

## When disability and homoparenting meet: the adoption of children with disability by same sex couples

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THEMATIC ARTICLE

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**Abstract** *The present theoretical essay is based on six reports concerning same-sex couples and gay and lesbian people in order to interconnect homoparenting and the adoption of children with disabilities, through the lenses of human and social sciences in public health. The reports were interpreted in light of studies on same-sex adoption and the adoption of children with disabilities. Feminist approaches related to care and disability were also included in the interpretative perspective, operating as expressive webs of grammars of ableism. It was found that media approaches endorse the right to family formation and the adoption of children with disabilities by homoparental families, but with little critical depth on the category of disability and without highlighting support for the adoption of all adoptee profiles. Moreover, the intersections between homophobia and ableism increase discriminatory and oppressive logics, with the union of social groups considered to be “undesirable” representing a strategy of governmentality that reveals the complexity of grammars of ableism, applied to the sexual and reproductive rights of LGBTQIA+ adopters and to the fundamental rights of children and adolescents with disabilities who are available for adoption.*

**Key words** *Adoption, Family, Parenting, Gender, Homosexuality*

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## Introduction

Disability and homosexuality have commonly been understood in a pejorative sense, a phenomenon recognized here and analyzed in the light of ableism<sup>1,2</sup>. An example of ableist manifestation is the understanding of disability as an imminently negative, undesirable attribute that must be avoided and corrected, an idea potentially applicable to homosexuality.

In this light, the present article assumes affirmative definitions of disability and (homo) parenting, categories that constitute diversity and human existence. Characteristics that, when subjected to a classificatory look, of normative evaluation, produce discrimination and a lack of value. This process encounters cisheteroconformative and patriarchal narratives that produce practices of social exclusion.

Cisheteroconformativity is a force of subjection based on the exploration of power relations criss-crossed by coloniality, capitalism, gender, sexual orientation, functionality/performance, race/ethnicity, and class, which is intrinsically linked to patriarchy, “a political system that models male culture and domination, especially against women [...] reinforced by religion and the nuclear family, which impose gender roles from childhood based on binary identities”<sup>3</sup>(p.67).

We stress here that the exercise of parenthood is not limited to the gender binary and encompasses varied sexual orientations. We share an idea of parenting from the perspective of producing bonds and as an “expression of encounter” that brings together different combinations of subjects in “the formation of family networks, and which is not restricted to the nuclear, consanguineous, heteronormative model”<sup>4</sup>(p.3595). At the same time, the body and its functional makeup are not restricted to attributes designated as normal and expected when it comes to thinking, seeing, hearing, touching, walking, speaking, or communicating.

Can disability be a desirable attribute for an upcoming child? Headlines published in recent years answer this question positively, given the experiences of gay men and lesbian women. The mediatization of these stories plays two important roles: public defense of the right to adoption by same-sex people/couples (not yet legally regulated) and encouraging the adoption of children with disabilities. However, they invite us to go further, in search of deeper reflections on this relationship and its less explicit repercussions. We dedicate ourselves to discussing them, un-

derstanding that at this intersection there is an affirmative look at difference, which can be understood as dissent, as it breaks with a cisheteroconformative look.

Initiatives to encourage the adoption of children with disabilities<sup>5</sup> find that most adopters are not willing to receive this type of child. Moreover, the situation is aggravated even further by ethnic/racial, generational, and health situation intersections<sup>6-8</sup>. We take as guiding questions for this essay: what are the possible intersections between homoparental families (made up of gay/lesbian adults and same-sex couples)<sup>9</sup> and children with disabilities? How are their stories expressed in public narratives by the media? How do media devices address the topic?

Our study began with the analysis of headlines and reports on the adoption of children with disabilities by homoparental families in order to illuminate clues left about the repercussions of this process, especially regarding the social and health relationships of families. People with disabilities and LGBTQIA+ people have become populations of interest in the field of public health for decades<sup>10,11</sup> and have been approached as especially vulnerable. It is our intention to assume the importance of intersecting homoparenting and the adoption of children with disabilities, through the lenses of human and social sciences in collective health, seeking to provide contributions to intersectoral care practices.

