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Asexuality in the UK

Public attitudes towards people
who experience little to no sexual
attraction

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Summary

Asexuality, which forms a part of the LGBTQIA+ axis recognised and supported by organisations like Stonewall, is a relatively under-considered sexual orientation, in the law, in research, and in society. It is only in recent years that asexual people have begun to see greater recognition and representation in popular media, and this representation remains rare and often painted with a broad brush.

Asexuality is an orientation defined by experiencing little to no sexual attraction. It contrasts with allosexuality, which is defined by the *presence* of that attraction. Asexuality is often related to, but distinct from, aromanticism, or the lack of feeling romantic attraction. Unlike other orientations, it is not recognised in the UK Equality Act 2010, which defines a ‘sexual orientation’ as attraction to men, women, or both genders. This means that asexuality is not protected as a sexual orientation under hate crime laws, while also leaving the community vulnerable to continued medicalisation and conversion therapy. The first major report on asexuality in the UK was published by one of the authors with Stonewall in 2023.¹

In this study, we conduct a survey of 400 adults in the UK to understand their attitudes towards asexuality and asexual people. This sample is drawn from the online platform Prolific, and is not representative – instead skewing towards groups who typically hold more progressive values, including LGBTQIA+ people. Alongside directly eliciting responses from participants, we also make use of a ‘double-list experiment’ – a research method that, by allowing participants to conceal their views about specific issues, allows for a more honest measure of attitudes, stripping out the social desirability bias that can affect surveys on sensitive issues.

We find that most people we survey are supportive of asexual rights, with seven in 10 supporting the recognition of asexual people in equalities legislation.

However, we also find considerable evidence of lack of knowledge and/or intolerance, with a quarter of respondents believing that asexuality is a mental health issue, and one in three believing that it can be cured with therapy. Although the vast majority believe in the ‘existence’ of asexuals, one in 10 do not.

Interestingly, we find that there is no difference between the rate at which people express anti-asexual, or ‘acephobic’, sentiments in direct-elicitation questions, and the rate at which these attitudes are identified in the list experiment. This suggests that there is no ‘social desirability filter’ applied to people’s statements of their beliefs, and hence acephobia is an ‘acceptable’ form of discrimination.

Taken together, our findings suggest that while people understand what asexuality is, and acknowledge the existence of asexuals, there is considerable misunderstanding about the nature of asexuality, and intolerance towards it. This underlines the importance of further education about asexuality, and of protecting asexuals through the law.

Introduction

The trend over the last 100 years has in general been towards more inclusion, more tolerance, and more embracing of diversity. Successive governments have increased the freedoms people have to love whomever they love, live according to the gender they identify as, and to marry whom they wish. For almost all LGBTQIA+ people, life in 2024 is unrecognisably better than it would have been in 1924.

These rights, and this inclusion, has been hard won through decades of activism, lobbying and protest. LGBTQIA+ people have risked stigma, imprisonment, violence, and even death, in order to advance their basic human rights to express their identities.

One positive, if second order, consequence of increasing tolerance and freedom is that we now have a better understanding of the spectrum of sexual desire and experience. Both Angela Chen's Book *Ace: What asexuality reveals about desire, society and the meaning of Sex*² and Stonewall's *Ace in the UK Report*³ shine a light on many aspects of the asexual experience, but are mostly confined to qualitative claims, reflecting the lack of quantitative data about asexual people. This qualitative data is valuable in understanding people's experiences at an individual level, while both supporting and providing depth to the limited quantitative data on the topic.

One often-cited example of quantitative data into asexual experiences in the UK can be found in the 2018 National LGBT Survey,⁴ which was conducted by the Government Equalities Office. The report found worrying disparities in asexual people's experiences, including that that asexual people are as likely, or slightly more likely to be

offered, or to undergo, conversion therapy compared to those of other LGBTQIA+ identities. Asexual people also had the lowest level of ‘life satisfaction’, and were one of the groups least likely to feel comfortable being LGBTQIA+ in the UK (49 per cent), as well as one of the least likely to be ‘out’ to their friends, with only 12 per cent saying this applied to them.

