

Stonewall

ACE IN THE UK REPORT

**YASMIN BENOIT AND
ROBBIE DE SANTOS**

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FOREWORD YASMIN BENOIT

When I first entered into the world of activism, my only goal was to diversify the conversation surrounding asexuality.

I imagined doing this on a much smaller scale than I am doing now, but it was quite early on in the process that I realised more needed to be done to protect the asexual community.

In 2018, I was recording a documentary, and as part of it, I spoke to an asexual person who told me about their experience of conversion therapy. It was the first time I had heard of that issue, but it reminded me of an experience I had at university. I visited a counsellor about exam stress but was asked about my relationship history and sexuality. Once I mentioned being asexual, she assumed that my asexuality was what I needed to fix. The only reason why I was able to shut that down was because I had discovered asexuality in secondary school and, by this point, felt comfortable and validated in my experience.

Not everyone is so lucky, not everyone has access to that information or has worked themselves out by the time a professional suggests they need to be 'cured'. I could easily see how an asexual person could unwittingly go down that path. It was why I wasn't surprised when I continued to encounter similar stories over the years - not just of medical discrimination, but of the fear, isolation, and alienation that aces experience at work, in education and other aspects of their lives.

It was why I wasn't surprised when the National LGBT Survey (2018) found that asexual people are 10% more likely to be offered or to undergo conversion therapy than other orientations, along with other worrying disparities in our experiences, particularly in the workplace. Or when I learned that asexuality is still a medicalised orientation that isn't recognised under the 2010 Equality Act. However, I was surprised that no one seemed to be doing anything about it. These concerns had swirled around the asexual community for years but never seemed to extend further than that. We were left out of every conversation concerning

discrimination towards the LGBTQIA+ community, as the concern never seemed to extend further than the Q.

In 2021, I approached Stonewall to see what we could do to help the asexual community in the UK receive the recognition and protection that it deserves. It was then that we established the Stonewall x Yasmin Benoit Ace Project - the UK's first asexual rights initiative that would begin with a report into asexual experiences. On International Asexuality Day 2022, the project was launched to an overwhelmingly positive reception from the ace community and our allies. That was when we began to recruit participants to take part in our focus groups and one-to-one interviews. A year later, after many hours of planning, research, coding, transcribing, writing, editing, and organising, I am so proud to share the report.

I'm incredibly grateful to Stonewall for partnering with me on this initiative and for helping me to take my work in this direction. It has been an honour to work with everyone, past and present. I also want to thank all of our research participants, who courageously shared their time and their stories so they could make a real difference to our community.

This report is only the beginning, and I hope that it does more than stir much-needed conversation about issues facing asexual people in the UK today. Aces deserve equality. Aces deserve protection. Aces deserve recognition. Aces deserve support. Aces deserve to be heard. Let's do it!



FOREWORD STONEWALL

Robbie de Santos, Director of Communications and External Affairs

When we launched our Free to Be strategy in 2021, we made a commitment to understand how Stonewall could better represent asexual people in our wider work to champion the freedom, equity and potential of LGBTQ+ people.

We were delighted to be approached by Yasmin Benoit, the prominent asexual model and activist, to begin this journey in earnest.

Our starting point for this work is, as a human rights charity, to acknowledge that asexual people hold a minority sexual orientation. Simply put, around the world, people are persecuted and face violence and discrimination wherever they do not conform to the majority's sexual norms.

Our work at Stonewall is dedicated to ensuring that sexual and gender minorities are legally recognised, have legal protections against hate, violence, abuse, and discrimination, are treated equally in the law, and have equitable access to the services and support that enable them to explore and enjoy their full potential. We do this work through defending and improving policy and delivering programmes and training that help institutions in society play their part.

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Through the rich diversity of our communities, there are threads of experience that bind us together. That most people don't share our attractions; that people express curiosity, disbelief and prejudice about who we are; that prejudice – at its worst – leads to discrimination, abuse and attempts to 'cure' us of who we are; that poor experiences in public services lead to our basic needs not being met and experiencing worse outcomes.

The findings of this research give us some clear direction for how we can incorporate policy improvements for asexual people within our broader work.

It's important to be clear that this report isn't exhaustive – there are many issues and experiences that are of vital importance to ace people that we have not covered in this. But we wanted to start somewhere, and so we started with areas of policy where Stonewall has expertise.



ACKNOWLEDGEMENTS

Our first and biggest thank you is to the ace people who took part in focus groups and interviews to share their experiences and perspectives and help us tell the stories of the ace community to policymakers. Thank you..

Producing the Ace Report has been a team effort over a couple of years. We would like to thank Stonewall staff who have been involved in it over time, including Eloise Stonborough, Kirrin Metcalf, Nicole Treanor, Jaipreet Deo, Dr Martha Robinson-Rhodes, and our fantastic volunteer Sinan, who played a vital role in transcribing interviews and focus groups.

A huge thanks to members of the Stonewall Ace Network, past and present, who have contributed their time, experience, and expertise to shaping this project, facilitating focus groups and reviewing drafts of the report.

We would also like to thank the following organisations and individuals who contributed donations to support the report:

- Morgan Stanley
- Diversity Umbrella
- Attitude Magazine Foundation
- Pink News
- Dr Megan Carroll
- Cllr Tina Bhartwas
- My GWork
- British Association of Social Workers

INTRODUCTION

This report focuses on the experiences of people who are ‘ace’ – people who experience little or no sexual attraction. Ace is a popular term among the community used to describe their sexual orientation, but many readers will be more familiar with terms like asexual or asexuality.

Many people talk about an Ace and Aro spectrum, encompassing people who are aromantic – experience little or no romantic attraction, as well as asexual – people who experience little or no sexual attraction. We have chosen to focus on asexuality for now, as this can be more clearly understood within the established human rights framework of sexual minorities. Asexuality has been growing in public awareness as a distinct orientation, with a slow but steady increase in representation in the media and popular culture, with some ace characters appearing in TV shows, films, and books.

At the same time, as awareness of the language of asexuality has increased, people who have long felt a lack of sexual attraction have felt empowered by the language and an increasingly visible community around them to own and feel proud of their asexuality. Communities have built up – online, on campus, among friendship groups, and these communities are providing vital support and pride.

The England and Wales Census 2021 recorded 28,000 people who identified themselves as asexual, but wider research suggests that the population may be higher – between 1% and 2% of adults, with slightly higher representation among younger adults.

The UK Government’s landmark 2018 National LGBT+ Survey has enabled analysis of asexual people’s experiences compared to others within the LGBTQ+ community. We can see clearly that asexual respondents had lower life satisfaction, more prevalent mental health needs, were less likely to be out to friends, family, colleagues, and essential workers, and those who were out – whether through choice or pressure – had a poor experience.

To understand why asexual people’s experiences were so poor, we needed to delve deeper, and so we conducted a series of focus groups and interviews, with a particular focus on work and healthcare, as well as broader themes about inclusion in education and wider society. This is not an exhaustive exploration of ace people’s experiences – and there are other experiences where more specialist organisations have made contributions, [including anti-abuse charity Galop](#).