## Methodological aspects

The present study adopted the theoretical essay as a methodology due to its exploratory character, of a free and critical exercise, mobilizing other forays into the subject, with no clear intention of producing evidence<sup>4,10,12</sup>. We share “initial and partial reflections”<sup>12</sup>(p.44), in which the questions raised matter more than the production of answers and conclusive thoughts<sup>12</sup>.

We use the essay as a path of thought, as we understand that the homoparental adoption of children with disabilities opens up the “possibility of a new experience of the present”<sup>13</sup>(p.33), which leads us to an exercise in experimental and thoughtful writing, with provisional criticisms that are both open-ended and continuous. “The essay is the writing of an insecure and problematic time”<sup>13</sup>(p.38), which calls us to “observe existence from the perspective of possibilities, [rehearsing] new possibilities of life”<sup>13</sup>(p.37). The novelty character – which also makes this study

unique – is posed by these parenting experiences that are still atypical, unregulated, and permeated by power relations. Hence the need for thought experimentation and critical reflection on what is happening.

We consider that headlines and reports are documents that record a movement of themes and events related to the “adoption/homoparenting” axis. These documents were accessed by the first author over the last six years, under the influence of algorithms that reveal interests and allow social interactions. This path indicates the possibility of the socio-anthropological use of platforms<sup>14</sup>(p.4), which explains the fact that, after the initial accesses, the reception of reports related to the aforementioned axis became frequent, leading the first author to constitute a collection with the material.

The items were cataloged in a text document containing the headline of each report and its access link. These links were consulted individually throughout the month of August 2023 to check their availability. The reports were then read in order to learn about the stories reported and check our inclusion criteria (reports in Portuguese, which addressed stories of same-sex couples and/or gay and lesbian people adopting children with disabilities, regardless of the nationality of the families). In a complementary manner and during the same period, additional searches were carried out on the Google search engine, using the combined keywords: homoparental adoption and children with disabilities, adoption by same-sex couples and children with disabilities, same-sex couples and children with disabilities, gays/lesbians and child with a disability, who indicated the same stories and reports previously received and gathered.

In the end, six reports published in Brazil, in Portuguese, were included, three stories from Brazilian families and three stories from foreign families. Only one report on a Brazilian family was excluded due to having little information about the story reported. We chose to include stories with Brazilian and foreign families to guarantee a greater number of narratives and observe whether or not cultural and normative differences seem to have a distinct impact on the experiences of adopters and adoptees, a final item that was not possible to address in depth due to content limitations. The stories were analyzed in full, protecting the real names of the subjects, as these are open access reports.

The interpretation of this collection was performed in light of studies on homoparental adop-

tion and adoption of children with disabilities. To grasp elements to support the understanding of the aspects involving the relationship between these subjects, feminist approaches to care and disability<sup>15,16</sup> also comprised the interpretative perspective, operating as expressive webs of the *grammars of ableism*<sup>2</sup>. We consider ableism to be a corporal normative key that disqualifies diverse subjects<sup>2</sup>, and we highlight its possible repercussions on the existence of prominent families.

Ableism as a transversal grammar calls for intersectional articulations<sup>2</sup>(p.3950) to understand and confront mechanisms of oppression that distinctively affect bodies located at identity crossroads of gender, sexual orientation, race, and class, with disability being incorporated more recently<sup>3</sup>. These grammars are exquisite when this profile of adoption candidates has values, interests, and capabilities tested through the spontaneous and/or conditional availability of children with disabilities for their care, a phenomenon that demands deeper reflections. This essay presents itself as an initial effort in this direction.

### **A preamble: Adoption and homoparenting**

Adoption, an act of affection and care, socially and legally supported, focuses on the best interests of the child and adolescent<sup>17</sup>. Approximately 563 children with a disability are available for adoption and 1,410 applicants are willing to adopt children with disabilities, according to the National Council of Justice<sup>18</sup>. It is estimated that LGBTQIA+ people/couples make up a large part of the group interested in broad profiles regarding disability, health conditions, age, sex, and race/ethnicity<sup>19-25</sup>.

