

Hidden Bodies: Queer Variant Ability, Intimacy & COVID-19

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Abstract

Across various academic disciplines, the study of human sexuality has often erased or created deviants out of anyone who falls outside the norm. This includes queer sexuality and variant ability sexuality but is especially true for those who fall into both categories. This work seeks to shed light on the erasure and demonization of queer variant ability populations, contributing to the growing body of research on variant ability sexuality, queer communities, and medical needs for marginalized groups. We focus mainly on the COVID-19 pandemic and highlight the need for increased academic research, public attention, and medical support for this marginalized group. This paper pulls from feminist studies, disability studies, sociology, and more. The authors' identities also inform it as a queer and chronically ill individual and a queer and mentally ill individual. Through this work, the authors highlight how this population has been erased from the impact that erasure has had during the pandemic and urge the reader to consider this group more carefully as they go about their work, activist, and social lives. Ultimately, many social processes uniquely harm queer variant ability populations, and those processes have been exacerbated by COVID-19.

Keywords: Disability, Variant Ability, Sexuality, Queer, Sociology, COVID-19

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Introduction

Due to the current global health crisis, the already socially isolated high-risk population of queer variant ability—those who differ from norms of physical and/or mental health and ability as well as normative sexualities—people have been shouldering a higher burden of isolation than their counterparts. While queer variant ability populations have been living in a world built for able-bodied people as long as the collective American consciousness can recall, the era of COVID-19 has given the rest of the world a taste of those realities. Barriers to employment heightened mental illness, and isolation are just a few of the daily realities that queer variant ability populations face, now widely spread among the general population (Movement Advancement Project, n.d.).

When so many social constructions come into contact at once, like in the case of queer and

variant ability populations, ideas of time, normalcy, heteronormativity, and ableism intersect to create multifaceted barriers for anyone outside of the dominant group. So, while many pre-existing obstacles and challenges for queer and variant ability populations are becoming more commonplace for the general population, it is crucial to recognize that new and worsening risks, barriers, and challenges are coming to light for this marginalized group.

The erasure of queer variant ability populations, erasure being the ignoring and/or silencing of particular social groups—can be condensed into the following issues: a denial of futurity for non-normative bodies, a pathologizing of all non-heterosexual and non-able-bodied sexualities, lack of positive representation, and discrimination in health fields. Arguments have been made about discrimination in large-scale choices and treatments during COVID-19, and for queer and variant ability

populations, ableism has been played out in various ways (Chen and McNamara 2020; Lund and Ayers 2020; Scully 2020). As a result, pre-existing forms of discrimination and social injustice have been magnified and can be described simply as apparent disregard for and erasure of queer variant ability lives, health, and intimacies (Scully 2020).

For queer variant ability populations during the global health crisis of COVID-19, many social and medical issues have been magnified. Through a review and synthesis of the literature, this work aims to highlight how COVID-19 and reactions to it have disproportionately affected queer and variant ability populations. The first section of this work focuses on theoretical frameworks based on our main points and synthesizes prior literature to provide a general background. Next, the authors turn to two applications: queer variant ability intimacy during COVID-19 and the unique physical, emotional, and social risks this population faces during COVID-19. The authors then suggest further aid and study for this high-risk population. Ultimately, many social processes uniquely harm queer variant ability populations, and those processes have been exacerbated by COVID-19.

Theoretical & Empirical Background

To understand the effects of COVID-19 on the queer and variant ability population, we must first understand how they are defined within this work and the key terms that will be applied within this work. Ability variance refers to anyone who is not considered able-bodied. Able-bodied people are those with bodies that fall into physical and mental health and ability norms. In contrast, ability variance covers individuals with a range of physical disabilities, psychiatric disabilities, visual impairments, learning disabilities, hearing impairments, neurological impairments, or chronic illness. This includes those with visible disabilities as well as invisible illnesses. Using the language of variant abilities rather than disability allows us freedom from the reader's preconceived definition of disability and how general or specific that population may be. It is important to note that narratives and policy tend not to distinguish between the diversity included among this group, conflating ability with health status (Scully 2020). In the context of COVID-19, this means someone with a variant ability unrelated to health, for example, limb differences or mobility impairments may be treated the same as someone with a condition known to increase morbidity from COVID, such as a lung or heart disease (Scully 2020).