The findings are stark and unacceptable but perhaps unsurprising when, until now, there has been very little policy discourse about how asexual people are supported in society. There are clear, workable solutions, most of which can be addressed while making wider improvements to policies and services for the broader LGBTQ+ community. It will be necessary to actively consider asexual people’s experiences – to incorporate an asexual lens – when developing those policies and services.

WHAT IS ASEXUALITY?

Asexual refers to a person who experiences little to no sexual attraction.

‘**Ace**’ is an **umbrella term** used to describe a wider group of people who experience little, fluctuating or no sexual attraction.

Many people refer to the **ace and aro spectrum**. Umbrella terms are used to describe the wide group of people who experience a lack of, varying, or occasional experiences of romantic and/or sexual attraction.

People who identify under these umbrella terms may describe themselves using one or more of a wide variety of terms, including, but not limited to, asexual, ace, aromantic, aro, demi, grey, and abro. People may also use terms such as gay, bi, lesbian, straight and queer in conjunction with ace and aro to explain the direction of romantic or sexual attraction if and when they experience it.

Aromantic refers to a person who experiences little or no romantic attraction.

Asexual people may or may not experience romantic attraction. Those who experience romantic attraction might also use terms such as gay, bi, lesbian, straight and queer in conjunction with asexual.

Similarly, aromantic people who experience sexual attraction might also use terms such as gay, bi, lesbian, straight and queer in conjunction with aromantic.

Some people may use the term as **Demisexual**, where they do not experience primary sexual attraction, but attraction might develop only after a strong emotional bond is formed.

And some people use the term **Greysexual**. Greysexual is a term which describes people who experience attraction occasionally, rarely, or only under certain conditions.

More information about all of these terms, people’s identities and experiences can be found at the [Stonewall Ace Hub](#).

METHODOLOGY

THIS REPORT DRAWS ON FOUR SOURCES:

The 2021 England and Wales Census asked a voluntary question about sexual orientation for the first time. There was an option for respondents to choose their own term to describe their sexual orientation, but not multiple terms.

The Government's 2018 National LGBT Survey was the largest ever survey of its kind in the UK. The survey had 108,000 valid responses from LGBTQ+ people about their identities and experiences, and so it is possible to look at the experiences of the 2% of the survey sample who identified as asexual. We present some of the ace-specific analysis in each of the sections of the report.

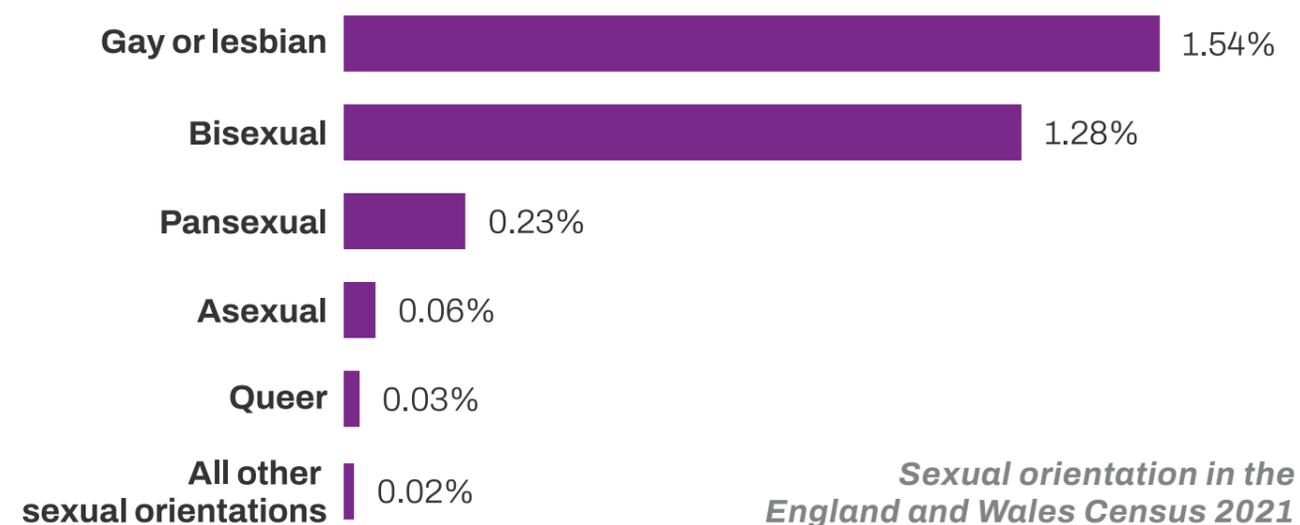
Stonewall's 2022 Rainbow Britain study with Ipsos looks at the number of people in Great Britain who hold different identities and how they describe their attraction 'beyond the label'. This data is taken from three surveys using Ipsos' online Omnibus with samples of more than 2,100 Britons aged 16-75 across June to August 2022. Due to differences in methodology and question-wording, figures on sexual orientation and identity and gender identity should not be seen as comparable with official statistics.

A series of focus groups and interviews with ace people in the UK, conducted in July and August 2022 by Stonewall and Yasmin Benoit, sourced through an open call for participants who identify as ace or asexual. In total, 29 people attended six focus groups and interviews.

66% of participants were women, 7% were men, and 27% had a non-binary gender. In total, 79% identified that were cis. All participants were asexual, although a handful selected the terms Grey-Ace and Demisexual to describe themselves. People were almost equally likely to describe themselves as having a romantic attraction, to be aromantic, or to be demiromantic. Of those who had a form of romantic attraction, they were most likely to be bi/pan. 41% of respondents had a disability, 38% had some form of religion or belief, and 16% were people of colour. Like the national data, the participants were more likely to be drawn from younger age groups, with 25% aged 16 – 24, 64% from 25 – 34-year-olds and 10% from over 35s.

1. BEING ACE IN THE UK

The 2021 England and Wales Census included a voluntary question on sexual orientation for the first time, which included an option 'other sexual orientation'. Of those who selected this option, 28,000 people wrote 'asexual' when given the opportunity to write in a response. This amounts to 0.06% of the population, with a relatively consistent geographic spread of responses.

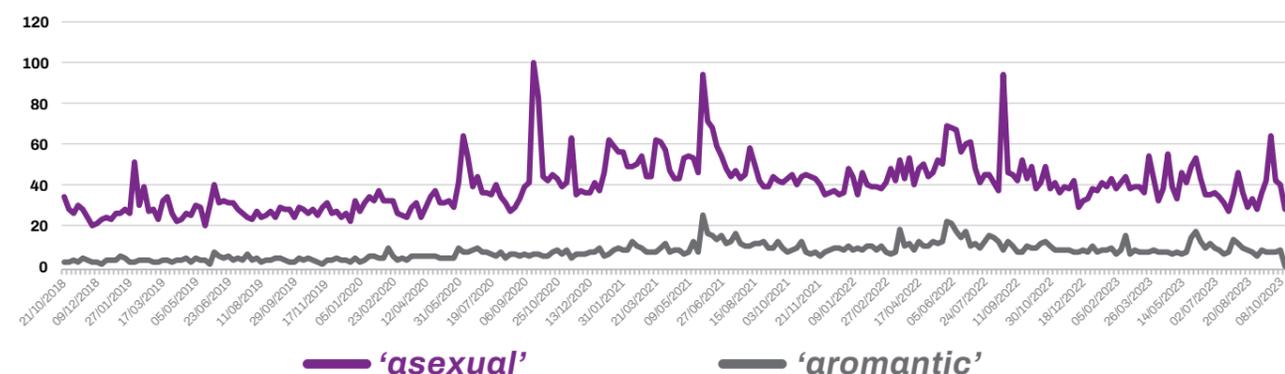


Stonewall and Ipsos' 2022 surveys gave respondents an option to select 'asexual' as a sexual orientation. In this representative sample of GB adults, 2% of respondents selected 'asexual'. Looking across age demographics, 5% of Gen Z (aged 18 – 26) responded that they were asexual compared to 2% of Millennials (aged 27 to 42), Gen X (aged 43 to 56) and 0% of Baby Boomers (aged 56 to 75).