However, that number is starting to change. Younger people in particular are much more open about their identities, allowing us for the first time to begin to understand just how many people fall under the umbrella term of ‘LGBTQIA+’. Stonewall’s *Rainbow Britain* report found that Baby Boomers and Millennials are equally as likely to identify as asexual, at two per cent of their sample of 6,513 Britons, while five per cent of Gen Z identified as asexual.⁵

More and better data also allows us to break the monolith apart, and understand better the experiences of individuals within it.

Our previous research, which makes use of the Student Academic Experiences Survey, is among the first to contain a significant number of asexual people, with roughly 1.6 per cent of the approximately 10,000 students surveyed each year identifying in this way. This data shines a light on the existence of a group often ignored, and suggests that a large undergraduate lecture is likely to include at least one person who identifies as asexual.⁶

More troubling, this research finds that people who identify as asexual have lower levels of wellbeing than practically any other group, and far worse wellbeing than their combined ‘allosexual’ peers – those who do experience sexual attraction to others. (For example, on average, 14 per cent of allosexual students have low happiness, compared to 29 per cent among asexuals.) New forthcoming research shows that this has not improved in the most recent year for which data is available.¹

i. Ellingwood, J. & Sanders, M. (2025). *LGBTQ+ Student Mental Health and Wellbeing - updated evidence*. Forthcoming.

This unhappiness does not exist in a vacuum, and it is not sufficient to simply study the wellbeing of asexual people. Instead, we must also study the people around them, and understand how they understand and accept asexual people. That is the goal of this paper.

In it, we consider three questions:

- ♦ How much do people understand about asexual people in the UK in 2024?
- ♦ How tolerant (or otherwise) are people of asexuality?
- ♦ To what extent is intolerance or misunderstanding of asexuality underestimated by traditional surveys?

To do this, we draw on a new survey of 400 people, carried out in October 2024 using the online survey platform Prolificⁱⁱ. We further make use of a relatively new method, the ‘double-list experiment’, which allows us to disentangle people’s underlying beliefs from what they think it is socially acceptable to say.

ii. Prolific is a survey platform through which members of the public can complete surveys or take part in research in exchange for payment. Although not fully representative, it has a large sample of people in Britain, and is widely used in research in the social and behavioural sciences

What is a double-list experiment?

In this paper, we make use of a series of ‘double-list experiments’. This type of experiment is increasingly being used in the social sciences to help develop an understanding of people’s feelings about potentially sensitive topics, or those where social desirability bias is likely to affect people’s responses. Where this is the case, people’s self-reported preferences might not give an accurate impression of their real feelings on a topic. For example, people might harbour sentiments about a particular group that are negative, but which they believe are socially unpalatable, making them reluctant to voice this opinion publicly. As such, traditional self-report questions are likely to misrepresent people’s true preferences. The same phenomenon can be found in politics in the form of ‘shy Tories’ – people who reported to pollsters in the run-up to the 1992 general election that they would vote Labour but ended up voting Conservative.

A double-list experiment gets around this challenge by not directly asking people what their views are about any given topic, but asking their views about a list of statements instead.

For example, the experiment might ask: How many of the following statements do you agree with?

- Manchester United are a great football team.
- Green food contains no calories.
- Keir Starmer is currently the prime minister.
- Man-made climate change is a serious threat to life.
- **The government should do more to protect asexual rights.**

Here, the statement in bold represents the statement of interest.

Half of participants (selected at random) will be asked this question with the list including the emboldened statement (the ‘long’ list), and the other half will be asked the question excluding the emboldened statement (the ‘short’ list).

The difference between the average-number response given to the question by the two groups can be interpreted as the proportion of people who agree with the statement. However, because participants are giving a number – for example, saying that they agree with three statements – they do not face the social pressure to give whatever they consider to be the desirable answer.

In a double-list experiment, each participant is presented with two such lists, with different sets of questions, and with every participant seeing one long list and one short list.