The meanings of family in normative texts emphasize heterosexual and cisgender makeups<sup>24,26</sup>, and adoption by same-sex couples has required prior recognition of the right to family formation by the judiciary branch<sup>27,28</sup>. It is well-known that: unilateral adoption is encouraged for same-sex couples; couples close to the heteronorm, via compulsory monogamy, have greater chances of success in the adoption process; however, the cohabitation stage has been greatly increased for homosexual couples and they have faced unofficial demands not applied to heterosexual couples<sup>24,26,29</sup>. Also noteworthy is the perception that gay couples face more difficulties than lesbians in the adoption process<sup>26</sup>. Studies indicate that this difference can be attributed to different factors, with emphasis on gender inequalities that place women as natural caregivers and men as incapa-

ble of providing adequate care, as well as a greater social acceptability of same-sex unions between women<sup>26,30</sup>. Another explanation for these phenomena is the fact that the advances achieved by homoparental families maintained heterosexual parenthood as a “parameter for analysis and achievement of rights”<sup>31</sup>(p.171).

As there is no national legal provision on the subject and the advances achieved are restricted to the legal sphere, it is important to highlight the political challenges of the present and question whether or not there is a relationship between this partial recognition and the strategy of expanding the profile of adoptees by these families.

### **A First Portrait: Homoparental experiences and the adoption of children with disabilities**

The collection gathered and organized in the analytical chart below (Chart 1) informs the headlines, respective platforms, and year of publication.

The first highlight after immersing ourselves in the collection concerns the sexual orientation and marital status of the adopters, the disability of the adoptees, and the history of “rejection” of the adopted children – a combination that reinforces the profiles of the adopters and the chosen children as extraordinary. There are a variety of dissemination vehicles, including: platforms allied to LGBTQIA+ struggles; disseminating information about people with disabilities; of major national size; of current affairs and real stories. The experiences shared in the reports are organized in Charts 2 and 3:

### **A look at Adoption, Disability and Homoparenting in the grammars of ableism**

The children protagonists of the shared stories are affected by ableism in macro and micro-political dimensions, being culturally perceived by those outside the adopters as undesirable children<sup>2</sup> and hierarchized by the “compulsory corponormative ableist device”<sup>2</sup>(p.3951). Revictimization through multiple rejection, which precedes adoption, appears as one of the effects mentioned in the reports. Gay and lesbian adopters, on the other hand, have their bodies and relationships exposed to cishetero and guidelines, which often describe them as incapable of parenting, loving, caring for, and educating children, with the adoption of children with disabilities re-

quiring differentiated care being an atypical radicality that contradicts this premise.

The reports portray a predominance of adopting couples made up of gay men, with only one lesbian couple and two single gay men. The stories refer to a previous desire to adopt a child with a disability; opportunity without planning; and, formal imposition by the adoption regulatory body. The children were aged between 0-6 years, most had intellectual and/or multiple disabilities, information about them was restricted to diagnosis and disability was the main reason for adoption.

When the parents were cited, the women who accessed the right to deliver the child for adoption with no constraints<sup>17</sup> were morally judged, revealing misogynistic traits in the production of meaning by the media. If the health conditions of the adopting parents/mothers were not focused on in the reports, the emphasis for children is on disability in terms of functionality and diagnosis, considering therapies and specialized care.

Experiences of adopting children with disabilities by homoparental families are still rare in field studies<sup>29,31,32</sup>, with a restriction on the topics covered in this relationship. In general, the most discussed health aspects refer to the mental health of the adopters and the adoptees<sup>32</sup> and difficulties in accessing public health services<sup>31</sup>. In this light, we chose to expand reflections on the area of health in its relationship with homoparenting.

Several national health policies and initiatives address the adopting population treated in this essay<sup>45-48</sup>, providing for the confrontation of gender inequalities in the sector, the guarantee of sexual and reproductive rights, and the recognition of different ways of exercising care and parenting. However, thinking about care from the perspective of diversity is still a challenge to be faced collectively.

