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Asexual Experiences Of Microaggressions Scale: Instrument Development And Evaluation

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ASEXUAL EXPERIENCES OF MICROAGGRESSIONS SCALE: INSTRUMENT
DEVELOPMENT AND EVALUATION

by

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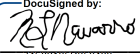
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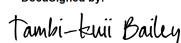
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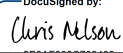
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July 20, 2020

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ABSTRACT

The present paper explores the experience of microaggressions among asexuals and relevant literature. There is a dearth of research on asexuality, particularly as it relates to the experience of microaggressions. However, research suggests that microaggressions have a cumulative impact on both physical and emotional well-being as reported by all minority groups that face microaggressions (Lewis, 2009, Mayer, 2010). The development of a scale that measures the experience of microaggressions would allow for this area of research to be further studied. The paper utilized DeVellis's (2017) method for scale development to develop a psychometrically sound scale assessing the experience of microaggressions among asexuals. The final Asexual Experiences of Microaggressions (AEM) scale had 24-items and five subscales: discrimination experiences, portrayal of asexuals in the media, having a partner, prestigious employment, and rejection in the LGBT+ community. The next step in scale development necessitates a confirmatory factor analysis to show the scale is replicable. Future research utilizing the AEM scale should also assess divergent validity. The paper reviews limitations of the study as well as clinical and research implications.

CHAPTER I

INTRODUCTION AND LITERATURE REVIEW

This chapter will open with an overall introduction to asexuality and how it is defined. Then it will review relevant literature related to asexuality and microaggressions. The chapter then reviews the purpose of the current study and hypothesis, namely to develop a scale—the Asexual Experiences of Microaggressions scale (AEM).

Introduction

Sexual minority individuals experience microaggressions that are both similar and different than those experienced by other minority groups (e.g., women, racial ethnic minorities, religious minorities). Similarities include the way in which microaggressions mirror social biases and promote negative stereotypes. Another similarity is related to the cumulative impact microaggressions have on both physical and emotional well-being as reported by all minority groups that face microaggressions (Lewis, 2009, Mayer, 2010). However, microaggressions against sexual minorities tend to differ based on the degree to which sexual orientation identity is visible (Sue, 2010). Some sexual minorities may choose who they come out to and how early in interpersonal relationships they would like to come out. Thus, for sexual minorities coming out is a lifelong process as compared to members of visible racial minority groups (Sue, 2010). In fact, some sexual minorities often decide not to come out due to fear of rejection, retaliation, negative impact in personal relationships, concern for safety, or fear of loss of social support (Sue, 2010; Burn, Kadlec, & Rexer, 2005).

Racial microaggressions have been described as phenomena in everyday occurrences (Sue et al., 2007). The term was first coined by Pierce in 1970, referring to “subtle, stunning, often automatic, and non-verbal exchanges which are ‘put downs’” (Sue et al., 2007, p.143). Microaggressions are defined by intentional or unintentional verbal, behavioral, or environmental insults that communicate derogatory, malicious, or hurtful insults towards minorities (Sue et al., 2007). Racial microaggressions primarily refer to what racial and ethnic minorities, particularly people of color experience. Racial microaggressions have been found to be detrimental to people of color as they deteriorate performance in various domains by creating inequalities. The concept of microaggressions has since been extended to capture minorities’ experience beyond people of color or racial minorities. Microaggressions are categorized as consisting of three domains: microinsults, microassaults, and microinvalidations.

Sexual orientation microaggressions have been understudied and yet have been found to have detrimental effects on individuals (Platt & Lenzen, 2013). Sexual minorities who experience microaggressions have been found to report a number of complex feelings such as anger, fatigue, sadness, withdrawal, and safety concerns that can have a cumulative negative impact on their physical and psychological health (Weber, Collins, Robinson-Wood, Zeko-Underwood, & Poindexter, 2018). Additionally, those who identify with multiple minority identities that are stigmatized have been found to be at an increased risk for chronic stress (Weber et al., 2018). Sexual orientation microaggressions research has mainly focused on LGB individuals. Sexual orientation microaggressions were first theorized by Sue (2010). The theory compiled a typology of sexual orientation microaggressions that would be likely to be experienced by sexual minorities. The theory proposed that sexual minority individuals face seven different types of sexual minority microaggressions including: Oversexualizing,

homophobia, heterosexist language/terminology, sinfulness, assumptions of abnormality, denial of individual heterosexism, and endorsement of heteronormative culture/behavior. Various maladaptive psychological outcomes have been found to be associated with the experience of microaggressions among sexual minority groups such as internalized heterosexism, shame, concerns for safety, negative impact on psychical and mental health, chronic stress, depression, and anger (Weber et al., 2018).

A sexual minority group that has experienced microaggressions and has been understudied is asexuals. Asexuality has been defined as a lack or low sexual attraction to both men and women (Bogaret, 2004; DeLuzio Chasin, 2011). Asexuals have been found to endorse experiences of microaggressions in focus groups of experiences and stories of coming out (Bogaret, 2004; DeLuzio Chasin, 2011). Microaggression domains that asexuals have described experiencing in previous research have been microinvalidations, environmental microaggressions, and microinsults. Some microinvalidations that asexual individuals have reported experiencing are “someone told me that people should not identify as asexual” and “I was told that I should not complain about the lack of understanding regarding asexual identity (Nadal, 2011).” Environmental microaggressions are persistent in regard to asexuality as there is a lack of media representation and visibility of the community in positions of power. Microinsults experienced by asexuals include being told that “asexuality is a disorder” and that “they have mental health problems (Sue, 2003).” In particular, the experience of prejudice has been found to have deleterious effects on mental and physical health that persist beyond the effects of normative stressful life events (Frost, Lehavot, & Meyer, 2013). However, there is little known about asexuals’ experience of microaggressions and possible harmful effects.

There is a dearth of research regarding asexuals and their experiences in regards to their experiences of microaggressions. Because most research regarding microaggressions has primarily focused on racial minorities and LGB individuals, there is little known about microaggressions experienced by asexuals. The lack of research regarding asexuality is primarily due to the relatively limited visibility of the community in popular awareness (Frost, Lehavot, & Meyer, 2013). The lack of research regarding the asexual community poses difficulties in understanding their unique experience and how microaggressions may affect their lives. It is particularly concerning that asexuality has been pathologized by mental health professionals, particularly within the Diagnostic and Statistical Manual (American Psychiatric Association, 2013) as this may be used to justify experiences of microaggressions. Additionally, experiences of prejudice and microaggressions have been found to be related to deleterious effects on mental and physical health among asexuals (Frost, Lehavot, & Meyer, 2015).

This paper will provide an overview and conceptualization of asexuality. Specifically, issues related to defining asexuality will be addressed, in particular categorization and self-identification and how that is related to both research and prevalence statistics of asexuality. Pathologizing of asexuality will be explored as it is important to consider as it relates to microaggressions, mental health, and the study of asexuality. A thorough review of the theory and literature related to microaggressions and how asexuals may experience microaggressions will then be included. Next, maladaptive outcomes related to asexual microaggressions will be discussed, as well as broader research related to minority identity and experience of microaggressions. Last, an argument for the development of an instrument to measure microaggressions perpetuated against those who identify as asexual will be presented.

Literature Review

Asexuality Background

Asexuality was first mentioned in the 1950's by Kinsey. However, asexuality remained unstudied until 2004 when Bogaert brought interest to the topic (Durães, Martins, Borrvalho, 2016). Although Kinsey was aware that a certain percentage of the population experience asexuality, he did not include this in his original Kinsey Scale and did not further study this phenomenon. Kinsey (1953) later added the option to his scale for subjects could endorse a separate category of "X" to note that "completely heterosexual" and "completely homosexual" was not representative of their experience. Storms (1980) developed a model of asexuality in which asexual individuals that do not experience sexual attraction for either sex. There is a lack of consistency in the manner in which asexuality is conceptually defined in studies. This may be due to the fact that sexual attraction and sexual behavior can be inconsistent with self-identification as asexual. Thus, it is important to note among studies how asexuality had been conceptually defined and explored. Many researchers of asexuality have focused on sexual attraction rather than overt sexual behavior as well as self-identification in conceptualizing sexual orientation (Bogaret, 2004).

Poston and Baumble (2010) investigated the prevalence rates of asexuals using the behavioral definition of asexuality and found that 5% of females and 6% of males of a sample of 1000 participants had never had sex in their lifetime. In general, there is a paucity of research on asexuality and what research has been conducted in this area is not consistent over time resulting in a lack of programmatic research on asexuality. This may be related to the invisibility that comes with lack of sexual desire that usually does not involve overt social sexual engagement that could bring attention to them. In particular, asexuality tends to not involve others and may

not lead to public reaction. Additionally, asexuality had not been criminalized or made illegal historically by legal systems and religious entities. Most notably, studies on sexuality that have involved convenience samples tend to not include asexuals as individuals that usually participate in sexuality studies have more sexual experience compared to the general population (Bogaert, 2004). This is particularly related to the lack of social awareness of asexuality as individuals who may identify as asexual may not be aware of asexuality and what it means.

Related areas of study historically have been sexual aversion disorder as well as hypoactive sexual desire disorder, both of which have been studied more frequently (Bogaert, 2015). Among those struggling with sexual aversion disorder or hypoactive sexual desire disorder, they typically acknowledge having sexual attraction toward individuals of either or both genders. However, they are averse to contact with their partners' genital areas or have low sexual desire for their partner. Sexual aversion disorder and hypoactive sexual desire disorder have surfaced as diagnoses used with couples where there is a discrepancy of sexual desire. However, asexuality has been conceptualized as a unique phenomenon in comparison to sexual aversion disorder and hypoactive sexual desire disorder as asexuality is defined as little or absence of sexual attraction.

Some factors that have been found to be associated with asexuality have been some demographic, physical development, health, and religiosity (Bogaert, 2015). This suggests that there can be numerous independent developmental paths that have both biological as well as psychosocial variables that lead to asexuality. Physical development factors that have been found are late onset of menarche, shorter height, health issues among women, and shorter height and health issues among men. Physical development findings suggest that factors that are independent of debilitating illness may lower sex drive and may contribute to growth and

development mechanisms. The findings associated with the demographic variables suggest that a pathway related to asexuality is environmental such as lower rates of education and social class. Thus, the results of the study suggest that health issues prevalent among asexual people may be related to disadvantaged social economic status and associated social conditions. However, it is unknown what aspects of education and home environments contribute to asexuality.

Gender is also an important factor that predicted asexuality (Baumeister, 2000). In particular, women reported higher rates of asexuality in comparison to men. Difference in rates of reports of asexuality may be related to traditional gender roles as well as social expectations that men are to be more sexual in comparison to women (Bogaert, 2015). Studies have suggested that women's sexuality is more malleable in comparison to men and thus suggesting that cultural influences may provide more profound understanding (Baumeister, 2000). In particular, women are at a decreased likelihood of labeling males or females as sexual objects or may under report sexual arousal/attraction due to lack of self-awareness (Heimen, 1977). Findings also suggest that asexual people were slightly older compared to sexual individuals (Bogaert, 2015), challenging the idea that asexual individuals are in an early developmental stage that is prior to adult sexual attraction.

Defining Asexuality

There is inconsistency in the way asexuality has been defined in the community and among researchers. The predominant overarching definition of asexuality in the asexual community is individuals who experience a lack of sexual attraction or lust towards others (Bogaert, 2015). Unlike celibacy which is a choice, asexuality is a sexual orientation (AVEN, 2018). The definition is consistent with the views of Asexuality and Visibility Education Network (AVEN), an online community which hosts the largest online asexual community and

provides resources on asexuality. Even though this definition is not grounded in a particular theory, it is promoted among asexual leaders and educators as to how they conceptualize the phenomenon (Bogaert, 2015). Based on the limited literature on asexuality there are three kinds of operational definitions for the phenomenon: definitions based on individuals behavior, those based on desire, and those of self-identification (Poston & Baumle, 2010). Behavioral definitions are based on lack of sexual engagement. Desire-based asexual definitions are based on lack of sexual desire. Identity-based asexual definitions are self-identification as being asexual (Poston & Baumle, 2010). Because there are different ways in which asexuality has been defined in the literature, it is difficult to know how the findings translate to the general asexuality community and also poses a challenge in exploring findings in this paper. It is still unclear whether the primary component of asexuality is behavioral, desire, or identity (Poston & Baumle, 2010). Even among the asexual community there is disagreement related to the degree of absence of sexual behavior is a necessary part of asexuality (Poston & Baumle, 2010). Thus, from this point forward definitions will be noted as it relates to findings of studies as this may influence conceptualization of the current study.

There are two main sexual orientation theories: Storms' (1980) two-dimensional model and Alfred Kinsey's (1953) unidimensional model of sexual orientation. The asexual term regarding lack of asexual attraction has been partly conceptualized from Storms' two-dimensional model of sexual orientation (Storms, 1980). In this theory, asexuals are people that have low heteroeroticism (heterosexual attraction) and homoeroticism (homosexual attraction), therefore suggesting that asexuals experience low attraction to their same sex or opposite sex. Additionally, Storms' model has been noted to be more advanced in comparison to Alfred Kinsey's one-dimensional model of sexual orientation as it is more inclusive of individuals that

are asexual (Storms, 1980). Alfred Kinsey's one-dimensional model conceptualizes sexual attraction on a Likert scale from 0 = exclusively heterosexual to 6 = exclusively homosexual (Bogaert, 2015). Thus, Storms' model has been noted to be more inclusive in comparison to Alfred Kinsey's one-dimensional model.

The desire-based definition of asexuality is predominantly focused on the lack of sexual attraction which includes sexual fantasies to either sex; however, this does not mean that asexuals lack sexual experience with either sex (Bogaert, 2015). However, behavioral definitions of asexuality have been noted to include reduced sexual behavior along with lack of sexual attraction. Therefore, defining asexuality based on sexual attraction does not necessarily include individuals who are chaste or celibate if they are sexually attracted to others (Bogaert, 2015). Thus, it is critical to identify how studies have operationally defined asexuality as it may influence generalizability of findings.

Studies that have sought to understand the experience of asexuals and their characteristics have identified differing findings. It is unclear if their findings are reflective of how they have operationalized asexuality across the three aforementioned dimensions or if they are actually representative of the asexual community. For example, a study exploring characteristics of asexuals recruited through AVEN found that sexual response was lower among asexuals in comparison to others (Brotto, Knudson, Inskip, Rhodes, & Erskine, 2010). Masturbation among asexual men was consistent with that of sexual men. Social withdrawal was found to be most elevated of the personality scales measured, although still within the average range. Alexithymia was also found to be elevated such that there is a lack of emotional awareness, interpersonal relating, and social attachment. Nevertheless, when asexuals were in relationships with sexual partners they were found to negotiate sexual activity with their partners. Most notably,

psychopathology was not found to be higher among asexuals although “a subset may fit the criteria for schizoid personality disorder (Brotto et al., 2010, p. 599.)”