Our study

As described above, our study follows a double-list experiment methodology, in which we replicate the approach taken by Aksoy et al. (2022),⁷ but focused on asexuality rather than trans rights.

The study was coded on Qualtrics, and only slight adjustments were made to the original material provided by the researchers to fit the British context. 400 participants were recruited to the study using the online experiment platform Prolific, which is commonly used for this kind of experiment. All gave written informed consent prior to participation and were compensated with the equivalent of £8 per hour for their time through the Prolific platform.

In this experiment, we presented people with four key statements:

- ♦ Someone cannot be asexual if they have sex.
- ♦ Asexual people just haven't met the right person yet.
- ♦ Asexuality is a mental health problem.
- ♦ Asexuality can be cured by therapy.

In each case these statements are false, and answering in the affirmative suggests that a person at least misunderstands, or is potentially intolerant towards, asexual people.

In addition to these list questions, participants are asked a series of direct-elicitation questions, in which they are asked whether they agree or not with particular statements. This includes the questions included in the list experiment, as well as others.

Because asexuality is little talked about, we also asked a direct-elicitation question that asked which of the following statements was a correct definition of asexuality. The correct answer is in bold, but participants were free to select any and all that they agreed with.

Which of these describes someone who is asexual? Select all that apply.

1. **Someone does not experience sexual desire.**
2. Someone who chooses not to have sex for religious reasons.
3. Someone who wants to have sex, but is unable to find a partner to have sex with.

The other definitions given relate more to celibacy or abstinence (statement 2), or people usually described as ‘involuntary celibates’ or ‘incels’ (statement 3).

The answer to this question is striking, with the overwhelming majority of participants (99 per cent) giving the correct answer to this question, suggesting that people understand the definition of asexuality correctly. Of the four people giving a different answer, two selected just statement two, and two selected statements one *and* two. None conflated the definition of asexuality with that of being an incel.

Sample

Our sample is of 400 participants, recruited through the online survey platform Prolific. This sample is not representative of the UK population, and so we describe our sample's characteristics below.

Our sample is skewed by gender, with 230 female participants, 160 male participants, and five participants who identify as non-binary (Figure 1). As can be seen in Figure 2, the sample is also younger than the population of the UK, but a wide range of *ages* are represented.

Figure 1 Sample gender identity

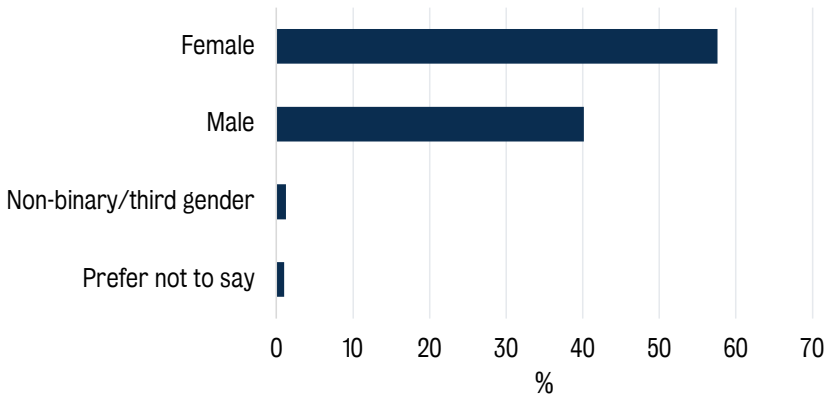
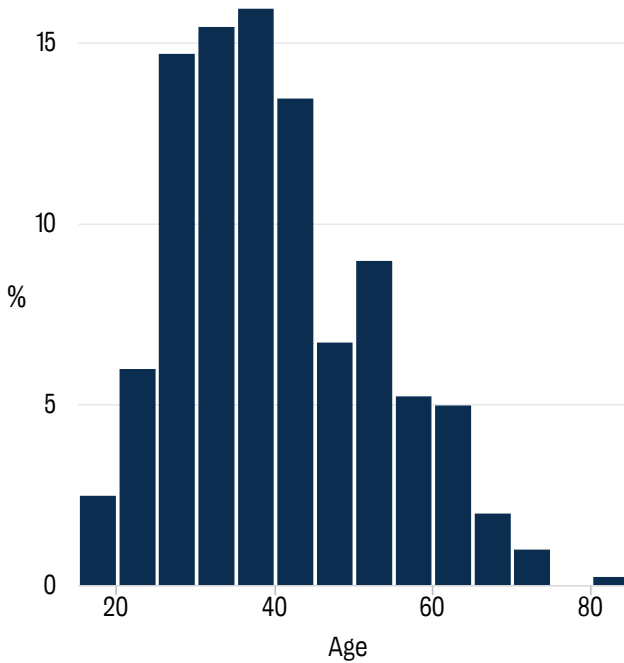


