Understanding asexual identity as a means to facilitate culturally competent care: a systematic literature review.

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Conflict of interest

No conflict of interest has been declared by the authors

Funding statement

This review received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

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Abstract

Aims and Objectives: This paper aims to provide a contemporary overview of asexuality and the implications this has for health care practice.

Background: Individuals belonging to sexual minority groups face many barriers in accessing appropriate health care. The term 'sexual minority group' is usually used to refer to Lesbian Gay Bisexual and Transgender (LGBT) individuals. Anecdotal and research evidence suggests that those who identify as asexual have similar poor experiences.

Methods: This work uses a systematic review and qualitative analysis of the existing interview data from self-identified asexuals, to construct features of the asexual identity. The findings will help practitioners and health professionals develop an understanding of this poorly understood construct. Ultimately this work is aimed at facilitating culturally competent care in the context of asexuality.

Results: Qualitative analysis produced 3 themes, which can be used, not only to frame asexuality in a positive and normalising way, but also to provide greater understanding of asexuality, 'romantic differences coupled with sexual indifference', 'validation through engagement with asexual communities' and 'a diversity of sub-asexual identities'.

Conclusions: Having some understanding of what it means to identify as asexual, and respecting the choices made by asexuals can markedly improve the experiences of those who embrace an asexual identity when engaging with healthcare.

Relevance to clinical practice: Anecdotal evidence, taken from one of the largest asexual online forums, suggests that a number of self-identified asexuals choose not to disclose their identity to health care professionals through fear of their asexual status being pathologised, problematised, or judged. Given that asexuality is a poorly understood concept, this may be due to lack of understanding on behalf of healthcare

providers. The review provides health professionals and practitioners working in clinical settings with some insights of the features of an asexual identity to facilitate culturally competent care.

Keywords: Asexuality, asexual identity, sexual identity, healthcare, health professionals

What does this paper contribute to the wider global clinical community?

Summary box:

- Health providers are increasingly expected to be sensitive to the needs of sexual and gender minorities and to be aware of their barriers to healthcare
- In the UK, prevalence estimates based on a definition of a lifelong absence of sexual attraction among those age 16 – 44, suggest asexuality is experienced by 0.3% of men, and 0.5% of women (Aitken et al 2013)
- Romantic differences coupled with sexual indifference, validation of identity through engagement with asexual communities, and a diversity of sub-asexual identities are all features of the asexual identity

INTRODUCTION

There is very well established research evidence that many individuals belonging to sexual minority groups face barriers in accessing appropriate health care (Pennant *et al*. 2009, Guasp & Taylor 2011, Shields *et al.* 2012, Davy & Siriwardena 2012, Dahl *et al.* 2012). The term 'sexual minority group' usually refers to Lesbian Gay Bisexual and Transgender (LGBT) individuals, however, there is an emerging body of evidence suggesting that those who identify as asexual have similar poor experiences (Conger 2016, Decker 2015, Gray 2015, Keeley 2015, Foster & Scherrer 2014).

Despite the emergence of asexuality in the last decade, the asexual community remains the most poorly understood sexual minority population globally (Pinto 2013). The importance of clinicians gaining a contemporary understanding of asexuality alongside the elements of an asexual identity is therefore growing – and there is a need to review and bring together the emerging empirical work on this group in order to do this. This paper aims to address this gap and provide a contemporary overview of asexuality and the implications this has for health care practice.

What is asexuality?

Research suggests that individuals who embrace an asexual identity, do so because of a number of factors relating to absent or lowered levels of sexual desire and/or attraction (Bogaert 2004, Scherrer 2008, Brotto *et al.* 2010, Scherrer 2010, Prause & Graham 2007, Poston & Baumle 2010, Carrigan 2011, Chasin 2011). Sexual desire and attraction are often assumed to be fundamental, universally felt experiences. Asexuality is an emerging identity that challenges the common assumption that everyone is 'hard wired' to experience sexual attraction (Emens 2014).

Contemporary definitions of asexuality vary, however an asexual is commonly defined as one who doesn't experience sexual attraction. Lack of sexual behaviour or activity have also been use to define asexuality (Rothblum & Brehony 1993). According to Brotto *et al.* (2010), the definition should not depend upon presence or absence of sexual activity given the findings from their mixed methods study that some asexuals engaged in sexual intercourse and many masturbated. AVEN (The Asexuality Visibility Education Network) the largest online community for self-identified asexuals, acknowledges the diversity in the

asexual community, stating that "each individual experiences and expresses sexual desire, arousal, and behaviour somewhat differently" (AVEN 2017). Findings from current studies highlight the considerable variability in sexual response (Prause & Graham 2007, Brotto & Yule 2011, Yule *et al* 2014), sexual behaviour (Prause & Graham 2007, Carrigan 2011, Scherrer 2008, Haefner 2011, Brotto & Yule 2011, Yule *et al* 2014, Van Houdenhove 2014) and romantic attraction and affectionate attachments (Brotto *et al* 2010, Carrigan 2011, Sundrud 2011, Pacho 2013, MacNeela & Murphy 2014).

Asexuality has been linked with similar constructs that at times have been used interchangeably. Hypoactive Sexual Desire Disorder (HSDD) for example, which is characterized by a lack of, or absence of sexual fantasies and desire for activity (American Psychiatric Association, 2000), is reportedly the most closely comparable to asexuality (Bogaert 2006). However, as identified in the work of Bogaert (2006) and Brotto *et al.* (2010), the diagnosis for HSDD and similar other 'sexual dysfunctions' (Bogaert 2006, p 243), is only applied if it "causes marked distress or interpersonal difficulty" (American Psychiatric Association 2000, p 539). Chasin (2011) points out that generally, there is an assumption that people are sexual unless otherwise specified, the assumption giving rise to disinterest in sex being regarded as pathological and problematic.