AVEN further notes that there is great diversity among the asexual community in terms of experience and engagement in relationships, attraction, and sexual arousal (AVEN, 2018). Many asexual individuals have the same emotional needs as other people and there are many approaches they may take to meeting their needs. Some asexual people are aromantic or lack desire to engage in romantic relationships and get emotional fulfillment through friendships. Other asexual individuals, however, have a desire to form romantic relationships and long-term relationships. Additionally, asexual people tend to be open to dating sexual people as well as asexuals (AVEN, 2018). Emotional attraction is often experienced by asexual people. However, they do not have a need to act on their attraction in a sexual manner. Those asexuals who experience attraction often are attracted to a particular gender and thus would identify as lesbian, gay, bisexual, pansexual, or heterosexual. Arousal tends to be a common experience among asexuals; however, it is not associated with desire for a sexual partner. At the same time, some asexual people may also feel little or no arousal. Additionally, while asexual individuals tend to identify as such throughout their lives they rarely go from being sexual to asexual (AVEN, 2018).

Many studies fail to distinguish between sexual and romantic attraction which could otherwise provide further clarification in the conceptualization of asexuality. Categorical constructs regarding gender and romantic orientations can be modified to be continuous to improve clarity and understanding. Categorization of self-identification vs. researcher categorization is an important distinction and needs particular attention in the study of asexuality (Chasin, 2011). Additionally, there is variation within the asexual community as to how

asexuality is defined and in particular how this relates to masturbation and sexual activity (Bogaert, 2015). A study by Brotto and colleagues (2010) found that asexuality is best conceptualized as a lack of sexual attraction, although noting that there is great variability in terms of sexual response and behavior. In particular, asexuals that are in relationships with sexual partners have been found to negotiate sexual activity which can make categorization based on sexual activity an inaccurate measure of asexual identity (Brotto, et al., 2010). Thus, distinguishing between sexual and romantic attraction can be a way to address some of the inconsistencies in the conceptualization of asexuality. Categorical constructs regarding gender and romantic orientation can be more continuous constructs to gain a better understanding of asexuality (Chasin, 2011).

There is also a spectrum of asexuality consisting of two aspects, namely degree of sexual attraction and romantic attraction, resulting in a myriad of sexual orientations (AVEN; Cowan & LeBlanc, 2018). This section will cover the asexuality spectrum orientations. Demisexual refers to an individual who only experiences sexual attraction when they experience strong romantic or emotional connection. Grey-asexual is someone who experiences sexual attraction very rarely. Lithro-sexual is an individual who experiences sexual attraction but has no desire for reciprocation. There are many other asexuality spectrum sexual attractions including romantic sexual attraction within the asexuality spectrum such as heterosexual, lesbian, gay, bisexual, and pansexual. Heterosexual identity means that one is romantically attracted to the opposite sex. Someone who identifies as lesbian or gay romantic attraction are interested in same-sex individuals. Bisexual romantic attraction refers to romantic feelings towards both men and women, whereas pansexual romantic attraction is towards individuals regardless of their gender (AVEN; Cowan & LeBlanc, 2018).

Asexuality Prevalence

The prevalence of asexuality is significantly dependent on how it is defined (Poston & Bauble, 2010). Furthermore, there are inconsistencies in how studies assess asexuality, such as self-identification or categorization of participants based on behavioral ratings (Chasin, 2011). Similar to other sexual identities when behavior is used as the main measure of asexuality, we would find that there are higher rates of asexuality using this standard. This is because individuals are more likely to not engage in sexual behavior compared to endorsing asexual identity. This suggests that measures of asexuality based on sexual behavior may yield higher rates of asexual identity.

A national sample of British residents suggested that one percent of the sample identified as asexual (Bogaert, 2004). The study found that more women identified as asexual in comparison to men, with particularly high rates of asexuality among women who had later onset of menarche. Other factors that were associated with asexual identity were religiosity, short stature, low social economic status, low education, and poor health. Asexual individuals also reported having less experience with sexual partners (Bogaert, 2004). Additionally, when the Kinsey behavioral definitions of asexuality were used to assess asexual identity, Bogaert (2015) found rates of asexuality to be 1.5% of males; 1 to 3% of married women; and 14 to 15% among unmarried women. However, the actual prevalence of asexuality is uncertain as there is relative lack of research in this area.

Poston and Bauble (2010) extended the work of Bogaert (2004) by exploring the social constructionist perspective based on self-identification of asexuality in the United States. Using the behavioral definition of asexuality, they found that 5% of females and 6% of males never had sex in their lifetime among eleven thousand participants. However, because the sample consisted

of participants ages 15 to 44, it is possible that younger participants may not have yet engaged in sexual activities but would in the future. Self-identification as asexual was 38.1% among women and 33.9% among men. Classification based on lack of desire among women was 3.7% and 4.3% among men (Poston & Baumble, 2010). Thus, the way that asexuals are defined affects the research in this area as there is variability in prevalence rates based on the way that researchers operationally define asexuality.

Asexuality and Stigma

A study among self-identified asexuals documented their experiences of and ongoing challenges with invisibility or social rejection (MaNeela & Murphy, 2015). In particular, asexuals face social resistance related to heteronormative social expectations. Despite this, individuals find their asexual identity valued and meaningful on an interpersonal level in particular when individuals had support from their online community and access to information regarding their sexual orientation. When coming out, asexuals experience negative reactions such as disbelief, dismissal, and pathologizing of their sexual orientation/identity (MacNeela & Murphy, 2015). As a relatively new sexual identity, asexuality lacks legitimization as well as acceptance from society, family, community members, and medical/mental health professionals (Scherrer, 2008). Thus, it is critical to continue research in the area of asexuality, in particular the exploration of unique experiences asexuals face.

More research and exploration are needed in regards to the diagnoses of Female Sexual Interest/Arousal Disorder (FSIAD) and Male Hypoactive Sexual Desire Disorder (MHSDD), as defined by the Diagnostic Statistical Manual of Mental Disorders (American Psychological Association, 2010), and the experience of microaggressions among asexuals. In particular, asexuals may be pathologized with sexual disorders, particularly FSIAD and MHSDD which are

conceptualized as lack of sexual interest (American Psychological Association, 2010). Thus, it is critical to address this issue as it may cause distress and can be considered types of microaggressions. Research regarding the experience of microaggressions among asexual individuals and how the diagnosis of FSIAD and MHSDD could possibly be used to justify denial of the asexual community's existence as well as experience of microaggressions.

Understanding Microaggressions and Their Impact

As defined by Sue et al. (2007), microaggressions tend to be brief, daily verbal, environmental, behavioral offenses directed at a specific group of people. The term microaggressions was originally coined by Pierce in 1970 in his publication on Black Americans experience of “subtle, stunning, often automatic, and nonverbal exchanges which are ‘put downs’ (Pierce, Crarew, Pierce-Gonzalez, & Willis, 1978, p.66).” Researchers have also described microaggressions as subtle insults targeting minority groups such as people of color that often occur automatically and or unconsciously (Solorzano, Ceja, & Yosso, 2000).

A major component of racial and sexual minorities experience is navigating and coping with the experience of microaggressions (Platt & Lenzen, 2013). Discriminatory experiences are nested within deep-rooted systemic social justice issues such as privilege/oppression, power inequalities, social biases, and stereotyping (Sue et al., 2007). Microaggressions can be absent from conscious awareness of the person who engages in microaggressions and are often unintentional. However, microaggressions have been found to have cumulative deleterious effects on the psychological well-being of minorities. The experience of microaggressions has been found to be associated with higher rates of stress, cognitive burden related to their attempt to decode experiences of microaggressions, self-devaluation, and lack of security (Frost, Lehavot, & Meyer, 2013; Greer & Chwalisz, 2007; Kaufman, Baams, & Dubas, 2017; Weber et

al., 2018). Microaggressions research has historically focused on racial and ethnic minorities (Platt & Lenzen, 2013). Racism and microaggressions have been centered around the subordination of people of color in three different areas: individual, institutional, and cultural (Sue, 2010). Research on microaggressions has focused on the dynamics between perpetrators and recipients of microaggressions focusing on the psychological and social disparities that are the outcome of such acts. Microaggressions can be directed at any marginalized group including minority groups of sexual orientation (Sue, 2010).

Mechanisms of Microaggressions

There are three mechanisms through which microaggressions could be perpetrated: environmental, verbal, and nonverbal (Sue, 2010). Environmental microaggressions are defined as various demeaning and offensive social, educational, economic, political indicators that are communicated at various levels - individual, institutional, or social - to marginalized groups. Thus, environmental microaggressions can be experienced via visual representation and stated philosophy (color blindness). In terms of environmental microaggressions the cues do not need to particularly involve interpersonal interactions. Verbal microaggressions are spoken interpersonal interactions that communicate offensive and demeaning views regarding marginalized groups, whereas nonverbal microaggressions can be interpersonal actions or portrayals of marginalized groups that are offensive and considered “putdowns” towards individuals (Sue, 2010).

Types of Microaggressions

Sue and colleagues have proposed a taxonomy related to gender, racial, and sexual-orientation microaggressions constituting three areas: microassaults, microinsults, and microinvalidations (Sue et al., 2007). The level of awareness among perpetrators of the three

areas may vary, however, as the actions communicate overt, covert, or hidden offensive interaction or meaning to the marginalized group. Thus, it is important to further explore the presence of microassaults, microinsults, and microinvalidations that marginalized groups face daily in our society.

Microassaults are defined as “conscious, deliberate, and either subtle or explicitly racial, gender, or sexual-orientation biased attitudes, beliefs, or behaviors that are communicated to marginalized groups through environmental cues, verbalizations, or behaviors (Sue, 2010, p. 54).” Thus, microassaults are intended to attack marginalized individuals’ identity through name-calling, avoidance, or intentional discrimination. The purpose of microassaults are to threaten, intimidate, and make marginalized groups feel unsafe/unwanted. They also make marginalized groups feel inferior and less important compared to others in society. Additionally, verbal microassault include insulting epithets. An example of a microassault that asexuals could experience is “People have rejected me for being asexual (Refer to Appendix A).”

Microinsult is defined as often unconscious communications that portray disrespect and insensitivity that is demining based on an individuals’ minority identity (Sue, 2010). Some common themes of microinsults are ascription of intelligence, second-class citizen, pathologizing cultural values/communication styles, criminality/assumption of criminal status, sexual objectification, and assumption of abnormality. Ascription of intelligence as a microinsult is related to undermining belittling aspects of a marginalized group’s intelligence, competence, and abilities. Second-class citizen as a microinsult is portraying an unconscious message that particular marginalized groups are less worthy or important compared to the majority group and thus deserving of discriminatory behavior. Pathologizing cultural values/communication styles of microinsults have two components that the normative group (the more predominant socially

acceptable group white, male, and heterosexuals) have more normative cultural and communicative abilities and that individuals part of the marginalized group are abnormal based on their identity. Microinsult of criminality/assumption of criminal status presents itself as mostly associated to racial beliefs that people of color are unsafe, possibly criminal, law breaking, or antisocial. Women and LGBT individuals are less likely to experience this type of microinsult. Sexual objectification microinsult refers to the objectification of women into property that is at the sexual whim of men. In particular, sexual objectification has a deep dehumanizing component because women's humanity is taken away such as individual qualities, intellect, emotions, hopes, and desires. Assumptions of abnormality microinsult is the belief that a marginalized group is abnormal, deviant, and pathological based on their marginalized identity. LGBT individuals experience assumptions of abnormality most commonly in particular as it relates to sexual behavior (Sue, 2010). An example of a microinsult that asexuals could experience is "People have told me that asexuality is a disorder (Refer to Appendix A)."

Microinvalidation is defined as often unconscious communication that alienate and negate psychological thoughts, feelings, or experiences of marginalized groups (Sue, 2010). Thus, microinvalidations are regarded as the most damaging type of microaggressions as they directly and consistently deny marginalized groups' reality regarding oppression and experiences. Additionally, the most salient form of oppression is the power to impose reality on marginalized groups. There are four forms of microinvalidation themes: Alien in one's own land, color (gender or sexual orientation) blindness, denial of individual racism/sexism/heterosexism, and myth of meritocracy. Alien in one's own land refers to microinvalidations that view marginalized groups as perpetual foreigner in their own country. This microinvalidation particularly refers to people of color. Color, gender, and sexual orientation blindness refers to

microinvalidations that portray an unwillingness to recognize or acknowledge the existence of a marginalized group. Color blindness is the most common microinvalidation exerted in today's society. Denial of individual racism/sexism/heterosexism invalidation is the individual denial of the perpetrators sexism, racism, heterosexism. This includes statements such as "I am not homophobic, I have a gay friend (Sue, 2010, p.38)" and similar statements that people may make to deny their microaggressions and views. Myth of meritocracy microinvalidation is the belief that race, gender, and sexual orientation do not influence people's lives and privilege status in our society. In particular, it assumes that everyone in society has equal rights, opportunities regardless of marginalized identity status (Sue, 2010). An example of a microinvalidation that asexuals could experience is "In my experience asexuality is not a widely accepted sexual orientation (Refer to Appendix A)."

Sexual Orientation and Microaggressions

The daily lived experiences of minority groups such as sexual orientation minorities have been found to be different than those of the majority group who have social and political power (Meyer, 2009; Sue et al., 2007). Even though it has become socially unacceptable to engage in overt discriminatory behavior towards sexual minority groups, research is still needed to further understand the deleterious effects of prejudice that is still prevalent in society (Platt & Lenzen, 2013). Additionally, those who identify with multiple minority identities that are stigmatized have been found to be at an increased risk for chronic stress (Weber et al., 2018).

According to Sue (2010), sexual minority individuals face seven different types of sexual minority microaggressions including: oversexualizing, homophobia, heterosexist language/terminology, sinfulness, assumptions of abnormality, denial of individual heterosexism, and endorsement of heteronormative culture/behavior. The oversexualizing typology of

microaggressions is the association of sexual orientation with sexual activities and behaviors. The next typology is homophobia, which involves the assumption that homosexuality or other non-heterosexual orientation is contagious and sexual minorities should be avoided. The third typology is heterosexist language/terminology, which is the use of language that mirrors heteronormative values. The next typology is sinfulness, the perception that non-heterosexual sexual orientations are morally deviant and improper. The assumption of abnormality is the next typology that comes from the belief that any non-heterosexual orientation originates from psychological pathology. The denial of individual heterosexism has similarities to other types of prejudice in which majority group members deny biases they hold against sexual minority groups. The last typology is the endorsement of heteronormative culture and behaviors in which the social norms and standards are exclusive to heterosexuals, therefore excluding sexual minorities. Thus, the hidden directive of each typology of sexual macroaggression is harmful to sexual minorities.

