The explanation for his silence fails to persuade. It is surprising that he knows about the discrimination but does not feel the need to denounce it. It is as if he considers himself to be part of a system that tolerates such behavior. This attitude is widespread and is not limited to the care workers. It is also found among the residents who are often aware of the discrimination but feel powerless to do anything about it. The only way they can express their concern is to avoid the issue or simply to accept it as a part of their lives. This attitude is particularly prevalent in the facilities where爱情 is considered a taboo and is devalued. It is not uncommon to hear residents say that they are forced to be gay or that they have no choice but to accept their orientation.

In addition to the necessity to apply new theory on sexuality to the field we would like to provide some suggestions for teaching people with disabilities about abuse and exploitation. The introduction of a new education model proposed by Schröder (in Walter, 2002b, p. 137), how homosexuality is only seen as a deviation from the norm. Walter ends his short history by stating that in the 1970s, the first symposia and conferences on cognitive disability and sexuality took place. However, more research from diverse disciplinary backgrounds on the topic "sexuality and cognitive disabilities" is needed.

Disability Studies favors a social model, which does not focus on disability as an individual problem, but rather on the social and cultural factors that contribute to it. Disability Studies encourages a more inclusive and accepting attitude towards people with disabilities. It challenges the idea that there is only one right way in which the two halves fit together, all other forms are, at best, second-class. Butler (1990) challenges the long used division between sex and gender as she argues that there is no clear distinction between the two.

A male employee states:

"The residents are not aware of their rights and the discrimination they face. They are used to accepting, sometimes even benevolent manner. Only homosexual behavior is described as strange, suspect, and, not infrequently, to be avoided. It is not only the behavior of the residents that is seen as abnormal but also their identities. The concept of stable identities, which, as discussed above, Foucault (1977) challenged, stating that homosexuality is a product of society, is not accepted.

Engler (1975; cited in Zima, 1998, p. 40), who compares the deprivation of disabled people in institutions and anxiety concerning the "extraordinary sex drive" of people with cognitive disabilities. A detailed examination of criminal statistics in institutions and countries with that in the U.S. would be a great contribution to this discussion. It will only be briefly mentioned that in 1972, after a new legislation made sterilization against one's will illegal. Walter ends his short history by stating that the beginning of the 1970s, for example, was characterized by separate housing for women and men. This was a time when the struggle for equal rights was at its peak. The struggle for equal rights for people with disabilities is still ongoing.

In the late '70s, the first symposia and conferences on cognitive disability and sexuality took place. However, more research from diverse disciplinary backgrounds on the topic "sexuality and cognitive disabilities" is needed. This article discusses cognitive disability and homosexuality. It begins by providing a brief overview of the history of the struggle for equal rights for disabled people. It then goes on to discuss the current state of affairs and the challenges that still need to be addressed.

In conclusion, it is clear that more research and action are needed to ensure that people with disabilities have equal rights and opportunities. This requires a change in the attitudes and policies that have been in place for too long. It is time to move towards a more inclusive and accepting society for all people, regardless of their abilities and sexual orientations.