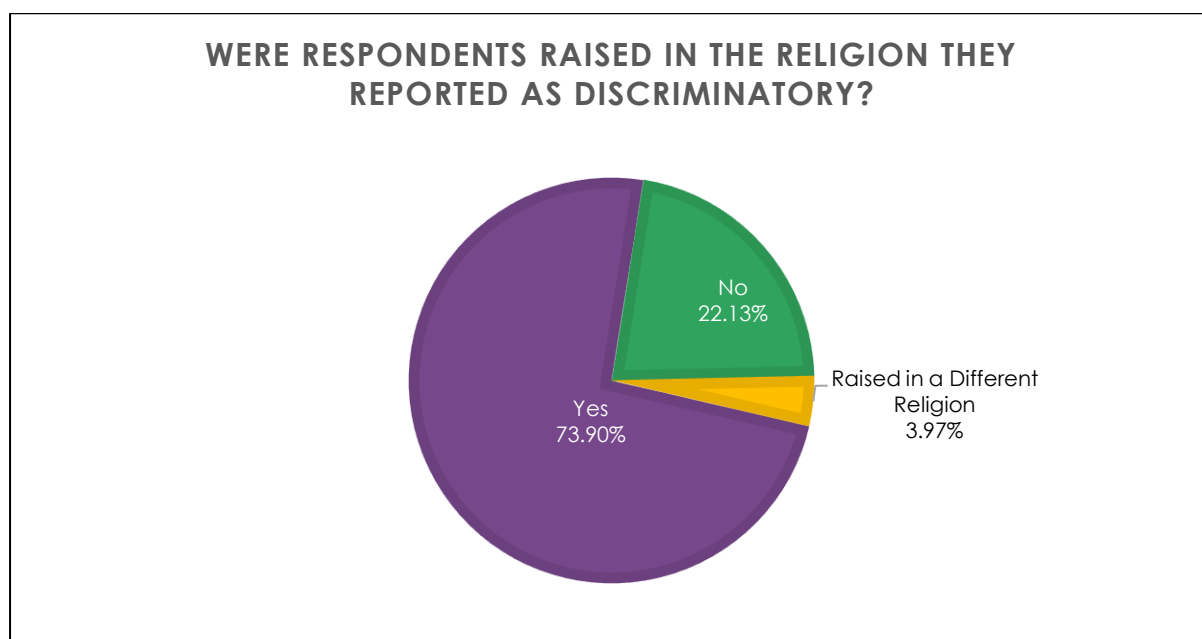


Figure 3.2: Were respondents raised in the religion they reported as discriminatory?

Figure 3.2 shows the answers given (out of **479**) to the first question. **354** or **73.9%** of respondents were raised in the religion that they reported as discriminatory.

**503** respondents answered the two questions about their current and previous relationships to the religion they were reporting about. They could select more than one option in both questions.

Figure 3.3 shows the relationship of respondents to the religion before the incident/s that they are reporting (out of **467** respondents). There are two pairs of responses that could be seen as opposite to one another. **32.55% (179)** of respondents selected the answer "I was an active and willing participant in the community" while **40.55% (223)** selected "I participated in the community, because I was obligated by family pressure, or other reasons". **62** selected both - which could indicate that they felt that both were true to a certain extent, or that both were true at different times.



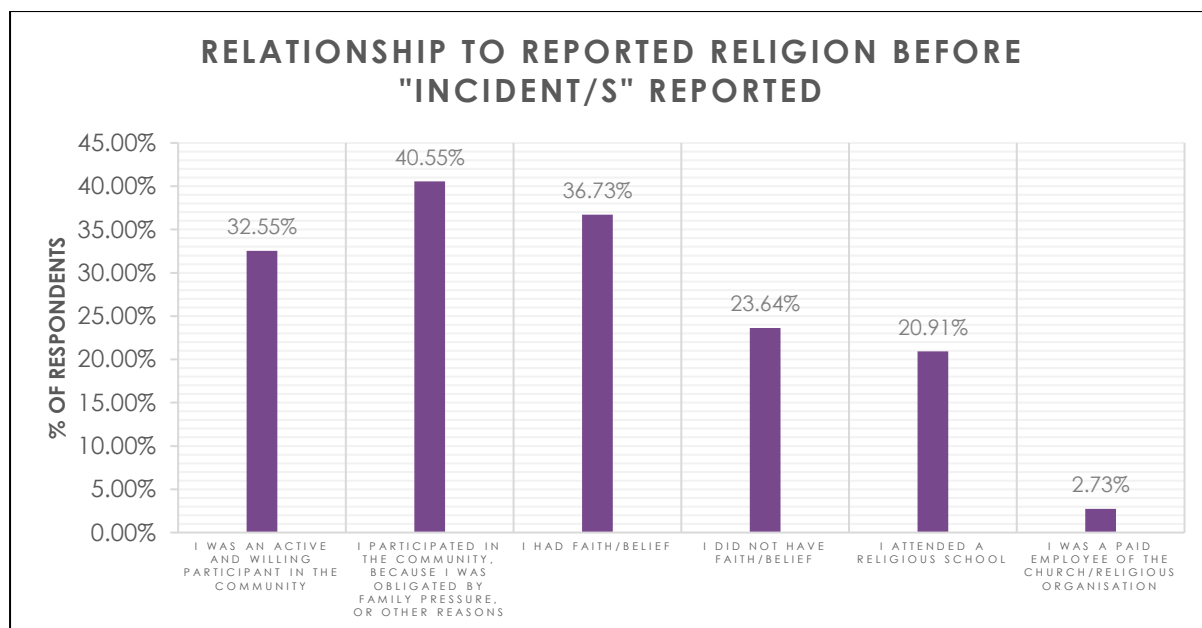


Figure 3.3: Relationship to reported religion before "incident/s" reported.

36.73% (202) of participants selected “I had faith/belief” and 23.64% (130) selected “I did not have faith/belief”. In this case, only 3 respondents selected both options.

Of the 62 respondents who said they were both willing participants in the community and participating due to obligation, 50 reported that they had faith/belief, 2 said they did not. 10 selected neither option.

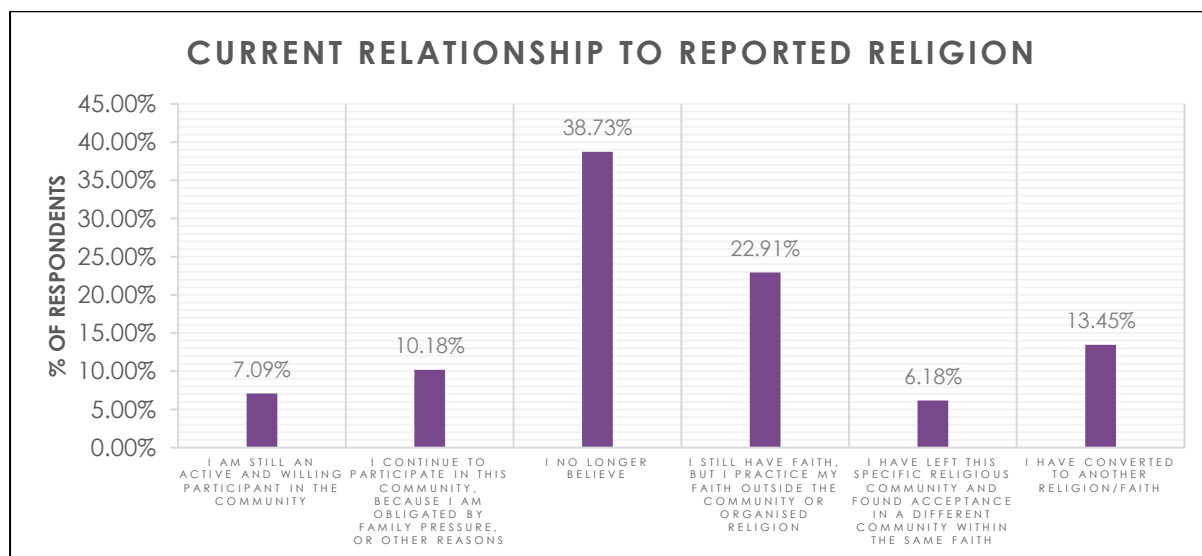


Figure 3.4: Current relationship to reported religion

Figure 3.4 charts the responses to the question regarding the respondents’ current relationship to the religion in question (out of 462). 213 (38.73%) chose the response “I no longer believe” - despite only 202 responding that they had belief or faith in the previous question. Only 71 or 14.92% of this group originally had faith/belief before the incident and no longer had faith/belief after the incident.

Figure 3.5 looks at only those who described having faith/belief before the incident, and charts their current faith/belief from the four relevant responses.

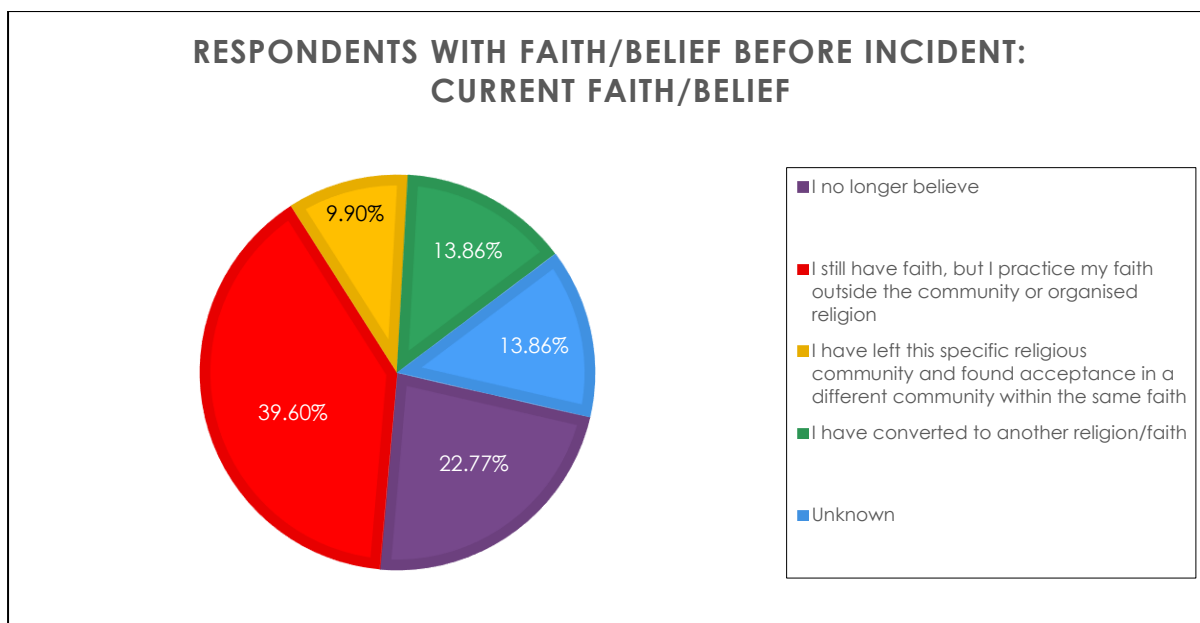


Figure 3.5: Respondents with faith/belief before incident: Current faith/belief

\*Unknown in this case refers to those who did not give a response or who gave two contradictory responses.

These figures show that where respondents had religious belief or faith and they experienced discrimination or ostracism, they were more likely to convert or find other ways to practice (**63.37%**) than to lose their faith or belief (**22.77%**). However, the question does not specifically identify whether the discrimination is the reason for the loss of faith/belief, conversion or change of church/sect.

### 3.3 Reason for leaving church/faith

The following question did raise whether the discrimination was the reason for leaving. The wording of the question was: *If you have left this religion/church/faith, was the attitude towards your asexuality the reason/a factor?*

Figure 3.6 represents the answers of those respondents for whom this question was relevant (ie. those who indicated they no longer have faith, or that they moved to another community, or converted to a different sect or religion - as shown in Figure 3.5).

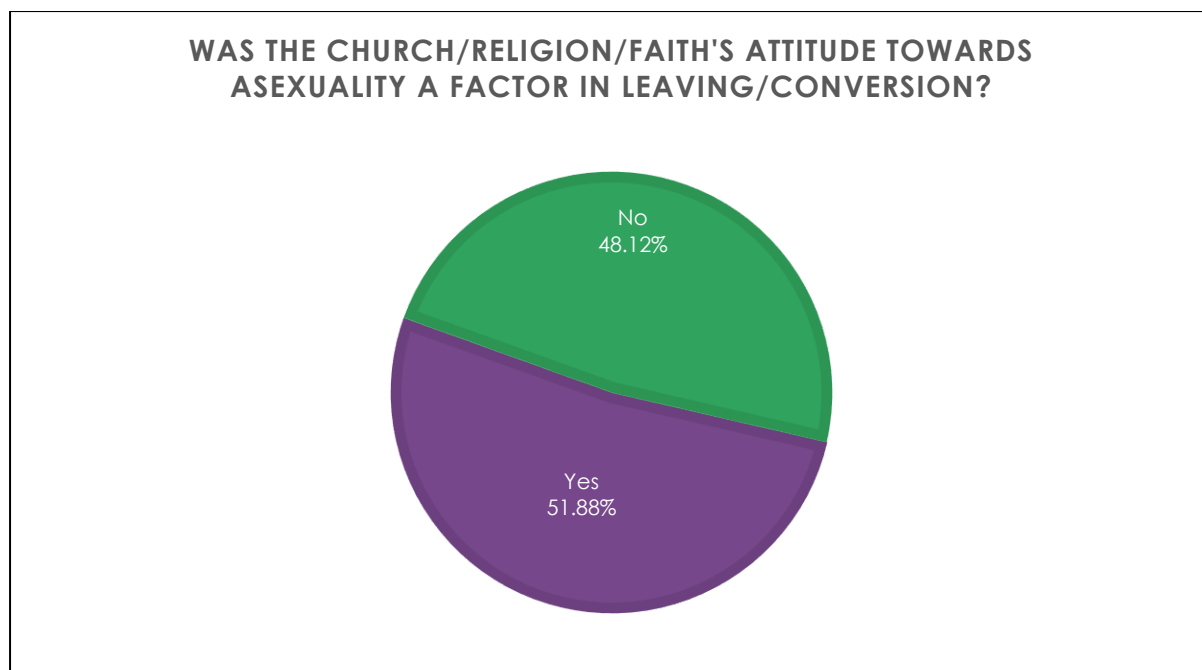


Figure 3.6: Was the church/religion/faith's attitude towards asexuality a factor in leaving/conversion?

\*39 respondents indicated that they had not left their church/religion/faith, even though their answers to previous questions indicated that they had. These were removed to provide a clear Yes/No dichotomy. All 39 had moved to a different community within the same faith, and so this is likely a failure in clarifying definitions.

For **51.88%** of the group (**345** respondents), the religious community's attitude towards asexuality was the reason, or a factor in their leaving that community. For **48.12%**, it was not.

### 3.4 Experiences of discrimination, ostracism and abuse

Respondents were offered a list of 24 experiences that they may have encountered in a religious context. The question specifically asked that they consider these experiences within the context of their asexuality.

*Below is a list of experiences that asexual people may have encountered in a religious/faith/church community. Please check the box if these experiences have occurred and been related to YOUR ASEXUALITY (even if you were not aware you were asexual at the time).*

Table 3.2 is a list of the 24 experiences of discrimination, ostracism and abuse that we asked respondents to consider and to indicate their experiences with.

**Table 3.2: 24 forms of discrimination, ostracism and abuse**

Been sexually assaulted to "fix" or "cure" you	Been subjected to an "Intervention"
Been subjected to an exorcism	Been told that it is your duty to get married
Been told that it is your duty to bear/raise children	Been verbally abused
Belittled or made to feel less by the community	Excluded from a particular event
Felt intimidated or bullied by a religious or faith leader to reveal intimate details about yourself	Forced into marriage against your will
Had people pray for your sexuality to change or be healed	Have a religious or community leader offer to have sex with you to "heal" or "cure" you
Made to feel guilty about your asexuality	Received a threat of sexual abuse or violence
Rejected by family, friends or others in the religious community	Removed from or asked to leave the community
Told by a religious authority that it is your obligation/duty to provide sex to a spouse	Told that you are not natural
Told that you were disobeying or defying your God	Told that you were made perfect and are choosing to be asexual
Told you are hiding a different sexuality (such as abstaining from sex because you are actually gay)	Told you were/are going to Hell
Been threatened with other consequences from your God	Told/made to pray for a "cure"

Figure 3.7 shows the number of experiences reported by the 428 respondents who went through at least one of these 24 experiences. The average number is 6.05, while the median is 5. One person reported all 24, and it is not possible to know if this is an accurate response or if they checked every box accidentally or absently. The highest after this is 19, with 2 respondents experiencing this many.

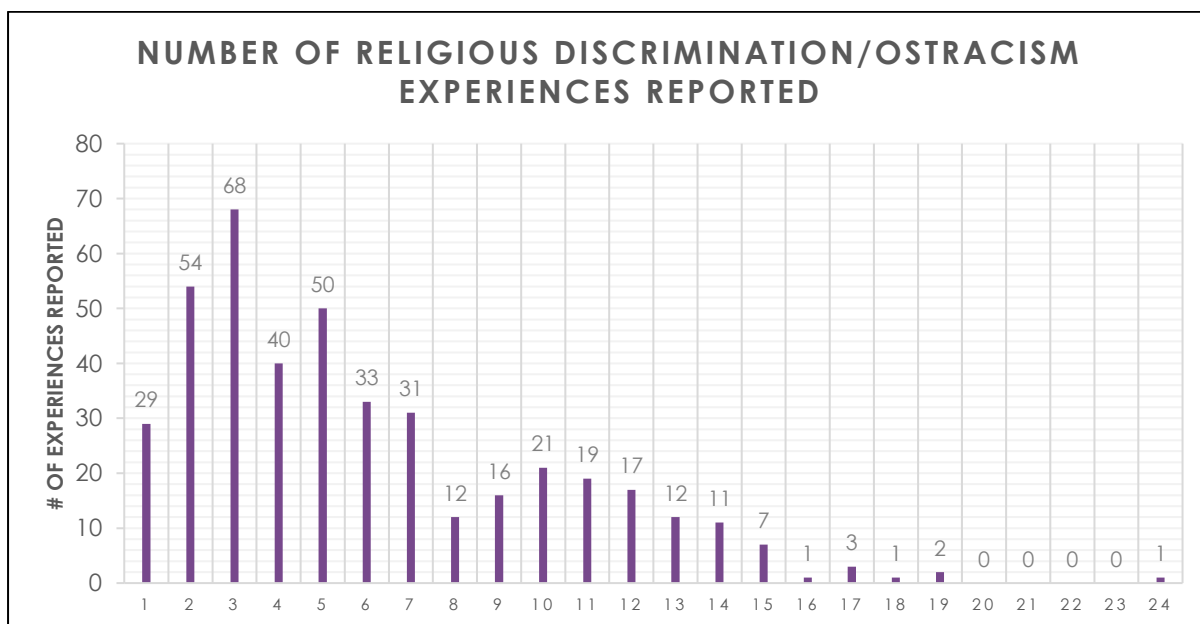


Figure 3.7: Number of religious discrimination/ostracism experiences reported

Figures 3.8 and 3.9 show the frequency of each of the 24 experiences. Figure 3.8 shows each as a percentage of the group of respondents who checked “Yes” or “Unsure” to having experienced Religious Discrimination. Figure 3.9 shows each as a percentage of the full cohort of 1667 respondents.

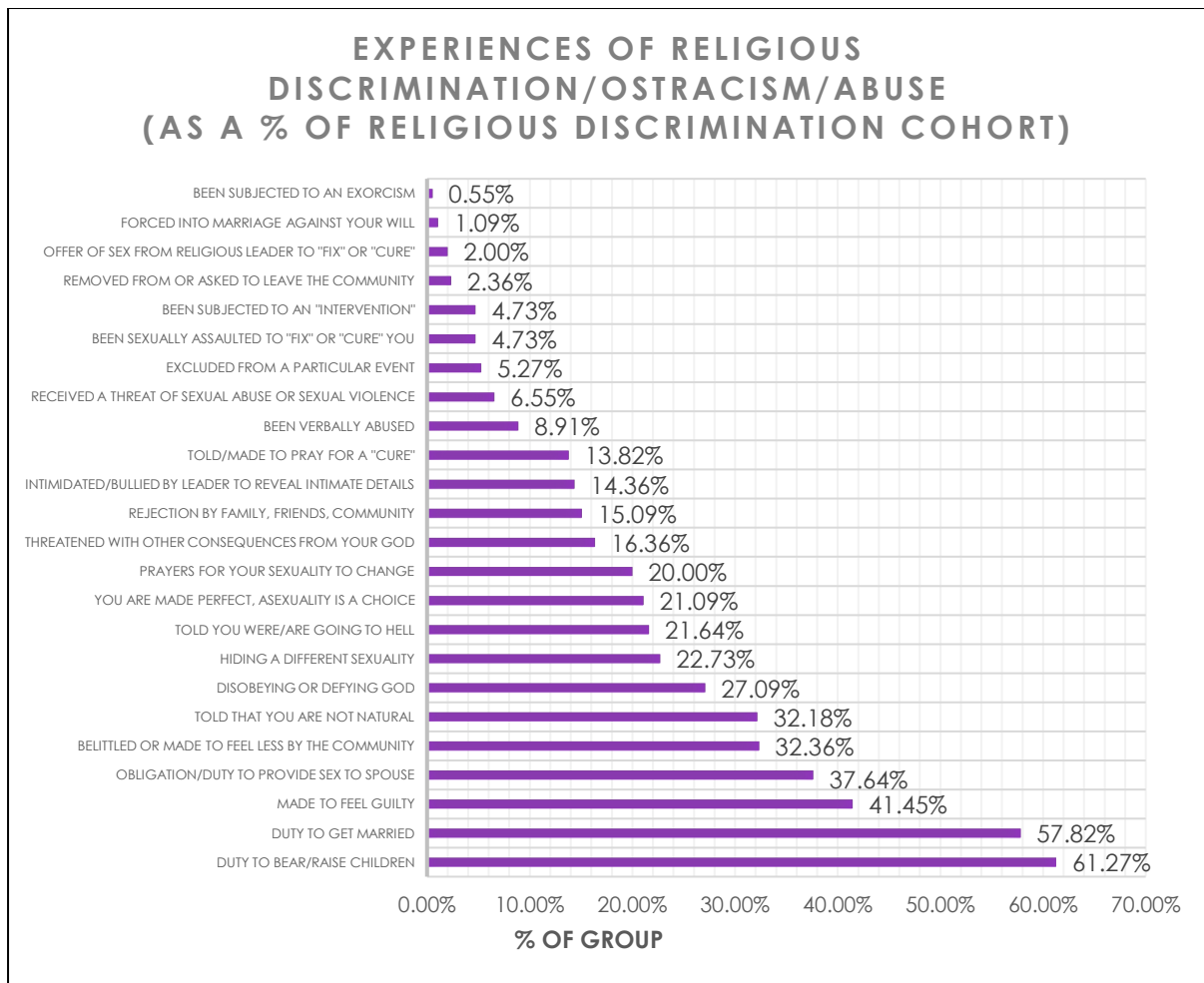


Figure 3.8: Experiences of religious discrimination/ostracism/abuse (as a % of religious discrimination cohort)

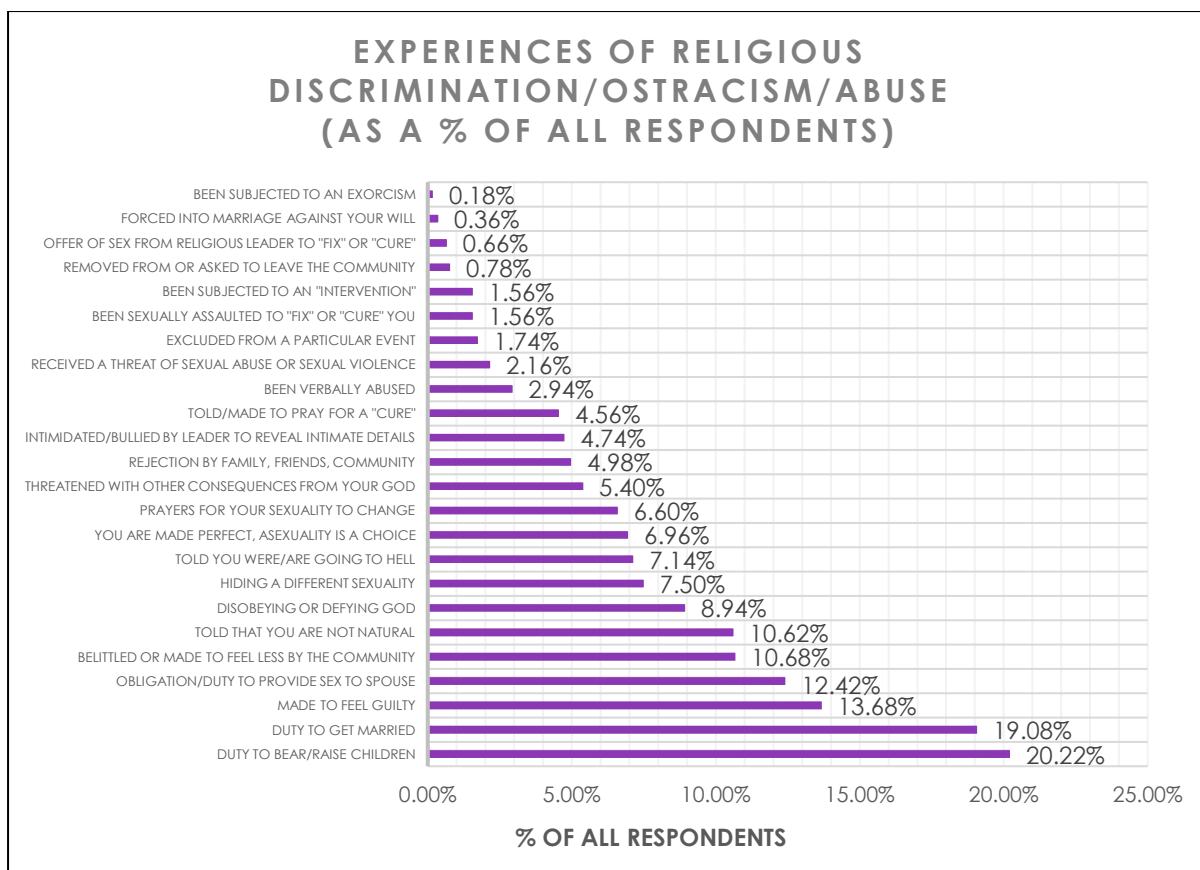


Figure 3.9: Experiences of religious discrimination/abuse (as a % of all respondents)

There is danger in taking the statistics from the percentage of all respondents - **38.7%** of the survey's respondents reside in the United States, a predominantly Christian country, and countries in Asia and Africa were neglected altogether. A statement like "20.22% of all asexual people have been told that it is their duty to bear/raise children" is not an accurate interpretation of these results. The percentage could be lower, if asexual people from more secular countries are counted proportionally. The number could also be higher, if asexuals in countries with other dominant religions have similar experiences.

The two most common experiences, *Been told that it is your duty to bear/raise children* (**20.22%** of all respondents) and *Been told it is your duty to get married* (**19.08%** of all respondents), are both highly gendered experiences, based on the stories submitted in this section. These two attitudes are directed almost exclusively at respondents who were assigned female at birth. This is even more true of the fourth most common: *Told by a religious authority that it is your obligation/duty to provide sex to a spouse*. There were no submitted examples of this being told to a person who was perceived to be male by the authority figure.

**Note about gender:**

Respondents were asked about both their gender identity and their assigned gender at birth. Because we do not know what gender they were presenting as, or accepted as by their community, at the time the incident took place, it is not possible to be certain about how much many of these experiences are gender based. **21.03%** of the respondents in this group identify as transgender, which is significantly more than the 16.2% for the full cohort.

Since the *overwhelming majority* of experiences in the more detailed story submissions we received were that of growing up within a religion and being treated as the gender assigned at birth, I have made the decision to assume this narrative for all respondents and record the gender assigned at birth to measure whether these experiences are occurring disproportionately more for one gender. This almost certainly means that I have recorded some respondents' experience inaccurately, so we must allow some margin for error.

Of those respondents recording at least one of the experiences listed, **91.59%** were assigned female at birth - compared to **86.20%** of all respondents. This suggests that the religious discrimination itself does have a gendered element, even allowing for the under-representation of men in the asexual community.

### 3.4.1 Been told that it is your duty to bear/raise children

Number of Respondents: **337**

Percentage of Religious Discrimination Group: **61.27%**

Religious Breakdown:

Christian Denominations: **83.68%** (slightly over-represented)

Unknown: **12.17%** (within proportional range)

Atheist: **One**

Hindu: **Three**

Jewish: **Four**

Muslim: **Six**

AGAB Ratio: **7.40%** male to **92.01%** female\* (within expected range). The one respondent whose assigned gender at birth is unknown is also included, accounting for the remaining .59%. This person's inclusion is marked by a star.

The only conclusion that the I feel comfortable drawing is that this experience seems to be common across the more "traditional" religions, but does not appear in the faiths with a paganistic or wiccan base.

**88.46%** of these respondents also experienced being told it is their duty to get married, as discussed below in *Section 3.4.2*.

*I was always told that sex is bad and that one should only participate in sex after having been married. However, mentioning that abstaining from sex is easy because I do not want it led to many comments on how I was "wrong" and "disobeying God" and that it was my "duty as a wife to provide both sex and children for my husband". That it was WRONG of me that I WASN'T struggling to abstain from sex. That it's bad to want it, but it's also bad to not want it??*

*I was told from the church that my future husband would change my mind if I didn't change it myself by that point. That there is no possible way that I do not want kids; it is my duty to bear children and serve my husband. I was told that I am "too pretty of a woman" to not want sex. That I was a "waste of a pretty face".*

---

#### IMPORTANT!

*The percentages in "Religious Breakdown" mean the percentage of that category in this group – those who were told it is their duty to bear/raise children. **83.68% of this group were Christian** – NOT 83.68% of Christians were in this group. **This is slightly more than we would expect, based on the proportion of Christians in the whole group.***

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*I was guilty because, as far as I'm aware, I am fertile and have all my parts in working order and that "so many women wish they were able to have children" and that I was disrespecting THEM and THEIR desire to have children because I do not want them myself.*

- KW, USA, writing about her experience growing up Baptist.

*Almost everyone I know believes that it's your duty to get married and have children... It's just everyday life.*

- T, South East Asia, writing about their Buddhist community

### 3.4.2 Been told it is your duty to get married

*Number of Respondents: 318*

*Percentage of Religious Discrimination Group: 57.82%*

*Religious Breakdown:*

Christian Denominations: **83.33%** (slightly over-represented)

Unknown: **12.58%** (within proportional range)

Hindu: **Three**

Jewish: **Four**

Muslim: **Six**

*AGAB Ratio: 7.86% male to 91.82% female\** (within expected range)

**94.03%** of these people also experienced being told it was their duty to bear/raise children, as detailed above in *Section 3.4.1*.

The same three Hinduism, four Judaism and six Islam practitioners from the previous category were repeated here, but the atheist did not report this experience. Once again, there were no faiths from the pagan/wiccan tradition.

*At the time, I didn't know I was asexual and neither did they. But my single with no (intention to have) partner & children 'life style', in my 30's, was rejected by that community. It was a women's duty to marry (a man) and bare/have (his) children.*

- Heko, The Netherlands, writing about Christianity.

### 3.4.3 Made to feel guilty about your asexuality

*Number of Respondents: 228*

*Percentage of Religious Discrimination Group: 41.45%*

*Religious Breakdown:*

Christian Denominations: **84.41%** (slightly over-represented)

Unknown: **9.21%** (under-represented)

Atheist: **Two**



Daoist: **One**  
Hindu: **One**  
Jewish: **Two**  
Muslim: **Four**  
Pagan: **Four**  
Shinto: **One**

AGAB Ratio: **10.96%** male to **89.04%** female (within expected range)

*It is not safe for me to leave my birth faith, question the rules of the religion, or be asexual or queer. I'm forced to hide my sexuality under threat of violence or forced marriage upon discovery, from my parent. I've been made to feel guilty from other family members who are worried about the fall-out of me refusing to marry. I'm disabled and reliant on my family for care and economic and housing support. Right now it's a waiting game until I am of the age for when it would be unacceptable to be single. I don't want to get married and I have no plans to marry to save face, but I'm not sure if I can get away safely.*

- R, UK, writing about an undisclosed religion

### 3.4.4 Told by a religious authority that it is your obligation/duty to provide sex to a spouse

Number of Respondents: **207**

Percentage of Religious Discrimination Group: **37.64%**

Religious Breakdown:

Christian Denominations: **81.16%** (within proportional range)  
Unknown: **14.49%** (over-represented)  
Atheist: **One**  
Hindu: **Two**  
Jewish: **Three**  
Muslim: **Three**

AGAB Ratio: **7.73%** male to **92.97%** female (within expected range)

**90.82%** of these respondents also reported 3.1.1 *Been told that it is your duty to bear/raise children.* **87.44%** also reported 3.4.2 *Been told it is your duty to get married* and 175 respondents, or **84.54%** of this group reported all three.

*I had severe anxiety and even panic attacks because I thought my only options were loneliness forever, heartbreak from having to end a relationship to avoid marriage (where I would be required to consummate the relationship and have kids, which I found viscerally horrifying), or enter a marriage to stay with someone I loved and be forced to endure sex I didn't want. I could see no happiness in my future, only suffering. I was forced by my mother to watch extremist Catholic TV shows on EWTN on the "Theology of the Body" about "God's intentions for marriage" about how married people are required to have sex and be open to children, otherwise it was a sin.*

- MJS, USA, writing about their experience with "Fundamentalist Catholicism"

*I constantly heard religious leaders stating that wives owed sex to their husbands and that it was sinful to get married if you didn't intend to have sex. I heard stories of marital rape presented as husbands teaching their wives to "submit" as "god intended." It was horrifying. And it damaged my relationship with my now-partner (my first ever boyfriend), because I had to explain to him that I was afraid he would rape me and that I was supposed to accept it.*

- RM, USA, writing about their Evangelical Christian church

### 3.4.5 Belittled or made to feel less by the community

*Number of Respondents: 178*

*Percentage of Religious Discrimination Group: 32.36%*

*Religious Breakdown:*

Christian Denominations: **85.39%** (over-represented)

Unknown: **6.74%** (greatly under-represented)

Atheist: **One**

Jewish: **One**

Muslim: **Three**

Ordo Templi Orientalis: **One**

Pagan: **Five**

Shinto: **One**

Wiccan: **Two**

*AGAB Ratio: 8.99% male to 91.01% female (within expected range)*

The sample size is very small, but **7 out of 9** from the Pagan/Wiccan tradition is significant - compare this with the **56.45%** of respondents from the Christian group who, despite reporting other experiences of discrimination or oppression, did *not* report feeling belittled by their community.

This experience is perhaps a matter of subjective, internal feelings. For example, several respondents who did not tick this box did report being told to "pray for a cure", that they were "not natural", or being told they were "going to Hell". Most would agree that these are experiences that would belittle a person. I speculate that some may not have *felt* belittled and therefore did not think this experience applied to them, even if behaviours directed at them were intended to belittle.

*I have also been accused of being a witch and subject to social shaming and threats (while in the USA).*

- CK, UK, writing about his experience in Christian communities, including Baptist, Episcopalian and Quaker.

### 3.4.6 Told that you are not natural

*Number of Respondents: 177*

*Percentage of Religious Discrimination Group: 32.18%*

*Religious Breakdown:*

Christian Denominations: **79.66%** (under-represented)

Unknown: **12.43%** (within proportional range)

Atheist: **One**

Jewish: **One**

Muslim: **Five**

Pagan: **Five**

Wiccan: **Two**

This amounts to **seven of the nine** total respondents from the Pagan/Wiccan tradition - which is consistent with the written accounts provided by some of these respondents regarding their experiences within Pagan/Wiccan communities.

*AGAB Ratio: 9.04% male to 90.96% female (within expected range)*

*My parents told me I was unnatural and that I was going to be indoctrinated into the gay mafia (which is fake by the way) and die young.*

- Mary, USA, writing about her Roman Catholic experience

### 3.4.7 Told that you were disobeying or defying your God

*Number of Respondents: 149*

*Percentage of Religious Discrimination Group: 27.09%*

*Religious Breakdown:*

Christian Denominations: **85.91%** (over-represented)

Unknown: **10.07%** (within proportional range)

Jewish: **Two**

Muslim: **Three**

Pagan: **One**

*AGAB Ratio: 13.42% male to 86.58% female (skewed towards those assigned male)*

*Told by parents that my asexuality was a sin and against the will of god. Told that being friends with other people of queer identities was a corrupting force and that I read too much queer literature.*

- KK, Australia, writing about Christianity.

KK's testimony is significant as a documented example of asexuality itself being explicitly and specifically described as a sin - rather than as a sin by association.

### 3.4.8 Told you are hiding a different sexuality (such as abstaining from sex because you are actually gay)

*Number of Respondents:* **125**

*Percentage of Religious Discrimination Group:* **22.73%**

*Religious Breakdown:*

Christian Denominations: **82.40%** (within expected range)

Unknown: **12.80%** (within expected range)

Jewish: **One**

Muslim: **Three**

Pagan: **One**

Shinto: **One**

*AGAB Ratio:* **18.40%** male to **84.80%** female\* (directed towards those assigned male twice as often as expected)<sup>14</sup>

### 3.4.9 Told you were/are going to Hell

*Number of Respondents:* **119**

*Percentage of Religious Discrimination Group:* **21.64%**

It should be noted that the question specifically references Hell, which is a concept familiar to Christianity and Islam, but absent from most of the other religions included in the sample, and so the ratios we would normally expect are skewed.

*Religious Breakdown:*

Christian Denominations: **88.24%** (greatly over-represented)

Unknown: **10.08%** (within expected range)

Muslim: **Two**

*AGAB Ratio:* **12.61%** male to **87.39%** female (slightly skewed towards those assigned male)

*I just have little reason to continue practicing a religion who tells me I'm going to hell for how I feel.*

- Becca, USA, writing about Christianity and Catholicism

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<sup>14</sup> [See Cuthbert \(2021\)](#)

### 3.4.10 Told that you were made perfect and are choosing to be asexual

Number of Respondents: **116**

Percentage of Religious Discrimination Group: **21.09%**

Religious Breakdown:

Christian Denominations: **85.34%** (over-represented)

Unknown: **12.07%** (within expected range)

Muslim: **Three**

AGAB Ratio: **12.07%** male to **87.93%** female (slightly skewed towards those assigned male)

*Growing up, I was taught by my religion that my only worth was having a family. So, when I came out, I was told that I was disobeying God, because asexuality is a 'choice'. If I choose not to have children, then I am less worthy. According to this religion's beliefs on our purpose on Earth, my asexuality would cause 'spirit children' (the souls of the unborn) to not have the chance to come to Earth. This would lead to a lower status in the afterlife. Additionally, I was told to have all the promised blessing of God, I had to be married, and have children. So, because I am asexual, I was told I had to go to therapy in order to be 'cured'.*

- RO, USA, writing about their experience in Mormonism.

*The priest would always say that Asexuality was not real and that it was a choice. He would say that sex is a natural human part of life, and anyone that doesn't fit the standard is "different". He would also frequently discriminate against transgender people.*

- Sam, Canada, writing about Catholicism

### 3.4.11 Had people pray for your sexuality to change or be healed

Number of Respondents: **110**

Percentage of Religious Discrimination Group: **20%**

Religious Breakdown:

Christian Denominations: **86.36%** (greatly over-represented)

Unknown: **8.18%** (greatly under-represented)

Jewish: **One**

Muslim: **Three**

Shinto: **One**

AGAB Ratio: **12.73%** male to **87.27%** female (slightly skewed towards those assigned male)

*Following being outed, my mom acted like everything was fine, but then I began getting calls from a Catholic priest she knew. At first, he spoke to me under the guise of getting to know me and asking about college; however, on about the 3rd call or so, he insinuated that he had been calling to check and make sure that I "was of the right mind" and that I "wasn't engaging in inappropriate 'American' (gay) behaviors." He wanted to ensure that I desired a husband and children and made me pray with*

*him confirming that. My mom had other priests and pastors call as well, one of whom prayed that I would have "many, many children" and wouldn't hang up until I agreed with him. My mom is still hopeful that "miracles can happen" and that I can change. She blames 'the West' for making me the way I am.*

- SK, USA, writing about their experiences with Catholic priests.

### 3.4.12 Been threatened with other consequences from your God

*Number of Respondents: 90*

*Percentage of Religious Discrimination Group: 16.36%*

*Religious Breakdown:*

Christian Denominations: **87.78%** (greatly over-represented)

Unknown: **8.89%** (greatly under-represented)

Muslim: **Two**

Shinto: **One**

*AGAB Ratio: 16.67% male to 83.33% female (skewed towards those assigned male)*

No one shared with us a story about what the consequences would be if they "defied God" by being asexual. We received many responses that used words such as "defy God", "go against God" and "disobey God" – but none that specified the resulting punishment – except Hell.

### 3.4.13 Rejected by family, friends or others in the religious community

*Number of Respondents: 83*

*Percentage of Religious Discrimination Group: 15.09%*

*Religious Breakdown:*

Christian Denominations: **80.72%** (within expected range)

Unknown: **12.05%** (within expected range)

Jewish: **One**

Muslim: **Two**

Pagan: **One**

Shinto: **One**

Wiccan: **One**

*AGAB Ratio: 8.43% male to 91.57% female (within expected range)*

*When I publicly came out as asexual, several members of the community immediately posted content on their social media expressing their negative views of asexuals. I have also witnessed multiple arguments in which allosexual polytheists attacked asexual polytheists for wanting more sex-free religious spaces, and for worshipping deities with sexual qualities. This happens in particular to asexual devotees of Dionysos, who get told that his worship is necessarily sexual and therefore he can offer nothing to asexuals (while ignoring his many domains not related to sexuality). Some members of the*

*community speak up against this bullying, but not enough - it is usually swept under the carpet as unproductive "discourse", rather than microaggressions towards asexual polytheists. Because of this, among other reasons, I no longer participate actively in the Hellenic polytheistic community, though I still follow the religion.*

- Iris, Switzerland, writing about Hellenistic Polytheism.

### 3.4.14 Felt intimidated or bullied by a religious or faith leader to reveal intimate details about yourself

Number of Respondents: **79**

Percentage of Religious Discrimination Group: **14.36%**

Religious Breakdown:

Christian Denominations: **81.01%** (within expected range)

Unknown: **11.39%** (within expected range)

Jewish: **One**

Muslim: **Two**

Pagan: **One**

Shinto: **One**

Wiccan: **One**

AGAB Ratio: **17.72%** male to **82.28%** female (significantly skewed towards assigned males)

*I was interrogated by the priest officiating the group I was a part of about my lack of desire to have sex or a romantic relationship. He got personal and intrusive, and heavily implied or outright said that something was wrong with me. He implied I might have other sexual issues, e.g. being gay, in a very offensive manner - like he couldn't say it directly because I was clearly confused. It was a somewhat traumatizing experience, though I pushed through it and escaped. I also received pressure from this priest about my decision to become Catholic, though it was not a decision I made because of him or that group specifically.*

- Aodhfyn, USA, writing about Christianity.

I would like to specifically thank Aodhfyn for allowing us to use this story, as I understand the deeply personal nature of it. It contributes a great deal to understanding how asexual people are scrutinised and their personal lives invaded under the guise of "healing" in a religious context.

### 3.4.15 Told/made to pray for a "cure"

Number of Respondents: 76

Percentage of Religious Discrimination Group: **13.82%**

Religious Breakdown:

Christian Denominations: **85.53%** (greatly over-represented)

Unknown: **10.53%** (within expected range)

Muslim: **Three**

AGAB Ratio: **14.47%** male to **85.53%** female (skewed towards those assigned male)

### 3.4.16 Been verbally abused

Number of Respondents: 49

Percentage of Religious Discrimination Group: **8.91%**

Religious Breakdown:

Christian Denominations: **83.67%** (slightly over-represented)

Unknown: **Four**

Jewish: **One**

Muslim: **One**

Shinto: **One**

Wiccan: **One**

AGAB Ratio: **8.16%** male to **91.84%** female (within expected range)

*I was 10 years old when I realized I am Asexual, and in that same year my best friend came out as homosexual so, we had a friend in common and this girl would go to the same church and she told some of the leaders about my friend and what she suspected from me so they would insult us, call us names, tell us we were too young to know that, and they would also throw holy water, or pray when they saw us, call us names and also left us in "detention" and it was just a small closet where they would throw holy water or bang the door and sometimes leave us there for hours, needless to say our parents never believed us so we just had to "man up" and just have each others' back, so that continued on for about 2 years and then me and my friend were able to leave the church and also cut ties with that "friend" that we had in common that started it all.*

- Stephanielon, El Salvador, writing about their Roman Catholic community.



### 3.4.17 Received a threat of sexual abuse or sexual violence

*Number of Respondents:* **36**

*Percentage of Religious Discrimination Group:* **6.55%**

*Religious Breakdown:*

Christian Denominations: **83.67%** (slightly over-represented)

Unknown: **Four**

*AGAB Ratio:* **5.56%** male to **94.44%** female (skewed towards those assigned female)

*When I was 16 I had a similar conversation online and they threatened to rape me to save me. That wasn't the first time that I was threatened to be raped so I wasn't that worried about it.*

- RLP, UK, an ex-Christian, writing about an online experience.

### 3.4.18 Excluded from a particular event

*Number of Respondents:* **29**

*Percentage of Religious Discrimination Group:* **5.27%**

*Religious Breakdown:*

Christian Denominations: **72.41%** (under-represented)

Unknown: **Four**

Jewish: **One**

Muslim: **One**

Shinto: **One**

Wiccan: **One**

*AGAB Ratio:* **6.9%** male to **93.1%** female (skewed slightly towards those assigned female)

### 3.4.19 Been sexually assaulted to "fix" or "cure" you

*Number of Respondents:* **26**

*Percentage of Religious Discrimination Group:* **4.73%**

*Religious Breakdown:*

Christian Denominations: **73.08%** (under-represented)

Unknown: **Six**

Atheist: **One**

*AGAB Ratio:* **100%** Female

### 3.4.20 Been subjected to an "intervention"

*Number of Respondents: 26*

*Percentage of Religious Discrimination Group: 4.73%*

*Religious Breakdown:*

Christian Denominations: **84.62%** (within expected range)

Unknown: **Two**

Jewish: **One**

Muslim: **One**

*AGAB Ratio: 11.54% male to 88.46% female (skewed slightly towards those assigned male)*

### 3.4.21 Removed from or asked to leave the community

*Number of Respondents: 13*

*Percentage of Religious Discrimination Group: 2.36%*

*Religious Breakdown:*

Christian Denominations: **76.92%** (within expected range)

Unknown: **Two**

Shinto: **One**

*AGAB Ratio: Sample size too small to produce meaningful result.*

*I was raised Catholic in a Catholic family. When I told my mum I was asexual she consulted our local priest who said I was unwelcome in the church. I've since gone through stages of being agnostic and atheist and finally Wiccan where I feel welcomed and unashamed about myself.*

- Eilish, Australia, writing about Catholicism

### 3.4.22 Have a religious or community leader offer to have sex with you to "heal" or "cure" you

*Number of Respondents: 11*

*Percentage of Religious Discrimination Group: 2%*

*Religious Breakdown:*

Christian Denominations: **Six**

Unknown: **Three**

Muslim: **One**

Wiccan: **One**

*Many of the Wiccan communities that I was surrounded by as a child were made up of a majority of*

*converts from Christianity who practised Wicca in a reactionary way so as to be as pointedly against the tenets of Christianity that they had not liked. This often included a level of sex "positivity" that did not include being positive about abstinence no matter what the reason for it was. They consistently expressed the belief that one could only be abstinent from sex or feel any aversion to sex because they were repressed and/or traumatized. I stopped attending any community events that I had ever been to before at 16 years old, but before that I had been repeatedly invited to ceremonies that were intended to get me "in touch with my sexual energies" or something similar. I had also had a few community members who were considered unofficial spiritual authorities tell me what they thought I would/should be like in a sexual situation based on unrelated factors such as through tarot or palm readings, the sexual behaviors of my friends and family members, my tastes in food or non-sexual entertainment, the shape of my spirit guide, my given name and nickname, and during otherwise non-sexual group meditation. I was also told by one of these unofficial spiritual authorities that he couldn't wait for me to turn eighteen so that he could help me "find the power of my desire".*

- C.R, Australia, writing about the Wiccan community.

### 3.4.23 Forced into marriage against your will

*Number of Respondents: 6*

*Percentage of Religious Discrimination Group: 1.09%*

*Religious Breakdown:*

Christian Denominations: **Four**

Unknown: **Two**

*I'm gonna generally spread some light on what would happen if you're asexual but belong to an extremely religious family in India. Arranged marriage is big here and a lot of times, especially in rural areas, the people getting married don't actually have a choice and the awareness about asexuality is just not there. I, personally don't have to worry about this problem because my family is as liberal as they come but we're an exception, not a rule.*

- Dragon7, India, writing about Hinduism in India.

It is important to note that Dragon7 is not writing about a personal experience, and this is not a first-hand story of forced marriage for an asexual person. Of the six respondents who reported a forced marriage, three were from the USA, two from Australia and one from Bangladesh. None of them shared their story with us.

### 3.4.24 Been subjected to an exorcism

Number of Respondents: **3**

Percentage of Religious Discrimination Group: **0.55%**

Religious Breakdown:

Christian Denominations: **Two**

Unknown: **One**

## 3.5 Conversion Practices

The UK's *National LGBT Survey 2018*<sup>15</sup> found that asexual people were the sexual orientation group with the highest rate of being offered conversion "therapy", at 8.2% (compared to homosexuals at 5.5% and bisexuals at 4.4%) They were also more likely to have received the "treatment" (2.7%). These are oft-cited statistics among asexual activists. The survey records much higher rates across all sexualities for trans respondents. Given the high number of transgender people in the asexual community, and that the survey did not ask the *reason* respondents were offered or given conversion "therapy", I had some hesitation about this statistic being cited as definitive proof that asexual people are referred to or forced into conversion therapy at a higher rate than those of other orientations. Could the figures for asexuals be inflated because of the high percentage being subjected to conversion practices because they are transgender?

There are many medical practices and procedures used on asexual people that could be regarded as attempts at a cure or conversion, but this section of the survey includes only respondents who were directed towards faith-based "therapy" type conversion practices. As many survivors of the "therapy" that aims to cure sexuality were minors, and did not have the power to ask questions about credentials, it is often impossible to know whether a so-called therapist had any kind of licence or training and so the survey did not ask.

In total, **28** respondents, or **1.7%** of total respondents have been exposed to conversion practices. This is much lower than the number from the UK survey. There are two potential reasons for this - this question was only asked of respondents who answered "Yes" or "Unsure" to the screening question *Have you ever been or felt discriminated against, pressured by, ostracised or rejected by a religious community or organisation because of your asexuality (even if your asexuality was only one factor)?* Any respondent who experienced a form of conversion practice but did not feel it had a religious component (or who did, but did not think of it when answering the screening question) was not included in the sample. **5.1%** of those who were asked the question gave some kind of affirmative response. The other reason for the disparity is that many of the respondents to the UK survey may have been referring to medical contexts - which are discussed in *Part 7*.