Microaggressions and Harmful Effects

Research on prejudice, dehumanization, avoidance, and discrimination against asexuals provided the first empirical evidence of intergroup bias against asexuals (MacInnis & Hodson, 2012). Essentially, the asexual group was viewed as more negative, less human, and less valued as contact partners in comparison to heterosexuals as well as other sexual minorities.

Additionally, heterosexuals were also willing to discriminate against asexuals which matched discrimination against homosexuals. Attitudes towards heterosexuality were most positive, suggesting a sexual minority bias. Participants were most willing to rent to heterosexuals then homosexuals and asexuals and least willing to bisexuals. The same pattern was found in relation to hiring decisions, suggesting that participants intended to discriminate against sexual minorities

including asexuals with more bias directed towards bisexuals. Importantly, attitudes towards asexuals was not simply representative of negative bias towards single people, as negative attitudes towards asexuals were not significantly related to singlism (MacInnis & Hodson, 2012). Thus, more research is needed to further understand asexuals' experiences of microaggressions.

Marginalized groups in our society are present at the edges of predominant groups of social desirability and consciousness (Sue, 2010). Individuals in the majority group may view marginalized groups in negative ways such as undesirable or be unaware of the groups' existence as well as unique experiences of the group. There are many marginalized groups in the United States that experience inequality, social injustice, and erasure such as: sexual orientation (gay, lesbian, bisexual, asexual), physical disability, low social economic status, and religion (Islam, Judaism; Sue, 2010). The presence of microaggressions in interpersonal interactions and or environmental markers represent the marginality or predominant social view of inclusion/exclusion, superiority/inferiority, desirability/undesirability, or normality/abnormality of groups (Sue, 2003). Similar to racial and gender microaggressions experiences marginalized groups experience microaggressions quite commonly in their daily lives (Sue, 2010). Even though the perpetrators of microaggressions are unaware of their actions they still have deleterious effects on the recipients. The consequences of experiencing microaggressions can be psychological and also create social disparities. Recipients often experience a detrimental effect on their wellbeing such as low self-esteem (Franklin, 2004), reduced energy needed for adaptive functioning, as well as problem-solving issues (Dovidio & Gaertner, 2000). Microaggressions also affect quality of life as well as environmental living conditions of marginalized groups (Sue, 2010). The secondary effect of microaggressions are the denial of equal access as well as opportunity regarding resources such as employment, education, and health care in our society

(Sue, 2010). Therefore, while microaggressions may seem benign, the harm they produce in our society is at a systemic and macro level.

Microaggressions and Harmful Effects among LGBT

Multiple maladaptive psychological outcomes that may cause long-term impacts have been found to relate to the experience of microaggressions such as negative impact on physical health that can be compared to the experience of trauma or chronic stress (Weber et al., 2018). Negative health effects such as depression, fatigue, anger, emotional/physical withdrawal, and worry around physical safety have been reported as consequences related to experiencing microaggressions. Specifically, minorities that experience microaggressions often feel concerns for their safety when interacting with individuals in the majority groups such as cisgender, heterosexuals, and White individuals. Additionally, sexual minorities who also identify as part of another minority group who experience microaggressions targeting their various minority identities such as race, gender, and sexual orientation generate complex feelings as noted above with a cumulative impact on their mental and physical health (Weber et al., 2018). Similarly, microaggression research has found that sexual and gender minorities that experience microaggressions report experiencing a variety of emotions from disappointment to sadness before during and after being targets of microaggressions (Nadal, 2016).

Measuring Experiences of Microaggressions

The Racial and Ethnic Microaggressions Scale (REMS) assesses the experience of microaggressions perceived within the past six months (Nadal, 2011). It is the first published racial multidimensional measure of racial microaggressions. The scale was based on Sue's work (2010) on the framework of microaggressions. The measure contains subscales and items specific to racial microaggression such as: assumption of inferiority, second-class citizen and

assumption of criminality, microinvalidations, exoticization and assumptions of similarity, environmental microaggressions, and workplace and school microaggressions (Nadal, 2011).

While the REMS (Nadal, 2011) provides good reliability, it is not specific to unique minority experiences. Thus, it is necessary to adapt the scale for specific minority groups. The REMS scale has since been adapted to assess microaggressions among diverse groups such as the general racial microaggressions scale for black women (GRMS; Lewis & Neville, 2015). The scale was adapted to include items that reflected stereotypes the Black women experience. The current study will also develop items for the asexual microaggression scale using known stereotypes and common experiences of asexuals. Some of the limitations of the GRMS scale were that the study was unable to compare incremental validity or assess if the scale accounted for variance explained by assessing experience of racial microaggressions or sexist events separately (Lewis & Neville, 2015).

The Racial Microaggressions Scale (RMAS) was developed as a new scale to assess experiences of racial microaggressions among people of color (Torres-Harding, Andrade, & Diaz, 2012). The scale not only assesses experiences of microaggressions but also distress associated with those experiences. While the scale was designed to assess both constructs, the scale development publication only focused on findings of the microaggression items. Thus, it is unknown what the additional findings were and how the subscales relate (Torres-Harding, Andrade, & Diaz, 2012).

The LGBT People of Color Microaggressions Scale assesses microaggressions associated with both racism as well as heterosexism (Balsam, Molina, Beadnell, Simoni, and Walter, 2011). The study consisted of both national and convenience samples ensuring diversity of the sample. However, due to sample size they were unable to analyze ethnic group differences. Thus, it is

unknown how generalizable and applicable the findings of the study would be for other minority groups (Balsam, Molina, Beadnell, Simoni, and Walter, 2011). The LGBTQ Microaggressions on Campus Scale assesses experiences of microaggressions specifically among college students over the past year (Woodford et al., 2017). The scale contains the following subscales: interpersonal LGBTQ microaggressions and environmental LGBTQ microaggressions. While the scale was designed to only assess experience of microaggressions on campus, it did have items in the scale that assessed experience of microaggressions off-campus. No rationale was provided regarding the choice to keep certain items that assessed microaggressions beyond students' campus experience. However, the items on the scale were very clear and captured a wide range of experiences as students on a college campus (Woodford et al., 2017).

To date there is no scale that has focused on the experience of microaggressions among asexuals. Additionally, as some studies have used stereotypes regarding their minority status as the basis for item development, the current study will also employ this strategy. Recent publications have explored the experience of asexuals, particularly asexuals' negotiation of identity as well as desire (Scherrer, 2008) and the coming out process of asexuals (Robbins, Low, & Query, 2016). As recent publications have done, the current scale will also consist of items that explore different areas of asexuals' lives to better capture their experience.

Purpose of the Study

To further study asexuals' experiences of microaggressions, this study aims to develop an asexual microaggressions scale to allow for future research in this area. The purpose of the study is to further explore experiences of microaggressions as related to self-identified asexuals. It is imperative that an asexuality microaggressions scale is developed to allow for research regarding asexuals' experience and the impact on their overall well-being. Research suggests that asexuals

experience stigma and discrimination (Robbins, et al., 2016), whereas microaggressions research has suggested that minority groups experience delirious effects that impact well-being, physical and mental health, and self-view (Weber, et al., 2018). There is currently no scale available to assess the experience of microaggression among asexuals. Thus, it is unknown how microaggressions impact their well-being and mental health. The study is focused on developing a scale that assesses the experience of microaggressions among asexuals through the development of the Asexual Experiences of Microaggressions scale (AEM). Scale items were developed based on previous published literature and feedback gained from asexuality research by experts and self-identified asexuals. The items will then be entered into an exploratory factor analysis (EFA) to determine item retention in the scale. Based on previous research (Robbins, Low, & Query, 2016), the EFA analysis was expected to result in four interrelated subfactors: microinvalidations, environmental microaggressions, microinsults, and microassaults that are specific to the experience of asexuals.

Hypothesis One. The Asexual Experiences of Microaggressions scale (AEM) is hypothesized to show that items in each extracted factor are theoretically related. To determine this, the scree plot results will be utilized to determine appropriate number of factors to extract. Following this, the factor model that best fits theoretically will be utilized.

Hypothesis Two. The Balanced Inventory of Desirable Responding (BIDR) measures social desirability to assess for possible response bias. The second hypothesis is that the correlation analysis between Asexual Experiences of Microaggressions scale and Balanced Inventory of Desirable Responding will not be statistically significant. This hypothesis demonstrates content validity of the proposed AEM scale.

Hypothesis Three. The third hypothesis is that there will be a statistically significant positive correlation between the Asexual Experiences of Microaggressions scale and Sexual Stigma Scale. This will establish convergent validity of the proposed AEM scale and Sexual Stigma Scale as they are proposed to be theoretically related to one another.

Hypothesis Four. The fourth hypothesis is that there will be a statistically significant positive correlation between the Asexual Experiences of Microaggressions scale and Perceived Stress Scale . This would establish convergent validity they are proposed to be theoretically related to one another.

CHAPTER II

METHODOLOGY

In this chapter, the development of the Asexual Experiences of Microaggressions scale (AEM) will be covered. The first part of the chapter details the initial item development for the proposed scale and implementing feedback provided from expert reviewers and community stakeholders. This chapter also focuses on the participants and data collection process that was used to finalize the AEM. Lastly, the chapter discusses validity factors and the psychometric properties of measures used to demonstrate the validity of the AEM.

Phase One: Item Development

Developing items that fully capture asexual individuals' experiences of microaggression is essential in the creation and establishment of a reliable and valid measure. Indeed, item generation is particularly key in establishing the AEM's construct validity. Thus, details about how past research was used to generate items and how items were reviewed and critiqued by expert reviewers and community stakeholders are provided below.

Item Generation

Items were generated following DeVellis's (2016) scale development process methods. The first step involved gathering previous research regarding asexuals' experiences of microaggressions. In particular, items were developed from the work of Foster and Scherrer (2014) that focused on asexuals' experience of being pathologized and othered in their lives. Given the limited research and scholarship focused on asexual experience, additional items were

based on the work of Nadal (2011), Robbins, Low, and Query (2016), and Woodford, Chonody, Kulick, Brennan, and Renn (2015) which focused on LGBTQ individuals' experience of stigma. Together, findings from previous studies regarding LGBT, asexuals, and microaggressions were then adapted to develop items in the four factors of microaggressions: (a) microinvalidations, (b) environmental microaggressions, (c) microinsults, and (d) microassaults. The scale assessed for dimensions of microaggressions such as microinvalidations, microinsults, and microassaults across different areas of participants' lives such as family, friends, work, and social representation. Microinvalidations are defined as verbal or behavioral communication that negate the thoughts, experiences, and feelings of minorities (Sue et al., 2007). Microinsults are defined as verbal and or behavioral interactions that convey insensitivity and rudeness that are intended to demean an individual's identity. Microassaults are explicit demeaning and or derogatory interactions that are characterized by violent communication or physical attacks that are intended to hurt individuals through name calling, avoidance, as well as discriminatory interactions (Sue et al., 2007). A microinvalidation item of the scale is "in my experience asexuality is not a widely accepted sexual orientation." An environmental microaggressions sample item is "asexual people have not been portrayed in movies." A sample item of a microinsult is "people have told me that asexuality is a disorder." A sample microassault item is "people have laughed at me for being asexual." In the current study alpha for the final scale will be reported for the overall scale as well as for subscales. Thus, integrating findings from articles in experience of asexuality in various areas of life were used to generate items in the four areas of microaggressions.

Review of Items by Expert Reviewers and Community Stakeholders

After the initial items were developed, expert reviewers (researchers in microaggressions as well as asexuality) and community stakeholder (self-identified asexuals) were recruited to give feedback regarding the initial AEM items (see Appendix A for item composition). Expert reviewers' contact information was gathered via their research publications specifically in the areas of asexuality and microaggressions. A total of three researchers of asexuality and three researchers of microaggressions were then contacted via email and asked to participate as expert reviewers of the proposed scale.

Twenty self-identified asexuals were recruited through LGBT+ organizations, community activists, and AVEN, an Asexual online community, to participate as expert reviewers for the proposed scale. Self-identified asexuals were contacted through advertisements on social media sites (AVEN, Reddit, Facebook, online forums) and asked as community stakeholders to review the scale. Reviewers were provided definitions of the following constructs: microaggressions, microinsult, microinvalidations, and microassaults. They were instructed to select the best category that each item assessed aggressions, microinsult, microinvalidations, or microassaults. They were also asked to rate the degree to which each item was essential to the scale. Reviewers were also asked to rate the clarity, grammar, and conciseness of each item. Once they had reviewed all items, they were asked to provide a rating for the level of exhaustiveness of the entire scale in terms of how well they believe that it evaluated and attended to the concept of asexuality microaggressions.

Procedures. The scale was available to expert reviewers and community members on Qualtrics. Each reviewer gave feedback for the scale development. For each item of the scale, reviewers were asked to categorize each question into microaggressions, microinsults,

microinvalidations, and microassaults. Reviewers were also asked to rate the degree to which each item was essential to the scale. They were also asked to rate the clarity, grammar, and conciseness of each item. After reviewing all items, reviewers were asked to provide a rating for the level of exhaustiveness of the entire scale regarding how well they believe it evaluated and attended to the concept of asexuality microaggressions. They also had the opportunity to provide overall feedback regarding the scale.

Findings. The reviewers' feedback was assessed and compared to other reviewers' comments. Then, decisions about how to implement the 10 reviewer's feedback (e.g., re-wording items, deleting items, adding new items) was made. Items that had more than one reviewer note issues with clarity, grammar, and conciseness were reviewed and modified. They were then presented to the dissertation advisor who served as the auditor for feedback and review of changes. Changes were discussed and made to items. A total of 21 items were changed according to reviewers' feedback. Finally, a list of fifty retained items was created, which was used in in the exploratory factor analysis. Items covered microinvalidations, environmental microaggressions, microinsults, and microassaults. One item that covered microinvalidations was "in my experience, asexuality is not a widely accepted sexual orientation." An item from the AEM scale that focused on environmental microaggressions was "asexual people have not been portrayed in magazines." An example of an item for microinsults was "people have told me that asexuality is a disorder." AEM scale items were developed to be rated on a Likert-type scale with scores to indicate higher frequency of experiences of microaggressions (0 = Never; 1 = Very Rarely; 2 = Rarely; 3 = Occasionally; 4 = Frequently; 5 = Very Frequently).