Figure 2 Sample age



The majority of participants identify as heterosexual (87 per cent), but there is representation from homosexual (four per cent), bisexual (five per cent), and queer people (one per cent). This is somewhat higher than the figures found by the UK census, but is within the range of those declining to answer in the census, and is consistent with a younger than average cohort.⁸ Three participants (0.75 per cent) identify as asexual (Figure 3). Figure 4 shows the sample is majority white (76 per cent), slightly less than the UK as a whole (81 per cent according to the 2021 census⁹).

Figure 3 Sample sexuality

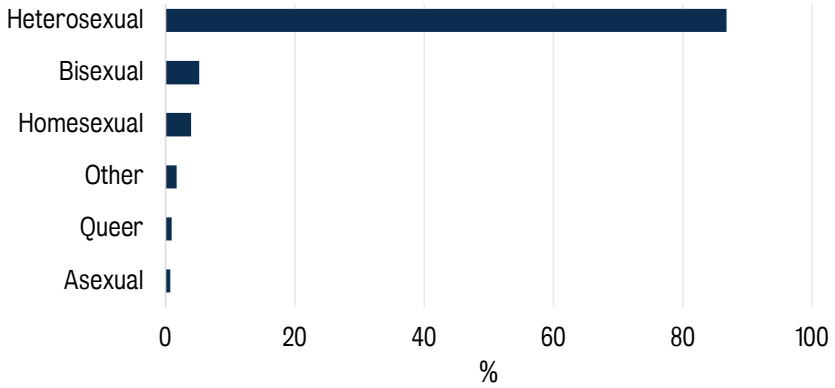
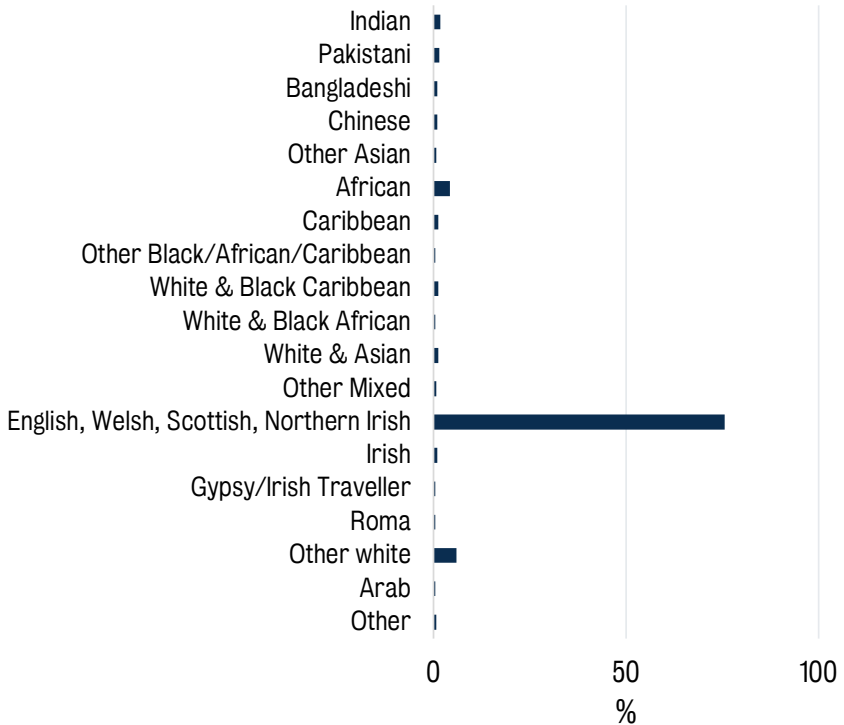