*Table 3.3* shows a summary of affirmative answers to the question *Have you ever experienced any kind of conversion practice (often called "conversion therapy")?*

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<sup>15</sup> UK Government Equalities Office "National LGBT Survey 2017," § (2018). Access data at: <https://government-equalities-office.shinyapps.io/lgbt-survey-2017/>

**Table 3.3: Experiences of Conversion Practices**

Voluntary Faith Based	1
Voluntary "Therapy"	8
Involuntary Faith Based	6
Involuntary "Therapy"	10
<b>TOTAL YES</b>	<b>25</b>
Offered + Declined	16

For both Faith Based and "Therapy" style conversion practices, involuntary exposures were higher than voluntary. As well as the **nine** people voluntarily exposed and the **16** involuntarily subjected, a further **16** were offered some kind of conversion practice and able to decline. There were **ten** additional responses that were neither a strict "No" nor a "Yes" - write in answers that covered nuanced experiences. **Four** of these nine were judged to fall within the scope of a conversion practice and kept within the sample for a total of **45**.

The next question asked *If you have experienced some kind of conversion practice, what was the perceived "problem"?* More than a dozen respondents answered this question, despite giving a negative response to the previous question. As it is impossible to know whether a box was checked accidentally, or a response failed to register for the previous question, or the respondent did not know how to answer, these have all been removed from the sample, along with one respondent who answered the previous question but not this one - only those who responded to *both questions* were counted.

The checkbox options available for respondents to select as the perceived "problem" leading to their experience with or referral to conversion practices were: *Asexuality, Homosexuality* and *Gender Identity*. There was also a write-in box, as it was anticipated that some respondents would have alternative responses.

Table 3.4 summarises the responses to the question *If you have experienced some kind of conversion practice, what was the perceived "problem"?*

**Table 3.4: Perceived "problem" leading to conversion referral**

Just Asexuality (or related)	19	42.2%
Just Gender Identity	5	11.1%
Just Homosexuality	3	6.7%
Asexuality + Gender Identity	4	8.9%
Asexuality + Homosexuality	1	2.2%
Homosexuality + Gender Identity	3	6.7%
Asexuality, Homosexuality + Gender Identity	5	11.1%
Sexual Assault	3	6.7%
Questioning Ethics of Church	1	2.2%
Unknown	1	2.2%
<b>Total including Asexuality</b>	<b>29</b>	<b>64.44%</b>

In total, **29** of the respondents (**64.44%**) said that asexuality was one of the perceived "problems" that led to their being offered or exposed to conversion "therapy" or other practices. To assess what kind of practices these were - whether they were faith based or more pseudo-medical, and whether they were voluntary or forced, the 29 cases were broken down and examined individually. Table 3.5 presents these results. The first number for each pair (in bold) represents the number of cases matching that perceived "problem" (ie. "Asexuality, etc" and category (ie. "Voluntary Faith-Based").

The second number represents the total number of cases in that category.

**Table 3.5: Categories of Conversion Practice vs Reason for Referral**

	Voluntary "Therapy"	Voluntary Faith-Based	Involuntary "Therapy"	Involuntary Faith-Based	Offered + Declined	Other
Asexuality, etc	5/6		4/10		8/16	2/4
Asexuality + Homosexuality	1/6					
Asexuality + Gender ID			1/10	1/6	2/16	
Asexuality, Homosexuality + Gender ID				3/6	2/16	

From *Table 3.5*, we can see that none of the cases where asexuality (or something related) was the perceived "problem", were exposed to faith-based conversion practices. They were all either able to decline conversion, or exposed to "therapy" style practices. The two cases under "Other" are respondents whose therapists insisted on "healing" or "fixing" their asexuality against their will. Without knowing the exact circumstances, such as their age at the time or whether they had the ability to change therapists, we cannot categorically classify this as involuntary therapy, an issue to be further discussed in Section 7.

Only one respondent submitted a story in this section of the survey that relates to conversion practices. Coley, a nonbinary person from the USA wrote:

*I was sent to a Christian conversion camp when I was 12 and my gender/sexuality was equated with children who stole from their families, physically aggressive kids, and sexual offenders.*

Coley's earlier answers indicated that the reasons they were sent to conversion camp were asexuality, homosexuality and gender identity.

## Case Studies: Coley, Mieke and Shahid<sup>16</sup>

For this case study, I wanted three people with stories of three different religions, ideally from three different countries. The random selection turned out three people who covered almost the widest possible ranges of experience – as well as religions and countries, they are of three different genders and age groups and their stories have three different outcomes. Coley, from the USA was formally a Christian, and their experiences as an asexual were a factor in them leaving the religion. Mieke, whose experiences were with paganism, says their asexuality was not a factor in leaving their religious community. Shahid is from Pakistan, and his experiences are with Islam, a religion he still practices.

Coley identifies as asexual, grey-asexual, panromantic and queer. The only gender they gave was nonbinary, and they identify as transgender. They are 26 – 35. Coley did not specify what sect of Christianity they were part of.

Mieke, an Australian, identifies as asexual, aroflux, panromantic and unsure/questioning. She identifies as female, nonbinary, agender and genderfluid, and she is unsure if she is trans. She is in the 22 – 25 age bracket.

Shahid chose the most identifying words of the three. He is asexual, greyromantic, aroflux, aegosexual/autochorisexual, biromantic and recipromantic. He is a cisgender man from Pakistan, aged 18 – 21.

Coley was not an active or willing participant in Christianity. They went to a Christian school, but they were not a believer. Mieke *was* an active and willing participant in her pagan community and she did have faith. Shahid did not answer the questions regarding whether his participation in Islam was by choice, but he does say that he had faith.

Coley and Shahid have experienced a similar number of the exclusionary and oppressive behaviours in the survey, 14 and 12 respectively.

Both experienced the following:

- ♣ Been told that it is their duty to bear/raise children
- ♣ Been told it is their duty to get married
- ♣ Told that they are not natural
- ♣ Told that they were disobeying or defying their God
- ♣ Told you were/are going to Hell
- ♣ Told that they were made perfect and are choosing to be asexual
- ♣ Had people pray for their sexuality to change or be healed
- ♣ Told/made to pray for a "cure"

Coley additionally experienced:

- ♣ Made to feel guilty about their asexuality
- ♣ Belittled or made to feel less by the community
- ♣ Told they are hiding a different sexuality (such as abstaining from sex because they are actually gay)

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<sup>16</sup> Shahid gave a pseudonym but asked that we protect his identity for the story used in this section. I have assigned a randomly chosen male name from a list of the most common in his country.

- ♣ Received a threat of sexual abuse or sexual violence
- ♣ Been sexually assaulted to "fix" or "cure" them
- ♣ Been subjected to an "intervention"

While Shahid's experiences also included:

- ♣ Told by a religious authority that it is his obligation/duty to provide sex to a spouse
- ♣ Been threatened with other consequences from his God
- ♣ Rejected by family, friends or others in the religious community
- ♣ Felt intimidated or bullied by a religious or faith leader to reveal intimate details about himself

Mieke's experiences as a pagan included only one of those on the list: Made to feel guilty about her asexuality. This is typical, with most pagan/wiccan respondents reporting only one or two from the list – the highest number was five.

Mieke also was never subjected to or offered any kind of conversion "therapy". However, both Shahid and Coley were. Shahid was forced or pressured to visit a doctor or therapist. He told us that the sole reason for this was his asexuality. Coley was involuntarily subjected to a religious or faith based conversion practice. The reasons they gave were asexuality, homosexuality and gender identity. Coley wrote to us about this, as seen in Section 3.5, and repeated below.

The stories from each of the three respondents in this case study cover different aspects of how their religion made them feel uncomfortable, unwelcome, unsafe or under direct attack.

Mieke told us:

*The pagan community tends to be an open and welcoming one, so I haven't really had many issues. The only thing is it got really awkward and uncomfortable when an older man started talking about the 'history of paganism' involving lots of sex and orgies and sacrificing virgins in a romanticised way. I think most people would feel uncomfortable in that situation, but being sex repulsed, it made me feel somewhat unsafe. Although the person didn't know.*

Coley told us about being sent to a conversion camp at just 12 years old.

*I was sent to a Christian conversion camp when I was 12 and my gender/sexuality was equated with children who stole from their families, physically aggressive kids, and sexual offenders.*

Shahid wrote to us about his concerns as a young man growing up asexual and the pressure he is under from his family and community.

*I was born and raised in a religious family, and hence I have often been directed to listen to different scholars and religious speakers. A lot of the ones targeted towards young adults talk about sex and how marriage is the only way to purity. I feel erased and also uncomfortable with the idea of "good sex". My parents often have told me to "not worry" and that they will "find the right bride" for me. They also talk in depth about how to "deal with sexual attraction" while living on campus in university. When I tell them I don't want to marry, they say it is an integral part of faith and that "one who doesn't marry isn't a true part of the (religion's) community".*

Finally, the survey asked each of our three case studies about where they are now in terms of their religious faith, if they left the religion or community that they were a part of, and if so, whether what happened to them, regarding their asexuality, was a factor.



Coley has converted, and found a new community and they say that their asexuality, and what they went through because of it, was a factor in this decision. Mieke has remained with the same religion, but moved to a different community, and she says her asexuality and the experience she had was not a factor in this.

Shahid is still a Muslim. It is unclear whether he has moved to a different community or remained within the same one – but as much of the pressure he has expressed comes from his family, perhaps his contradictory responses can be explained by his being physically in a different place (university?) while still interacting with the same community.

What is most clear from looking at these three cases is that Shahid and Coley, despite living on opposite sides of the world, and coming from two different religions, have so many experiences in common. More than half of the boxes they checked were experiences they shared. This is also clear from the many different responses we received and the stories sent to us. Although we got an overwhelmingly large response from one particular religion – that is a matter of language and geography.

My overall impression is that there are some people, in every religion – be it Christianity, Islam, Paganism, Buddhism or Hellenistic Polytheism, that choose to abuse power and authority, and target people who are different – people like asexual people. Religious teaching can often provide an excuse or a framework for doing this. But as far as I have been able to tell from my research so far, I would not suggest that any religion is more inherently asexualphobic than any other.

### 3.6 Additional accounts of religious exclusion

We received a total of **136** stories about religious exclusion, **26** of which were eliminated, primarily because they were either a) describing problems with a religious organisation or community that the respondent was not themselves a part of or b) abuse by a religious family/parent but not the religious organisation itself.

This left **110** stories, covering **28** religions, (as well as **one** about agnosticism, and **3** unspecified). The discrepancy comes from those stories describing more than one Christian sect. **89** stories were about some variant/s of Christianity (for **99** total). As outlined in *Table 3.6*.

**Table 3.6: Christian sects featured in story submissions**

Christian	40	Catholic	23
Evangelical	6	Baptist	5
Protestant	4	Mormon	3
Anglican	2	Baptist Fundamentalist	2
Presbyterian	2	Seventh Day Adventist	2
Born Again Christian	1	Conservative Christian	1
Conservative Protestant	1	Episcopalian	1
Jehovah's Witness	1	Lutheran	1
Methodist	1	Pentecostal	1
Quaker	1	WELS	1
<b>TOTAL CHRISTIAN</b>	<b>99</b>		

There were a further **19** stories, covering **seven** religions, **one** about Soviet Orthodox Agnosticism and **three** where the religion was not given. **Two** of the Pagan/Wiccan submissions also included experiences with Christianity.

**Table 3.7: Other religions featured in story submissions**

Pagan/Wiccan	7
Muslim	3
Buddhist	1
Hindu	1
Jewish	1
New Age	1
Polytheist	1
Agnosticism	1
<b>TOTAL OTHER</b>	<b>16</b>
Unspecified	3

Included below are stories about religious exclusion that were not used to illustrate any specific point in this section, but which are particularly representative, unique or otherwise deserving of specific inclusion. I have also included the entirety of a story that had to be cut for brevity.

*Luckily I haven't been discriminated in Catholicism. In fact I think, was positive for them I remained "pure" until marriage.*

- Ariel, USA, writing about Catholicism

Ariel's comment is the only positive one received. It is therefore included, in an attempt at balance.

*This religion perceived my asexuality positively, because women were not "supposed" to enjoy sex. Women were supposed to participate in sex as a duty and obligation to produce children. Within that paradigm, all women are asexual.*

- Daniel, USA, writing about an "offshoot of Southern Baptism"

Daniel's story is unusual - most respondents writing about Christian denominations, in particular the evangelical churches in the USA, said that there was an odd paradox in that women were expected to be asexual only up until marriage. Experiences similar to that of Elk, below:

*It wasn't so much that my church would tell me individually that I needed to have children, but my parents would casually mention how it is a Christian duty to "go forth and multiply" like the Bible says. I have been open with my desire to adopt children instead of have my own, and I get a range of responses like encouragement, or telling me I'll "know for sure" when I'm older, or just a silent contemplation and judgement. Some people, outside of family too, make defense of the fact that it's a blessing that I can have children and it could be considered selfish that I don't wish to use that blessing, or that I understand women who don't particularly care if they're unable to bear children.*

*Generally, it's just the atmosphere from other Christians that suggest that by being ace, I'm either not fulfilling a religious duty or I'm forsaking a gift.*

- Elk, USA, writing about Christianity

*In the Pagan and Witchcraft communities online there is a lot of focus on sexualising and the sexual use of magic in certain domains. This is particularly true for people who have sex or fertility gods as patrons. I consider one of my patron gods to be one such god, but feel uncomfortable using my sexuality in one of my blessings to my god. I also feel uncomfortable with the focus on using sexual fluids to increase the power of spellwork. I've seen many witches online claim that sex and sexual practises are a necessary part of magic, which makes me feel excluded and uncomfortable.*

- Z, Germany, writing about Paganism

*The thing is, religion is more complicated than attributing people to a belief system. Depending on where you were raised, religion is the culture, the way the people think and for the most part it's not even conscious. At least such is my observation of Bulgaria's mostly atheistic or agnostic population. Despite not being morally justified by a god, they still expect you to hold to Christian moral dogma from centuries ago - gender norms, child production and intense heterosexuality : / I had a very driven christian colleague in uni who was abstinent and I always had the creeping suspicion she thought my asexuality was like her abstinence... also for her normal, while she thought the gays were pure evil and sick... as well a product of propaganda. And it's this weird thing where being asexual may be praised by abstinent christians, but aromanticism and gender non conformity are different subject matter.*

- k, Bulgaria, writing about Soviet Orthodox Agnosticisim

*The flipside of purity culture has always been that - as someone presenting as a woman - you \*have\* to get married, you \*have\* to have sex whenever your husband (and it must be a husband) wants it, you \*have\* to bear his children when he wants it... I left that faith, and my parents as outposts of that faith, just after I turned eighteen, so I was lucky; I wasn't expected to marry until after I graduated college, and of course dating wasn't permitted unless you expected to marry your partner, so I escaped in time. (In fact, at eighteen, I wasn't even supposed to know the word 'orgasm' or think about it - my mother had an extremely awkward conversation with me about sex dreams that made this clear.) I still was told, over and over, that when I was old enough, I'd want sex; that I might enjoy it; that it would be my duty. It still haunts me, the knowledge of what I avoided; what so many others did not avoid.*

*I didn't really know that sexual assault could be anything other than a stranger in an alleyway forcing themselves on me; how could I, given that my consent would no longer matter once I married someone? I didn't know this when I was dating someone. I didn't know this when they coaxed me into having sex with them; I didn't know this when they told me that being asexual was just purity culture hangups; I didn't know this when they made it clear how much they would be giving up if I didn't fuck them. I didn't know this when I agreed to have sex with them.*

*A lot of people don't know this. There's no guarantee that I \*would\* have known if I hadn't been brought up in a faith that dismisses marital rape as nonexistent because it's a wife's duty. But there was certainly no way that growing up in that faith could have helped me.*

- C, UK, writing about Evangelism

*As a teenager, I was very involved in the New Age movement, which is known for being sex positive. While I think sex positive religions are a great thing, in many cases this manifested as the idea that sex is necessary for a person to be whole and happy. There is unfortunately a strong emphasis on*

*heterosexuality and binary perceptions of gender - the opposition of male and female, that are joined in the act of heterosexual sex. I was taught that as an AFAB person, I was to fulfil that role, and not being comfortable with it meant that something was wrong with me. I came to believe that I must have been sexually assaulted in a past life, and that my sacral chakra (responsible, in New Age spirituality, for sexuality - I'd like to point out that the use of chakras by the New Age movement is highly culturally appropriative and I do not associate with it anymore) was "closed". I spent many hours meditating on it and trying to activate sexual desires that I simply did not have, because I believed sexual desire was the natural state of a person. I was also encouraged by adult members of the New Age community to engage in sexual dances and rituals to "get in touch" with my sexuality. This was particularly inappropriate as I was a minor at the time. I left the New Age movement for many reasons, their approach towards sexuality being one of them (but not the major reason). I became a Hellenic polytheist, which I still am now to some extent. In that religion too, I was taught that sexuality is essential and rejecting it means rejecting a part of life. I believed that moderation in all things was necessary, and being a lifelong virgin was immoderate, therefore religiously unbalanced and wrong. These beliefs were difficult to overcome when I realised I was asexual and aromantic. While the community as a whole was more accepting than my previous New Age one, I was still the victim of bullying and mockery purely on the basis of my orientation. When I spoke about my relationship to Artemis and how she has made me feel more comfortable with who I am - all whilst being very careful to state that this is my personal experience, and I recognise that many Hellenic polytheists relate to her on different grounds - I was told that I was "limiting the Gods" by "putting them in boxes". I firmly agree that the Gods don't have sexualities in the human sense, but I've noticed a certain hypocrisy in how other categorisations of the Gods (e.g. Dionysos as genderfluid, a common and historically attested understanding of him) are not "limiting them", but an aroace finding strength and inspiration in Artemis' sworn virginity is. When I publicly came out as asexual, several members of the community immediately posted content on their social media expressing their negative views of asexuals. I have also witnessed multiple arguments in which allosexual polytheists attacked asexual polytheists for wanting more sex-free religious spaces, and for worshipping deities with sexual qualities. This happens in particular to asexual devotees of Dionysos, who get told that his worship is necessarily sexual and therefore he can offer nothing to asexuals (while ignoring his many domains not related to sexuality). Some members of the community speak up against this bullying, but not enough - it is usually swept under the carpet as unproductive "discourse", rather than microaggressions towards asexual polytheists. Because of this, among other reasons, I no longer participate actively in the Hellenic polytheistic community, though I still follow the religion.*

- Iris, Switzerland, discussing both the New Age movement and Hellenistic polytheism

The end of Iris' story was quoted in Section 3.1.14, but the full story is far longer, and tells us much about two religious communities outside of the many Christian narratives that dominated the stories submitted.

*I feel excluded in some events or aspects of Judaism not particularly because I am asexual but because I am single and have no children. Family and children are huge parts of the community so if you don't have either of those you are sort of left on the fringe.*

- Eve, USA, discussing Judaism

Eve was the only respondent to submit any story about being asexual and Jewish, and so I have included it, as her perspective is important.

## Case Study: KR

KR was randomly selected from the full list of all 1667 respondents.

They would be considered an “older ace” within the asexual community – they stated in one of the write-in responses that they were 49 at the time of completing the survey. Only 4.3% of respondents were over the age of 45.

Residing in the USA, KR identifies as a Christian. When able to choose any identity labels they wished, they chose Asexual, Panromantic and Queer. The use of Queer as an identifier was at its lowest (17.46%) for KR’s age group and panromantic is also more common in younger respondents, and so KR is against trend here. They also identify as nonbinary and genderflux, and their pronouns are they/them. KR was unsure if they identify as transgender.

KR rated their sex favourability as a 31, saying:

*I consider myself sex ambivalent. I don't care if other people do it, I just don't have any desire to do it myself and encountering it in media is tiresome.*

“Tiresome” is an interesting word choice that stands out among other descriptions of sex depicted in media. Repulsion is a common emotion and many also describe “boredom”, but “tiresome” implies boredom with a tinge of annoyance that I believe aptly describes in one word what many have used multiple sentences to articulate.

KR said that they live in a small rural or regional town and described it:

*It's very right wing and almost exclusively white. I'm not openly out and probably wouldn't go out of my way to tell people.*

Of our 29 microaggressions, KR has experienced 21, from a number of different people and almost all of those include strangers. Many also came from romantic/sexual partners. *Table 3.8* shows the microaggressions KR has experienced and their relationship to those perpetrating them.

**Table 3.8: Microaggressions experienced by KR**

	Romantic/Sexual Partner	Stranger	Other
Saying that asexuality is “not real” or “not normal”	✓	✓	
Saying asexuality (or their attitudes towards sex) is something to be “fixed” or “cured”		✓	Another person
Saying “You just haven't met the right person” or similar		✓	Another person
Saying that asexuality is a “phase” or similar		✓	
Saying that they (or any asexual) needs to have “hormones checked” or similar		✓	Another person
Saying that they are too attractive to be asexual, or similar		✓	Another person
Saying that they are asexual because they are unattractive, or similar	✓	✓	
Saying that everyone is demisexual ( <i>note: KR is not demisexual</i> )		✓	
Saying that “Sex is what makes us human” or similar		✓	

Saying that "Sex is part of human nature"	✓	✓	
Saying that romantic relationships require sex to be valid	✓	✓	
Invalidating their asexuality because they have had sex before	✓	✓	
Invalidating their asexuality because they are in a relationship	✓	✓	
Invalidating their asexuality because they have children		✓	
Assuming/Asking if they have had a bad relationship		✓	
Assuming/Asking if they have been sexually assaulted in the past	✓		
Asking them invasive or inappropriate questions because they are asexual		✓	
Dismissing their asexuality as unimportant/irrelevant	✓	✓	
Offering amateur opinions/diagnosis on why they are asexual	✓		
A third party pressuring them to try dating		✓	Friend, Classmate/Peer

What first struck me about KR's experiences with microaggressions (aside from the large number of strangers involved) was that they had experienced the contradiction of being told they were both "too attractive" to be asexual and also "only asexual because they are unattractive". In most instances of this, a romantic or sexual partner will say the "too attractive" statement – often unaware that they are causing harm. In this case, the opposite is true – KR reported their romantic/sexual partner had said they were asexual because they were unattractive. This immediately led me to question if intimate partner violence had been a part of KR's life.

KR told us about their experience with a Christian church. In the checkbox answers they reported the following:

- ♣ Having people pray for their sexuality to change or be healed
- ♣ Being told/made to pray for a "cure"
- ♣ Being rejected by family, friends or others in the religious community
- ♣ Being belittled or made to feel less by the community
- ♣ Being removed from or asked to leave the community
- ♣ Being told that they were disobeying or defying their God
- ♣ Being told that they were not natural
- ♣ Being made to feel guilty about their asexuality

KR shared a detailed story with us, explaining what happened with their church, but as it is quite specific, when seen with other information in this case study, it may identify them, so I have chosen not to include it. KR and their partner were both asked to leave their church, as they were openly supportive of other queer people, and came out as being asexual themselves. KR has now found an alternative church.

A survivor of two violent allosexual intimate partners, KR has experienced many of the behaviours specified in the survey. These include every one of the asexuality-specific behaviours except for one. A previous partner or both:

- ♣ Invalidated/did not accept KR's asexuality
- ♣ Asked or told them to seek medical help/therapy

- ♣ Asked/told them to seek some other kind of “cure” (such as a religious practice)
- ♣ Shamed them for being asexual
- ♣ Blamed their asexuality for problems in the relationship
- ♣ Made them feel guilty for being asexual/not wanting to have sex.

Neither partner outed them as asexual without their consent.

KR also reported every coercive control behaviour listed in the survey:

- ♣ Insulting or belittling (about something unrelated to asexuality)
- ♣ Isolating them from friends and/or family
- ♣ Controlling what they wore, and where they went/who they saw
- ♣ Controlling their finances – both by withholding/taking their money and by controlling spending, checking receipts/bank accounts
- ♣ Threatening their safety
- ♣ Threatening to harm others
- ♣ Threatening self harm/suicide to manipulate
- ♣ Gaslighting.

They also reported physical violence, and three forms of sexual violence: verbal pressure, violent coercion and forcible rape by an intimate partner. The story they told us is simple, vague and typical of one common kind of allosexual abuser/asexual victim relationship.

*My last partner before my husband was a narcissist. He threatened and guilted me into sex most of our relationship. When I came out as ace, he said it wasn't real and I was using it as an excuse to not have sex with him. Prior to him, I was married. He was an alcoholic. He raped me while drunk.*

There are two other stories which were told under Physical Violence and Threats, which more appropriately belong under this category. They continue to paint the picture of an extremely violent physical and sexual abuser.

*Husband, was drunk. Wanted sex, I did not. He held me down and raped me.*

*Former partner. I don't remember what the topic of conversation was. There were many incidents. He got mad and started shouting over me then smashed my head into the wall hard enough to make a hole in the drywall. Next day asked me why there was a hole in the wall and what had I done to it.*

As KR has said they refer to two different people in their responses, it is difficult to categorise their abusers with certainty – but at least one of them is the type of (usually male) physically, sexually violent abuser that I believe is acephobic – but does not target an asexual victim deliberately. Rather, he is an abuser that seeks absolute power and control over his victim and will look for any insecurity, trauma, source of anxiety, etc. In this case, KR is asexual and their partner found ways in which to fold that into the abuse. See also respondent S.O. in *Section 4.6* for another example of this opportunistic acephobic abuser.

I also believe that this “absolute control” type of abuser may feel threatened by an asexual victim’s refusal or reluctance around sex, which could be a trigger for violence and further study into these types of allosexual/asexual abusive relationships would be valuable, and help our community protect others from having to go through the kind of experiences KR describes.

Finally, KR took the time to answer all the questions in the health section of the survey. They told us that they have discussed being asexual once or twice with one or two healthcare providers. The only professional they specified was a GP or family doctor. When they have *not* disclosed their sexuality, the reasons have included:

- ♣ Previous bad experiences discussing asexuality with a healthcare provider
- ♣ Not wanting to be referred to another provider for something that wasn’t a problem
- ♣ That they did not need to know/it wasn’t relevant
- ♣ Knowing others who had bad experiences discussing LGBTQIA+ issues with medical professionals.

When asked about the reactions of healthcare providers to these disclosures, KR said that reactions were all negative. These doctors have misunderstood asexuality as being about libido/interest in sex/celibacy, etc., presumed asexuality to be causing KR problems, did not believe them when they said asexuality was not caused by anything but was just who they are, told them that all people have a sex drive, and suggested that they need to explore their sexuality. In the longer term, doctors have wanted to alter KR’s medications, gave them a prescription to “fix” or “cure” them, prescribed them a medication to improve libido and given KR instructions/homework to do with their sex life.

Medical professionals have made assumptions and incorrect “diagnoses” about the causes of asexuality. These include:

- ♣ Trauma the provider wrongly assumed KR had experienced
- ♣ Lack of sexual experiences
- ♣ An upsetting sexual experience
- ♣ Bad relationships
- ♣ Medication
- ♣ Not knowing their own body
- ♣ The old classic: “being a late bloomer”

KR didn’t realise they were asexual until at least 40. A very late bloomer indeed.

KR is one of our 11 respondents to indicate that they have been diagnosed with Hypoactive Sexual Desire Disorder (HSDD) or a similar condition. This condition should not be diagnosed if a) the patient identifies as asexual or b) the patient is not experiencing distress because of their lack of sexual desire. See *Section 7.4.8* For more about HSDD and instances of doctors diagnosing it against the directions of the DSM.

As well as all of these experiences, KR also reports being forced to continue seeing the same healthcare provider/s as they did not have any other option – presumably because they live in a regional area. Those living in isolated areas do not have the capacity to choose their healthcare providers, and if those available to them are acephobic, transphobic or otherwise unsafe, there is often no option but to continue seeing them. Many respondents described this situation with a mental health provider in particular, concluding their stories with sentences like “It’s fine if we just don’t talk about it.”

KR has also experienced healthcare discrimination. They have been denied a hysterectomy (which happens to many people assigned female at birth and is more likely to be misogyny than acephobia). They have both been denied medications and had their medications changed as their libido was prioritised over health conditions.



One of the most shocking of all the healthcare stories we received was from KR. It is an account from their late teens, so about 30 years ago, but we know anecdotally that things like this still happen – in the US, and in Australia. This account is so upsetting, and important, that I have retained it in *Accounts of healthcare experiences (Section 7.5.2)*, because not everyone will read case studies, and KR's trauma deserves to be seen, heard and acknowledged. And we must do something about it.

*When I was in my late teens and first starting to explore sex I would freeze up and not be able to follow through. I asked my then GP about it. He immediately decided on vaginismus, donned a rubber gloves and digitally penetrated me. It was shocking, painful and humiliating and I haven't discussed sex or gender issues with a GP since.*

\*\*\*

My special thanks to KR for their openness and honesty in sharing their experiences and their stories. KR's lifelong story, from their violation by a doctor as a young adult, and through two abusive relationships, are an example of how acephobia, trauma, sex repulsion and asexual identity all play off of one another, becoming entangled and contributing to a person's personality. KR visited the doctor in their late teens because they were "freezing up" when it came to sex, and they were violated by that doctor in a deeply traumatic way. Later in life, they entered into relationships with abusive men – and people who have previously experienced trauma are more vulnerable to further trauma. The violation as a teen likely added to the negative feelings about sex that KR already had, making them even more reluctant to have sex with their partners – who then sexually abused them.

This cycle of acephobic abuse is common to many of those who responded to the survey – and though the large number of questions did make it difficult both for respondents and for me, that length does allow us to see whole-life stories like KR's. Studying just one type of experience doesn't give us this same perspective. I intend to follow up this report with further work that looks at whole-life stories from this data, to investigate what patterns there might be, and give voice to the people who shared their lives with us.

## 4. Intimate Partner Violence

The next section of the survey asked respondents questions about intimate partner violence, including not only physical violence but also verbal, emotional, psychological, financial and sexual abuse. Respondents were only asked these questions if they gave the appropriate response to the screening question:

*Have you ever encountered any of the following behaviours from a current or former partner?*

*Verbal insults, financial abuse (withholding money from you, controlling how you spend your money, taking your money), physical violence, threats, emotional manipulation/abuse, coercive control, sexual violence or any other behaviour you consider/ed to be abusive.*

Possible answers were "Yes", "No", "Unsure" and "Yes, but I do not wish to answer any more questions".

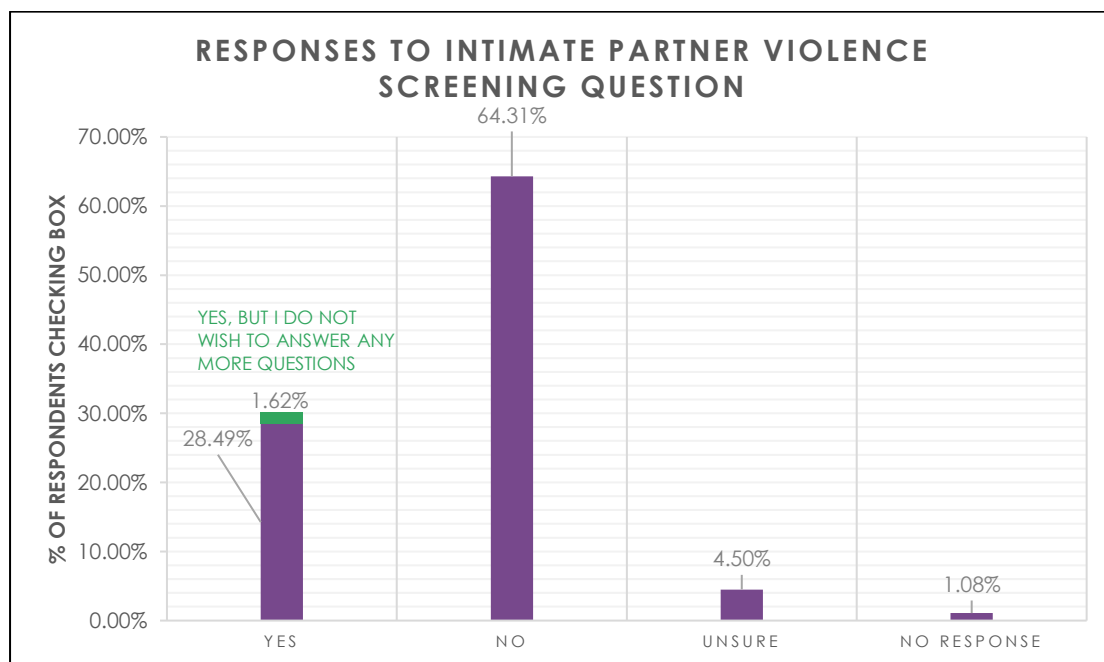


Figure 4.1: Responses to IPV screening question

Figure 4.1 indicates the responses to the screening question. **64.31%** of respondents had never experienced any of the behaviours listed. **1.08%** did not respond at all. **4.50%** said that they were unsure. A total of **30.11%** of respondents indicated that they had experienced one of the forms of intimate partner violence listed. **1.62%** did not wish to answer any further questions and were directed to the next section along with the "No" respondents. Those who gave a "Yes" or an "Unsure" response were asked to complete the more specific questions about intimate partner violence.

Combining "Yes" and "Unsure" responses, the cohort in this section of the survey is **550** or **34.6%** of total respondents. Respondents saying that they did not wish to answer any more questions were not included in the "IPV Group".

*Note: All of the questions relating to what kind of violence or abuse respondents experienced included an "Opt Out" option, so that respondents were never forced to select any option, while I was able to clearly see that a question wasn't forgotten or missed by accident but deliberately not answered.*

## 4.0.2 Calculating a meaningful statistic

As an asexual survivor of IPV who has experienced doubt and dismissal from others, I felt that when citing a statistic for how many asexual people have experienced violence in their relationships that I needed to have a clear definition. So while we have a statistic for the number who chose one of the Yes options (30.11%) and for those who chose either “Yes” or “Unsure” and are therefore in the “IPV Group” (34.6%) – these definitions are not clear and easy to justify to someone who might be sceptical about asexual people as victims/survivors. (For example, doubting that aophobic behaviour from a partner is IPV.)

I have called this new group “*Sceptic-Proof*”.<sup>17</sup> The criteria for inclusion are one or more of:

- ♣ Experienced physical violence;
- ♣ Experienced forcible sexual violence and/or violently coercive sexual violence;
- ♣ Experienced 3 or more coercive control behaviours (including verbal sexual coercion)

Abusive behaviours specifically related to asexuality were not counted.

To illustrate how stringent these criteria are, I will highlight the example of the respondent I coded as C-0675. This person had a partner who made them feel guilty for being asexual and not having sex. They were insulted or belittled, and the partner controlled where they went and who they saw (2 coercive control behaviours). They also checked the box saying that they had felt as if they’d experienced sexual assault, but could not describe why. Put all together, this certainly does not seem like a healthy, safe relationship with an equal power balance – and I would personally regard it as abusive. However, it did not meet the threshold for inclusion in the “*Sceptic-Proof*” category. (Those who chose “Opt Out” on physical and sexual violence questions were also not counted – and it is a reasonable assumption that most of those respondents opted out because they did experience that violence and did not wish to discuss it).

359 respondents met these criteria (191 did not). If we count verbal pressure/coercion alone as sexual abuse, a further 80 respondents would enter the “*Sceptic-Proof*” category.

For the rest of this section on meaningful statistics, I will be using the “*Sceptic-Proof*” category – as this data is designed for providing an estimate of the numbers of asexual people experiencing IPV.

359 respondents amount to 21.54% of the total of 1667.

It is impossible to compare the 21.54% of asexuals who have experienced *Sceptic-Proof* IPV to the general population for two reasons. One is that a large minority of asexual people do not seek out or enter into relationships. The other is the large proportion of nonbinary asexual people. In Australia, 1 in 6 women and 1 in 16 men have experienced IPV.<sup>18</sup> We could not find a reliable statistic from any country on just nonbinary people - only “trans and nonbinary” or “trans or gender diverse” and other similar groupings.

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<sup>17</sup> Because I wasn’t allowed to name it after someone specific.

<sup>18</sup> “Domestic and Family Violence Statistics,” Mission Australia, accessed February 9, 2023, <https://www.missionaustralia.com.au/domestic-and-family-violence-statistics>.

We neglected in this survey to ask how many respondents had ever been in a relationship. However, the ACT Aces 2019 survey did ask that question, and had a similar number of respondents from a similar breakdown of countries.

Only **55%** of respondents had ever been in any of the four kinds of relationship suggested (monogamous, polyamorous, open and Queer Platonic).<sup>19</sup> If we assume an equivalent number of respondents to this survey have been in relationships, then we can phrase this data in one of two more meaningful ways:

**21.54%** of survey respondents experienced some form of IPV, and it is important to remember that only about **55%** of asexual people have ever been in a relationship.

OR

We estimate that roughly **39%** of those respondents who have ever been in a relationship have experienced IPV.

*Note: this number was reached by calculating **55%** of total respondents (**916.85**) and then taking the **359** total in the “Sceptic-Proof” group as a percentage of that (**39.16%**)*

## 4.1 Gender Breakdown

Figure 4.2 shows the gender breakdown of all survey respondents, and compares it to the genders of those who experienced intimate partner violence.

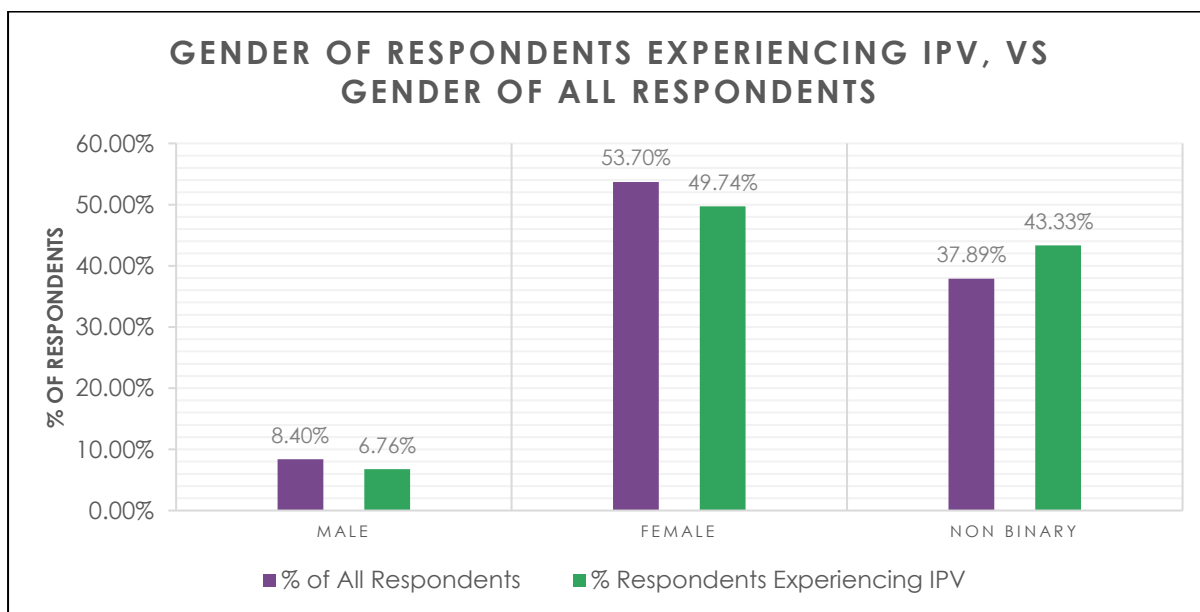


Figure 4.2: Gender of respondents experiencing IPV, vs Gender of all respondents

Although IPV is a gendered crime, affecting women more than men in the general population, among these respondents, the difference was not so significant. Although **8.4%** of total respondents were male, only **6.76%** of those experiencing IPV were male. However, among female respondents, there was also a small drop. While **53.7%** of total respondents identified as female, only **49.74%** of those

<sup>19</sup> From original data.

who had experienced IPV were. The only increase was in nonbinary respondents. **43.33%** of those who had experienced IPV were nonbinary, compared to **37.89%** of the full cohort. Nonbinary people were more likely to have experienced IPV than male or female respondents.

Using the “Sceptic-proof” group, if we compare to the figures of 1 in 6 women and 1 in 16 men, as found in the general Australian population (keeping in mind that only 25% of survey respondents are Australian), figures written in the same way for this survey would be: **1 in 5** women, **1 in 6** men and **1 in 4** nonbinary people have experienced IPV. And we still have not accounted for the potential 45% of respondents who have never been in a relationship.

*(If we use all those who identified that they had experienced any IPV behaviours, not just those who are Sceptic-Proof, the figures would be **1 in 3** women, **1 in 3.5** men and **1 in 2.5** nonbinary people.)*

## 4.2 Partner’s Orientation

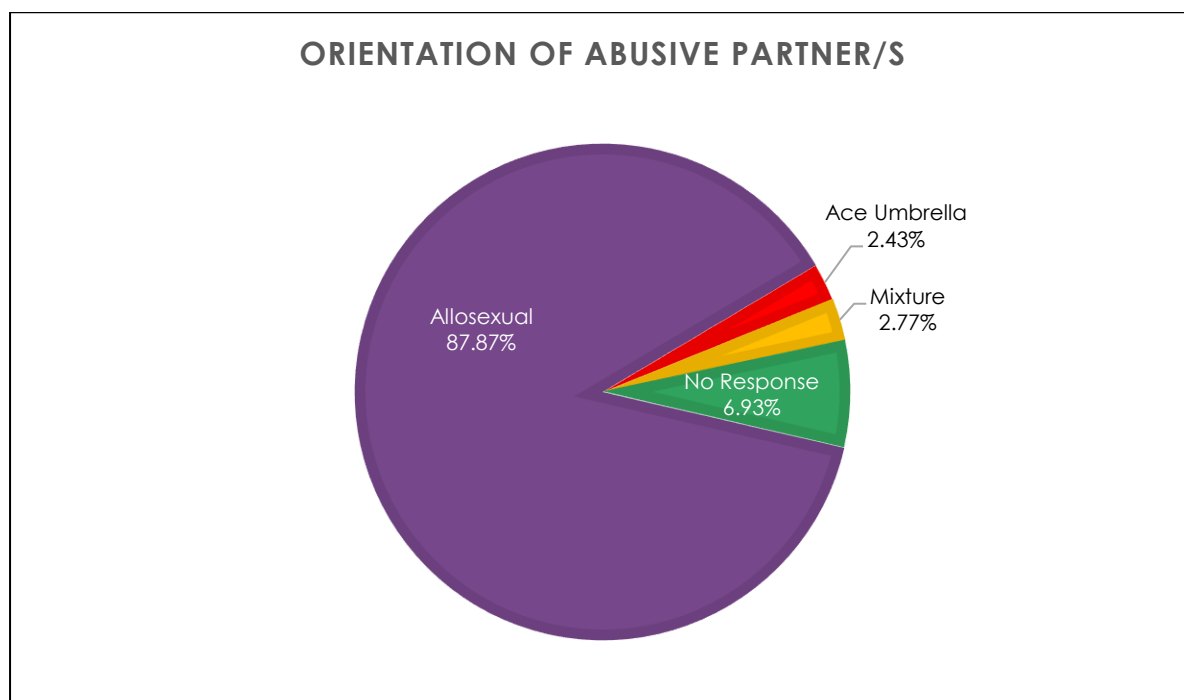


Figure 4.3: Orientation of abusive partners

Figure 4.3 shows the sexual orientation of the partner/s perpetrating the IPV being described by respondents. **507 (87.87%)** of respondents indicated that their abusive partner/s were allosexual. Only **14 (2.43%)** reported that the partner/s were under the asexual umbrella. **16 (2.77%)** indicated that they were reporting experiences with more than one partner, and this included a mixture of both. **40 (6.93%)** did not answer the question.

## 4.3 Physical and Sexual Violence

### 4.3.1 Physical Violence

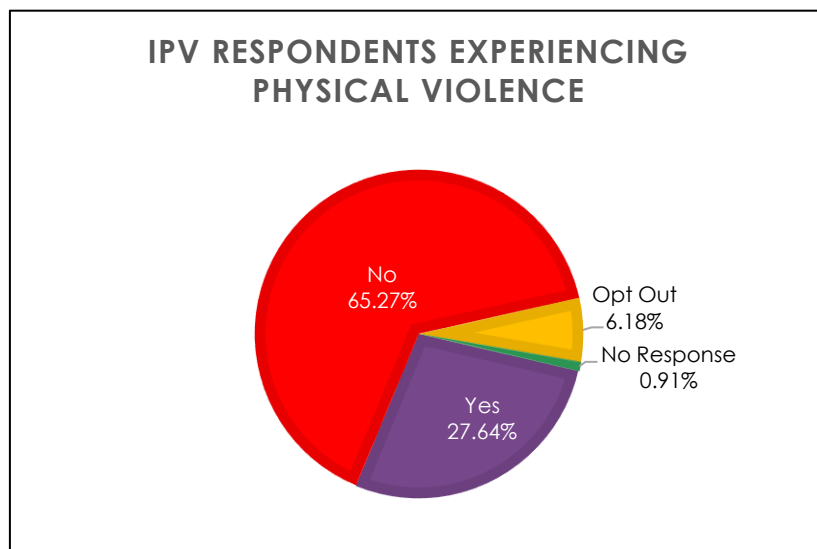


Figure 4.4: IPV Respondents experiencing physical violence

Figure 4.4 shows the IPV group respondents’ responses to the question of whether they had ever been physically assaulted by a sexual or romantic partner. There were a total of **152** Yes responses, which is **27.64%** of in the group, and **9.1%** of the full cohort. It should also be noted that **6.18%** of the IPV respondents (**2%** of full cohort) opted out of the question, which is neither a yes nor a no - but means that the final figure is *at least* **27.64%** or **9.1%**.

### 4.3.2 Sexual Violence

After asking about physical violence, the survey then questioned respondents about sexual violence, listing four kinds of sexual assault often described.

The question and responses were phrased as follows:

*Has a partner ever done any of the following?*

*I am opting out of this question*

*Verbally pressured you into sexual activity*

*Threatened you to coerce you into sexual activity*

*Forcibly sexually assaulted you*

*(I cannot say exactly in what way I was pressured/forced but I feel as if my partner did sexually assault me)*

Figure 4.5 shows answers to this question, as a percentage of both the IPV group and all respondents. As with physical violence, this information is not very useful to compare with other populations, but it can tell us about the asexual community internally.

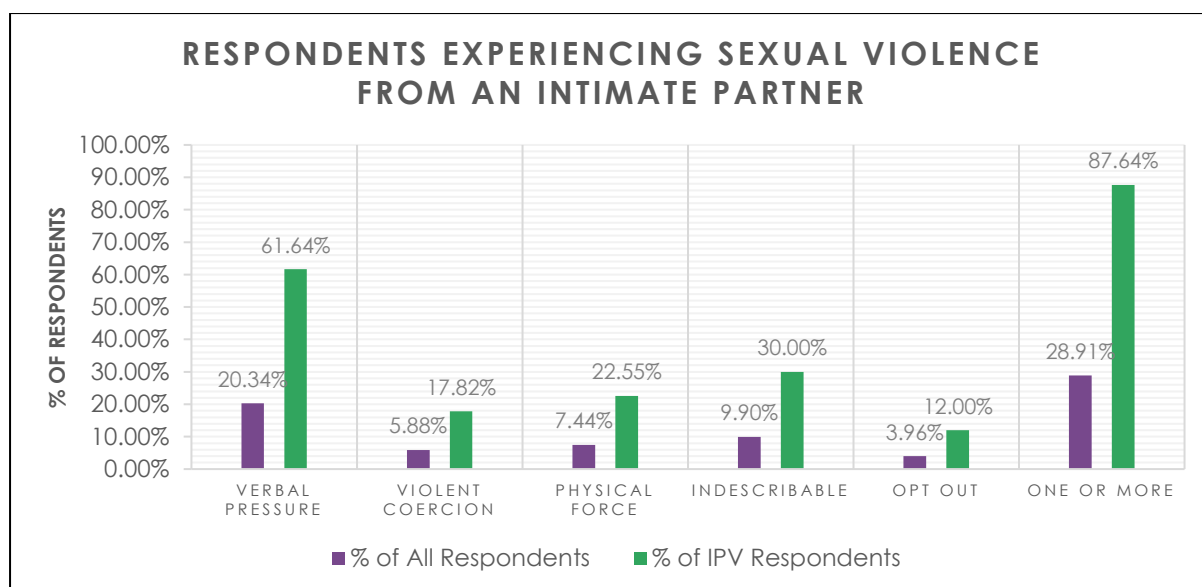


Figure 4.5: Respondents experiencing sexual violence from an intimate partner

For example, **20.34%** of all respondents, and **61.64%** of the IPV group have been verbally pressured into sexual activity by an intimate partner. **7.44%** of all respondents have been raped by a partner using physical force. This is **22.55%**, or **more than 1 in 5** of the IPV group. **30%** of the IPV group, or nearly **10%** of all respondents identified with the statement:

*I cannot say exactly in what way I was pressured/forced but I feel as if my partner did sexually assault me.*

This statement was based on stories submitted to the 2019 ACT Aces survey, and the survey authors' personal experiences and hearing those of other survivors of IPV. For such a large number of respondents to identify with this scenario was unexpected - it was the second highest result after verbal pressure.

*I don't know if assault would be the word for this. But I was in a relationship for a very long time and he sometimes would pressure me, and keep touching me until I gave in. But I know I could just get up and walk away. He didn't threaten me or anything. I think there was emotional manipulation, because he would make me feel guilty about not wanting sex as much as him. He would ask me if I didn't like him enough. At that point I didn't know I was asexual. I felt shame and guilt. I thought I wasn't normal, because everyone seemed to be attracted to others in that way. I knew that if I didn't have sex with him, our relationship would end. He made me feel that I was a bad girlfriend if I didn't. And there's so much pressure from society too, I just thought that everything was my fault.*

- Aura, Location Withheld

Aura is one of many examples of a respondent beginning with similar phrases that indicate they are not sure if they have been sexually assaulted or not, and then go on to describe being coerced or pressured into having sex when they did not want to do so, often without understanding (at least at the time) what was happening to them.

A very common form of manipulation is making the asexual partner feel guilty, and many respondents describe a partner that became angry or moody when they did not offer sex - effectively making them feel as if they had to initiate sex that they did not want to have.

*A partner told me I was not making them feel "seen" - when I didn't instigate sexual contact. But it does not come naturally to me to do so. They kept on about it for hours until I asked if they wanted to have sex, to which they then said yes. Afterwards they again berated me for not asking of my own volition, but simply because they wanted me to.*

- L, Denmark

*My husband does not understand the parameters of my asexuality, nor is he likely to try. He feels entitled to sex from me, and although he's never forced me, he employs manipulative tactics to coerce me, such as distancing emotionally from me if he feels it's been too long since we engaged. He doesn't see it as manipulation, just as him expressing his emotions. Over 25 years of marriage, we've developed a pattern where his depressed and sulky moods trigger me to have sex with him regardless of whether I want to or not. Saying yes is less unpleasant than living with his bad mood for days or weeks.*

*Other than our disconnect over sex, our marriage is a good one. He doesn't employ those tactics in other relationship areas. Sex is a category of its own.*

- Amy, USA

Perhaps the statistic of most interest is that **87.64%** of the IPV group experienced one or more forms of sexual violence, indicating that for asexual people, where there is intimate partner violence, sexual coercion, assault and violence are frequently an element of the relationship.