Phase Two: Exploratory Factor Analysis

Phase Two consisted of collecting and analyzing data using an exploratory factor analysis (EFA) as well as reliability and validity analysis. The hypothesis of an oblique factor structure will be assessed using the EFA analyses. EFA will assist in determining the underlying factor structure of the items and determining the final set of 50 items, subscales, and/or total scale for the Asexual Experiences of Microaggressions scale (AEM). The relation among scores on the AEM and scores on the Perceived Stress Scale was used to establish convergent validity. Comparisons of the AEM scores and subscales scores to the Balanced Inventory of Desirable Responding (BIDR), namely social desirability impression management and self-deceptive enhancement, were used to assess response bias. This identified participants that present themselves in an overly positive manner and engage in socially desirable responding. Convergent validity will also be assessed by comparing the findings of the proposed scale to the Sexual Stigma Scale (SSS) that assesses the experience of pervasive sexual stigma among lesbian, bisexual, and queer women (Logie & Earnshaw, 2015) and the Perceived Stress Scale (PSS) that assesses perceptions of stress in their life (Cohen et al., 1984). The Asexuality Identification Scale (Yule, Brotto, & Gorzalka, 2015) will be used as an inclusion criterion in that participants that did not endorse an asexual identity were removed from the sample. Participants that were included in the study were self-identified asexuals, over the age of 18, and English speaking.

Recruitment and Data Collection Procedures

Participants. A total of 237 participant responses were utilized in the exploratory factor analysis, validity, and reliability analyses. Participants were asked to provide the following demographic information: age, gender, ethnicity, sexual orientation, relationship status, and

education. Additionally, participants were able to select a category of “not listed” and had the ability to type in their own gender and sexual orientation identity so that the data collected was inclusive. Demographic information is provided in Table 1.

Table 1

Exploratory Factor Analysis Demographic Information

Demographic Category	N	%
Participant Age		
18-20	78	32.9
21-23	47	19.8
24-29	70	29.5
30-34	21	8.9
35-44	11	4.6
45-55	4	1.6
55-64	3	1.2
Gender		
Female	96	41.3
Demographic Category		
Male	98	40.9
Gender Non-Conforming	13	5.4
Transgender Female to Male	2	.4
Transgender Male to Female	3	1.2
Prefer Not to Answer	8	3.3
Not Listed, Text Entered	16	6.6
Agender	5	2.1
Bigender	1	.4
Demigender Female	1	.4
Gender Fluid	1	.4
Gender Queer	1	.4
Genderflux	1	.4
Non-Binary	3	1.2
Questioning	1	.4
Trans Masculine Nonbinary	1	.4
Not Listed, Specify	16	6.6
Did not respond	2	.8
Total	237	100.0
Ethnicity		
African-American or Black	8	3.4
American Indian or Native American	5	2.1
Asian or Pacific Islander	27	11.3

Table 1. cont.

Demographic Category	N	%
Ethnicity		
Caucasian or White	177	74.7
Latino or Hispanic	10	4.2
Mixed Race	1	.4
Prefer Not to Answer	8	3.4
Not Listed	13	2.8
Total	237	100
Sexual Orientation		
Asexual	222	93.6
Biromantic Asexual	1	.4
Demi-Sexual	5	2.2
Demisexual Lesbian	1	.4
Gray Asexual	3	1.2
Panromatic Demisexual	1	.4
Pansexual Asexual	1	.4
Total		
Relationship Status		
Single	199	84.0
Serious Relationship	15	6.3
Living with a Partner	10	4.2
Married	8	3.4
Divorced	3	1.3
Total	237	100
Highest Education Level Achieved		
Demographic Category	N	%
High school Diploma	76	32.1
Bachelors	95	40.1
High School Diploma	76	32.1
Associates	20	8.4
Masters	20	8.4
Non-High School	5	2.1
Doctorate	4	1.7
GED	4	1.7
Specialization	4	1.7
Certificate/Non-Degree	2	.8
Total	237	100

Data collection procedures. Self-identified asexual participants were recruited through AVEN, Reddit, Facebook, Amazon MTurk, listservs, LGBT+ organizations, and online forums.

All participants completed the survey online through Qualtrics (e.g., informed consent, the AEM scale, perceived stress scale, social desirability scale, and demographics). The Asexuality Identification Scale was used as an inclusion criterion, as participants that do not endorse an asexual identity were removed from the sample (Yule, Brotto, & Gorzalka, 2015). They were instructed to provide their personal opinion to a series of statements based on their experiences.

Participants were provided with a link to the survey on Qualtrics and presented with an informed consent form. If they agreed to participate and identified as asexual they then proceeded to the rest of the survey. They were then asked to respond to the following scales: demographic questionnaire, Asexual Experiences of Microaggressions scale (AEM), Balanced Inventory of Desirable Responding (BIDR), Sexual Stigma (SSS), Perceived Stress (PSS), and Asexuality Identification scale (AIS).

Measures. A demographic questionnaire was used to gather information regarding participants' gender identity, sexual orientation, romantic orientation, relationship status, age, education, current employment, ethnic identity, religious identity, and social economic status (Refer to Appendix G).

Asexual Experiences of Microaggressions scale (AEM). After incorporating expert review and community stakeholder feedback, the proposed scale has 50 items assessing experiences of microaggressions among asexuals (Refer to Appendix B).

Social Desirability: Self-Deceptive Positivity and Impression Management. The Balanced Inventory of Desirable Responding (BIDR; Paulhus, 1984) assessed two constructs of desirable responding: self-deceptive positivity and impression management (refer to Appendix D scale items). The BIDR has a total of 20 items, with 10 items for each subscale. Self-deceptive positivity relates to the tendency to provide positively biased but honest responding. One of the

self-deceptive items is “people often disappoint me.” Impression management relates to presenting themselves to an audience in a deliberate self-presentation. An example of an impression management item is, “I always apologize to others for my mistakes.” The scale (Bates & Toro, 1998; Paulhus, 1984) consists of 20 items on a seven-point Likert-type scale from 1 (*Not True*) to 7 (*Very True*). Negatively phrase items were reverse coded and all item responses were summed to provide the final score (Paulhus, 1984). Previous studies have reported the Cronbach’s alpha coefficient of internal consistency reliability as .78 (Miller & Gallagher, 2016). Reliability analysis of the SSS in this study was Cronbach’s alpha coefficient of .36.

Sexual Stigma. The Sexual Stigma Scale (SSS) assesses the experience of pervasive sexual stigma among lesbian, bisexual, and queer women (Logie & Earnshaw, 2015). It assesses several areas of stigma: perceived stigma, awareness of negative perceptions towards their own group, enacted stigma, and overt experiences of discrimination. The scale consists of 12 items on a five-point Likert-scale from 0 (*Never*) to 4 (*Very Often*; refer to Appendix C). The scale has two subscales: perceived and enacted sexual stigma. An example item from the scale is, “How often have you hear that lesbian, bisexual, and queer women grow old alone?” The items were adapted to include asexuals. The Cronbach’s alpha coefficient of internal consistency reliability was reported to be .78 (Logie & Earnshaw, 2015). Reliability analysis of the SSS in this study was Cronbach’s alpha coefficient of .88.

Perceived Stress. The Perceived Stress Scale (PSS) assesses perceptions of stress in relation to situations in their life that are rated as stressful (Cohen et al., 1984). The scale focuses on assessing how unpredictable, uncontrollable, and overloaded participants perceive their life to be. The PSS consist of 14 items rated on a five-point Likert-type scale from 0 (*Never*) to 4 (*Very*

Often; refer to Appendix E). The PSS Cronbach's alpha coefficient of internal consistency reliability was reported to be .84 to .86 (Cohen et al., 1984). An example item from the PSS scale is, "In the last month, how often have you felt nervous and 'stressed'?" The PSS scale scores are obtained by reverse coding seven items and summing all 14 items to obtain the final score (Cohen et al., 1984). Reliability analysis of the PSS in this study was Cronbach's alpha coefficient of .87.

Asexuality Identification. The Asexuality Identification Scale (AIS) assesses individuals' endorsement of asexual identity and self-perceptions (Yule, Brotto, & Gorzalka, 2015). The measure consists of 12 items on a five-point Likert-type scale from 1 (*Completely False*) to 5 (*Completely True*; Refer to Appendix F). The measure also consists of a final item asking, "Which of the following best describes you?" with the options of: heterosexual, bisexual, homosexual (lesbian or gay), and asexual. Higher scores on this measure indicates greater tendency to endorse asexuality traits. The scale has been found to have good internal reliability as measured by Cronbach's alpha of between .70 to .86 (Yule, Brotto, & Gorzalka, 2015). Reliability analysis of the AIS in this study was Cronbach's alpha coefficient of .76.

CHAPTER III

ANALYSIS

This chapter focuses on the data analytic procedures of the present study. The chapter starts by delineating the findings from the sampling analyses, such as sampling adequacy, normality, and sphericity. A review of the implications of the test and choice of factor analysis follows. The factor analysis and parsimony process are then discussed with a focus on criteria for item retention and elimination for the proposed scale. Next, the scale length optimization and the final configuration of the Asexual Experiences of Microaggressions scale (AEM) is discussed. Finally, the reliability and validity analyses are highlighted.

Preliminary Sampling Analysis

According DeVelis (2017), factor analysis consists of the following objectives: a) identifying the underlying factor structure of the items, b) condensing information to key factors, and c) defining the meaning of the factors. Furthermore, factor analysis identifies items that are performing well or not in a scale. The method for conducting the factor analysis is determined based on normality of the data, and as such it is necessary to first conduct preliminary analysis to determine normality of the data.

First, the sample was assessed in the areas of sampling adequacy, sphericity, and normality using the Kaiser-Meyer-Olkin measure of sampling adequacy (KMO), the Bartlett's Test of Sphericity, and Shapiro-Wilk test for normality. The KMO statistic assesses the level of shared variance and partial correlation between variables with values between .80 and 1.00

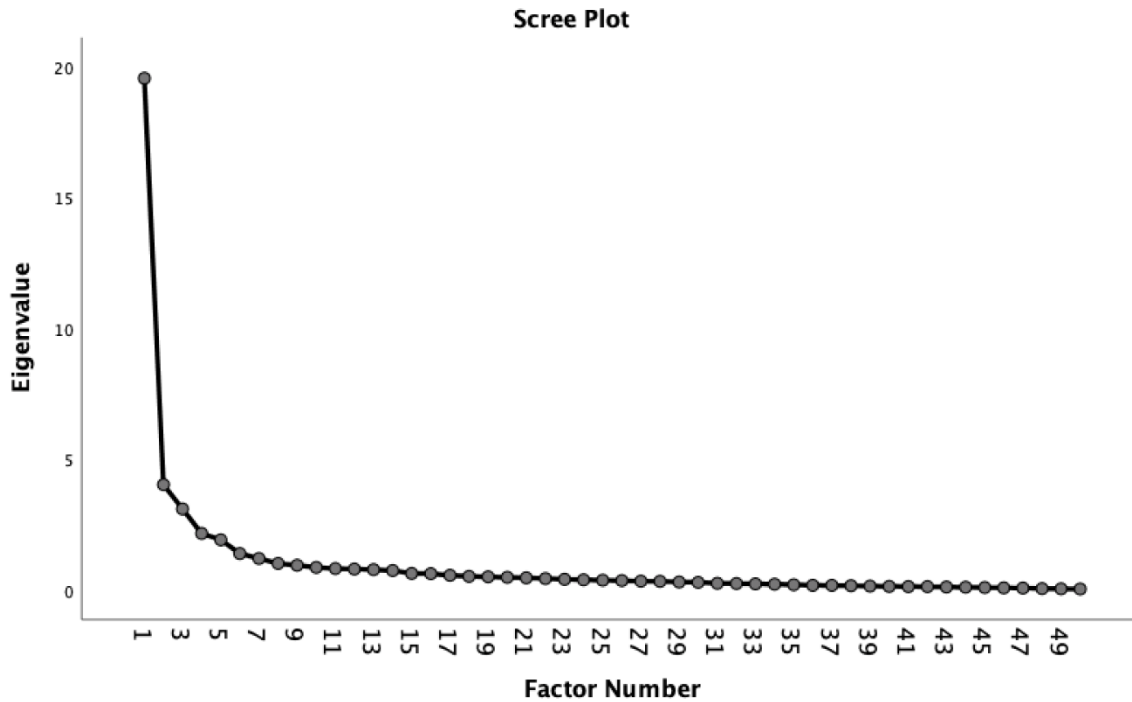
representing a sample that is adequate for factor analysis. This sample's KMO statistic was .934, which is in the "Marvelous" range for sampling accuracy (Beavers et al., 2013). The Bartlett's Test of Sphericity assesses that the observed correlation matrix is statistically different from a singular matrix showing that linear combinations are present (Beavers et al., 2013). For the present study, the Bartlett's test statistic [$\chi^2 (1225) = 8677.35, p < .001$] was significant, demonstrating appropriate sphericity of the data. Thus, based on the KMO statistic and the Bartlett's test of Sphericity suggest that the data is appropriate to run factoring analysis. The Shapiro-Wilk test for normality was run to assess if principle component analysis or principal axis factors should be run. The test suggested that the data is non-normal for all axis factors, and thus a principal axis factors should be run (Osborne, Costello, & Kellow, 2008).

Exploratory Factor Analysis

DeVellis (2017) stated that it is essential to determine the performance of individual items before running the unrotated principal axis factor analysis. To do so, the item variances and the item-total correlations were assessed to determine if items would need to be removed. However, no items were found to have item-total correlations below .3 and variances below .85. Thus, no items were dropped as all items were found to vary enough to be useful for the proposed scale.

The unrotated principle axis factors analysis was conducted and Figure 1 shows the scree plot of the initial extraction. The scree plot was utilized to determine the number of factors rather than utilizing the criteria of eigenvalues above 1 which can often lead to identifying more factors lacking conciseness (DeVellis, 2017). Figure 1 shows the "elbow" of the scree plot indicated to be between three and five factors (Cattell, 1996). It is suggested to investigating factor rotations one step below and above the elbow of the scree plot (Osborne, Costello, & Kellow, 2008).

Figure 1. Initial principal axis factors extraction scree plot.



Orthogonal rotations, specifically Varimax rotation, simplify factors and maximize the variance among loadings on factors (DeVellis, 2017). Thus, the Varimax rotation was chosen for this study to assess the number of underlying factors that best fit the data. A series of principal axis factoring analyses with Varimax rotation were used to assess one, two, three, four, five, six, and seven factor solutions. This was done as the scree plot “elbow” was positioned to show these range of factor solutions. A five-factor solution resulted in the most parsimonious and cleanest factor solution that produced the highest loadings on individual factors and the least cross loadings. Additionally, the five-factor solution also included factors with items that were theoretically associated. The first five factors accounted for 59.98% of the total variance. The first factor accounted for 21.41% of the total variance and loaded items theoretically related to

discrimination experiences. The second factor accounted for 12.32% of the total variance and loaded items theoretically related portrayal of asexuals in the media. The third factor accounted for 12.21% of the total variance and loaded items theoretically related to having a partner. The fourth factor accounted for 7.26% of the total variance and loaded items theoretically related to prestigious employment. The fifth factor accounted for 6.77% of the total variance and loaded items theoretically related to rejection in the LGBT+ community.