Much of the recent asexuality research distances asexuality from pathology (Bogaert 2004, Bogaert 2006, Prause & Graham 2007, Scherrer 2008), the distinction being the presence or absence of distress. Prause & Graham (2007) identify that making this distinction is problematic, positing that distress may arise when conflicts with social expectations occur, or where the assumption that a sexual problem exists creates anxiety. In these cases, a diagnosis of HSDD, may exacerbate concerns in an asexual individual (Prause & Graham 2007)

Prevalence of asexuality

According to Bogaert (2004), 1.05% of the British population is asexual. More recent prevalence estimates based on a definition of a lifelong absence of sexual attraction among those age 16 – 44, suggest asexuality is experienced by 0.3% of men, and 0.5% of women in the United Kingdom (UK) (Aitken *et al.* 2013). Whilst the work of Bogaert (2004), and Aitken *et al.* (2013) rests on problematic definitions of asexuality based on

absence of or lack of sexual attraction, (Carrigan 2011), there is no other UK data regarding prevalence. What is also relevant here is that, as Carrigan (2011) points out defining asexuals as experiencing no sexual attraction, rather than low, may exclude a sizable number of those who embrace an asexual identity.

Asexuality in clinical settings

Alongside the limited attention paid to asexual experiences in clinical settings in the UK, research exploring healthcare professional's knowledge of, and attitudes towards asexuality, is minimal. Anecdotal evidence, taken from AVEN, suggests that a number of self-identified asexuals choose not to disclose their identity to health care professionals through fear of their asexual status being pathologised, problematised, or judged (AVEN 2007). Research by Foster & Scherrer (2014), exploring asexual experiences in clinical settings in the United States suggests that there is a need for increased educational resources for practitioners, there is no evidence that this is any different in the UK. Whilst interactions with health professionals in one prominent US study of asexuality in clinical settings proved to be not entirely negative, most were still not quite fully affirming (Foster & Scherrer 2014). Foster & Scherrer (2014) point out that respondents in this particular sample described avoiding doctors and health practitioners due to an expectation of bias.

Within the broader asexuality literature, there is evidence to suggest that asexuals experience discrimination and stigmatisation. Examples include stressful disclosure encounters with health professionals (Foster & Scherrer 2014), sexual minority prejudice in the form of 'antiasexual bias' from non-asexuals (McInnis *et al.* 2012, p739) and 'verbal harassment, including insults, derogatory names, and anti-asexual remarks from family members' (Gazzola & Morrison 2012, p 21).

Understanding asexuality is challenging for many, data from a number of studies suggest that it is largely shrouded in misunderstanding, negativity, scepticism and concern (Conger 2016). Despite significant gains in understanding of sexual diversity in the context of LGBT identities, according to Ceranowski & Milks (2010) asexuality in its own right remains barely intelligible. With asexuality being a relatively new construct, and an emerging identity, the specific health care needs of this under researched group are relatively unknown, what is known however, is that there a need to provide knowledgeable informed care

to individuals with non-conforming gender identities. Ultimately this work is aimed at encouraging more culturally competent care for anyone who embraces an asexual identity.

This paper explores asexual identities beyond the commonly used and cited definitions of altered levels of attraction and desire, and presents an alternative discourse to that which problematises and pathologises. We used systematic review methods and qualitative analysis to explore the narratives of self-identified asexuals in an attempt to uncover more detail about the asexual identity. This review includes a consideration of the implications for clinical practice. This work and the method adopted, is a flexible and dynamic undertaking that facilitates a greater understanding of the asexual identity of a significant number of self-identified asexuals. The findings go some way to provide health professionals and practitioners working in clinical settings with some insights of the features of an asexual identity to facilitate culturally competent care.

METHODS

Guided by the Centre for Reviews and Dissemination (CRD 2009), a computer assisted systematic search and review approach was used to identify literature for inclusion in the review. Between October 2014 and January 2017, four electronic databases were searched for research studies of human asexuality, no date restrictions were applied to the search. Advanced searches of published and unpublished work were conducted using the databases of Cinahl, Medline, Psych INFO, and Academic Search Premier. Expert advice and guidance was sought when deciding upon the most appropriate search terms, these were agreed as follows,

Subject Heading Search: "sexual orientation" or "attitude to sexuality" or "sexual behaviour" or "sexual identity" or "sexual expression"

Key Word Search: asexual*

A citation search was undertaken to capture papers or published and unpublished work not accessible through database searching, using the citation lists of all the included work being reviewed.

Inclusion criteria

Papers and studies were included if they reported on qualitative research exploring the perspectives of people who self-identify as asexual. We were specifically interested in the narratives of self-identified asexuals which provided detail of what it means to identify as asexual, the experience of the process of embracing the identity, and the experience of 'being' asexual in the everyday sense, as we felt this would provide some features of the identity which may be helpful for developing culturally competent care. Inclusion criteria were as follows;

1. Any qualitative work which included narratives of self-identified asexuals which provided detail of what it means to identify as asexual
2. Any qualitative work which included narratives of self-identified asexuals which provided detail of the experience of 'coming out' to oneself or others
3. Any qualitative work which included narratives of self-identified asexuals which provided detail of the experience of 'being' asexual in an everyday sense

Whilst we are relatively familiar with the broader scope of asexuality scholarship, this review was purely exploratory. All quantitative studies were excluded, and by doing so, some key pieces of scholarship were also excluded. However, there was strong rationale to exclude this work, given that this exercise was an endeavour to make sense of the qualitative (interview) data, and to construct useful features of the asexual identity. The goal was to provide information to assist in patient-practitioner encounters, and the development of culturally competent care, and not to engage in a wider sociological or scientific debate about asexuality.