### 4.3.3 Corrective Rape

The examples of sexual assault described by respondents include many cases that can be categorised as "corrective rape" (or sexual assault). These are incidents in which the intention of the perpetrator is to "fix" or "cure" the victim. See *Section 5.4* for data regarding corrective rape outside of relationships.

Not every sexual assault committed against an asexual person, even within a relationship, is "corrective" in intent. A disregard for consent does not in itself indicate that the perpetrator aims to change the sexual orientation, libido or sex favourability of a victim. A perpetrator also does not need to be aware that the victim is asexual - as long as there is an intention to *change who they are*.

*I got told that it was okay because it would cure me.*

- Sarah, USA

*At first I was willing to experiment. Before even taking off clothes, though, I wanted to stop and told her that. She told me that "that is just my asexuality" and that "we" would "fix" it. She wouldn't let me out of the bed. She didn't stop.*

- TM, USA



## 4.4 Coercive Control

The survey asked respondents in the IPV group to indicate whether they had experienced any behaviours in a series. These behaviours are commonly grouped as “Coercive Control”, although they were not named as such in the question.

The behaviours were:

- ♣ Insulting or belittling you (about something unrelated to asexuality)
- ♣ Isolating you from friends and/or family
- ♣ Controlling what you wear
- ♣ Controlling where you go or who you see
- ♣ Controlling what you eat
- ♣ Controlling your finances (by taking your money or withholding money)
- ♣ Controlling your finances (by controlling what you spend, checking receipts/bank account)
- ♣ Threatening your safety
- ♣ Threatening to harm someone else
- ♣ Threatening self harm/suicide to manipulate you
- ♣ Making you doubt your own perception/memories (Gaslighting)

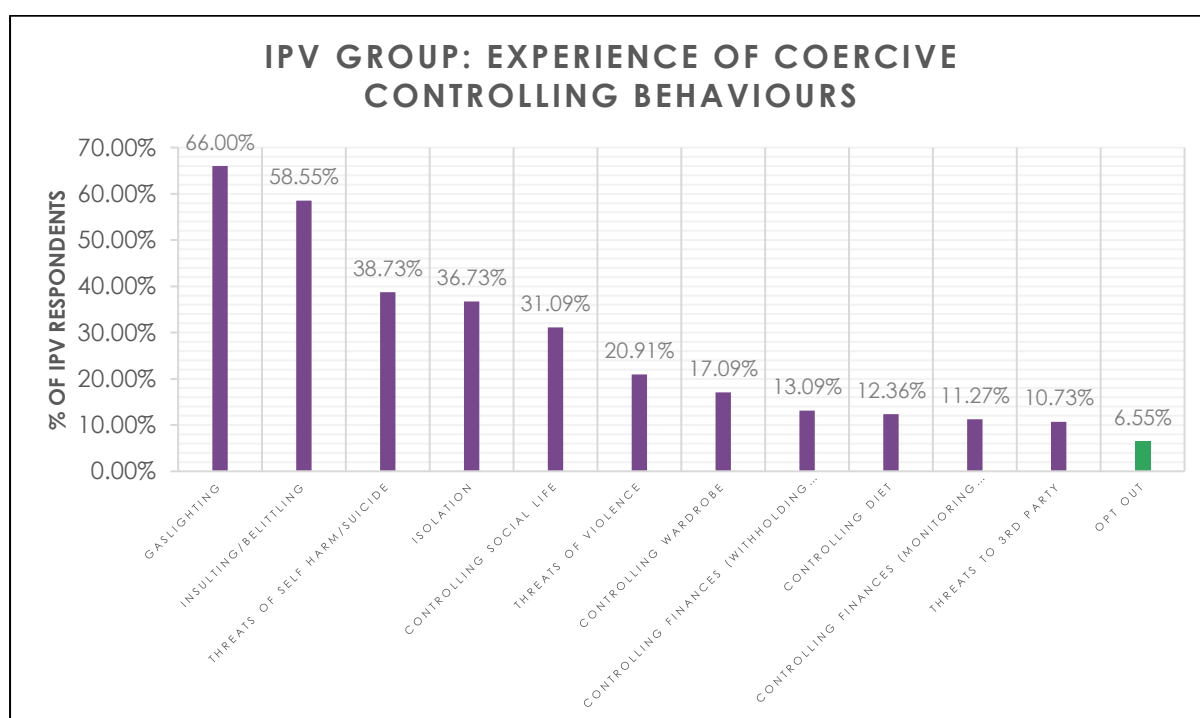


Figure 4.6: IPV Group: Experience of coercive controlling behaviours

Figure 4.6 represents the percentages of “Yes” responses given to each of the behaviours (and those who chose to opt out).

The most common coercive control behaviour was gaslighting, which was reported by **66%** of the IPV group, followed by insulting or belittling verbal abuse, reported by **58.55%**. (These numbers amount to **21.78%** and **19.32%** of total respondents). These were the only behaviours reported by more than **50%** of the group, and afterwards, there is a significant drop. **38.73%** reported experiencing a partner who threatened self harm or suicide in order to manipulate. Almost as many (**36.73%**) reported being isolated from their friends and family.

**87.82%** of the IPV group reported experiencing at least one form of coercive control behaviour from their partner.

*She also did things like buy me new clothes and simultaneously demean my old ones, verbally express that she was not physically attracted to me, and verbally condemn my lifestyle. Later in the relationship (which lasted 4 years) we were long distance, and I was expected to talk with her on the phone or video call on her schedule and time regardless of my own circumstances.*

- Colin, USA

Colin previously described his ex-partner's sexually abusive behaviours - but here describes examples of coercive control that might be seen in any abusive relationship.

*I am an immigrant who has helped support asylum seekers in the past. My partner, who worked in the immigration sector, threatened me with the immigration authorities if I did not give her sex on demand. She did this in full knowledge that the potential consequences to me could be devastating.*

*This same partner also always ignored boundaries I would set regarding sex, including doing things to me I told her were painful and unpleasant without my consent. As I became less and less comfortable around her the pressure she put on me increased. I begged for us to attend therapy individually or together but she always rejected this.*

*This same partner would regularly accuse me of having affairs (I never did) and demanded the right to sleep with other people outside our relationship.*

- Anon<sup>20</sup>

*I started dating my ex in high school when we were 17, and by the time we were 20, we were married. I was about 19 when I worked out I was asexual, but by then the relationship had become a coercive control situation where weekly sex was expected, and if I 'withheld' it from him I was being abusive, and he'd deliberately refuse any casual intimacy (hugging, hand holding etc) until I provided. He acknowledged that it was a punishment for me but said it was his right to stand up for himself. Worth noting that the first thing we did when we moved out was that he drove straight to the bank to close my account and then to Centrelink<sup>21</sup> where I was told to say "I want all my student allowance cancelled, no interview, my partner earns too much." (I later found out he did not earn too much for me to have my own income and that I wouldn't 'get in trouble' as he'd suggested).*

*I had naively hoped that getting married would somehow fix things, but of course it did not. I didn't even realise I was in an abusive relationship.*

- Rachie, Australia

Rachie gave us a great deal more of their story, including more about the ongoing sexual abuse and how she escaped from the violence. Financial abuse is a tactic of coercive control.

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<sup>20</sup> Anon did provide a name and location but as we do not know their current immigration status, I've chosen to completely anonymise them.

<sup>21</sup> Centrelink is the Australian Government agency that administers social support payments

## 4.5 Acephobic Behaviours

As well as asking about clearly abusive actions, the survey also asked respondents about specifically acephobic behaviours by intimate partners who were not asexual. I have been drawn into argument before on whether some or all of these behaviours are “inherently abusive” – and if a relationship featuring only these behaviours could be regarded as an abusive relationship.

Obviously, I can't speak to every relationship. Arguments happen, and some issues might be brought up in frustration. Sexual incompatibility can be a relationship problem – and drawing attention to that is addressing a problem. This can certainly be done in a healthy way that respects the feelings of both partners. However – one partner blaming an unrelated problem on the other's asexuality (or indeed, their allosexuality) is not acceptable in my view. When it happens repeatedly and becomes a pattern, that is abusive, especially in combination with other behaviours in this list.

Would I say you are an abusive partner because you tell your partner once, in anger, that they need therapy for their asexuality? No. But I'd suggest that *you* should have some therapy – because you need to examine why that particular remark came out when you got angry.

Respondents who reported only these behaviours and no others did not get included in the Sceptic-Proof category. There were only **21** of these. In every other case, respondents who reported acephobic abuse also reported other forms of abuse. Acephobic behaviours and other abusive behaviours **are linked**.

The question was phrased as follows:

*Below is a list of things an allosexual partner might say or do that relate to your asexuality. Check any that you have experienced:*

- ♣ *Invalidated your asexuality/Not accepted your asexuality*
- ♣ *Asked/Told you to seek medical help/therapy for your asexuality*
- ♣ *Asked/Told you to seek some other kind of "cure" (such as a religious practice)*
- ♣ *Shamed you for being asexual*
- ♣ *Blamed your asexuality for problems in the relationship*
- ♣ *Made you feel guilty for being asexual/not wanting to have sex*
- ♣ *Outed you as asexual to someone else without your permission*

Figure 4.7 shows the IPV Group’s responses to the acephobic behaviours listed.

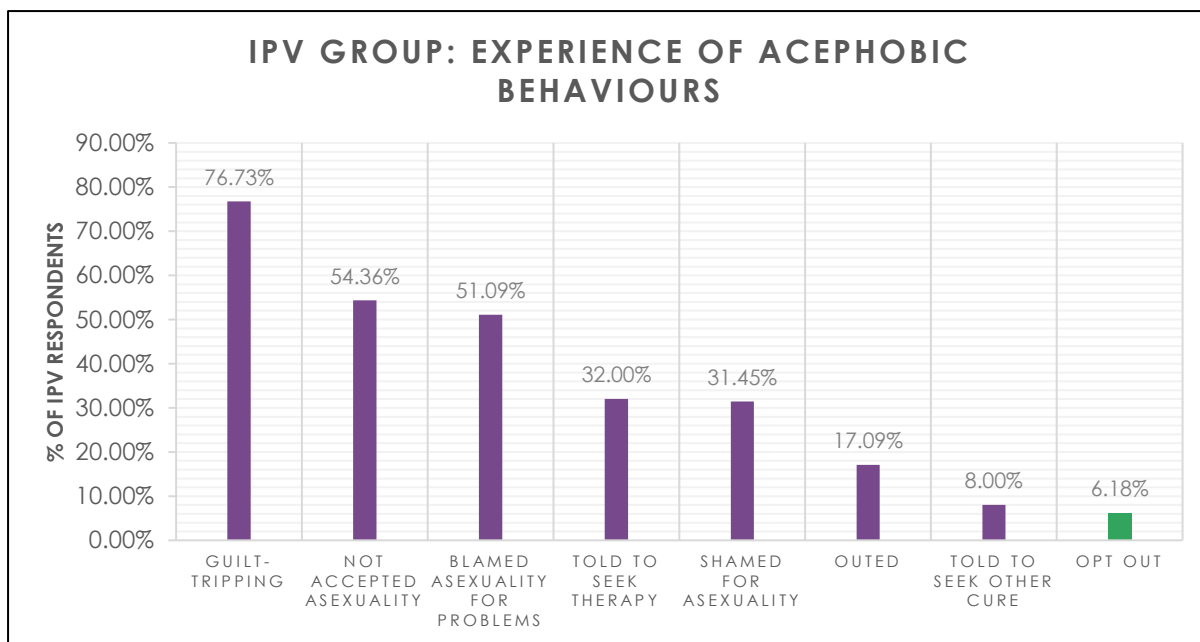


Figure 4.7: IPV Group: Experience of acephobic behaviours

Three of the behaviours were experienced by more than 50% of the group: *Made you feel guilty for being asexual/not wanting to have sex (76.73%)*, *Invalidated your asexuality/Not accepted your asexuality (54.36%)* and *Blamed your asexuality for problems in the relationship (51.09%)*.

**25.31%** of all respondents to the survey reported that they had been made to feel guilty about being asexual or not wanting to have sex.

As these acephobic experiences of IPV are not commonly understood forms of abuse, I have sought examples of each from the stories shared by the respondents.

#### 4.5.1 Made you feel guilty for being asexual/not wanting to have sex

As previously described, this was the most common acephobic experience, at **76.73%** of the IPV Group, and about **1 in 4** of all survey respondents.

*I had already been married for several years before I found out I was ace. While I try to be understanding of what this must be like for my husband, he has shown me zero empathy. When he doesn't get sex often enough he acts grumpy and sullen and it makes me feel guilty and trapped, like I have no choice but to have sex with him.*

- Emma, Australia

The technique of the partner being “grumpy and sullen” is a common theme among submissions, with many respondents admitting to initiating sex (see Aura’s submission on page 110, above). Several even wrote that their partner’s behaviour was intended to make them not just agree to sex but initiate it. One anonymous respondent said *“He was so unbearable, I’d be forced to initiate my own rape”*.

*One of my ex-partners that I'm still good friends with does regularly kind of... guilt? me with the fact that I'm asexual/aromantic spectrum, probably due to his own insecurities since he's not in a good place himself, but it doesn't feel great to have him stake his feelings on the hope that maybe I'll be fine with having romantic feelings at a future point in time. I like the guy, and I get along, and I could probably be in a relationship with him just fine again, but my sense of romantic attraction clearly doesn't match up with his and I wish he'd let himself move on since I just straight don't feel the need for a relationship right now.*

- Quincy S, UK

This ex-partner continues to make Quincy S feel guilty about her asexuality and aromanticism, even after they are no longer in a relationship - making her (and her sexual/romantic orientation) responsible for his feelings.

#### 4.5.2 Invalidated your asexuality/Not accepted your asexuality

This was the second most common acephobic behaviour, as mentioned above. **54.36%** of the IPV Group reported experiencing this behaviour from an intimate partner.

*My ex-partner cyberstalked me and found my posts on an asexual forum, then printed them off to confront me during our relationship. My partner would frequently try to bring up what sex acts I would prefer if I "grew out of my asexuality" or "changed my mind."*

- Lauren, USA

*I had a boyfriend which told me I cannot be asexual because my body reacts to touches and the like. He told me I may just be afraid to have sex. I was questioning at that time and let my opinion get influenced by him. Only after breaking up with him I realised that I was asexual even if my body reacted to touches.*

- Jin, Switzerland

Lauren's partner violated her privacy - monitoring online behaviour is a coercive control behaviour we did not ask about in the survey. Despite learning about her asexuality this way, he still failed to accept this reality, continually asking Lauren to imagine scenarios in which she was not asexual - referencing sex acts. Jin's boyfriend gaslit him by ignoring the correct definition of asexuality. We cannot know whether the boyfriend genuinely believed he was correct, but regardless he would not listen to Jin's feeling that he may be asexual - unable to feel sexual attraction. He instead convinced him that he couldn't be, because he could be sexually aroused - if this was his genuine belief it was one that was conveniently to his advantage. We know from Jin's other submissions that the boyfriend threw tantrums if Jin did not submit to sex.

#### 4.5.3 Blamed your asexuality for problems in the relationship

The third and last acephobic behaviour at over 50% (**51.09%**), this behaviour was also one of the most commonly described in the submitted stories, with many respondents noting this behaviour, sometimes as the point of their story, but often as an aside.

*He would guilt me into having sex 3 weeks after giving birth. Blame me for his multiple extramarital affairs. Tell me that I wasn't trying hard enough to keep him interested. Telling me that I must be cheating and getting it elsewhere if I don't want sex.*

- Dee, Australia

In most cases, asexuality was blamed as the cause of relationship breakdown or cited by the abusive partner as the reason for any arguments or discord. Dee's example is the most blatant submission in which an abusive partner blames the asexual person for their own actions. It is obvious to the rational person that Dee's husband is responsible for his own choice to have extramarital affairs. Dee refusing to have sex with him may have made him feel he wished to have sex with someone else – but that does not make her or her asexuality responsible for his choice to act on that wish.

#### 4.5.4 Asked/Told you to seek medical help/therapy for your asexuality

With **32%** of IPV Group respondents experiencing this, it is the fourth most common acephobic behaviour.

*It hurt when they said I should go to therapy to work out my asexuality. It made me feel like I was broken.*

- Anonymous, UK

*I felt coerced into sex because I was afraid they would leave me if I didn't. Then they complained it's not good if I don't look like I enjoy it and left me because I stopped going to therapy to "fix" it.*

- S, Australia

Asexuality cannot be "cured" and it is the position of ACT Aces and AACAU that pushing an asexual person into therapy or treatment constitutes abuse.

The example provided by "S", is representative of many cases of "goalpost shifting" - at first the insistence that the asexual partner must consent to sex. They do so, and then this is not good enough - they must now also enjoy the sex.

#### 4.5.5 Shamed you for being asexual

This acephobic behaviour was reported by **31.45%** of the IPV Group. Although the survey did not define the difference between *Guilt* (see 4.4.1) and *Shame*, respondents were able to define this for themselves. They did so, as can be seen from the written responses.

*When I was married to my second ex-wife, she got drunk one night and was yelling at the top of her lungs in front of friends, family, & strangers about how little we had sex. I was embarrassed and felt about 2 inches tall. After that incident, I lost practically any & all desire to keep my wife sexually & sensually happy. I think this was the first time I truly felt sex repulsed.*

- Ron, USA

In Ron's case, the wife's intention was to humiliate and shame in public - as opposed to the examples in which the intended response is guilt that manipulates the asexual partner into having sex. Ron's

wife may have intended to shame him into sex - it is not clear from the information he provided - but this behaviour is distinctly different from the “guilt” behaviour.

#### 4.5.6 Outed you as asexual to someone else without your permission

**17.09%** of the IPV Group reported this behaviour from an intimate partner.

*He outed me to his mother before I was even comfortable with myself and my own labels. He outed I liked girls to one of my friends when I was not ready to come out.*

- Gee, UK

Gee provided a long statement with many examples of her partner’s abusive behaviour. Outing her, both as asexual and as same-sex attracted were among them. Outing a partner without their consent is an abuse tactic identified in same-sex couples, and has the same effect in the case of asexual people.

#### 4.5.7 Asked/Told you to seek some other kind of "cure" (such as a religious practice)

This was the least common of the acephobic behaviours, reported by only **8%** of the IPV Group. This amounted to **44** respondents. None of them provided a story with any specific examples - the most common uses of the terms “fix” and “cure” refer to corrective rape within the relationship.

### Case Studies: Colin and Taylor

Taylor is female and Colin is male. Both are cisgender. Taylor is in the 26 - 35 age bracket and Colin in the one below, 22 - 25. Colin describes himself as a demiromantic asexual. Taylor uses asexual, aegosexual/autochorisexual, demiromantic and panromantic. Both identify as queer. Taylor and Colin both live in state capitals of the USA – this does not always mean a large city, but it does make them somewhat comparable (although the survey does not record how long they have lived there or where they have grown up or lived previously). Coincidentally, in other write-in boxes, both Taylor and Colin describe painful experiences in coming out as asexual to their mothers, specifically.

Colin and Taylor were randomly chosen as male and female case studies to compare experiences of intimate partner violence. (For a nonbinary survivor, see the Case Study on KR.) Both case study examples describe only one former partner in all their answers.

In regard to asexual-specific abusive behaviours, Colin experienced only one, while Taylor experienced five of the seven listed by the survey.

In Taylor’s case, the behaviours were:

- ♣ Invalidating her asexuality/Not accepting her asexuality
- ♣ Asking/Telling her to seek medical help/therapy for her asexuality
- ♣ Shaming her for being asexual

- ♣ Blaming her asexuality for problems in the relationship
- ♣ Making her feel guilty for being asexual/not wanting to have sex

Colin also experienced the last, being made to feel guilty.

The next category I looked at was those coercive control behaviours that would be considered abusive in any relationship, regardless of sexual orientation. The survey included eleven potential behaviours. Taylor experienced three and Colin four.

Taylor’s partner’s behaviours:

- ♣ Insulting or belittling her (about something unrelated to asexuality)
- ♣ Isolating her from friends and/or family
- ♣ Making her doubt her own perception/memories (Gaslighting)

Colin’s partner’s behaviours:

- ♣ Isolating him from friends and/or family
- ♣ Controlling what he wore
- ♣ Controlling where he went or who he saw
- ♣ Controlling what he ate

In Colin’s case these behaviours were overt acts of control, while Taylor’s partner chose belittling and gaslighting – actions intended to undermine her confidence.

Taylor’s former partner was physically violent, but Colin’s was not. However, both reported sexual abuse. Taylor’s partner used verbal pressure and violent coercion to force sex on her without consent, and Colin’s partner used verbal pressure only – but this is still a violation of consent.

Both Colin and Taylor wrote about how their former partners were sexually abusive, and while they are different from one another, both are strong examples of common elements that repeat in a lot of the stories received.

Colin wrote:

*I didn't realize at the time, since my then girlfriend seemed like she knew what she was talking about. She was a year older, and one day told me that it was time that we moved on from hand holding and kissing (which were 100% consensual from me) to more than that.*

*It was not a question, and was stated like it was a fact and I would have to comply.*

*She also did things like buy me new clothes and simultaneously demean my old ones, verbally express that she was not physically attracted to me, and verbally condemn my lifestyle. Later in the relationship (which lasted 4 years) we were long distance, and I was expected to talk with her on the phone or video call on her schedule and time regardless of my own circumstances.*

As well as describing very definite elements of coercive control, Colin’s story contains an element common among men who reported both to this survey and the previous ACT Aces survey in 2019 - a young man apparently unaware that he is allowed to refuse sex. I have seen numerous accounts by boys and younger men who are manipulated into sex that they are not consenting to, sometimes years after the fact, still described in a way that indicates that they aren’t aware that they had any rights and those rights have been violated.



Taylor's account reads:

*I was convinced to have sex because not having sex with him "made him feel like I didn't love him." Even though he was absolutely terrible at it and wanted me to do all of the work. He also wanted me to allow threesomes and open the relationship sexually, but only for him. Because I was the one "withholding" sex. So it wouldn't be fair if I also was allowed to "find sex elsewhere"*

Taylor's experience is a typical example of what I have named "sexual goalpost shifting". It often begins in relationships where the abusive partner had originally entered saying that no sex would not bother them (but we do not have this information for Taylor). The partner begins pressuring for sexual acts, with the argument that it "proves love" or "they feel unwanted". The kind of sexual act will escalate continually beyond the abused person's comfort. Here it escalates to threesomes. Taylor has begun having sex with her partner, even though she does not want to (and sometimes under violent circumstances) and then she is asked to open the relationship to further please him. The demands simply keep increasing. (Another common escalation is for the abuser to object that the asexual victim is not sufficiently enjoying the sex they are being coerced or forced into).

Taylor and Colin's stories are similar, and looking at their responses to this section of the survey alone, without their gender being identified, I would not be able to guess their genders. If I were told one was male and the other female, I would make an educated guess only on the basis that Colin's story is more typically one told by male respondents. In general, the experiences of intimate partner violence for asexual people cannot be grouped according to the gender of the victim/survivor – but the similarities are found in the gender of the perpetrator. The only way in which the gender of an abuser was recorded is the pronouns used when respondents provided a story, and thus I did not calculate any qualitative data to study the gender breakdown of abusers. But, speaking broadly about the perpetrators featured in these stories, the more physically and sexually violent abusers were male, and women were more likely to use verbal abuse and coercion to violate consent. (Almost zero stories featured an abuser with nonbinary pronouns).

## 4.6 Additional accounts of Intimate Partner Violence

We received **217** stories of IPV, **six** of which were eliminated from the data. All six said in some way in their story that they were not sure if what they were describing was relevant. One said they felt that the partner was not abusive but that they had put pressure on themselves to have sex during the relationship, independent of anything their partner had said or done, and so it had felt like abuse at times. One was pressured to have sex on the first date. One left after the first time their partner sexually assaulted them, which was the only time there had been any abuse in the relationship and self-selected out because of this. Two others self-selected out for other reasons. One story was difficult to follow and not coherent.

This left **211** stories about IPV. Included below are stories about IPV that were not used in this section to illustrate any specific point, but which are particularly representative, unique or otherwise deserving of specific inclusion. Also included is the entirety of a story that was cut shorter to illustrate a specific category.

*A partner I dated before I realized I was asexual encouraged some really unhealthy sexual behavior of mine. Because I didn't have the language to describe my experiences, I just thought something was wrong with me and that I could fix it by just forcing myself into uncomfortable sexual situations until I... got used to it, I guess, like exposure therapy. So I had already willingly been pushing myself past my limits the time that I told him to stop and he told me "No, you have to get used to it."*

- A.R., USA

This experience of pushing herself through situations - effectively inflicting trauma on herself, is very common in stories submitted both to this category and Sexual Violence (Section 5). The partner in these stories does not stop or recognise that the asexual person is uncomfortable. (The stories in which a caring partner senses reluctance and disengages would not be relevant and so we would not expect them to be submitted to this survey).

*In my early 20's I didn't know there was such thing as asexuality. I had just always done my best to avoid relationships so I could avoid sex. When I was about 24 the societal pressure was really getting to me and I was sick of being a freak. So when he came along I thought I would try being normal and having a relationship. Since I had never been in a relationship I didn't know how to behave and was anxious and insecure which made it easy for me to be manipulated. When I confided that I hadn't had sex before he looked at me like I was an alien or something. He looked at me the same way whenever I said "no" to sex. Like there was something seriously wrong with me. He was always pressuring me and asking "why not?". It just reinforced this idea that I was a freak for not wanting sex and left me confused and full of self doubt. He also treated me like I meant nothing to him. He would basically just ignore me if I just wanted to snuggle up on the lounge with him or something. He was only interested if there was something sexual involved. Eventually the strain got so much that I had a mental breakdown and a suicide attempt. I later found out he had told his friends I was a virgin and they were mocking me behind my back the whole time we were together. After I got out of hospital he continued to harass me and call me names.*

- 1234, Australia

1234's experience of being new to relationships and not aware of what is expected or healthy making her vulnerable is another very common experience. Abusers become adept at seeking out potential victims who can more easily be manipulated, so 1234's lack of experience and education may have made her a target. Better education can a) prepare asexual people by helping them understand their identity earlier, have more confidence and be more able to assert their boundaries and b) help asexual and aromantic people not feel the need to enter into relationships out of peer pressure.

*My partner would always wait to do things until I said yes, but he has a very hard time accepting a no. When I say no he always asks again and again and again, which sometimes would go on for half an hour or more. If I continue saying no he asks a bunch of personal and invasive questions that make me really uncomfortable about why I said no, and he doesn't consider anything other than strong physical pain as a valid reason. He is often still on top of me the whole time and doesn't get off until he gives up on getting me to say yes. He always makes me feel terrible when my reason is not pain. When I say no, he always gets very cold and closed off, crossing his arms and turning away from me and going blank. He won't talk to me and will sometimes just slide off the bed onto the floor. It can go on for hours sometimes and won't react no matter what I do or say to make him feel better. When he does say stuff*

*he says things like "If no one relied on me I would kill myself" or more recently beg me to make him feel better and get mad when I can't. All of it feels like a punishment, which he has admitted is probably somewhat true. All of this makes me more likely to say yes in the future, if only to avoid all the guilt and despair and questions and crying. I feel stupid and like I've been used and even after everything I still care about him and I'm afraid he'll hurt himself if I break up with him.*

- Brin, USA

Threatening self harm or suicide is a form of coercive control - Brin notes that he cares about his partner and is afraid to break up despite the abuse, because he may hurt himself. "All of it feels like a punishment" is a particularly alarming phrase.

*I'm autistic and suffer from quite severe anxiety and depression, all of these things have been suggested as reasons for why I'm ace as if it were a symptom of an illness rather than a perfectly valid aspect of my personality. I once had a long term romantic partner suggest I stop taking my antidepressants because she thought they might be the source of the "problem".*

- CBS, Australia

This story was actually submitted to the Microaggressions category. Normally, I am reluctant to label a behaviour as IPV if the person has not chosen that label for themselves. However, asking a partner to stop taking their antidepressants because you feel deprived of sex is of great concern. I will not label it as IPV, as that is CBS's label to claim if they choose. But it is certainly a behaviour that speaks to a deep disregard for a romantic partner's wellbeing.

*I had my first relationship at 19 with a 26 year old man. I was completely inexperienced and felt anxiety at the idea of sex. I soon realised that getting drunk was the only thing that relaxed me enough to be okay with sex. I thought there was something wrong with me or that I didn't like males. My boyfriend realised I didn't really like sex unless I was drinking so he tried to get me to drink all the time. I would feel guilty about not wanting sex and often I would perform oral sex on him to make the whole thing end more quickly. At the time I thought there was something very wrong with me but later I realised my boyfriend used his experience and power to pressure me into doing sexual acts that I was not comfortable with.*

- Dani, Australia

*I tried to tell my ex boyfriend that I was asexual and he would try to turn it on me and claim that I only think I feel that way because I thought that he wasn't a good sexual partner (I only got with him before I realized I was asexual, thinking it would make me normal). I tried to explain it wasn't the case, but he never understood. Instead, he would pull my pants down and never take no for an answer. Once during one such incident, I repeatedly told him to stop and he eventually did, said "you're acting like I'm raping you," and then continued. He still doesn't understand why I left him.*

- Dani, USA

*Before we started dating, I repeatedly made it clear that I was asexual and that it was not a choice or something I would change. He said that was fine and he didn't mind. Once we started dating, he kept pressuring me to perform increasingly sexual acts. After a month of dating, we were having sex at least once a day whenever I wasn't on my period. I tried to lie about when I was bleeding to have a few*

*more days of rest but he would check my underwear. He would touch me constantly in a sexual way, even in front of others, despite me repeatedly asking him to stop. He said that it wasn't his fault he just had 'wandering hands', that 'my body was property of the relationship' and that it wasn't fair because I was 'too sexy'. I was constantly told that I didn't love him if I didn't have sex with him and that he didn't want to live like a monk. I told him if we're not sexually compatible then we should consider the long-term prospects of the relationship, but he said that I should just compromise more. I tried repeatedly to talk about how awful and tired it was making me feel but he just said that I'd made him that way and that he didn't used to be like this. There were at least a couple times I woke up to him trying to have sex with me whilst he was drunk. I didn't realise any of this was an issue because I had 'consented' to having sex because I was so tired and drained from having to constantly fend off his advances. We lived together and there was a national lockdown so I couldn't leave. I started spending 10-12 hours a day at work to avoid him because I knew as soon as I got home it would start again. I thought that if I left him, I would never be able to find another relationship because I was asexual and no one would want me.*

- E, UK

*I spent most of my life feeling guilty for not wanting sex, or not enjoying sex, to even consider that maybe my partners had been wrong to pressure me into it. I didn't feel I had any right of consent over my body. That "friend" I mentioned, they really wanted to make me straight. They'd do shit like try to make me watch porn or hire a sex worker trying to "crack" me. They demeaned me constantly over my attitudes about sex and relationships and sexualise me and my friends and family knowing it upset me but degrading me anytime I stood up to them. They were controlling and demeaning about every little thing actually it was completely dehumanising, but sex was a particular focus.*

- Elouise, Australia

Although Elouise's friend doesn't strictly count as IPV, this story is included as it presents a new, different kind of abuse that previous stories have not covered.

*While my partner did his best to understand me and was honestly mostly a kind person, I often felt he ignored my boundaries, especially intimate boundaries. I often had to tell him multiple times I didn't want him to do something, with him doing that thing multiple times before he'd stopped. When we first got together and I told him I was ace, he approached it sort of as a challenge. I definitely think he stopped feeling that way and changed for the better during our relationship (which lasted nearly 5 years before we broke up), but having that at the basis of our relationship, I think, stayed with me.*

- Grace, USA

Grace's example is interesting and important as she presents a case that isn't a shocking, horrifying story of abuse. Sometimes, it can just be a smaller, more insidious violation of boundaries and lack of respect for asexuality.

*My only other serious relationship besides my marriage, was five years of pure torture. I really don't want to elaborate too much as I'm not in the mood for a breakdown, but I'll list the key points of what I experienced in enough detail to get the idea:*

*Emotional abuse daily.*

*Forced to have sex multiple times a day, never felt any pleasure from it and genuinely thought sex was purely for the male's pleasure.*

*Anal rape when I was still a minor. Wouldn't stop even though I was crying and pleading. I was pinned on my stomach, woke up to it happening in the middle of the night, it was so painful and this still haunts me to this day. When he finished he just rolled over and went to sleep, didn't say a word.*

*Encouraged me "I hope you cut a vein" when I was self-harming because of him.*

*Left isolated in his room for up to 6hrs while he smoked weed all day in a shed by himself, after he invited me over. This was common.*

*Caught him watching porn often even though he was using my body multiple times a day, leading me to believe I'm not good enough, leading to more self-harm.*

*Had a breakdown while he was forcing me to have sex, didn't stop.*

*When I got a job he decided "all you care about is money" and tried to pay me to have sex with him when I stopped visiting him as much.*

*When I finally found a bit of self worth and realised he's terrible, I dumped him. He then became a stalker and left notes with thousands of words on them on my car. Ranging from "you're my angel, we're meant to be together" to "you're nothing but a hole to fuck" and threats to the guy (now-husband) I started dating a month later. I had to get a restraining order.*

*Some might think I'm asexual because of all the abuse, but I have never felt sexual attraction in my life anyway. He actually caused me to expect the same from my husband, and I was almost offended when he didn't want to use my body daily, even weekly! It was a big change but one I became really comfortable with over time. But before I was comfortable I was stuck in a more hypersexual phase, because it was so ingrained in me that sex = they love me, and I just really wanted to be love*

- S.O, Australia

S.O.'s story is a good example of a more typical abusive relationship that has the asexual framework. This abuser wants absolute control and in my opinion would abuse any partner - S.O. is asexual, and so sexual assault and coercion was a prominent element of the abuse. Grace, in contrast, describes a partner who ignored her sexual boundaries but did not abuse her in any other way - suggesting he did not respect her sexuality and her boundaries, but did not seek to control her completely.

*My ex consistently tried to coerce me into having sex by saying his desire to have sex was as important as my desire not to have it. He wrote a 10 page manifesto about why I 'owed' him sex.*

- Jade, USA

*I broke up with my last boyfriend because he didn't believe I was Ace. I told him on our first date, which he said "there's more to relationships than sex."*

*But after 3 months of dating he started to get really handsy. Trying to touch me all the time. He started to try to initiate sex multiple times.*

*He shared a bed with me for an overnight trip and I was terrified. He rolled over and put his hands around me, and tried to settle them lower and lower. I kept moving them up, and soon after he whispered. "Fine, but we're going to have to talk."*

"I don't know if this counts but..."

*The next week he dropped that if he couldn't have sex with me that he didn't see us making it long term. That he desperately wanted me and that it wasn't fair. (He had been interrupting movies, and other hang out time with trying to pressure me that week too).*

*You see, he was 6 foot something and military. He always carried a gun on him. So when I broke up with him, I was so scared he might do something. Luckily my roommate was home and she was keeping tabs. After an hour of him pushing for sex, I kicked him out and broke up with him.*

*He refused to stop messaging me for weeks, into months after. I eventually changed my number, sold my car, and moved.*

- Kat, USA

Kat describes a common situation - in which the allosexual partner claims at the beginning of a relationship that they don't see the asexuality as being a problem for the relationship - in this case "there's more to relationships than sex". However, as with many stories, this ultimately turns out to be untrue. Often it may be the case that the person genuinely believes they will be able to handle a relationship without sex, and then finds that they cannot - we can't know if Kat's partner lied or genuinely believed his own words.

*My partner always wanted to have sex when we met (we were in a long distance relationship) and I wasn't ready or even have any interest in doing it but she felt insecure that I don't want to have sex with her. It was as if I didn't love her enough because I didn't want to have sex with her. I was also very passive in sexual activities and she would guilt trip me, saying she wants reciprocation because she always does it for me. With her insecurities already, I felt obligated because I felt that this is my duty as a partner. I felt that there was something wrong with me because I didn't want to do any of those things with her and thought maybe I didn't love her enough.*

- Kei, Philippines

As well being an important example of a female perpetrator, Kei's story also illustrates another common situation. The partner forces a sexual act upon Kei and then demands reciprocation, as though she has done them a favour. This is a repeating thread in many submitted stories.

*They told me that they had no choice but to cheat on me because they were attracted to the other person, and that I couldn't understand because I was demi. That's when they really started pulling out the gaslighting, too - telling me that they hadn't said things, even though I had their texts. When I called them out on it, they bailed. Years later I learned that they're still telling people that I'm the one who abused them.*

- SAK, USA

*I don't know how graphic you're allowing so sorry if this is not appropriate.*

*My ex abusive partner literally forced his dick down my throat and held my head there.*

*At times I felt myself freeze and I would think to myself, it will all be over soon. - Partner did not notice or stop. I never said yes but I never said no.*

*Any time I would say no the partner would go into a child like strop. Refuse to talk to me and become 'dead weight'. I would ask what is wrong, he would not talk to me. Made me feel stupid and so so guilty for asserting my right to say no. He EXPECTED sex regularly. He would always ask WHY and demand a reason if I said no. Why is a no not good enough on it's own.*

*He outed me to his mother before I was even comfortable with myself and my own labels. He outed I liked girls to one of my friends when I was not ready to come out.*

*He regularly threatened suicide and self-harming behaviours- he did these in the past so I knew he could if he wanted. He manipulated me into staying in a relationship with him. Anytime he could see me thriving, happy, making new friends and connecting. He would ALWAYS drag me back down and force me to help him with his own issues. Always focusing on him and never me.*

*I remember one time I started crying during sex because I was so overwhelmed and felt like I couldn't do anything? I couldn't so what he wanted me to do and I didn't want too. I couldn't say anything- or he made me feel like I couldn't say anything with words so I guess crying was the only way to release that emotion. I cried and he kept going as I cried. After the event, I asked him did it not bother you that I cried. I can't remember exactly what he said but he was really unbothered and shrugged.*

*Writing this just makes me want to vomit it is so disgusting.*

- Gee, UK

## 5. Sexual Violence

The survey asked about sexual violence in the same way as intimate partner violence. Respondents were first asked to identify if the questions were relevant to them, with the following screening question:

*Have you ever experienced sexual assault, sexual harassment or a rape threat, related to your asexuality? (and outside of a relationship)*

The response options, as with IPV, were "Yes", "No", "Unsure" and "Yes, but I do not wish to answer any more questions."

Figure 5.1 shows the answers to the screening question.

In total, **312** or **18.72%** of respondents reported that they had experienced sexual violence, with **31** of these screening themselves out by saying they did not wish to answer further questions.

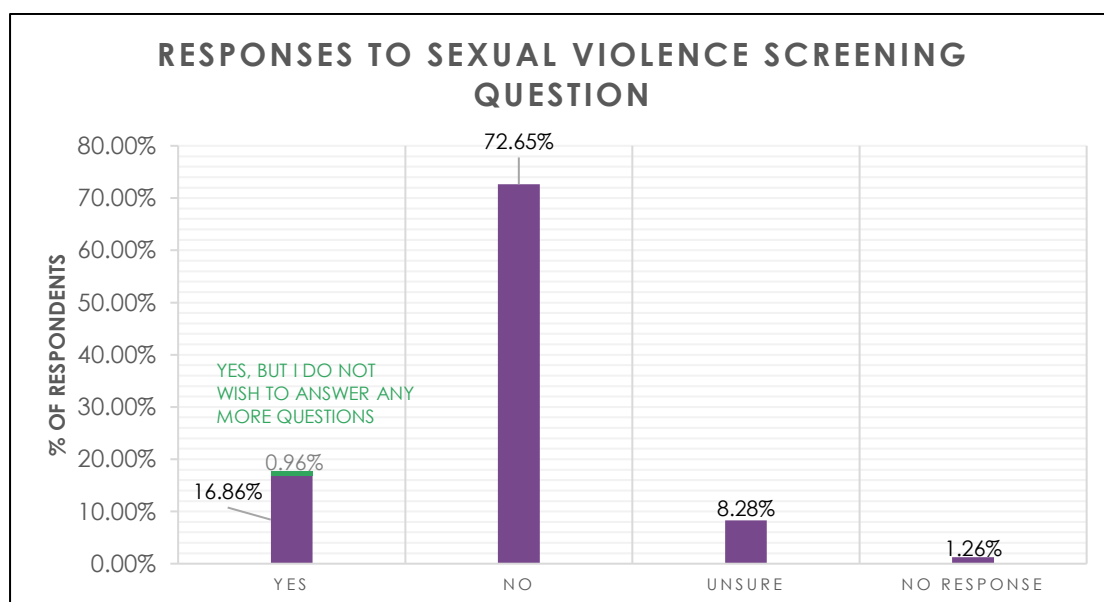


Figure 5.1: Responses to sexual violence screening questions

**8.28%** or **138** respondents were unsure, making for a cohort made up of *Yes* and *Unsure* responses totalling **419** respondents (**25.1%** of all respondents) - to be referred to as *the SV Group*.



## 5.1 Gender

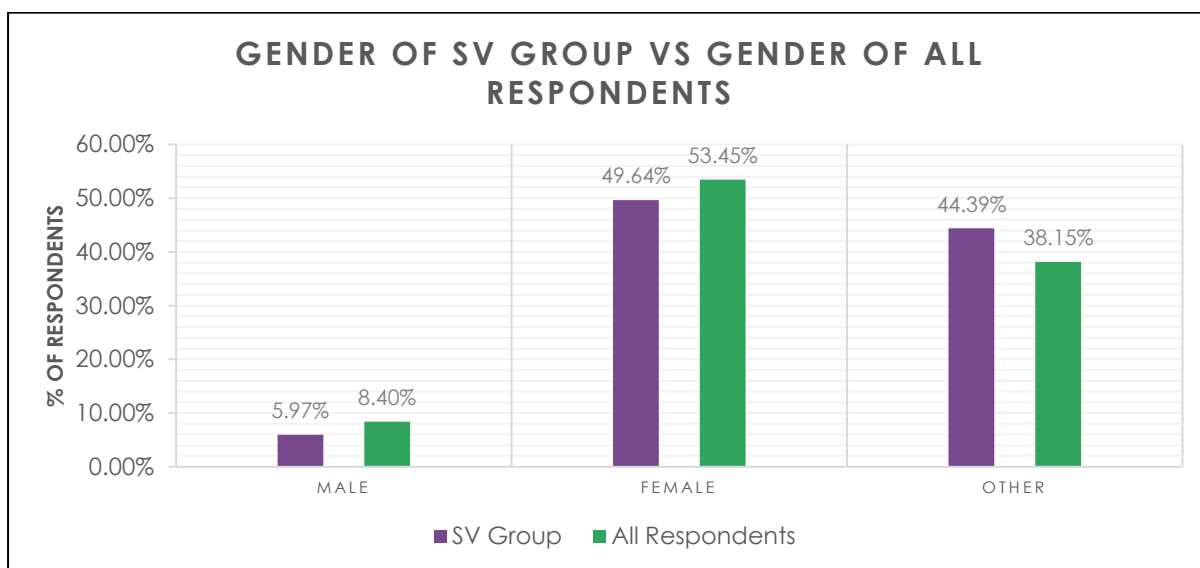


Figure 5.2: Gender of SV group vs gender of all respondents

Respondents in the SV Group were in similar proportions to that of the full cohort, as shown in Figure 5.2. Nonbinary respondents were most likely to be in the SV Group (**29.57%** of all respondents), followed by males (**27.86%**), with females having the *lowest* sexual violence rate (**23.34%**), in contrast to most demographics, where women would be expected to vastly outnumber men.

Due to the much higher numbers of women and nonbinary people in the survey, the sample sizes are much larger, but proportionally, men were more likely to have experienced sexual violence than women - which was also true in the 2020 ACT Aces Survey.

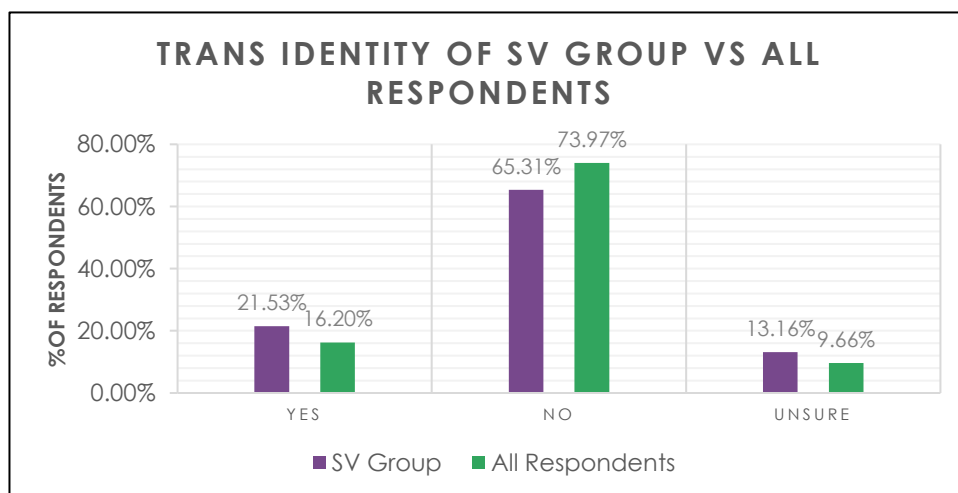


Figure 5.3: Trans identity of SV group vs all respondents

As well as the increased likelihood of nonbinary respondents having experienced sexual violence, those who identify as trans were also more likely to be in the SV Group. Figure 5.3 shows that while only **16.2%** of all respondents identify as transgender, **21.53%** of the SV Group are transgender. Exactly 1 in 3 trans respondents was in the SV Group. A US Survey found that 47% of all trans people

had experienced sexual violence<sup>22</sup>, but these respondents have identified these incidents as having some relationship to their asexuality.

## 5.2 Categories of sexual violence

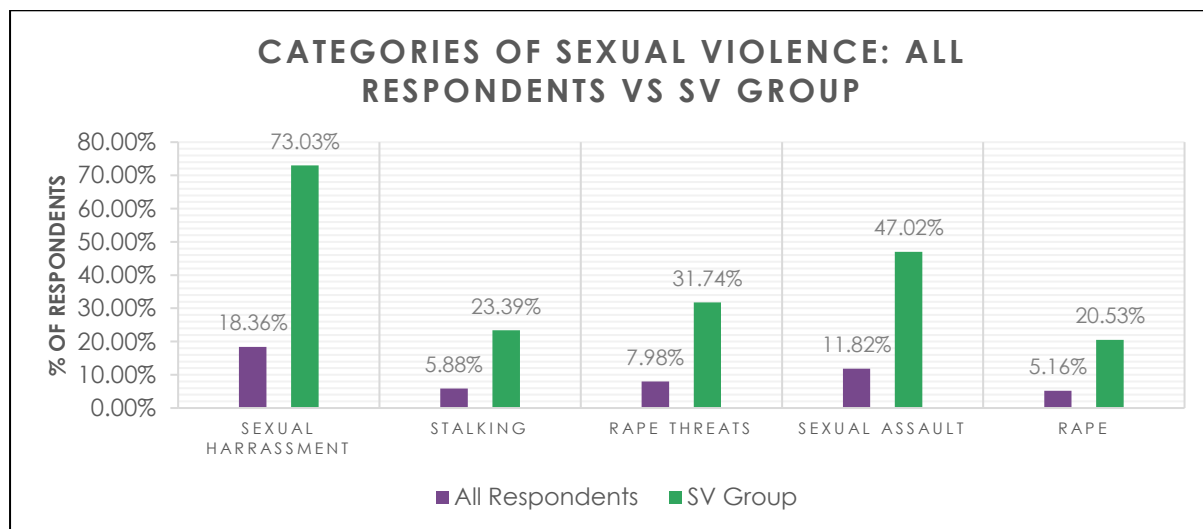


Figure 5.4: Categories of sexual violence

The survey asked the SV Group whether they had experienced five specific types of sexual violence. Many respondents who had originally responded “Unsure” to the screening question ticked multiple boxes, indicating that when given a list, they could recognise and give a name to the kind of violence they had experienced.

Figure 5.4 shows the SV Group’s responses to these five categories - as a percentage of all survey respondents, as well as just the group. **18.36%** of all respondents have experienced sexual harassment - because of their asexuality and **7.98%** have experienced a rape threat, **11.82%** sexual assault and **5.16%** rape. (Rape responses were also marked as sexual assaults).

## 5.3 Nature of Incidents

As previously described, the sexual violence section was designed to identify only incidents where the violence has a relationship to the respondent being asexual - this could include explicit corrective sexual assault but may be more complex. Many respondents did not know that they were asexual at the time of an incident, but the asexuality was still a factor. Sex repulsion, discomfort around relationships or sex, reluctance to discuss sex, not fitting in with peers and hidden aspects of asexuality can all be a part of someone’s sexual violence story. Each person best understands their own story and so I adopted the policy of believing the respondent that the asexuality was relevant - even if the reason for this was not readily apparent.

The exceptions were for Child Sexual Abuse, stranger attacks and those in which the respondent stated their asexuality was not relevant. These were all removed. There was a concern about what age to cut off submissions and count the respondent as a “child” and the incident therefore out of the

<sup>22</sup> “Sexual Assault and the LGBTQ Community,” Human Rights Campaign, accessed February 9, 2023, <https://www.hrc.org/resources/sexual-assault-and-the-lgbt-community>.

scope of this research. I consulted with other survey authors and team members on this. Based on the low number of submissions below it, 12 years old was the chosen minimum age to be included.

Respondents could give specific details about up to 3 incidents. The **415** respondents described a total of **455** incidents. *Figure 5.5* summarises the incidents by type. Note that most incidents included more than one type of violence. Sexual assault and rape were not defined, but identification was left to the respondent victim, as being able to choose one’s own words gives agency back to a victim/survivor.