When the Stonewall and Ipsos survey asked about people's attraction (rather than labels they use to describe themselves), 1% said they were not attracted to either sex, including 3% of Gen Z and 1% of all other generations. For younger generations, the difference between these figures may reflect the fact that some ace people experience some level of attraction, whether romantic or occasionally sexual, and some people may experience a lack of attraction without necessarily using a label like 'asexual' to describe themselves.

HOW WELL UNDERSTOOD ARE ACE PEOPLE?

Google search trends for 'asexual' and 'aromantic' in the UK



Looking at Google Trends, we can see a gradual rise in UK searches for the terms 'asexual' and 'aromantic' over the last five years, with notable spikes around media stories relating to asexuality, often related to new asexual characters being announced in films and TV series, and awareness days, weeks and months.

There are a greater number of people searching for more information about being asexual than aromantic, and it is clear that there is a general increase in people seeking information about both of these terms. But compared to lesbian, gay, bisexual and trans identities, public engagement in asexuality remains relatively low.

Asexual people taking part in our focus groups and interviews tended to welcome the slow but steady increase in representation and awareness over the last few years, but there was a clear consensus that understanding was low and explaining and justifying their asexual orientation was common.

"If it was more talked about; there was more representation in the media from ace voices, I think that would be a really good starting point, just to lessen the chance that you have to have that really awkward conversation again about how it's not the same as being celibate."

"It's that conversation every time. If you do mention it, you have to explain what it is. And then there's the feeling that sometimes people just don't take it seriously or misinterpret it."

"I want it to get to the point where we don't need to raise awareness anymore because it doesn't need to be seen as brave. It shouldn't be. It's the way that we naturally are. But at the moment it's seen as like a big deal."

HOW HAPPY AND SAFE ARE ACE PEOPLE?

The Government's 2018 LGBT Survey found that Ace respondents had the lowest levels of life satisfaction of all sexual orientation groups.

Cis ace respondents gave an average of 5.88 out of ten for life satisfaction (compared to 6.67 average for all cis respondents)

Trans ace respondents gave an average of 5.06 (compared to 5.40 average for all trans respondents)

Ace respondents were also less likely to say that they feel comfortable being LGBT in the UK, with Ace respondents half as likely to select 'very comfortable' – 6.2% of ace respondents selected this, compared to 12.7% of all respondents.

A number of participants in our focus groups reported how a lack of societal understanding of their asexuality had made it harder for them to come to terms with their own asexuality, with many feeling troubled by their lack of or fluctuating sexual or romantic attraction and stressed by having to justify their asexuality when sharing with others.

"For me, it's more like I haven't felt comfortable myself when I haven't been happy with my sexuality. And it definitely is getting easier now, and it is because more people do know about it. So it just makes it so much easier when you don't feel like you're a bit of a caged animal in the circus, where everyone's asking you all these questions. I feel like representation on the Sex Education show on Netflix and Emmerdale is helping massively because this is on mainstream shows. There are so many people are watching."

"I've tried therapy and everything to see if it was a mental problem."

"It was a relief that there's isn't something wrong with me and I'm not this weird broken person and that I know that I can have this different life and that there are other people who have that as well."

Ace respondents are less likely to be open about their orientation to people in their personal lives. They are significantly less likely to be open with all family members that they do not live with (5.7%, compared to 21.5% of all respondents) when compared to other sexual orientations. They are also the least likely sexual orientation group to be open with all family members that they do live with (23.8%, compared to 32% of all respondents).

They are less likely to be open with all their friends (26.3%, compared to 33.1% of all respondents), and just 2.1% of ace respondents are open with all their neighbours, compared to 12.9% of all respondents.

"I was quite excited to tell my best friend about it. And her response was, 'Oh, you just haven't met the right person yet' or 'It's your medication that's causing it.'"

HOW HAPPY AND SAFE ARE ACE PEOPLE? cont.

Ace respondents are the most likely group to say that they avoid being open about their sexuality for fear of a negative reaction from others - 83.8% of ace respondents said this is true for them, compared to 69.6% of all respondents.

“If I’m in a good headspace, I’m happy to like, talk, about it with everyone, whereas if I’m struggling a bit with it myself, if I’m feeling down or like isolated or if I’m feeling a bit lonely or something, then sometimes I won’t always want to talk about it because you don’t always want to give loads of explanations and sometimes you want to just be able to live freely.”

“I pushed it down, and I didn’t mention it for years and years and years. And then I was lucky enough to meet a few other Ace people, which has been really helpful. And then I started thinking about telling people. And so I told my mum, and my mum was like, don’t label yourself. It’s a phase.”

Intrusive questions were a common experience among those who shared their asexuality with friends and family.

“I have definitely had plenty of intrusive questions. You know, things like. ‘Do you masturbate? Do you watch porn?’ And then there was ‘How do you feel when a sex scene comes on television?’. You just think that you wouldn’t ask anybody else that question, any other kind of sexual identity? So why ask me?”

“It very much feels like they’re [intrusive questions] not questions you would ask people with any other sexuality at all. You would assume it or it wouldn’t factor into the conversation at all. But with asexuality, it’s always like, “Have you ever had sex? Do you use sex toys? Would you? Do you watch this kind of porn?” Those questions can literally come from anywhere, which is part of the problem. I can’t even rely on people I’m close to not ask those questions. And whilst I don’t mind, there will be people who do mind, and it’s just not polite, it’s not nice unless it’s relevant.”

Experiences like this didn’t just take place in friendship groups and within families, but also in faith settings.

“I’ve tried to explain to someone that I am asexual, and they said ‘You know, there’s something wrong with you. You probably need to pray about it. And I remember feeling inferior about it.’

IS EDUCATION CHANGING THE GAME FOR ASEXUAL PEOPLE?

As with all minority sexual orientations, younger people are more likely to identify as asexual than older generations. Schools, colleges and universities all have a positive role to play in supporting asexual people to be included and supported within society in the UK.

10.3% of ace respondents said they were open with all classmates and fellow students, compared to 26.3% of all respondents

6.7% of ace respondents said that they are open with all teaching staff members, compared to 16.7% overall

When ace people do come out in education settings, they are the least likely group to say they received ‘only positive’ responses (27.4%, compared to 39.9% overall).