Once the fifth-factor structure was identified, analyses focused on eliminating items and optimizing the length of the scale (Devellis, 2017). Eliminating items can have an impact on scale structure, making it important to not eliminate too many items at one time. It is also recommended that during the elimination process theoretical consideration of items be considered as they relate to the construct being measured (Devellis, 2017). The item elimination process focused on condensing the scale, while still prioritizing the theoretical relationship between factors. Items were eliminated based on poor factor loadings, low communality values, cross-loadings, and the theoretical importance of each item. Loadings of less than .32 on any factor and cross loadings of less than .15 have been found to be acceptable criteria to eliminate items (Tabachnick, Fidell, & Ullman, 2007). After five rounds of eliminating items based on cross loadings and poorly loading items, a total of 30 items were retained. There were fourteen items in the discrimination experiences factor, four items in the portrayal of asexuals in the media, six items in the having a partner factor, three items in the prestigious employment factor, and three items in the rejection in the LGBT+ community factor.

Following the deletion of items based on factor structure, the next step is to improve the length of the scale (DeVellis, 20017; Worthington & Whittaker, 2006). To do so, examination of both the whole AEM scale and the four subfactors' Cronbach's alphas is needed along with an

understanding of the item-total correlations and items variances. Thus, reliability analyses were run. Findings demonstrated that the whole AEM scale resulted in a Cronbach's alpha coefficient of .91. Cronbach's alpha coefficient for each of the factors are as follows: discrimination experiences .93, portrayal of asexuals in the media .97, having a partner factor of .87, prestigious employment factor of .87, and rejection in the LGBT+ community .78. Due to the number of items in the first factor and high Cronbach's alpha coefficient, items were dropped to improve parsimony. To identify items that would improve parsimony item-total correlations and item variances were utilized. There was a total of six items dropped from the first factor leaving eight items.

To confirm that the factor structure was not impacted by the items eliminated, another factor analysis was run. Table 2 shows the final five-factor structure of the AEM, which did not change. The AEM total scale accounted for 65.6% variance. The total variance for each of the five factors were as follows: discrimination experiences factor 19.5%, portrayal of asexuals in the media factor 15.3%, having a partner factor 14.5%, prestigious employment factor 8.9%, and rejection in the LGBT+ community factor 7.4%.

Table 2

Final Structure and Factor Loadings for Exploratory Factor Analysis with Varimax Rotation of the AEM Scales

	Factor				
	1	2	3	4	5
People have discriminated against me because I am asexual.	.794	.267	.061	-.016	.219
People have ignored me at work and/or school because I identify as asexual	.755	.061	.061	-.016	.219
People have rejected me for being asexual.	.776	.058	.058	.008	.156
People have assumed that my work would not be up to the standards of my heterosexual co-workers because I identify as asexual	.773	.099	.099	-.172	.063

Table 2. cont.

	Factor				
	1	2	3	4	5
People have physically abused me for being asexual.	.760	-.085	-.085	-.187	.126
People have sexually harassed me for being asexual.	.703	-.065	-.065	-.061	.220
People at work have treated me differently compared to co-workers because I am asexual	.732	.075	.075	.014	.032
People have verbally insulted me for being asexual	.682	-.040	-.040	-.074	.278
Asexual people have not been portrayed as constituters in popular books or magazines	.003	.962	.050	-.112	.049
Asexual people have not been portrayed in movies	.048	.960	.043	-.064	.026
Asexual people have not been portrayed in magazines	.003	.953	.055	-.096	.034
Asexual people have not been portrayed in television	-.001	.940	.044	-.058	.034
People have told me I am asexual because I have not found the right person	.173	.142	.841	-.002	.036
People have told me I am a late bloomer	.181	.082	.822	-.021	.105
People have told me that I am sexually repressed.	.344	-.017	.743	-.009	.084
People have told me that being asexual is “just a phase”	.245	.055	.680	-.038	.265
People assume that I am lonely because I am asexual	.184	.049	.677	.048	.165
People have told me to hurry and find a partner before it is too late to have kids	.222	-.069	.662	-.060	.111
Asexual people have been CEOs of major corporations	-.092	-.171	.006	.902	-.011
Asexual people have held important positions in employment	-.067	-.154	-.032	.868	.020
Asexual people have held government official positions in my state	-.150	.021	-.020	.856	-.052
People have expressed disagreement about asexuality being included under the LGBT+ umbrella	.219	.039	.241	.069	.801
People have told me that Asexuality is not part of the LGBT+ community	.241	-.001	.328	-.069	.751
People in LGBT+ spaces have been unwelcoming to asexuals (e.g. pride and LGBT+ organizations)	.219	.093	.063	.098	.542

Reliability Analysis of the Final Scale

Assessing Cronbach’s alpha is an important step in establishing good internal consistency. According to Steiner a Cronbach’s alpha of .9 is appropriate for clinical use, and .8 is appropriate for research utilization (2003). However, if scales approach .1 then they are considered to be redundant and reduction in items of the scale is advised. The final AEM total

24-item scale has a Cronbach's Alpha of .87. The Cronbach's alpha coefficient for each factor are as follows: discrimination experiences .92 , portrayal of asexuals in the media .97, having a partner .87, prestigious employment .87, and rejection in the LGBT+ community .78.

Additionally, correlations among subscales and the whole scale suggest that there are high correlations as shown on Table 3. Thus, the overall AEM scale and subscales show good internal consistency.

Table 3

AEM Internal Correlations

	AEM Total Scale	Discrimination Experiences	Portrayal in Media	Having a Partner	Prestigious Employment
AEM Total Scale					
Discrimination Experiences	.795**				
Portrayal in Media	.423**	.075			
Having a Partner	.813**	.555**	.103		
Prestigious Employment	-.005	-.202**	-.191**	-.088	
Rejection in LGBT+ Community	.668	.513**	.092	.453**	-.063

Note. **p<.01; two-tailed

Validity Analysis of the Final Scale

To ensure that the final AEM is measuring the hypothesized construct, performing validity analysis are critical. There are three essential types of validity: construct, criterion, and content validity (DeVellis, 2017). Content validity is the extent to which a scale accounts for all facets of a particular construct. Construct validity is the extent to which a scale measures what it claims to measure. Criterion validity is the extent to which a scale is related to an outcome such as convergent and predictive validity. In particular, the focus of this study is to assess that the

proposed scale has good content and construct validity, ensuring theoretically and statistical adequacy. However, criterion validity is not relevant to the proposed scale as it does not focus on predictive properties of a specific outcome.

Content Validity. The content validity for the AEM scale was derived by implementing empirically constructed items as well as feedback from asexuals and experts in asexuality and/or microaggressions as shown in Chapter 2. Additionally, the proposed scale utilized a Likert-type scale that has been suggested to show better reliability and stability compared to other methods of scale response. This reduces response bias from participants and improves variability (Clark & Watson, 1995). The Balanced Inventory of Desirable Responding (BIDR) was used to assess for social desirability to assess for possible response bias. Correlation analysis of the Asexual Experiences of Microaggressions scale and Balanced Inventory of Desirable Responding were not statistically significant as shown on Table 4.

Table 4

Asexual Experiences of Microaggressions Scale Correlations with Balanced Inventory of Desirable Responding for Social Desirability

	AEM Whole Scale	Discrimination Experiences	Portrayal in media	Having a Partner	Prestigious Employment	Rejection in LGBT+ Community
Balanced Inventory of Desirable Responding	-.107	-.063	-.114	-.087	-.003	-.003

Note. * $p < .05$, ** $p < .01$; two-tailed

Construct Validity. Theoretical relationships among variables of interest are assessed to establish construct validity (DeVellis, 2017). Construct validity is established through convergent validity. Convergent validity is demonstrated when scales are shown to measure theoretically similar constructs established statistically. Utilizing theory, it is possible to predict

how new scales will correlate with psychometrically established scales that are different or similar constructs.

Convergent Validity with Sexual Stigma Scale. The Sexual Stigma Scale was hypothesized to be correlated with the Asexual Experiences of Microaggressions Scale at a moderate positive level ($.30 \leq r \leq .50$). This hypothesis was found to be partially supported by the correlation analysis. The Asexual Experiences of Microaggressions Scale and the Sexual Stigma Scale had a statistically significant moderate correlation. The discrimination experiences factor and the Sexual Stigma Scale had a statistically significant moderate correlation. The portrayal of asexuals in the media and the Sexual Stigma Scale did not have a statistically significant correlation. The prestigious employment and the Sexual Stigma Scale did not have a statistically significant correlation. The experience of rejection in the LGBT+ community and the Sexual Stigma Scale had a statistically significant moderate correlation. Correlation statistics are shown in Table 5 below.

Table 5

Asexual Experiences of Microaggressions Scale Correlations with Sexual Stigma Scale of Convergent Validity

	AEM Whole Scale	Discrimination Experiences	Portrayal in media	Having a Partner	Prestigious Employment	Rejection in LGBT+ Community
Sexual Stigma	.621**	.072	.497**	-.049	.388**	.664**

Note. * $p < .05$, ** $p < .01$; two-tailed

Convergent validity with Perceived Stress Scale. The second hypothesis was that Asexual Experiences of Microaggressions Scale would correlate with the Perceived Stress Scale. However, the findings were partially supported as the Asexual Experiences of Microaggressions Scale did have three statistically significant but weak correlations with the Perceived Stress Scale

as shown in Table 6. Result may be related to the negative cognitions that may have been elicited by both scales.

Table 6

Asexual Experiences of Microaggressions Scale Correlations with Perceived Stress Scale for Convergent Validity

	AEM Whole Scale	Discrimination Experiences	Portrayal in media	Having a Partner	Prestigious Employment	Rejection in LGBT+ Community
Perceived Stress	.207**	.127	.096	.131*	.067	.181**

Note. * $p < .05$, ** $p < .01$; two-tailed

CHAPTER IV

DISCUSSION

The focus of this chapter is an overview of the findings, implications, and future research related to the developed Asexual Experiences of Microaggressions (AEM) scale. The purpose of this paper was to develop a scale that assesses asexuals experiences of microaggressions that is psychometrically sound and that would allow for future research in this area. The scale assesses unique experiences of microaggressions that asexuals experience in a variety of areas in their lives. This measure can be utilized to further explore the unique experiences of microaggressions asexuals face and how it impacts their mental health and general wellbeing. Due to lack of research in this area, it is unknown what deleterious effects microaggressions may have in the lives of asexuals.

Overall, the chapter focuses on the various areas of the AEM scale development and subscales as well as a review of the hypotheses. The chapter provides a review of the AEM factor structure and then the hypotheses that focus on the validity of the scale. Then, the chapter delineates the findings of the AEM scale and the psychometric properties of the scale. Lastly, the chapter will then review the limitations of the study, future research, implications of the study, and clinical implications. The findings of this study represent the first phase of the AEM scale development and the next phase will focus on confirming the AEM factor structure with a confirmatory factor analysis.

Factor Structure

Based on participant responses, the AEM scale has a five-factor distinct structure with subscales theoretically identifiable as: 1) discrimination experiences; 2) portrayal of asexuals in the media; 3) having a partner; 4) prestigious employment; and 5) rejection in the LGBT+ community. The final AEM scale is found in Appendix C. However, a confirmatory factor analysis is needed to confirm the AEM scales factor structure and subscales. This is particularly important as there is a dearth of research in the area of asexuality in general. The subscales of this study are further discussed below.

Discrimination Experiences Subscale

The Discrimination Experiences subscale accounted for 19.5% of the total variance. Asexuality is not a widely accepted sexual orientation and those who identify as asexuals are often questioned regarding the legitimacy of asexuality (Robbins, Low, & Query, 2016). Additionally, when coming out, asexuals often experience a dismissal of their sexual identity such as hearing that people think they are confused (Robbins, Low, & Query, 2016). Because asexuality is not a widely known sexual orientation, asexuals often face individuals who are unaware of what asexuality means. They often have to explain what asexuality is and can be faced with individuals who doubt the existence of asexuality.

Pervious research studies have found that it was common for asexual people to experience pathologizing comments from others related to their asexual identity. Asexuals often experience people encouraging them to get treatment to ‘fix’ their libido such as hormone therapy (Robbins, Low, & Query, 2016). This is due to the assumption that all people should or do have sexual desires and that it is an innate experience. A compounding factor is that asexuality is often considered an invisible identity as individuals have to choose to be out to in

order to be known. There is also a lack of social awareness about asexuality as a sexual identity and most people are unaware of what it means and its prevalence. The study by MacInnis and Hodson (2012) suggest that asexuals experience prejudice, dehumanization, and discrimination. Thus, the subscale is supported by research in the area as previous studies have found this area to be an important part of asexuals' experiences of microaggressions (MacInnis & Hodson, 2012). Because asexual discrimination is such a common form of microaggressions, the finding that this is the strongest factor in the current study is consistent with expectations. There were five questions in this subscale related to experiences of microassault, which are explicit degradations that can be verbal and non-verbal (Sue et al., 2007). There were three questions related to work place and school microaggressions. Work place and school microaggressions are everyday occurrences particularly in the workplace and school that are slights or insults there can be intentional or unintentional (Sue et al., 2007). The study by Robbins, Low, and Query also found that participants desired to have contact the least with asexuals compared to other sexual orientation minorities (2016). Thus, the literature provides support for the findings of the study supporting the overall AEM scale as well as the subscales.

Five items of the Discrimination Experiences subscales focused on questions asking about experiences of discrimination, rejection, and being insulted for being asexual. For example, "people have discriminated against me because I am asexual." Three questions within this subscale focused on experiences at work or school in which they were treated differently based on their sexual orientation. For example, one question asked "people have assumed that my work would not be up to the standards of my heterosexual co-workers because I identify as asexual." Two questions asked about being physically and sexually harassed for being asexual. An example of an item in this category is "people have sexually harassed me for being asexual."

Portrayal of Asexuals in the Media Subscale

The portrayal of asexuals in the media subscale accounted for 15.3% of the total variance. There is a dearth of research on asexuality and microaggressions. For this reason the present study gathered information from a literature review of microaggressions among racial and other sexual minority research to develop the AEM scale items. In particular, the work of Nadal (2011) was utilized and the subscale of portrayal of asexuals in the media was similar that that of Nadal's racial and ethnic microaggressions environmental microaggressions subscale. Additionally, Sue (2010) has also identified environmental microaggressions as an important factor among the LGBT+ community and persons with disabilities.

