

## Seeking Safer Sexual Spaces: Queer and Trans Young People Labeled with Intellectual Disabilities and the Paradoxical Risks of Restriction

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This article attempts to connect homosexual individuals deemed intellectually disabled, with the practices of unsafe sex and the ability to practice safe sex. The label, itself, (intellectually disabled) implies a forecast of overarching power inflicted by a majority group. Such group is characterized by heteronormative traits such as the forethought of the structural familial design and the harnessing of persons identifying as homosexual. In regards to this, the authors argue, "Young people labeled with intellectual disabilities may be at heightened risk for compromised sexual health outcomes because of economic, educational and social disadvantage" (McClelland: 809). In other words, because they are pushed to the side when addressing issues of sexual health (as opposed to heterosexuals), they are most certainly at higher risk of contracting HIV and/or STIs. Furthermore, the presented qualitative research suggests individuals engage in sexual exchange in unsafe, unsanitary, and uncouth settings.

Because of their labeled intellectual disability, most of these individuals live at home well into adulthood. By this time, most have (to some extent) experienced hormonal growth and have a desire to participate in sexual exchange. However, their title keeps them from wholly engaging in such experiences, as they are categorized as "a) asexual or sexually inactive, b) do not identify as lesbian, gay, bisexual, transgendered, transsexual, twospirited, intersex, queer, or questioning, and c) are unlikely to engage in substance use" (McClelland: 810). These are a dangerous assumptions, as they carry with them inattention to healthy practices and the right to proper educational opportunities (regarding sexual health), parallel to peers.

As for the research conducted, and how it was reported; I would have found greater connection between intellectual disability and sexual spaces had the investigators sought more intuitive answers. The reported qualitative research is somewhat vague, in that the experience of the respondents could account for the experience of individuals not categorized as such. A 23-year old respondent recalls, "When I was in a group home, I wanted to have sex with [another resident] but the group home wouldn't let us ... I really wanted to get into sex because I guess I was ready at that point. I was 19. But the group home wouldn't let us. I was kind of upset and frustrated." (McClelland: 814). A second young lesbian female also comments on her parents choice to remove gaming systems if she failed to take direction in her developmental years (McClelland: 813). In my experience, this is not against the norm, as my parents, too, practiced disciplinary measures such as grounding. Furthermore, I (identifying as homosexual) would not think to engage in sexual relations with another individual under my parents roof in my developmental years (and for that matter, NOW). I

understand the argument of the investigators, though I would have liked for the qualitative measures to have been a clear reflection of the quantitative report.

In regards to policy implementation; it is clear inclusive adjustments must be made to protect all individuals, regardless of sexual orientation. Policy makers need be informed of the ways in which the daily lives of homosexual youth are subjected to higher risk as opposed to heterosexual individuals. And to make up for the deficiency of educational tools, parents (especially group home providers) should be offered the necessary utilities to deal with the variance of possible scenarios that might present themselves to homosexual children.

The point is equality.

-Marissa