There is a tendency to make the profiles of adopters and adoptees exotic and extraordinary, which is why we use ableism and care as analytical keys to the atypicality evoked in these media clippings. This is because the characteristics and/or diagnoses of the children, the marital status, and the sexual orientation of the adopters were the categories chosen by the editors to produce public interest. Likewise, the appeal of gender in relation to parental responsibilities, in the texts of the reports, reminds us that disability care has been compulsorily carried out by women or by people associated with the “feminine”.

We emphasize care as an attribute shared among all human beings, regardless of their

**Chart 1.** Summary of the collection of reports.

Headlines	Media Source	Year
<b>Experience 1 - national</b>		
1. Gay couple adopts child with hydrocephalus and thrills Telethon audience	Revista Lado A	2017
2. Watch the touching video of a gay couple who adopted a cute boy and told their story on Telethon	Observatório G/Uol	2017
3. The love of a couple who adopted a boy 'rejected' for having a disability	Estadão	2019
4. Telethon shows the story of a gay couple who adopted a boy rejected by 90 straight couples	Põe na Roda	Unavailable
<b>Experience 2 - national</b>		
1. Homosexual couple gives shelter and motherly love to disabled boy	Hoje em dia	2012
<b>Experience 3 - national</b>		
1. Female same-sex couple adopts baby with Down syndrome: "we didn't plan it"	Nós/Terra	2022
<b>Experience 4 - international</b>		
1. The story of the single gay man who adopted a baby with Down syndrome, rejected by 20 families	G1/Globo	2018
2. Girl with Down Syndrome rejected 20 times is adopted by gay man	Pragmatismo Político	2018
3. Father adopts girl with Down Syndrome who had been rejected by 20 families	Observatório do Terceiro Setor	2020
4. "She is my light": says a single, gay father 4 years after adopting a girl with Down syndrome rejected by 20 families	Razões Para Acreditar	2022
<b>Experience 5 - international</b>		
1. Solo father adopts four children with disabilities so they can have a better life	Hypeness	2018
2. Gay and single man adopts four disabled children in the UK	Casal sem Aspas	Unavailable
3. Father adopts four children with Down, autism, and physical limitations, and today dedicates his life to them	Vix Brasil TV	Unavailable
<b>Experience 6 - international</b>		
1. Boy with Down syndrome is adopted by same-sex couples in Portugal	Movimento Down	2013

Source: Authors.

bodily and functional characteristics<sup>15,16</sup>. As an ethical perspective, it mobilizes the recognition of our dependencies and vulnerabilities, without making the role of the caregiver invisible, as all care involves intensely personal, social, symbolic, and significant relationships. Reviewing institutions and values to recognize our dependence opens up possibilities to recognize similarities and respect differences<sup>15,16</sup>.

The experience of adopters and homoparental families from cisheterocorponormative perspectives overshadows the different experiences of adoption and fatherhood/maternity between straight and homosexual couples. The Portuguese couple's speech about both being "human beings" and that the adoption process does not differentiate them from heterosexual couples is a demonstration of this effect, which operates as a homogenizer of fundamentally heterogeneous

processes due to the dimensions of race, class, and gender.

The guarantee of sexual and reproductive rights conditions the recognition of homoparental families, which is why we demand them in the realm of justice. Parenting is intersected with care, a category equally crossed by gender inequalities that hierarchize subjects according to certain attributes that facilitate or harm certain groups in the construction of their relationships. Therefore, we understand parental care as being involved in guaranteeing "countless combinations of family networks and expressions of parenting based on exchanges of care goods, the promotion of life and the expression of differences"<sup>4</sup>(p.3593).