### 5.3.1 Type of incident

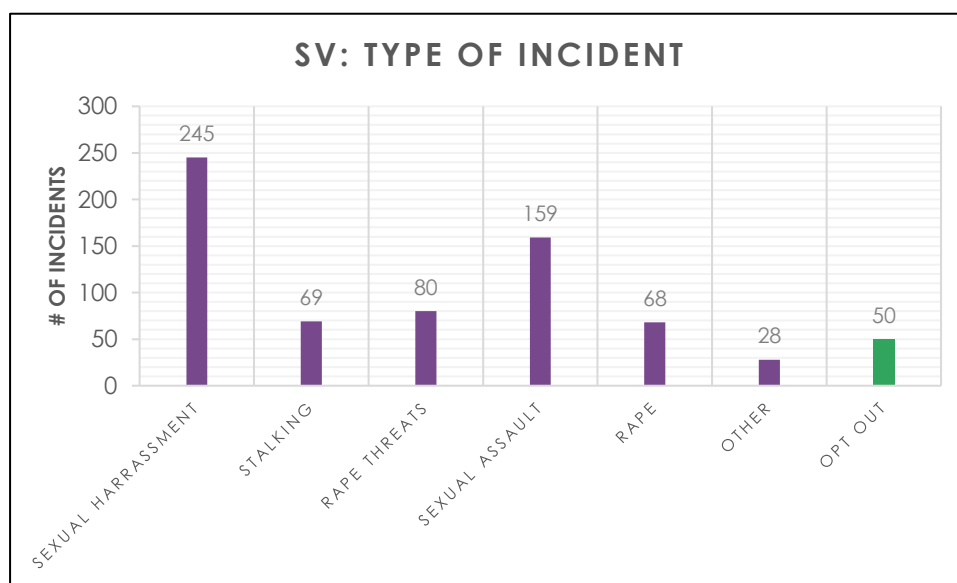


Figure 5.5: SV - Type of incident

Sexual Harassment was the most common type of incident, at **245**, and **57.14%** of sexual harassment incidents also included at least one other type of sexual violence, up to and including rape. There were **69** stalking incidents, including both online and offline. The **80** rape threats often occurred with the sexual harassment, and frequently online, but many occurred in person and came from people the victim knew well. The **159** sexual assault incidents include **34** that escalated to rape, and there were another **34** separate rape incidents, for a total of **68**. The combined number of sexual assault/rape incidents is **193**.

Some responses originally given under “Other” fitted into one of the original categories. The 28 incidents remaining under Other were:

3 x *Coercion/pressure not defined as assault*, 3 x Unsolicited dick pics, Doxing, Dubious consent, Filmed without consent, Forced to witness sex, “*Molestation*” (of an adult), “*Ongoing sexual abuse*”, “*Online harassment*”, 2 x Outing, 2 x Physical violence, 4 x Pornography and sexual imagery w/o consent, “*Reproductive coercion*”, “*Sexual contact while both parties were intoxicated*”, “*Unconsensual sexual contact*”, “*Unsolicited sexual phonecalls*”, 2 x “Unwanted touching”. 1 was unspecified.

50 respondents opted out and did not provide information about what type of incident they experienced.

### 5.3.2 Number of Perpetrators

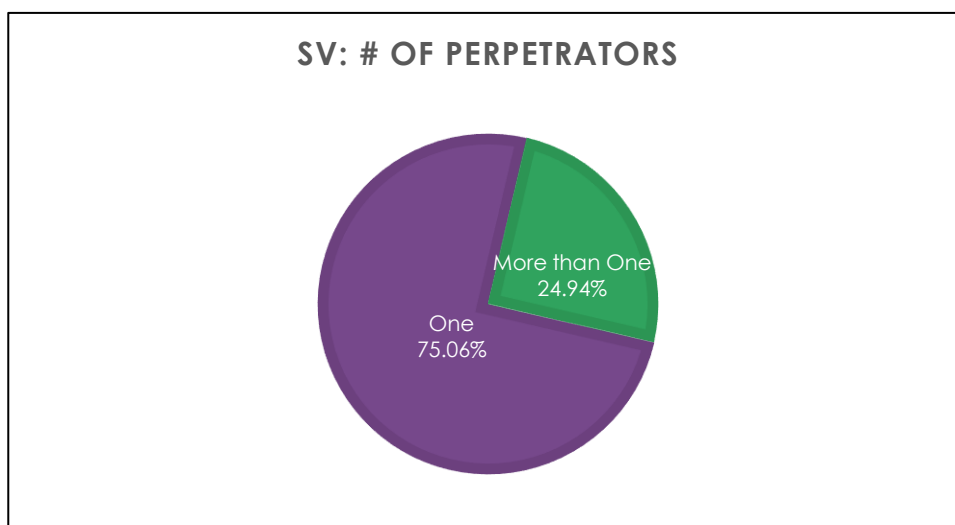


Figure 5.6: SV - Number of perpetrators

The survey asked the SV Group how many perpetrators there were in the incidents of sexual violence described - in an effort to learn whether incidents of asexual violence are perpetrated by individuals or by groups. **54** respondents opted out, and *Figure 5.6* shows the responses of the remainder. The split is more or less **25%** of incidents with more than one perpetrator, and **75%** with only a single perpetrator.

Where respondents gave the location of the incident: for incidents with one perpetrator, **11.96%** took place solely online, while for multiple perpetrators, **15.31%** were solely online. **70.59%** of incidents taking place entirely online had only one perpetrator.

### 5.3.3 Location of Incidents

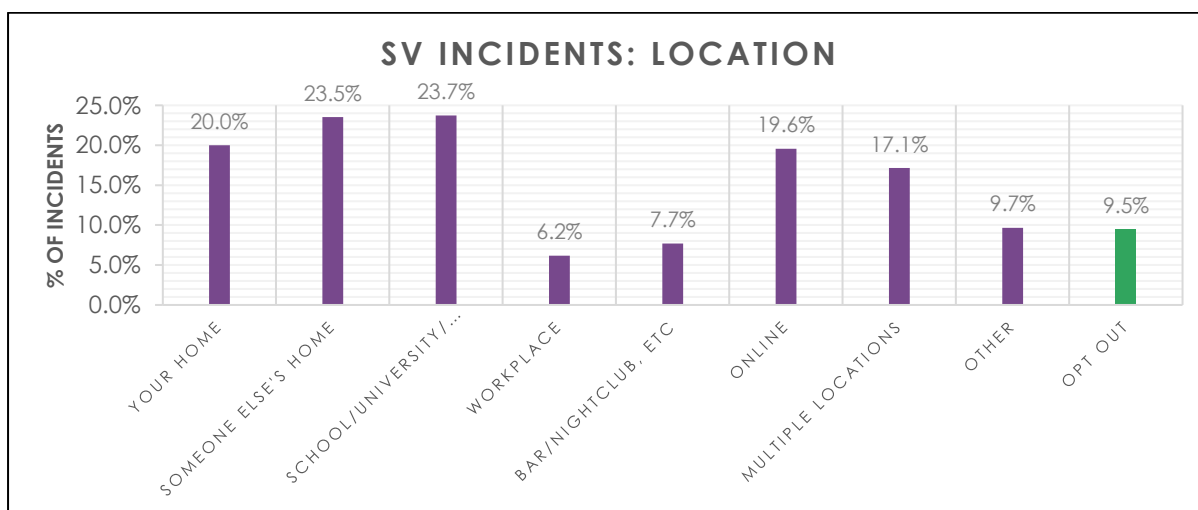


Figure 5.7: SV Incidents - Location

As incidents of sexual violence may not be a single moment in time, but an ongoing series of events, they did not always take place in a single location. Many respondents (**17.14%**) chose to indicate this by selecting the *Multiple Locations* response. Many others checked all the boxes that applied - some

did both. The four most common locations were: *School/University/College* (23.74%), *Someone Else's Home* (23.52%), *Your Home* (20%) and *Online* (19.6%). The two other locations on the survey, *Bar/Nightclub, etc* and *Workplace* were chosen by 7.68% and 6.15% of the SV Group, respectively. A significant proportion (9.45%) opted out.

Written responses were given with the *Other* category - a small number could be sorted into one of the other categories (such as sorting "a karaoke club" into the *bar/nightclub, etc* category). 44 responses remained:

Backstage in a theatre, "*In a car*", 3 x Church, 2 x Cinema, 3 x Concert/Music Festival, Convention, Doctor's Office, "*A Field*", "*Home we shared*", Hospital (as a patient), 6 x Hotel or similar, "*In nature*", 3 x On the street, 3 x Over the phone, Parking lot, 2 x Pride event, Public bathroom, 3 x Public transport, 2 x School dance, 1 x Sporting club. 6 were not specified.

Sexual violence against asexual people is occurring everywhere. Private locations such as homes were involved in almost half of incidents, while numerous types of public location were also given - the authors did not think to include most of the locations included in the *Other* responses. Places of work, education and social interaction were anticipated - and commonly given. But medical facilities, public transport and just out in the street or the natural environment were also locations given by more than one respondent.

### 5.3.4 Were victims out as asexual?

The next question on the survey asked respondents if they were out as asexual when the incident took place. However, even if a person is not out as asexual, or even aware that they are - sexual violence can still be acephobic or amatonormative in intent. For example, a teenager who is not interested in dating, and who is not developing sexual attraction, not participating in the conversations or activities of their friends may be singled out for bullying. Many young people report that bullying turning into sexual harassment, sexual assault and rape. The victim/survivor may not realise until many years later that they are and were asexual - but neither victim or perpetrator needed to be aware for the violence to be about acephobia and reinforcing amatonormativity.

*Figure 5.8* shows respondents replies to the question of whether they were out as asexual when the incident occurred. Aside from *Yes* and *No*, respondents could also indicate that they weren't aware that they were asexual, or that they were partially out and that one or more of their perpetrators were aware, or that none were aware.

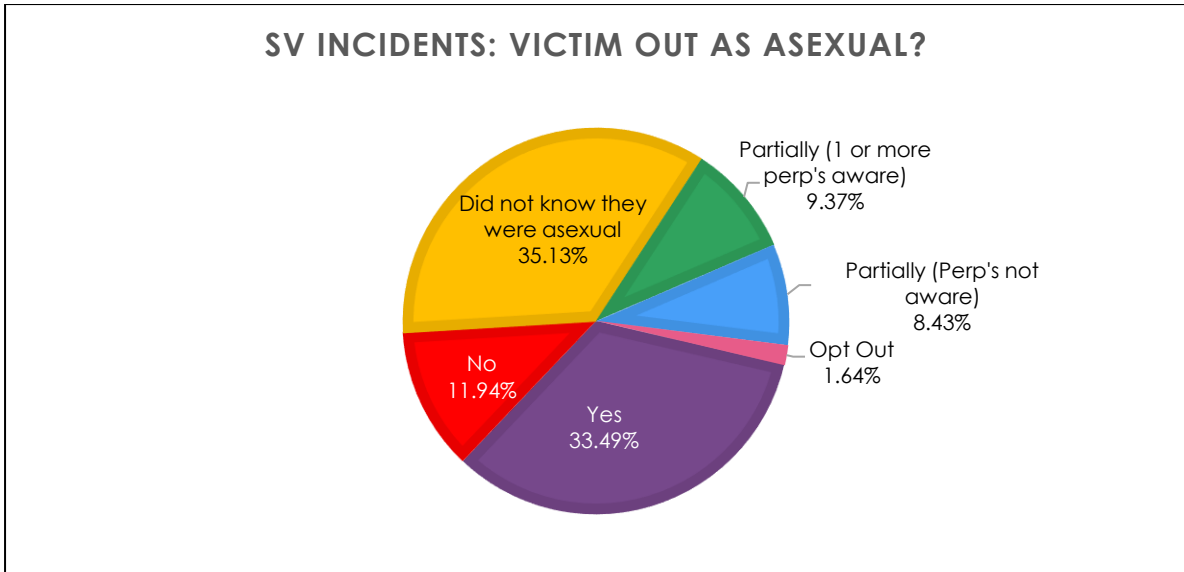


Figure 5.8: SV incidents - Victim out as asexual?

7 respondents opted out of the question. In total, **43.57%** were out to one or more of the perpetrators. **20.71%** were not out to any perpetrator (to their knowledge). **35.71%** were not aware that they were asexual.

These results indicate that attacks that are overtly acephobic are not the majority, but may be more common than the survey authors predicted. The respondents reporting these incidents were more likely to be younger than the average.

### 5.3.5 Age of victim

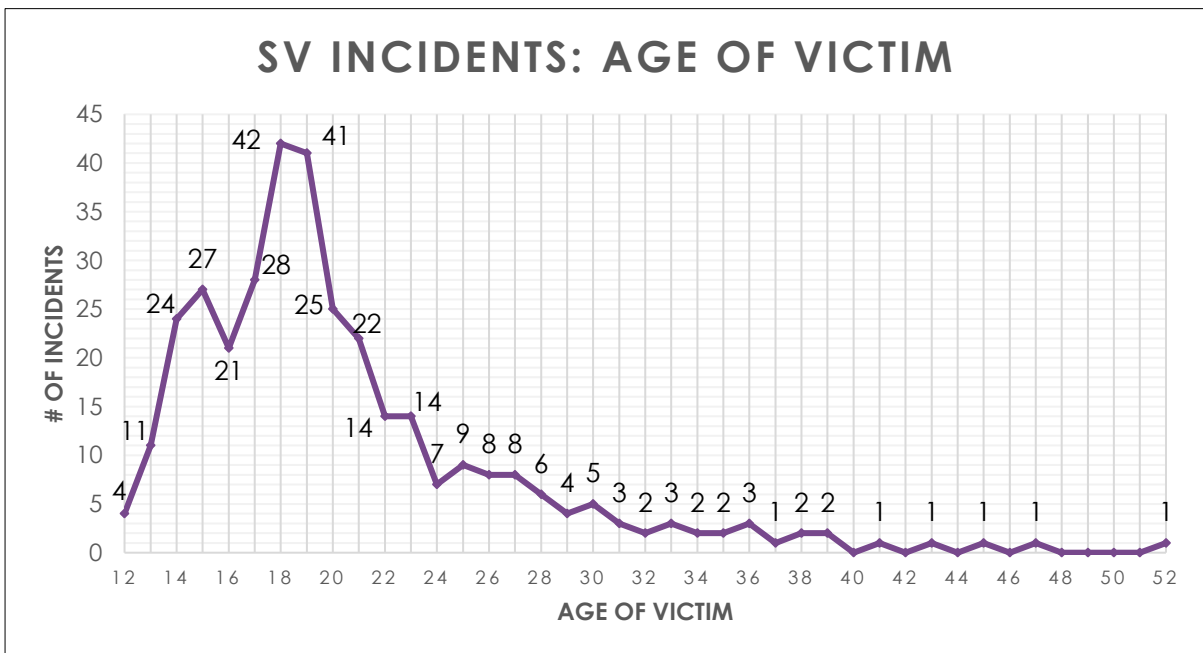


Figure 5.9: SV Incidents – Age of victim

345 incidents reported included the age of the respondent. *Figure 5.9* plots these, from the youngest (4 respondents aged 12 - the chosen cut-off age) to the eldest (1 respondent aged 52).

The average age for all incidents was 20.4, while the median age was 19.

## 5.4 Corrective Rape

A number of the stories sent to us could be classified as “corrective” rape or sexual assault. See *Section 4.3.3* for corrective rape in the context of a relationship. In the context of asexuality, we regard a sexual assault as having a corrective intention when the perpetrator aims to change or punish the sexual behaviour, libido, orientation or favourability of the victim. Thus – a perpetrator who has never heard of asexuality who rapes a person out of a belief this will “fix” their fear of sex or intimacy is committing an act of corrective rape. They are trying to enforce sexual and relationship norms through the use of violence.

*When I was in highschool I didn't have the language to describe myself as asexual, I and my friends just thought there was something wrong with me. Because my friends were concerned they took it upon themselves to 'train me' to accept sexual touches by forcing themselves on me and not stopping when I said no. They continued to do this until I stopped resisting, which basically means I was trained out of saying no. Unfortunately I have had to spend years working on this by myself because I've yet to meet an ace friendly therapist and this trauma still affects my relationship to sex.*

- CJ, Australia

*He hugged me even though I said I don't do hugs. He thought if he held me for longer things will change and it just escalated from there*

- D, Australia

When providing details, D indicated that the nature of this incident was sexual assault and rape.

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### IS IT OKAY FOR ASEXUALS TO USE THE TERM “CORRECTIVE RAPE”?

There are some vocal voices on the internet who will claim that it is appropriative for asexuals to use the term “corrective rape” – as this was a term coined by black South African feminists to describe a crime perpetrated against black lesbian women in South Africa.

The assertion is correct – the term does originate in South Africa in the late 2000s, but it by no means ends there. The phrase has also been used in the rest of Africa, in the Caribbean, in India and other parts of Asia. It did originally apply to lesbians specifically, but it is also used in the context of transgender men. If anything, what makes my use of the term here inappropriate is that in its original contexts, “corrective rape” often had an extra-judicial meaning, and such attacks are endorsed by the community or family of the victim/survivor as a necessary and appropriate act to fix a perceived problem.

I have tried to get in contact with some of the feminists who originally coined the term, but failed to get any reply – my thinking is to go straight to the source on whether it is appropriate for asexuals to use the term.

For now, I continue to use it (as do many others, including attorney Sarah Doan-Minh and Galop, see *Bibliography*) until I am told otherwise – we all understand what it means, the intent behind it is the same as in a lesbian and trans context and that gives survivors and activists a commonality and a sense of community.

I also note that very often those who tell me I cannot use the term are white women. They do not consider that asexual victims of corrective rape may well be black and come from the regions where the term was first used in its original context (because asexuality is often racistly perceived as a white, western concept). Coincidentally, these detractors always seem to be people who are also acephobic, and attempting to exclude us from the queer community altogether.

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## Case Studies: Räv, HLL and SR

The three respondents chosen as case studies were selected from three groups: those who described themselves as being out as asexual, those who responded that they were not and those who described themselves as "partially" out. Räv is a nonbinary agender person aged 22 – 25 from Germany. HLL, in the same age bracket, is female genderqueer and lives in France. SR is in the 26 – 35 age group and is a female from Australia. Räv identifies as transgender.

Räv is asexual and aromantic. HLL is asexual and greyromantic/biromantic. SR is still questioning her sexual orientation, perhaps grey-asexual/bisexual and is heteromantic.

Table 5.1 compares the five major pieces of information that the survey collected from each survivor about sexual violence – the category of violence, whether one or more perpetrators was involved, the location, the victim/survivors age at the time and whether they were out as asexual.

**Table 5.1: Comparison of Sexual Violence Case Studies**

	SV Category	Perpetrators	Location	Victim Age	Victim Out?
Räv	Sexual harassment, rape threats, sexual assault	More than one	School/University/ College	17	Yes
HLL	Rape	One	Someone else's home, Other <sup>23</sup>	21	Partially (one or more perpetrators aware)
SR	Sexual assault	One	Someone else's home	16	No

Regarding other experiences covered by the survey, Räv reported an experience with physical violence and threats. SR did not report in any of the other categories. HLL gave an answer of "Unsure" for both religious discrimination and intimate partner violence. Her more detailed religious discrimination responses did indicate this was her experience, but she did not share any stories. Her responses to intimate partner violence are more complex and will be covered with her story.

Räv's story of sexual violence involves an experience that happened in school, with a teacher present.

*In school I was befriended with a group of boys with whom I talked about my asexuality because they had girlfriends and I wasn't interested in dating, which they thought was odd. I got told from one of them that I just have to get fucked really hard, then I'd be normal again. After that he pushed me onto the table during a break and pinned me to it, while he rutted against me. A teacher saw it, but didn't do anything because a large part of the class was there and I didn't cry or anything. (In distressing situations I'm more the dead opossum type who only moves again*

<sup>23</sup> HLL was specific but I have withheld this information to deidentify her.



*once the ordeal is over.) Didn't go farther than that, but since then I've been threatened with rape a few more times from different people. As if it's completely fine to threaten with it.*

This behaviour is absolutely unacceptable and Räv is correct to label it as sexual assault. This teacher ignored one student simulating the rape of another, physically pinning them down. This is absolute negligence of their caregiving and supervisory positions – and the trauma of being subjected to this assault is compounded by it being witnessed by an authority figure who failed to act upon it. To a survivor, this failure can feel like permission – as though society, the status quo, doesn't care.

HLL's story is in a grey area, in terms of where it should be categorised for this study. She told about the same person in both Intimate Partner Violence and in Sexual Violence. In most cases, I separated these two categories out, doing my best to determine if the perpetrator of sexual violence was a sexual or romantic partner, in which case, I moved them to the more appropriate category. HLL's was a rare situation in which I could not tell, and so her experience is counted in both sections. This reflects the reality of relationships – and particularly asexual relationships – which cannot always be so easily defined. In her story, HLL describes this person as a friend, but later on as a "relationship" (this could also be due to the language barrier).

The survey authors' intentions with the option for respondents to say that they were "partially" out was that this would mean some people were aware that the respondent was asexual and some people were not. HLL, like many other respondents, understood the term differently – in this case, taking "partially" to mean that they were out as demisexual, but not asexual, at that time. This is yet again a fault of imprecise language and failing to explain what terms mean – but it yielded interesting and important information about the nuance in being "out".

*I was out but as demisexual and not ace yet. I was studying abroad with no system support and was very isolated. The rapist which was a friend of mine knew I didn't understand the dynamics of allosexuals and desire and made me feel like I had to let him do certain things because he needed it. He ended up hurting me physically so I told him to stop many times and he wouldn't. He gaslight me very much because "I didn't understand his needs" and because "it's supposed to hurt when you're a virgin". Because of the gaslighting I stayed with him and it happened a second time before the relationship became a long-distance one.*

HLL has done a great job of explaining how asexuality can be a factor in violence, when there is unfamiliarity with relationship dynamics, allonormative behaviours and what is acceptable sexually and romantically. This is not to say that asexuals are all naïve innocents who should be protected from sexual interaction – rather that a predatory person like HLL's rapist recognised that she (then aged 21) lacked context and experience and took advantage of this, as abusers will seek out any aspect of the personality that might make a potential victim vulnerable.

Finally, SR shared with us their experience with sexual violence as someone who was not out as asexual at the time – although she was aware that she was asexual.

*I was 16 and with my first boyfriend, a Christian guy in my class at high school. I was not interested in a sexual relationship nor felt the desire to participate and assumed being a strict Christian, that he felt the same (I did not identify as religious). He was very pressuring and convinced me on a number of occasions to let him do things to me sexually (or vice versa) that I felt extremely uncomfortable about. On one occasion where I denied his advances, he used his weight to pin me to the bed and began to assault me digitally as I protested, until I finally kicked him in the chest. We went over to another friend's house that night for a gathering and he*

*refused to make eye contact with me and after 2 days of not speaking, he broke up with me via text message. It made me feel like the entire incident was my fault.*

SR, an Australian, identified this incident as a sexual assault. Under Australian law, digital penetration does constitute “rape”<sup>24</sup>. However, it is SR’s right to define her experience in whatever words she is most comfortable with. As this study was international, and I am only familiar with Australian law, and because not every respondent included a detailed account, the quantitative data in this report is based on the self-identified term chosen by each respondent. In some cases, as with SR, the local legal definition and my personal belief may differ from the respondent’s own choice of words.

Sexual assault is a violation of more than just a person’s body – it is a violation of their autonomy and their sense of safety, of trust in others, of self-worth and of feeling that they have the right to make decisions about their body and their self. No matter how the law or personal opinion may define the crime, giving the survivor the space and the power to define what happened to them using their own words and in their own time is an important part of giving them back that sense of control and self determination.

## 5.5 Accounts of sexual violence

We received **196** stories about sexual violence. This does not include **24** stories that were removed as not relevant - **five** were removed as being child sexual abuse and outside the scope of the survey, **six** were removed as the respondent self-selected out by noting in the story that their asexuality was not a factor, **eleven** were removed as being stranger attacks where the victim survivor’s sexuality and personality could not have been known to the attacker. **One** was removed as it described a serial abuser where sexuality was not a factor in the attack. **One** was removed as the attack was transphobic and outside the scope of the survey.

Some stories were quoted within the sexual violence data, to illustrate specific points. However, with **196** stories received, I wish that I could publish every one. Some of the most representative, most serious and most moving accounts are included below, including the full accounts of some who had to be shortened in their use above. Some of the most horrific stories I could not publish, as I feel they are too detailed, too upsetting or that publishing them would serve little purpose but voyeurism. In two cases, the current age of the survivor made me feel I could not ethically publish their incredibly personal accounts.

These stories are distressing and may trigger survivors of sexual violence. Reader discretion is strongly advised. A trigger warning specifically for the final story, (after Rayna from USA) which discusses incest.

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<sup>24</sup> Nicola Henry, “Rape, Sexual Assault, Harassment: What’s the Difference?,” *SBS News Online*, April 17, 2018, <https://www.sbs.com.au/news/article/rape-sexual-assault-harassment-whats-the-difference/r5ty4vln4>.

*I gave a video interview about asexuality once that was published on Facebook. This video got a lot of discriminatory comments and one that I saw contained a rape threat. Because I was visible in the video this made me feel very unsafe and made me stop doing interviews on camera.*

- A.W., Netherlands

*I came out as asexual when I was in college, and several cis straight men I'd been friends with, and who had been supportive previously when I had publicly identified as a lesbian, became... fixated on being able to "fix" my asexuality, whether I wanted it or not.*

- Delta, USA

*Have been told that me being asexual makes him even more attracted to me and "wanting" me more, also I was like 16 and he was almost 20 which makes it even worse, thankfully I haven't met that dude in person after that, bc he has insinuated he would not care about my opinion/consent; ((he was the son of a man my mom dated for a while)).*

- Ash, Germany

This fetishisation of asexual people is commonly featured in stories about sexual harassment, assault, and rape.

*Someone in my close friend's dorm hall asked if we were dating, and my friend said no, I was ace and in another relationship. This guy told one of my closest friends that "you should fuck her to get her to change." My friend was horrified and told me so I could avoid the guy, who lived in the room across from my friend.*

- B, USA

*It was my first ever pride parade. I met a woman my own age there, and we flirted. We kissed once, but it was clear on both sides that this was only a casual encounter. Then she asked me to come home with her to have sex with her. She said that she wanted to because I was a woman and sex had only ever felt good to her when it was with another woman. I told her that I was asexual so I didn't want to. Then I tried to make light of it, joking that as a virgin, I wouldn't be that good in bed anyway. She told me that she'd never met an asexual person before. She asked me invasive questions about my sexual history, including asking me how frequently I masturbated. Then she forcibly grabbed my crotch, asking me if it made me feel anything. I pulled away, saying that all it felt like was that there was someone grabbing my crotch. I made it clear that I did not gain any pleasure from it. In response, she grabbed my crotch again. Eventually I got away from her.*

- Anonymous, UK

*In high school a boy asked me out every day for a month, and I turned him down as politely as possible without telling him I was asexual because that shouldn't make any difference. Finally I got so fed up I blurted it out in the hall "for the love of God I said no, I will never date you, or anyone, I'm asexual!"*

*Leave me alone!" And he grabbed my chest, groped me aggressively, and told me if that were true I wouldn't have "such big tits" because only sluts have large breasts. People saw what happened, including a school police officer and at least two teachers, and did nothing. I was in ninth grade and he was a senior. He held me in that hall and told me I was a waste of a good body, that I was worthless, and that he could "fix me" and not a single person did or said anything to help me. I already knew I was asexual by then so I knew it wasn't just some excuse but after that I spent almost every waking moment for three months doubting myself.*

- Rae, USA

*A friend said they were attracted to me - I'd already turned them down on this subject - but started 'bad touch' on me, declaring that it was OK for them to do that as being asexual meant it shouldn't mean anything to me.*

- E, Australia

*Someone decided to target me on 4chan. They made a post claiming to be me, stole my photo for a profile picture, and linked to materials I had created online about asexuality, encouraging the 4chan trolls to ask questions. The imposter would then answer all the questions obnoxiously and dripping with elitism, encouraging hate mail to be sent to me and nasty comments to be left on my materials. Because it was 4chan, their favorite harassment was rape jokes and rape threats. Many were very explicit and even discussed feeling aroused at the idea of me getting raped, or saying they wished to put a bag on my head and rape me, or discussing openly whether asexual people could even be raped. My full legal name and location was shared in some related posts. The original perpetrator of these attacks did it every evening for twelve days in a row, usually being unmasked sometime in the evening as being an imposter, at which point they would join in mocking me and discussing whether I deserved rape. One of them sent me an extremely explicit fantasy of me being raped in an outdoor park, murdered in the course of the rape, and then raped again.*

- Ivy, USA

*I was repeatedly shown videos and images of sexual content against my will even after I expressed discomfort. To my knowledge he never did this to anyone else and the fact it occurred on multiple occasions as well as him making attempts to pressure and then trick me into watching sex scenes from tv shows etc. makes me sure he did this on purpose and because of my asexuality which he made very clear he did not believe me about.*

- M, UK

*I didn't say yes. I didn't say yes, but I didn't say no. I froze. I knew about "fight or flight" but I didn't realize there was also "freeze" until it happened and then afterwards I told myself that I'd gone along with it on purpose, to see if "trying it out" would make me normal. I knew how I felt and I knew how I was, but I didn't know there was a word for it. I didn't know there was an asexual community. I just thought I was broken and alone. So I told myself I'd gone along with what he did to see if it would*

*make me normal, but I didn't. I know that now. I'm ace, I was ace from the beginning, and in that moment I froze.*

- R, USA

*I was outed as ace at my old work place that happened to be a hospital because people knowing about my sexuality "wasn't important". One of my coworkers was very loud about the fact that I "just need a good fuck" and then I would be fixed. She was also a close friend of mine and a neighbor so I see her a lot. She made it her personal mission to fix me and was regularly trying to set me up with people she knew and tried to take me to bars a lot even though I don't really drink because of personal reasons. She asked very invasive questions and would continually repeat them until I was basically forced to answer. It also got around to some of the doctors who thought that they should help me and that they could get me a prescription for whatever I needed to fix me. I was a janitor there so I had no medical knowledge and they took my lack of knowledge as the green light to come up to me unprompted to offer medical assistance to my obvious medical problem (according to them). Work got increasingly more and more uncomfortable and HR never did anything because "asexuality isn't real and you should probably let them help you".*

- Tempest, USA

*I was taken advantage of by a friend that I trusted. I had a freeze response to the assault, which caused me a lot of guilt and shame in the following years because I did nothing to stop it. It took me a long time and some therapy to realise that not saying no isn't the same as saying yes, and that what I'd experienced was assault. It took longer for me to untangle my sexuality from that event to make sure that my asexuality wasn't a result of my trauma, which was important to me.*

- Renee, Australia

Renee's confusion over whether the asexuality led to her being assaulted, or if she became asexual because of her assault is a common situation in survivors who were assaulted in their teens or early twenties when still figuring out who they are and how they identify. This chicken/egg dilemma isn't necessarily straightforward, because asexuality is a spectrum and has many spectrums within it - for example a sex neutral demisexual may be assaulted and become a sex repulsed asexual - meaning the answer to which came first is "a little of both".

*I was in high school at the time. I had come out to what I thought was a friend and she spread rumors around the school that I was a virgin. During a school assembly I got up to go to the restroom and was followed by a few guys. I didn't really think too much about it and I went to the restroom and did my business and as I came out they ambushed me and raped me. They called me all manner of slurs. Some of the worst things imaginable. My friend was there and she just sat and watched. I still have nightmares about it to this day.*

- Rayna, USA

"I don't know if this counts but..."

*I had told my father that I was asexual, or at least thinking that I was. This began a series of inappropriate touching from him, mainly around my thighs and crotch, which often involved him entering my bedroom at night and touching me.*

- Renee, Location Withheld

*Note: This is the first instance I have encountered of corrective sexual assault perpetrated by a parent.*

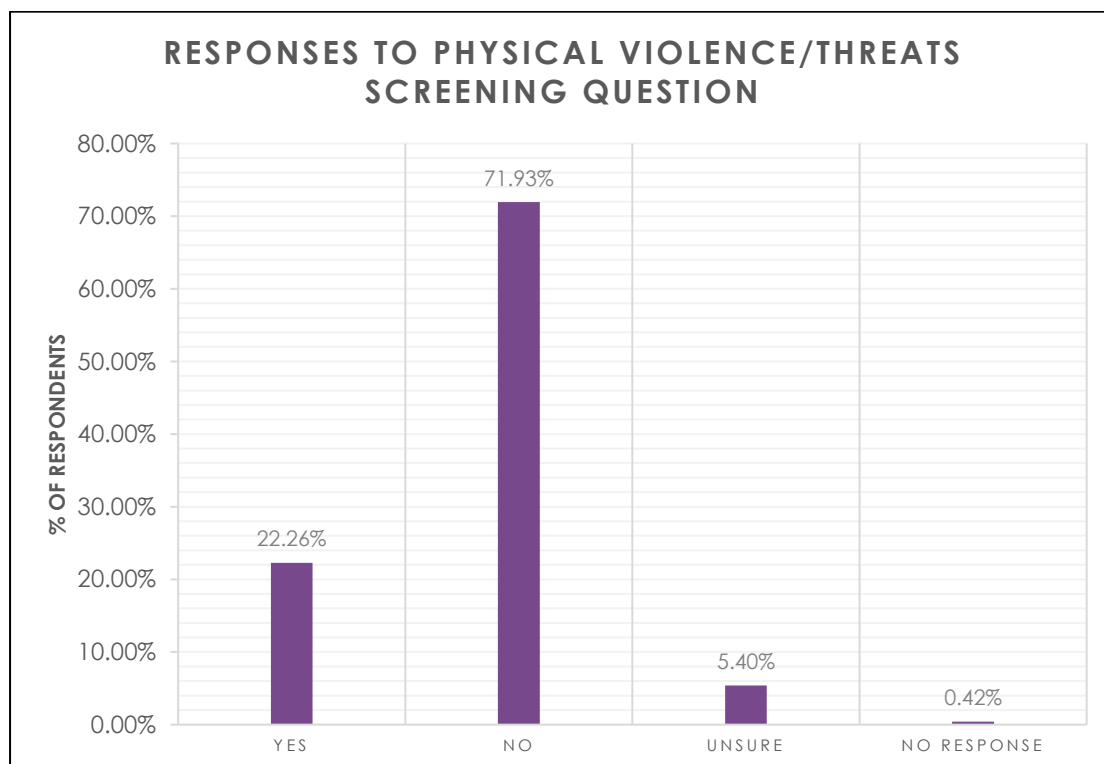
## 6. Physical Violence and Threats

As with sexual violence, respondents were first asked a screening question, with response options of “Yes”, “No”, “Unsure” and “Yes, but I do not wish to answer any more questions.”

For this category, the question was:

*Have you ever experienced any kind of actual, or threatened violence? (Other than sexual violence.) This might include physical violence towards you, or damaging your property, threats to harm you, anonymous online threats and telling you to harm yourself.*

The answers to this screening question are shown in *Figure 6.1*.



*Figure 6.1: Response to physical violence/threats screening question*

**371**, or **22.26%** of respondents answered *Yes* to the screening question, while a further **90** or **5.4%** were *Unsure*. These two groups were selected as the *PVT Group* and the survey continued to ask them the Physical Violence and Threats questions. There were a total of **461** or **27.7%** of all respondents in the *PVT Group*.

No respondents chose the “Yes, but I do not wish to answer any more questions” option.

### 6.1 Gender

Intimate partner and sexual violence do not appear to impact the asexual community in the same gendered proportions as the general population. *Figure 6.2* compares the gender breakdown of all respondents, with those in the *IPV Group*, *SV Group* and *PVT Group*.

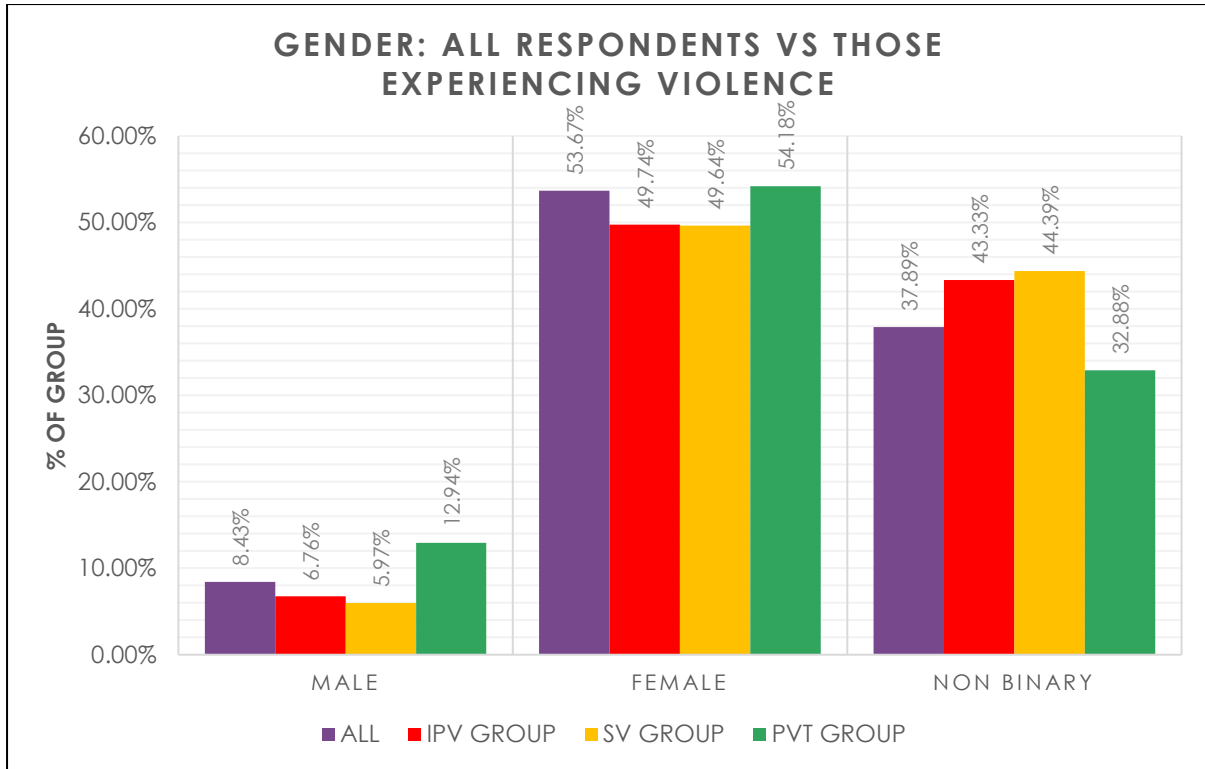


Figure 6.2: Gender - All respondents vs those experiencing violence

**12.94%** of the PVT Group are male, making men twice as likely to have been a victim of physical violence or threats than of sexual violence. **54.18%** of the Group are female, which is very similar to the proportion of female respondents overall. Only **32.88%** of the PVT group are nonbinary. Whereas nonbinary respondents were the most likely, proportionally to the group size, to be survivors of intimate partner or sexual violence, they are the least likely to be survivors of physical violence or threats.

The very low proportion of nonbinary respondents raises questions about the proportions of trans respondents and so the same comparison was made, as shown in *Figure 6.3*.



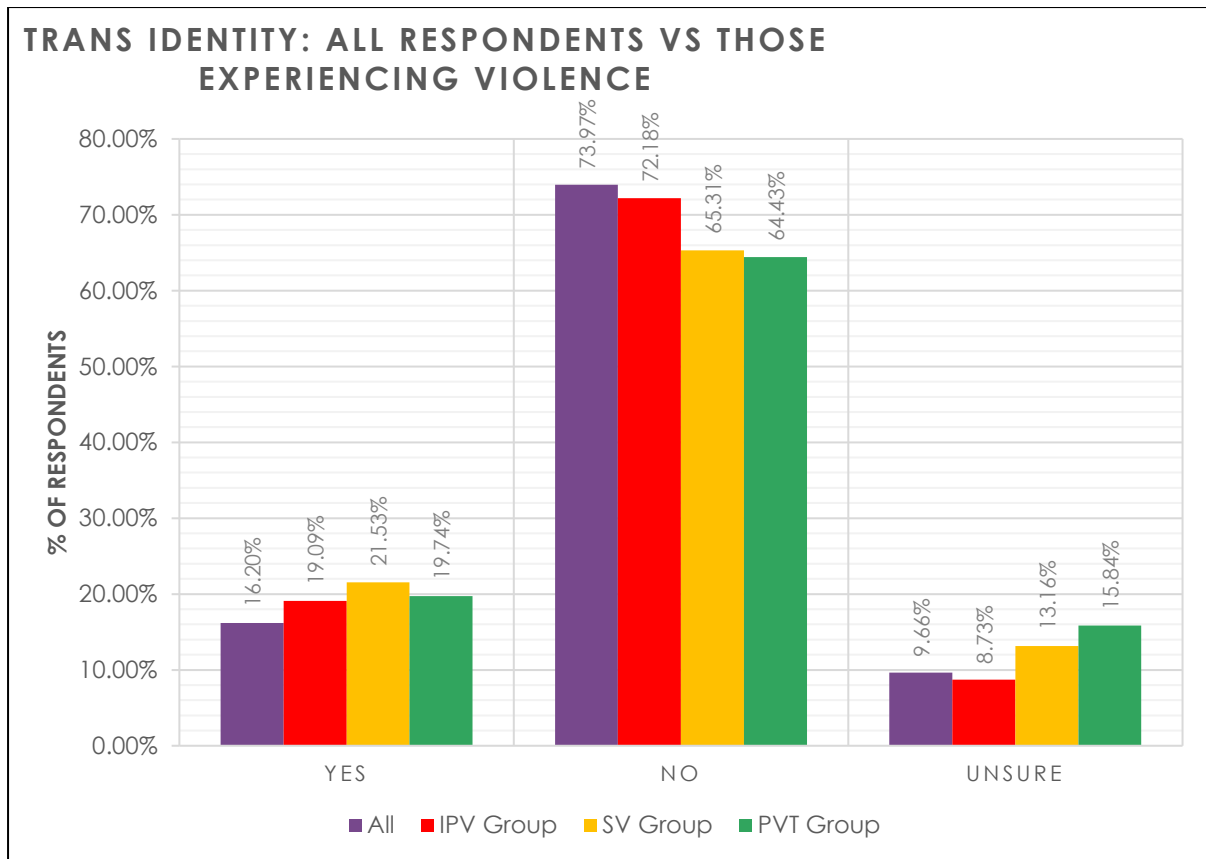


Figure 6.3: Trans identity - All respondents vs those experiencing violence

While trans people made up **16.2%** of all respondents, and those unsure **9.66%**, for the PVT Group they represent **19.74%** and **15.80%** respectively. Trans asexuals are disproportionately victimised by physical violence and threats, even though nonbinary asexuals specifically experienced these kinds of violence at a much lower rate.

## 6.2 Categories of physical violence and threats

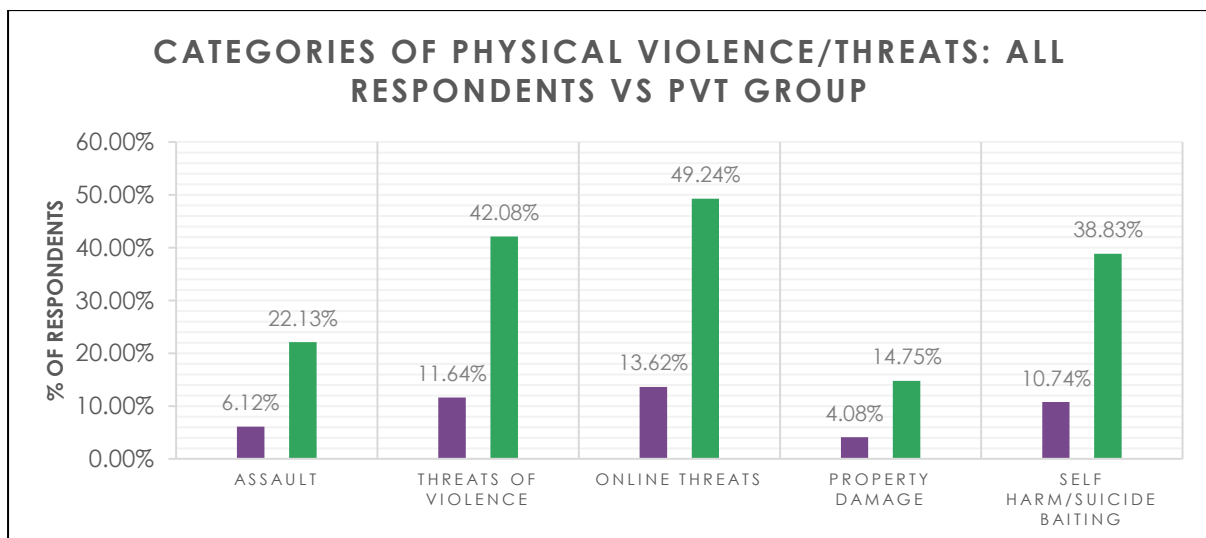


Figure 6.4: Categories of physical violence/threats - all respondents vs PVT group

Figure 6.4 charts the response for each category of physical violence and threats, both as percentages of all respondents and the PVT Group. The three categories of non-physical harm had the higher occurrence: Online threats (13.62% of all respondents), Threats of violence (11.64%) and Self harm/Suicide baiting (10.74%). Suicide baiting is when a person encourages someone, often a vulnerable person, to commit suicide - this can be anything from a single person sending one or two harmful messages to a coordinated campaign by a group of people. It is often a form of cyberbullying but can happen in person. I have included encouraging someone to self harm in the same category.

6.12% of all respondents have experienced a physical assault (outside the commission of a sexual assault), and 4.08% been the victim of property damage in an acephobic attack.

### 6.3 Nature of Incidents

As with sexual violence, physical or threatened violence can be acephobic even if both the victim and perpetrator/s are not aware that the victim is asexual. The perpetrators know that the victim is *different*, and that is the basis of the violence.

Just as with the previous category, respondents were invited to provide information about up to three specific incidents. Five categories were provided, and for all other questions, the same information was gathered as for sexual violence.

The 461 respondents in the PVT Group reported a total of 405 incidents.

#### 6.3.1 Type of Incident

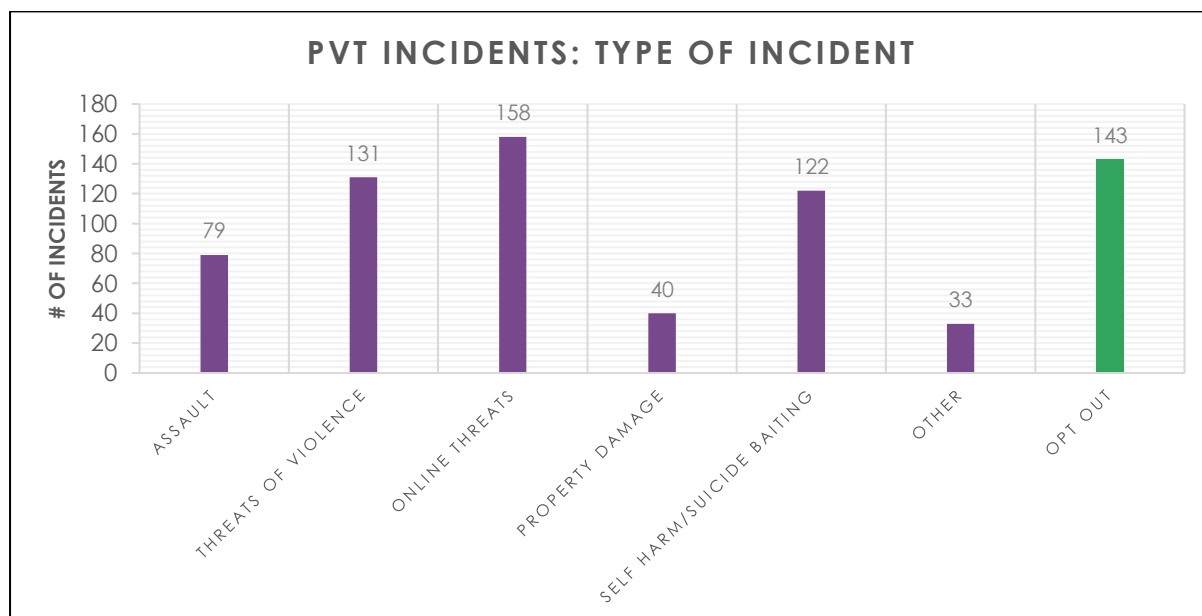


Figure 6.5: PVT Incidents – Type of incident

Figure 6.5 illustrates the types of incidents reported. A much larger number of respondents opted out of this question than with sexual violence - 143 respondents, amounting to 35.31%. Of the remainder, *Online Threats* was the most common type of incident (keeping in mind that many incidents involved more than one of the categories), with 158 instances. The next most common were *Threats of*

*Violence and Self Harm/Suicide Baiting*, with **131** and **122** incidents. *Assaults (79)* were more common than *Property Damage (40)*. As with sexual violence, some of those incidents written into the *Other* category could be moved into one of the original categories. **33** incidents remained:

8 x Bullying, Child abuse, 3 x Domestic violence, 2 x Grooming, 16 x Harassment, 2 x Manipulative threats of self harm, Outing, 3 x Sexual violence, Stalking

The incidents of sexual or domestic violence are included because they happened as well as the physical violence or threats that occurred, and so they are included under the correct category. Several of these incidents were also included under the other category. Three incidents are listed as “domestic violence” as one was written in this way with no further information about the perpetrator’s identity, one was a case of intimate partner violence, and one respondent experienced physical violence from a parent and sibling.

*Bullying* and *Harassment* are self-defined terms, chosen from the short answers written by respondents. **24** respondents used one of these words, and I chose to divide them, but they could also be one category.

Only two respondents had solely a write-in answer, without any of the other categories chosen. One was categorised as *harassment* and the other as *manipulative threats of self harm*.

### 6.3.2 Number of perpetrators

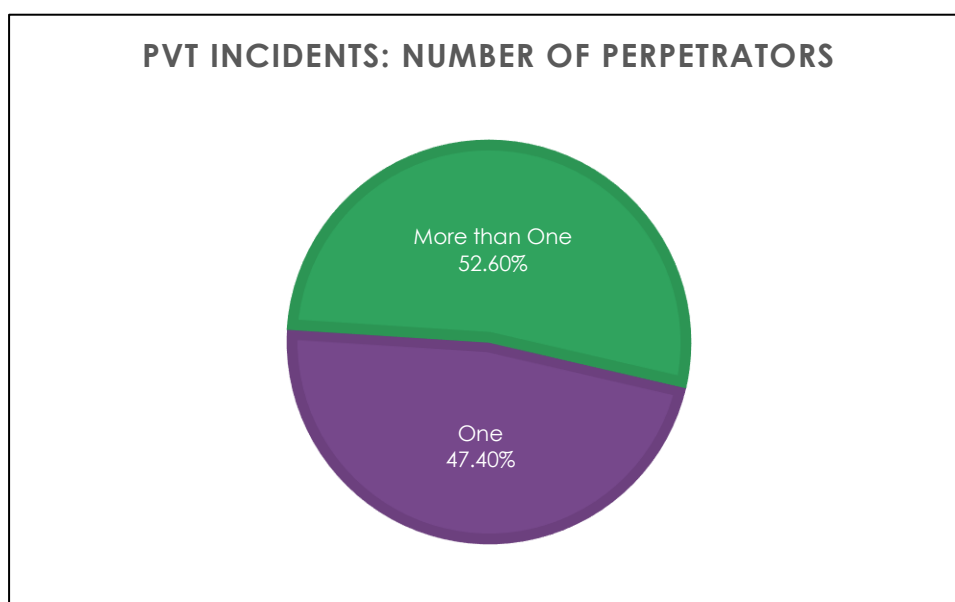


Figure 6.6: PVT incidents - Number of perpetrators

Whereas with sexual violence, there was a single perpetrator about **75%** of the time, for physical violence and threats, as shown in *Figure 6.6*, there was a single perpetrator in only **47.4%** of incidents (where data was supplied). Physical and threatening asexual violence is about twice as likely to involve multiple perpetrators than sexual violence is.