The portrayal of asexuals in the media subscale consisted of four items that focused on questions about asexuals being portrayed in different media outlets. This is a particularly important category as social representation and visibility is an important issue among the asexual community. Social representation and visibility can reduce stigma and improve awareness of asexuality as a sexual orientation. An example of this subscale is "asexual people have not been portrayed in movies" and "asexual people have not been portrayed in magazines." All four questions in this subscale focused on environmental microaggressions that focus on lack of visibility and representation in society (Sue et al., 2007).

Having a Partner Subscale

The having a partner subscale accounted for 14.5% of the total variance. Studies have also found that there are negative biases against people who are single, but microaggressions against asexuals may surpass this as they can be perceived to not share the same values of coupling and having children (MacInnis & Hodson, 2012). It is also common for people to say that asexuals are "going through a phase" or "have not found the right partner (Robbins, Low, &

Query, 2016).” Asexuals have often reported that they felt pressure to have a partner or date, which is an experience that asexuals often face (Robbins, Low, & Query, 2016). Additionally, asexuals have been found to also often get asked questions related to their sexual experiences (Robbins, Low, & Query, 2016).

The having a partner subscale focused on questions related to microaggression related to people asking questions about having a partner and sexuality. There were three related to getting a partner. There are two questions related to sexual activity or lack thereof. This subscale also had one question that focused on people assuming they were lonely because they didn't have a partner. Some examples of this subscale are “people have told me I am asexual because I have not found the right person” and “people have told me that I am sexually repressed.” Two questions in this subscale were categorized as microinvalidations which focus on questions that negate or exclude thoughts, feelings, or experiences (Sue et al., 2007). Four questions in this subscale were categorized as microinsults, which are communications that are rude or insensitive (Sue et al., 2007).

Prestigious Employment Subscale

The prestigious employment subscale accounted for 8.9% of the total variance. The prestigious employment subscale consisted of a total of three items. The items asked about asexuals holding important positions of employment such as government and CEO. An example of items from this subscale are “asexual people have been CEOs of major corporations.” Asexuals have been found to be discriminated against during hiring decisions and are more likely to not be hired compared to their heterosexual counterparts (MacInnis & Hodson, 2012). Microaggressions among asexuals in prestigious employment is an area that is currently understudied among asexuals and the scale provides the opportunity to further explore this area.

It is also important to further study the impact that outness among asexuals may impact promotions and working relationships with co-workers. The prevalence of asexuals in prestigious employment is a critical area to further study as it can have a great impact on individuals' access to resources and employment aspirations. The three questions in this subscale were part of environmental microaggressions, which focus on lack of visibility and representation in society (Sue et al., 2007).

Rejection in the LGBT+ Community Subscale

The rejection in the LGBT+ community subscale accounted for 7.4% of the total variance. Previous studies have found that asexuals often experience rejection in the LGBT+ community as they reject the existence of asexuality. This is perpetuated by a lack of education available around asexuality in the community (Robbins, Low, & Query, 2016). As Scherrer stated “the lack of visibility and awareness of asexuality is a barrier to its inclusion in other sexually-based political action groups” (pg. 12, 2008). Rejection in the LGBT+ community is an issue that other sexual orientations have faced in the past such as individuals who identify as bisexual (Robbins, Low, & Query, 2016). Bisexuals were rejected in the lesbian and gay community particularly when there was a lack of awareness of what bisexuality was.

The rejection in the LGBT+ community subscale consisted of three items that asked about rejection in the LGBT+ community. Two questions asked about experiencing disagreement that asexuality is part of the LGBT+ community. One question focused on people being unwelcoming in LGBT+ organizations. All three questions in this subscale were categorized as microassaults which are verbal or nonverbal attacks (Sue et al., 2007).

Internal Consistency

DeVellis (2017) defined internal consistency as the degree to which items within a subscale are theoretically similar and thus measure the same latent variable. This study assessed the AEM's total scales and subscales internal consistency utilizing Cronbach's alpha analysis (Cronbach, 1951). The total AEM scale and subscales were found to have a good internal consistency that is appropriate for research use. Future research should explore if the AEM scale has a bi-factor structure.

Content and Construct Validity

Once the AEM scale deemed to have adequate internal consistency, the next step is to assess that the construct being measured accounts for the variability in the items of the scale (DeVellis, 2017). This step is particularly important in establishing the validity of the AEM scale. Content validity is established by ensuring that items of the AEM scale assess the complete content validity of asexuals experience of microaggressions. The AEM scale was then assessed for construct validity thus ensuring that it is measuring the desired construct.

The construct validity was established in two ways, by assessing convergent and discriminant validity. To assess convergent validity, the AEM scale is compared to other scales that measure constructs related to the construct of the proposed scale. The following sections focus on reviewing the convergent validity of the AEM scale.

Content Validity

Because microaggression among asexuals is an area that has not been well studied thus far, there is little known about the area. Thus, an extensive literature review on asexuality and coming out stories were utilized to understand the scope of microaggressions that asexuals face. Questions were categorized to ensure that there were multiple items targeting different aspects of

microaggressions experienced by asexuals. The AEM scale focused on assessing four factors of microaggressions: microinvalidations, environmental microaggressions, microinsults, and microinsults. To ensure the AEM scale assessed the desired construct, the scale was reviewed by experts in the field of asexuality and microaggressions as well as self-identified asexuals. The AEM scale focused on assessing the complex nature of asexuals' experience of microaggressions in various areas of life.

The content validity of the AEM scale was developed utilizing empirical literature to ensure that the scale measures the desired latent variable. Content validity is related to the first steps in scale construction: item pool, scale length, and scale format (DeVellis, 2016). An important part of content validity is established through the expert review of the proposed scale that focuses on ensuring that the scale's items cover the construct desired. Expert reviews can also assess for conciseness, clarity, and redundancy of the scale items (DeVellis, 2016).

The current study utilized expert reviewers to examine the scale items and rate each scale item for conciseness, clarity, and redundancy. Reviewers also provided feedback regarding the exhaustiveness of the scale in assessing asexuals' experience of microaggressions. They also rated each item in regard to how essential it was to the scale. The data gathered from the expert reviewers was integrated into the AEM scale. Based on the feedback gathered from expert reviewers and the development of items based on the empirical literature, the AEM scale demonstrated adequate content validity.

Construct Validity

Construct validity refers to the scale's ability to measure the concept it is expected to measure (DeVellis, 2017). The current study assessed for construct validity of the AEM scale through convergent and discriminant validity (DeVellis, 2017). This is the best option in

establishing construct validity as there are no scales published that assess asexuals' experiences of microaggressions. The present study established convergent and discriminant validity.

The convergent validity of the AEM scale was assessed by examining its relationship with the Sexual Stigma Scale (SSS), a scale hypothesized to demonstrate a significant positive relationship with the scale presently developed. The total AEM scale was shown to have a statistically significant correlation with SSS and supports convergent validity of the present scale. Bivariate correlations between the AEM and the SSS were conducted. The results showed statistically significant correlations among the Sexual Stigma Scale (SSS) with the total AEM scale and three subscales (portrayal in media, prestigious employment, and rejection in the LGBT+ community). There was no statistically significant correlation between Sexual Stigma Scale (SSS) and two AEM subscale (discrimination experiences and having a partner). These results suggest that Sexual Stigma Scale (SSS) measures constructs that are theoretically unrelated to the subscales focused on discrimination experiences and having a partner. Whereas the correlation between Sexual Stigma Scale (SSS) and the total AEM scale and the aforementioned three subscales were statistically significant, the strength of the correlation was low. This may be due to the fact that while they are theoretically related, they are measuring different constructs.

The proposed scale was expected to demonstrate a statistically significant relationship to perceived stress as they are theoretically similar constructs. According to DeVellis (2017), convergent validity is established by insignificant correlations between the proposed scale and a scale that it is theoretically related to. Convergent validity was assessed with Perceived Stress Scale correlations with the AEM scale.

The Perceived Stress Scale correlations with the total AEM scale were statistically significant. Two subscales (having a partner and rejection in the LGBT+ community) were found to have statistically significant correlations but were in the unacceptable range. There were three subscales (discrimination experiences, portrayal in the media, and prestigious employment) which were not found to have statistically significant correlations. Overall the findings support discriminant validity of the AEM scale.

Limitations

Some limitations of the current study are reviewed in this section related to sampling procedures and methodology. Participants were gathered through online forums, and this may have limited participants that were able to participate in the study to only those who had internet access. Additionally, the recruitment was limited to online sites and forums that were focused on the asexual community, limiting the opportunity for participation by asexuals who are not active in the asexual community online. The data gathered for this study were only utilized for an exploratory factor analysis and this study did not confirm the AEM scale using a confirmatory factor analysis. Thus, future research should focus on gathering participants from other avenues allowing for a more diverse sample. Additionally, future studies should focus on assessing the scales' efficacy through a confirmatory factor analysis with a new sample.

The prevalence of asexuality is reported to be 1.5% among men and 3% among women, which is a low rate which is thought to increase difficulty studying asexuals in lab settings (Bogaert, 2015). For this reason, most studies on asexuality are conducted online as it is difficult to recruit asexual participants to participate in research studies in traditional laboratory settings. This study recruited participants through AVEN, an asexual online community and through advertisements on social media sites (Reddit, Facebook, online forums). To assess for potential

limitations of the study regarding the sampling procedures, the sample's demographics are reviewed. The sample consisted of 21.4% of participants that identified as individuals of color and 17.8% identified as not being cisgender. The sample was also showed that 32% of the sample were high school graduates, 40% had a bachelor's degree, 8% associate's, 8% master's, and 2% non-high school, 1% GED, 1% doctorate, 1% specialization, and .8% certificate/non-degree. The age of participants also ranged from 18 to 64 and most of the sample consisted of 18-20. Thus, the sample gathered for this study was representative of individuals who utilize technology and did not capture older individuals as strongly.

The current study also relied on self-report rating on the AEM scale and of asexual identity. The main concern related to this is that previous studies have differing criteria for asexuality. Some studies have used researcher categorization where researchers categorize participants based on sexual behavior. Other studies have used self-identification by participants are a way to identify asexuals. While in some respects this may be a valid way to identify asexuals, it may limit participants in asexual research to participants who are knowledgeable about what asexuality means. This is a critical issue as asexuality is not a prevalently known sexual orientation. Additionally, the data gathered in this study was through self-report. Findings in self-report data are often biased by several factors that may confound the results of the study. As a result, self-reports may be somewhat inaccurate and may distort findings.

A limitation of the study was that participants were not asked about their "outness" related to their sexual orientation. Asexuality tends to be a sexual orientation that is not easily identifiable by others and thus allows for concealment, possibly impacting the degree to which asexuals experience microaggressions. Due to the focus of the study on microaggressions related to asexuality, the role of degree of outness is important to understand. Further studies could

assess the impact that being out may have on the experiences of microaggressions among asexuals. Future research could also explore degree of outness as a possible moderator of experiences of macroaggressions. Because the coming out process is multilayered, it is important to explore how degree of outness in various settings impacts experiences of microaggressions.

Another limitation of the current study is that it lacks a confirmatory factor analysis. Confirmatory factor analysis (CFA) would confirm the predicted factor structure on the basis of this study's findings and theoretical relationships (DeVellis, 2017). A confirmatory analysis could provide solidification of the factor structure and support for the current scale structure. Thus, it is recommended that further research focus on establishing psychometric soundness of the AEM scale by conducting a CFA on the scale as this would provide support for the current scale structure. Additionally, future research should further assess validity by assessing divergent validity of the AEM scale to ensure that the scale is measuring what it is intended to capture. This would more clearly establish the psychometric properties of the scale and strengthen the recognized validity of the AEM scale.

Implications

Theoretical Implications

The theoretical implications of the AEM scale are that it supports the theoretical literature around microaggressions that asexuals face, and the subscales support the different areas it impacts. The findings of this study align with the limited literature on asexuality and unique experiences they face. Additionally, the AEM scale solidifies areas that are important in understanding microaggressions that impact their experiences. In particular, the AEM scale identifies five areas that conceptualizes microaggressions that asexuals experience:

discrimination experiences, portrayal of asexuals in the media, having a partner, prestigious employment, and rejection in the LGBT+ community.

Findings of the study support the experience of asexuals as perceiving social resistance toward their asexual identity through denial of the legitimacy of their identity (MacNeela & Murphy, 2015). This provides support for the discrimination experiences factor of the scale. Invisibility of the asexual community contributes to the increase in individuals' questioning of the legitimacy of asexuality as a sexual orientation (MacNeela & Murphy, 2015). Thus, it is important to improve understanding of asexuality as a sexual orientation to improve social understanding.

The factor related to having a partner focuses on questions related to asexuals' experiences related to people questioning their relationship status. This is supported by the literature that has highlighted the experience of asexuals feeling pressure to date or have a partner (Robbins, Low, & Query, 2016). Additionally, this subscale focuses on addressing the experience that asexuals can face around questions related to sexual experience and orientation (Robbins, Low, & Query, 2016).

The factor on prestigious employment that focuses on discrimination is also supported by the literature as previous research suggests that individuals tend to be less likely to want to hire asexuals compared to heterosexuals and other sexual orientation minorities (MacInnis & Hodson, 2012). This literature helps provide support for the importance of this subscale.

The subscale that focuses on portrayal of asexuals in the media is particularly relevant to the experience of asexuals as social invisibility is a predominant experience (MacNeela & Murphy, 2015). Additionally, Nadal suggests that a lack of media representation and visibility of

the community in positions of power is a critical form of microaggressions that minorities face and was theorized to include asexuals (2011).

The subscale focusing on rejection from the LGBT+ community is supported by the literature as previous studies have found that asexuals experience rejection in LGBT+ spaces due to invisibility and lack of knowledge of asexuality as a sexual orientation (Robbins, Low, & Query, 2016). This subscale is a new addition to the understanding of microaggressions and suggests the experience of intragroup marginalization. Rejection experiences within the LGBT+ community suggests that the AEM scale structure and subscales is supported by current literature on asexuality and microaggressions.

Implications for Future Research

As asexuality is an area of research that is understudied, there is little known about asexuals' experiences related to microaggressions. The next steps in developing the AEM scale is to conduct a confirmatory factor analysis to ensure the scale's psychometric properties are able to be reproduced. This will ensure that the AEM scale is psychometrically sound and robust to utilize in clinical and research settings. Following the CFA, future research could focus on exploring how microaggressions among asexuals impact their mental and physical health. Identifying the impact of microaggressions on asexuals' well-being and mental health can allow for the development of intervention and prevention programs. In particular, it can also help clinicians identify the potential psychological impact of distress associated with experiencing microaggressions.