Moving forward to our 2022 focus groups and interviews, only one participant had any mention of asexuality in their school RSHE – and this was only a fleeting mention in relation to LGBTQ+ identities. The requirement for schools in England to provide LGBT-inclusive RSHE was only introduced in September 2020, and the statutory guidance makes no acknowledgement of asexuality.

Participants in our focus groups were keen to see schools teaching about the existence of asexuality – or that not wanting to have sex was okay - from an earlier age, both through RSHE lessons and through activity around Pride and LGBT History Month would have helped them understand their sexual orientation much earlier.

“I felt like in school, like they were every they like. The message was that everyone’s going to have sex. Everyone’s going to drive sex. Sex is a natural part of life. And that is, like, basically what my sexual education was. There were no alternatives. It was just, “You’re all going to have sex. This is the lesson.”

“Teachers should know more than just the concept of asexuality, and they should know more fine details, like asexuality is not just not wanting to have sex, it’s not being sexually attracted to people.”

On coming out, participants described in higher education that they were not taken seriously by pastoral support staff and were simply told, “You’ll change your mind. You have to find that person, or you don’t know. You’ll like it when you try it.”

One student was told by a senior lecturer that talking about their asexuality in their work would limit their career.

“I had this one creative writing teacher who, in her feedback, kept asking me why two characters in a short story I’d written didn’t get together at the end. And I said that I’m ace, and this representation matters to me, and she’s just said, ‘No, but they’re in love with each other’.”

While LGBTQ+ societies and groups have become vital sources of community and peer support, several participants in our focus groups suggested that they were often not able to get support from these spaces. One student was told, “Ace people aren’t the same as us. You are just straight people trying to be special. I know you have your issues, but they’re not the same as gay people’s issues, so you don’t belong here.”

From our limited insights, there is little indication that education spaces are providing the understanding and support that asexual young people need.

POLICY RECOMMENDATIONS

Overall, this analysis paints a picture of a small minority orientation that is becoming better known, particularly with younger generations, as it gains visibility in media and popular culture, and people find a language to describe how they feel. Compared to other sexual orientations and gender identities, it is less well-known, and asexual people are less well-understood within broader society.

This means there is often a strong onus on asexual people to explain their lack of sexual attraction to others, often meeting resistance and dismissal from those closest to them. This is not an uncommon experience for minority communities, particularly as societal awareness and understanding grows but lacks official recognition or protection.

From Stonewall's experience, improved and clarified legal recognition and protection play a powerful role in creating legitimacy around people's identities and experiences as real and valid. Passing significant progressive legislation like same-sex marriage can be a painful process that ultimately shifts public understanding and support.

We believe that officially recognising asexual identities as a minority sexual orientation could help improve understanding and support, including through equality law, hate crime law, and guidance on teaching about LGBTQ+ identities in school.

We can also see that improved representation in popular culture can build up understanding and support over time when our diverse stories and experiences are represented in a sympathetic, authentic manner that challenges reductive or sensationalist stereotypes. We can see that the inclusion of asexual characters in high-profile TV shows is already improving awareness and understanding.

We encourage leaders in the cultural sector to work with ace communities to develop work that provides visibility and promotes understanding and support of ace people.

2. ACE PEOPLE'S EXPERIENCES AT WORK

With so much of our adult lives spent at work, our experiences of inclusion and exclusion at work can have a huge impact on our mental health and well-being and, consequently, our economic status. If we experience discrimination and harassment and do not feel safe to bring our full attention, energy and creativity to work, it will simply be harder to achieve stable and comfortable finances.

Britain's framework for protection from discrimination has been developing for more than fifty years, protecting different groups of people from discrimination at different times. The Equality Act (2010) created a single legal framework to protect against discrimination and harassment on the basis of nine 'protected characteristics', including sexual orientation and gender reassignment.

The introduction of the Equality Act has supported employers across the country to understand their legal obligations to their employees – the legal minimum, while more forward-thinking employers are working proactively to unlock the potential of all their colleagues by actively recruiting and supporting a diverse workforce.

Asexual people are not explicitly recognised under the Equality Act – there is no recognition of a 'lack of' sexual orientation under that protected characteristic (for comparison, the Equality Act both protects people on the basis of their religious beliefs and a 'lack of' religious beliefs).

This chapter will explore ace people's experience of the workplace to understand what policy measures can help promote inclusive workplaces that mean ace people are treated fairly and respectfully and are able to thrive.

OPENNESS AT WORK

The 2018 UK Government LGBT survey asked all respondents about their experiences of being LGBTQ+ at work. We can see that ace people have highly distinctive experiences when compared to other LGBTQ+ respondents.

Just 9% of ace respondents reported being open with all colleagues at a similar or lower level than them, compared to 39% of all respondents, and half (49%) of ace respondents weren't open with any colleagues at a similar or lower level than them, compared to 18% of all LGBTQ+ respondents.

Looking at openness with senior colleagues, only 7% of ace respondents were open with all senior colleagues, compared to 34% of all respondents. More than two-thirds (68%) of ace respondents aren't open with any senior colleagues, compared to 29% of all respondents.

And looking at openness with customers and clients, more than three-quarters (78%) of ace respondents weren't open with any customers or clients, compared to just over half (51%) of all LGBTQ+ respondents.

SEXUALISED WORKPLACE CULTURES

A key driver for being cautious about whether to be open at work were people's experiences of sexualisation at work, both through official employee engagement and through informal workplace conversations.

Referring to the everyday sexualisation of workplace communications, one participant in the focus group received a workplace well-being email from the HR team that highlighted having sex to boost endorphins and improve your mental health, describing it as "just very abrasive and uncomfortable to have an email [from HR saying] have sex to improve your mental health."

Sexualised conversation between colleagues will be less surprising to many readers and contribute to workplace environments that make many people feel unsafe at work, but these kinds of conversations can have a particular impact on asexual people.

One focus group participant pointed to how sexualised 'banter' made her feel:

"I never feel like they're trying to make me feel uncomfortable. But in the security industry, I have found crude humour is very prevalent. You know, it's very sexually based. And so obviously, if you don't fit into that. It's difficult because you want to fit in. You don't want to come across like you think you're better or you're stuck up or whatever. But at the same time, you don't want to be participating in those conversations either."

These assumptions made participants in the focus groups feel unsure about whether they would be accepted or supported at work if they did disclose their asexuality to colleagues. And in some cases, the persistent sexualisation of colleague conversations left people feeling under pressure to disclose their orientation.

"I've done many various different jobs and in very different industries, but in every workplace, being open about my asexuality was never my choice. It was always forced out of me because

colleagues just insisted that they had to know. They would not stop. They would not stop."

One participant who works in the entertainment industry mentioned being asexual at an event and described how after mentioning their asexuality, an audience member...

"...came on to the stage and then she actually grabbed my trousers. She grabbed where my genitals were and forcibly grabbed them. And I was shocked. And I didn't know what to do. When I went backstage, I was shivering, and when the member of staff came around and I told them what had happened, they just said, oh, that's a shame. And they just left. That was it. They did nothing. They didn't ask how I was didn't ask if I wanted to speak to the lady or get them banned or anything. Nothing was done. Actual harassment happened there, and nothing was done about it. Nothing has been done about it since. Complaints. Nothing happened."

