

Asexuality

Stella A. Schneckenburger BSc, Michelle W.Y. Tam MA, Lori E. Ross PhD

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1 Asexuality — experiencing little to no sexual attraction — has a prevalence of 0.4%–4%¹

Asexuality is an umbrella term that includes demisexuality (only experiencing sexual attraction after emotional bonds form) and greysexuality (experiencing sexual attraction rarely or under specific circumstances).² Asexual people may engage in sex and experience romantic attraction.²

2 Asexual people have a higher prevalence of anxiety, depression and other mood disorders than people of other sexualities³

These adverse mental health outcomes often result from minority stress and stigma, which are further exacerbated by discrimination at other intersections.² Asexual people also have unique physical and sexual health needs, such as navigating arousal without attraction and learning to set boundaries in relationships.²

3 Asexual people often face barriers to accessing affirming health care because of misunderstandings and pathologization

Pathologization — considering the absence of sexual attraction as inherently disordered — in health care settings has been reported by many asexual people and can lead to health care avoidance.⁴

4 Improving health care requires acknowledging asexuality as an identity, not a pathology²

Providers can use inclusive, affirming language (e.g., using “if” rather than “when” for questions about sex); allow patients to self-identify; avoid assuming lack of sex is problematic; connect patients to asexual communities; ensure approaches are asexual-specific rather than generalized to the entire LGBTQIA2S+ community; include asexual-friendly options on forms and questionnaires; and educate themselves on asexuality.² Providers should also upskill in nonbinary-affirming care, as asexual communities often have higher proportions of nonbinary gender identification.⁵

5 Asexuality is distinct from disorders of sexual arousal and desire⁵

Desire and arousal pertain to physiologic experiences of wanting sex.⁵ Attraction pertains to targeting desire to particular individuals.⁵ Desire and arousal disorders refer to distressing decreases in a person’s typical level of arousal and desire.⁵ If a patient presents with concern, providers should ask questions to elucidate whether desire and arousal or attraction are absent, and establish the patient’s goals.⁵

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Affiliations: Department of Physiology (Schneckenburger), University of Toronto; School of Medicine (Schneckenburger), Deakin University, Victoria, AU; Dalla Lana School of Public Health (Tam, Ross), University of Toronto, Toronto, Ont.

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Correspondence to: Stella Schneckenburger, stella.schneckenburger@mail.utoronto.ca

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