Figure 4 Sample ethnicity



The sample is slightly more likely than the UK population to have a higher education qualification, with 37 per cent of the sample having a higher education qualification compared with 33.8 per cent according to the 2021 census.¹⁰

Overall, although this sample is not representative, we can learn something substantive about the extent to which people understand what asexuality is, and how they think about and relate to asexual people, as well as identifying differences between groups. Importantly, our sample is slightly younger, slightly more LGBTQA+, and slightly better educated than the population as a whole. Given that inclusive attitudes in general, and towards LGBTQIA+ people, are more common among these groups than those less represented in our sample, it is likely that the relationships we observe overstate understanding and underestimate intolerance towards asexual people.

List experiments vs direct-elicitation

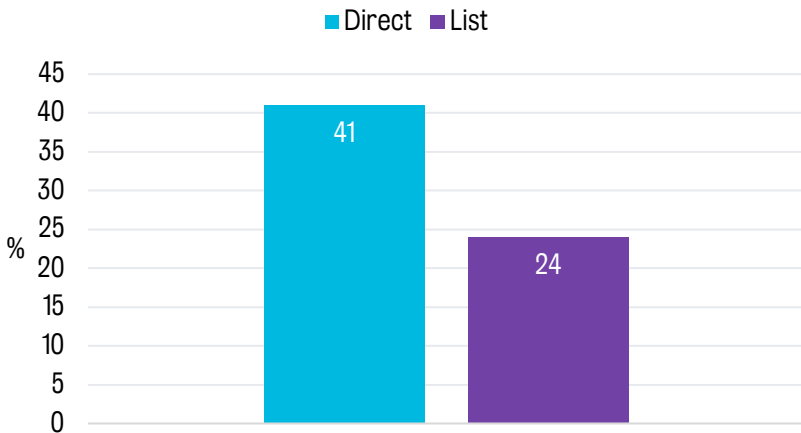
We now turn to the four questions for which we have both a list measure, and a direct-elicitation measure. The former is intended to give a measure that is free from social desirability bias, while the latter captures more precisely what people say they believe.

For all of these measures, we identify considerable heterogeneity, and a lack of precision in the list estimates, due to the necessity of between-participant analysis for this measure. Nonetheless, we present these side by side.

Can someone be asexual if they have sex?

Overall, 41 per cent of people – a substantial minority – indicate in direct-elicitation that someone cannot be asexual if they have sex with a partner. Interestingly, the estimate we derive from the list experiment is lower, at 24 per cent. The Asexual Visibility and Education Network (AVEN) is clear that asexual people can have sex, and asexuality is different from celibacy.¹¹

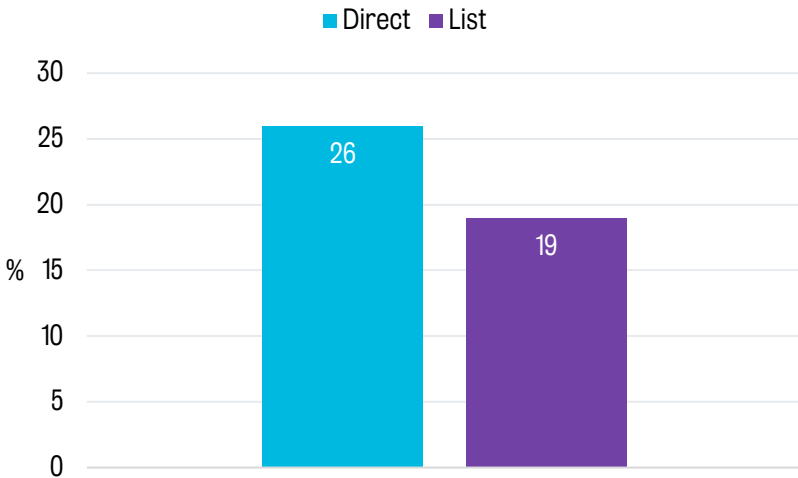
Figure 5 Belief that people cannot be asexual if they have sex



Is asexuality a mental health problem?