In particular future research should explore how the experience of microaggressions among asexuals in the LGBT+ community impact asexuals community involvement. The experience of microaggressions in the LGBT+ community can lead to asexuals being more

active online rather than in-person community organizations. Due to the relatively low known prevalence of asexuals in the general population, it may be more accessible for asexuals to also find community online rather than in person. Additionally, the experience of microaggressions among asexuals in LGBT+ organizations can be related to lack of awareness of asexuality as a sexual orientation. Community interventions can increase awareness of asexuality as a sexual orientation. Community interventions can help provide education around asexuality.

Interventions can also challenge stigma around asexuality. Research in this area can help LGBT+ organization be more inclusive of asexuals. The AEM scale can be used to assess what types of microaggressions are experienced and can then be targeted for change in intervention programs. The scale shows that among asexuals experience microaggressions even in the LGBT+ community and allow this to be identified as an issue that needs to be addressed in the literature.

Future research should also focus on exploring the impact of microaggressions on asexuals' mental health. Current research suggests that asexuals experience anxiety, depression, and higher rates of suicidality (Bogaert, 2004). The experience of microaggressions has been shown to have deleterious effects on mental health among various minority populations. Future research can explore mediating factors that may impact mental health issues among asexuals, particularly as they relate to microaggressions. There are conflicting findings currently in the literature as it relates to mental health issues among asexuals. The AEM scale can help identify factors that impact mental health. As with other minorities, the impact of microaggressions has shown to have deleterious effects that impact mental health and general well-being (Nadal, 2011). It is imperative that research explore how the experience of microaggressions among asexuals impacts mental health.

Future research should also focus on identifying protective factors that help mitigate mental health issues among asexuals associated with the experience of microaggressions. In particular, research may investigate involvement in online communities such as AVEN and forums of asexual online communities and how a sense of community can mitigate microaggressions.

Research should also explore the role of microaggressions in the work place and interpersonal relationships among asexuals and sense of social support. It is unclear if the experience of microaggressions impacts individuals' perceptions of social support among asexuals and this is important to explore as social support has often been associated with resiliency and well-being. Thus, it is important to explore the effects of social support and the impact of microaggressions among asexuals particularly exploring the degree of outness. It is also important that future research explore if the degree of outness impacts the degree to which asexuals experience microaggressions and therefore impact perceived social support.

Implications for Clinical Work

Clinicians need be aware that asexuals may be at a higher risk for certain mental health issues (Yule, Brotto, Gorzalka, 2013). Individuals who lack sexual attraction and have never heard the term 'asexuality' are more isolated, distressed, or confused compared to those individuals who identify as asexual and are part of an asexual community. It is critical that individuals who may lack sexual attraction be provided psychoeducation around asexuality and what it means so they may be able to connect to social support in the asexual community. Clinicians providing psychoeducation and connecting asexuals with community resources can reduce isolation, distress, and confusion among asexuals. Research suggests that asexual individuals do not experience distress in direct relation to their lack of sexual attraction (Yule,

Brotto, Gorzalka, 2013). However, asexuals may experience some difficulty in response to negotiating their asexuality in a sexual world (Yule, Brotto, Gorzalka, 2013).

The current study provides support for the idea that asexuals face microaggressions that are unique and difficult. Asexuals tend to face questions regarding their sexual orientation and relationship status more often than those with other sexual orientations. So, clinicians should be aware of these unique challenges and address them in their clinical work with asexuals.

Additionally, clinicians should be aware that asexuals may face distress related to social expectations, including concerns that a potential physical abnormality may be causing a lack of sexual attraction. They can also face challenges that can lead to psychological symptoms such as depression or anxiety (Yule, Brotto, Gorzalka, 2013). For these reasons it is recommended that clinicians are aware of potential microaggressions that may exacerbate depression and anxiety.

Lastly, when clinicians are considering diagnosis of sexual disorders such as sexual aversion and hypoactive sexual desire disorders they may consider that individuals may actually be asexual. This is critical as individuals who experience a lack of sexual attraction may experience distress related to social expectations and may not be aware that asexuality is a sexual orientation. As this is a new area in the literature it is important that future research explore how clinicians are best to address these situations and how they may distinguish between sexual disorders vs. asexual identity.

Conclusions

The purpose of the study was to further explore experiences of microaggressions as relates to self-identified asexuals. The study developed an asexuality microaggressions scale to allow for research regarding asexuals experience and the impact on their overall well-being. The proposed AEM scale was found to be theoretically sound and validity was established through

analyses conducted. However, the findings of the current study need to be followed up by a confirmatory factor analysis to ensure that the factors are replicable with a new data set. The AEM scale provides a psychometrically sound scale that allows for future research on asexuals' experiences of microaggressions and potential delirious effects.

The AEM scale aligns with previous studies on asexuals and issues that asexuals face when coming out to family, friends, and colleagues. Additionally, it allows for the understanding of microaggressions experienced related to social invisibility and rejection in the LGBT+ communities. Further, the current study highlights the importance of increasing asexuality as a sexual orientation so that social and political changes can be made to address the needs of the community.

This paper has presented a preliminary result suggesting a psychometrically sound scale assessing experiences of microaggressions among asexuals with the proposed AEM scale. The scale assessed discrimination experiences, portrayal of asexuals in the media, having a partner, employment concerns, and rejection in the LGBT+ community. As asexuality is a relatively unexplored field, the AEM scale provides a quantitative method to conduct research exploring the experiences of asexuals. Lastly, this study provides a unique contribution to the literature as asexuality is a relatively understudied area in the field.

APPENDICES

Appendix A

Proposed Asexuals Experience of Microaggressions Scale

For Expert Reviewers

Expert Reviewer Instructions:

For Each Item: Please select one or more of the categories for each of the items. Please rate the degree of how essential you believe the item to be to the scale. Please rate the clarity, grammar, and conciseness of each item.

After reviewing all items, you will be asked to provide a rating for the level of exhaustiveness of the entire scale in terms of how well you believe that it evaluated and attended to the concept of Asexuality Microaggressions.

Each item will be presented with each of the following questions:

- 1) What Category would this item below best in?
 - a) Microinvalidations
 - b) Environmental microaggressions
 - c) Environmental microaggressions
 - d) Microinsults
 - e) Microassaults
- 2) How essential do you believe the item is to the scale?
 - a) Not Essential
 - b) Somewhat Essential
 - c) Very Essential
- 3) Clarity of the item:
 - a) Very Poor
 - b) Poor
 - c) Insufficient
 - d) Acceptable
 - e) Good
 - f) Very Good
- 4) Grammar of the item:
 - a) Very Poor
 - b) Poor
 - c) Insufficient
 - d) Acceptable
 - e) Good
 - f) Very Good

5) Conciseness of the item:

- a) Very Poor
- b) Poor
- c) Insufficient
- d) Acceptable
- e) Good
- f) Very Good

Microinvalidations (Will not be provided)

		Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
1.	People have told me that I complain too much about the lack of understanding around asexuality	0	1	2	3	4	5
2.	In my experience asexuality is not a widely accepted sexual orientation	0	1	2	3	4	5
3.	People have told me that I talk about my sexual orientation too much	0	1	2	3	4	5
4.	People have told me that there is no difference between asexuality and other sexual orientations.	0	1	2	3	4	5
5.	People have told me that asexual people are just like straight people.	0	1	2	3	4	5
6.	People have told me that they are tired of hearing the “asexual agenda.”	0	1	2	3	4	5
7.	People have told me that I talk about asexual discrimination too much	0	1	2	3	4	5
8.	People have told me that all asexual people have the same experiences.	0	1	2	3	4	5
9.	People appear to be willing to tolerate my asexual identity but are not willing to talk about it.	0	1	2	3	4	5

10.	People have told me that being asexual is “just a phase.”	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
11.	People have told me that I am too sensitive when I feel that I have been treated unfairly for being asexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
12.	People have told me “that is just the way it is” when I have voiced my frustration related to asexual discrimination.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
13.	People have said that asexual people are just like straight people.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
Environmental Microaggressions (Will not be provided)							
14.	Asexual people have not been portrayed in movies.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
15.	Asexual people have not been portrayed in magazines.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
16.	Asexual people have not been portrayed in television.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
17.	Asexual people have not been portrayed as constituters in popular books or magazines.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
18.	Asexual people have been CEOs of major corporations.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
19.	Asexual people have held important positions in employment.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
20.	Asexual people have held government official positions in my state.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5

Work Place and School Microaggressions (Will not be provided)							
21.	People have dismissed my opinions in group settings because I identify as asexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
22.	People have ignored me at work and/or school because I identify as asexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
23.	People have assumed that my work would not be up to the standards of my heterosexual co-workers.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
24.	Compared to my heterosexual co-workers I have been treated differently.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
Microinsults (Will not be provided)							
25.	People have told me that asexuality is a disorder.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
26.	People have told me that asexual people need to be "cured."	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
27.	People have told me that "asexual people have mental health problems that have cause asexuality."	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
28.	People have asked invasive questions about my sex life by Strangers/acquaintances (e.g., "have you ever had sex?").	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
29.	People have told me that asexuality does not exist.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
30.	People have told me that I am a closeted homosexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5

31.	People have told me “You are just saying you are asexual for attention.”	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
32.	People have told me “You just haven’t found the right person yet.”	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
33.	People have told me “You are just a late bloomer.”	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
34.	People have told me “You should hurry and find a partner before it is too late to have kids.”	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
35.	People have told me asexuality is not a sexual orientation.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
36.	People have introduced me as their “asexual friend.”	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
37.	People have expected me to speak for all asexuals.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
38.	People have expressed disagreement of asexuality being included under the queer umbrella.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
39.	People have told me asexuality is not real.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
40.	People have told me that I am sexually repressed.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
41.	People have told me “you have probably experienced trauma that has caused you to be asexual.”	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
42.	People have introduced me as their “asexual friend.”	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5

43.	People have expected me to speak for all asexuals.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
44.	People have told me that I should not identify as asexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
Microassault (Will not be provided)							
45.	People have rejected me for being asexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
46.	People have discriminated against me because I am asexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
47.	People have physically abused me for being asexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
48.	People have sexually harassed me for being asexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
49.	People have verbally assaulted me for being asexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
50.	People have laughed at me for being asexual	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5

Appendix B

Proposed Asexuals Experience of Microaggressions Scale

Instructions: We are interested in your experiences of discrimination. Over the PAST YEAR how often have you experienced these incidents.

		Microinvalidations					
1.		Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
	People have told me that I complain too much about the lack of understanding around asexuality						
	In my experience asexuality is not a widely accepted sexual orientation						
	People have told me that I talk about my sexual orientation too much						
	People have told me that there is no difference between asexuality and other sexual orientations.						
	People have told me that asexual people are just like straight people						
	People have told me that they are tired of hearing the “asexual agenda.”						
	People have told me that I talk about asexual discrimination too much						

8.	People have told me that all asexual people have the same experiences.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
9.	People appear to be willing to tolerate my asexual identity but are not willing to talk about it.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
10.	People have told me that being asexual is “just a phase.”	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
11.	People have told me that I am too sensitive when I feel that I have been treated unfairly for being asexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
12.	People have told me “that is just the way it is” when I have voiced my frustration related to asexual discrimination.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
13.	People have said that asexual people are just like straight people.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
14.	People have dismissed my opinions in group settings because I identify as asexual	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
15.	People have minimized the impact asexual discrimination in my life	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
Environmental Microaggressions							
16.	Asexual people have not been portrayed in movies.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
17.	Asexual people have not been portrayed in magazines.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
18.	Asexual people have not been portrayed in television.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5

19.	Asexual people have not been portrayed as constituters in popular books or magazines.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
20.	Asexual people have been CEOs of major corporations.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
21.	Asexual people have held important positions in employment.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
22.	Asexual people have held government official positions in my state.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
Work Place and School Microaggressions							
23.	People have dismissed my opinions in group settings because I identify as asexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
24.	People have ignored me at work and/or school because I identify as asexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
25.	People have assumed that my work would not be up to the standards of my heterosexual co-workers.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
26.	Compared to my heterosexual co-works I have been treated differently.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
Microinsults							
27.	People have told me that asexuality is a disorder.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
28.	People have said that my asexuality is due to mental health issues	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
29.	People have told me that asexual people need to be "cured."	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5

30.	People have told me that “asexual people have mental health problems that have cause asexuality.”	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
31.	People have asked invasive questions about my sex life by Strangers/acquaintances (e.g., “have you ever had sex?”).	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
32.	People have told me that asexuality does not exist.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
33.	People have told me that I am a closeted homosexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
34.	People have told me “You are just saying you are asexual for attention.”	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
35.	People have told me “You just haven’t found the right person yet.”	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
36.	People have told me “You are just a late bloomer.”	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
37.	People have told me “You should hurry and find a partner before it is too late to have kids.”	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
38.	People have told me asexuality is not real.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
39.	People have told me that I am sexually repressed.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
40.	People have told me “you have probably experienced trauma that has caused you to be asexual.”	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5

41.	People have introduced me as their “asexual friend.”	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
42.	People have expected me to speak for all asexuals.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
43.	People have told me that I should not identify as asexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
Microassault							
44.	People have rejected me for being asexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
45.	People have told me that asexuality is not part of the LGBT+ community	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
46.	People have discriminated against me because I am asexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
47.	People have physically abused me for being asexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
48.	People have sexually harassed me for being asexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
49.	People have verbally assaulted me for being asexual.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
50.	People have laughed at me for being asexual	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5

Appendix C

Final Asexuals Experience of Microaggressions Scale

Instructions: We are interested in your experiences of discrimination. Over the PAST YEAR how often have you experienced these incidents.