Despite recent advances, the concept of family is not made explicit in primary care health documents. This absence interferes with care for

**Chart 2.** Brazilian Family Stories.

<b>Brazilian families</b>	
Family 1	<p>This case refers to a Brazilian couple of cis, white, gay men<sup>33-35</sup>, who would adopt children aged zero to five. They stated that they saw a child and not a disability, despite being presented with the “diagnosis” first. The couple portrayed homophobia and the perception that people try to identify who would be the “woman in the relationship”<sup>33</sup> through the different caring roles assumed and that teaches the son about different family and care settings, so that he understands the formation of same-sex families. They had family support in the process and their experiences stand out because they had prior contact with people with disabilities, as they were already carrying out voluntary work at the institution where their child is cared for, although they did not know him when the adoption opportunity arose<sup>35</sup>.</p> <p>His son is a white boy, five years old, with hydrocephalus and myelomeningocele, the disability being the reason for his adoption, when he was one year and five months old. His disability was considered severe, and his diagnosis was first presented to his new parents. They believe that this way of describing children makes it difficult for them to be accepted in gay adoption processes<sup>33-35</sup>. The couple reported that the boy is developing well, is being cared for in a rehabilitation service, and is already facing questions regarding his motherly figure, being taught to respond normally that he is the son of a gay couple, in addition to also learning about the importance of who takes care of him<sup>33</sup>. His biological mother is mentioned indirectly and negatively during the report, as being responsible for the “after-effects of neglect” and experiences of rejection with “less than a month to live”, as he had already been rejected by ninety couples before he even met her<sup>33,35</sup>.</p>
Family 2	<p>This case refers to an interracial couple of gay men, one of whom self-identifies as an ex-transvestite<sup>36</sup>. He stated that he abandoned his gender identity due to the discrimination he suffered after adopting his son, but not without first undergoing interventions such as a tattoo on his neck to disguise his “gogó” and a lot of effort to “look like a woman”<sup>36</sup>. He performs as a cis man and identifies as a mother. The couple reported a good relationship with family members and living in a peripheral region, where they face socioeconomic difficulties and prejudice. The family income came from earnings as a mechanic and hairdresser, as well as from the income transfer program. United for 17 years at the time, they reported not having the resources to formalize the relationship<sup>36</sup> and had temporary custody of the boy, with the expectation of obtaining the definitive version soon. A lawyer highlighted that the implementation of the adoption would imply automatic recognition of the stable union, as it is a requirement for joint adoption. Otherwise, the adoption would be granted to only one of the parties<sup>36</sup>.</p> <p>His son is a six-year-old boy, with cerebral palsy and multiple disabilities (according to the report, he cannot walk, cannot speak, sees distorted images, and is fed through a tube) acquired after a possible beating by his biological parents when he was only five months old<sup>36</sup>. The adoptive parents reported that the parents are alive and separated, that they do not know their whereabouts, that the father was unemployed, and the mother was a sex worker. His adoptive mother suffered discrimination when taking him to school. Her pediatrician also asked her about the choice to care for him when she could dedicate herself to a child without disabilities<sup>36</sup>. The boy accesses limited health care through an agreement and does not have all the specialties required. However, the family highlights improvements in development since beginning some treatments and facing accessibility barriers at home, as well as high spending on diapers and necessary food<sup>36</sup>.</p>
Family 3	<p>This case refers to a couple of black cis women<sup>37</sup>, one a teacher, with two biological children and the other a banker, who recognizes herself as the affectionate mother of her stepchildren. Tânia reported that only her children accepted her sexual orientation, even questioning whether it would change her gender identity (given the question: “mom, are you going to dress like a man?”)<sup>37</sup>. Clarissa highlighted the religious dimension as one of the justifications for leaving her family. Tânia reported efforts to adapt to heteronormative impositions and emphasized the importance of recognizing lesbian parenthood, stating that the recognition of her family arrangement implied the external understanding that it was not a “mess” or “fad”<sup>32</sup> – terms used to disqualify loving relationships between women. Tânia also commented on the openness of same-sex couples regarding the profile of children desired for adoption and related this range to personal experiences of discrimination and prejudice<sup>37</sup> – an aspect also reported in other studies<sup>21,38</sup>.</p> <p>Her son is a white Brazilian boy with Down syndrome. The report is mainly dedicated to the stories of these women.</p>

Source: Authors.