The term queer is wrought with history, as it has been used against LGBTQIA+ communities historically before being taken back by the community for their use. Queer is often used as an umbrella term covering some or all of the identities within LGBTQIA+ communities but is usually differentiated as an individual identity referring to one's fluid or undefinable sexuality. For this work, the term queer refers to non-heterosexual identity rather than as an umbrella term for both sexuality and gender identity to work with a very specified population. By using the term queer in this way while maintaining a broader definition of ability variance, we can lay a foundation for more specific work with these intersecting identities.

Theoretical Ground

This paper begins with and is informed by interdisciplinary theories, including the minority stress model, Feminist Queer Crip theory, Sick Women theory, standpoint theory, and intersectionality. First, the minority stress model explains the effect of compounded stigma, stating that sexual, gender, and ability minorities face unique and hostile stressors related to their sexual minority identity and that these stressors negatively affect their health (Poteat and Merish 2014). Macro stressors, such as the COVID-19 pandemic, can have an unequal impact on whole minority populations.

Given this complexity, applying a lens of intersectionality and standpoint theory in this analysis is imperative. Intersectionality is the idea that each part of one's identity interacts to create an experience different from anyone part of that identity. Therefore, a complete understanding of their experience must consider that intersection (Crenshaw 1989). For example, standpoint theory is a feminist theory that investigates the relationship between knowledge productions and uses of power (Harding 2004). In this case, we investigate how social and medical systems of power are used to disfavor variant ability queer populations.

Bodies, especially those on the margins, endure a kind of social construction, which has shaped our understanding of "normal" bodies like those embodying cultural possibilities while maintaining a certain level of productivity (Butler 1988). This set of bodily opportunities, which provides senses of normalcy and potential productivity, is reduced when one experiences variances in ability, and more still when non-normative bodies identify outside of heteronormative expectations. An intersectional and standpoint approach values these historically devalued experiences.

To extend the minority stress model, standpoint theory, and intersectionality theories, we use Sick

Woman theory and Feminist Queer Crip theory to identify the sociopolitical erasure of queer variant ability populations. Sick Woman Theory critiques definitions of political action needing to be public by reminding the reader that the person is, in fact, political and that in terms of social movements like the women's marches and pride parades—not everyone is allowed or able to get in (Hedva 2016). This is to say that already socioculturally, and politically invisible communities like queer variant ability populations remain invisible during social emergencies.

Feminist Queer Crip theory further builds on these intersectional complexities. Feminist, Queer, Crip Alison Kafer outlines a different future for variant ability, disability, disabled bodies, and disability studies. Challenging how concepts of the future and time have been used to perpetuate able-bodiedness and notions of normal functioning, Kafer explains that as a disabled woman, her future is written on her body—meaning that nearly every facet of western culture assumes that people with variant ability face futures which are less valuable or fulfilling than the average able-bodied person (Kafer 2013). Much like Wendy Chapkis' explanation of the mustached woman, "The mustached woman—like all women who fail to conform—is not only other, she is an error." (Chapkis 1986:5).

So, to combine the above is to conclude that queer-identified and variant ability people's pasts, presents, and futures are judged, decided, and scripted based often only on physical bodies and perceived ability or lack thereof, which causes many unique experiences. The more one diverts from the 'normal' or dominant ideals of body, mind, and sexuality, the more likely they are to experience social, medical, financial, and personal consequences along with several adverse outcomes such as worsening mental and physical health, engagement in riskier behavior, declines in academic or work performance, and stress within relationships (Frost 2011). This, in part, is why we don't specifically name gender, race, and class in this work—one can surmise that the more marginalized identities are present, the more negative impacts will be seen in each intersectional population. Gender, race, and class are thus situated in this work as inseparable but somewhat peripheral; further work is required to focus on each intersectional population. Furthermore, for those with intersecting stigmatized identities, such as the queer and variant ability intersection this paper examines, the effects of stigma can be compounded.

Social Devaluation of Queer Variant Ability Lives and Intimacies

Common cultural stereotypes and ideals devalue queer variant ability lives and intimacies. Relevant stereotypes of queer variant ability individuals include overall health status, quality of life, the social utility of queer and variant ability bodies, the potential of being housebound before and during COVID-19, and issues around assumed asexuality or lack of intimate functioning (Scully 2020). In addition, attitudes of able-bodied people tend to implicitly align individuals with variant abilities with childhood (Robey, Beckley, and Kirschner 2006). This infantilization shapes the assumptions of futures, painting them as stuck in one state, incapable of progress or independence. The erasure of queer, variant-ability futures then directly impacts this population's health, relationships, intimacies, and life paths.