All papers meeting the criteria were included. The titles and abstracts for all retrieved papers were screened and reviewed for relevance, and to assess whether they met the inclusion criteria. Full copies were obtained when papers appeared to 'possibly' fit the inclusion criteria, and when relevance could not be determined by the title or abstract, these studies were reviewed to confirm or refute eligibility for inclusion.

The Preferred Reporting Items for Systematic Reviews and meta-analyses flow chart (PRISMA), Figure 1, illustrates the process in more detail.

Quality Assessment

Whether quality assessment should be part of the process of synthesising qualitative studies, is a contested issue (Atkins *et al.*, 2008, Ring et al 2011). However, providing the reader with some details of the methodological quality of the included studies was considered an important part of the process. Drawing upon the Critical Appraisal Skills Programme Qualitative Research Checklist (CASP, 2013) a critique of the selected papers was conducted based on the 10 question checklist. Each question was dichotomised to yes (1 point) or no/can't tell (0 points), giving a scale ranging from 0 - 3 (low quality: C), 4 – 6 (medium quality: B), and 7 - 10 (high quality: A). Studies were assessed by two authors (CJ and MH), there was broad agreement with decisions made about the quality of studies and each study was assigned a category of high (A), medium (B) and low quality (C). All studies rated either medium or high.

Process for thematic synthesis/qualitative analysis

The qualitative analysis of interview data was guided by the work of Lofgren (2013). The steps included,

1. Reading all the available interview data presented in the studies
2. Making notes about 'first impressions', particular attention was paid to the context of each study
3. Re reading the available interview data again one by one, line by line
4. Labelling (Coding) of relevant pieces of data (Words, phrases, sentences and sections)

   Codes were applied to any words, ideas, and facts that occurred frequently within the data, an assumption was made that if a particular subject or word or ideas kept reoccurring, then this was relevant within asexuality discourse. Codes were also applied to anything that was linked to the idea that asexuality as a concept is associated with sex and sexuality, relationship formation, attraction, desire, behaviour, arousal, romance, friendship and intimacy.
5. Codes were read and re read, some codes were combined, and some initial codes were dropped

6. Categories (also known as themes) were created from codes which were grouped together, at this stage the data was conceptualised whilst every attempt was made to be unbiased and open minded
7. Categories were labelled and a decision was made regarding their relevance – connections were made between categories
8. The categories and their connections formed the main results of the analysis

The qualitative analysis produced 3 themes, which can be used, not only to frame asexuality in a positive normalising way, but also to provide greater understanding of asexuality, 'romantic differences coupled with sexual indifference', 'validation of identity through engagement with asexual communities' and 'the diversity of sub-asexual identities'.

RESULTS

The body of literature used for this thematic synthesis comprises 16 papers based on 14 studies, undertaken in 4 different countries (US, UK, Canada and Belgium) between 2007 and 2016. 624 asexuals were included, with sample sizes between 3 and 169. (See Figure 1: PRISMA diagram). Two studies used a mixed methods approach (Brotto *et al.* 2010, Prause & Graham 2007); only the qualitative data from these 2 studies was included in the analysis. Recruitment and study settings are detailed in Table 1; to summarise, 6 studies recruited wholly through AVEN, 6 recruited partially through AVEN and other environments such as LGBT virtual and non-virtual communities and BDSM communities, social networking sites (Twitter, Tumblr, Huffington Post and Facebook), and health and lifestyle related websites. Recruitment was also facilitated by a combination of AVEN and local press and local community centre advertising (n = 1). Two studies did not recruit through AVEN; recruitment was facilitated by advertising in public places using flyers. Further methodological details can be viewed in Table 2.

Theme 1: Romantic differences coupled with sexual indifference

This theme was evident across 9 papers (9 studies). Asexuality can be characterised by its associations with both sexual and non-sexual aspects of affiliation and relationship formation. The affectionate and emotional, non-sexual expressions which were vastly varied seem to represent what has come to be known as the romantic dimension of asexuality. However, this dimension reflects a diversity of asexual identities, ranging from the aromantic, 'completely void of feelings, not even a sensation, no romantic feelings whatsoever' (Van Houdenhove *et al.* 2015, p 271), to the romantic. Data across a number of studies suggests that the experience of relationship formation can be categorised by a deep affectional and/or emotional awareness and expression, which for many asexuals seems to facilitate relationships and affiliation, not always in the absence of sexual attraction, because as the quantitative data suggests some asexuals *can* and *do* feel something that they understand to be sexual attraction, but in the presence of sexual indifference. Participants make references to experiencing attraction in emotional and intellectual terms (Carrigan 2011, MacNeela & Murphy 2014), appreciation of others in an artistic and aesthetic ways (Scherrer 2008, Haefner 2011, Pacho 2012, MacNeela & Murphy 2014), desiring a different kind of closeness than sexual (MacNeela & Murphy 2014, Van Houdenhove *et al.* 2015, Sloan 2015), loving the human form (Scherrer 2008), or achieving happiness by just spending time with, and being close to another person (Brotto *et al.* 2010).

The frequency upon which the data suggested the participants perceived their connections with others to be of almost a different emotional depth from sexual connections, was enough for romantic differences alongside sexual indifference to be considered as a key characteristic of asexuality. The romantic dimension is alluded to across a number of studies, Scherrer (2008) refers to the romantic and aromantic identity, data from MacNeela & Murphy (2014) refer to asexual bi/romantic/affectionate reference points in the asexual self-identity, Carrigan (2011) acknowledges the range of attitudes and orientations towards sex and romance, and Brotto *et al.* (2010) found that 3 out 4 participants experienced romantic attraction, and 70% of participants had been in a romantic relationship respectively. The data therefore indicates that

the romantic dimension and its differences from aromantic to romantic should be acknowledged and given as much consideration as the sexual attraction/sexual desire dimension of asexuality.