**Chart 3.** Foreign Family Stories.

<b>Foreign Families</b>	
Family 1	<p>This case refers to Luca, an Italian, white, gay, single man<sup>39-42</sup>. His trajectory is different due to his previous interest to become a priest, with the perception of his own homosexuality during the seminary; to his prior experience of volunteering in religious spaces to care for children with disabilities and serious illnesses; and because he had been affectionately adopted by a family, together with another young man with a disability, in order to become the boy's brother<sup>39-42</sup>. Luca stated that he had a great relationship with both his biological and adopted families, and reported registering as an applicant for adoption in 2017, when Italian national legislation allowed adoption by single men<sup>39,42</sup>. The country's legislation prohibits the registration of dual paternity on birth certificates<sup>42</sup>. At the time, the adoption of a child with "behavioral problems", a disability, or a serious illness was a condition imposed by the public authorities and accepted by the boy, who already intended to adopt a child with a disability and declared that he had the necessary resources to care for him. He believes that his story contributes to the discussion of stereotypes involving paternity, religion, and family<sup>39</sup>.</p> <p>Her daughter is a white, newborn girl with Down syndrome<sup>39-42</sup>. Rejection by other adoption families also marks her trajectory, and her father reports that she was always his first option. The reports show that he has the resources and full time to care for her. The parents were cited in different ways: either abandonment was attributed to both due to non-acceptance of the disability<sup>39</sup> or the delivery for adoption was attributed especially to the biological mother who would have rejected the request<sup>40,42</sup>.</p>
Family 2	<p>This case refers to story of Benjamin, a single, white, gay English man, who registered as an adopter at twenty-one years of age. He is a sign language teacher at schools in the region where he lives and supports other adoption candidates. The first adoption took four years to be formalized and during that time it was necessary to prove his capacity for parenthood. The report cites an Adoptive Father of the Year award, given by a British adoption support organization<sup>43</sup>.</p> <p>His first child is a two-year-old boy, with Autism Spectrum Disorder (ASD) and Obsessive Compulsive Disorder (OCD), discovered at the end of the process. Two years later, a three-year-old girl arrived, diagnosed with Pierre Robin Syndrome, vision changes, scoliosis, and a congenital disease that affects the functionality of her arms and hands. The third sister is a two-year-old deaf girl, who motivated the family to learn sign language. The fourth child is a boy who arrived at one year old, with an ostomy and with Down syndrome, which is why he was put up for adoption by his biological family. He was highlighted in the report as one in need of full support<sup>43</sup>.</p>
Family 3	<p>This case refers to an interracial couple from Portugal, made up of two cis gay men<sup>44</sup>. Eduardo is a hairdresser and Luis' profession was not disclosed, but it is mentioned that they are both public figures. The report draws attention to the couple's speech, contrary to the use of their experience as a flag for any struggle<sup>44</sup>. Eduardo emphasized that one should not create stereotypes that differentiate between gays and straights and demands that both be treated as human beings. He does not consider the favorable sentence a victory, but rather a common achievement for any couple, although the report states that it is an unprecedented decision. The boy also reported an approach by a homosexual couple with doubts about regularizing their adoption and reported that he was lucky to find a magistrate who gave a decision as if a sentence from God<sup>44</sup>.</p> <p>Their son is a white boy living with a syndrome, whose temporary custody has already been with his adoptive parents for over a year. The report did not offer any more information about the child<sup>44</sup>.</p>

Source: Authors.

homoparental families and family/reproductive planning programs, which do not sufficiently include adoption<sup>49</sup>. No report mentioned assistance at this level of care. But several of them demonstrated that the assessment of caregiving capacity was called into question in several situations, es-

pecially in the case of gay men. This reveals the homophobic nature of these experiences, which involve components such as the imposition of gender roles on the recognition of care.