(Once again, the number of respondents opting out of the question was high, with **32.8%** either choosing the *Opt Out* response or not choosing any response)

### 6.3.3 Location of incidents

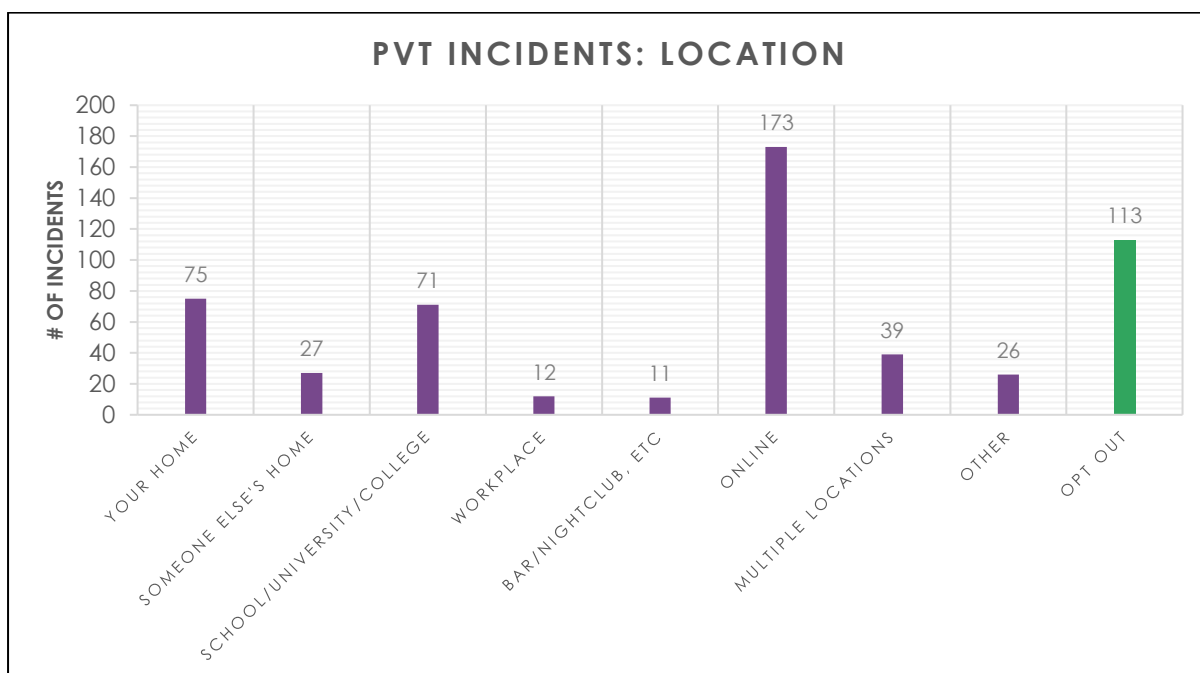


Figure 6.7: PVT incidents - Location

As with previous questions, with more than one hundred of the incidents, the respondent opted out of this question – for **27.9%** of incidents no location was recorded. Figure 6.7 shows this in context with the various locations.

Where a location was recorded, **173** incidents (**59.25%**) took place online. **138** of these incidents took place solely online (**47.26%** of all incidents where a location was provided). The remainder included both in-person locations and an online element.

Of physical locations, the two most common were the victim's home (**75**) and schools/universities/colleges (**71**).

After the write-in answers were sorted and, where possible, recategorised, the **27** locations remaining under *Other* are:

Convenience store, Creek, Drama society, In a car, 2 x Medical facility, 12 x On the street, 2 x Over the phone, Park, 2 x Public transport, 2 x Text messages, Train station

(1 incident occurred both over the phone and text messages, so there are 27 total locations for 26 incidents)

### 6.3.4 Were victims out as asexual?

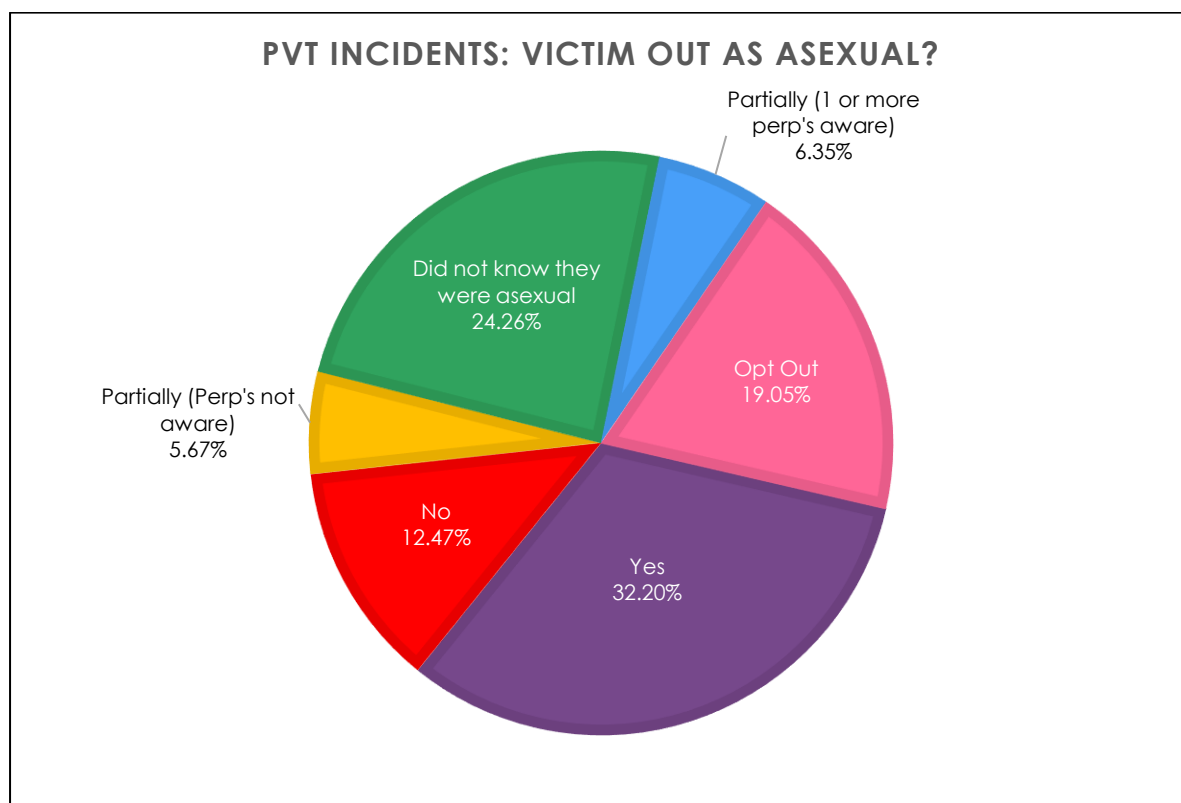


Figure 6.8: PVT incidents - Victim out as asexual?

Only **20.74%** of PVT Incidents included an *Opt Out* answer to this question, and *Figure 6.8* shows the remaining responses. In a total of **47.62%** of incidents, either one or more perpetrators were aware that the victim was asexual, while in **22.41%** of incidents, no perpetrators were aware (to the victim’s knowledge). In **29.97%** of incidents, the victim was not yet aware that they were asexual. *Table 6.1* compares these figures to those for sexual violence.

**Table 6.1: Perpetrator Awareness, SV vs PVT**

	<i>1 or more perp’s aware</i>	<i>No perp’s aware</i>	<i>Victim not aware</i>
<i>Sexual Violence</i>	43.57%	20.71%	35.71%
<i>Physical Violence/Threats</i>	47.62%	22.41%	29.97%

For physical violence and threats, the perpetrators were more likely to be aware that the victim was asexual, and for sexual violence, the victim was more likely to not yet have come to realise/understand that they were asexual. Physical violence/threats might therefore be more openly and explicitly acephobic - but the percentage of perpetrators definitely aware is still less than **50%**.

### 6.3.5 Age of victim

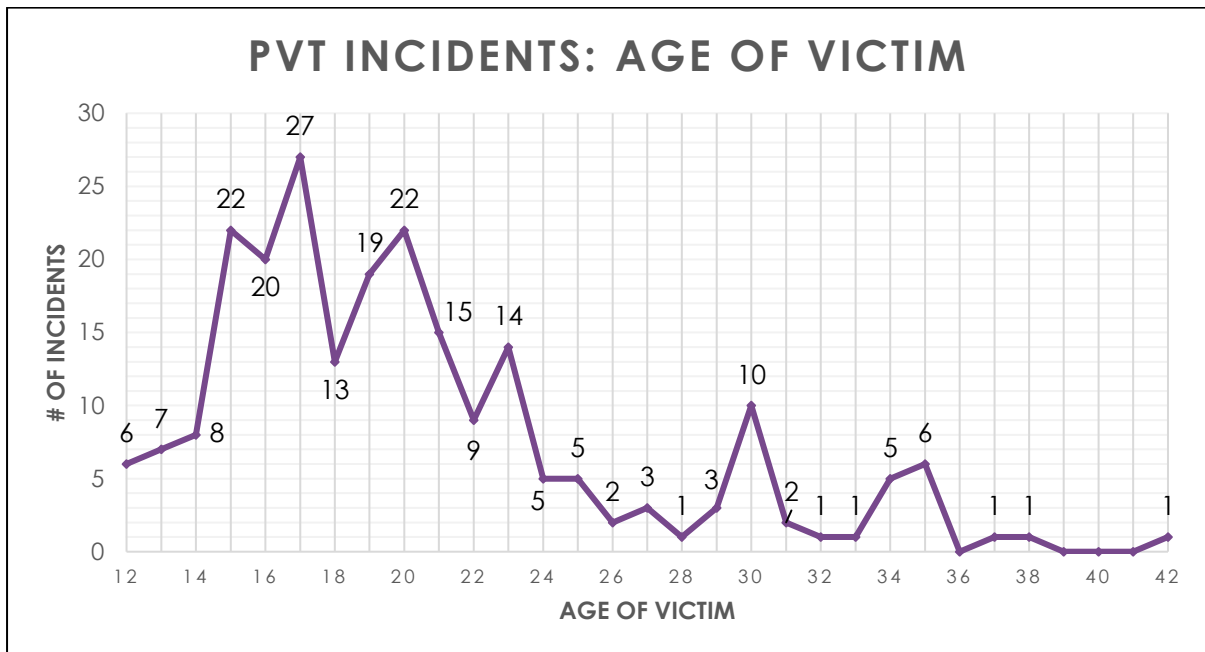


Figure 6.9: PVT incidents - Age of victim

For the PVT Group, the age was recorded for 229 incidents. These are plotted in Figure 6.9, from the six respondents aged 12, to the respondent aged 42 at the time of the incident.

The average age for all incidents was 20.4, while the median age was 19, exactly the same as for sexual violence.

Figure 6.10 plots the victim ages of both the SV Group and PVT group incidents.

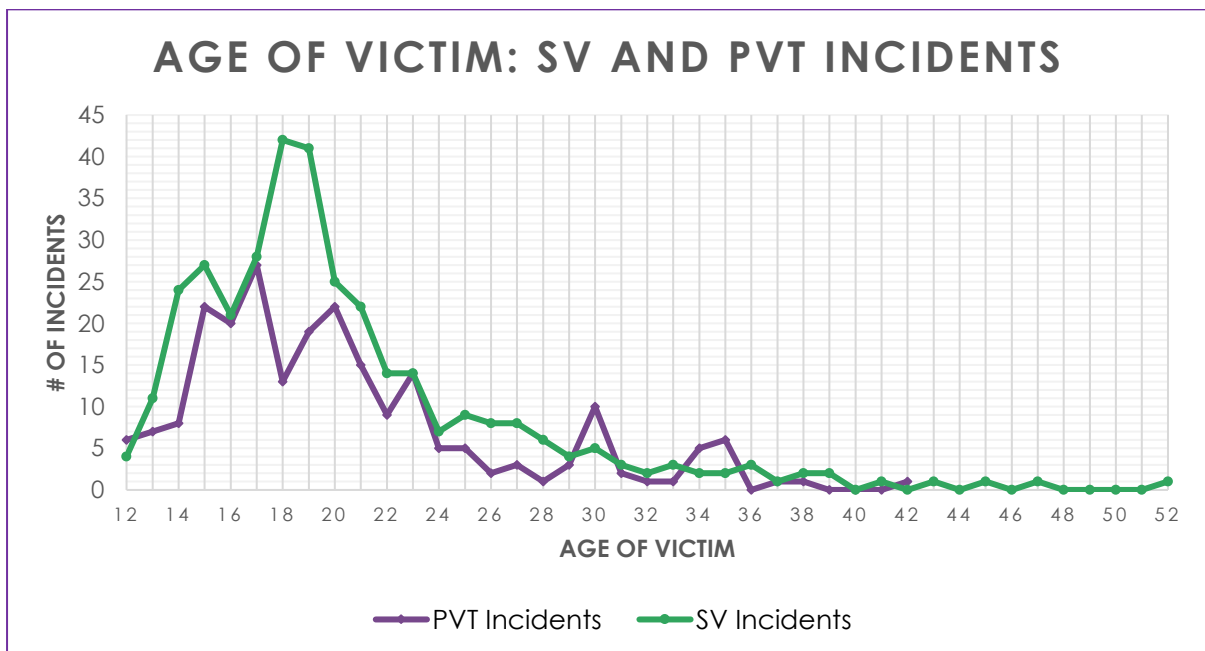


Figure 6.10: Age of victim - SV and PVT incidents

Incidents of physical violence and threats appear to occur somewhat more randomly over different ages than incidents of sexual violence – which have a clear peak at 18 and 19 years old before a dramatic decrease. However, I would not like to make any definite conclusions about this without a lot more data.

## 4.4 Accounts of physical violence and threats

We received a total of **85** stories about violence and threats, after we removed **11** as not relevant to the study. Of these: **7** self-selected out by saying themselves that it was not relevant. **4** were removed for occurring in childhood (ages between 4 and 6), and **one** was a stranger attack.

*There were many incidents of hateful people inviting openly asexual people on Twitter into chat groups that were made to look accepting, but upon joining, aces (like me) were sent pornography and told to kill ourselves.*

- Leo, Germany

*I was harassed online for about a month straight by a group of anonymous users who were angered by a fanfiction I posted in which a popular character was asexual. They called me homophobic, heartless, abusive, immature, disgusting, and compared me to diseases, slugs, and dead bodies. Many said that I was a disappointment to my parents or that they pitied my parents for having me. Some said that they hoped I was never able to influence lgbt+ kids because I would be “just as harmful as Westboro Baptist”. One said that they hoped I died before I “inflicted myself” on someone (by dating them). One said that I should “never show my face”. One told me to kill myself.*

- Calico Jack, USA

*I'm just including this for context, although I don't think it's that important or as bad. Mostly he was being nice until I told him I was asexual, then he started cursing at me and told me to drink bleach, and a bunch of other violent, crazy stuff.*

- Em, USA

Em, who is under 18, is already used to this type of abuse. I call this “asexual self-minimisation” - and we see it very commonly in asexual people reporting violence or abuse, where they preface their words with a statement that it’s “not important” or “not that bad” or that “others have it worse” and then go on to describe abuse that the objective reader finds shocking and absolutely “important” and “that bad”.

*Generally I had accusations levelled at me for stealing boyfriends or being a lesbian because I had not shown interest in dating. I had been threatened with being beaten up, had things thrown at me and told the world was better off without me. This was pre-internet.*

- CJ, Australia

Is she a lesbian or is she a boyfriend stealer? A common argument against asexual people’s claims that we experience oppression is that “people being mean to you on the internet is not oppression”.

CJ's story is evidence that the abuse asexual people experience started before the internet, and that it is more than just "being mean".

*In 2018, I was away on a work trip when I started getting constant threats of violence/rape & suicide prompts online. Turned out a bunch of young gay kids created a "genocide list" of anyone openly ace online to harass for fun. Nothing of substance has been done since, either within the ace community, in the wider queer community, or on the services themselves. It's soured me on interacting with online queer spaces/creators/etc at all. And because I am not out IRL, I had no one to share this; I just had to fake being not shaken & upset for the duration of the trip. As a suicide survivor, the prompts were especially upsetting.*

- Emm, USA

Several respondents wrote to us about the "Genocide List". We found Emm's account the most moving.

*As I've stated before, where I live there was no space to be out, so I only had the Internet.*

*Tumblr, to be specific. I had the luck of being there before the years of horrendous "ace discourse" tore our community apart and left it almost nonexistent, to this day it's not as how it was before. I was able to find a term to describe myself and my experiences, to not feel alone or ostracised, a wonderful community that taught me about all things queer, not just asexuality. But then, I have no idea what started it, but exclusionism towards aspec people became the norm, we were told we weren't queer enough, that we were taking resources that real queer people needed. I remember clearly having to scrub my blog clean of any mention of being asexual in fear of being targeted next. Death threats, suicide baiting, our safe tags flooded with graphic porn, gore and posts telling us we were fake, homophobic, just wanting attention, to just go die, to make our own community and leave queer spaces alone. But we did make our own community, our own corner on the Internet to talk about intracommunity issues, terminology, reassurances and acceptance, but they didn't care, they went after us all the same.*

*Many fake blogs were created to frame ace people of being and doing all the horrible things exclusionists said we were. And that's just scratching the surface, there are many more things I don't want to go into detail right now.*

*Nowadays many young ace people are finding posts pre-discourse, finding terms and stories and definitions we had to leave behind because of that persecution. An example that comes to mind is the ace cards, the four aces represented the four parts that made the community, another is the ace ring.*

*That era was horrendous to live through, being as it was all I had. I remember a common form of self harm for us was going through exclusionist's blogs and just reading all the shit they said about us and did to us.*

*I long for the community to become what it once was again, though I fear it's impossible.*

- Lloyd, Spain



*Not entirely related to asexuality, although I was in an asexual same-sex relationship. The next door neighbour and his brother orchestrated a campaign of threats and micro-aggressions to drive us out because of our relationship.*

- L, Spain

Asexual people experience acephobia, but we are also the victims of misplaced homophobia.

*Directly in response to asexuality activism materials I have made, I have been sent graphic messages about how I should be murdered, raped, or hurt. Phrases I recall include "Want this bitch to get raped. Once she realizes having something shoved in her hole feels good, the whole asexual lie will disappear" and "just because some fucked up priest raped you doesn't mean you don't like sex" and "raped by daddy were you?" and "I will find this bitch and choke her with my cock."*

*A man who never interacted with me directly (to my knowledge) found my asexuality materials and other personal materials and wrote a public article about me, my asexuality, and my other attributes. In it he included my full legal name, which he had found in an old interview I'd done for a magazine, and he published the approximate location of my home (though he did not have my address). In his discussion of my asexual orientation, the man opined that asexuality is just a different kind of pervert, and explicitly said that if a woman claims to be asexual you can just assume she is having sex with underage boys. There were several sentences "jokingly" accusing me of preying on teenage boys and having childlike interests as a mechanism for trapping and grooming children, with suggestions that we can all simply assume this is what those sickos do (since an outlet for not having sex with grownups has to be somewhere). Besides the fact that this article connected my legal name to accusations of pedophilia, it also had advertising in the sidebar and through popups that portrayed graphic sex and sexualized nudity--which of course meant that if someone searched for me online and found THAT page covered in porn, it could easily damage my professional and personal life even if seekers didn't read it closely. I pursued legal action against this person and won my case.*

- Ivy, USA

*I had moved in to a four bed flat in uni accommodation for my third year. At first the three other girls and I got on really well, all started out on the same level with one another. Once I communicated my sexuality and they didn't understand my experience because they hadn't experienced it themselves, they immediately discounted me as someone worth being friendly with at all. They made a point to emphasise their own connections to each other in front of me whenever I went into shared areas because they didn't want me in those shared areas. They took my things in the shared areas not in a cupboard and put them by my bedroom door as another way to tell me I'm not welcome to step outside of my room. I was talking to another friend in the building who I didn't know actually disliked me too, and they communicated back to my housemates that I didn't like how they were acting and how they were treating me. This quickly blew up in my face and they started stuff online about me, were shouting at me and coming out of their rooms to confront me every time I stepped out of my room to go to the kitchen. This went on for about a week when I just broke down and we had an argument in the kitchen, I recorded it and showed it to the halls management to ask for help, and their suggestion was to just move to another flat and said that since I'm not actually 'lgbt' that I'm not protected under the anti-discrimination policies that would have had them evicted. The matter wasn't even written down or recorded anywhere, it was immediately dismissed. The girls had seen me with*

*the manager so they actually walked in to where we were talking deliberately to disturb us (they never went to that hall lounge. Ever.) That night I lashed back out at one of the girls verbally, I didn't massively overstep but I was emotional and let this one girl know what I think of her and how she was acting, and she invited her friends to harass me outside my bedroom door. I was sobbing on the phone to the Samaritans and her and her mates she let in were banging on my door telling me I am this that and the other, to kill myself, to move out, to quit uni, and misidentifying me as a lesbian and emphasising aspects of that, so speaking very crudely to insult me about how I like to put my mouth in certain places. Very colourful and graphic and hurtful. These people were unhinged, and the entire disharmony began when I let them know I was sexually different to them, the Christian straight woman flatmates that they were. I moved to another flat in another building the next day. I learned later that four other people had moved into my room after me, and each one moved out/away within the space of one academic year for having difficulties with the housemates remaining. That's four other people harmed by these girls where the Uni (who I directly went to and had a meeting with about all of this) and the uni halls' managers/ reps didn't care about anything other than being paid and filling up rooms.*

- Philippa, UK

"No one ever got kicked out of home for being asexual" is a common exclusionist argument against asexuals identifying as LGBTQI+. This university declined to help Philippa when they explicitly stated that they would have helped her if she'd been "LGBT."

*I was working at a bar, and I was hit on by a customer. I told them I wasn't interested in going out with them, they made it clear they just wanted to have sex rather than date. I told them I still wasn't interested, they didn't believe me, I told them I was asexual and uninterested. They became very angry, said I was either lying or something was seriously wrong with me, and that they would be waiting outside the bar when I finished work because all I needed was "some good dick and you'll be fine". I threatened to call the police and they left, but they started leaving comments on the bar's social media to find out when I was working again. They left a negative review of the bar about the "prude bitch" who worked there, and called the bar several times asking when I was working next and what time my shifts would end. Luckily my boss banned him from the bar and had him blocked on all social media, and my coworkers would walk me to my car to make sure I would be alright, so they never actually harmed me.*

- Beth, Australia

*My whole class started teasing me, grabbing at my clothes and saying all sorts of things because I was "frigid". It was something that still hurts today. I was the target all because I didn't understand or was interested in dating or sex.*

- T, Australia

*My head was regularly slammed into my high school locker door by a boy at my school because I was "weird."*

- Sarah, USA

Acephobia does not have to look like a person specifically stating "I am attacking you because you are asexual", or words of that type. It can be more subtle than that.

*My father overheard me talking on the phone to a friend. He attacked me. Said I was a stain on the family and that I should kill myself. He smashed my head into the wall and it bled out.*

- Rayna, USA

## 7. Healthcare Experiences

The first 5 subjects of the survey were a project originally intended by ACT Aces, while Australian Asexuals planned to release a survey about experiences with healthcare. In order to avoid releasing two surveys at the same time, it was agreed to combine them into one project - this led to an overlong survey that was complicated and led to incomplete responses. In retrospect, the team feels two surveys would have been more appropriate. This has been a learning experience and future surveys will be shorter.

Because the intended purpose of this section of the survey was different, the questions take a different form - and stories gathered were both positive and negative, unlike previous sections where the focus was on gathering information about violence and harmful experiences.

5 of the 1667 responses deemed “complete” did not answer any of the Healthcare section, and so “respondents” in this section refers to those 1662 who did provide answers, although not all answered every question.

### 7.1 Disclosure to healthcare professionals

The initial question asked respondents whether they had ever disclosed to a medical professional that they are asexual/on the asexual spectrum. 722, or 43.44% responded *Yes* and 940 (56.56%) responded *No*. The 722 *Yes* respondents have been designated the *Disclosure Group*.

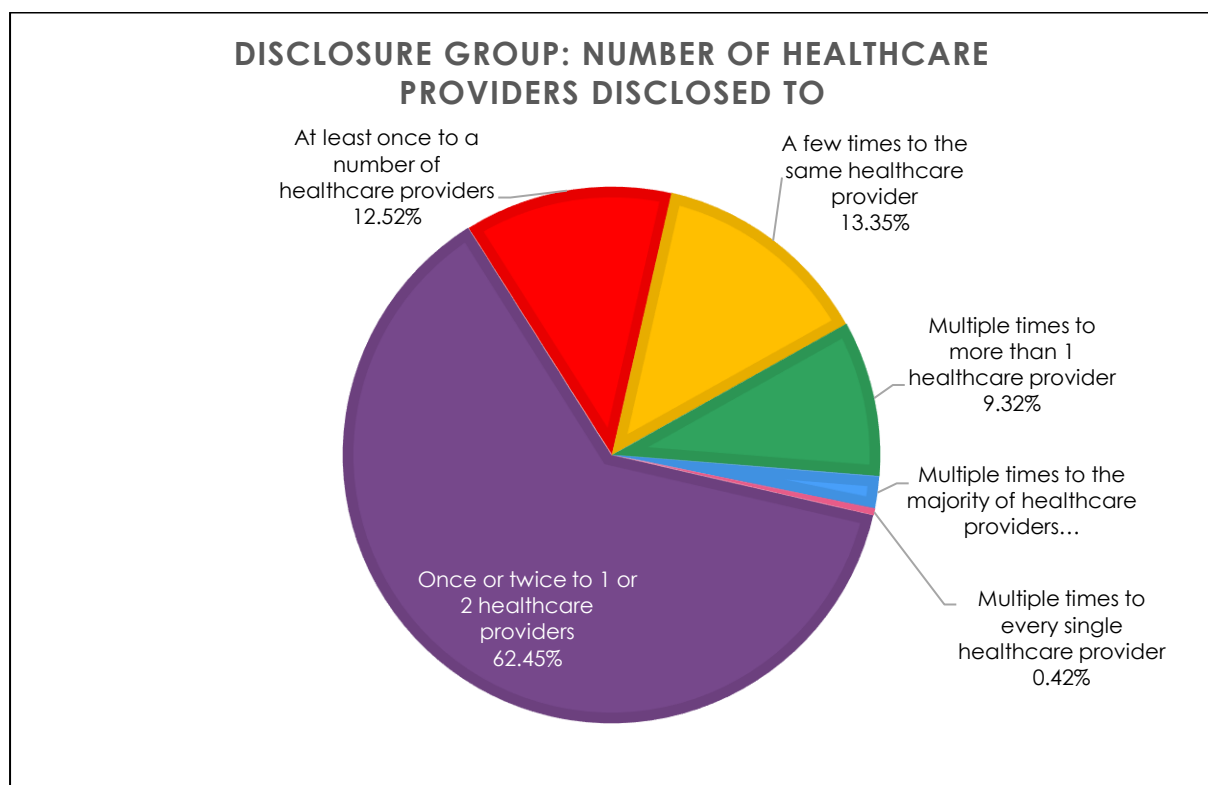


Figure 7.1: Disclosure Group - Number of healthcare providers disclosed to

The Disclosure Group was asked roughly how many healthcare providers they had disclosed the information about their sexuality to. Figure 7.1 shows the responses (3 did not answer).

**449**, or **62.53%**, had only disclosed once or twice to one or two healthcare providers - by far the majority. **12.52%** had disclosed at least once to a number of providers, and about the same, **13.35%** several times to the same provider.

Only **11.7%** of the Disclosure Group are regularly disclosing - **9.32%** reported that they've disclosed multiple times to more than one provider, **1.95%** (**14** respondents) report to the majority of providers and **three** said they disclose to every single provider.

### 7.1.1 Types of professionals

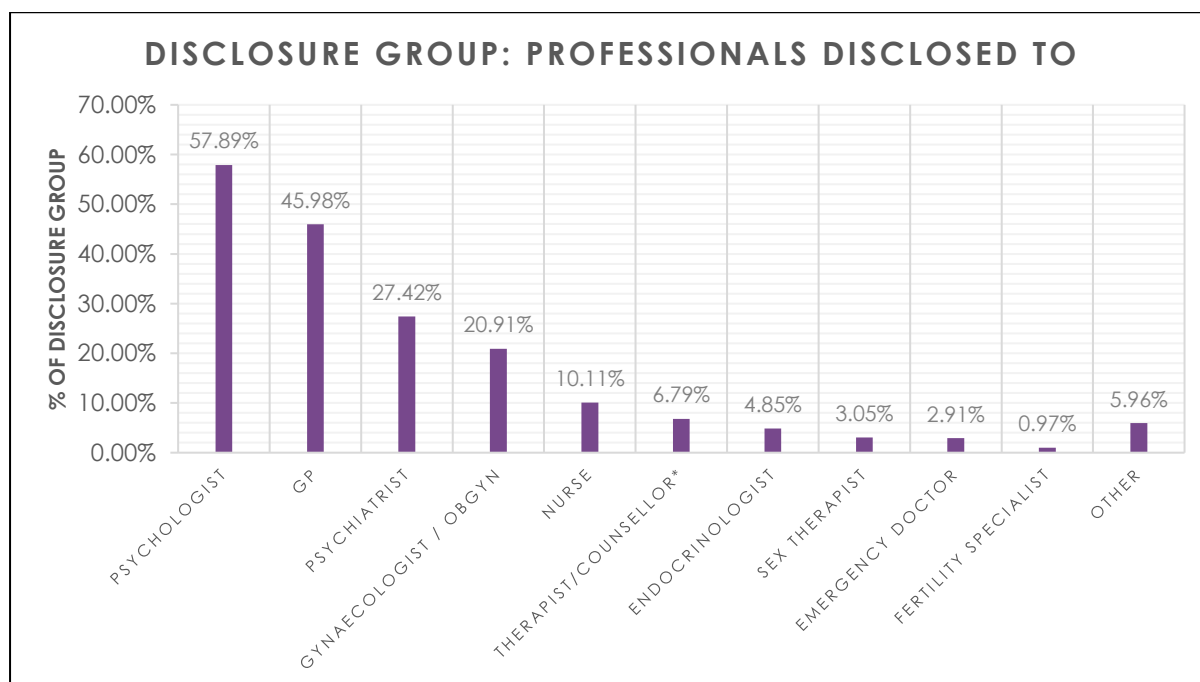


Figure 7.2: Disclosure Group – Professionals disclosed to

Those in the Disclosure Group were asked to specify which types of healthcare professional they had disclosed their asexuality to, choosing from a list, and with an *Other* option and open field. The number of respondents writing in “therapist” or “counsellor” was significant enough to create a new category.

**57.89%** of the Disclosure Group had disclosed to a psychologist, **27.42%** to a psychiatrist and **6.79%** to a therapist or counsellor - making mental health professionals by far the most common type (keeping in mind that in some cases, one respondent had disclosed to all three). **45.98%** had disclosed to a General Practitioner, and **10.11%** to nurse.

After answers in the *Other* field had been redistributed (such as moving “family doctor” to General Practitioner, and making a new category for therapists/counsellors), **43** responses remained. These were:

Autism mentor, 3 x Case manager/social worker, 4 x Couples/family therapist, 3 x Dermatologist, Dietician, Disability support worker, 9 x Gender specialist, Hospital, Midwife, 3 x Neurologist, Pathologist, Pelvic floor therapist, Personal coach, 6 x Physiotherapist/chiropractor, 2 x Psychotherapist, Radiologist, Sleep specialist, 2 x Surgeon, Urologist.

A common form of acephobic denialism is arguing that asexual people would not experience medical discrimination if they did not disclose their sexuality to medical professionals. While this argument demands asexual people remain in the closet, when nobody should have to do so, we can also see that with many of these medical professionals, not disclosing is simply impractical.

Mental health professionals are treating a person’s whole self - sexual orientation is a part of that - especially if the patient has been a victim of trauma because of their asexuality. Those being treated for gender dysphoria, or who are requesting gender reassignment are compelled to provide information about their sex life and sexual orientation.

Someone who is not asexual (or lesbian) might ask “*Why would anyone need to disclose to a dermatologist?*” I cannot speak for a respondent who did not provide a lengthy answer, but there are medications used to treat acne which cannot be prescribed to a pregnant person - and we know anecdotally that many dermatologists will insist that patients take oral contraceptives or get a contraceptive implant to ensure they do not get pregnant while taking the medication.

*When I had to go on acne medication in high school, they usually require you to take birth control to ensure you won't get pregnant on it. I tried to tell the doctor there was no chance of me engaging in sexual activity, and she continually didn't believe. When I finally got her to believe me, she kept trying to get me to take birth control anyway, and then I had to jump through a bunch of hoops with paperwork to be allowed to take the acne medication without also taking birth control. It was very frustrating not to be believed.*

- “M.”, USA

“M.” is one of several respondents to describe this experience - there are more than just the three who specified *dermatologist* among the health professionals they have disclosed to.

### 7.1.2 Responses to disclosure

The Disclosure Group was asked to approximately rate the responses of the medical professionals that they had made disclosures to. This was not a quantifiable, reliable measure as some of the group were rating one person’s response while others were rating the mixed reactions of multiple people. *Figure 7.3* shows the approximate reactions, as gauged by the Group.

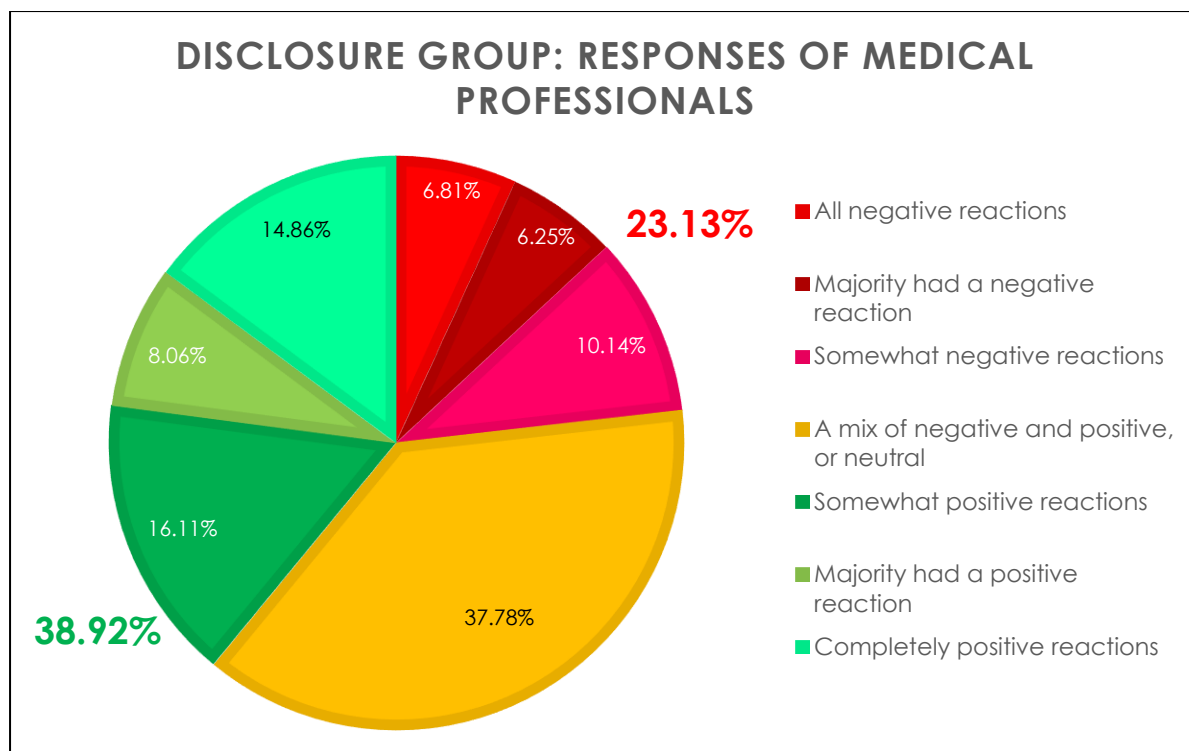


Figure 7.3: Disclosure - Responses of medical professionals

In total, **23.13%** of respondents gauged the responses as negative, **38.92%** as positive and **37.78%** as either a mixture, or as neutral. As the majority of the stories respondents chose to share were negative (See *Section 7.5*), these figures are a useful reminder that experiences on the whole were not as negative as the qualitative data might suggest - respondents were simply more inclined to share their negative stories.

The Disclosure Group were asked about the reactions of their medical professionals both immediately after disclosure and in the longer term. These are represented in *Figures 7.4* and *7.5*. In both charts, red columns indicate those reactions which are inappropriate and non-therapeutic, and which should ideally have smaller numbers. Those in green are appropriate responses, which experts on asexuality would hope to see more of. Yellow indicates responses that are neutral and could potentially be appropriate or inappropriate, depending on context.

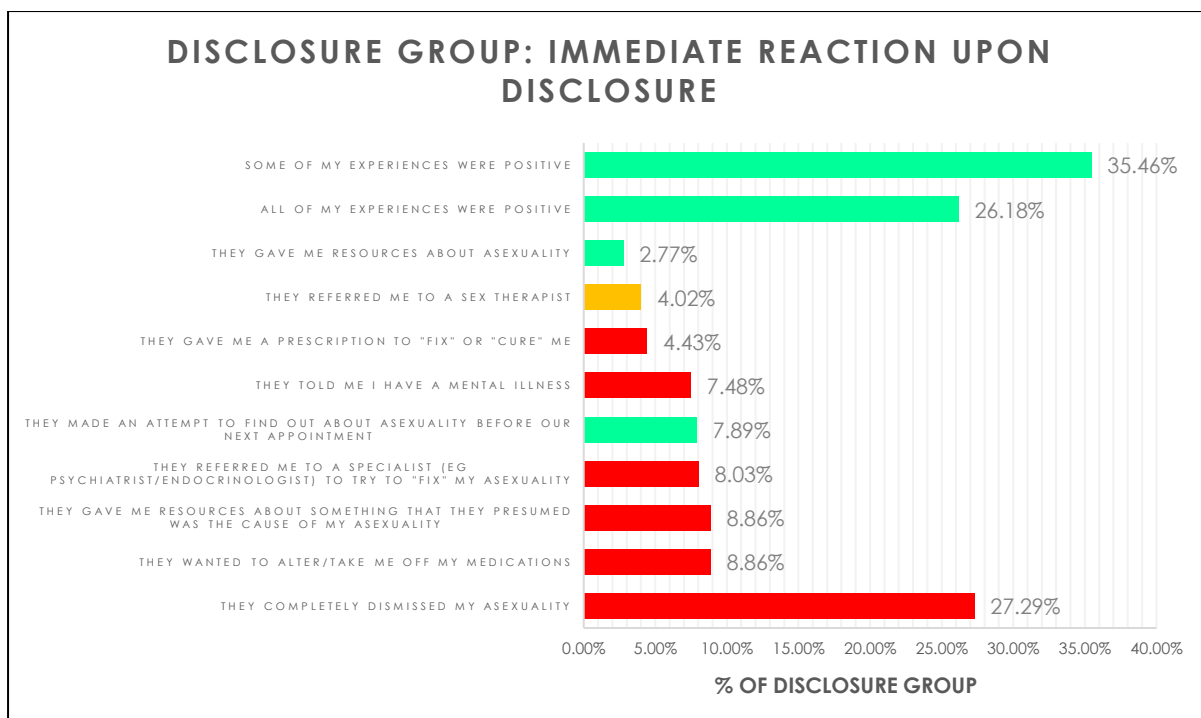


Figure 7.4: Disclosure group - Immediate reaction upon disclosure

A total of **61.63%** of the Disclosure Group reported that some or all of their immediate experiences were positive. This is vastly different from the **38.92%** who answered “*Completely positive reactions*”, “*Majority had a positive reaction*” or “*Somewhat positive reactions*” to the previous question.

The most common inappropriate reaction was completely dismissing the respondent’s sexuality (**27.29%**). This was the only reaction to be experienced by more than 10% of the group. **8.86%** said they were given resources about something the medical professional presumed to be the cause of asexuality, while only **2.77%** were given resources about asexuality itself. In terms of “fixing” or “curing” asexuality - **8.86%** of the group said a medical professional wanted to alter/take them off a medication, **8.03%** had been referred to a specialist to “fix” the asexuality, **4.43%** were given a prescription to “fix” or “cure” them. **4.02%** were referred to a sex therapist - an experience that I have rated as neutral - as it may be intended to pathologise but can also be intended to just talk through emotions about sexual identity.

**7.89%** of the group said their medical professional made an attempt to learn more about asexuality before the next appointment - AACAU applauds these doctors and medical professionals for seeking out the information that is not taught in medical schools or provided in professional development.



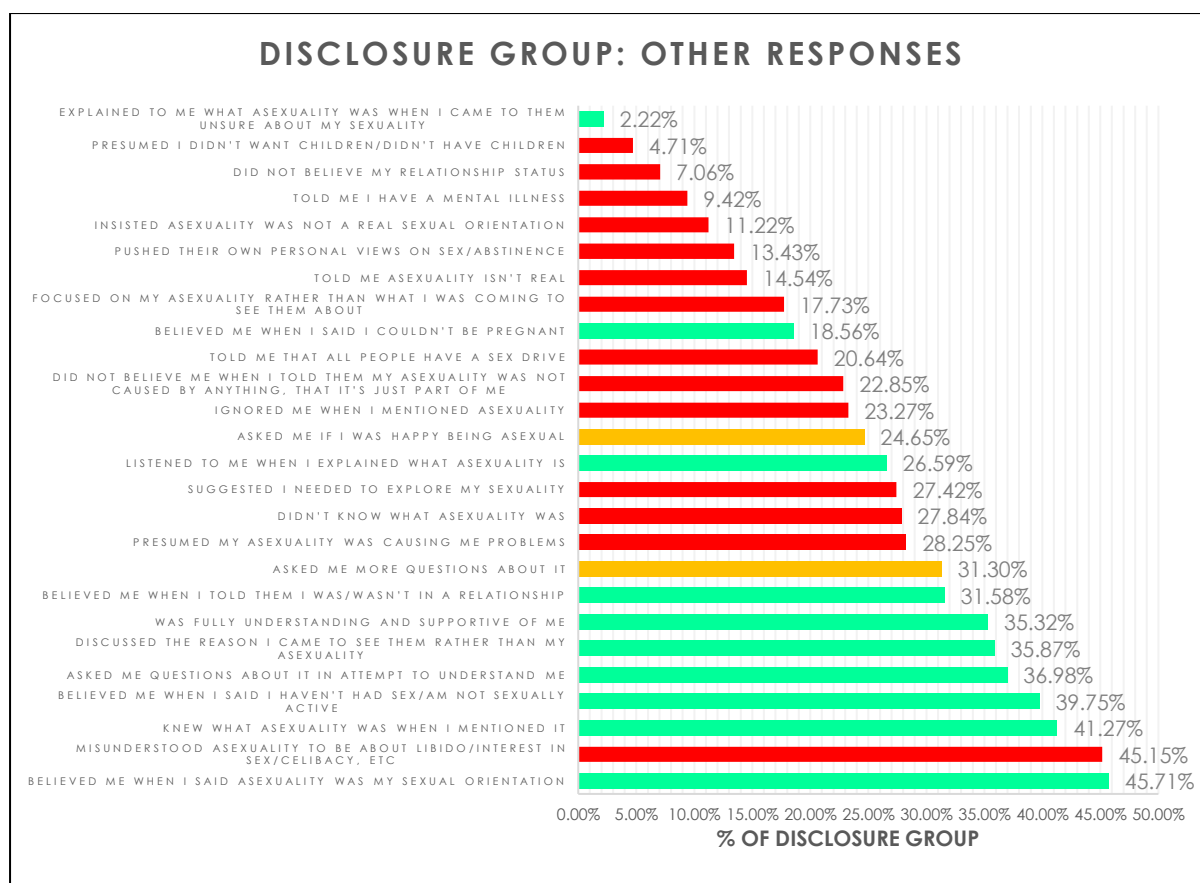


Figure 7.5: Disclosure group - Other responses

The responses beyond initial reactions are encouraging - most of the lower, more common end of the chart is coloured green. Unfortunately, the second most common experience was “*Misunderstood asexuality to be about libido/interest in sex/celebracy, etc*”. **45.15%** of the group experienced this, which is unfortunate, as it may taint other results - **45.71%** said that a medical professional had believed them when they said asexuality was their sexual orientation, but it is not possible to be certain that the medical professional correctly understood asexuality. It is clear that not all did - although nearly 46% of the group said that they were believed - only **41.27%** said that a professional “*knew what asexuality was when I mentioned it*”. There is therefore a gap of at least **5%** between understanding and belief.

**35.87%** reported that a health professional discussed the reason they came to see them, rather than the asexuality, and **17.73%** reported the opposite response - that the health professional focused on the asexuality at the expense of the medical issue.

**24.65%** of the group said they had been asked by a health professional if they were happy being asexual, an experience I graded as neutral, as this has potential to be both intrusive and offensive, or a simple and effective inquiry to gauge a patient’s mental health.

### 7.1.3 Results of disclosure

The Disclosure Group was asked questions about the ultimate results of their disclosures to healthcare professionals. These included referrals, relationships with the healthcare provider, changing providers and diagnoses.

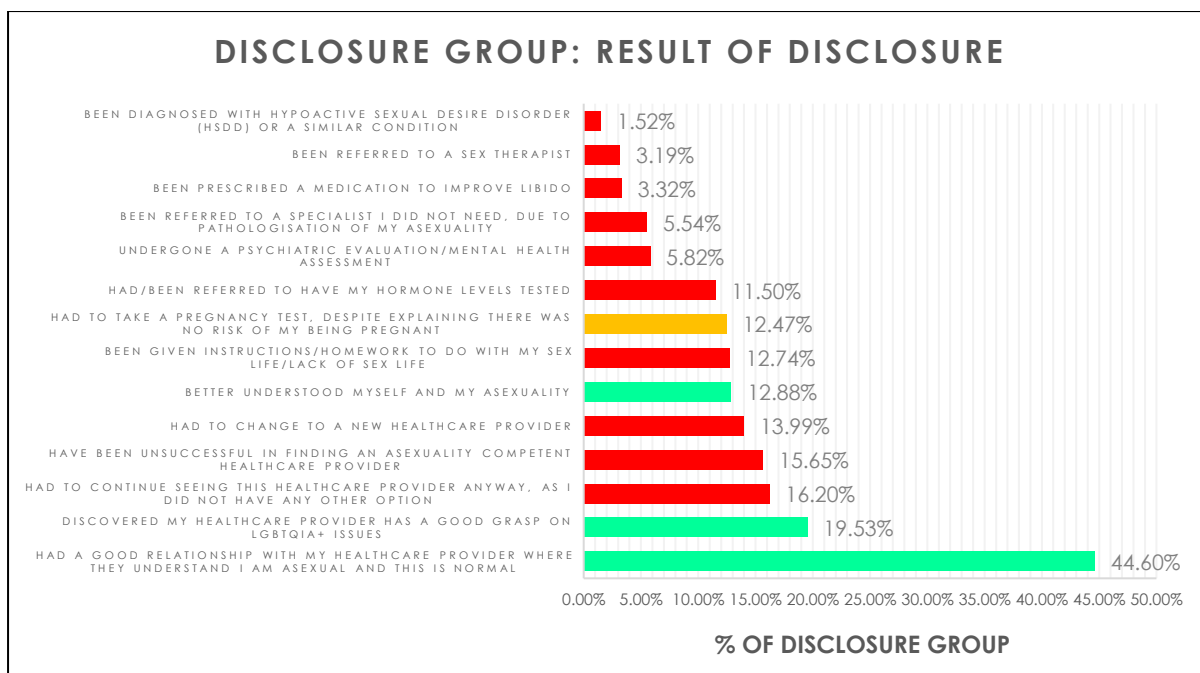


Figure 7.6: Disclosure Group - Result of disclosure

**44.6%** of the Disclosure Group reported that after disclosing they “had a good relationship with my healthcare provider where they understand I am asexual and this is normal”. While this is more than double any individual negative outcome, it is a discouraging statistic to offer to an asexual person contemplating whether they should disclose to their own doctor about their sexuality - **less than 50%** of respondents who did so reported this positive result.

Three options were given that related to finding a new healthcare provider if the respondent was not happy with the reaction of the one they had - the most common result was that they “had to continue seeing this healthcare provider anyway, as I did not have any other option”, at **16.2%**. The least common was “had to change to a new healthcare provider” (**13.99%**) which has been graded as negative, but which could be regarded as the most positive of the three options. “Have been unsuccessful in finding an asexuality competent healthcare provider” fell in between the two.

Those outcomes regarding “cures” are: “Been given instructions/homework to do with my sex life/lack of sex life” (**17.74%**), “Had/been referred to have my hormone levels tested” (**11.5%**), “Had a psychiatric evaluation/mental health assessment” (**5.82%**), “Been referred to a specialist I did not need, due to pathologisation of my asexuality” (**5.54%**), “Been prescribed a medication to improve libido” (**3.32%**) and “Been diagnosed with Hyposexual Desire Disorder (HSDD) or a similar condition” (**1.52%**).

A total of **11** respondents reported diagnosis with HSDD or a similar condition (see Section 7.4.8).

### 7.1.4 Failure to disclose

All respondents were asked: *If you have ever chosen to NOT discuss your asexuality with any healthcare provider, what was the reason?* 13 potential reasons were offered, and they were invited to check all that were true. **Figure 7.7** summarises these results.

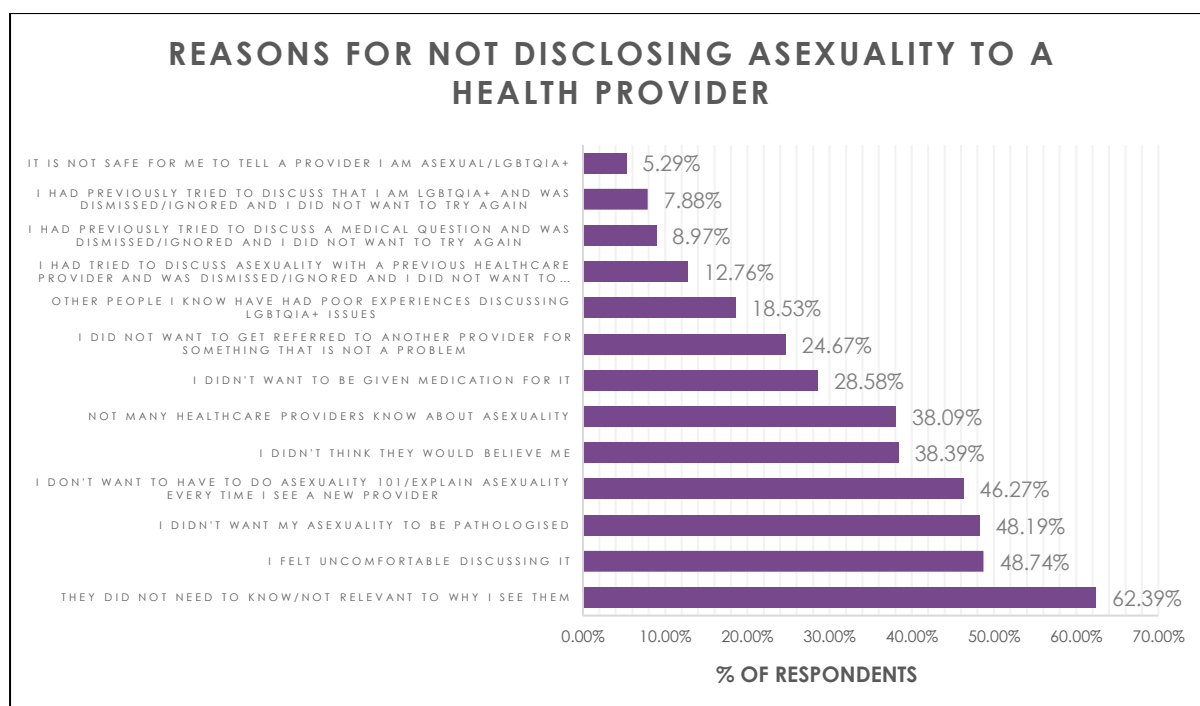


Figure 7.7: Reasons for not disclosing asexuality to a health provider

The most common reason given, at **62.39%**, was “*They did not need to know/Not relevant to why I see them*”. However, this reason was frequently combined with one or more others. As the *sole* reason for not disclosing, it accounted for only **13.6%** - and was slightly more likely to appear with **six or more** other reasons than alone.

