

Normanda Araujo de Moraes
Fabio Scorsolini-Comin
Elder Cerqueira-Santos *Editors*

Parenting and Couple Relationships Among LGBTQ+ People in Diverse Contexts

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We dedicate this book:

– To all LGBTQ+ people and families

– To all researchers in the field

*Without you this book would not be possible
and would not make any sense.*

Preface

It is with great satisfaction that we present the book *Parenting and Couple Relationships Among LGBTQ+ People in Diverse Contexts*. The creation of this book came from the concern of its organizers to provide an updated theoretical discussion, ethically and politically engaged with regard to the theme of parenting and marital relationships built and performed by LGBTQ+ people. To this end, reference authors in different countries were invited to write for this collection, approaching the theme from a diversity of contexts and in response to different demarcators. However, it is important to highlight the predominance of chapters contributed by Brazilian authors, revealing how much this theme has mobilized researchers in this scenario.

Such concern is justified by the need to give visibility to different aspects of the experiences of LGBTQ+ individuals and families, practically absent until now in general psychology and developmental psychology manuals, and even in books on family psychology. But, equally, this movement has to do with the concern and engagement of these researchers with the fight to guarantee the rights of the LGBTQ+ population. Specifically, when working with populations in situations of greater vulnerability and whose rights have been violated, the inseparability between theoretical/methodological and ethical/political relevance becomes even more essential. This reality is made visible throughout all the chapters that make up the book.

To start this discussion, Scorsolini-Comin, Morais, and Cerqueira-Santos present an overview of the scientific production about the main operators that organize this work: conjugality and parenthood. The authors stress how the scientific production in this field has been structured in dialogue with different scenarios, constantly in motion, from a global perspective committed to the fight for rights and attentive to intersectionalities.

Uziel discusses how gender shapes and permeates marital relationships, mobilizing perspectives on families composed of gay, lesbian, transsexual, and intersex people. In this sense, the author emphasizes the need to think about the concept of family in the plural (families), in order to contemplate the diversity that composes it (socially, culturally, and legally).

Costa and Salinas-Quiroz, based on a study carried out in 14 Hispanic countries on the American continent, present in their chapter an analysis of how much legal achievements and progressive legislation in relation to the rights of LGBTQ+ people are associated with more positive attitudes (and acceptance) of the general population regarding LGBTQ+ people and their rights.

The theme of coming out, in turn, emerges in the chapter written by Nascimento and Scorsolini-Comin. The authors sought to understand the role of the family of origin in the coming out process of young adults, as well as the consequences for its various members. They found that each family, in its own way and at its own pace, builds an intelligibility about the coming out, which can promote a progressive process of acceptance and represent an important source of social support for these individuals.

The aging of lesbian women is the theme of the chapter written by Fernandes-Eloi and Rabelo. The authors present lesbian families and their historical construction, highlighting the expansion of social and legal achievements. Furthermore, they discuss the coming out and the role of internalized homophobia in this process. They conclude that, increasingly, lesbian women build families and grow old, highlighting three central axes that occupy the greatest concerns in the family context: conjugality, parenting, and care.

Cerqueira-Santos, Catelan, and Silva discuss the conjugality of emerging adults belonging to the LGBTQ+ population. They describe risk and protective factors in these couples' relationships, reflecting on the influence of minority stress and clinical challenges in working with these families. With new legislative configurations around the world, these young people are discovering the marital experience as a framework for the socialization of sexuality.

The Santos and Santos chapter discusses the historical-social aspects of the marital dynamics of Brazilian gay men. If, from a political point of view, couple relationships between gay men have been allowed by the Brazilian State since 2011, in social terms, the obstacles to this affective engagement from those who do not meet traditional normative expectations seem to remain. In this scenario, the authors emphasize that the social support networks of gay men continue to be essential to ensure emotional health, while also affecting current forms of conjugality.

The vulnerabilities experienced by trans couples (marital relationships in which at least one spouse declares themselves as a trans person) during the COVID-19 pandemic is the theme of the chapter written by Lira, Noronha, and Mesquita. The main vulnerabilities experienced by couples in the pandemic are related to: (1) transphobia, family rejection, and the weakening of the couple's social support network; (2) disparities in mental health and conflicts in the division of household chores; (3) the economic limitations, unemployment, and challenges that the couple face in the process of gender transition; (4) obstacles to accessing health services and gender dysphoria; and (5) intersectional transphobia.

Lira and Moraes are dedicated to the study of the processes of resilience experienced by lesbian and gay families, based on the identification of risk factors and protective factors. Different risk factors were identified, mainly related to the stress of being a sexual minority (externalized homophobia, internalized homophobia, and

concealment of sexual orientation). Regarding the protective factors that enabled the processes of resilience, the following are mentioned: belief systems (redefinition of the family; making sense of adversity; spirituality); organizational processes (flexibility, construction of common projects, definition of roles, expectations and obligations, as well as the mobilization of social and economic resources); and communication processes (clear communication, collaborative problem solving, management of the externalization of sexual orientation).

In regard to the theme of parenting, the book has eight chapters. In the first of them, Silva et al. present a systematic review of the Brazilian literature aiming to characterize the methodological strategies of studies related to families formed by gay and lesbian people. The analysis reveals a greater focus on families formed by lesbians who achieved motherhood through reproductive technologies, with a predominance of qualitative, transversal research, carried out through interviews and content analysis. It is concluded that theoretical and empirical research in the Brazilian context is needed to better address stigma and discrimination in such family configurations.