On the one hand, there is the ability to care for someone linked to compulsory heterosexuali-

ty, in which only cisgender and heterosexual men are previously qualified for fatherhood, not necessarily for care, taken as a natural and almost exclusive attribute of women. Care, however, is converted into an indicator to evaluate homosexual couples with the purpose of verifying whether or not any partner assumes care in the family relationship. The visualization of this caring persona is insufficient when compared to the demands of a maternal figure. Such rationality does not seem to influence lesbian parenting, enhanced by dual motherhood. As for women, the disqualification focuses especially on the control of their bodies and sexuality and less on the ability to care, unquestionable by patriarchy (see the need to affirm that the relationship “is not a mess”)<sup>37</sup>.

The meanings of motherhood are exposed when the person who answers as a mother does not fit into the cishetero manual. Homoparenting does not include transvestites and trans people, but its relevance stands out because one of the reports brought the experience of a gay man who identifies as an ex-transvestite and a mother. His story informs that political identities influence patterns of recognition in the context of hegemonic parenting, supported by heterosexuality<sup>4</sup> and cisgenderity<sup>50</sup>. This also reveals to us that mediatized experiences are marked by manifestations of ableist logic in intersectional metamorphoses<sup>2</sup> with sexual orientation and gender.

Regarding children’s health, foreign experiences were restricted to diagnosis and two national experiences included rehabilitation care, third sector services, and private insurance. The child who accessed insurance services did so in an insufficient and disjointed manner, being the one whose family demonstrated greater vulnerability: their custody was provisional; the parents had not formalized the union; the disability was acquired due to violence; there was a report of an ableist demonstration by the health professional. Access to non-governmental and fragmented services imposes weaknesses on comprehensive care. Precarious access to essential supplies such as diapers and food indicate complete disregard for their health.

Thus, the children’s stories were summarized to diagnoses and rejection histories and their health demands were reduced to body functionality, which summarizes the reductionist way in which the health of people with disabilities has been politically approached and the challenges to providing comprehensive care. This corroborates the fact that health care for this population is often restricted or prioritized within the scope of

specialized care, through rehabilitation services, historically marked by correction practices, today criticized in the light of ableism, within the scope of human and social sciences in health<sup>10</sup>.

The reports also reveal that the adopters were contacted mainly by the State itself, according to the desired profile, being presented with children rejected by other families. In international experiences, the adopter profile is imposed, while in national cases, the offer was voluntary. The timing of the processes was irregular. The only report to portray the experience of lesbian women is in line with the study by Souza *et al.*<sup>26</sup>, who found greater difficulties in the process for gay men, which can be justified by gender stereotypes<sup>23</sup> that emphasize care for feminine attributes and greater acceptability of lesbian family makeups, as already mentioned.

There is no national legal guidance that associates certain profiles of applicants and specific groups of children. However, some countries already have a history of judicial decisions from this perspective, according to the story of the Italian adopter<sup>39</sup>. On another occasion, an adoption service professional in France publicly stated that gays could only adopt “children with problems”<sup>51</sup>, mobilizing this debate in several countries, including Brazil.

National research has already questioned this practice and revealed the targeting of children with disabilities to homoparental families<sup>24,26,29</sup>. On the other hand, studies reveal that homoparental families believe that the intention to adopt children with disabilities increases the chances of having a successful adoption and influences the speed of the process<sup>22,32</sup>. Hence the importance of delving into this debate in a broader sense, with the LGBTQIA+ community and people with disabilities.

Homoparental families agree with the designation of non-traditional adopters<sup>52</sup>. For Rosenthal<sup>52</sup>, these families have the best experiences when it comes to adopting children with disabilities, according to statistics, reports, and research, which is in line with the greater willingness of same-sex couples to adopt children with disabilities.

Although the experiences analyzed make up a diverse mosaic of families and experiences, their stories find notes from Mozzi and Nuernberg<sup>53</sup> about conditions that positively impacted adoption: the social recognition of motherhood or fatherhood; prior contact with people with disabilities; as well as the central role of the child in the bonding process with adopters and in care

practices. For the authors, these aspects acted as motivators to carry out the adoption process and allowed the recognition of disability as merely an attribute or component of the child's identity, across gender, age, race/ethnicity, among others. In this sense, the barriers experienced by children can make disability operate as a bond-intensifying device.