That's why, even in this in the industry, that I want to be open about who I am. there is a genuine fear that this kind of harassment is going to happen to us and there's no real legislation in place, or at least isn't taken seriously enough that no one actually takes action on it if it's complained about."

EXPERIENCES OF BEING OUT AS ASEXUAL AT WORK

Our analysis of the Government's 2018 National LGBT survey finds that ace respondents who do come out at work are less likely than all other sexual orientation groups to receive positive responses from their colleagues (17.6% said they experienced 'only positive' responses, compared to 40.8% of all respondents).

Participants in our focus group shared their experiences of being open with colleagues at work and the consequences they experienced of being open.

Being open about being asexual almost inevitably led to inappropriate curiosity for participants in the focus groups, with many sharing examples that could be considered bullying in their persistent, belittling nature.

"I had an experience where I was working for a company, and every single day, my colleagues would berate me, and they didn't believe that I was; they would not stop talking about it. I even tried raising it as an issue to my team leaders."

There were also times when inappropriate curiosity undermined professional collaborations:

"My partner is openly ace as well, and we work in a very similar field and that tends to lead to more questions. Someone I am meant to be collaborating on something with who knows my partner, just out and out asked me how much sex we were having. The collaboration just didn't end up happening."

Participants felt that a lack of proactive information or education on asexuality as part of their employers' workplace diversity and inclusion initiatives left a vacuum. In more benign situations, this put an onus on asexual people themselves to inform and educate their colleagues, but as we heard above, it also led to asexual people having to field intrusive personal questions from their colleagues and in some cases led to bullying. One participant expressed concern about the pressure this puts on ace people.

"Our LGBT+ network decided to see if they wanted representatives for some of the 'lesser-known' identities so that the LGBT network is inclusive for everyone. There is someone in the network who's like, "I am asexual. I'm aromantic. If you have any questions, then come to me." And I'm not sure if that's the best way because it means that all the pressure is then put on that one person, and they're sort of almost the example and they feel they always have to put themselves forward."

PROMOTING AN ASEXUAL FRIENDLY WORKPLACE

Ace people in the focus groups were clear about what a good ace-inclusive workplace would look like for them and how they've been working to further ace inclusion at work.

“An ideal workplace would just be somewhere where there’s never any outside pressures to come forward in how you identify either sexually or romantically or any sense. There would be an absence of the ceaseless interrogation of what your sexuality is. From my own personal experience, it would be lovely if it wasn’t seen as a necessity that your teammates pry into you.”

“When I came in, the options on the forms were gay, straight or bisexual. So I was in a position to overhaul all of our training, and I’ve been working with the LGBT Network to actually make sure that there is representation on it. That was admittedly a challenge because the Chair of the network didn’t want to expand the scope of the network. So we’ve been working very hard on that. But again, it’s the fact that everything is a fight and it’s the struggle and like there’s not enough awareness in places that again we exist.”

Many ace people are working to create and promote a workplace culture that recognises and supports the wider ace community but face significant barriers due to a lack of awareness and understanding of ace people’s existence and experience and a lack of formal, legal recognition of ace identities and demonstration of the evidence of the exclusion and discrimination faced by ace people

For those who don’t feel comfortable being out as ace at work and are therefore not able to push for recognition and action on the barriers they face, there is apparently little else driving employers to consider protecting and supporting ace people at work.

This affects people’s well-being and their career chances, meaning challenges in unlocking the potential of asexual people at work.

NON-DISCRIMINATION PROTECTION OF ASEXUAL PEOPLE IN OTHER TERRITORIES

In 2002, New York passed the Sexual Orientation Non-Discrimination Act, which prohibits discrimination on the basis of actual or perceived sexual orientation in employment, housing, public accommodations, education, credit, and the exercise of civil rights. It went into effect in January 2003, and it was the only piece of legislation in the world to specifically mention asexuality as one of the protected sexual orientations until 2023 when Tasmania became the first state in Australia to officially recognise asexual, aromantic and agender people. The spokesperson for Equality Tasmania, Dr Lucy Mercer-Mapstone, stated that “This is the first step forward to including their needs and acknowledging their existence in policy decisions and services in Tasmania.”

POLICY RECOMMENDATIONS

Given the extent of poor experiences faced by asexual people at work and the lack of awareness of asexual people as a sexual minority who face harassment and discrimination, there is a strong case for asexual people being explicitly protected under the sexual orientation protected characteristic in the 2010 Equality Act.

This would act as a catalyst for driving forward ace inclusion in the workplace by legitimising ace identities as real and worthy of protection from harassment and discrimination. It would also provide a backstop for challenges when ace people do experience harassment and discrimination at work.

We recommend that the Secretary of State for Women and Equalities request that the Equality and Human Rights Commission amend the Statutory Codes of Practice for the Equality Act to explicitly include asexuality under the protected characteristic of sexual orientation, either named as ‘asexuality’ or to mirror the wording of the religion and belief protected characteristic and include a ‘lack of’ sexual orientation.

The Statutory Codes of Practice for the Equality Act have not been updated since 2011, when they were introduced as part of the commencement of the Equality Act 2010. They do not reflect more nuanced and contemporary understandings of sexual orientation, nor do they explicitly recognise non-binary people under the protected characteristic of gender reassignment or intersex people under the protected characteristic of sex.

Updating the Statutory Codes of Practice in this way would expand the legal protection of sexual and gender minorities and go some way to enabling the United Kingdom to once again lead the way in improving LGBTQ+ rights and catch up with other countries across the developed world that have created explicit protections for intersex people.

In lieu of Government action, we recommend that professional bodies focused on workforce development and diversity inclusion organisations should actively seek to incorporate ace inclusion into their wider work to promote LGBTQ+ inclusion at work. This is something that Stonewall has already begun to do through its Diversity Champions programme and will continue to develop further.

3. ACCESSING HEALTHCARE AS AN ACE PERSON

THE PATHOLOGISATION OF ASEXUALITY

Throughout recent history, we have seen homosexuality classed as a mental disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association (APA), and the International Classification of Diseases (ICD) - maintained by the World Health Organisation (WHO).

Homosexuality was not removed from the DSM until 1974, and it was not removed from the ICD until 1977. It was only in 1992 that WHO declassified homosexuality as a mental illness. This came after decades of harm and tireless campaigning for change, but there is still progress to be made. Asexuality has not seen the same progress.

The pathologisation of asexuality continues to affect the acceptance and understanding of this orientation, as well as the well-being of asexual people. Asexuality is still a pathologised sexual orientation in the UK under the ICD, with the inclusion of “Hypoactive Sexual Desire Disorder (HSDD). With this classification, those who experience a lack or decreased amount of sexual desire - either in general or towards others - would be considered as having a sexual dysfunction.

It was the campaigning of asexual people in the US that led to the amendment of HSDD in the DSM-5. Although HSDD continues to exist as a type of ‘sexual dysfunction’ - under the more gendered form of “Female sexual interest/arousal disorder” and “Male Hypoactive Sexual Desire Disorder” - a qualifier was added. It states that “if a lifelong lack of sexual desire is better explained by one’s self-identification as ‘asexual,’ then a diagnosis should not be made.” While this does not protect those who have not yet discovered that they are asexual, it is a step in the right direction. It is a step that has not taken place in the UK.