The social devaluation of queer variant ability intimacies deserves particular attention. For this work, intimacy is defined as differentiated from other relationships requiring knowledge, interdependence, caring, trust, responsiveness, mutuality, and commitment (Miller 2017). Intimate relationships in this case, differ from one that might exist between casual acquaintances. However, these intimate interpersonal themes should be considered when creating or existing without community models of care. Many of these assumptions stem from and are held by the general population and medical professionals (Frost 2011). Stereotypes surrounding queer variant intimacy also impact assumptions surrounding the quality of life for variant ability populations, often unintentionally assuming a lack of ability and desire for traditional intimate and sexual satisfaction (Kim 2011; Robey, Beckly, and Kirschner 2006). These assumptions mean that queer and variant ability sexuality and intimacy is often erased or demonized.

Erasure and demonization are central struggles faced by queer variant ability populations. *Erasure* refers to removing all traces of something—in this case, we mean the cultural erasure of queer variant ability bodies. This population is erased from media by lack of visibility or record, erased from medical practices by removal of writing and records, and erased from research via lack of research and data (Reed, Meeks, and Swenor 2020). *On the other hand, demonization* refers to how this population is portrayed as a threat to society's well-being—a population so far out of the norms that they must be wicked. While focusing more on erasure here, it is essential to note that demonization and erasure often happen in tandem. For example, in terms of intimacy for this population, erasure has created cultural narratives painting queer variant ability populations as entirely asexual, while demonization has painted them as deviantly sexual (Brown 1994; Kim 2011).

Between reductive stereotypes, erasure, and demonization, queer variant ability lives are socially constructed as inferior. This social devaluation permeates sociopolitical, medical, and interpersonal realms for queer variant ability lives.

Queer Variant Ability Intimacy and COVID-19

Intimacy is constructed as both private and physical. Breaking down some of these definitions and their impacts on the lives of queer variant ability populations may allow us to understand how COVID-19 has negatively impacted modes of intimacy for this population. *Intimacy* is differentiated from other relationships because it requires knowledge, interdependence, caring, trust, responsiveness, mutuality, and commitment (Miller 2017). A non-intimate relationship may exist between casual acquaintances who may not share or exchange these requirements. More importantly, this basic level of intimacy involving knowledge, caring, and trust does not exist in community care models or medical settings for this population, further marginalizing them in several realms of life. Elsewhere, intimacy has primarily been defined through dichotomous systems—whether hetero/homo, male/female, or abled/disabled binaries. This lens leads to rigid intimacies and must exist within certain socio-cultural and health-related constraints (Elund 2019). The repercussions of viewing and defining intimacy through these dichotomous lenses can be seen throughout the lifespan by the time an individual reaches the life stage in which they begin to consider intimacy or sexuality, they are likely to feel social pressure to adhere to established norms and are unable to explore what intimacy can mean outside of those norms (Elund 2019).

Social value is placed on certain types of intimacy, primarily heterosexual, able-bodied, monogamous, procreative, and biological relationships. Gayle Rubin called these privileged sexual and intimate behaviors the ‘charmed circle’ and noted that intimate categories tend to become further dichotomized into good and bad categories—those practicing intimacy outside of the charmed circle inhabiting the latter category (Rubin 2006). Suppose we have established that some forms of intimacy are socially unsanctioned. How can we define a queer intimacy paradigm that may function for the population we speak of here? For a queer variant ability intimacy definition, concepts of heteronormativity, monogamy, the rigidity of desire, biological affiliation, and all those ideals which make up Rubin’s charmed circle must be challenged

(Hammack, Frost, and Hughes 2019). The primary tenant of a queer variant ability intimacy is that it should be as fluid as those who practice it and the things they practice within it. This can mean community intimacy, sexual intimacy in myriad ways, chosen familial intimacies, and so on (Hammack et al. 2019). Regarding queer variant ability populations and intimacy in the COVID era, we focus primarily on intimacy at home, romantic and domestic intimacy, and community care. Although, as we will discuss, COVID-19 has impacted intimacy for these communities in realms of personal and home life, medical settings, community settings, as well as romantic intimacies using further erasing the population as a whole—how can one ask for essential intimacy if even basic care is not possible?