Whilst lack of sexual attraction features regularly across the commonly used definitions of asexuality, sexual indifference was a very strong theme throughout the asexuality qualitative data. Diary entries in one study (Dawson *et al.* 2016), revealed that sex was currently practised by roughly a third of the research participants, reflecting findings from other studies, which highlight that self-identified asexuals do engage in sexual activity. Whilst Dawson *et al.* (2016) identify that it cannot be assumed that sex is unwillingly performed by asexual people, the sense of indifference is reflected in comments such as, 'it didn't hurt me or anything but I just wasn't interested' (Dawson *et al.* 2016, p 358), 'sex is just not one of our kinks, Asexual people enjoy plenty of other things that fall under the umbrella of BDSM, but sex can be anywhere from uninteresting to disgusting' (Sloan 2015, p555), '… this is just boring.' So it was like that's the extent of it. It was just boring' (Prause & Graham, 2007, p 345) and 'even though an asexual person might want to clean out the plumbing once in a while, they don't have any interest in doing it with someone else' (Brotto *et al.* 2010, p 611). Data presented from Haefner (2011) and Sundrud (2011) captures a similar sense of indifference and lack of interest to sexual activity, 'I just assumed I was sexual for so long and so I pushed myself more and more in that direction because every time I had a physical experience with someone it wasn't fulfilling and so I was just like, I need to try new things and find out what's the next interesting thing' (Sundrud 2011, p 64).

Theme 2: Validation of identity through engagement with asexual communities

Validation of an asexual identity through engagement with asexual communities was evident in 12 papers (10 studies). Most of the studies in this review used data collected through AVEN (n=13); 6 studies recruited wholly through AVEN, 6 recruited partially through AVEN and other environments, and one study was based entirely on an analysis of AVEN forums. AVEN at first glance promotes itself as a site for individuals who self-report lack of sexual attraction, there are additional aspects of the online community which allow for more than sexual attraction, or lack of, to be the defining feature of the asexual experience. For instance, the 'Learn More' section on AVENs front page states that 'There is considerable diversity

among the asexual community, each asexual person experiences things like relationships, attraction, and arousal somewhat differently' (AVEN 2008) and David Jay, founder of AVEN suggests that asexuality may just be a label that people use to 'figure themselves out'. Given AVENs angle of promoting themselves as an online community for those demonstrating a broad range of behavioural and emotional personal interactions, it could be speculated (and to an extent the data reflects this) that the asexual identity which is captured through AVEN reflects much more. The qualitative data suggests that AVEN, and other online community forums appear to play a significant role in identity awareness, acceptance and affirmation. Qualitative accounts from Brotto *et al.* (2010), Sundrud (2011), Carrigan (2011), Pacho (2013), MacNeela & Murphy (2014), Van Houdenhove *et al.* (2015), Scott *et al.* (2016) provide insights into the process of identity formation for many asexuals. The stages illustrated in many of these accounts appear to reflect those typically occurring in adolescence or early adulthood during the 'coming out process' for LGBT identities, with the discovery of an asexual community being significant in shaping and validating the asexual identity in a number of narratives, specifically from Scherrer (2008), Brotto *et al. (*2010), Carrigan (2011), Sundrud (2011) and Robbins *et al.* (2016). Theorists such as Cass (1979) and Coleman (1982) use identity models to reflect the process of identity development, broadly speaking most models illustrate a pattern of confusion, comparison (with others), tolerance, acceptance, and identity pride. In addition to strengthening the asexuality, data from Foster and Scherer (2014) suggests that asexuals use AVEN as an educational tool for teaching non-asexuals about asexuality; taking asexuality knowledge to others who are less knowledgeable. Whether the experience of identifying oneself as asexual was positive or not, the data suggests that an online community such as AVEN is central to strengthening the fidelity towards an asexuality self-concept, AVEN appears to have assisted previously confused and anxious non identified asexuals towards describing sexual status (Scherrer 2008), personal freedom and confidence (MacNeela & Murphy 2014), belonging, or 'coming home' (Carrigan 2011), and relief (Robbins *et al.* 2016). The growth of AVEN and other asexual online communities has provided a space for asexuals to self-express and share affiliations based on shared values and beliefs. According to Fox & Ralston (2016) this has been particularly important for asexuals, as asexuality is rarely portrayed in the media.

Theme 3: **A diversity of sub-asexual identities**

The diversity of sub asexual identities was alluded to in 11 papers (10 studies). Synthesis of the data in this body of literature suggests that the number and variety of sub identities within asexuality are significant. Attitudes towards, and engagement in romantic relationships and sexual intercourse were considerably varied across the data. As Brotto et al. (2010) highlight, there is not one prototype. Diversity in sexual behaviour (Prause & Graham 2007, Carrigan 2011, Scherrer 2008, Galupo *et al.* 2016, Dawson *et al.* 2016, Van Houdenhove *et al.* 2015) and romantic attraction and affectionate attachments (Brotto *et al.* 2010, Carrigan 2011, Sundrud 2011, Haefner 2011, Pacho 2013, MacNeela & Murphy 2014, Sloan 2015) were illustrated through multiple qualitative accounts. Furthermore, asexuality can be, and is, regularly sub categorised into demisexuals, Grey-A, A-fluid, aromantic, hetero-romantic, homo-romantic, bi-romantic, pan-romantic (Carrigan 2011, Sundrud 2011). Most studies summarised this diversity by commenting on the heterogeneity of the asexual community (Brotto *et al.* 2010) the variation and complexity of sub identities (MacNeela & Murphy 2014), the diversity evident in the asexual narratives (Prause & Graham 2007), and the range of attitudes towards romance (Scherrer 2008, Carrigan 2011, Scott *et al*. 2016). The diversity of asexuality is reflected in the range of relationship preferences, from compassionate enduring relationships, to preferences of the aromantic, or any position across the spectrum (MacNeela & Murphy 2014).