The next issue for which we have both list and direct-elicitation questions is whether or not people view asexuality as a mental health problem. Here, the estimates from both types of data are fairly consistent with each other – 19 per cent through the list method and 26 per cent through direct-elicitation, which is not a statistically significant difference. This suggests that around one in five or one in four people believe that asexuality is a mental health problem. Asexuality is recognised within the LGBTQIA+ community as a legitimate orientation, and not a mental health problem.¹² This belief is similar to those held about lesbian, gay and bisexual people in previous eras.

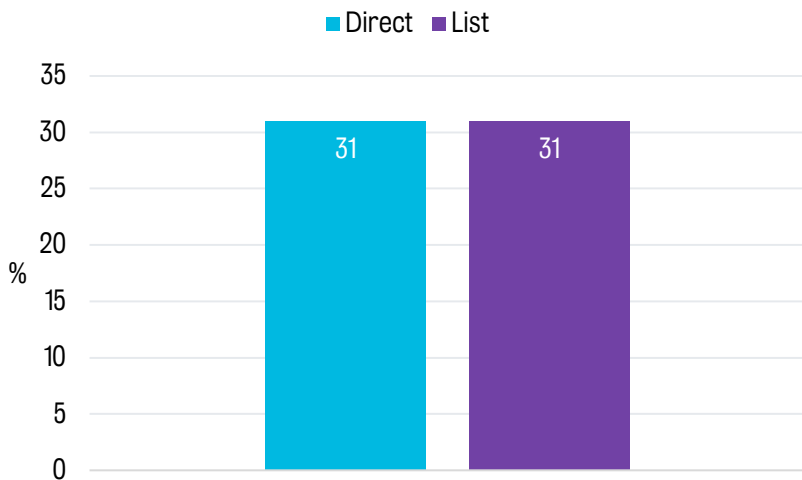
Figure 6 Belief that asexuality is a mental health problem



Can asexuality be 'cured' by therapy?

Our next question is in a similar vein, asking whether people believe asexuality can be cured by therapy. This again relates to a medicalisation of asexuality, suggesting that it is something that can be cured. Here, both methods of elicitation find that 31 per cent of people believe this statement to be true – a remarkable level of concordance.

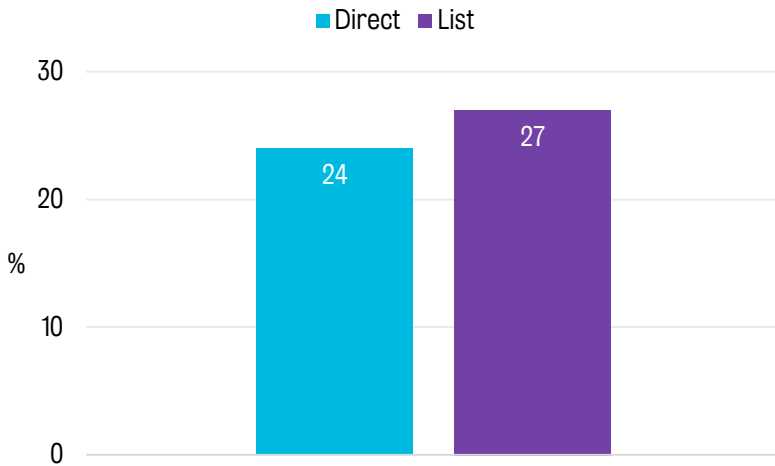
Figure 7 Belief that asexuality can be cured by therapy



Asexual people just haven't met the right person yet

The final question for which we have both sources of data relates to asexual people having just not met the right person yet. This is a misconception that suggests that people not experiencing sexual attraction *will* do, at some point in the future, when they meet the right partner. Here, we find that 24 per cent of people indicated that they held this belief when it was directly elicited, compared to 27 per cent when elicited through the list method.