The Importance of Intimacy

The critical nature of queer variant ability intimacy is complicated by the absence of this group in public spaces, which turns the private into a public issue. Radical aspirations of queer and variant ability communities include safe spaces and changed possibilities of identity, intelligibility, publics, and culture (Berlant and Warner 1998). This is to say that when the heterosexual couple and the able-bodied are no longer the highest standing ideals of normality, functionality, and intimacy, more spaces will be safe, and more voices will be heard (Berlant and Warner 1998). Those spaces that are currently ‘outside’ stand to explain why queer and variant ability intimacy is often conceptualized through the lens that those relegated to social margins may be more likely to form relationships that deviate from cultural norms (Hammer 2014).

In the case of COVID-19, the heterosexual and the able-bodied person being considered the picture of health has been dangerous, exclusive, and all too often deadly for such “abnormal” populations. These safe spaces and communities, including medical care facilities, must be imagined through senses of intimacy. Heteronormative ideals have linked intimacy so deeply to personal life, which is the only route to public or communal sites of existence (Berlant and Warner 1998). Besides the link to personal life, these cultural norms have also linked desire to the body and conflated intimacy and desire with sexuality. With all of these concepts tied to the physical body, it is no wonder that these queer/crip kinships have been considered so deviant (Hammer 2014). Queer and variant ability populations have often been isolated from larger groups due to lack of accessibility, among other issues, making community intimacy more difficult, but not impossible, to achieve. These new and different intimacies are more necessary than ever

to mediate all realms of risk for at-risk populations and the global population during isolation periods.

By challenging some of these forms of intimacy, we create a path through which some of the aforementioned social, medical, political, and other forms of harm may be addressed and healed. Since COVID-19 has worsened so many of these damages for queer variant ability populations, such as decreased ability to socialize, reduced ability to participate politically/publicly, and a deficit in medical care (Frost 2011), These potential healing mechanisms have become more urgent than ever.

Interpersonal Intimacies

Interpersonal intimacies vary, and a shift in intimacy definitions would positively impact marginalized populations, including queer variant ability peoples. The traditional understanding of intimacy connects it to individual relationships and privacy; however, throughout and across histories of marginalized populations, we have seen how these intimate relationships have served as motives for more significant movements. For example, take first-wave feminists sitting around tables together discussing their challenges - without intimacy, marginalized groups remain separate and motionless. Even within mobilized queer communities, which have been built on such differentiated forms of intimacy, access for variant ability queer communities has been limited due to these intimacies not relating to these so-called domestic spaces, as well as the perceived relationship between intimacy and the physical body (Berlant and Warner 2019). This is to say that personhood, and thus human need, have been segregated even in queer communities to only apply to sexual and bodily minorities when the space has been specified as such. This specification does not apply to medical practices, creating more risk for harm for this population.

Though we have established a much broader definition of intimacy, sexual intimacy has also been changed by the pandemic. There is a common cultural myth that those with physical disabilities are inherently asexual. Though this is not the case for most, they are still subject to negative stigma related to lack of sexual desire if they do happen to be asexual (Kim 2011). This cultural myth is, of course, a myth. Variant ability sexuality is just as varied as able-bodied sexuality and should not be dismissed or ignored. The research, however, tends to leave variant ability and queer sexuality out. Studies on changing sexuality during COVID-19 have focused primarily on heterosexualable-bodied people. For those in committed, long-term relationships, discussions centered around the question of the baby boom or

rising divorce rates (Döring 2020). This question reflects a heteronormative and able-bodied idea of the pandemic's positive or negative relationship outcomes. At the same time, divorce may be impossible for queer variant ability populations due to a lack of marriage equality. Furthermore, marriage, and subsequently divorce, is not necessarily an option for people with variant abilities who rely on social security benefits as a source of income due to the systemic limitations applied therein (Belt 2015).

When it comes to casual sex, conversations in queer online spaces discussed the idea of shutting down dating and hook-up apps to reduce the risk of transmission through casual sex encounters (Döring 2020). Queer and variant ability individuals didn't have the privilege of discussing this from public health their health needs would direct if and how they continued to pursue casual sex. However, there were increases in phone and online sex, which could keep some options open for variant ability queer people (Döring 2020). Concerns have also been raised over how some people with variant abilities seek physical intimacy through paid services such as massage and sexual surrogates. These services would have been shut down due to COVID-19 (Hough 2020).