After this, the two most common reasons, at **48.74%** and **48.19%** respectively, were “*I felt uncomfortable discussing it*” and “*I didn’t want my asexuality to be pathologised*”. **28.58%** of respondents gave both reasons. The next most common answer after these was “*I don’t want to have to do Asexuality 101/explain asexuality every time I see a new provider*”. **46.27%** of respondents identified this as a reason for not disclosing.

**38.99%** chose “*I didn’t think they would believe me*”, and **28.58%** selected “*I didn’t want to be given medication for it*”. It is encouraging that the least common reason was “*It is not safe for me to tell a provider I am asexual/LGBTQIA+*”, at only **5.29%** - however it should be remembered that the survey responses skewed heavily towards some countries and away from others, where we know from our fellow activists and colleagues that asexual people are unsafe and that queer identities are illegal.

#### 7.1.4 Medical professionals’ assumptions about “cause”

The Disclosure Group was asked to identify from a list of **23** options any “cause” that their medical professional had suggested for their asexuality. This list was composed based on anecdotal evidence. *Figure 7.8* summarises the results, from least common to most common.

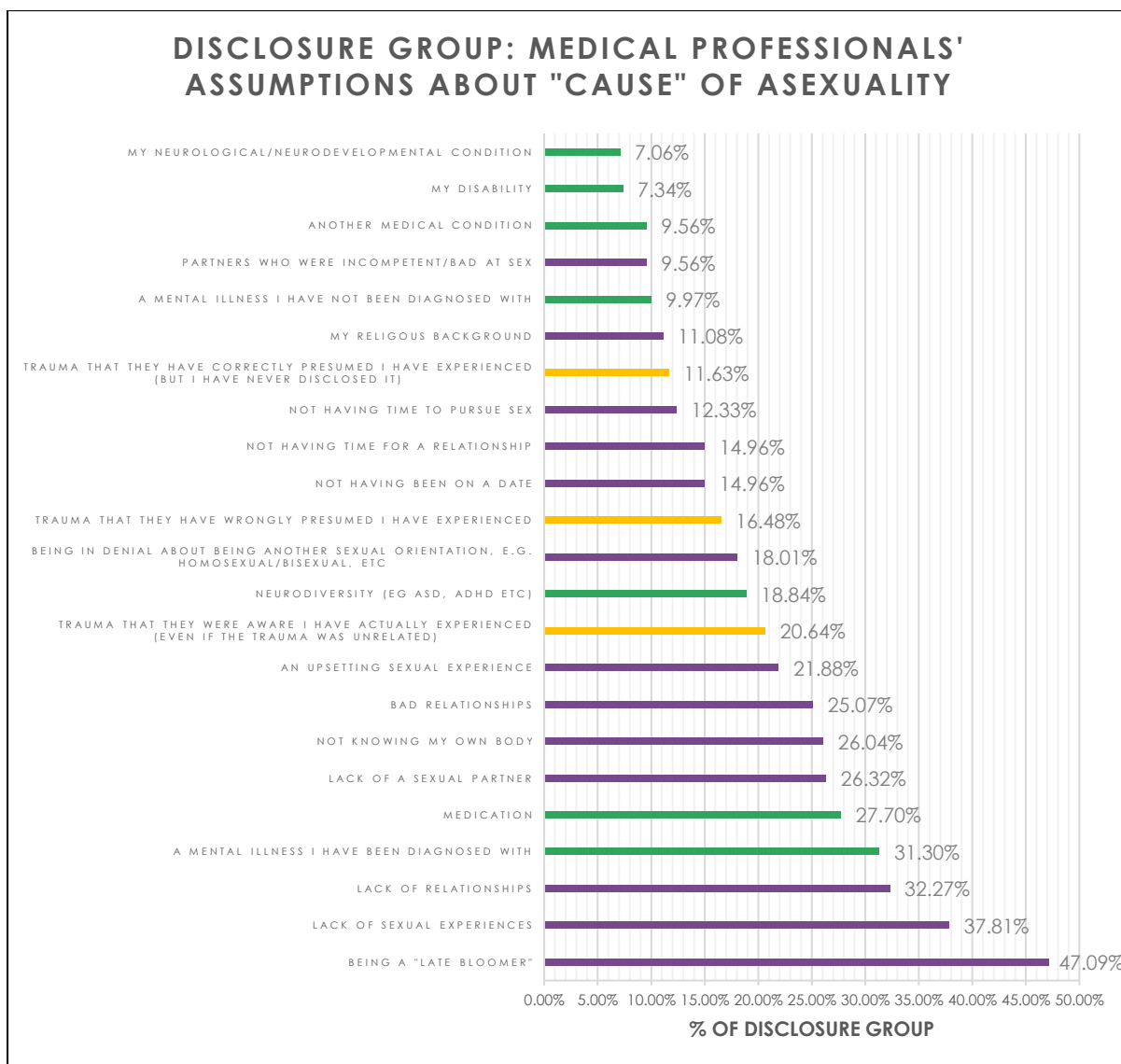


Figure 7.8: Disclosure Group – Medical professionals’ assumptions about “cause” of asexuality

Supposed medical “causes” are shown in green, trauma related “causes” in yellow and other “causes” in purple. The three most common “causes” attributed by medical professionals were “being a late bloomer” (47.09%), “lack of sexual experiences” (37.81%), and “lack of relationships” (32.37%). These are three similar, related ideas that are all based on the misconception that asexual people simply need to experience sex in order to understand themselves and their sexuality.

“Not knowing my own body” was identified by 26.04% of the group. The related ideas of “not having time for a relationship” and “not having time to pursue sex” were identified by 14.96% and 12.33% of the group respectively. These patients have explained to their doctor (or mental health professional, such as a psychologist) that they do not experience sexual attraction, possibly as a way of explaining why they are not interested in or pursuing relationships. The doctor’s response is to tell them that this is because they do not have time for a relationship - utterly dismissing and contradicting what they have just been told and suggesting that they have not listened to it at all.

“A mental illness I have been diagnosed with” was the fourth most common “cause” given (31.3%), while “a mental illness I have not been diagnosed with” was much less common, at 9.97%. Neurodiversity, such as ADHD or autism was also commonly blamed (18.84%) - this is consistent with

the stories neurodivergent asexuals often share. **7.34%** reported that their medical professional/s thought that their asexuality was “caused” by their disability - when disabled people are often desexualised and assumed to be sexless, not capable of having sexual needs or having the autonomy to make sexual choices, it is disappointing to see trained medical professionals holding this attitude.

There were three categories of trauma-related causes, based on accuracy and the medical professionals’ knowledge: “trauma that they were I aware I have actually experienced (even if the trauma was unrelated)” (**20.64%**), “trauma that they wrongly presumed I have experienced” (**16.48%**) and “trauma that they have correctly presumed I have experienced, but I have never disclosed it” (**11.61%**).

## 7.2 Other medical experiences

Throughout the medical experiences section of the survey, a series of twelve questions were asked that provided information about various medical scenarios. I have loosely grouped these into three categories: those relating specifically to asexuality, libido and desire to have children; those relating to medical professionals making assumptions about orientation and gender; and those that involve medical professionals being judgemental or making accusations.

### 7.2.1 Experiences relating to asexuality, libido + children

Figure 7.9 sums up the results of the questions that asked about reproductive healthcare, asexuality, and medication and libido.

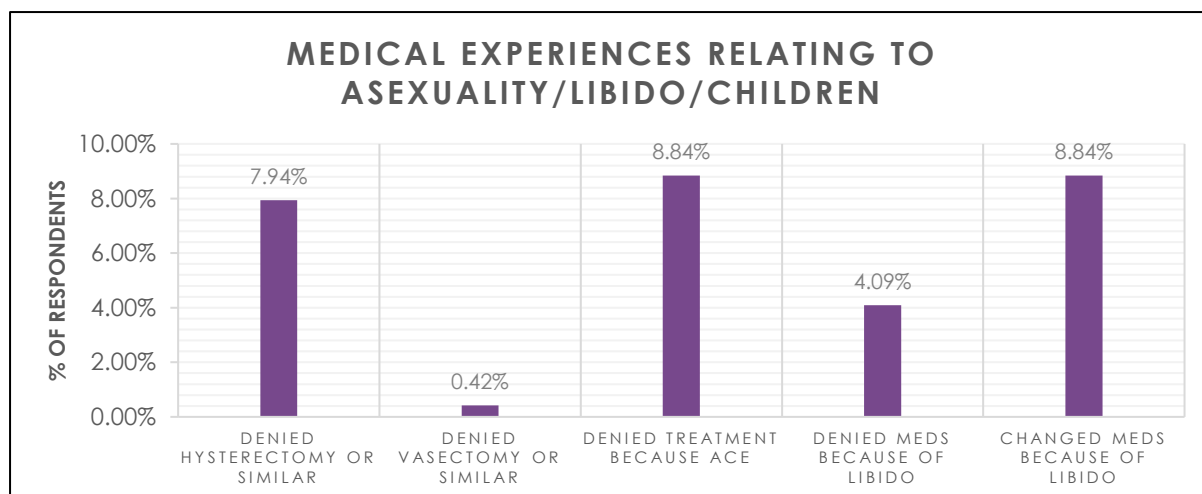


Figure 7.9: Medical experiences relating to asexuality/libido/children

The first of the three questions included here asked respondents whether they had been refused a hysterectomy, vasectomy or similar procedure on the basis that they might want children in the future. **7.94%** of respondents reported being denied a hysterectomy, while only **0.42%** (7 respondents), reported being denied a vasectomy. This disparity is not accounted for by the imbalance in respondents with relevant reproductive organs. The best approximation available for those with a uterus or testicles is gender assigned at birth. **7** is **3.21%** of those assigned male and the hysterectomy figure of **132** amounts to 9.19% of those assigned female at birth.

This may be an issue that disproportionately affects asexual people, as the 2020 Asexual Lived Experiences Survey found that only 33% of respondents over 21 had the desire to have children.<sup>25</sup> More young women may therefore be requesting elective hysterectomy. More study on this would be needed.

The second question asked respondents “*Has a healthcare provider refused to treat you because of your asexuality?*” **8.84%** of respondents indicated “Yes”. One shocking example of this was submitted by CK.

*When I went to a gender therapist to try to begin my transition the first time, once I revealed I was asexual, the therapist refused to put me forward for gender therapy, would not believe me when I said I was not asexual due to sexual abuse, and made the entire session about trying to “fix” my asexuality. I did not get to begin my transition until five years later, during which time I attempted suicide and self harmed.*

- CK, UK

This is discrimination, coming from a place of ignorance. The therapist may have genuinely believed they were doing the right thing, therapeutically, by denying necessary gender affirming care to a patient because they still had unresolved trauma. But this opinion is incorrect, outdated and not supported by evidence. A therapist working in this area has an obligation to be up to date and have an understanding of sexual orientation, including asexuality.

An even simpler, more blatant example of discrimination was submitted by Percy.

*I was denied access to healthcare because I am asexual. My GP wouldn't refer me to a gynecologist (despite my family history of reproductive issues) or let me get the HPV vaccine because I'm asexual and therefore "didn't need it".*

- Percy, USA

The refusal to refer to a gynaecologist is discriminatory, but, although it is not an aggressive, physically violent act, to deny a patient a life-saving vaccine on the basis of their sexual orientation is one of the most shocking human rights violations submitted to this survey. The HPV vaccine is not in short supply, and side-effects are extremely rare - there is no justification to deny it to a patient who is specifically asking for it.

Some aces have sex. Some aces try sex just once – and any form of penetration can introduce HPV. Not all sexual contact is consensual. Even an unsuccessful attempt at sexual intercourse should be followed by cervical screenings – so every ace with a cervix should be vaccinated, just in case.

Finally, the survey asked two questions related to medication and libido. The first asked if a medical professional had ever refused to prescribe a medication because they thought it might lower the respondent’s libido (even if they said they didn’t care or hadn’t mentioned asexuality). The second

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<sup>25</sup> [Wood \(2020\)](#), p. 42

was similar but focused on making changes to medication the respondent was already taking that the medical professional felt was lowering their libido.

**4.09%** of respondents said they'd been refused a medication on the basis it lowered libido. **8.84%** indicated that a medical professional wanted to or did make changes to medication because they believed it was lowering their libido.

## 7.2.2 Negative experiences

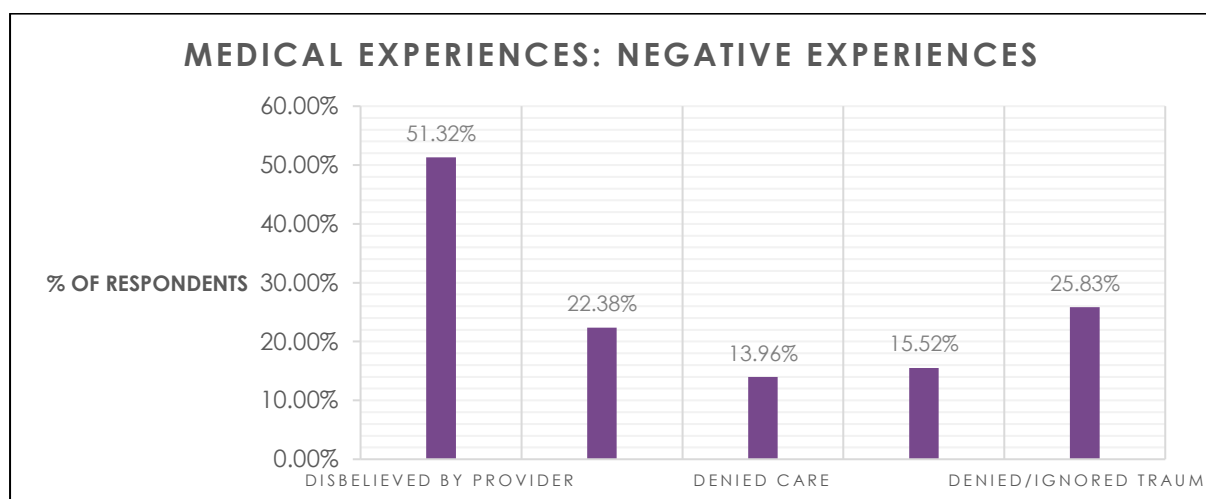


Figure 7.10: Medical experiences - Negative experiences

Negative experiences explored in the survey related to being disbelieved or accused of lying, denied medical care for any reason, having a medical professional push their personal or religious beliefs and having a traumatic history denied or ignored.

The responses to these five experiences are shown in *Figure 7.10*.

Most concerning is that **51.32%** of respondents answered “Yes” to the question: “*Has a healthcare provider ever not listened to you/said you were wrong when you told them something about yourself? (Even if unrelated to your asexuality?)*”

**Just over 50%** of respondents felt that a healthcare provider had not believed them or listened to them about personal information - this may include incidences of self-diagnosis, but given the responses to the following questions, is likely to also include many cases of subjective experience that the patient cannot be wrong about, because they are describing their personal feelings and thoughts.

**22.38%** of respondents had been accused of lying when they told a healthcare provider something about themselves (not necessarily related to their asexuality). Many of the submitted stories tell of being accused of lying when a patient has said they are not or have never been sexually active, they cannot be pregnant, or they have never been in a relationship.

The other three questions were:

*Has a healthcare provider ever denied you medical care/referral/medication etc because of something you told them about yourself?*

Has a healthcare provider ever made a decision about your healthcare based on their personal/religious beliefs?

Has a healthcare provider ever disbelieved/not listened to you when you have tried to discuss trauma (regardless of the cause of the trauma)?

### 7.2.3 Assumptions of orientation and gender

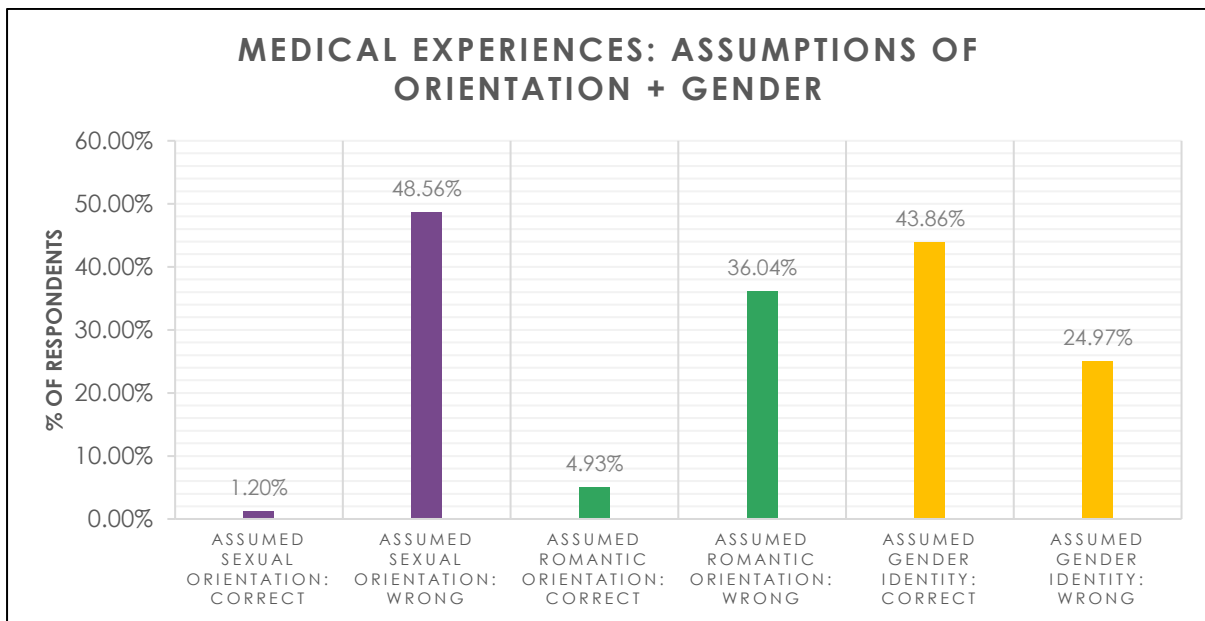


Figure 7.11: Medical experiences - Assumptions of orientation + gender

The survey asked three questions relating to healthcare providers making assumptions about sexual orientation, romantic orientation and gender. *Figure 7.11* shows the “Yes” responses for each - those where the healthcare provider was correct, and those where they were incorrect.

More than one response could be selected, with the options for each being the two “Yes” options shown on the chart and “No”.

As expected, gender identity was assumed the most frequently - I would argue that correct assumptions of gender are likely higher than the **43.86%** result. As most cisgendered people do not think about gender most of the time, many might not even notice when they are being correctly gendered. If a cis woman walks into a doctor’s office and the doctor assumes she is a woman, it may never register with her that an assumption has been made at all. By contrast, the **24.97%** who have had their gender incorrectly assumed have all noticed. As gender is one of the first things people notice about one another in an interaction, it is likely that almost all doctors make an assumption about gender - unless they are seeing gender on an intake form and therefore know it before they meet the patient.

Unlike gender, sexual orientation is assumed mostly based on deviation. Heterosexuality is often treated as a “default”, and indicators in a person’s appearance, mannerisms, behaviour or language may, correctly or incorrectly, lead to assumption that they are *not* heterosexual. For example, lesbian women are assumed to dress a certain way. The sample in this survey are all asexual people - a group which is little-known, and which does not have any established stereotypes or common assumptions about dress, mannerism, behaviour, etc. It is therefore very unlikely that a doctor, or any person, on



first meeting someone, would assume that they are asexual - there are no visual cues that would give that impression, accurately or inaccurately.

This may explain why only **1.2%** of respondents said that a healthcare professional had correctly assumed their sexual orientation. **48.56%** had been the subject of an incorrect assumption - the survey did not record what these assumptions were.

Only **36.04%** of respondents had experienced an incorrect assumption about their romantic orientation, with **4.93%** saying they'd been the subject of a correct assumption. Without further information, we cannot identify exactly what the story is behind this data. Most healthcare providers do not know what the Split Attraction Model is - we know this anecdotally and from submissions. It is unlikely they are making a conscious assumption about what a person's romantic orientation is - more likely is that in many of these cases, the assumption is that because the patient is asexual they must also be aromantic. There may also be assumptions made on the basis of the gender of a current romantic partner - such as that a woman with a male partner must be heteromantic, when she is actually biromantic.

## 7.2.4 Routine procedures

Many asexual people have such high levels of sex repulsion that they struggle even with routine medical procedures that involve the genitals, anus, breasts, or being naked or exposed in any way. Although there is no sexual intent in a medical exam, the vulnerability and being touched (or even looked at) in parts of the body that are sometimes viewed as sexual can be overwhelming and distressing.

To ascertain how medical professionals are responding to this distress, the survey asked a question about this. The wording was:

*Has a healthcare provider ever requested a routine medical procedure (eg. a pap smear, breast exam, prostate exam) that you expressed concern about/felt uncomfortable about?*

The response options were:

*Yes - they ignored my concerns and insisted I needed it*

*Yes - they listened to my concerns and reassured me, but still insisted I needed it*

*Yes - they listened to my concerns and reassured me but after hearing my concerns said I did not need to do it*

*No*

As advocates for asexual patients, the two *Yes* responses we would want to see are in the middle - that the healthcare provider listened to the patient and reassured them about their concerns but still insisted the procedure is necessary, or that on understanding how distressing the procedure would be, they decided it would not be necessary. Examples of these two scenarios would be a pap smear or prostate exam for the first - these are essential preventative medicine that can be very distressing for patients. An appropriate response would be to explain the exact nature of the procedure to the patient, make them as comfortable as possible, allow them a support person in the room, etc. (With cervical screenings, technology is supplying more and more options to make this process easier and

less distressing, so that pap smears are no longer the standard in Australia and medical professionals should certainly provide patients with these options.

The second scenario might be an internal ultrasound. This is a procedure that can diagnose endometriosis, for example, but it is not recommend if the patient has never had vaginal intercourse. If an asexual patient is deeply distressed by the idea of the internal ultrasound, it is appropriate to explain to them what the procedure is for, how it works and why they’ve been asked to have one. However, if the patient has all the information about why the diagnosis process might stall, they should also understand that they have the right to refuse this procedure if they don’t want it. If the pain and distress is reason enough not to perform this procedure on someone who has never had vaginal intercourse - it is reason enough not to perform it on any distressed person.<sup>26</sup>

Figure 7.12 shows the responses to this question.

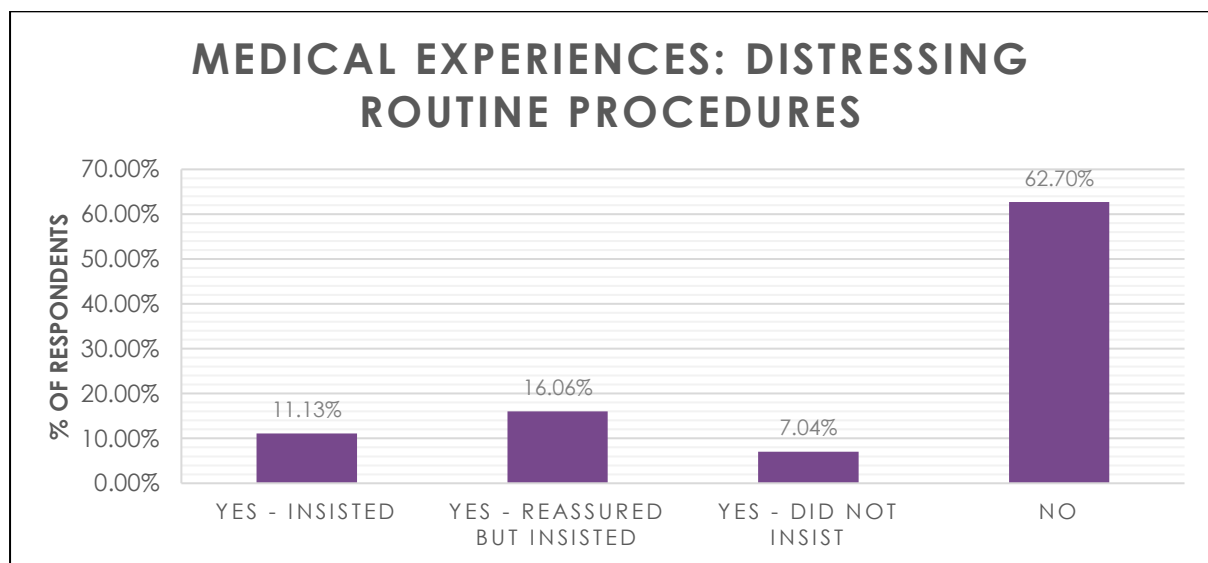


Figure 7.12: Medical experiences - Distressing routine procedures

**11.13%** of respondents said they had experienced the first kind of response - the dismissive insistence of the procedure. However, it is encouraging that this was outnumbered by the **16.06%** who indicated that they had experienced the reassuring insistent approach. **7%** had experienced a healthcare professional taking their distress into account and deciding against the procedure.

### 7.3 “I statements”

Respondents were asked a series of 40 “I” Statements - statements about themselves, most beginning with the word “I” - and asked to say whether the statement was true or false, whether they had

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<sup>26</sup> Sophia Smith Galer’s incredible work for Vice recently drew attention to the refusal of internal ultrasounds for women considered “virgins” including many lesbian and asexual women/people with vaginas. If a person is aware of the potential risks (such as pain) and still wishes to undergo the procedure, that should be their right – this is what we call “informed consent”. Some sex repulsed asexuals may not wish to have an internal ultrasound – but a blanket refusal on the basis of sexual history is discriminatory.

See: Sophia Smith Galer, “Women in the UK Are Being Denied Medical Treatment Because They’re Virgins,” *Vice World News*, December 14, 2022, <https://www.vice.com/en/article/v7v8j8/women-virgins-uk-ultrasounds>.

disclosed this information to a medical professional, and whether the response/s to this had been positive, negative or neutral.

In order to report these results, I have sorted these 40 statements into six thematic groups, with two figures representing results - the total number of respondents saying the statement was “True” of them, and the number saying they had disclosed this true statement to a healthcare professional - broken down into positive, neutral and negative responses.

### 7.3.1 Group 1: Statements about sex

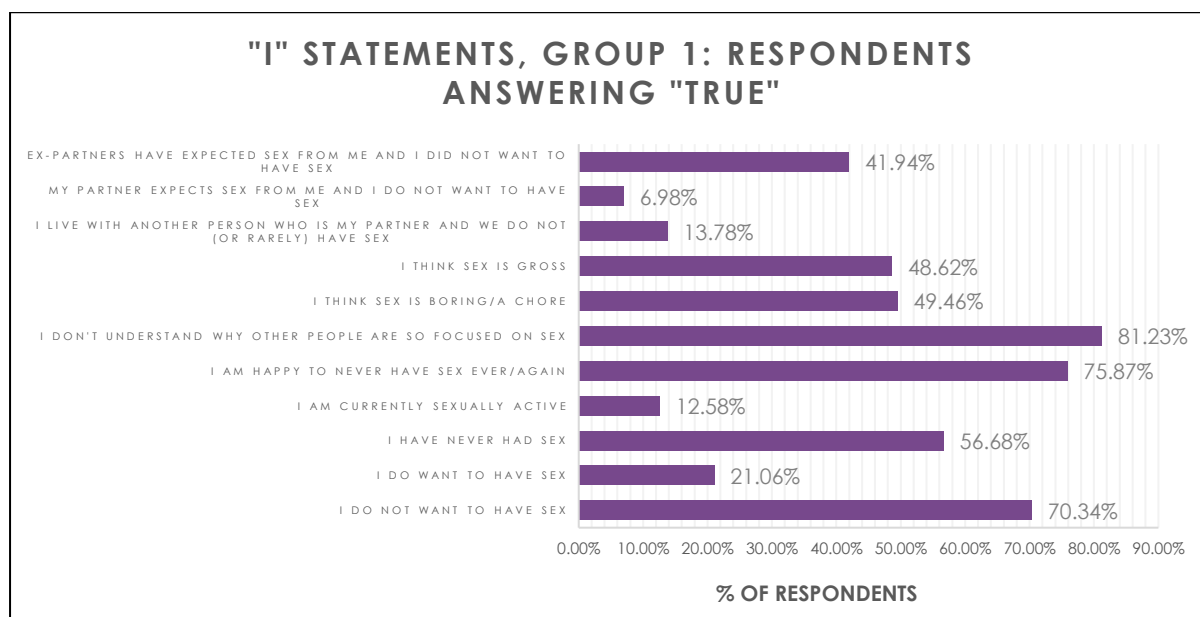


Figure 7.13: I Statements - Group 1, Respondents answering true

Note that those who did not answer “True” did not necessarily answer “False” - but may have skipped the question.

Figure 7.13 shows the percentages of all respondents answering “Yes” to each of the “I” Statements in Group 1 (statements about sex). **70.34%** of respondents marked as “True” the statement “I do not want to have sex”. **21.06%** marked as “True” the contradictory statement “I do want to have sex”. **117** respondents - about 1/3 of those who indicated it was true that they did want to have sex, checked “True” for both statements.

This section of the survey was confusing in its format and some responses may have been inaccurately recorded because respondents did not understand the questions or made mistakes when giving responses. The authors received feedback that the survey did not display properly on mobile devices, and this was one of the sections causing the most difficulty. It is also probable that for some respondents both statements can be true at different times - as evidenced by some of the responses to the question about sex favourability.

Overall, the responses paint of a general picture of lack of interest in sex. Only **12.58%** agreed with the statement “I am currently sexually active”. “I have never had sex”, “I am happy never to have sex again”, “I don’t understand why other people are so focused on sex”, “I think sex is boring/a chore”, and “I think sex is gross” all received “True” responses of **greater than 48%**.

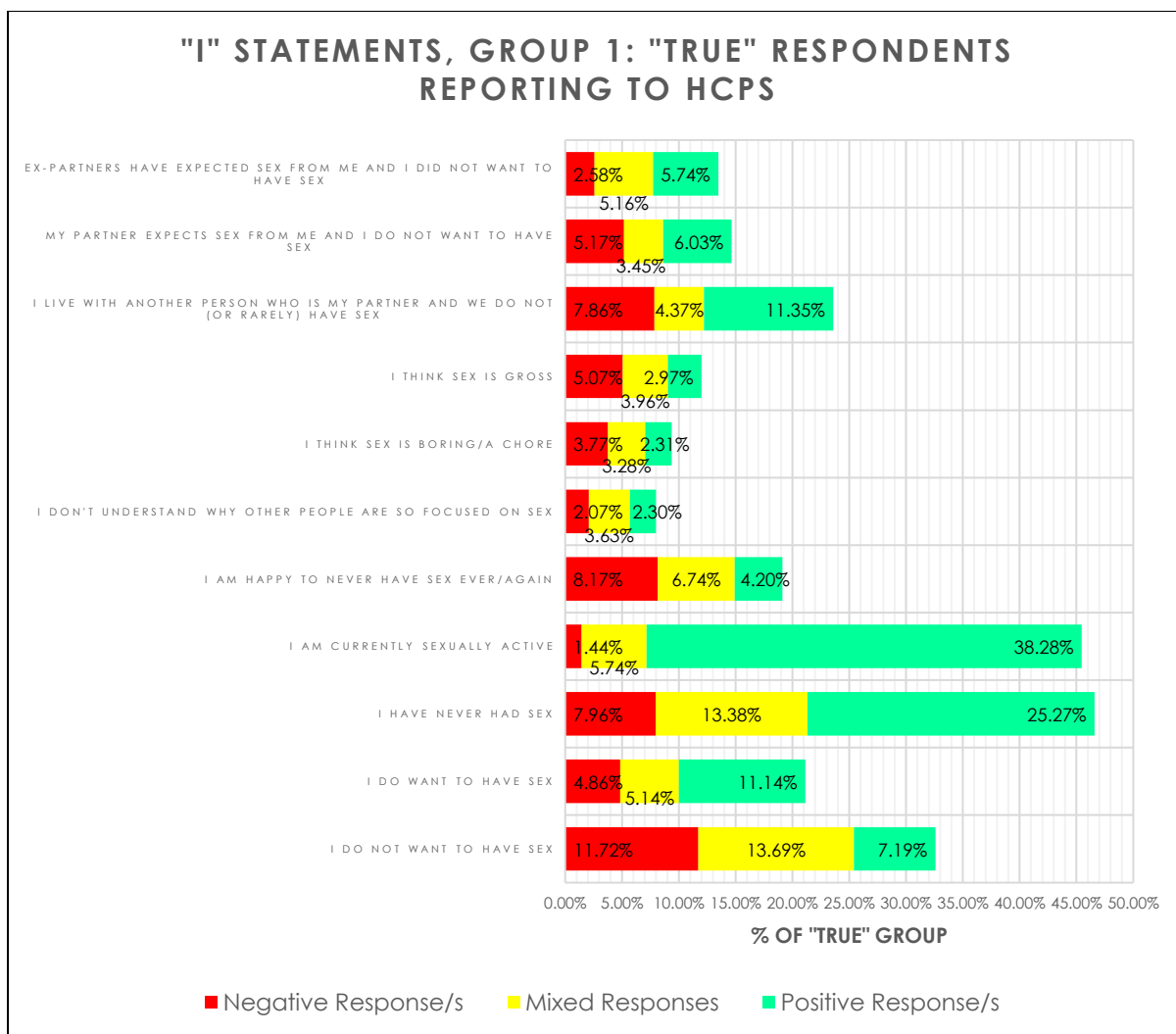


Figure 7.14: I Statements – Group 1, True respondents reporting to HCP

Figure 7.14 graphs the respondents in the “True” group who said they had reported this information to a healthcare provider - and their indication whether the interaction/s had been negative (red), positive (green) or mixed (yellow).

The most common personal statements shared with a healthcare provider were “I have never had sex” (46.6%) and “I am currently sexually active” (45.45%). Healthcare providers reacted in a positive way much more frequently to the information that a patient was sexually active, than to when a patient disclosed they had never had sex. The visual presentation of these numbers most clearly illustrates the difference in responses.

5.17% and 2.17% of respondents who experienced current and ex partners, respectively, expecting sex from them when they did not want sex, disclosed this to a health care provider and experienced a negative reaction (ie. a response they were unhappy with). 37.93% and 43.90% of these groups indicated that they did not disclose this to health care providers at all. These asexual people in sexually abusive relationships should have felt comfortable to disclose to their doctors and other medical professionals and found the help that they needed.

### 7.3.2 Group 2: Statements about relationships

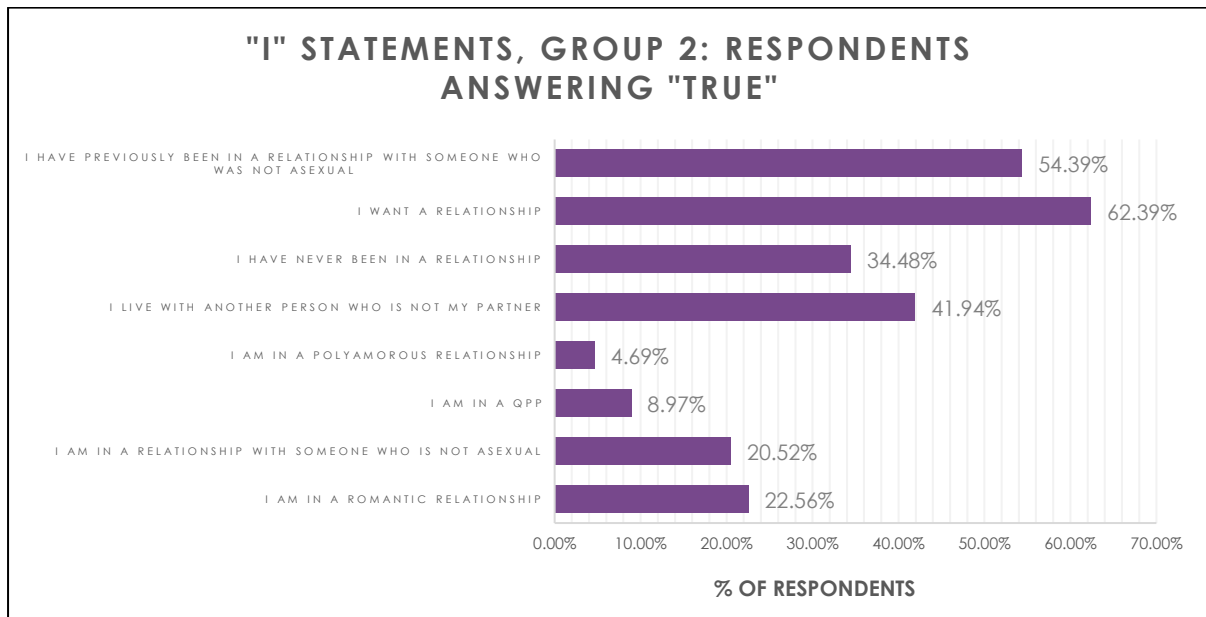


Figure 7.15: I Statements - Group 2, respondents answering true

Figure 7.15 summarises the responses to the “I” statements in Group 2, which relate to relationships. **22.56%** of respondents indicated that it was true that they were in a relationship, and **20.57%** that they were in a relationship with someone who was not asexual. Note that the question was poorly worded - as the first statement specifies romantic relationship and the second does not. **8.97%** of respondents indicated it was true that they were in a Queer Platonic Partnership/Relationship. **34.45%** indicated that they had never been in a relationship, and **62.39%** that they wanted to be in a relationship.

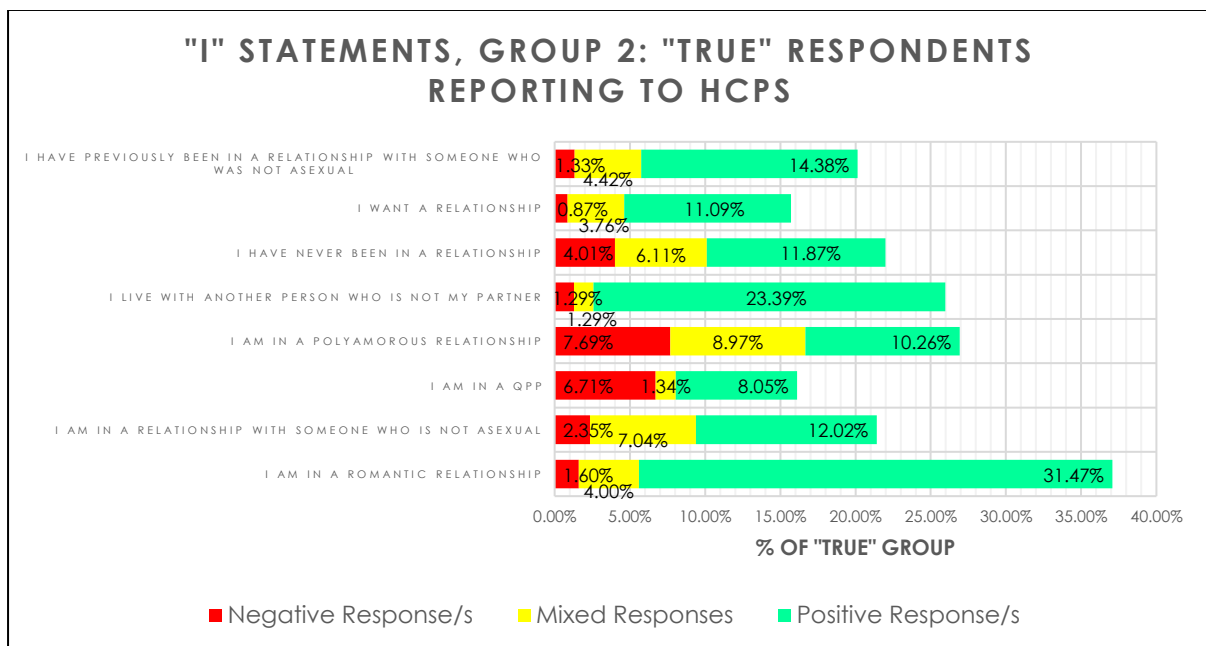


Figure 7.16: I Statements - Group 2, true respondents reporting to HCPS

As with Group 1, Figure 7.16 provides a visual representation of those respondents who disclosed the information about themselves to a healthcare provider.

Having advocated for asexual people, and worked in this area for many years, the team were not surprised by the results - the three highest rates of negative responses by healthcare providers were when respondents disclosed that they were in a polyamorous relationship (7.69% of those who disclosed they were in such a relationship), in a Queer Platonic Partnership (6.71%) or had never been in a relationship at all (4.01%). These two unconventional forms of relationship, and an experience seen as outside the "normal" expectations were the most likely to be perceived negatively by the healthcare provider - who should be supporting and helping the patient in the circumstance that they are living in, not judging those circumstances.

### 7.3.3 Group 3: Statements about children and pregnancy

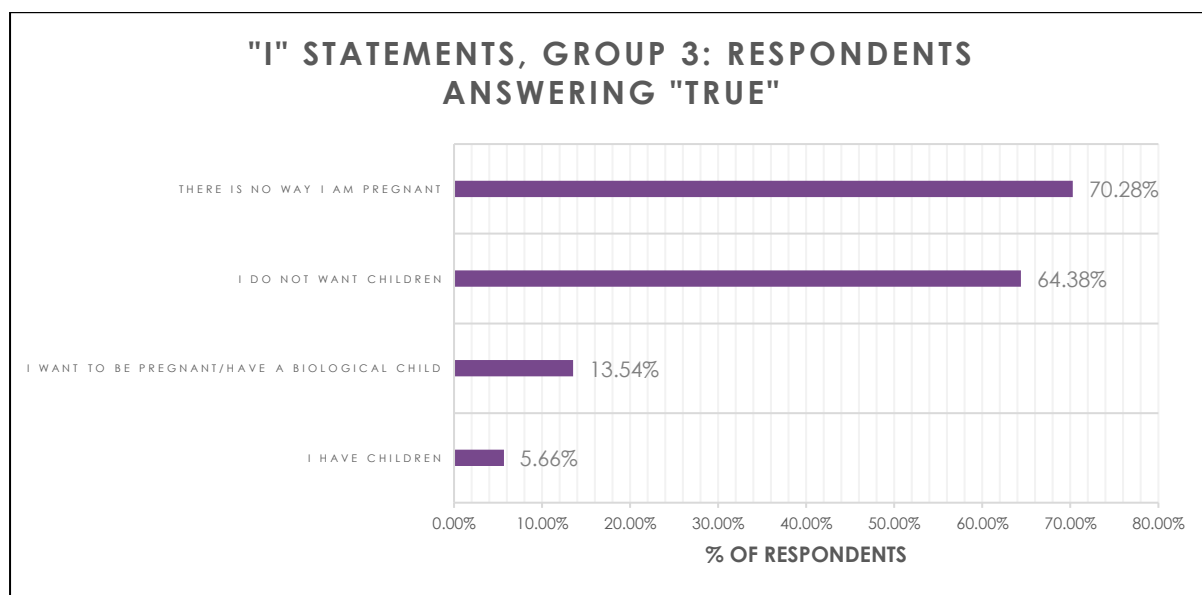


Figure 7.17: I Statements - Group 3, respondents answering true

There were four statements in Group 3, relating to children and pregnancy. Figure 7.17 shows the responses to these. Only 5.65% of respondents indicated that it is true that they have children, with a further 13.54% saying it is true that they want children. 64.38% indicated that it's true that they do not want children - which is consistent with the ACT Aces Survey from 2020.<sup>27</sup> 70.28% said that it was true at the time they were taking the survey that there was no way that they were pregnant.

<sup>27</sup> Wood (2020), p. 42.

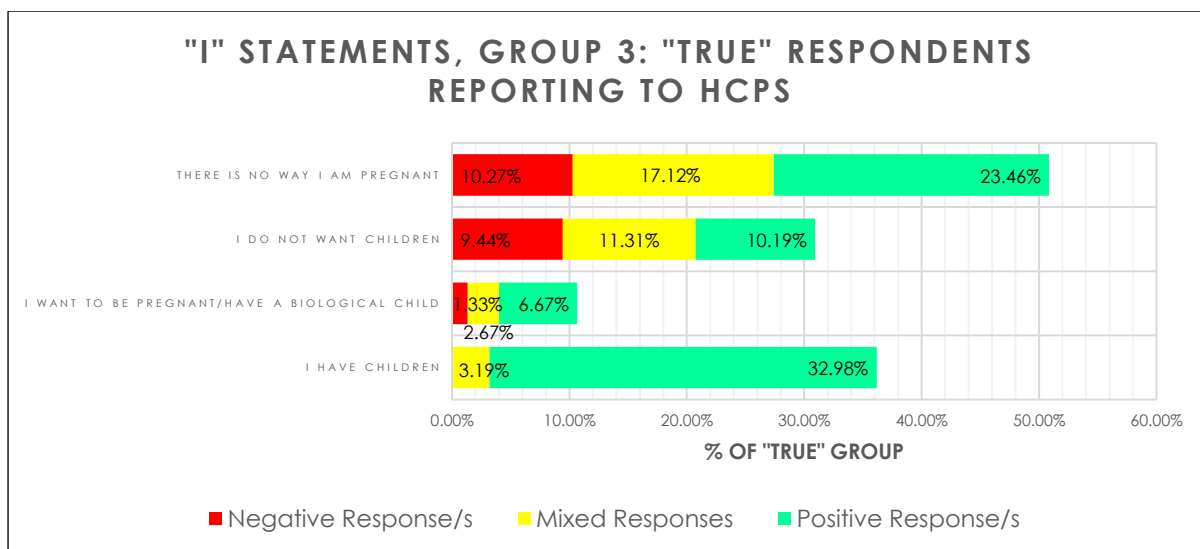


Figure 7.18: I Statements - Group 3, true respondents reporting to HCPS

Figure 7.18 presents a representation of both how many respondents disclosed this information about themselves to healthcare professionals, and how those professionals responded. Only **10.67%** of those respondents with a desire to be pregnant or have a biological child shared this information with a healthcare professional. **30.93%** of those who do not want children have shared this - with roughly similar proportions of negative, positive and mixed responses to this disclosure. **Just over 50%** of the respondents who cannot possibly be pregnant have disclosed this - with **10.27%** experiencing a negative response and **17.12%** a mixed response - from the qualitative responses, we know that the negative response is often disbelief and even anger, insisting the patient is lying about their sexual background by claiming they cannot be pregnant.

**36.17%** of those respondents with children indicated that they had shared this information with a healthcare provider - and none had received solely negative responses. **3.19%** received mixed responses.

### 7.3.4 Group 4: Statements about social supports

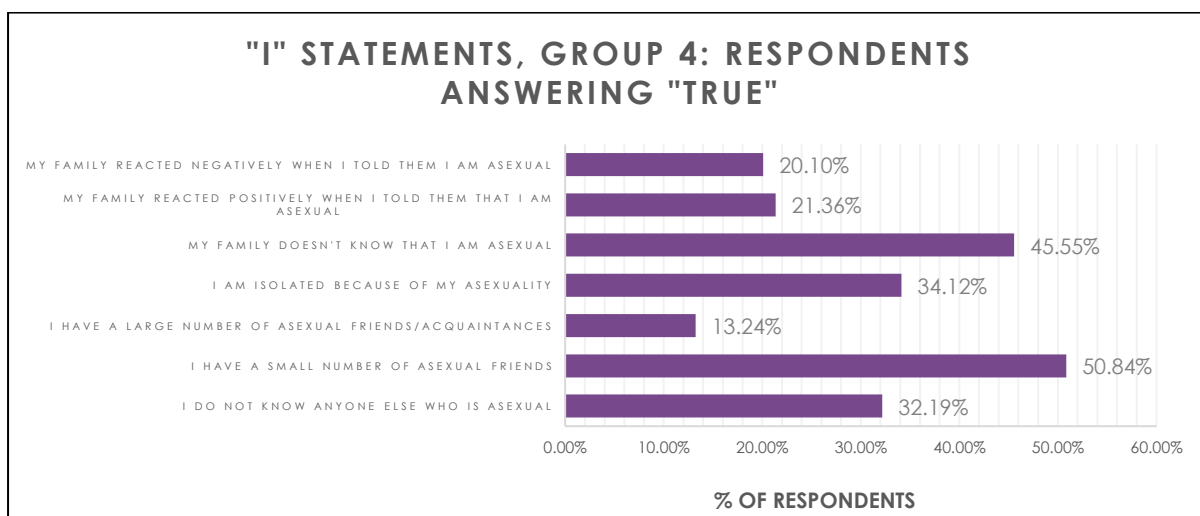


Figure 7.19: I Statements - Group 4, respondents answering true

The statements in Group 4 (Figure 7.19) relate to social supports - whether the respondent has asexual friends to provide a community, and whether their family is aware of and supportive of their asexual identity. **32.19%** of respondents responded "True" to the statement "I do not know anyone else who is asexual", **50.84%** chose "True" for "I have a small number of asexual friends" and **13.24%** said "True" to "I have a large number of asexual friends/acquaintances". Note that the last two statements could both simultaneously be true. It is encouraging that **over 50%** of respondents had at least a small number of asexual friends, but a cause for concern that a third of aces are isolated from the community and don't know any other asexual people. **34.17%** of respondents indicated it was true that they are isolated because of their asexuality.

Regarding family - **45.55%** indicated it was true that their family does not know they are asexual - although this is a very definite statement that leaves no room for nuance (such as some family members being aware and not others). When it comes to reaction of family to coming out as asexual, positive and negative reactions were similar in frequency - with around **21%** of respondents selecting each as true.