Figure 8 Belief that asexual people just haven't met the right person yet



Other attitudes to asexual people

We also consider a range of other direct-elicitation questions about asexual people, starting with whether or not respondents believe asexual people exist. In line with most people correctly defining asexuality, the vast majority (89 per cent), believe that asexual people exist. This is encouraging, but when combined with other findings suggests that at least 20 per cent of people believe that asexuals exist, but that they are mentally ill and/or can be cured with therapy.

Next, we ask if people believe that asexual people should be protected by equalities legislation. Again, we can take some comfort from the fact that the majority of the sample (71 per cent) do believe that the law should protect asexual people, but less from the fact that over a quarter of the respondents do not, with the remainder (73%) saying that the would.

Finally, we asked people if they would be comfortable having an asexual child. Again, around a quarter of the sample indicated that they would not, with the remainder (73%) saying that they would.

Figure 9 Belief that asexual people exist

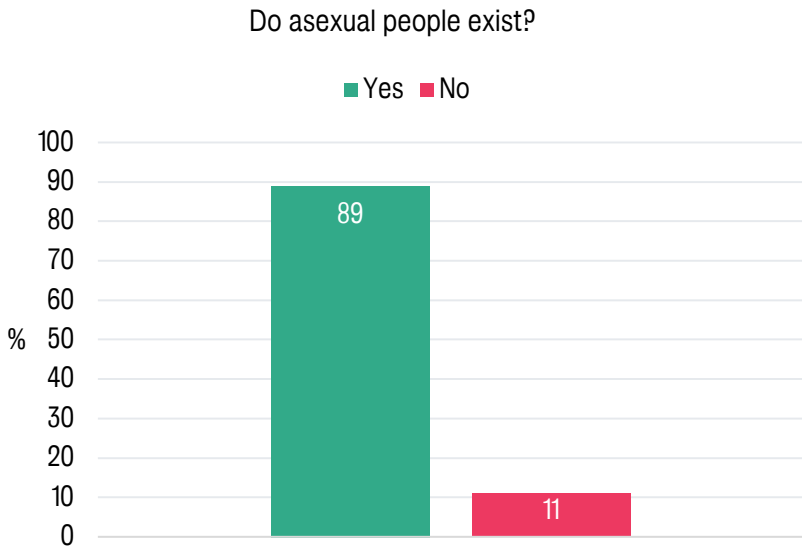


Figure 10 Belief that legislation should protect asexual people

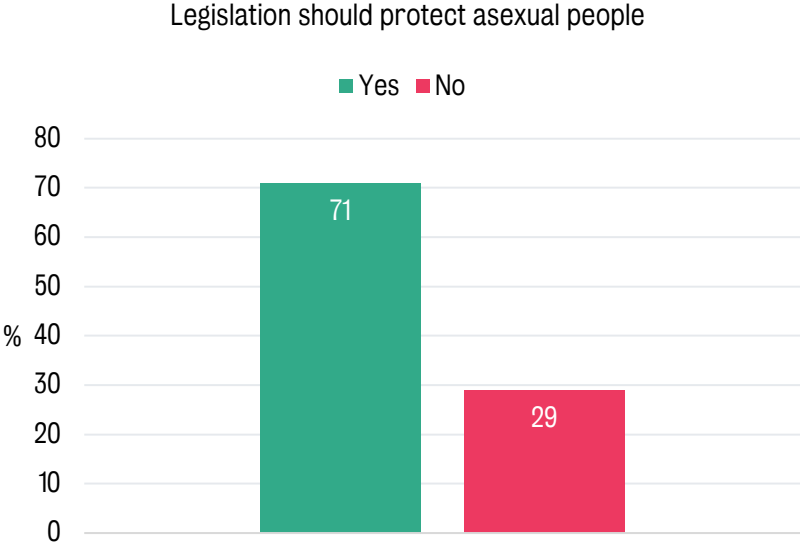
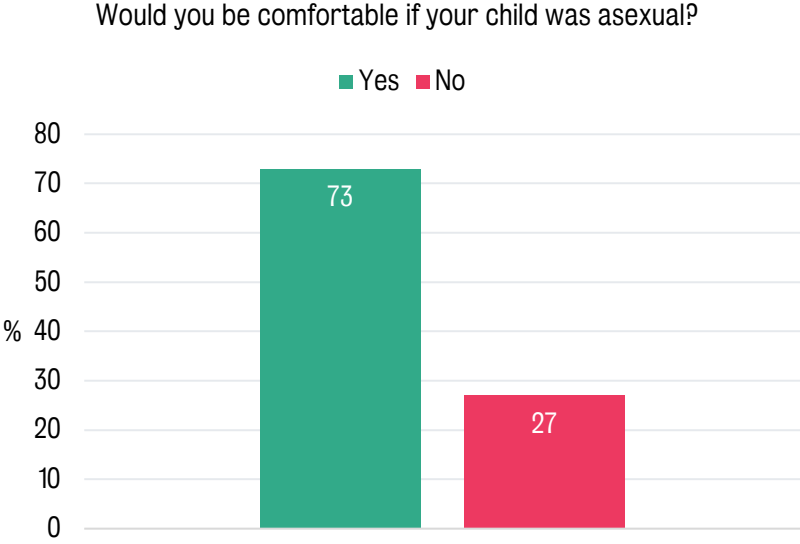


Figure 11 Comfort with one's child being asexual



Conclusion

We have conducted a survey with 400 participants in England, investigating their attitudes towards asexual people. In line with previous research we have carried out on attitudes towards other groups, we find that the UK is a broadly tolerant place when it comes to people who are asexual. However, there is a sizeable minority of our sample who believe that asexual people do not exist (one in 10), that asexuality is a mental health problem (one in four), and that it can be cured by therapy (roughly one in three).

As we have described, our sample is not representative, but it does skew young, LGBQA+, and educated, suggesting that our findings may understate misunderstanding and intolerance among the wider population. Almost all participants in our study are able to identify asexuality as a lack of sexual desire, as distinct from either abstinence for religious reasons or so called ‘involuntary celibacy’.