COVID-19 and Queer Variant Ability Risk

As we've seen throughout this work, COVID-19 has worsened the overall risk for queer variant ability populations. This understanding of ability variance in combination with queer identities means that a global health crisis like COVID-19 presents various and exacerbated risks for this community, including the physical threat of illness, socioemotional risks, and worsened gaps in data and discourse.

Medical Erasure & Eugenics

One of the more significant issues for variant ability discourse is eugenics discourse, which is an attempt to 'quality control' the human race, sometimes through medical interventions (Baker 2002). This work in larger American systems, including medical and psychological fields, is an introductory statement that non-normative bodies are disgusting, incorrect mistakes. This framing of the world means that non-normative bodies themselves are seen only as perversions of the desirable able-bodied counterpart. Like psychological professionals as gatekeepers of sanity for those with mental ability differences, medical professionals define what is normal for bodies, most often asserting that the only valuable non-normative body is a cured one (Haile 2019).

Medical erasure and eugenics discourse function as a means to end queer variant ability populations in many ways and means misconceptions about variant ability lives can be excessively dangerous and harmful, if not directly violent (Baker 2002). While erasure acts as ignoring and/or silencing particular social groups in social, political, and health-related settings, eugenics discourse is its most extreme form, potentially eradicating an entire population.

This eugenic concept applied to queer and variant ability populations serves ideas of lack of quality of life, thus affecting treatment and community care access for this community (Abrams and Abbott 2020; Gardiner 2020). Unpacking narratives around health psychological and medical needs and treatment allows us to unravel history to illuminate our voices in current times of strife and elevated risk. For example, suppose the only useful or valid variant ability body is cured. In that case, queer variant ability populations may be less likely to receive COVID-19 treatment due to perceived low chances of survival regardless of treatment (Lund and Ayers 2020). Given, for example, 95% of fetuses found to have down syndrome are aborted, how many do you think would feel safe or be seen as worth saving mid pandemic in overcrowded and under sourced medical settings (Haile 2019)? The fear of not receiving treatment in the case of having COVID-19 has caused significant damage due to hospitals prioritizing treatment plans, and advisement of do not resuscitate orders for people with certain conditions (Chen and McNamara 2020; Lund and Ayers 2020). Currently, the reality of not receiving that treatment rises again as we reach another period of overcrowding in hospitals again, with new variants of the virus wreaking havoc.

Additionally, because the futures and bodies of queer variant ability populations are seen as less valuable and less productive, many have run into trouble finding primary care such as personal care assistants during the pandemic, let alone receiving comprehensive medical care or meeting intimate needs at any point during heightened risk for infection with the COVID-19 virus (Gardiner 2020; Papautsky et al. 2021). This delay may have severe and long-term consequences, particularly for those who require immediate or consistent care. Ableism often becomes eugenic in medical settings. With medical practitioners already serving as gatekeepers for what is or is not normal, increased power held by medical institutions during COVID-19 has created survival stress and severe health and survival risk for queer variant ability populations (Haile 2019).

Pre-existing Conditions & Self-Care Narratives

Narratives of self-care and pre-existing conditions negatively impact queer and variant ability populations by separating the person from their identities and then blaming them for them. By separating the person from their identities, they are effectively erased from community models of care among other realms. For example, early in the pandemic, a standard narrative arose: the virus was only or primarily dangerous to those with “underlying” or “pre-existing” conditions. This narrative not only functions to demonize queer variant ability populations but also to a further division between those considered “normal” and those not. With this came a moral division that informs individual and collective behavior and interpretation of the pandemic (Abrams and Abbott 2020). Not unlike other global health crises we have seen, this narrative of pre-existing conditions further infantilized queer variant ability populations while simultaneously framing them as spreaders and carriers of disease, a label that serves to demonize the population as a whole. The result of this is that people with variant abilities are placed as expendables in the course of the virus.

Another example of a social narrative devaluing non-normative bodies is that more diets and at-home workout regimens went viral on social media (Gardiner 2020). Medical models of fatness claim it as a disability. In this sense, when the pandemic began, many fat and variant ability individuals were seen as “putting themselves at risk” simply by living in their bodies. Fatness is mentioned here not only for relevance but also to highlight the social concepts of disability as any ‘abnormal’ body with less perceived functionality, sexuality, and futurity. Yet again, this lack of ability or desire to meet the standards of what is considered normal has erased intimacy and has meant that socially and medically, prejudice has put these populations at a deadly risk (Gardiner 2020). Fatphobia, ableism, and queerphobia are all rooted in the idea that: people’s lives in socially acceptable bodies are more valuable than marginalized bodies, and existence in a variant ability or queer body is inherently undesirable (Gardiner 2020). Thus, this population inhabits Lorde’s space of dehumanized inferior or the space of those who have been systematically oppressed and marginalized throughout history (Lorde 2017). Historical views of variant ability and queerness have maintained a masked dominance in the era of COVID-19, which has highlighted continued beliefs and practices of eugenics. Therefore, it is imperative to change how we research and treat sexual minorities and variant ability populations.