		Discrimination Experiences					
		Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
1.	People have discriminated against me because I am asexual	0	1	2	3	4	5
2.	People have ignored me at work and/or school because I identify as asexual	0	1	2	3	4	5
3.	People have rejected me for being asexual	0	1	2	3	4	5
4.	People have assumed that my work would not be up to standards of my heterosexual co-workers because I identify as asexual	0	1	2	3	4	5
5.	People have physically abused me for being asexual	0	1	2	3	4	5
6.	People have sexually harassed me for being asexual	0	1	2	3	4	5
7.	People at work have treated me differently compared to co-works because I am asexual	0	1	2	3	4	5
8.	People have verbally insulted me for being asexual	0	1	2	3	4	5

Portrayal of asexual's in the media							
9.	Asexual people have not been portrayed in movies.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
10.	Asexual people have not been portrayed in magazines.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
11.	Asexual people have not been portrayed in television.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
12.	Asexual people have not been portrayed as constituters in popular books or magazines.	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
Having a partner							
13.	People have told me I am asexual because I have not found the right person	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
14.	People told me I am a late bloomer	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
15.	People have told me that I am sexually repressed	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
16.	People have told me that being asexual is "just a phase"	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
17.	People assume that I am lonely because I am asexual	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
18.	People have told me to hurry and find a partner before it is too late to have kids	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
Prestigious employment							
19.	Asexual people have been CEO's of major corporations	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5

20.	Asexual people have held important positions in employment	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
21.	Asexual people have held government official positions in my state	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
Rejection in the LGBT+ community							
22.	People have expressed disagreement about asexuality being included under the LGBT+ umbrella	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
23.	People have told me that asexuality is not part of the LGBT+ community	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5
24.	People in LGBT+ spaces have been unwelcoming to asexual's (e.g. pride and LGBT+ organizations)	Never 0	Very Rarely 1	Rarely 2	Occasionally 3	Frequently 4	Very Frequently 5

Appendix C

Logie and Earnshaw (2015) Sexual Stigma Scale

Directions: This questionnaire is designed to measure your thoughts, feelings, and behaviors with regards to homosexuality. It is not a test, so there are no right or wrong answers. Answer each item by circling a response (strongly disagree, disagree, neutral, agree, and strongly agree) after each question as follows:

Factor 1: Perceived Sexual Stigma

1. How often have you heard that lesbian, bisexual and queer women are not normal?
2. How often have you had to pretend that you are straight in order to be accepted?
3. How often have you heard that lesbian, bisexual and queer women grow old alone?
4. How often have you felt your family was hurt and embarrassed because you are
lesbian,
5. queer or bisexual?

6. How often have you felt you had to stop associating with your family because you
are
7. lesbian, queer or bisexual?

Factor 2: Enacted Sexual Stigma

8. How often have you been hit or beaten up for being lesbian, queer or bisexual?
9. How often have you been harassed by the police for being lesbian, queer or bisexual?
10. How often have you lost a place to live for being lesbian, queer or bisexual?
11. How often have you lost a job or career opportunity for being lesbian, queer or
bisexual?
12. How often have you been sexually assaulted for being lesbian, queer or bisexual?

Appendix D

Paulhus (1984) Balanced Inventory of Desirable Responding (BIDR Version 6 - Form 40A)

Instructions: Using the scale below as a guide, write a number beside each statement to indicate how true it is. Rate each item 1(not true), 2, 3, 4(somewhat), 5, 6, 7(very true).

1. My first impressions of people usually turn out to be right
2. It would be hard for me to break any of my bad habits.
3. I don't care to know what other people really think of me.
4. I have not always been honest with myself.
5. I always know why I like things.
6. When my emotions are aroused, it biases my thinking.
7. Once I've made up my mind, other people can seldom change my opinion.
8. I am not a safe driver when I exceed the speed limit.
9. I am fully in control of my own fate.
10. It's hard for me to shut off a disturbing thought.
11. I never regret my decisions.
12. I sometimes lose out on things because I can't make up my mind soon enough.
13. The reason I vote is because my vote can make a difference.
14. My parents were not always fair when they punished me.
15. I am a completely rational person.
16. I rarely appreciate criticism.
17. I am very confident of my judgments
18. I have sometimes doubted my ability as a lover.
19. It's all right with me if some people happen to dislike me.
20. I don't always know the reasons why I do the things I do.

Appendix E

Cohen, McGowan, Fooskas, and Rose (1984) Perceived Stress Scale

Instructions: The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way. Rate each item never(0), almost never (1), sometimes (2), fairly often(3), or very often(4).

1. In the last month, how often have you been upset because of something that happened unexpectedly?
2. In the last month, how often have you felt that you were unable to control the important things in your life?
3. In the last month, how often have you felt nervous and “stressed”?
4. In the last month, how often have you felt confident about your ability to handle your personal problems?
5. In the last month, how often have you felt that things were going your way?
6. In the last month, how often have you found that you could not cope with all the things that you had to do?
7. In the last month, how often have you been able to control irritations in your life?
8. In the last month, how often have you felt that you were on top of things?
9. In the last month, how often have you been angered because of things that were outside of your control?
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Appendix F

Yule, Brotto, and Gorzalka (2015) Asexuality Identification Scale

Instructions: These questions ask about your experiences over your lifetime, rather than during a short period of time such as the past few weeks or months. Please answer the questions as honestly and as clearly as possible while keeping this in mind. In answering these questions, keep in mind a definition of sex or sexual activity that may include intercourse/penetration, caressing, and/or foreplay. Rate each item completely false (1), somewhat false (2), neither true nor false (3), somewhat true (4), and completely true (5).

1. What is your sexual orientation? (heterosexual, bisexual, lesbian, gay, or asexual)
2. I experience sexual attraction toward other people
3. I lack interest in sexual activity
4. I don't feel that that I fit the conventional categories of sexual orientation such as heterosexual, homosexual (gay or lesbian), or bisexual
5. The thought of sexual activity repulses me
6. I find myself experiencing sexual attraction toward another person
7. I am confused by how much interest and time other people put into sexual relationships
8. The term "nonsexual" would be an accurate description of my sexuality
9. I would be content if I never had sex again
10. I would be relieved if I was told that I never had to engage in any sort of sexual activity again
11. I go to great lengths to avoid situations where sex might be expected of me
12. My ideal relationship would not involve sexual activity
13. Sex has no place in my life
14. Which of the following best describes you? (heterosexual, bisexual, lesbian, gay, or asexual)

Appendix G

Demographic Questionnaire

Question	Response
What is your gender?	1) Female (1) 2) Male (2) 3) Transgender Female MTF) (3) 4) Transgender Male (FTM) (4) 5) Gender Non-Conforming (5) 6) Not Listed Please Specify: (6) 7) Prefer Not To Answer (7)
What is your sexual orientation?	1) Heterosexual/Straight (1) 2) Lesbian (2) 3) Gay (3) 4) Bisexual (4) 5) Pansexual (5) 6) Asexual (6) 7) Not Listed Please Specify: (7) 8) Prefer Not To Answer (8)
What is your age?	
Please specify the ethnicity you most closely identify with. Check all that apply below:	1) African American/Black (1) 2) European American /White (2) 3) Native American/American Indian (3) 4) Latino/a (4) 5) Hispanic/Non-White (5) 6) Asian/Asian American (6) 7) Native Hawaiian/Other Pacific Islander (7) 8) Not Listed Please specify: (8) 9) Prefer Not To Respond (9)

What is your level of education?

- 1) Non High School
- 2) GED
- 3) High School Diploma
- 4) Associates
- 5) Bachelors
- 6) Masters
- 7) Doctorate
- 8) Certificate/Non-Degree
- 9) Specialization

What is your relationship status?

- 1) Single (1)
- 2) Serious Relationship (2)
- 3) Living with Partner (3)
- 4) Married (4)
- 5) Divorced (5)
- 6) Widowed (6)

Appendix H

Informed Consent for Reviewers

UNIVERSITY OF NORTH DAKOTA Institutional Review Board Informed Consent Statement

Title of Project: Asexuals Experience of Microaggressions Scale: Instrument Development and Evaluation

Principal Investigator: Evelyn Ayala, (951)241-6234, evelyn.ayala@und.edu

Advisor: Dr. Rachel L. Navarro, (701)777-2635, rachel.navarro@und.edu

Purpose of the Study:

The purpose of this research study is to develop a scale that assesses Asexuals' experiences of microaggressions. The study is designed to get feedback regarding a scale on experience of microaggressions among asexual individuals.

Procedures to be followed:

As a participant, you will be asked to respond to a set of questions via an electronic survey form using the Qualtrics platform. The survey will ask you to provide professional and personal demographics as well as to respond to a series of questions pertaining to your professional and/or personal opinion about the content, clarity, grammar, and conciseness of the Asexuality Microaggressions Scale items. The questionnaire should take you approximately 30 minutes to complete.

Risks:

There are no risks in participating in this research beyond those experienced in everyday life.

Benefits:

The possible benefits would be your ability to provide valuable feedback about your opinions on the asexuality microaggressions scale in capturing the microaggressions asexuals may experience. This research might provide a better understanding Asexuals' experiences of microaggressions in their everyday life. The information obtain from this study would assist in the development of further studies to understand Asexuals' experiences and development of effective ways to address this across settings.

-

Duration:

The survey will take about 30 minutes to complete.

Statement of Confidentiality:

Your information will be kept confidential. All of your responses will be held in the highest degree of confidence by the researchers. All data from this study will be kept from inappropriate disclosure and will be accessible only to the researcher and their faculty advisor. The researchers are not interested in anyone's individual responses, only the average responses of everyone in the study. Any information gathered from this study that is published will not identify you by name. However, given that the surveys can be completed from any computer (e.g., personal, work, school), we are unable to guarantee the security of the computer on which you choose to enter your responses. As a participant in our study, we want you to be aware that certain "key logging" software programs exist that can be used to track or capture data that you enter and/or websites that you visit.

Right to Ask Questions:

This study is being conducted by Evelyn Ayala under the guidance of Dr. Rachel L. Navarro, Counseling Psychology Program, Department of Education, Health and Behavior Studies, University of North Dakota. If you have any questions or concerns about this study, please feel free to contact the researchers through Evelyn Ayala at evelyn.ayala@und.edu. In addition, you may obtain information about the outcome of the study after June 30, 2020 by contacting Evelyn Ayala at evelyn.ayala@und.edu.

If you have questions regarding your rights as a research subject, you may contact The University of North Dakota Institutional Review Board at (701) 777-4279 or UND.irb@UND.edu. You may file the UND IRB with problems, complaints, or concerns about the research. Please contact the UND IRB if you cannot reach research staff, or you wish to talk with someone who is an informed individual who is independent of the research team. General information about being a research subject can be found on the Institutional Review Board website "Information for Research Participants" <http://und.edu/research/resources/human-subjects/research-participants.cfm>

Compensation:

If you decided to participate in the current study, you will earn a \$25 dollar gift card. Your participation in this study is voluntary. Therefore, you are free to discontinue participating or skip any questions. If you choose to discontinue the study, you will be given a compensation that is proportional to your time. For example if you complete half of the survey you will receive a gift card of \$12.50.

Voluntary Participation:

You do not have to participate in this research. You can stop your participation at any time. You may refuse to participate or choose to discontinue participation at any time without losing any benefits to which you are otherwise entitled.

You do not have to answer any questions you do not want to answer.

You must be 18 years of age older to participate in this research study.

Completion and entering the survey implies that you have read the information in this form and consent to participate in the research.

Please keep this form for your records or future reference.

Principal Investigator(s):	Evelyn Ayala
Project Title:	Asexuals Experience of Microaggressions Scale: Instrument Development and Evaluation
IRB Project Number:	IRB-201903-252
Project Review Level:	Exempt 2
Date of IRB Approval:	03/27/2019
Expiration Date of This Approval:	03/26/2022

Appendix I

Informed Consent for Reviewers

**UNIVERSITY OF NORTH DAKOTA
Institutional Review Board
Informed Consent Statement**

Title of Project: Exploring Experiences of Asexuals'

Principal Investigator: Evelyn Ayala, (951)241-6234, evelyn.ayala@und.edu

Advisor: Dr. Rachel L. Navarro, (701)777-2635, achel.navarro@und.edu

Purpose of the Study:

The purpose of this research study is designed to investigate the experiences of asexual individuals. The study seeks to understand Asexuals' unique lived experiences by seeking opinions and insight.

Procedures to be followed:

As a participant, you will be asked to respond to a set of questions via an electronic survey form using the Qualtrics platform. The survey will ask you to provide general background information about yourself as well as to respond to a series of questions pertaining to your personal opinion about different experiences. The questionnaire should take you approximately 20 minutes to complete.

Risks:

There are no risks in participating in this research beyond those experienced in everyday life. However, if your participation in this study causes you any concerns, anxiety, or distress, please contact one of the following resources to receive support:

- Everyone can text HOME to 741741 for 24/7 crisis support, or call the National Suicide Prevention Lifeline 1(800)273-8255.
- University of North Dakota students can call the university counseling center (701)777-2127.

Benefits:

- You might learn more about yourself as an asexual individual by participating in this study as you may find that others have had similar experiences as you have.
- This study may provide valuable feedback about your opinions on what it is like to live as an asexual and an often times unrecognized sexual minority.

Duration:

The questionnaire should take you roughly 20 minutes to complete.

Eligibility to Participate:

We are limiting the current study to self-identified asexuals' who are above the age of 18.

Statement of Confidentiality:

All of your responses will be held in the highest degree of confidence by the researchers. All data from this study will be kept from inappropriate disclosure and will be accessible only to the researchers and their faculty advisor. The researchers are not interested in anyone's individual responses, only the average responses of everyone in the study. Any information gathered from this study that is published will not identify you by name.

However, given that the surveys can be completed from any computer (e.g., personal, work, school), we are unable to guarantee the security of the computer on which you choose to enter your responses. As a participant in our study, we want you to be aware that certain "key logging" software programs exist that can be used to track or capture data that you enter and/or websites that you visit.

Right to Ask Questions:

This study is being conducted by Evelyn Ayala under the guidance of Dr. Rachel L. Navarro, Counseling Psychology Program, Department of Education, Health and Behavior Studies, University of North Dakota. If you have any questions or concerns about this study, please feel free to contact the researchers through Evelyn Ayala at evelyn.ayala@und.edu. In addition, you may obtain information about the outcome of the study after June 30, 2020 by contacting Evelyn Ayala at evelyn.ayala@und.edu.

If you have questions regarding your rights as a research subject, you may contact The University of North Dakota Institutional Review Board at (701) 777-4279 or UND.irb@UND.edu. You may the UND IRB with problems, complaints, or concerns about the research. Please contact the UND IRB if you cannot reach research staff, or you wish to talk with someone who is an informed individual who is independent of the research team.

General information about being a research subject can be found on the Institutional Review Board website "Information for Research Participants" <http://und.edu/research/resources/human-subjects/research-participants.cfm>

Compensation:

If you decided to participate in the current study, you will be entered to a raffle there will be ten total gift cards of \$25 dollars each available.

Your participation in this study is voluntary. Therefore, you are free to discontinue participating or skip any questions.

Voluntary Participation:

You do not have to participate in this research. You can stop your participation at any time. You may refuse to participate or choose to discontinue participation at any time without losing any benefits to which you are otherwise entitled.

You do not have to answer any questions you do not want to answer.

Completion and entering the survey implies that you have read the information in this form and consent to participate in the research.

Please keep this form for your records or future reference.

Principal Investigator:	Evelyn Ayala
Project Title:	Asexuals Experience of Microaggressions Scale: Instrument Development and Evaluation
IRB Project Number:	IRB-201903-252
Project Review Level:	Exempt 2
Date of IRB Approval:	03/09/2020
Expiration Date of This Approval:	03/26/2022

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