No such amendment has been made to the ICD, despite worrying findings in the UK Government’s 2018 National LGBT Survey that asexual people are 10% more likely to be offered or to undergo conversion therapy compared to those with other sexual orientations. Conversion practices are activities trying to change or suppress someone’s sexual orientation, gender identity or gender expression. It can take medical forms, such as through psychological ‘therapies’, hormone therapies or surgeries, or they can be faith-based.

This chapter will take a deeper look into ace people’s experiences within healthcare services to identify the areas where improvement is needed, as well as what more support for ace individuals in healthcare settings is needed.

NEGATIVE EXPERIENCES

Each participant reported that a lack of awareness of asexuality had a negative impact on their healthcare, particularly when they were seeking help from general practitioners, gynaecologists and mental health services. As many of the healthcare providers did not recognise asexuality as a type of sexual orientation, it was treated as a disorder that needed to be fixed.

These experiences of navigating healthcare affect how asexual people interact with services and consider being open about being asexual. In the UK Government’s 2018 LGBT Survey, 68.6% of ace respondents said they never told healthcare staff about their sexual orientation, compared to 45.5% of all respondents. Ace people shared the reasons why they did not discuss their sexual orientation with healthcare staff:

24.3% of ace respondents said that they were afraid of a negative reaction (compared to 14.4% of all respondents)

23% of ace respondents said that they did not want to (compared to 13.9% of all respondents)

8.5% of ace respondents said that they were afraid of being outed (compared to 4.9% of all respondents)

8.4% of ace respondents said that they had had a bad experience in the past (compared to 6% of all respondents)

This led to the patients not receiving access to the medical care they needed, experiencing more pain during treatment, being put through unnecessary psychosexual therapy (akin to conversion therapy), and having unhelpful assumptions made about their asexuality.

The responses of asexual people to the LGBT Survey shed more light on these disproportionate, negative impacts:

18.1% of ace respondents said that disclosure had a negative impact on their care, compared to 7.4% of all respondents. This is the largest sexual orientation group.

5.3% of ace respondents said that they faced unwanted pressure to undergo medical or psychological tests (compared to 1.8% of all respondents). This is the largest sexual orientation group by far.

8.5% of ace respondents said that they avoided treatment or accessing services because of fear of discrimination or intolerant reactions (compared to 4.8% of all respondents)

10.3% of ace respondents said that their specific needs were ignored or not taken into account (compared to 6.2% of all respondents)

11.9% of ace respondents said that they faced inappropriate questions or curiosity, compared to 7.2% of all respondents

2.7% of ace respondents were inappropriately referred to specialist services (compared to 1.8% of all respondents)

These negative experiences will be explored in more depth through a series of case studies.

MENTAL HEALTH

The 2019 Ace Community Survey found that 41.8% of ace respondents considered themselves to have mental health issues, most commonly with anxiety or depression. While this is higher than in the general population, it is on par with the wider LGBTQIA+ population. This means that asexual people are more likely to access, to try to access, mental health services, as found in the UK Government's 2018 LGBT Survey. It is particularly important to understand the experiences of asexual people in this area of healthcare.

“It felt like I was something broken that she was trying to fix.”

One participant spoke of their experience with a counsellor, who suggested that her asexuality was a “trauma response” and recommended that she use dating apps to try and combat the problem. Another participant echoed a similar sentiment after her therapist suggested that she set goals to get over her supposed “fear of sex,” men and dating. He kept asking why she didn't want to have a partner or a sexual relationship and assumed there was something wrong with her. She was also told to take a particular medication to increase her libido - a method wrongly assumed to ‘fix’ asexuality - but she decided against taking it. She says that other ace people she has told the story to have had similar experiences.

Another respondent had therapy while at university and told her therapist that she had never been interested in sex and didn't care about being physical with anyone. Her therapist immediately assumed that her asexuality was a side-effect of a traumatic experience, one that could be fixed when those issues were addressed. The therapist linked this to her being in an abusive household when she was younger and insisted that her feelings would change over time, and that she would also want a romantic relationship. This contributed to her forcing herself to do things she wasn't comfortable with.

“When a mental health professional is telling you that it's because of problems you've had in the past, someone that you trust to know what they're talking about, of course you think you should be brave and force yourself to do things you're not comfortable with. It's really bad.”

When one participant told her therapist about being asexual and aromantic, the therapist assumed it was caused by her paternal relationship and asked if she had a crush on her father. Although she had wanted to see a therapist to discuss past traumas, the therapist suggested that asexuality was a symptom of something that needed to be overcome and kept focusing on her not dating or having sex. It took away from the “actual issues” she was struggling with and had a negative impact on her care. She has expressed that she would not want to disclose her asexuality to a therapist again.

She felt as if the therapy was leading towards “a form of conversion therapy,” and the only reason why it did not go further in that direction was because she was not willing to engage in that conversation. If she had been younger and at a different place in her self-acceptance, “that would have led to. . . a conversion therapy situation in my eyes.” She cited having a supportive family as giving her the confidence that made her less likely to follow what the therapist encouraged. However, she emphasised that:

“How supportive your family is of who you are shouldn't affect what kind of healthcare you get and how good your doctors are.”

However, two of the participants made reference to positive experiences they had in mental health settings, which could be used as examples to learn from. One spoke of a therapist who assured her that she could be open about her experiences and “took it in her stride. She said that it allowed her to “build a really, really strong relationship” that “really helped.”

Another respondent had been worried about being wrongly diagnosed with Hypoactive Sexual Desire Disorder, but was reassured when her therapist asked what asexuality meant to her and “wasn't too weird about it.” She said that the therapist didn't make her asexuality “a big deal” and didn't judge her, instead, she was glad that her patient wanted to share her experience. She didn't make assumptions about her patient's experience or attribute her asexuality to the childhood sexual abuse she had suffered.

“When a mental health professional is telling you that it's because of problems you've had in the past, someone that you trust to know what they're talking about, of course you think you should be brave and force yourself to do things you're not comfortable with. It's really bad.”

REPRODUCTIVE HEALTH

Another area highlighted as an area of concern for asexual people in this research is gynaecology. Many described how their asexuality impacted their experiences and treatment in this area.

“I remember the direct quote from [my GP]: “You have complex psychological issues around sex.””

He refused to send her to a gynaecologist and would not allow her to have a referral at all unless she agreed to see a psychosexual therapist. Feeling as though she had little choice, she attended the appointment and was fortunate to find that the therapist understood asexuality. The therapist referred her to a doctor, and she was finally able to continue seeking help for her physical health issues.

However, she had to wait three months for the ‘compulsory’ therapist appointment, another three months to see the doctor for her pain, three more months to access the pelvic pain clinic, and it was seven months before she had an in-person appointment. Overall, it took almost a year and a half after the initial GP appointment to get the help she needed, as she needed extra appointments to get a referral to a gynaecologist.

Now, she has a note on her medical records saying that her asexuality should not be treated as a problem and, therefore should not interfere with her access to treatment. Unfortunately, the damage was done. She now has extensive muscular damage to her pelvis because of the extra year waiting for treatment. By the time of her physical examination, the doctors could feel the damage to her hip muscles, which they couldn’t a year prior.