Physical Risk of COVID-19

Many people with variant abilities fear what may happen if they catch the virus. For example, a woman in California who lives with Lyme disease expressed her views on the global pandemic in a 2020 interview; “Millions of others are now feeling the anger we have felt for so long. My heart hurts that that CDC is yet again failing those it’s meant to protect” (Sins Invalid 2020). While a 53-year-old chair-using woman living with diabetes and hypertension, recovering from cancer with only one third lung capacity, expressed that she is “Sadly also sure that I am equally at risk that (unconscious) eugenic decisions will be made in overcrowded respiratory units, declaring that, with limited resources, my life is less worth saving,” (Sins Invalid 2020). These fears reflect the unfortunate reality that triage protocol amid supply and labor shortages has failed many; in many hospitals, treatment has been prioritized for the young and able-bodied, and some people with variant abilities have been advised to sign do-not-resuscitate forms (Chen and McNamara 2020; Lund and Ayers 2020).

Pandemic protocols focus on the likelihood of saving a life, which means with limited resources for those with deviant, erased, or abnormal lives, to begin with, these individuals may be considered less worthy of life-saving treatment (Abrams and Abbott 2020; Chen and McNamara 2020; Lund and Ayers 2020). In addition, high-risk variant ability patients may be less likely to receive treatment based on the assumption that their starting point of health makes them less likely to survive even with treatment (Scully 2020). Perceived quality of life thus affects treatment, and there is a slew of discourse around the abhorrent and undesirable “lifestyles” of both queer and variant ability populations, making this eugenic risk more poignant for those living in that particular intersection (Abrams and Abbott 2020).

Socioemotional Risk of COVID-19

Amidst global social stress and considerable loss of life, new social norms, including isolation, social distancing, and the use of face masks, have taken root (Lund et al. 2020). For the 25.7% of United States adults living with variant abilities who are routinely excluded from conversations of a social policy due to systematic exclusion, unique and worsened stressors have arisen (Lund et al. 2020). These stressors and potential traumas for variant ability populations include lack or loss of medical care access, social grief for the loss of limited social interaction, poverty, and intersectional stressors, including higher death rates in

non-white variant ability populations (Lund et al. 2020).

Mental health concerns due to isolation and lack of intimacy must be considered moving forward in this work. One study done in the early pandemic showed that those with mental illness and/or physical disability were experiencing significantly more anxiety and depression than those without (Alonzi, La Torre, and Silverstein 2020). There is also evidence that queer individuals have faced higher psychological distress than others (Peterson, Vaughan, and Carver 2021). Psychological distress has continued to increase in the longer term of the pandemic, though at this time, the most recent available data is from the fall of 2020 (Veldhuis et al. 2021). Researchers must continue to investigate the impacts of the pandemic on mental health, especially among marginalized populations.

Finally, the above needs and risks need to inform treatment & social change. The need for thoughtful and varied intimacy goes beyond friendships and support systems for sexual minorities and those on the physical margins. Studies have shown that the lifetime prevalence of interpersonal violence for variant ability individuals across gender can be up to 90% (Lund 2020). COVID isolation is likely to increase this prevalence and the frequency of emotional abuse that may be endured by queer and variant ability populations (Lund 2020). COVID-19 has also caused an increased reliance on caretakers, who often enact this violence, meaning that this interpersonal violence is even less likely to be reported now than it already was (Lund 2020). Social networks play an essential role in recognizing and responding to intimate violence, but social isolation has forced some back into their natal homes and many away from their chosen social networks; signs of violence are harder to recognize through online communications, and abusers may hold more power through manipulation and monitoring of online communication (Shelton 2021).

Queer variant ability populations have always been concerned with isolation, risk of infections, and accessibility for the reasons above, among others—some may find it ironic to watch the rest of the world experience these fears and anxieties amid COVID-19 when this has been the reality for so many worldwide for lifetimes (Sins Invalid 2020).

