



# The Assumed Relationship Between Asexuality and Trauma

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## ABSTRACT

The present study investigated the idea that asexuality is a result of trauma. Participants ( $N=106$ ) were given three scales to measure their asexual identification, sexual desire, and trauma history. A significant majority of asexual participants had not experienced trauma, and there was no significant difference in asexual identification or sexual desire scores between those who had and had not experienced trauma. Among the minority who had experienced trauma, there were no differences in asexual identification or sexual desire between those who identified as asexual before trauma compared to those who identified post-trauma. Results and limitations are discussed.

## INTRODUCTION

- The present study addresses the assumption that asexuality is caused by trauma.
  - Asexuality is a sexual orientation characterized by a lack of sexual attraction to anyone (Bogaert, 2004).
  - Asexuality is an area of research that has only recently received attention with a focus on defining and validating its status as a sexuality rather than a paraphilia or a sexual dysfunction (Brotto & Yule, 2016; Brotto et al., 2015).
  - The misconception that asexuality is caused by trauma leads some to consider asexuality to be more representative of a sexual disorder than a "legitimate" sexual orientation (MacNeela & Murphy, 2015).
  - Descriptions of asexuality as being caused by trauma, repression, or intense religiosity are common in the media (e.g., ABC News, 2006).
  - Asexual individuals often experience bigotry, alienation, and discrimination due to their orientation and are often told there must be some event or outside cause for their asexuality (Decker, 2015). In their qualitative study of asexual experience, MacNeela and Murphy (2015) found that many asexual participants experienced denial in the existence of their sexuality from sexual individuals.
  - Asexual individuals also experience discrimination within the LGBTQ+ community (Decker, 2015).
  - The observation that some asexuals do have sex has been presented as evidence that the orientation is not legitimate. Research from Brotto et al. (2015) indicates that 16.1% of participants with a sexual desire index score greater than 40 (indicating asexuality) also reported that their ideal level of sexual intercourse was greater than zero.
  - As asexuality is underrepresented or often ignored in mainstream media and discussions, many do not know about its existence. This leads to a later discovery and identification with this orientation, with many feeling that it explains or legitimizes their experience (MacNeela & Murphy, 2015).

## HYPOTHESES

- Hypothesis One:
  - The number of asexual participants who have not experienced trauma will exceed the number of asexual participants who have experienced trauma.
- Hypothesis Two:
  - There will be no difference in measures of asexuality (AIS and SDI-2) between the minority of asexual participants who have experienced trauma and those who have not.
- Hypothesis Three:
  - An individual's age of asexual identification will not be predicted by trauma.

## METHOD

### Participants

- 106 participants
  - 72 women, 20 men, 12 identifying as other, and 2 who preferred not to say
  - Between the ages of 18 and 62 ( $M = 24.23$ ,  $SD = 6.809$ )
  - Predominately Caucasian (77.4%)
  - Predominately from The United States of America (52.8%)

### Materials & Design

- Participants were recruited via:
  - The asexuality subreddit on the website Reddit
  - The Asexuality Visibility and Education Network (AVEN).
- All participants were given a Qualtrics link to the study. Data was collected via Qualtrics using questionnaires that assessed demographic information, asexual identification, sexual desire, and trauma exposure.
- Demographic items
  - Age
  - Gender
  - Ethnic background
  - Country of residence
  - Sexual Orientation
  - Age of Identification
  - Romantic Orientation
  - Place of Recruitment

### Measures

- Asexuality Identification Scale (AIS)**
  - Developed by Yule et al., 2015
  - A 12 item self-report questionnaire
    - Assessed on a 5-point scale allowing for a total of 60 points.
    - In their original research, a score lower than 40 out of 60 included 93% of self-identified asexual participants and excluded 95% of sexual individuals
    - Developed to be a reliable and valid test to distinguish asexual individuals from sexual individuals
- Sexual Desire Inventory-2 (SDI-2)**
  - Developed by Spector et al., 1996
  - A 14 item self-report questionnaire assessing sexual desire in a dyadic context
    - 3 questions addressing how often a sexual behavior is preferred
    - Assessed on an 8-item response scale from 0 (*Not at all*) to 7 (*Many times a day*)
    - 11 questions addressing strength of desire
      - Assessed on a 9-point Likert scale ranging from 0 (*No desire*) to 8 (*Strong desire*)
- Trauma History Screen (THS)**
  - Developed by Carlson et al., 2011
  - Valid and reliable two-part self-report screen
  - Designed to assess exposure to high magnitude stressors and traumatic stress
    - In part 1, participants indicate the types of trauma experienced through the 14 examples provided.
    - In part 2, participants provide more information about the specific types of trauma they experienced in part one by answering six additional questions.

## RESULTS

### Hypothesis One:

- A chi-square test of independence indicated that a significant number of asexual participants did not experience physical trauma as a child;  $\chi^2 (1, N = 97) = 40.91, p < .001$ , or as an adult;  $\chi^2 (1, N = 97) = 57.99, p < .001$ .
- Additionally, a significant number of asexual participants reported that they had not experienced sexual trauma as a child;  $\chi^2 (1, N = 97) = 57.99, p < .001$ , or as an adult;  $\chi^2 (1, N = 97) = 46.27, p < .001$ .

### Hypothesis Two:

- Planned comparisons were conducted to look for differences in AIS and SDI-2 scores between individuals who had and had not experienced trauma. No significant differences were found.

### Hypothesis Three:

- A chi-square test of independence indicates that, among the minority of participants who had experienced physical trauma, a significant number reported identifying as asexual *after* experiencing trauma;  $\chi^2 (1, N = 14) = 10.29, p = .001$ .
- Similarly, among the minority of asexual participants who had experienced sexual trauma, more reported identifying as asexual after having experienced sexual trauma;  $\chi^2 (1, N = 18) = 8, p = .005$ .
- Additional independent samples t-tests were conducted to determine if experiencing trauma before vs. after identifying as asexual predicted differences in AIS or SDI-2 scores.
- None of these comparisons were statistically significant.

## DISCUSSION

### Findings

#### Hypothesis One:

- The majority of asexual participants reported no trauma experience of any kind. This finding is consistent with Hypothesis One.
- It is presently unclear whether our participants experienced trauma at different rates than the general population.

#### Hypothesis Two:

- No significant difference in AIS scores or SDI-2 scores were found between those who had and had not experienced physical or sexual trauma. This finding is consistent with Hypothesis Two.
- An a priori power analysis suggested that 210 participants were needed to achieve 0.95 power to detect a medium effect size. We were unable to recruit a sufficient number of asexual participants, and these findings should be interpreted accordingly.

#### Hypothesis Three:

- Among the minority of asexual participants who had experienced trauma, most had experienced trauma before identifying as asexual.
- This difference, which we had not hypothesized, merited further investigation.
  - Individuals who had experienced trauma before identification were not significantly different in AIS or SDI-2 score than individuals who experienced trauma after identification. This finding is consistent with Hypothesis Three.
  - These non-significant results are subject to the same caveat regarding sample size described above.

## DISCUSSION

### Limitations and Future Studies

- Future studies might improve on recruitment methods:
  - Posts on r/asexuality were not pinned by the moderators and were lost to the feed of new posts. This likely reduced our sample size.
  - Several participants reported that the measures used did not reflect their experiences of being asexual.
  - The post title and recruitment script may have specifically attracted individuals who had identified as asexual after experiencing trauma.

### Moving Forward

- We would like to reach out to further investigate the rates of trauma, and the impacts of trauma, within the asexual community.
- We would like to identify the rate of trauma by age group in the general population in order to draw clearer comparisons to the asexual community.

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