DISCUSSION

This qualitative analysis presents 3 significant features of the asexual identity illustrated through the interview data of self-identified asexuals. These features are being presented in order for health professionals and practitioners to be more informed when individuals chose to disclose their identity. The analysis suggests that for those who embrace an asexual identity, romantic differences coupled with sexual

indifference, validation of identity through engagement with asexual communities and a diversity of sub-identities are strong features of that identity.

The findings from this work largely present asexuality positively. As David Jay, founder of the Asexuality Visibility Education Network (AVEN) points out, asexual people have the same emotional needs as anyone else, and like in the sexual community they do vary widely in how they fulfil those needs (Aven Wiki 2015). Asexuality has previously been framed in terms of collective identity. Jay (2006) presents the Collective Identity Model of asexuality (AVEN 2006) which, rather than trying to define a common sexual classification for all asexual people – proposes that asexuals have a commonality based on their active dis-identification with sex and sexuality (AVEN 2006), this social position is said to be the one thing that unifies them. Under this model Jay states, 'an asexual person is anyone who uses the term asexual to describe themselves' (AVEN 2006). The collective identity model implies that asexuality as we know it is a direct result of culturally dominant ideas about sex which are incompatible with our lifestyle (AVEN 2006). According to Jay (2006), the label can only be applied internally, and no-one has the power to create a set of criteria which determine who is asexual and who is not. This work is not an attempt to define a set of criteria for asexuality, however, health providers do need some insight into the features and characteristics of the asexual identity in order to facilitate culturally competent care. They increasingly expected to be sensitive to the needs of sexual and gender minorities and to be aware of their barriers to healthcare. The collective identity model does little to provide insight into what the individual needs of a self-identified asexual might be during a patient-practitioner encounter, nor does it equip health professionals and practitioners to provide what is expected of them in the context of cultural competence.

What may be useful for practitioners, clinicians and health professionals to know is that whilst there may be a tendency to pathologise aspects of asexuality, data across the studies generally reflects a sense of pride and positivity from those who embrace the identity (Scherrer 2008, Carrigan 2011). Noteworthy, is that it is difficult to determine if such positivity is present in those who don't access an asexual community. A small proportion of the data reflects something greater and more meaningful than liberation and

satisfaction, the outcome of the asexuality identity appears to provide some asexuals with meaning, explanations, truth, and social location (Scherrer 2008, Brotto *et al.* 2010).

Social construction theory has offered new possibilities in theorizing about sexuality and asexuality, by virtue of the way it represents the social relativity to sexual practices. According to Nierkerk & Van der Meer (1989), social construction theory strives for uncertainty through questioning assumptions, rather than seeking closure. In order to embrace social construction, sexual behaviour has to be accepted as fluid and ambiguous. The social constructionist theory of sexuality opens up the potential for embracing the concept of the continued development of the sexual. Using a socially constructed concept of sexuality, rather than asexuality being considered as absence of desire or attraction, or, a problem or a burden, the emergence of the asexual identity could be better considered as a consequence of the progressive wider transformations of intimacy and relationships over time (Giddens 1992).

Culturally competent care in this context will first require an understanding that asexuality challenges the assumption that desire and attraction are universally experienced, secondly, that asexuality represents a different form of relationship expression. Finally, asexuality is an umbrella term representing many sub-identities. The individual needs of self-identified asexuals can only be known through acknowledgement of the above, followed by respectful questioning and discussion. The findings from the thematic synthesis may offer health professionals and practitioners with some insight into the features of the asexual identity in order to facilitate those discussions.

LIMITATIONS AND STRENGTHS

This review presents the first step towards culturally competent care in asexuality, however, these features of asexuality may not be a universal experience for all asexuals. It is accepted that asexuality is an ill-defined concept. A limitation of this work is that the definitional framework appears to be on a continuum, and asexuals are making and remaking their identity, particularly, in online environments, research therefore is only one way in which the features, and the definition of asexuality are constructed. This work demonstrates *one* approach to providing a greater clarity of asexual identities. Like all qualitative reviews, it is important to acknowledge that this work is not reviewing asexual community self-expressions, but a

review of researcher representations of their interpretations of asexual people, expressing views about their experience, and doing so, in response to researcher questions, in a research context. Validation of these themes however, has been sought and obtained from one member of an online asexual community.

CONCLUSION

Research suggests, that how LGBT individuals are accepted, treated and nursed, will largely be determined by how informed and educated practitioners are about these patient groups, and their physical, social and emotional health needs (Albarran & Salmon 2000). The same could be said of self-identified asexuals. Whilst asexuality is not new to human sexuality, it is relatively new to public discourse (Smith 2012), and therefore health care practitioners may not be familiar with the term, or with what the identity represents.

Today's mainstream view on sex is that it is positive, healthy and desirable, and individuals who are not interested in sex or sexuality may be viewed as having a disorder or something 'wrong' with them (Yule *et al.* 2013). Evidence suggests that asexuals are at risk of others invalidating their orientation and refusing to believe it exists (Robbins *et al.* 2016).

Whilst there is some evidence to suggest that asexuals avoid engaging with healthcare (Foster & Scherrer 2014), there is also evidence of asexuals using healthcare services (Kelly 2015, Decker 2016). Health professionals and practitioners will be caring for a number of self-identified asexuals who disclose their identity. Having some understanding of what it means to identify as asexual, and respecting the choices made by asexuals can markedly improve their experiences when engaging with healthcare.

This work has implications for future asexuality research. In the UK, there is a dearth of work addressing the experiences of self-identified asexuals in clinical settings, this requires addressing so that professionals and practitioners know the best ways to support asexual clients. Firstly, it is important to gain an understanding of how asexuals negotiate and experience their asexuality within different aspects of healthcare. Secondly, it is unclear what asexuals expect from health care providers in terms. Foster

& Scherrer (2014) highlight the positive experiences with health professionals for asexuals being those encounters where a GP signalled that he/she was 'open and affirming regarding issues of asexuality' (Foster & Scherrer 2014, p 427). This would suggest that asexuals want some confirmation that their health care providers are willing to learn more about asexuality, however further research in this area would be beneficial.