Data Gap & Its Impact

When a data gap exists, a given subject or population has less applicable information gathered about or in service of them. This lack of data can be deadly in terms of medical care for queer variant ability populations. It is easy to surmise that variant ability populations are at higher risk for infection and death

from COVID-19 and related complications. However, it must be acknowledged that the scarcity of data on both variant ability populations and varied intimacies means that the long-term impacts of COVID-19 itself as well as its socialized impact, are still unknown (Reed et al. 2020).

While there are roughly one billion people worldwide living with variant ability, most variant ability data during COVID-19 has come from assisted living homes, which are typically reserved for aging populations and have shown much higher death rates (Reed et al. 2020). The variant ability data gap is more than an oversight; it has to do with injustices that cannot be separated from their historical and current intent and impacts. While many demographic characteristics are required or standard in research, disability status is not required and is only included in about 35% of datasets (Mittra and Yap 2020; Reed et al. 2020). Data on queer populations is also lacking in many ways, with much of the existing research focusing on less diverse portions of the LGBTQ+ & queer folk (LGBT data 2022). Simply put, good intentions and small-scale treatments have proven not to fill the gap or even have much of an effect at all on these populations' well-being, medical access, and social viability (Reed et al. 2020).

Conclusion and Discussion

Long-term social and structural inequities have inarguably increased risk and harm for queer variant ability bodies (Schormans et al. 2021). The United Nations has reported disproportionate impacts of the global pandemic on variant ability and otherwise marginalized populations (2020). While the pandemic has brought issues of inequality related to the ability to the forefront, these issues will not disappear once we have returned to "normal" conditions. Issues of support, ability to communicate with masks, risk of infection, mental health, social distance, and access to hospital advocates and personal care assistants have all been cited as unsolved issues during COVID-19 for variant ability populations (Schormans et al. 2021). Historical and systemic ableism and heteronormativity are complexly at play when considering the impacts of the pandemic on queer variant ability populations. Unfortunately, the nature of current research means that it is difficult to find empirical data related to this intersection, especially data regarding the ongoing pandemic. Many of our sources focused on one identity or the other. Still, this paper was meant to focus on this intersection, extrapolating based on theory when the data is not available.

Ultimately, many social processes uniquely harm queer variant ability populations, and those processes have been exacerbated by COVID-19. Medical fields have a long-running track record of oversimplifying

the diversity which exists under the name of variant ability, making it the case that many policymakers conflate ability with health status (Scully 2020). Protocols around who is viable for treatment also, perhaps under some guise of health and good intentions, have to do with social utility (Chen and McNamara 2020; Lund and Ayers 2020). A method that could be validated in a complete social collapse, wherein those who can hunt, cook, or provide medical care should be saved over those who cannot. COVID-19, however, has not been an entire social collapse, meaning that this method is simply thinly veiled eugenic intentions—a good life, a life worth saving medically, looks like an able-bodied and heterosexual life (Scully 2020). The continuous failure to consider variant ability queer populations as equal to their counterparts and give all groups equal human rights is catastrophic for marginalized communities (Scully 2020). Not only are these lives not being given equal accessibility or medical care, but this history of isolation predates COVID-19 by a landslide, meaning that the need for intimacy and access to community care has never been considered to begin with.

This work finds that the erasure of queer variant ability populations and their sexuality and means of intimacy exists and has catastrophic impacts across social and medical fields that the COVID-19 global health crisis has magnified. It is clear from the literature that this population has been disproportionately impacted by COVID-19 and measures in place to deal with it. Due to the unknown long-term impacts of this crisis on queer variant ability communities and their sexuality and intimacy, the research gap and gaps in social perception and medical accessibility must be filled in active and community-driven ways. Future work should include more data around medical care and the need for or impact of sexuality and intimacy for queer variant ability populations. Future research and data on the mental, physical, and social effects of COVID isolation will help reframe medical and community care for this population. Resources including community intimacy, personal care assistance, mental health care, and basic medical health competency are needed immediately. In these ways, we can reclaim our futurity, bring our homes and bodies out of subjugation, and redefine our actions as othered among others rather than subjugated by dominance. There is a history to reassess and remember; voices silenced, bodies deserving of intimate embodiment and demedicalization, and providing safety, accessibility, and fundamental rights must be of foremost concern. Recognizing intersectional identities in ways that are not hierarchical and do not assume normalcy or deviance while creating transparent work will lead to a more extraordinary, more precise, and more accurate result.

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