In relation to the media responsible for disseminating the stories covered in this essay, it is worth highlighting the unanimous construction of favorable visibility for the adoption of children with disabilities by homoparental families. However, there were no explicit defenses to the adoption of children with different profiles, including those without disabilities. The positive image of the adoption of children with disabilities by gay and lesbian couples and individuals was emphasized by narratives of rejection and abandonment of children due to their disability by biological families.

These observations were interpreted through the lens of the *grammars of ableism*<sup>2</sup>, crossed with gender and sexual orientation. This was not intended to explore the contents individually, but rather to capture the way in which cishetero-corponormativity operates in the production of values. In these cases, the adoption of rejected children with disabilities seems to have been considered positive not only for the defense of the right to adoption by same-sex applicants, but, above all, for the best interests of children who have not found other parenting alternatives among heterosexual couples.

The situation of people with disabilities in prolonged and permanent institutionalization was presented in a report by Human Rights<sup>54</sup> after a visit to Brazil. The document proves that children with disabilities remain in care for longer than children without disabilities, remaining in these conditions throughout their adult lives, most of whom leave these spaces only at the time of death.

The document in question revealed studies conducted in 2016 and 2018, the results of which reported that more than 60% of all children with disabilities lived in institutional care beyond six years of age<sup>54</sup> (exceeding the years of life of the children protagonists of the reports analyzed) and that most of them spent more than half of their lives in these spaces, respectively. In this sense, given the non-compliance with the objectives designed for embracement institutions (temporary reception and as a last resort), the direction of children with disabilities to homo-

parental families may find a morally situated opportunity.

Finally, we draw attention to an international movement to condition the right to adoption by LGBTQIA+ people to the acceptance of children with disabilities and serious illnesses<sup>39,54</sup>, a connection that demands in-depth analyses and more robust studies, essential elements for understanding these events and guaranteeing the human rights of homoparental families and children with disabilities and complex health conditions, available for adoption.

## Conclusion

The essay was mobilized by guiding questions whose answers are not imposed in a generalizing or finalistic way. Homoparental families and children with disabilities intersect in the context of adoption based on different factors, with the discriminatory experience being a common element, analyzed under the *grammars of ableism* and care. It was found that media approaches endorse the right to family formation and the adoption of children with disabilities by homoparental families without critically delving into the disability category and without explicitly supporting the adoption of children with typical profiles.

Considering that our collection was restricted to the reports gathered, and that in this essay the exploratory nature allows us to indicate agendas, we recognize the need for future research that explores the perspective of adopting families, their arrangements, challenges, and confrontations. We reinforce the need for new investigations into the intersections between ableist and LGBTQIA+phobic structures, incorporating the intersection of other forms of oppression such as racism, in parenting experiences and their challenges to collective health, targeting strategies to guarantee comprehensive care, family health, and reproductive justice. In the same direction, we highlight the importance of anti-LGBTQI+phobic and anti-ableism training within the scope of permanent education and continuing training, in different sectors.

The essay indicates that the intersections between homophobia and ableism increase discriminatory and oppressive logics and that this union of groups considered "undesirable" is expressed as a strategy of governmentality. This allows the public authorities to simultaneously solve the problem of children and adolescents

with disabilities who would remain in shelters “until they die”<sup>54</sup> and guarantee homoparental families some status of existence, even if conditioned by their rules, which reveals the complex-

ity of grammars of ableism applied to the sexual and reproductive rights of LGBTQIA+ adopters and to the fundamental rights of children and adolescents with disabilities available for adoption.

### **Collaborations**

FS Dias was responsible for surveying and building the documentary collection, analyzing the reports, structuring the study, writing, and reviewing the manuscript. MCN Moreira was responsible for analyzing the reports, writing, and reviewing the manuscript. RP Santos worked on writing, including significant reflections, and reviewing the manuscript.

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