“To have someone basically say to you, none of this is real, the stuff you experience every day, the way you experience the world isn’t real, you’re crazy, is really horrible.”

“When you’re in that level of pain, you shouldn’t be left to deal with it for over a year because someone thinks you’re nuts. . . I’m not crazy, I’m queer, there’s a difference.”

One ace participant described going to a doctor because her pain medication wasn’t working. She then required an ultrasound and found herself with a new GP when receiving the results. Her new GP – not paying much attention to her notes – asked about her sexual activity, and she told him that she was asexual. He then saw that she was also taking anti-depressants and assumed that her asexuality, as well as her medical issues – like period pain – was in her head.

She had worried previously that being open about her asexuality would impact the care she was given by doctors, as they might think that she was lying about her sexuality or that she was embarrassed by it. That turned out to be the case, as she said that doctors focused less on her medical issues and were overfocused on her sex life.

She was trying to obtain IVF and was immediately faced with additional hurdles. Her husband is also asexual, and both have fertility problems, so they expected to meet the criteria for IVF. She had considered lying about being asexual and saying that they did have sex but thought it was better to be honest. That honesty “backfired.” “The mood in the room changed completely,” she explained, adding that the GP looked at them like they were “aliens.” The GP’s notes said: “She thinks she’s asexual and isn’t in a sexual relationship at the moment, this might change.”

One of the criteria of IVF is having had regular sexual intercourse for the past year, and although the respondent had been doing home insemination, this was disregarded by medical practitioners. It was argued that this was the reason why she had not been able to conceive; it did not count as regular intercourse.

The first GP she spoke to said that she needed counselling to explore why she was asexual and to see what could be done about it – it was added to her notes. She was told that, according to NHS guidelines, she could only be referred for IVF – without having regular intercourse – if she was diagnosed with a “psychosexual problem.” The GP inferred that if she went to one session, she could say that she tried to solve her psychosexual problem, but it hadn’t worked, which could be used to justify her need for IVF. She has been asked if she would be open to ‘counselling’ in every GP appointment since.

A doctor hinted that, since lesbian and bisexual women can get access to IVF on the NHS now, she would have gotten help more quickly if she identified as having either of those orientations.

“I’ve had doctors say, if you were a lesbian, you’d get this support, but you’re not, so you can’t have it.”

During this process, she also had a doctor question whether her relationship with her husband was real and described it as not being a “full” relationship unless they were having sex. A doctor also questioned whether she could handle the physical changes that would occur during pregnancy because it hadn’t been done “the natural way.”

When another ace respondent visited her gynaecologist to get a coil removed, she was already apprehensive about being open about her asexuality in that space. She was worried that they would think her asexuality was caused by health conditions but did not anticipate that being open about her asexuality would negatively impact her access to healthcare. She reported that when she told her gynaecologist that she was asexual, didn’t have a partner and didn’t want children, they delayed giving her an appointment and said that there was “no rush to get scans done” because she didn’t need the fertility.

However, when she instead said that she was having sex in order to get pregnant and wanted to have a baby, they got her a booking the following week. She believes this was related to her age and the doctors wanting to act while she was still fertile.

“So if I’m myself, I can’t get anywhere. But if I play their system and hide who I am, then I will be able to get access to healthcare. And it made me really sad that I’m having to play these mind games with the healthcare providers just to get treatment.”

SMEAR TESTS

Many participants cited confusion and discomfort in regard to smear tests or cervical screenings. There are unclear guidelines surrounding who requires these tests, as well as a lack of support for asexual patients and those who are not sexually active or have not had penetrative sex. While cervical cancer is more common in those over the age of 25, there might also be an assumption that those over that age are sexually active and thus more likely to contract the HPV virus.

This issue is more likely to impact asexual women and other people with vaginas, and negative experiences – as well as a lack of clarity – in this area could lead to asexual people missing necessary medical checks.

One ace respondent said that a smear test caused her to experience “excruciating pain” that left her in tears, as she hadn’t had sex before. Beforehand, she had received a leaflet that said that the experience might be “uncomfortable.” She had told her doctors previously that she wasn’t sexually active but felt that she wasn’t believed. She was still made to take pregnancy tests, and one doctor once said,

“You’re a twenty-five-year-old woman of course you’re sexually active.”

As she has used birth control since she was 13 years old, she says that “every doctor” assumes it’s because she’s been having sex from a young age. When she experienced pain during her smear test, the practitioner was at a loss of what to do and “didn’t have time for it.” She felt that they were being judgemental, even after she explained why it was painful, and it made her not want to have a smear test again.

Another respondent was told that if you’re not sexually active, then you don’t need a smear test, but she was made to have one when visiting a hospital for another issue. She says that they made a point of needing “virgin equipment” for her and that she felt judged by a nurse after admitting that she hadn’t had a smear test before because she hadn’t had sex before. Afterwards, her

gynaecologist referred to her not having had sex before as her “complex history.”

At the age of fifty-five, one participant said that she was unsure whether she was supposed to have smear tests because of her asexuality. She has asked doctors and said that even if they don’t know whether it’s needed but she often feels “pressurised” into having one. “It’s a terrible situation to be in.”

She has said that doctors “don’t know how to deal with asexuals [...] We might not be getting the support that we should be getting or having the test that we should have, or they should know for sure that we don’t need to have them.”

One participant was hesitant to get a smear test because they hadn’t had sex before. Their nurse was “really concerned that I’d never had sex before,” and reportedly said “Why have you never had sex before? That’s not right,” and referred them to a psychosexual therapist.

“They want to know so much and they want to know why, and they think it is trauma . . . it’s a bit gross, especially when it’s not what you’re there to talk about. . . It borders on perverse.”

“It felt like she was overstepping her boundaries. . . I don’t think that should have happened.” At the time, the participant wasn’t confident in their asexuality and was made to think that there was something wrong with them, so they attended the appointment. The psychosexual therapist “interrogated” them and encouraged them to “be heterosexual.” It was suggested that their lack of interest in sex was because they were “too depressed,” and once their depression was fixed, it would come back. “She also suggested mindfulness to have sex with my boyfriend at the time.”

However, when the ace respondent wasn’t receptive, they were sent away. “To see a therapist for [having] something wrong with me in terms of sexuality, and then it became a mental health thing from there, and she sent me away. And it’s just so,

so totally mind-blowing. Where was I supposed to go? Because there’s sort of nowhere. You’re kind of trapped.”

After suffering nerve damage following a surgical procedure, a respondent mentioned being asexual to her GP. The GP then insisted that she bring her partner to her next appointment. She was later told that this was because they were “concerned” about her relationship. Her asexuality was deemed as being “not normal,” and it was assumed that it was caused by past psychological trauma. She was told that her partner would leave her and that they could attend couple’s therapy. The concern had shifted entirely away from her nerve damage. She tried to explain to her healthcare provider what asexuality was but was met with a “blank look.” While she had hoped to file a complaint, she was discouraged from doing so, because the doctor’s surgery said that the GP was retiring in two years.