From the perspective of asexual people and their allies, the fact that society is ‘broadly’ supportive is of only marginal comfort, when as many as one in four interactions are with people who believe that their sexual orientation is a mental illness, or something that can be cured. This may mean people are also approximately as comfortable with the idea of having an asexual child as they are a lesbian, gay or bisexual child.

Compared to other studies looking at asexuality, our innovation is the use of a double-list experiment, which allows us to uncover the extent to which social desirability biases influence people’s answers to direct-elicitation questions, and so gain a more ‘accurate’ reading of their true beliefs. Previous studies, including those looking at trans rights and

attitudes to ethnic minorities, find significant gaps between directly elicited views and those elicited through the list experiment.

In our study, we find essentially no difference between the different types of elicitation when it comes to asexual people. This may mean, in essence, that there is no sign of social desirability bias when it comes to attitudes towards asexuality. Although this has some positive elements, it essentially means that people do not view acephobia as socially unacceptable, and are likely to express a view if they hold it, suggesting that asexual people may experience hostility with greater frequency than other groups in society.

For example, some of the acephobic beliefs included in the experiment reinforce the medicalisation of asexuality, perpetuating the idea that asexuality is something that can or should be fixed – even in a society that is steadily moving away from those beliefs about other minority sexualities.

Taken together, our findings – which are among the first to consider attitudes to asexual people, and the first to make use of this method – suggest the need for more education and understanding about asexual people, and that legal protections for asexual people are both popular, and necessary.

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