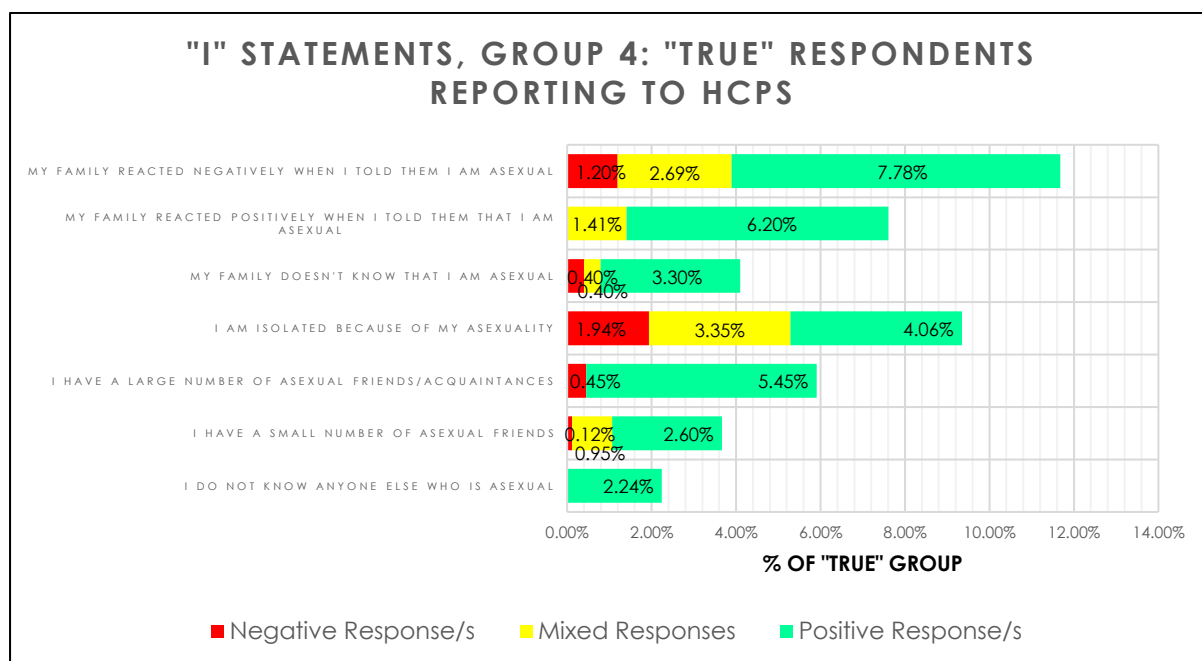


Figure 7.20: I Statements - Group 4, true respondents reporting to HCPS

Figure 7.20 charts whether respondents disclosed this information to healthcare providers and what kind of response they received. Overall, this sort of information was not commonly shared - the highest frequency is for family reacting negatively to the respondent's coming out as asexual, with **11.68%** disclosing this to a healthcare professional. After this, the next most common is that the respondent is isolated because of their asexuality, with **9.35%**. I speculate that these are the kinds of experiences a person might share with a mental health professional.

Where this information was disclosed, the responses were more frequently positive than in previous groups. The Positive Response/s segments of each bar are larger, and by far the majority in all categories. Negative Response/s segments are small or non-existent for all statements.



### 7.3.5 Group 5: Reflections on quality of life

The statements in Group 5 are general reflections on quality of life, happiness and comfort in identity. They do not relate to specific experiences with healthcare, although as with other statements, respondents were asked if they had expressed these feelings to healthcare providers.

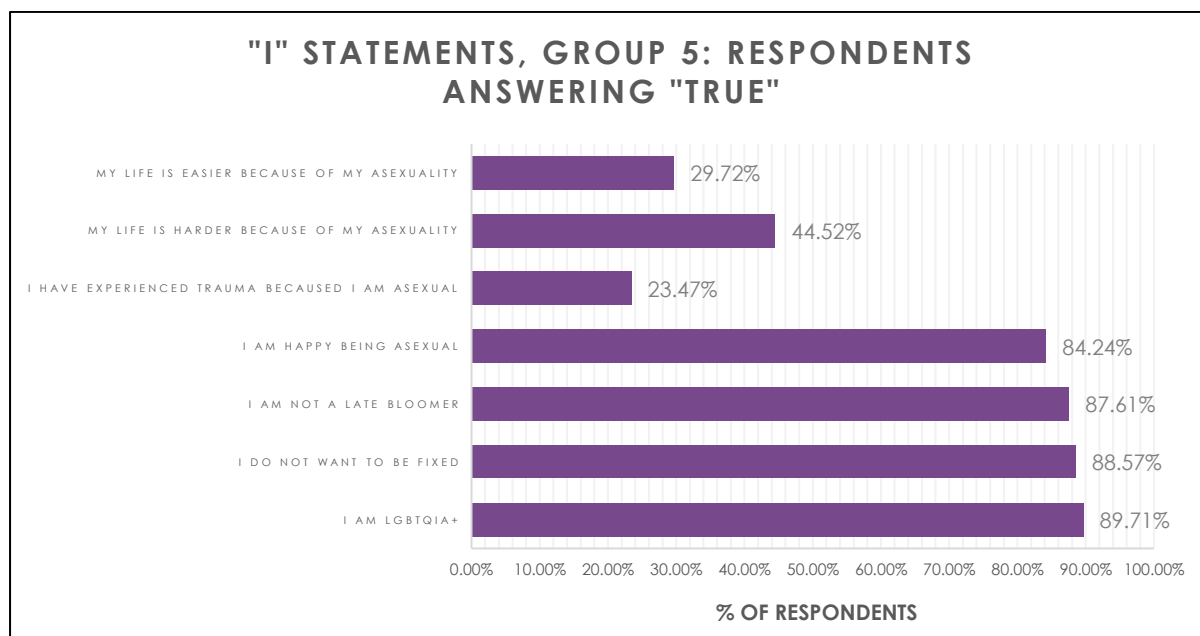


Figure 7.21: I Statements - Group 5, respondents answering true

Figure 7.21 shows the “True” responses as a simple percentage. As some asexual people do not identify as LGBTQIA+, the survey asked respondents whether they identified this way and **89.71%** responded “True”. “True” responses of **over 85%** were also given for “I do not want to be fixed” and “I am not a late bloomer” and **84.24%** for “I am happy being asexual”. It is excellent that these markers of good mental health are all high among respondents (although obviously we would ideally like to see 100%).

**23.47%** of respondents chose “True” for the statement “I have experienced trauma because I am asexual”.

The survey included two apparently conflicting statements: “My life is harder because of my asexuality” and “My life is easier because of my asexuality”. They received a “True” response rate of **44.52%** and **29.13%**, respectively. More respondents found life harder than easier because they are asexual. However, **7.94%** of respondents indicated that both statements were true – which is not necessarily contradictory, as they can be true at different times or in different ways.

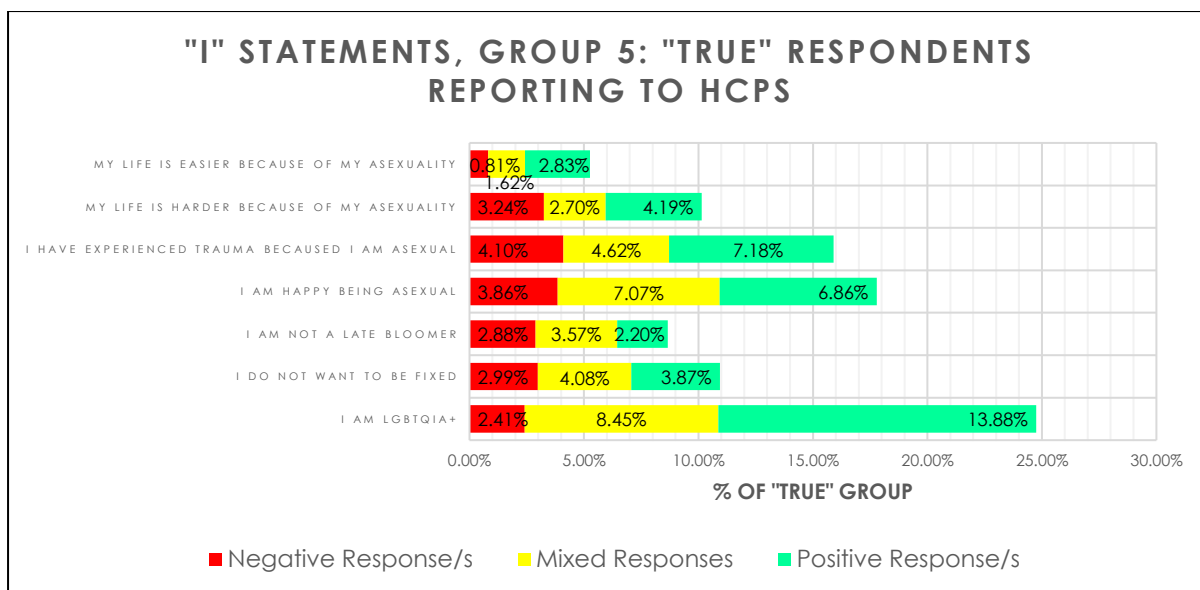


Figure 7.22: I Statements – Group 5, true respondents reporting to HCPs

Figure 7.22 represents, as in every group, the breakdown of the responses to those respondents answering “True” to each statement if they disclosed that information about themselves to a healthcare professional.

Almost **25%** of those identifying as LGBTQIA+ disclosed this and **13.88%** indicated they received positive response/s. More respondents received mixed or negative responses than positive when reporting “I do not want to be fixed”, “I am not a late bloomer”, “I am happy being asexual”, “I have experienced trauma because I am asexual” and “My life is harder because of my asexuality”. There were more negative (**2.88%**) than positive responses (**2.2%**) for *I am not a late bloomer*.

## 7.4 Healthcare statements

The final group of questions in the survey were statements about healthcare, primarily about healthcare providers and what respondents want and expect from them. For each one, the respondent was asked to respond with “Yes/Always”, “Maybe/Sometimes” or “No/Never”. These question/statements have been divided into thematic groups, and the percentage of “Yes/Always” and “Maybe/Sometimes” responses charted.

### 7.4.1 Group 1: What respondents want from healthcare providers

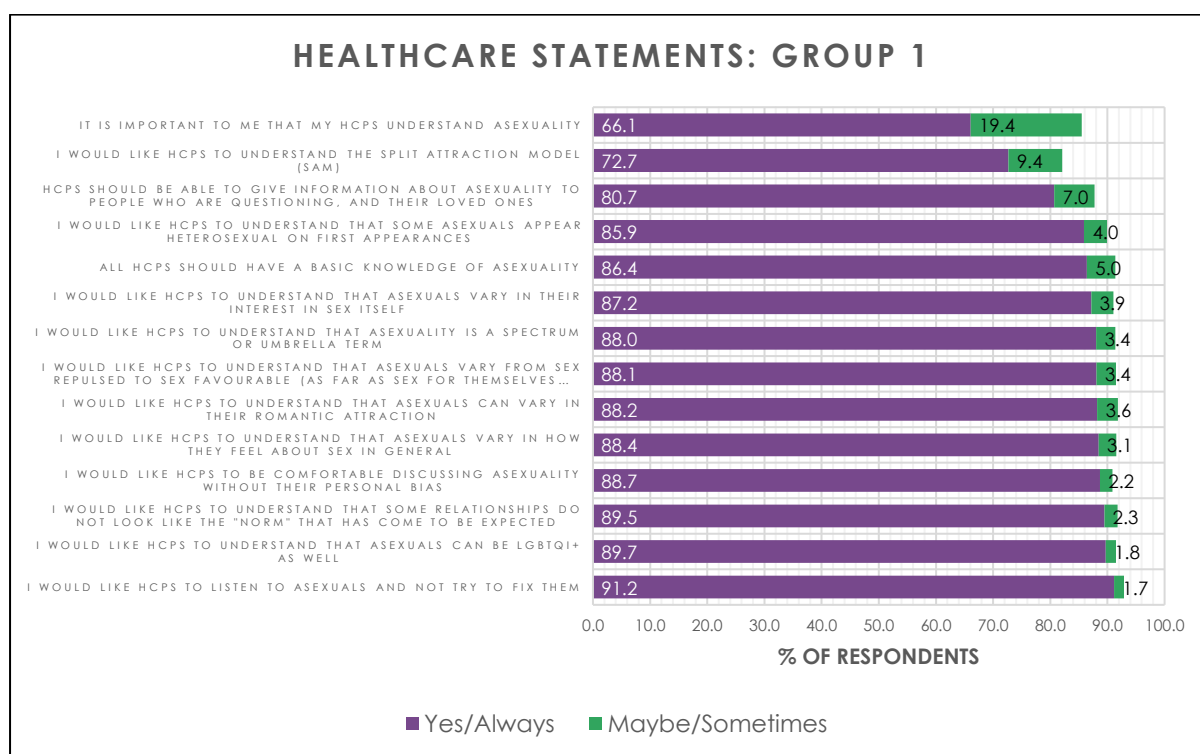


Figure 7.23: Healthcare statements - Group 1

Almost all the statements beginning with “I would like healthcare providers to understand...” that were offered received a “Yes/Always” response rate of **at least 85%**. The only exception was “I would like healthcare providers to understand the split attraction model (SAM)” which received **72.7%** “Yes/Always” responses. The most common “Yes/Always” statement, in any group, was “I would like healthcare providers to listen to asexuals and not try to fix them”, with 91.2%. A further 1.7% responded with “Maybe/Sometimes”.

These responses are interesting in that all the ways in which a healthcare provider can understand an asexual person received such high results - but the statement “It is important to me that my healthcare providers understand asexuality” only received **66.1%** “Yes/Always” responses (with **19.4%** “Maybe/Sometimes”) - indicating that while respondents did give a “Yes” answer to whether these were things that they wanted, they are not necessarily high priorities for up to 1/4 of those respondents.

## 7.4.2 Group 2: Personal experiences seeking healthcare

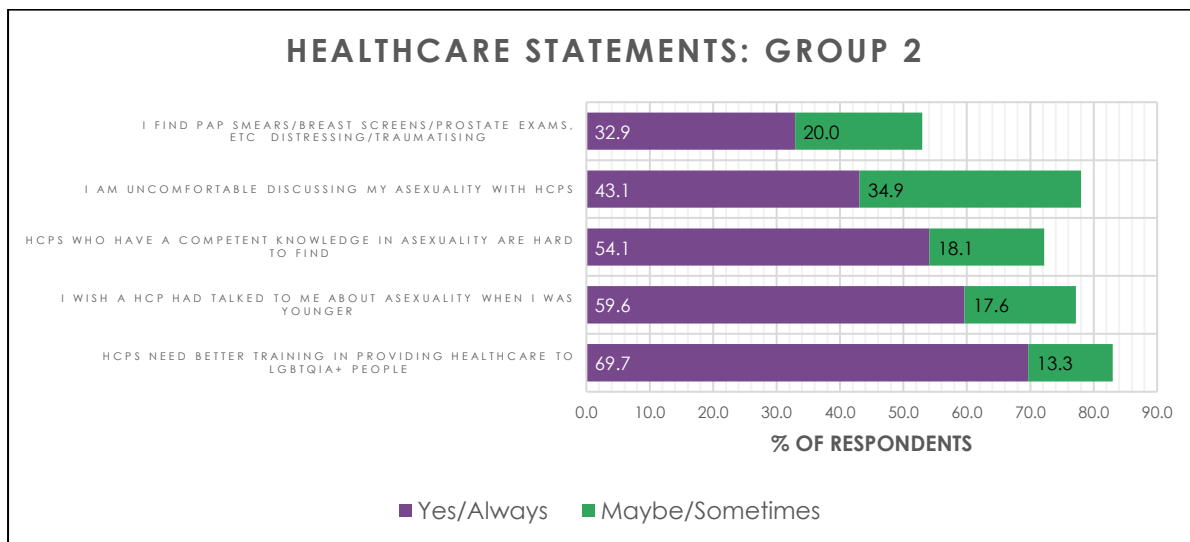


Figure 7.24: Healthcare statements - Group 2

**69.7%** of respondents chose “Yes/Always” for the statement “Healthcare providers need better training in providing healthcare to LGBTQIA+ people”, with a further **13.3%** choosing “Maybe/Sometimes”. The “Yes/Always” rate for “Healthcare providers who have a competent knowledge in asexuality are hard to find” was **54.1%** (“Maybe/Sometimes” = **18.1%**). This may be a factor in the figure that follows it - **43.1%** “Yes/Always” and **34.9%** “Maybe/Sometimes” responses to “I am uncomfortable discussing my asexuality with healthcare providers”. Low confidence in the competence of providers to deal with asexuality may be a reason for asexual people having high levels of discomfort in discussing their sexual orientation.

Apart from the issue of asexuality in and of itself being a matter patients may need to discuss; healthcare providers may also need better training in order to better interact with patients who have other needs that are linked to their asexuality. **32.9%** of respondents said “Yes/Always” and **20%** “Maybe/Sometimes” in response to the statement “I find pap smears/breast screens/prostate exams, etc distressing/traumatizing”. **Over 50%** of respondents are therefore experiencing at least some distress around routine medical procedures. Healthcare providers must be better prepared to deal with sex repulsion.

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*AACAU has been (and will continue) working with both AMSA Queer – the Queer organisation within the Australian Medical Students’ Association, and GLADD, The Association for LGBTQIA+ Doctors and Dentists in Australia.*

*Both of these organisations reached out to ask for education about asexuality, and have come to the table with so much enthusiasm to learn about what is needed to improve health outcomes for asexual people, and to get doctors educated and competent to treat asexual patients.*

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### 7.4.3 Group 3: Healthcare providers showing asexuality-competence

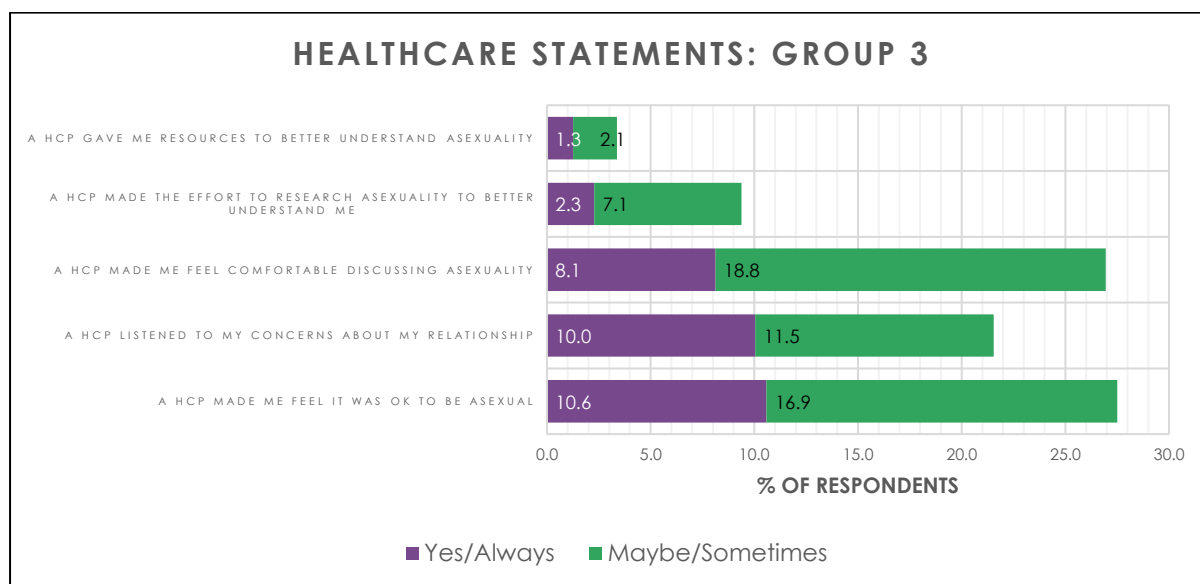


Figure 7.25: Healthcare statements - Group 3

The questions in this group were about gauging what we would regard as basic competence from a healthcare provider in caring for an asexual patient. In total, only **27.5%** responded “Yes/Always” or “Maybe/Sometimes” to whether a healthcare provider had made them feel it was OK to be asexual. This is **63.3%** of those who had ever reported their asexuality to a healthcare provider (**43.44%** of all respondents). Responses were in similar numbers for “A healthcare provider made me feel comfortable discussing asexuality”.

**2.3%** responded “Yes/Always” and **7.1%** “Maybe/Sometimes” to A healthcare provider made the effort to research asexuality to better understand me. This is a difficult question to gauge. Ultimately, the ideal numbers for this indicator would be low - doctors should not need to research and should already be competent. However, while awareness levels are low, it is a good thing for doctors to be aware of their own lack of knowledge, and for a healthcare provider to look into asexuality to ensure they are providing adequate care is something AACAU regards as a sign of competence.

It is very discouraging to see that only **1.3%** and **2.1%** of respondents answered “Yes/Always” and “Maybe/Sometimes” to the statement A healthcare provider gave me resources to better understand asexuality. Unless a patient is coming to a healthcare provider with absolute certainty that they are asexual, that provider should be prepared to supply the patient with resources and assistance - even if that is just knowing the name of a local organisation they can google or look up on Facebook.

### 7.4.4 Group 4: Healthcare providers as consent educators

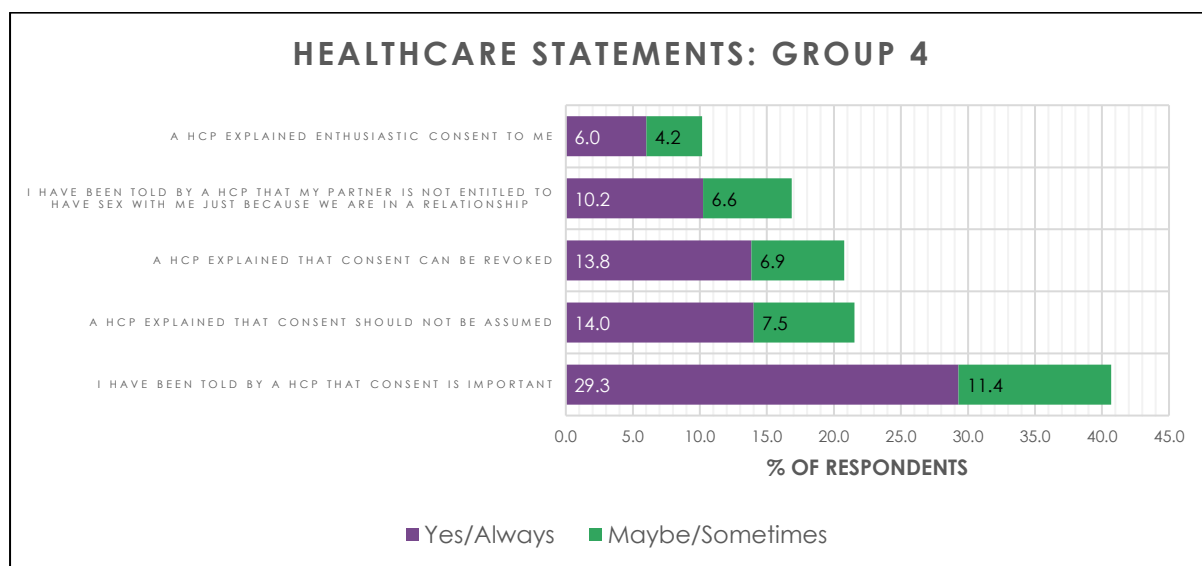


Figure 7.26: Healthcare statements – Group 4

The statements in this group related to consent and whether respondents have had a healthcare provider explain consent to them and empowered them to refuse sex. The numbers are encouraging, with over **40%** of respondents choosing “Yes/Always” or “Maybe/Sometimes” for the statement “I have been told by a Healthcare provider that consent is important”. **14%** and **13.8%** respectively responded “Yes/Always” to the statements “A healthcare provider explained that consent should not be assumed” and “A healthcare provider explained that consent can be revoked.” **10.2%** responded “Yes/Always” for the statement “I have been told by a Healthcare provider that my partner is not entitled to have sex with me just because we are in a relationship”. The “Maybe/Sometimes” responses for all these were between **6.5%** and **7.5%**.

As sexual assaults are more common among asexual men than women, which is contrary to the general population, I examined the gender breakdown to check if there was a bias in healthcare providers administering this advice. Those respondents identifying as male made up **8.42%** of those who responded Yes/Always to one or more of these questions - which is proportional to the number of male-identifying respondents in the whole survey.

## 7.4.5 Group 5: Acceptance of asexual lives by providers

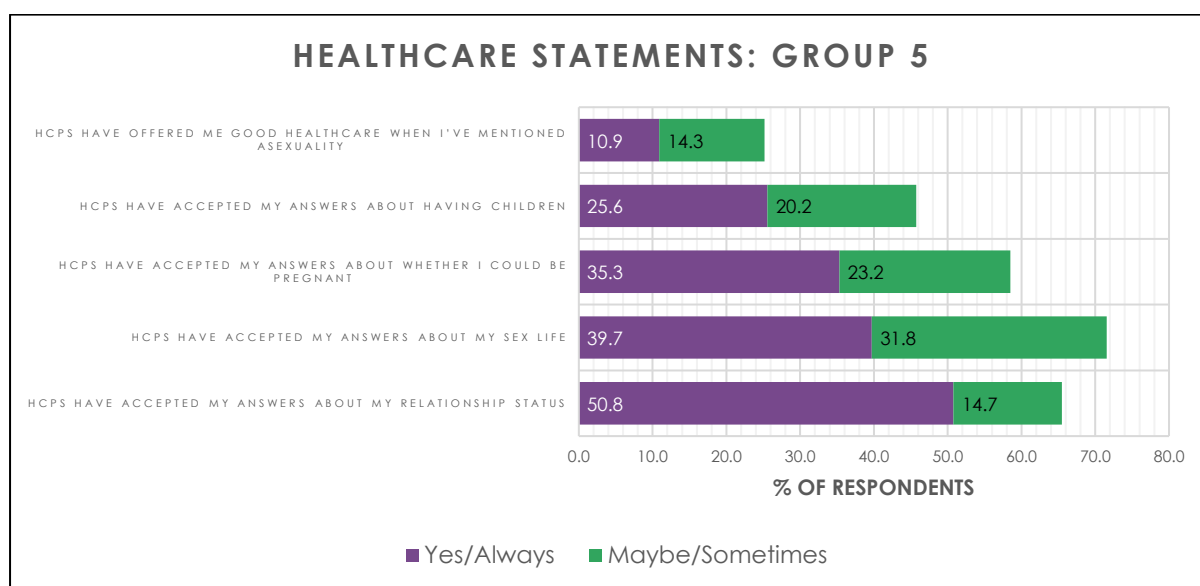


Figure 7.27: Healthcare statements - Group 5

The fifth group of questions relates to healthcare providers responding to and accepting disclosures about asexuality, or common circumstances of asexual people. Anecdotally (and from responses in *Microaggressions*, see *Section 2*), we know that asexual people can fall on both sides of disbelief when it comes to some questions in a medical setting. For example, a doctor may be sceptical that an asexual patient has never had sex because they don't believe in asexuality. Or their ignorance about asexuality may lead them to disbelieve that an asexual patient is sexually active. Asexual people report being disbelieved about both having children and not having children.

As most of the questions of this kind are phrased as “*Healthcare providers have accepted my answers about...*” we would hope to see high numbers as respondents report positive experiences. The highest percentage of “*Yes/Always*” answers is **50.8%** for “*HCPs have accepted my answers about my relationship status*”. The combined highest total for “*Yes/Always*” and “*Maybe/Sometimes*” responses is for “*HCPs have accepted my answers about my sex life*”, with **39.7%** and **31.8%** respectively.

The fifth question in the group is “*HCPs have offered me good healthcare when I've mentioned asexuality*”. The *Yes/Always* responses are a concerningly poor **10.9%**. *Maybe/Sometimes* responses are little better - at **14.3%**, for a combined **25.2%**. Unfortunately, the question does not interrogate whether the poor healthcare is a result of disclosure, and in what way the service was inadequate, but the written submissions received (see *Section 7.5*) provide some insights into these experiences.

### 7.4.6 Group 6: Harmful advice from HCPs

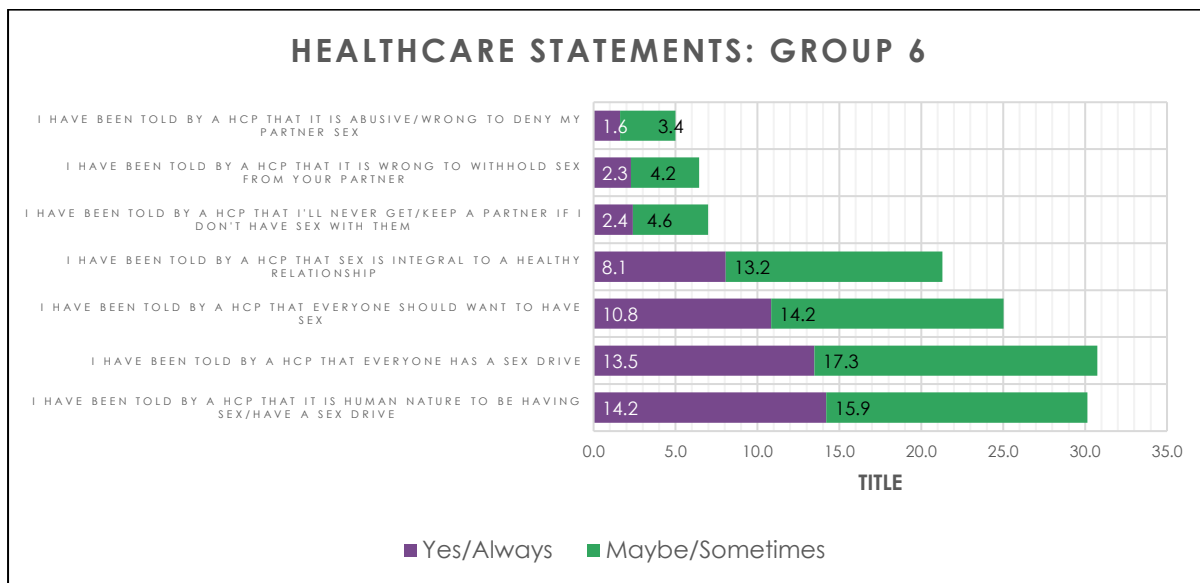


Figure 7.28: Healthcare statements - Group 6

Much of the incorrect information or inadequate care that we have discussed is harmful, but healthcare providers can and do make statements to patients that are actively dangerous. The statements in Group 6 range from ignorant ideas that can be damaging to an asexual patient’s self-worth to statements that perpetuate rape culture and empower domestic abusers.

**14.2%** of respondents answered “Yes/Always” to “I have been told by a HCP that it is human nature to be having sex/have a sex drive”. *Maybe/Sometimes* responses were **15.9%**. Similar statements were reported at similarly high rates. Those reporting “I have been told by a HCP that sex is integral to a healthy relationship” were **8.1%** for “Yes/Always” and **13.2%** for “Maybe/Sometimes”.

Of most concern were the statements that received the two lowest response rates, but which we would ultimately hope to see at zero. **2.3%** responded “Yes/Always” to “I have been told by a HCP that it is wrong to withhold sex from your partner” with **1.6%** responding Yes/Always to “I have been told by a HCP that it is abusive/wrong to deny my partner sex”.

Anticipating suggestions that these responses may have come from “a different time” or “a different culture”, I screened the 41 respondents who gave a *Yes/Maybe* response to either of these questions for age, gender, religion and country. The findings were that:

- a) those over 36 were overrepresented, especially respondents aged 46-60. **3.78%** of all respondents were aged 46-60, but **19.51%** of those in this group were that age.
- b) the gender balance was skewed towards men, at **14.63%** (about 8-9% of total respondents). No respondents reporting these statements identified as non-binary.
- c) There was no significant imbalance in respondents’ religion.
- d) Australia was overrepresented, as the location of **34.15%** of the respondents answering *Yes/Always* to one or both of these statements, but only **24.3%** of total respondents. The USA was slightly underrepresented, - home to **38.7%** of total respondents, but only **31.71%** of those in this group.



Although older respondents were dramatically overrepresented in this group, just under **80%** of all respondents who had received this dangerous advice that it is wrong or abusive to deny sex to a partner were aged 35 or younger. We cannot therefore conclude that this attitude is one that is “dying out” or becoming less of a problem in healthcare settings. It is also of concern to AACAU that Australian respondents were overrepresented in this group.

### 7.4.7 Group 7: HCPs invalidating asexuality

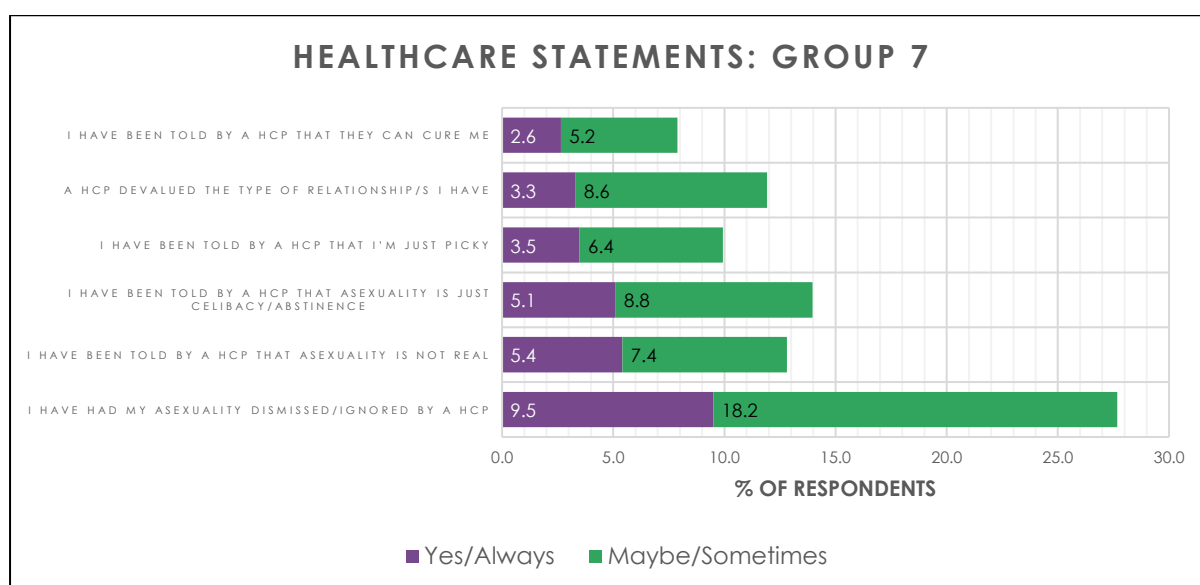


Figure 7.29: Healthcare statements - Group 7

The seventh group of questions relate to health care providers directly invalidating or ignoring asexuality when the patient has disclosed it (or something similar to it, that should alert an asexuality-competent provider that the patient may be asexual). The most commonly reported statement in the group was “I have had my asexuality dismissed/ignored by a HCP”, with **9.5%** of respondents choosing *Yes/Always* and **18.2%** choosing *Maybe/Sometimes*. The response numbers for “I have been told by a HCP that asexuality is not real” and “I have been told by a HCP that asexuality is just celibacy/abstinence” were similar, with **5.1%** and **5.4%** for their *Yes/Always* responses, and with **7.4%** and **8.8%** for their respective *Maybe/Sometimes* responses. There was significant overlap between the two - **64.2%** of those giving either a *Yes/Always* or *Maybe/Sometimes* answer to either question gave one of those answers to both.

It is of serious concern that **2.6%** of respondents chose *Yes/Always*, and **5.7%** chose *Maybe/Sometimes* in response to the statement “I have been told by a HCP that they can cure me”. Asexuality absolutely cannot be cured, and any doctor claiming to be able to do this fundamentally misunderstands the nature of asexuality. This is a conversion practice and in Australia it is illegal under legislation in one state (Victoria) and one territory (ACT).

### 7.4.8 Groups 8+9: Changing HCPs and attitudes to medical diagnosis of low libido

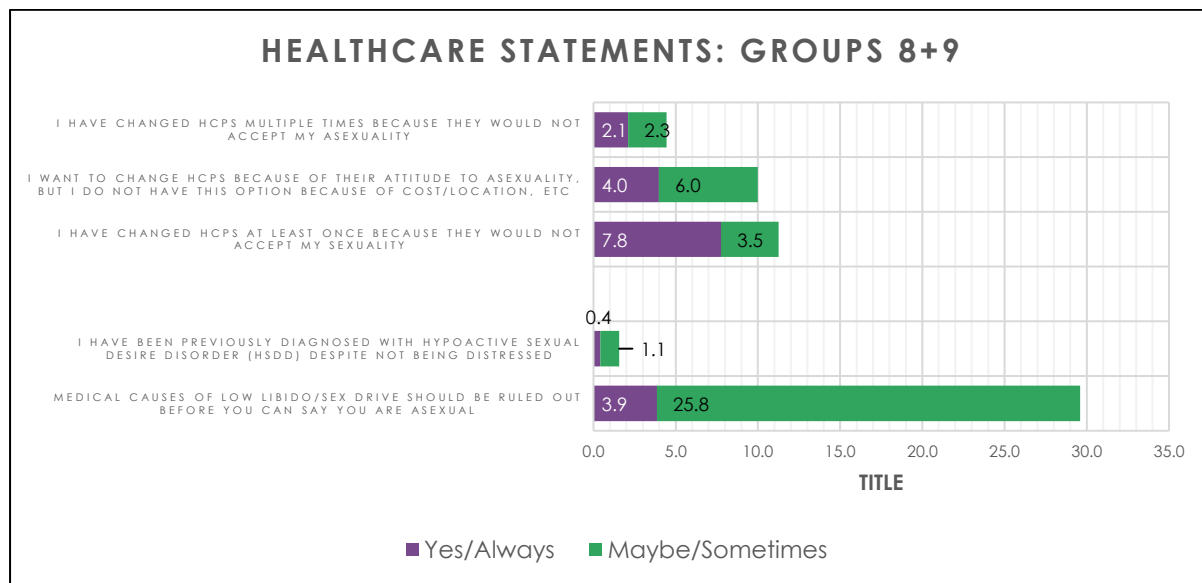


Figure 7.30: Healthcare statements - Groups 8 + 9

Figure 7.30 charts both Group 8 and Group 9. The statements in Group 8 related to whether respondents had changed or wanted to change a healthcare provider because their provider did not accept their asexuality. **7.8%** responded *Yes/Always* to the statement “I have changed HCPs at least once because they would not accept my asexuality” and **2.1%** responded *Yes/Always* to “I have changed HCPs multiple times because they would not accept my asexuality”. Recognising that not everyone has the means or power to change providers, the survey also gave the option “I want to change HCPs because of their attitude to asexuality, but I do not have this option because of cost/location, etc”. The *Yes/Always* responses to this statement were **4%**.

The final pair of questions related to seeking medical causes for a low libido. **3.9%** of respondents replied *Yes/Always* to the statement “Medical causes of low libido should be ruled out before you can say you are asexual”. **25.8%** responded *Maybe/Sometimes*. While this total is **close to 30%**, the *Maybe/Sometimes* responses make no indications of why they gave that answer, what the caveats might be on their “maybe” or “sometimes” and why their answer is not a certain one. Even if we take the number as it is, **over 70%** of respondents, the overwhelming majority, disagree that medical causes of low libido should be eliminated before a person can say that they are asexual.

Note also, the question is poorly worded: “Medical causes of low libido should be ruled out before you can say you are asexual”. Is the “you” referenced here the respondent specifically, or a broader “you” as in the general public? This lack of grammatical clarity may have led to responses to a question other than intended by the survey authors.

The DSM-IV, the diagnostic guide of the American Psychiatric Association from 1994 to 2013, included the diagnosis of Hypoactive Sexual Desire Disorder. The two criteria for diagnosis with this “illness” were: a) Persistent or recurrent deficiency of sexual fantasies and desire for sexual activity and b) Significant distress or interpersonal difficulty.<sup>28</sup> In 2013, the APA moved onto the DSM-V, which replaced HSDD with two separate conditions: Female Sexual Interest/Arousal Disorder and Male

<sup>28</sup> *Diagnostic and Statistical Manual of Mental Disorders: DSM IV* (Washington, D.C.: American Psychiatric Association, 1994).

Hypoactive Sexual Desire Disorder.<sup>29</sup> Both diagnoses include also include the “significant distress” element, with the new caveat that if the patient self identifies as asexual, they should not be diagnosed.

We know anecdotally that people continue to be diagnosed with FSI/AD and MHSDD despite identifying as asexual, and despite not experiencing any distress. Both men and women (and nonbinary people, we assume) have been diagnosed with HSDD since 2013, despite the fact that the DSM-V removed the condition from its guidelines.

To find qualitative evidence of this problem, the question was asked directly. The statement was phrased:

*“I have been previously diagnosed with Hypoactive Sexual Desire Disorder (HSDD) despite not being distressed”*

7 (0.4%) responded *Yes/Always* and 19 (1.1%) *Maybe/Sometimes*. Two of those responding *Yes/Always* did not report their diagnosis in the earlier question (see *Section 7.1.3*) directly asking whether they had ever been diagnosed with HSDD or a similar condition. Of the eleven respondents who did answer affirmatively to that previous question - 5 responded here with *Yes/Always*, four with *Maybe/Sometimes* and two with *No/Never* - it is unclear whether these two people have changed their answer regarding HSDD as a whole, or if they did experience distress leading up to their diagnosis. They may also have been diagnosed with either FSI/AD or MHSDD and thus not been sure how to respond to the question.

## 7.5 Accounts of medical treatment

We received a total of **300** stories about medical treatment. Each story was given one of four gradings: *Positive, Neutral, Negative* or *Ungraded*. Positive stories were those that either spoke of one medical professional positively, or if several were mentioned, the overall impression was favourable. Negative stories were those that gave a negative account of one medical professional or a largely negative impression about several. Most neutral stories mentioned multiple medical professionals, some in a positive light and others in a negative light, so that the overall tone was in neither direction. Other neutral stories were about one medical professional but did not give either a negative or positive impression of them. 24 stories were ungraded. These include responses explaining that the respondent had never disclosed their asexuality and why, generalised answers that “all healthcare providers are bad because...” and other stories that did not refer to specific experiences, or could not be graded.

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<sup>29</sup> *Diagnostic and Statistical Manual of Mental Disorders: DSM-V* (Washington, DC: American Psychiatric Association, 2013).

Figure 7.31 shows the breakdown of gradings.

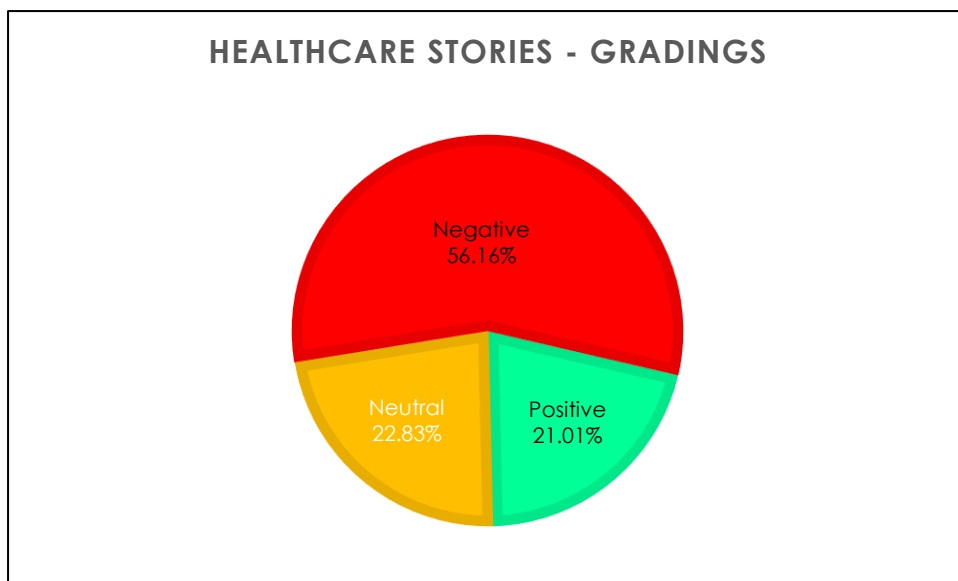


Figure 7.31: Healthcare stories - Gradings

Over **50%** of stories, even before the ungraded responses are removed from the data, were negative. However, bad experiences are more likely to stay in the memory and be reported. The respondents had also just been asked a long series of questions about negative experiences, and this may have unintentionally steered them towards thinking about their negative healthcare experiences over their positive ones.

### 7.5.1 Types of medical professionals in stories

As well as being graded, the type of medical professional in each story was recorded. If a story mentioned more than one, I recorded each and graded them separately. The grading system used in this context was whether the professional gave “Poor Care”, “Neutral Care” or “Competent Care”. This allowed me to assess which kinds of medical professionals were mentioned the most, and whether their care was asexuality-competent.

Figure 7.32 shows the results of this study. Only those kinds of professionals mentioned in three or more accounts are recorded here.

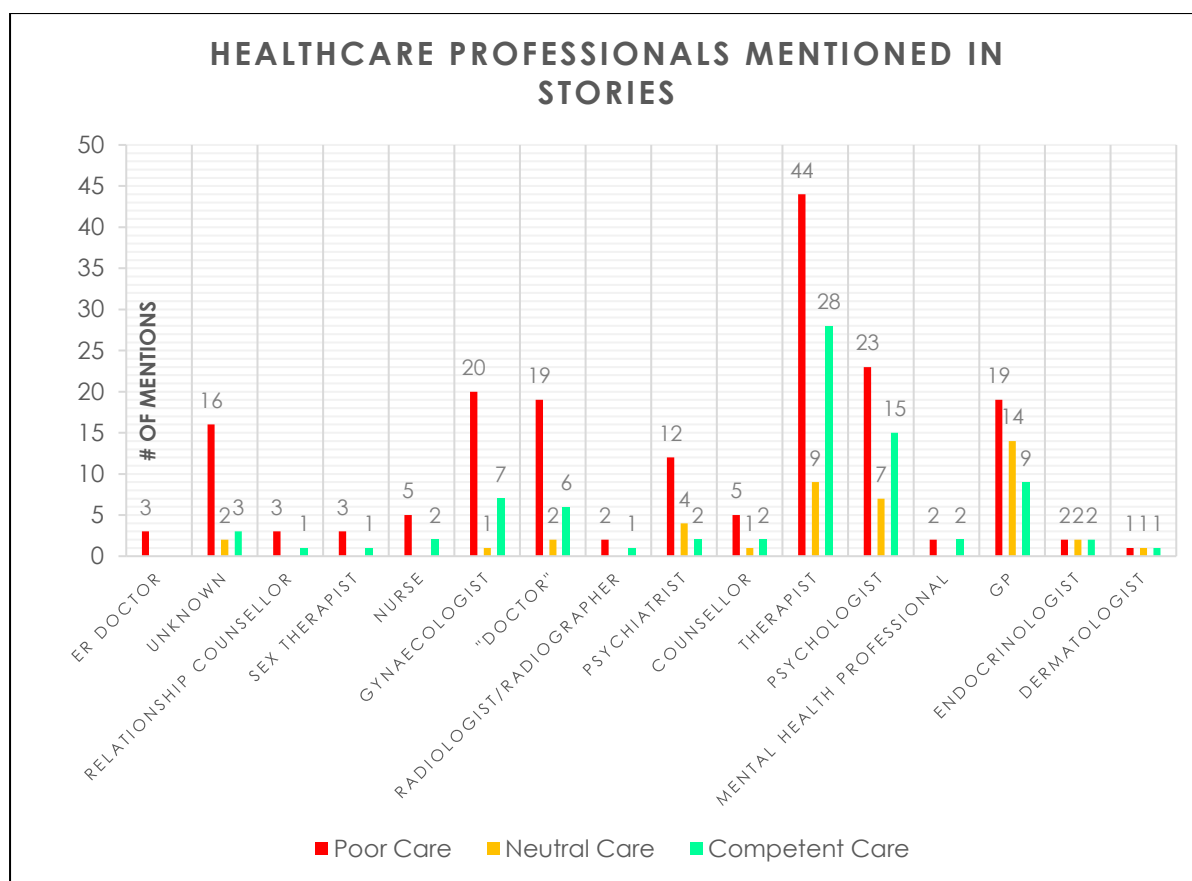


Figure 7.32: Healthcare professionals mentioned in stories

There is no kind of medical professional who is mentioned more times as giving competent care than poor. From left to right, the different professionals are ranked from highest percentage of “poor care” ratings (ER Doctors: **100%**) to the lowest rates (Endocrinologists + Dermatologists: **33%**) The highest numbers of total mentions are Therapists (**54.3%** Poor Care), Psychologists (**51.1%** Poor Care) and GPs (**45.2%** Poor Care). If the chart is rearranged in order of the lowest to highest rate of Competent Care, it does change significantly. For example, while therapists have a high rate of Poor Care, they also have the *second highest* rate of Competent Care (**34.6%**).

The one takeaway from this result that I believe I can be certain about is that asexual people are disclosing to mental health professionals and that it is common for that disclosure to lead to inadequate care.

## 7.6 Accounts of healthcare experiences

Some of the experiences in healthcare are shared below. I have made an effort to include stories in the same ratio of positive, neutral and negative as were originally received. The ratio of what kinds of medical professionals these stories are about is not accurate, however. I have endeavoured to show a wide range of experiences, rather than many of the same type of encounter with therapists and gynaecologists.

*When discussing birth control options with a GP, I was asked several questions about my relationship status and sexual history. I told her that my partner and I were planning to have sex again after a significant stretch of time, and this was due to a fluctuating sex tolerance associated with my asexuality. The GP said that my partner must be a "saint" for waiting and that I was "very lucky" to have them. This made me feel horrible. It brought doubts into my relationship; was my partner really willing to sacrifice reliable sex to be with me? What could I do to "make up" for this deficiency of mine?*

- acewolfy, Australia

*I'll share a positive! I was attending therapy for an unrelated issue, when the inevitable topic of my asexuality and childhood sexual trauma came up. I was, at the time, very distraught over the idea that these two things were related. Had my assault as a child caused my asexuality? My therapist was not only well-informed about asexuality, but she sat there for the entire session and worked through my trauma and concerns with me. So what if they were connected? Both were so inherently part of me and who I was as a person, that at this point, to try to separate them would not be fair to me or my identity. She could help me work through the assault and dampen the trauma, but the asexuality did not need to be fixed and there was no shame in either of these things - whether they were connected or not. I had needed to hear this for years, and it was so freeing: a weight off my shoulders that I hadn't known had been there.*

- Christie, USA

Christie's story is like a textbook example of what to do. This is exactly the kind of affirming care that we would hope to see from an asexual-competent therapist.

*When I suffered corrective sexual harassment and abuse as an adult I told my therapist about my asexuality, because I deemed the information to be vital for my therapy. My therapist did not believe asexuality to be a valid sexual orientation. They wrongly insisted that, as a baby, I must have suffered sexual abuse or rape by a male family member, because, as a woman, I did not feel sexually attracted to men. They falsely attributed my asexuality to a hidden trauma that I was not even aware of. Moreover, they wrongly insisted that my aversion to sex was the result of some form of mysophobia. Yes, thinking about oral sex, for example, makes me feel uncomfortable, but not because I am afraid of germs or bacteria. Thinking about having oral sex with a person I do not feel sexually attracted to feels gross, a feeling many heterosexuals can relate to.*

- CP, Germany

In direct contrast to Christie's story, CP's therapist demonstrates a "Do Not" list.