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Table of Included Studies: Table 1

Author and Country	Method of investigation	Method of analysis	Sample size	Recruitment strategy	Study setting	Results	CASP (2013)
1.Prause N, Graham CA (2007) United States **US**	1st part of a mixed method study: Interview	Thematic approach	4 participants who identified as asexual	Recruited from flyers requesting women or men "who identify themselves as asexual" to participate in an interview	Study setting is not clear: Recruitment took place in a mid-western town in United States	4 themes emerged which help to characterise asexuality; • History of sexual behaviours and what behaviours were perceived a asexual • Attempts to define asexuality • Lack of motivation for engaging in sexual behaviours • Concerns about being different from others Despite definitions of asexuality suggesting that asexuals experience lower levels of sexual motivation and activity, the data suggests that some asexuals show a 'willingness to engage in unwanted but consensual sexual behaviours' (Prause and Graham p 346)	B: Medium
2.Scherrer KS (2008) **US**	On line survey: responses to open ended questions	Open and focused coding as described by Emerson, Fretz & Shaw (1995)	102 participants who identified as asexual	Participants recruited from asexuality.org, also known as the Asexuality Visibility and Education Network, (AVEN)	Online environment: AVEN	3 themes emerged describing the 'distinct aspects of asexual identities' (Scherer 2011, p621);	B: Medium

						• The meaning of the sexual • Essentially asexual • The romantic dimension	
3.Brotto LA, Knudson G, Inskip J, Rhodes K, Erskine Y (2010) **Canada**	2nd part of a mixed method study: Interview	Content analyses (van Manen, 1990) were used to explore the interview material	15 participants who identified as asexual	Participants recruited from AVEN	All interviews were conducted via telephone (Setting not stated)	10 themes emerged from the data which provide some meaning to the experience of being asexual; • Definitions of asexuality • Feeling different • Distinguishing romantic from asexual • relationships • Asexuality is not another disorder "in disguise" • Overlap with schizoid personality • Motivations for masturbation • Technical language • Negotiating boundaries in relationships • Religion • A need to educate and destigmatise	B: Medium
4.Sundrud JL (2011) **US**	Interview	Drawing upon oral history and ethnographic methodologies, this thesis examines the	3 participants who identified as asexual	Participants recruited from AVEN	All interviews conducted via telephone with Skype (Setting not stated)	4 themes which represent the social construction of asexual identities were explored;	B: Medium

		narrative performances of self-identified asexuals and explores four themes within each narrative				• The breech of heteronormative expectations • The creation of commonality among individuals within the asexual community • The negotiation of heteronormative discourses within the family • The construction of future oriented liminoid narratives of asexuality Having the confidence to claim an asexual identity came as a result of the empowered experience of the stages of 'breech, crisis and redress' (Sundrud 2011, p110) where 'breech' represents the breach of sexual normativity that goes alongside the acceptance and adoption of the asexual identity. Sundrud (2011) identifies that this process unites the asexual community	
5. Haefner C (2011) **US**	On line questionnaire	Grounded theory	64 participants	AVEN	Online environment AVEN	3 areas emerged from the data which help to better understand how asexuals negotiate romantic	B: Medium

						relationships; using Sexual Script Theory (SST) (Gagnon and Simon (2005)* • Naming the norm (correlating to cultural scripts): an internal understanding that the asexual experience is different from the cultural norm • Naming asexuality in relationship (interpersonal script): an internal process which may never be acted on, but influences the way an asexual seeks out or acts in a romantic relationship • Naming asexuality for self (intrapsychic scripts): an internal process which influences the way an asexual feels about themselves	
6.Carrigan M (2011) United Kingdom **UK**	(1) Collection of data from online forums (2)Semi structured interviews (3) Open-ended online questionnaire	Thematic analysis Provisional data analysis was ongoing in relation to each of the 3 methods, and the interdependent analytical process	8 participants for interview 130 completed questionnaires	Half through AVEN, half through LGBT groups	Study setting unclear	Asexuals are united by the common experience of socio cultural affirmations of sexuality as the norm, and the denial and rejection of asexuality, however the asexual community is very diverse, and a variety of attitudes and orientations	A: High

		that this facilitated allowed elaboration and refining of emerging understandings of asexual identities and experiences				towards sex and romance exist within the community	
7.Galupo MP, Davis KS, Grynkiewicz AL, Mitchell RC (2014) **US**	Online questionnaire	Thematic analysis	285 participants who identified as non-heterosexual	Notices on social networking sites, Tumblr, Facebook, Twitter and LGBT online communities. Snowball recruitment methods were also employed	Study setting: online environments Tumblr, Facebook, Twitter and LGBT online communities	Identified themes relating to sexual orientation identity included; • Salience of identity: *self-identification was very important and many participants articulated a conceptual disconnect between their sexual orientation and their sexual orientation identity* • Social identity: *Participants acknowledged the social context with regards to identity* • Identity development and change: *Participants acknowledged the shifts in orientation identity and gender identity* • Identity development and change: *Participants acknowledged the shifts*	A: High