“You’re a twenty-five-year-old woman of course you’re sexually active.”

“They want to know so much and they want to know why, and they think it is trauma . . . it’s a bit gross, especially when it’s not what you’re there to talk about. . . It borders on perverse.”

UNDERMINING ACCESS TO HEALTHCARE SERVICES

Not surprisingly, these experiences of discrimination within healthcare settings have had a damaging impact on the respondents. For many, it has led to them not wanting to be as open with their healthcare practitioners.

One respondent was worried that being open about her asexuality would impact her access to mental health assistance. While she was taking anti-depressants, her doctor kept asking her whether it affected her sex life, and she felt the need to lie and avoid mentioning her asexuality in case the doctor thought her medication was making her asexual and decided to take her off the anti-depressants as a result.

Another respondent, who also works in healthcare, said that her asexuality makes her feel increasingly uncomfortable in a healthcare environment and like she needs to hide parts of herself because others won't understand her asexuality. After a doctor made her feel like there was something wrong with her, she described feeling more "on edge" and "isolated," as she worries about further prejudiced comments and being sent for treatment that she doesn't want.

Another ace respondent said that she "felt worse" when she left her counsellor than she had before attending the sessions. She cried during her interview, which she said was the effect of the "frustration" she felt that she couldn't feel safe or comfortable in those environments. Now, she is reluctant to mention asexuality to a counsellor again and has said that the way healthcare professionals treat asexual people can make their anxiety and depression worse.

One participant spoke of the importance of being able to be open with healthcare professionals. "You want them to know it's an aspect of your life." However, they have been left feeling like, "If someone discloses that they're ace, they are at the receiving end of malpractice." Now, they are "anxious" about pursuing mental health care, even though they feel like they need it. Their asexuality

impacts their feelings of self-worth and relates to the anxiety they feel when encountering sex scenes in the media. But they don't feel like they can access help to cope with these issues, as they now keep their asexuality a secret to avoid being treated like their asexuality is a medical 'problem'.

Another participant reported avoiding seeking mental health treatment because of their fear of their identities being medicalised. They shared the experience of being told that their asexuality was a mental health issue and that there must be fixable cause for it. All the individual wanted was for their asexuality to be accepted as part of their identity and who they are as a person.

"I don't want to be judged. I don't want to be invalidated. I don't want to be, you know, put in a box that that they think there is something wrong with me."

As they are also trans and non-binary, they already have a difficult time navigating healthcare, and this has made them more reluctant to be open about their asexuality.

"I just don't bother anymore . . . It's too much for me to handle." Although they have ADHD, they are worried about seeking mental health treatment because of the repercussions that could come with also being trans, non-binary and asexual on top of it. "It puts me on the defence right away."

"I don't want to be judged. I don't want to be invalidated. I don't want to be, you know, put in a box that that they think there is something wrong with me."

POLICY RECOMMENDATIONS

The findings of the focus groups and interviews and our analysis of the 2018 UK Government's National LGBT Survey point to significant challenges with the way asexuality is treated within healthcare settings.

RECOGNITION AND PATHOLOGISATION

We see an alarming picture of asexuality being treated as a mental health issue. In some cases, this approach leads to ace people being diverted from healthcare support to deal with the problems they are seeking support for. In other cases, it puts ace people off accessing other healthcare or avoiding disclosure. And in the most egregious cases, asexual people experience conversion practices.

When asexual people are open about their sexuality, they should be believed, and the approach of the medical professionals should focus on understanding and responding to their particular needs and experiences.

It was also highlighted by multiple respondents that asexuality is not often included on referral forms, which usually give the option to be "lesbian/gay," "bisexual" or "straight." This inclusion would help monitor health outcomes for the ace community.

At an international level, we recommend that asexuality is removed from the World Health Organisation's International Classifications of Disease. We believe this will send a clear signal to healthcare professionals across all sectors that asexuality is not a mental health condition.

At a domestic level, we re-state our recommendation to include asexuality within the sexual orientation-protected characteristic in the Equality Act Statutory Codes of Practice. We believe this would provide a catalyst and focus for addressing discrimination in healthcare settings.

Health services should offer asexuality as an option on demographic monitoring forms under sexual orientation to enable ace people's outcomes and experiences to be recorded.

TRAINING, AWARENESS AND ACCESS

We also see examples of inappropriate curiosity and belittling of asexuality from medical professionals can also undermine ace people's confidence in accessing healthcare and can also lead to delays in people getting the support they need.

We can see particular challenges for ace people in mental health services, women's health, namely reproductive health and in accessing smear tests, with a lack of clarity and confidence from doctors about how not having sex might interact with screenings, tests, health risks and treatments.

When asked what their ideal experience of healthcare would be like many of the participants described an environment where there was no stigma or judgement when discussing asexuality, so that they did not have to feel awkward or ashamed. Many participants suggested that healthcare professionals and healthcare students should undertake training about asexuality, with a focus on initial training and continuous professional development. We agree.

TRAINING, AWARENESS AND ACCESS (continued)

There are many common themes that speak to shared challenges experienced between ace people and the wider LGBTQ+ community, as well as challenges that are distinctive. It's also important to reflect that many ace people may also be lesbian, gay, bi or trans. Differences in participation in sex, romantic orientation, gender identity, race, religion and other facts can make a big difference to how an asexual person navigates the healthcare system.

We recommend that asexuality and asexual people's health needs to be a distinctive component of wider LGBTQ+ training, and this should be a core component of wider training provided by Royal Colleges and healthcare providers.

To do this work well, we recommend that Royal College work with asexual experts to develop high-quality training materials that build an understanding of asexuality and how it might shape individuals' healthcare needs and access.

When asexual people are open about their sexuality, they should be believed, and the approach of the medical professionals should be adjusted to be more accommodating of their particular needs and experiences. It was also highlighted by multiple respondents that asexuality is not often included on referral forms, which usually give the option to be "lesbian/gay," "bisexual" or "straight." This inclusion would not only make it easier to recognise the asexual population, but it would also help that population to feel recognised.

BANNING ASEXUAL CONVERSION PRACTICES

In 2017, the British Association for Counselling and Psychotherapy published a Memorandum of Understanding (MoU) advocating for a ban on conversion practices, which was signed by over 25 health, counselling and psychotherapy organisations. Their MoU specifically advised for asexuality to be clearly included in the ban, as well as bisexual, intersex and non-binary people, because "conversion therapy is unethical, potentially harmful and not supported by evidence." The support of these 25 organisations, which includes NHS England, NHS Scotland, the Royal College of Psychiatrists, the Anna Freud National Centre for Children and Families, and the British Psychological Society, emphasises the need for industry-wide change, combined efforts and the importance of the UK Government fulfilling their promise to implement a ban on conversion practices that protects trans people.

Stonewall and the Ban Conversion Therapy Coalition, comprised of almost 100 LGBTQ+ and human rights organisations from across the UK, also backs an asexual inclusive ban on conversion practices.

We recommend that the UK Government proceeds with plans to ban conversion practices through legislation and ensure that asexual people are included within the scope of the legislation.

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Registered Charity number 1101255

PUBLISHED BY STONEWALL, 2023

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ACE IN THE UK REPORT

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