*I first read about asexuality when I was over 30. I knew immediately that it was relevant to me and to be honest, I was devastated. I spent over a year psyching myself up to talk about it to my therapist. When I finally did, she completely dismissed me. She told me it's not a real thing as everyone's sexuality is fluid. I tried to show her some resources I'd found but she wouldn't look. I've never felt so lonely and broken.*

*I still see her (years later) as I have other issues and she is very nice to me about other things. I just can't talk about anything to do with my sexuality which makes me feel constrained and like she doesn't understand (or want to understand) a huge part of me.*

- E, UK

Like many others, E describes a bad experience, but still continuing to see the same provider (often a mental health professional) but simply never bringing it up again. With a therapist, this means not getting proper care, because you can never talk about your whole self.

*I was asked for my sexual orientation by a psychologist in a psychiatric care unit when I told her I was trans. She said asexual people can't be trans because it's all about sex.*

- Elliot, Russia

This doctor should not be treating trans people, or asexual people.

*A sex therapist flat out told me that I should have sex with my new boyfriend (of <1 month). I told her I'd never had sex before and didn't want to. She told me to try it anyway. I never went back to her.*

- Erin, USA

This is one of several examples we received of sex therapists and relationship counsellors urging or instructing a patient to have sex even if they do not want to. One anonymous respondent said their sex therapist used the words "force yourself to". A mental health provider encouraging a patient to push themselves past a sexual boundary is of serious concern - if your sexual partner pushes you to go further than you want to, that is rape. What do we call it when your therapist, someone you trust and rely on to give you good advice, insists that you must push past your own boundaries?

*One time in hospital, pregnant with my second child (was a miscarriage) the doctor tried to calm me down by saying she was just younger than we thought. When I said that couldn't be, because I'd no sex since the procreation, he told me "mother Mary" and laughed. I didn't get any medication, because he said she was just younger than we thought and not too small. She died about two days later.*

- Juli, Germany

*I suspect the primary reason I've not had too much difficulty being believed as asexual is not because those medical personnel were understanding, but because I'm a wheelchair user and we are presumed to be un-sexual.*

- Kian, Australia

Kian raises a very important point about the desexualising of disabled people by the medical field, and how that intersects with being asexual. Kian should not have an easier time being believed than asexuals who are not wheelchair users. This intersection of ableism and acephobia is a difficult place for disabled aces to sit, because asexuality is their truth and their reality – but they also do not want to perpetuate stereotypes about disability.

*I told my doctor that I could not be pregnant since I never had sex with my partner and was not interested in having it. She asked if my partner was okay with that and I said "yes". She noted it on her PC and said "then I know I don't need to ask you questions about sex in the future". It was a positive and validating experience for me.*

- Mack, Australia

*When I was new to the idea of asexuality I asked my endocrinologist if my medical condition, which is hormonal, could be the reason I was asexual. She told me that my sexuality was not medically caused and was just my sexuality. This felt very validating.*

- Mickie, USA

Mack and Mickie both provide excellent examples of asexual-competent care. The GP and endocrinologist are both clearly aware of asexuality. They know what it is, how it's relevant to the type of care they provide and when a patient's asexuality is something that they need to make their business.

*When I had really horrible experiences with HCPs, it was when I didn't know I was asexual, meaning, I didn't have the word "asexual" to describe myself. No doctor suggested that I might be asexual, they only pathologised it. It's only been in the last ten years that I have known I was asexual (due to the Internet) and have been able to reject the advice of "well meaning" doctors. I believe that people who don't know they are asexual have a higher chance of being abused by the healthcare system. Because I now know I am asexual, I can better advocate for myself.*

- Nik, USA

*I had gall stones and every time I was in the emergency room they would do a pregnancy test even though I said I have not had sex as I am asexual. It made me feel like a level of distrust between me and the medical provider.*

- S, Australia

*Honestly, my biggest complaint is that the providers I've spoken to about being demisexual are that they're pretty indifferent. I haven't been forced into being referred to other providers or anything, but I find it strange when professionals don't seem to connect this part of myself with the health part. It's almost like they don't really know a lot about ace-spectrum anything and don't examine it too much. I think healthcare professionals should know and understand sexual orientation very well so when they encounter it with their patients/clients they can have a more holistic approach.*

- TG, USA



## 8. Troll Respondents

Three trolls responded to the survey. Generally, a troll should not be given power, and their words buried in the darkness – attention is what they seek. However, when the subject of your work is violence and hate, every troll who responds to you becomes not so much a nuisance as an additional source of data.

This being the case, I would like to thank AJ, “Lord Hitler” and an anonymous emailer for their invaluable contributions to my research.

AJ, a 26 - 35 year old bisexual woman, believes that there are only two genders. She lives in the USA and in other comments about her location, remarked that she hopes *“it sucks for you nutjobs”*. In fact, I am very fond of my hometown, but I thank AJ for her well wishes. Based on her comments, AJ appears to be a Trans-Exclusionary Radical Feminist (TERF) and this is not surprising. Many queer people who are aphobic and seek to exclude asexuals and aromantics from the community often become anti-trans as well, or vice-versa. This phenomenon is documented by the Twitter account @aphobehottakes, who describes it as the “Aphobe to TERF pipeline”.

AJ was particularly offended by our questions regarding microaggressions, and made the following remarks:

*It must be hard thinking everything is a “micro aggression”. Here's a tip, and it comes from the word itself, it's MICRO so shut the fuck up about it. It literally has no bearing on anything.*

*I hope you “suffer” from people's “microaggressions” forever, you weak milquetoast whiner babies.*

Once again, I thank AJ for taking the time to prove acephobia exists by responding to a survey on acephobic experiences with acephobic abuse.

Our second troll called himself “Lord Hitler”, and unlike AJ, whose remarks obviously came from a place of deep anger, I would describe him as juvenile and sad. I will not give platform to his various racist and antisemitic comments. He also is ableist, and conflated autism and asexuality, using both as an insult, along with another offensive, ableist word commonly used as an insult. None of his comments can be published in full, but most of one is below – he continued the survey all the way through to the healthcare section, where he said:

*Walk in to doc tell em hey im a asexual tractor now as my identity and he just said get the fuck out [redacted]*

The above is representative of his standard of humour.

Our final troll was received as an email. The sending address was a collection of letters and numbers that appeared random. The sender impolitely failed to sign off so we do not even have a name to address them by. Because it is data and because the world should see what happens when you dare

“I don’t know if this counts but...”

to ask the question “Are asexual people experiencing violence?” I have decided to print it in full. Be warned that it is a rape threat and it does contain extreme offensive language.

*Don't like microaggressions? Ill macroaggressive ur fat troll cunt's fridged Bitches. Asexual isn't real is just fridged girls n gay n incel losers*

As he left no name, and he can't spell frigid, we just think of him as the fridge man. Choose kindness.

## Some final remarks

This survey, and the report, are as thorough as I could make them. But there is one major element missing – intersectionality. We haven't looked at how being both disabled and asexual affects a person's risk of violence. We haven't examined whether respondents are neurodivergent, or have a mental illness. All three of these things increase a person's risk of being a victim of intimate partner violence, sexual and physical assault.

We haven't been able to examine how racism plays a part. There is a misconception both from outside and within some parts of the asexual community itself that asexuality is “a white thing”. I don't know how to factor race into a global study, because what is race, in a global context? If I asked respondents to list their race, and got answers from 57 countries, what meaningful conclusions could I gather? Can I compare results from three people who list themselves as the same race, when one is in Australia, one is in Japan and the third in South Africa? Perhaps what is needed is a detailed study in one large country. But we absolutely do need to ask these questions about how race impacts asexual violence, because the asexual community needs to talk about race. My experience as a white asexual woman is not the same as a black asexual woman, or an Asian asexual woman. Western society hypersexualises and assumes a level of sexuality onto some people, and desexualises others, because of their race and gender. How can we discuss asexual violence, how can we research how it impacts asexual people, if we don't acknowledge that an asexual person's race impacts how their sexuality, their sexual behaviour and their sexual availability is perceived by others before their voice is even heard? How can we expect those outside of our community to acknowledge that problem if racism is still allowed to go unchallenged in our own asexual spaces?

We need to talk about it. And if you are a white asexual person – or a white person interested in asexual studies – you need to a) call out racism in our community and b) check who you're following and make sure there is diversity there. You need to be hearing voices from all over the world, and you need to be hearing from people who don't look like you, and who don't go through life the way we as white people do – being treated as the default. I suggest you start with my colleague Pip at AACAU, who has a Bookstagram: @littleblackduckbooks. Many of the ace people and organisations we know are in Asia, due to proximity. A lot of the most important ace activism happening right now is coming out of Asia. Look up our pals at Asexual Pride Asia and especially my friend Dipa Mahbuba Yasmin. While I am collecting a lot of data, they are working closely with survivors who didn't have access to an online survey written only in English. Yasmin Benoit is a scientist, public speaker, activist *and* model. Dr. Pragati Singh possibly never sleeps, she's so busy. Then try Sherronda J. Brown, Sarah Cosgriff, Ellen (Ell) Huang, Courtney Lane (of The Ace Couple Podcast – also listen to that), Anjeelee Kaur, Atiya McGhee and Justin (Rampancy). Angela Chen literally wrote the book on being ace. A Google will find them all. After that, you're on your own (hint: International Asexuality Day).

The ace community is beautiful and diverse, but it has a racism problem, and if my research can do nothing to prevent that, perhaps my soapbox can.

## Final Final Remarks

If you have read and taken in any part of this report, thankyou. If you read it cover to cover, you’re a deadset legend. Please go and do something kind for yourself, though.

If you are an asexual and/or aromantic survivor of any kind of discrimination, oppression or violence, know this first of all:

We believe you.

I do. ACT Aces does, the Ace and Aro Collective does. All the other survivors in this report do, because they’ve been through it too.

I’ve spent four years of my life working on this topic and I’m definitely taking a break, but I will always be interested in hearing your story if you need to share it with someone who will listen and believe.

You can contact me:

Twitter: @Sulphuric\_Aceid

Email: [acearocollectiveau@gmail.com](mailto:acearocollectiveau@gmail.com)

(you can note that it’s confidential in the subject line)

AACAU has no funding, and I don’t get paid for this. If you appreciate my efforts + would like to send me a dollar, I’d be very thankful.  
I have a ko-fi: [http://www.ko-fi.com/sulphuric\\_aceid](http://www.ko-fi.com/sulphuric_aceid).

And just while I have your attention

Intersex children have the right to bodily autonomy

That right is violated all over the world

**You should read the Malta Declaration**

<https://www.oiiurope.org/malta-declaration/>

(I’m just saying)

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*Diagnostic and Statistical Manual of Mental Disorders: DSM-V*. Washington, DC: American Psychiatric Association, 2013.

## Appendix A: Glossary

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### ASEXUALITY

Experiencing little to no sexual attraction  
Asexuality has nothing to do with whether a person has a libido or whether they have or enjoy sex – we always like to say:

Asexuality is about **ATTRACTION** not **ACTION**

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### ACEPHOBIA

Prejudice, hate and animosity towards asexual people. Acephobia is often dismissed as “just people being mean on the internet” but in reality, asexual people encounter acephobia at home, at school, at work and in the street.

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### THE SPLIT ATTRACTION MODEL

The Split Attraction Model is the idea that there are multiple forms of attraction people can experience towards one another – and they are not necessarily all pointing towards the same gender.

Many people assume asexual people are also aromantic, but this is not the case. We can use the Split Attraction Model to describe our romantic orientations, and sometimes our other forms of attraction too – like platonic, aesthetic or alterous. Your author is a quoiromantic homoaesthetic apothisexual.

Not every asexual person uses the SAM and it’s not just for asexual people. If it works for you, go ahead and use it.

---

**Aceflux:** On the asexual spectrum but sexuality fluctuates. It may move around different asexual identities, or it may fluctuate from asexual to allosexual and back.

**Acespec:** Short for “asexual spectrum”

**Aesthetic attraction:** The sort of attraction or fascination with a person that is based on a connection/interest in their appearance that is not sexually-motivated, but an aesthetic appreciation.

**AGAB:** Assigned Gender At Birth. The gender the doctors said you were when you were born (probably based on your genitals)

**Agender:** Different people define this in different ways, but essentially not having a gender at all.

**Allosexual:** Not asexual.

**Allonormativity:** The assumption in society that everybody is allosexual/alloromantic (ie. not asexual/aromantic).

**Alloromantic:** Not aromantic.

**Amatonormativity:** The idea that everybody in the world has the same goal in life to partner up – to get on board the “relationship escalator” and travel through the same destinations – love, marriage, house, babies, etc...

**Aphobia:** Both acephobia and arophobia combined

**AroAce:** A person who is both aromantic and asexual

**Aroflux:** On the aromantic spectrum but romantic orientation fluctuates. It may move around different aromantic identities, or it may fluctuate from aromantic to alloromantic and back.

**Aromantic:** Experiencing little to no romantic attraction.

**Aromantic Spectrum/Aromantic Umbrella:** The range of identities that are adjacent to aromantic.

**Arophobia:** Prejudice and hate against aromantics. I have yet to study this in detail – but aromantic people are on the receiving end of a lot of abuse, as many equate not being interested in romance with not having the capacity to feel love – a gross misinterpretation.

**Arospec:** Short for aromantic spectrum.

**Asexual Spectrum/Asexual Umbrella:** The range of identities that are adjacent to asexual.

**Aspec:** Both aromantic and asexual spectrums

**AVEN:** The Asexual Visibility and Education Network

**Bisexual:** (my definition) Attraction to more than one gender. Bisexual people can be and are attracted to trans people.

**Cisgender:** A cisgender person is someone whose gender identity matches the gender that was imposed on them when they were born.

**Demiboy:** Partially identifies as a boy, but not entirely.

**Demigirl:** Partially, but not wholly, identifies as a girl.

**Demiromantic:** One of the largest groups on the aromantic spectrum. Demiromantics can only be romantically attracted to someone who they have already formed a strong emotional bond with. So they do not feel “love at first sight.”

**Demisexual:** One of the largest groups on the asexual spectrum. Demisexuals can only be sexually attracted to someone who they have already formed a strong emotional bond with. Many people assume that demisexuals are

sex-shaming others, but this is a misinterpretation. Demisexuals are not suggesting allosexual people have sex with strangers – but many allosexual people feel sexual attraction to a stranger across a room. Or to a celebrity. It doesn’t mean they have sex – but the attraction is there. Demisexuals don’t ever get that.

**Genderfluid:** Gender identity changes over time. For some people this is over years, for some it can change quite quickly and regularly.

**Genderqueer:** A term used by those who feel their experience with gender is not normative. May be cis or trans. “Queering” gender means taking it away from the norms dictated by society.

**Grey-Asexual/Greysexual:** Also known as Grey-A or Grace. A large group under the ace umbrella. Basically, in the grey area – people who feel that they are not quite asexual, yet they also are not allosexual, but sit somewhere in between.

**Grey-Romantic:** A large group on the aromantic spectrum. Basically, in the grey area – people who feel that they are not quite aromantic, yet they also are not allosexual, but sit somewhere in between.

**Loveless:** An aromantic/asexual person who does not pursue relationships. (*This is a self-identifying label, and should not be used on someone who has not chosen it*).

**Monosexual:** Attracted to one gender.

**Nonbinary:** Not fitting within the limited binary concept of gender – so not female and not male. This can be an identity on its own, but also covers a range of other identities (such as agender, bigender, genderfluid)

**Oriented-:** An oriented aro or ace has some sort of attraction or dating interest and it is oriented in a particular direction/s, ie. Bi-oriented ace – an asexual who dates men and women.



**Pansexual:** (my definition) Attraction regardless of gender.

**Platonic attraction:** A strong desire to be close to someone in a way that is purely platonic – that pull to be friends with someone who you think is very cool.

**Queer Platonic Relationship:** (or partnership) A committed relationship between two people that is platonic, but has features of a traditional romantic relationship, depending on what is agreed between the partners. They may live together, co-parent, share finances, etc, or not – the partnership is what they would like it to be.

**Romantic attraction:** Varies depending on what you consider romantic! The desire to do romantic things with a person.

**Romantic Orientation:** Many asexual people specify their romantic orientation. Anything that can be a sexual orientation can be a romantic orientation. Biromantic, heteromantic, homoromantic, etc...

**Transfeminine:** A term for someone who is in some way feminine and is transgender.

**Transgender:** A transgender person does not identify with the gender imposed on them at birth.

**Transmasculine:** A term for someone who is in some way masculine and is transgender.

## Appendix B: Survey Questions

### Section 1: Demographic Information

#### Q1

**\*If we use something you say in our report, what do you want to be called? You can use a first name, a fake name, initials, or a single letter.**

(Open field)

#### Q2

**\*How old are you?**

Under 18

18 – 21

22 – 25

26 – 35

36 – 45

46 – 60

Over 60

#### Q3

**\*Which of the following best describes your sexual orientation? (You will have more options to choose from later.)**

Asexual

Grey-Asexual

Demisexual

Ace Spectrum/Ace Umbrella

Unsure/Questioning

#### Q4

**\*Which of the following best describes your romantic orientation? (You will have more options to choose from later.)**

Aromantic

Demiromantic

Greyromantic

Other under Aromantic Umbrella

Alloromantic (Bi-, Hetero-, Homo-, Pan-)

Unsure/Questioning

I do not agree with/define myself under the Split Attraction Model

#### Q5

**Optional: Choose as many terms as you like that describe your sexual/romantic orientations.**

Asexual

Aromantic

Demisexual

Demiromantic

Grey-A/Greysexual

Greyromantic

Aceflux

Aroflux

Aegoromantic/Autochorisromantic	Frayromantic Gay	Pansexual Queer
Aegosexual/Autochorisexual	Heteromantic	Quoisexual
Apothisexual	Heterosexual	Quoiromantic
Bioromantic	Homoromantic	Recipromantic
Bisexual	Homosexual	Reciprosexual
Cupiosexual	Lithsexual	Unsure/Questioning
Cupioromantic	Lithromantic	Other (please specify)
Fraysexual	Panromantic	

**Q6**

**\*Please pick the gender option/s that best describes you (for data collection reasons - this is not an exhaustive list of genders).**

- Female
- Male
- Nonbinary
- Agender
- Genderfluid
- Genderqueer
- Other (please specify)

**Q7**

**Do you identify as transgender? (This question is optional - but this can be important for understanding medical discrimination.)**

- Yes
- No
- Unsure

**Q8**

**What gender were you assigned at birth? (This question is optional - but this can be important for understanding medical discrimination.)**

- Male
- Female
- Neither

**Q9**

**Were you born with a variation of sex characteristics (this is sometimes called intersex)?**

- Yes
- No
- Unsure
- Prefer not to say

**Q10**

**What pronouns do you use? It's OK to select more than one, or put neopronouns, if you use them.**

- He/Him/His
- She/Her/Hers

They/Them/Theirs  
Other (please specify)

**Q11**

**On a scale from Sex Repulsed to Sex Favourable, where would you place yourself?**

(Sliding scale from 0 – 100. Sex Repulsed at 0, Sex Neutral at 50, Sex Favourable at 100.)

**Q12**

**Is your Sex Favourability situational? Has it changed over time? Do you have something else to tell us about being Sex Repulsed, Neutral, or Favourable?**

(Open Field)

**Q13**

**What is your religion? (You can write in "Other" if yours is not among the common choices listed.)**

Christian  
Jewish  
Muslim  
Pagan/Wiccan/Neopagan  
Agnostic  
Atheist  
No Religion  
Other (please specify)

**Location Information**

We want to know where you come from, because it helps us to understand where the services are that help asexual people and where they are needed. This is especially true if you are from within Australia, where Australian Asexuals and ACT Aces are involved in campaigns to improve services.

Knowing what kind of place you live in: whether it's a big city, a small town or a rural area, is important information to help with service providers - for example we know that people in rural areas have less access to healthcare facilities than those in major cities.

**Q14**

**\*What country do you live in?**

Australia  
New Zealand  
I am an Australian temporarily living overseas  
USA  
Other (please specify)

**If answer is "Australia" or "I am an Australian temporarily living overseas", move to Q15. All other responses to Q17.**

**Q15**

**\*Which State/Territory within Australia do you live in? (Or come from, if currently overseas)**

Australian Capital Territory  
New South Wales  
Northern Territory  
Queensland  
South Australia  
Tasmania  
Victoria  
Western Australia  
Australian External Territory (ed. Christmas Island)

**Q16**

**Do you identify as Aboriginal or Torres Strait Islander?**

Yes  
No  
Unsure

**Q17**

**Do you live in:**

A capital city  
The greater region/suburbs of a capital city  
A rural area outside a capital city  
A regional or city centre  
A regional or city centre (for eg. MM2/in or within 20kms of a town with a population of more than 50,000)  
Large regional or rural town (for eg. MM3/in or within 15kms of a town with a population of more than 15-50,000)  
Medium regional or rural town (for eg. MM4/in or within 10kms of a town with a population of more than 15-50,000)  
A small regional or rural town (for eg. MM5/any other regional or rural town not better explained above)  
Remote/Very remote (eg. Longreach/Winton/Mt Isa in QLD, Port Lincoln SA, Broome/Port Headland WA, or Alice Springs/Tennant Creek NT)

**Q18**

**Is there anything else you want to tell us about the place where you live and what it is like to live there, as an asexual or an LGBTQIA+ person? If not, you can leave this box blank.**

(Open field)

## Section 2: Microaggressions

Microaggressions are seemingly small negative incidents and interactions that a person experiences because of their marginalised identity. A microaggression on its own doesn't seem like "a big deal" and there is social pressure to ignore this kind of "minor" incident as not important. But microaggressions take a toll on the individual that adds up over time, and sometimes we can't even feel it building. Each "minor" incident is like a puff of air into a balloon that can only hold so much air before it pops.

The questions in this section are about microaggressions that asexual people often experience, and you will be asked to say whether you have encountered this kind of speech or behaviour in your life, and what kind of relationship you had to the people involved. It can feel unpleasant to realise your friends or family members have said or done these things, but this is not about making a judgement of the person or whether you have a good relationship with them - this is just recording what happened. None of the questions are compulsory, so if it is too distressing, not something you want to think about, or you can't remember, that is OK. Just answer what you can/want to.

The answers we receive will tell us a lot about how common different microaggressions are, which will give an idea about what asexual people experience - but also about what kind of ignorance is in the community and where education about asexuality could focus.

### Q1

**The following is a list of common experiences of asexual people that might be described as microaggressions. For each one, there are several checkboxes describing your relationship to the people who have said or done this. Choose those that you *think fit best*.**

*Column Options:* Never, Parent, Sibling, Other Family, Romantic/Sexual Partner, Friend, Coworker, Classmate/Peer, Authority Figure, Stranger, Another Person.

*Rows:*

Saying asexuality is "not real" or "not normal"

Saying asexuality (or your attitudes towards sex) is something to be "fixed" or "cured"

Saying "You just haven't met the right person" or similar

Saying that asexuality is a "phase" or similar

Saying that you (or any asexual) needs to have "hormones checked" or similar

Saying that you are too attractive to be asexual, or similar

Saying that you are asexual because you are unattractive, or similar

Saying that everyone is demisexual

Saying that demisexuals are "sex-shaming" others

Saying that "Sex is what makes us human" or similar

Saying that "Sex is part of human nature"

Saying that romantic relationships require sex to be valid

Invalidating your asexuality because you have had sex before

Invalidating your asexuality because you have never had sex

Invalidating your asexuality because you are in a relationship

Invalidating your asexuality because you have children

Invalidating your asexuality because you want children

Invalidating your asexuality because you are not sex repulsed

Invalidating your asexuality because of your sense of humour (enjoying sexual jokes, etc)

Assuming/Asking if you have had a bad relationship

Assuming/Asking if you have been sexually assaulted in the past

Asking you invasive or inappropriate questions because you are asexual

Comparing asexuality to being unfeeling/robotic, etc

Dismissing your asexuality as unimportant/irrelevant

Offering amateur opinions/diagnosis on why you are asexual

Shaming you (or any asexual person) for having a partner who is not asexual

Calling you (or another asexual person) a "late bloomer"

A third party pressuring you to try dating

A third party pressuring you to try sex

Be more specific about one or more incidents if you want to: (comment box)

## Q2

If you would like to tell us a story about your experience of microaggressions, you can do so in this space. We might talk about or publish it in our report, or we might use it at a later time - in a different report, on social media, or in other written material. We may give your story to an organisation we partner with, but they will not be permitted to publish it. We will never alter your words (except to fix any typos, etc) and we will never publish them without the name or pseudonym you gave in Question 1 of this survey.

The following question will let you choose the ways it is OK for us to share your story. We will not use it without your consent.

(Open field)

## Q3

These are some of the ways we might use the story you told us in the previous question. Please *check the uses that you are consenting to*.

**Giving us your consent to use your story does not guarantee we will.**

To publish in the report on this survey

To publish in a future report

To publish in other written work

To share on social media

To privately share with an organisation we work with

Do you have any other conditions? (comment box)

## Section 3: Religious Discrimination

In our previous survey, ACT Aces did not ask about discrimination in a religious community, but several respondents from different religious backgrounds wrote about their experiences. Taking this on board, for this survey, we would like to know more. If you have not had this experience, answer no to the first question and you will be moved to the next section. If you have, there are some follow-up questions.

### Q1

**\*Have you ever been or felt discriminated against, pressured by, ostracised or rejected by a religious community or organisation because of your asexuality (even if your asexuality was only one factor)?**

Yes

No

Unsure

Yes, but I do not wish to answer and more questions

If “Yes” or “Unsure”, Question 2. If “No” or they do not wish to share, on to Section 4.

**Q2**

**What is/was the name of the church/religion/faith involved? (You can be as vague or specific as you are comfortable with.)**

(Open field)

**Q3**

**Were you raised in this religion?**

Yes

No

I was raised in a different religion

**Q4**

**Before the incident/s occurred, how would you describe your relationship with this church/religion/faith? (Check any that are true.)**

I was an active and willing participant in the community

I participated in the community, because I was obligated by family pressure, or other reasons

I had faith/belief

I did not have faith/belief

I attended a religious school

I was a paid employee of the church/religious organisation

**Q5**

**What is your current relationship with this church/religion/faith? (Check any that are true.)**

I am still an active and willing participant in the community

I continue to participate in this community, because I am obligated by family pressure, or other reasons

I no longer believe

I still have faith, but I practice my faith outside the community or organised religion

I have left this specific religious community and found acceptance in a different community within the same faith

I have converted to another religion

**Q6**

**If you have left this religion/church/faith, was the attitude towards your asexuality the reason/a factor?**

Yes

No

I have not left

**Q7**

**Below is a list of experiences that asexual people may have encountered in a religious/faith/church community. Please check the boxes if these experiences have occurred and been related to YOUR ASEXUALITY (even if you were not aware you were asexual at the time).**

Been told that it is your duty to bear/raise children

Been told that it is your duty to get married

Forced into marriage against your will



Told by a religious authority that it is your obligation/duty to provide sex to a spouse  
Received a threat of sexual abuse or sexual violence  
Been sexually assaulted to “fix” or “cure” you  
Have a religious or community leader offer to have sex with you to “heal” or “cure” you  
Felt intimidated or bullied by a religious or faith leader to reveal intimate details about yourself  
Had people pray for your sexuality to change or be healed  
Told/made to pray for a “cure”  
Rejected by family, friends or others in the religious community  
Belittled or made to feel less by the community  
Excluded from a particular event  
Removed from or asked to leave the community  
Been verbally abused  
Been subjected to an “Intervention”  
Been subjected to an exorcism  
Told you were/are going to Hell  
Been threatened with other consequences from your God  
Told that you were disobeying or defying your God  
Told that you were made perfect and are choosing to be asexual  
Told that you are not natural  
Made to feel guilty about your asexuality  
Told you are hiding a different sexuality (such as abstaining from sex because you are actually gay)

**Q8**

**Have you ever experienced and kind of conversion practice (often called “conversion therapy”)?**

No

I was offered something but had the choice to say no and did  
I voluntarily participated in a religion/faith based conversion practice  
I have been involuntarily subject to religion/faith based conversion  
I have voluntarily visited a doctor/therapist, etc  
I have been forced or pressured to visit a doctor/therapist, etc  
Other (please specify)

**Q9**

**If you have experienced some kind of conversion practice, what was the perceived “problem”?**

Asexuality  
Homosexuality  
Gender Identity  
Other (please specify)

**Q10**

**If you would like to tell us a story about your experience of religious discrimination, you can do so in this space. We might talk about or publish it in our report, or we might use it at a later time - in a different report, on social media, or in other written material. We may give your story to an organisation we partner with, but they will not be permitted to publish it. We will never alter your words (except to fix any typos, etc) and we will never publish them without the name or pseudonym you gave in Question 1 of this survey. The following question will let you choose the ways it is OK for us to share your story. We will not use it without your consent.**

(Open field)

### Q11

These are some of the ways we might use the story you told us in the previous question. Please check the uses that you are consenting to. Giving us your consent to use your story does not guarantee we will.

To publish in a report on this survey

To publish in a future report

To publish in other written work

To share on social media

To privately share with an organisation we work with

**Do you have any other conditions?** (comment box)

## Section 4: Relationships

### Q1

Have you ever encountered any of the following behaviours from a current or former partner? Verbal insults, financial abuse (withholding money from you, controlling how you spend your money, taking your money), physical violence, threats, emotional manipulation/abuse, coercive control, sexual violence or any other behaviour you consider/ed to be abusive.

Yes

No

Unsure

Yes, but I do not wish to answer any more questions

If "Yes" or "Unsure", Question 2. If "No" or they do not wish to share, on to Section 5.

### Q2

Below is a list of things an allosexual partner might say or do that relate to your asexuality. Check any that you have experienced.

I am opting out of this question

Invalidated your asexuality/Not accepted your asexuality

Asked/Told you to seek medical help/therapy for your asexuality

Asked/Told you to seek some other kind of "cure" (such as a religious practice)

Shamed you for being asexual

Blamed your asexuality for problems in the relationship

Made you feel guilty for being asexual/not wanting to have sex

Outed you as asexual to someone else without your permission

### Q3

Below is a list of other behaviours you might have encountered. Check any of these that you experienced.

I am opting out of this question

Insulting or belittling you (about something unrelated to asexuality)

Isolating you from friends and/or family

Controlling what you wear

Controlling where you go or who you see

Controlling what you eat  
Controlling your finances (by taking your money or withholding money)  
Controlling your finances (by controlling what you spend, checking receipts/bank account)  
Threatening your safety  
Threatening to harm someone else  
Threatening self harm/suicide to manipulate you  
Making you doubt your own perception/memories (Gaslighting)

**Q4**

**Has a partner ever been physically violent towards you?**

I am opting out of this question

Yes

No

**Q5**

**Has a partner ever done any of the following?**

I am opting out of this question

Verbally pressured you into sexual activity

Threatened you to coerce you into sexual activity

Forcibly sexually assaulted you

(I cannot say exactly I what way I was pressured/forced but I feel as if my partner did sexually assault me)

**Q6**

**Having answered these questions, how many current or former partners did you include in your answers?**

(Number field)

**Q7**

**Was the partner/s who did these things also ace spectrum?**

Yes, also ace spectrum

No they were allosexual (non-ace)

Multiple partners – some ace, some allosexual

**Q8**

If you would like to tell us a story about your experience of relationships and abuse or violence, you can do so in this space. We might talk about or publish it in our report, or we might use it at a later time - in a different report, on social media, or in other written material. We may give your story to an organisation we partner with, but they will not be permitted to publish it. We will never alter your words (except to fix any typos, etc) and we will never publish them without the name or pseudonym you gave in Question 1 of this survey. The following question will let you choose the ways it is OK for us to share your story. We will not use it without your consent.

(Open field)

**Q9**

These are some of the ways we might use the story you told us in the previous question. Please check the uses that you are consenting to. Giving us your consent to use your story does not guarantee we will.

- To publish in a report on this survey
- To publish in a future report
- To publish in other written work
- To share on social media
- To privately share with an organisation we work with
- Do you have any other conditions?** (comment box)

## Section 5: Sexual Violence

### Q1

**Have you ever experienced sexual assault, sexual harassment or a rape threat, related to your asexuality? (and outside of a relationship)**

- Yes
- No
- Unsure
- Yes, but I do not wish to answer any more questions

If “Yes” or “Unsure”, Question 2. If No or they do not wish to share, on to Section 6.

### Details of an incident

#### Q2

**What kind of violence was this?**

- I am opting out of this question
- Sexual harassment
- Stalking
- Rape Threats
- Sexual Assault
- Rape
- Other (please specify)

#### Q3

**How many perpetrators were there?**

- I am opting out of this question
- One person
- More than one person

#### Q4

**Where did the incident occur?**

- I am opting out of this question
- Your home
- Someone else’s home
- School/University/College
- Workplace
- Bar/Nightclub or similar social venue

Online  
Multiple locations  
Other (please specify)

**Q5**

**How old were you? (to opt out, leave blank)**

(Number field)

**Q6**

**Were you out as asexual when this happened?**

I am opting out of this question

Yes

No

I did not know I was asexual

Partially (one or more perpetrators aware)

Partially (no perpetrators aware)

**Q7**

If you would like to tell us a story about your experience of sexual violence, you can do so in this space. We might talk about or publish it in our report, or we might use it at a later time - in a different report, on social media, or in other written material. We may give your story to an organisation we partner with, but they will not be permitted to publish it. We will never alter your words (except to fix any typos, etc) and we will never publish them without the name or pseudonym you gave in Question 1 of this survey. The following question will let you choose the ways it is OK for us to share your story. We will not use it without your consent.

(Open field)

**Q8**

These are some of the ways we might use the story you told us in the previous question. Please check the uses that you are consenting to. Giving us your consent to use your story does not guarantee we will.

To publish in a report on this survey

To publish in a future report

To publish in other written work

To share on social media

To privately share with an organisation we work with

**Do you have any other conditions?** (comment box)

**Q9**

There is space to give details for up to three incidents. Would you like to talk about another?

Yes

No

If "Yes", directed to repeat questions. If "No", directed to Section 6.

*Note: The Sexual Violence questions are repeated twice more – except Q9, which is not repeated the final time.*

## Section 6: Violence + Threats

### Q1

Have you ever experienced actual, or threatened violence? (Other than sexual violence.) This might include physical violence towards you, or damaging your property, threats to harm you, anonymous online threats and telling you to harm yourself.

Yes

No

Unsure

Yes, but I do not wish to answer any more questions

If "Yes" or "Unsure", Question 2. If "No" or they do not wish to share, on to Section 6.

### Q2

Please tick the boxes next to each kind of violence you have experienced. If an incident escalated from one kind to another, you can choose as many as you need to. Remember that the incidents should be related to your asexuality.

I am opting out of this question

Assault

Threats of violence

Online threats

Damage to your property

Being told harm yourself or suicide

Other (please specify)

## Details of an incident

### Q3

What kind of violence was this?

I am opting out of this question

Assault

Threats of violence

Online threats

Damage to your property

Being told harm yourself or suicide

Other (please specify)

### Q4

How many perpetrators were there?

I am opting out of this question

One person

More than one person

Partially (one or more perpetrators aware)

Partially (no perpetrators aware)

### Q5

Where did the incident occur?

I am opting out of this question

Your home

Someone else's home

School/University/College

Workplace

Bar/Nightclub or similar social venue

Online

Multiple locations

Other (please specify)

#### Q6

**How old were you? (to opt out, leave blank)**

(Number field)

#### Q7

**Were you out as asexual when this happened?**

I am opting out of this question

Yes

No

I did not know I was asexual

#### Q8

If you would like to tell us a story about your experience of violence/threats, you can do so in this space. We might talk about or publish it in our report, or we might use it at a later time - in a different report, on social media, or in other written material. We may give your story to an organisation we partner with, but they will not be permitted to publish it. We will never alter your words (except to fix any typos, etc) and we will never publish them without the name or pseudonym you gave in Question 1 of this survey. The following question will let you choose the ways it is OK for us to share your story. We will not use it without your consent.

(Open field)

#### Q9

**These are some of the ways we might use the story you told us in the previous question. Please check the uses that you are consenting to. Giving us your consent to use your story does not guarantee we will.**

To publish in a report on this survey

To publish in a future report

To publish in other written work

To share on social media

To privately share with an organisation we work with

**Do you have any other conditions?** (comment box)

#### Q10

**There is space to give details for up to three incidents. Would you like to talk about another?**

Yes

No

If "Yes", directed to repeat questions. If "No", directed to Section 6.

*Note: The Violence + Threats questions are repeated twice more – except Q10, which is not repeated the final time.*

## Section 7: Violence + Threats

### Q1

If you have ever chosen to NOT discuss your asexuality with any healthcare provider, what was the reason? (Check all that are true.)

I felt uncomfortable discussing it

I didn't think they would believe me

I didn't want my asexuality to be pathologised

I didn't want to be given medication for it

I had tried to discuss asexuality with a previous healthcare provider and was dismissed/ignored and I did not want to try again

I had previously tried to discuss that I am LGBTQIA+ and was dismissed/ignored and I did not want to try again

I had previously tried to discuss a medical question and was dismissed/ignored and I did not want to try again

I did not want to get referred to another provider for something that is not a problem

They did not need to know/Not relevant to why I see them

Not many healthcare providers know about asexuality

Other people I know have had poor experiences discussing LGBTQIA+ issues

I don't want to have to do Asexuality 101/explain asexuality every time I see a new provider

It is not safe for me to tell a provider I am asexual/LGBTQIA+

### Q2

Have you ever mentioned your asexuality or discussed asexuality with a healthcare provider before? This might include a GP, a specialist you see for a medical condition, a gynaecologist, a psychiatrist, a doctor in a hospital, allied health such as physio, psychologist, occupational therapist, speech pathologist, etc.

Yes

No

If "Yes", continue. If "No", progress to Q10

### Q3

How many times have you mentioned or discussed your asexuality with a healthcare provider? Choose the best answer.

Once or twice to 1 or 2 healthcare providers

At least once to a number of healthcare providers

A few times to the same healthcare provider

Multiple times to more than 1 healthcare provider

Multiple times to the majority of healthcare providers

Multiple times to every single healthcare provider

### Q4

Which healthcare providers have you spoken to about being asexual?



Psychiatrist  
Psychologist  
Endocrinologist  
General Practitioner  
Gynaecologist  
Emergency Doctor  
Nurse  
Sex Therapist  
Fertility Specialist  
Other (please specify)

**Q5**

**How did your healthcare providers react? (Choose the best answer.)**

All negative reactions  
Majority had a negative reaction  
Somewhat negative  
A mix of negative and positive, or neutral  
Somewhat positive  
Majority had a positive reaction  
Completely positive reactions

**Q6**

**When you have disclosed your asexuality to healthcare providers, which of the following INITIAL reactions have you experienced? (Check all that are true.)**

**Ignored me when I mentioned asexuality**

Asked me questions about it in attempt to understand me  
Told me asexuality isn't real  
Listened to me when I explained what asexuality is  
Knew what asexuality was when I mentioned it  
Misunderstood asexuality to be about libido/interest in sex/celebrity, etc  
Didn't know what asexuality was

**Q7**

**Which other reactions have your healthcare providers had to your asexuality? (Check all that are true.)**

Asked me more questions about it  
Insisted asexuality was not a real sexual orientation  
Focused on my asexuality rather than what I was coming to see them about  
Presumed my asexuality was causing me problems  
Discussed the reason I came to see them rather than my asexuality  
Explained to me what asexuality was when I came to them unsure about my sexuality  
Was fully understanding and supportive of me  
Pushed their own personal views on sex/abstinence  
Did not believe me when I told them my asexuality was not caused by anything, that it's just part of me  
Believed me when I said asexuality was my sexual orientation  
Believed me when I said I haven't had sex/am not sexually active

Believed me when I said I couldn't be pregnant  
Believed me when I told them I was/wasn't in a relationship  
Did not believe my relationship status  
Presumed I didn't want children/didn't have children  
Told me I have a mental illness  
Told me that all people have a sex drive  
Asked me if I was happy being asexual  
Suggested I needed to explore my sexuality

#### Q8

**What were some of the outcomes of discussing your asexuality with your healthcare provider? (Check all that are true.)**

They wanted to alter/take me off my medications  
They gave me a prescription to "fix" or "cure" me  
They made an attempt to find out about asexuality before our next appointment  
They gave me resources about asexuality  
They gave me resources about something that they presumed was the cause of my asexuality  
They referred me to a specialist (eg psychiatrist/endocrinologist) to try to "fix" my asexuality  
They completely dismissed my asexuality  
They told me I have a mental illness  
They referred me to a sex therapist  
Some of my experiences were positive  
All of my experiences were positive

#### Q9

**As a result of discussions about my asexuality, I have: (Check all that are true.)**

Had a good relationship with my healthcare provider where they understand I am asexual and this is normal  
Discovered my healthcare provider has a good grasp on LGBTQIA+ issues  
Had to continue seeing this healthcare provider anyway, as I did not have any other option  
Have been unsuccessful in finding an asexuality competent healthcare provider  
Had to change to a new healthcare provider  
Better understood myself and my asexuality  
Been given instructions/homework to do with my sex life/lack of sex life  
Had to take a pregnancy test, despite explaining there was no risk of my being pregnant  
Had/been referred to have my hormone levels tested  
Undergone a psychiatric evaluation/mental health assessment  
Been referred to a specialist I did not need, due to pathologisation of my asexuality  
Been prescribed a medication to improve libido  
Been referred to a sex therapist  
Been diagnosed with Hypoactive Sexual Desire Disorder (HSDD) or a similar condition

#### Q10

**If you would like to tell us a story about your experiences with healthcare providers, you can do so in this space. We might talk about or publish it in our report, or we might use it at a later time - in a different report, on social media, or in other written material. We may give your story to an organisation we partner with, but they will not be permitted to publish it. We will never alter your words (except to fix any typos, etc) and we will never publish them without the name or pseudonym you gave in Question 1 of this survey. The following question will let you choose the ways it is OK for us to share your story. We will not use it without your consent.**

(Open field)

**Q11**

These are some of the ways we might use the story you told us in the previous question. Please check the uses that you are consenting to. Giving us your consent to use your story does not guarantee we will.

To publish in a report on this survey

To publish in a future report

To publish in other written work

To share on social media

To privately share with an organisation we work with

**Do you have any other conditions?** (comment box)

**Q12**

Have you ever been denied a vasectomy, hysterectomy, or another similar medical procedure when you requested it, because a healthcare provider thought you might change your mind about having children?

Yes, vasectomy or similar procedure

Yes, hysterectomy or similar procedure

No

**Q13**

Has a healthcare provider refused to treat you because of your asexuality?

Yes

No

**Q14**

Have you ever been denied a medication because a healthcare provider thought it might lower your libido? (Even if you said it wasn't an issue or you didn't mention asexuality?)

Yes

No

**Q15**

Has a healthcare provider ever taken you off/tried to change/suggested you should change a medication you needed/were already taking, due to the possible side effect of lower libido? (Even if you said it wasn't an issue or you didn't mention asexuality?)

Yes

No

**Q16**

Has a healthcare provider ever presumed your sexual orientation?

Yes - and they were correct

Yes - and they were wrong

No

**Q17**

Has a healthcare provider ever presumed your romantic orientation?

Yes - and they were correct

Yes - and they were wrong

No

**Q18**

**Has a healthcare provider ever presumed your gender?**

Yes - and they were correct

Yes - and they were wrong

No

**Q19**

**Has a healthcare provider ever blamed your asexuality/lack of interest in sex/low libido/low sex drive/lack of sexual experience, etc on: (Check any that apply.)**

Trauma that they were aware I have actually experienced (even if the trauma was unrelated)

Trauma that they have correctly presumed I have experienced (but I have never disclosed it)

Trauma that they have wrongly presumed I have experienced

Lack of sexual experiences

An upsetting sexual experience

Bad relationships

Partners who were incompetent/bad at sex

Being a "late bloomer"

A mental illness I have been diagnosed with

A mental illness I have not been diagnosed with

My neurological/neurodevelopmental condition

Another medical condition

My disability

Neurodiversity (eg ASD, ADHD etc)

Medication

My religious background

Being in denial about being another sexual orientation, e.g. homosexual/bisexual, etc

Lack of relationships

Lack of a sexual partner

Not knowing my own body

Not having been on a date

Not having time for a relationship

Not having time to pursue sex

**Q20**

**Has a healthcare provider ever not listened to you/said you were wrong when you told them something about yourself? (Even if unrelated to your asexuality?)**

Yes

No

**Q21**

**Has a healthcare provider ever accused you of lying when you told them something about yourself? (Even if unrelated to your asexuality?)**

Yes

No

**Q22**

**Has a healthcare provider ever denied you medical care/referral/medication etc because of something you told them about yourself?**

Yes

No

**Q23**

**Has a healthcare provider ever made a decision about your healthcare based on their personal/religious beliefs?**

Yes  
No

**Q24**

**Has a healthcare provider ever disbelieved/not listened to you when you have tried to discuss trauma (regardless of the cause of the trauma)?**

Yes  
No

I have never discussed trauma with a healthcare provider

**Q25**

**The following statements are things asexuals may feel/think/ believe about themselves. Please choose the most suitable answer from each group (A&B, C&D, E,F&G). Some questions refer to "having sex" - that can mean whatever you think it should mean.**

*Column Options: True or False, Told healthcare provider or Never told healthcare provider, Most have not believed/understood or Sometimes believed/understood or Most have believed understood.*

*Rows:*

I do not want children	I am isolated because of my asexuality
I have children	I have a small number of asexual friends
I want to be pregnant/have a biological child (If relevant) There is no way I am pregnant	I have a large number of asexual friends/acquaintances
I do not want to have sex	I do not know anyone else who is asexual
I do want to have sex	I think sex is gross
I have never had sex	I think sex is boring/a chore
I am happy to never have sex ever/again	My partner expects sex from me and I do not want to have sex
I am currently sexually active	Ex-partners have expected sex from and I did not want to have sex
I am happy being asexual	I don't understand why other people are so focused on sex
I do not want to be fixed	My life is harder because of my asexuality
I am not a late bloomer	My life is easier because of my asexuality
I want a relationship	My family doesn't know that I am asexual
I am in a romantic relationship	My family reacted negatively when I told them I am asexual
I am in a QPP (queerplatonic partnership)/other non-romantic relationship	My family reacted positively when I told them that I am asexual
I am in a polyamorous relationship	I have experienced trauma because I am asexual
I have never been in a relationship	I have experienced medical trauma
I am in a relationship with someone who is not asexual	I have experienced medical trauma because I am asexual
I have previously been in a relationship with someone who was not asexual	I have experienced medical trauma because I am Intersex
I am LGBTQIA+	
I live with another person who is not my partner	
I live with another person who is my partner and we do not (or rarely) have sex	

**Q26**

**Has a healthcare provider ever requested a routine medical procedure (eg. a pap smear, breast exam, prostate exam) that you expressed concern about/felt uncomfortable about?**

Yes - they ignored my concerns and insisted I needed it  
Yes - they listened to my concerns and reassured me, but still insisted I needed it  
Yes - they listened to my concerns and reassured me but after hearing my concerns said I did not need to do it  
No

**Q27**

**Please read both of the following statements carefully and mark if they are true.**

I have a cervix, I am over the age of 25 and I have never had a pap smear or cervical cancer screening test  
I did not know that people may still need to have pap smear/cervical cancer screens if they have never been "sexually active"

**Q28**

**The following statements are things you may or may not have experienced, or want to have/believe about healthcare and healthcare providers. Some of them may seem similar to previous questions - but your answers provide us with a different kind of data. Please answer these as best you can, by choosing the best answer for you. You can answer N/A if it is not relevant to you.**

*Column Options: Yes/Always, Maybe/Sometimes, No/Never and N/A*

*Rows:*

Healthcare providers have offered me good healthcare when I've mentioned asexuality  
Healthcare providers have accepted my answers about my sex life  
Healthcare providers have accepted my answers about having children  
Healthcare providers have accepted my answers about whether I could be pregnant  
Healthcare providers have accepted my answers about my relationship status  
I find pap smears/breast screens/prostate exams, etc distressing/traumatizing  
I am uncomfortable discussing my asexuality with healthcare providers  
I have had my asexuality dismissed/ignored by a healthcare provider  
I have been previously diagnosed with Hypoactive Sexual Desire Disorder (HSDD) despite not being distressed  
I have changed healthcare providers at least once because they would not accept my sexuality  
I have changed healthcare providers multiple times because they would not accept my asexuality  
I want to change healthcare providers because of their attitude to asexuality, but I do not have this option because of cost/location, etc  
I have been told by a healthcare provider that asexuality is not real  
I have been told by a healthcare provider that asexuality is just celibacy/abstinence  
I have been told by a healthcare provider that everyone has a sex drive  
I have been told by a healthcare provider that everyone should want to have sex  
I have been told by a healthcare provider that it is human nature to be having sex/have a sex drive  
I have been told by a healthcare provider that I'm just picky  
I have been told by a healthcare provider that I'll never get/keep a partner if I don't have sex with them  
I have been told by a healthcare provider that they can cure me  
I have been told by a healthcare provider that it is wrong to withhold sex from your partner  
I have been told by a healthcare provider that consent is important  
I have been told by a healthcare provider that my partner is not entitled to have sex with me just because we are in a relationship  
I have been told by a healthcare provider that sex is integral to a healthy relationship  
I have been told by a healthcare provider that it is abusive/wrong to deny my partner sex  
A healthcare provider explained enthusiastic consent to me  
A healthcare provider explained that consent should not be assumed  
A healthcare provider explained that consent can be revoked  
A healthcare provider made me feel comfortable discussing asexuality  
A healthcare provider made me feel it was ok to be asexual  
A healthcare provider listened to my concerns about my relationship  
A healthcare provider gave me resources to better understand asexuality  
A healthcare provider made the effort to research asexuality to better understand me  
A healthcare provider devalued the type of relationship/s I have  
Healthcare providers need better training in providing healthcare to LGBTQIA+ people  
Healthcare providers who have a competent knowledge in asexuality are hard to find

Healthcare providers should be able to give information about asexuality to people who are Questioning, and their loved ones

Medical causes of low libido/sex drive should be ruled out before you can say you are asexual

All healthcare providers should have a basic knowledge of asexuality

It is important to me that my healthcare providers understand asexuality

I wish a healthcare provider had talked to me about asexuality when I was younger

I would like healthcare providers to be comfortable discussing asexuality without their personal bias

I would like healthcare providers to understand that asexuality is a spectrum or umbrella term

I would like healthcare providers to understand the Split Attraction Model (SAM)

I would like healthcare providers to understand that asexuals vary in their interest in sex itself

I would like healthcare providers to understand that asexuals vary from sex repulsed to sex favourable (as far as sex for themselves goes)

I would like healthcare providers to understand that asexuals vary in how they feel about sex in general

I would like healthcare providers to understand that asexuals can vary in their romantic attraction

I would like healthcare providers to understand that some relationships do not look like the "norm" that has come to be expected

I would like healthcare providers to understand that asexuals can be LGBTQI+ as well

I would like healthcare providers to understand that some asexuals appear heterosexual on first appearances

I would like healthcare providers to listen to asexuals and not try to fix them