						in orientation identity and gender identity • Identity and the body: *Participants (particularly those with plurisexual and transgender identities) questioned the definitions of sexual orientation on the basis of sex*	
8.Pacho A (2012) **UK**	Analysis of data collected from AVEN	Qualitative data analysis	N/A	N/A	Online environment: AVEN	This study explored a virtual community of asexual individuals. Findings revealed diversity among asexuals, and 'linguistic insufficiency' (Pacho 2013) to articulate the multiplicity of asexuality	B: Medium
9.MacNeela P, Murphy A (2014) **UK**	Open ended questions in an online survey	Braun and Clarke's (2006) approach to thematic analysis	66 participants who completed the survey and met the inclusion criteria	AVEN	Online environment: AVEN	Findings supported the depiction of asexuality as acceptable privately and the public rejection of asexuality as a valid social identity. There was variation in asexual sub-identities and relationship preferences	B: Medium
10.Foster and Scherrer (2014) **US**	Survey data collected through an internet survey	Grounded theory	86	AVEN	Online environment: AVEN	Whilst some asexuals conceptualised their asexuality as healthy, some described some concerns about the 'cause' of their lack of sexual attraction. Most participants	B: Medium

						anticipated negative interactions with health providers, some describing feelings of distrust. Disclosure enc ounters (real and anticipated) were described as stressful. Interactions with providers were found to be both positive and negative. Findings indicate that asexuals feel that practitioner knowledge of asexuality is 'impoverished' (Foster and Scherrer 2014, p 428)	
11.Van Houdenhove E, Gijs L, T'Sjoen G, Enzin P (2015) **Belgium**	Semi structured interviews	Interpretive phenomenological analysis	9 asexual women	AVEN and posts on several health and lifestyle related websites	Interviews took place either at the office of the first author or a quiet space in a hotel lobby	The themes emerging from exploring how asexual women experience their asexual identity, sexuality and relationships; • Coming to an asexual identity • Experiencing physical intimacy and sexuality • Experiencing love and relationships For the asexual women in this sample, the internet and more specifically, AVEN seemed to have had an important role in the discovery and acceptance of their asexual identity	B: Medium

12.Sloan LJ (2015) **US**	Interviews: face to face and online	Not provided	15 self-identified asexuals	10 through AVEN, 5 through attendance at a BDSM club	Interviews in person: study setting not given. Remaining interviews: study setting online	The experience of asexuals who practice BDSM highlights that sexual attraction may not be a ubiquitous component of BDSM. BDSM asexual practices can be adapted to navigate sexual expectations and redefine sexual behaviours away from attraction and pleasure and towards insight, trust, courage self-discipline and attunement	B: Medium
13.Fox J, Ralston R (2016) **US**	Semi structured interviews and a paper questionnaire	Grounded theory	33 LGBTQ participants (2 of these were asexual: 1 hetero-romantic and 1 gray-sexual	Flyers posted to community centres, college buildings, library notice boards, coffee shops	Study setting not provided	Four overarching themes relating to how social networking sites serve as informal learning environments for LGBT individuals were identified; • Traditional learning • Social learning • Experiential learning • Teaching others Informal types of learning are common among LGBT users of social media. LGBT individuals valued online learning during the coming out process and for identity development. Online role models were particularly important for asexuals as	A: High

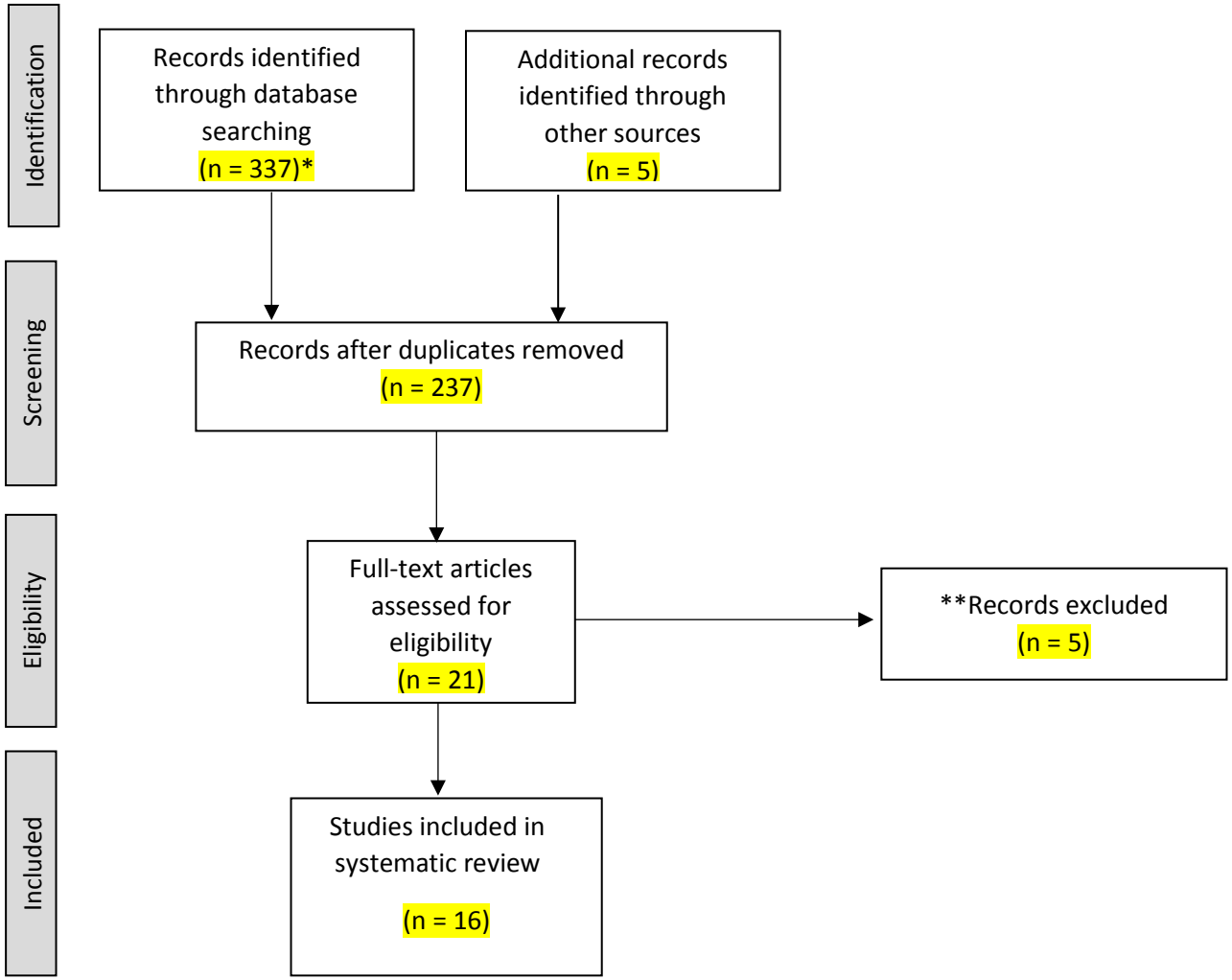
						asexuality is rarely portrayed in the media	
14.Dawson M, McDonnell L, Scott S (2016) **UK**	Research diaries	Not clear: other than a symbolic interactionist perspective	Initially, 50 participants responding to a posting to take part in asexuality research were invited to complete a dairy. 27 agreed to do so. This study is based on the diary entries of those participants	Posting a call for participants on AVEN, Huffington post, LGBTQ groups, public spaces, announcements posted via 'various internet fora'. Snowball sampling	Not applicable	In an exploration of the use of practices of intimacy among asexual people, 3 key themes emerged; • Friendships • Sex as a practice of intimacy • Exclusion from practices of intimacy These findings emphasize that the ways in which asexuals practice intimacy should be understood within the context of the relationship in which it is part	A: High
15.Scott S, McDonnell L, Dawson M (2016) **UK**	2 qual methods, biographical interviews with 50 people, of whom 27 kept two-week diaries	Thematic analysis using NVivo 10	50 asexuals however, the focus of this paper is on a notable subset of the sample who resisted strong associations with a strong ace identity (n=7)	Recruited through AVEN , Tumblr and Twitter, but also the local press, community centres and LGBTQ groups	Not applicable	Scott et al (2016) present the findings as a model of a 'non-becoming trajectory' (Scott et al 2016, p283). Although the participants volunteered to take part in a study about asexuality, because they felt the term asexual described them in some way, findings highlight that for some, asexuality is not always experienced as a social identity. Asexuality was not a central feature of the lives of the 7 participants in this sample,	A: High

						because it was negatively defined. Some saw it as an insignificant aspect of their lives. On the whole it was rejected as a core identity	
16.Robbins NK, Low KG, Query AN (2016) **US**	On line Questionnaire	Phenomenological approach	169 self-identified asexuals	Recruited from three online asexual communities (AVEN, Apositive.org, Asexuality Livejournal)	Study setting: online environment AVEN	An analysis of the coming out narratives of self-identified asexuals; • Motives for coming out as asexual *(Sub themes: Response to pressure, Salience to identity and Discovering asexuality)* • Motives for withholding asexuality identity from others *(Selective disclosure, Fear of coming out, Non-salience to identity)* • Explaining indifference about coming out • Negative reception of asexual identity (*Reactions of disbelief, Dismissal of asexuality)* • Positive reactions to coming out as asexual • The role of the internet in coming out as asexual • Reflections after coming out Robbins et al (2016) present a model as a descriptive tool to capture the varied	A:High

						experiences of asexuals during the coming out process. This model is as follows; 1. Identity confusion 2. Discovery of terminology 3. Exploration and education 4. Identity acceptance and salience negotiation 5. Coming out 6. Identity integration	

*Gagnon JH, Simon W (2005) Sexual conduct: The social sources of human sexuality. 2nd edition, New Brunswick, Aldine Transaction

Figure 1: PRISMA flowchart of review phases (adapted from Moher et al. 2009)



*PsychINFO 166, Academic Search Premier 97, Medline 42, Cinahl complete 32

** Full-text article excluded (n=5)

3: Newspaper reports of an interview with an asexual

2: No interview data with asexuals observed within the paper

Theme 1: 9 papers

- Prause N, Graham CA (2007)
- Scherrer KS (2008)
- Brotto LA, Knudson G, Inskip J, Rhodes K, Erskine Y (2010)
- Haefner C (2011)
- Carrigan M (2011)
- Galupo MP, Davis KS, Grynkiewicz AL, Mitchell RC (2014)
- Van Houdenhove E, Gijs L, T'Sjoen G, Enzin P (2015)
- Sloan LJ (2015)
- Dawson M, McDonnell L, Scott S (2016)

Theme 2: 12 papers

- Scherrer KS (2008)
- Brotto LA, Knudson G, Inskip J, Rhodes K, Erskine Y (2010)
- Sundrud JL (2011)
- Carrigan M (2011)
- Pacho A (2012)
- MacNeela P, Murphy A (2014)
- Foster and Scherrer (2014)

- Van Houdenhove E, Gijs L, T'Sjoen G, Enzin P (2015)
- Fox J, Ralston R (2016)
- Dawson M, McDonnell L, Scott S (2016)
- Scott S, McDonnell L, Dawson M (2016)
- Robbins NK, Low KG, Query AN (2016)

Theme 3: 11 papers

- Scherrer KS (2008)
- Brotto LA, Knudson G, Inskip J, Rhodes K, Erskine Y (2010)
- Sundrud JL (2011)
- Haefner C (2011)
- Carrigan M (2011)
- Pacho A (2012)
- Galupo MP, Davis KS, Grynkiewicz AL, Mitchell RC (2014)
- MacNeela P, Murphy A (2014)
- Foster and Scherrer (2014)
- Van Houdenhove E, Gijs L, T'Sjoen G, Enzin P (2015)
- Scott S, McDonnell L, Dawson M (2016)