Mallon's chapter provides an overview of the ways in which lesbians, gays, trans, and non-binaries are approaching parenting and raising their families. Using data from more than four decades of social work practice with this population, the experiences of parenting in these families are examined.

Gato et al. present a review of research focusing on parenting aspirations. Prospective parenting processes and their determinants are described for people from sexual minorities (lesbians, gays, and bisexuals) and people from gender minorities (transgender and gender diverse individuals) separately, given the specific challenges that these two groups face in relation to construction of the family.

Varas et al. focus on the factors that shape the reproductive decisions of LGBTQ+ individuals, with attention to theoretical and empirical advances as well as the controversies and gaps in this area. The chapter presents a theoretical and historical review of family and reproductive rights in the LGBTQ+ community and discusses ways of accessing parenting for these people, such as adoption, reproductive technologies, and surrogate motherhood, among others. Finally, it reveals the particularities of the reproductive decision process of each group in the LGBTQ+ community.

Cecilio and Scorsolini-Comin discuss how professionals in the Brazilian Justice System understand the possibility of being a family through adoption by gay and lesbian couples. In the comments of these professionals—psychologists, social workers, prosecutors, and judges—some movements can be highlighted: (a) the social imaginary of possible harm to the child due to the lack of reference to the opposite sex; (b) the risk/protection factors assessed; and (c) that parental roles and functions can be more flexible and not based on a gender ideology, with parental competence being associated with the quality of the bond and not with sexuality.

Biasutti and Nascimento describe the adoption process and the arrival of the child for gay and lesbian couples in Brazil. Among the motivations for adoption, they mention the desire to exercise maternity/paternity and to educate and care for a child. The welcoming from the extended family; fears, insecurities, and prejudices

related to adoption; and family configuration are also pointed out by the families. The authors also reveal the need for psychosocial teams to be prepared to meet the demands of different family configurations.

Mosmann and Pasinato analyze in their chapter the possible associations between coparenting, parenting, affection, and conflict in families composed of gay and lesbian couples in Brazil. The results show high levels of coparental cooperation and low levels of coparental conflict and triangulation, high levels of affectivity and low levels of conflict, and prevalence of positive parenting practices in gay and lesbian fathers/mothers, indicating good levels of family functionality.

Finishing the book, Cerqueira-Santos, Santos, and Lawrenz discuss aspects of child development in children raised by gay and lesbian couples, from a perspective that opposes the deficit discourse. The authors review aspects traditionally referred to in the international literature, such as beliefs about homosexuality in these families.

Together, these chapters aim to promote important debates that link not only the possibility, legitimacy, and concrete experiences of these families in their different vertices and forms of organization around the world but also the necessity that scientific production in this field is ongoing—both to portray the positive changes in these scenarios and to denounce setbacks and contribute to the revindication of rights. May this book be added to strategies that collectively bring resistance, resilience, and the inclusion of many others and other pluralities to these families, our families, simply families.

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Persistent Issues for LGBTQ+ Families



**Fabio Scorsolini-Comin, Normanda Araujo de Moraes,
and Elder Cerqueira-Santos**

In this book, we got to know different analytical perspectives on LGBTQ+ families. These families, in different scenarios, have sought not only legitimacy in the face of the legal apparatus and society but also legitimacy in the face of other more traditional ways of being a family. Thus, LGBTQ+ families, regardless of their contexts of reference, seek a way to be seen, to be respected, to be considered families, or just to exist. Despite the power of nomenclatures, we cannot reduce them to “arrangements” or “new arrangements”: LGBTQ+ families are families. And this book, with its studies, with its writers, authors, and their positionings, seeks to legitimize them in a global society that is still exclusionary and guided by more traditional and conservative models of being a family.

The two main operators of organization listed here were conjugality and parenthood, movements that are situated as the mainstays of several investigations in the field of the family. One of the challenges is to discuss precisely to what extent these operators sometimes approach models considered more traditional, or if they sometimes subvert them. This tension also ends up promoting clashes in organizations that seek the rights of the LGBTQ+ population around the world: should the so-called LGBTQ+ families, here recognized only as families, be seeking to approach more traditional models, or should they, on the contrary, be claiming a different place, innovative, transgressive, leading to the need for permanent expansion of the

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concept of family or even the construction of new ways of describing a phenomenon in transformation?

More than approaching one or another conception, we are dealing here with the legitimacy of each and every family. With regard to the LGBTQ+ population, this legitimacy involves many movements, including that of explaining and narrating the family from better known, more traditional concepts and expressions but also, in a second instance, for bringing to the fore changes that do not constitute a nonfamily but that oblige us to expand the previously constructed concept, so that it allows for the inclusion of different possibilities of living in relation to gender identities and to affective orientations, for example – a concept or definition that can be used, in fact, to describe what it proposes, from the perspective of mirroring reality.

This means that the more general concept of family is still valid and should be expanded not to create a new family or another equivalent concept but that the family can precisely encompass and represent different people, compositions, and structures in relation to affection, conjugality, and parenthood. Moreover, that the family can stand in favor of protecting its individuals, one of the fundamental pillars of its existence and of importance for our survival as a group over time. It is for this reason that talking about the family continues to be so current – and including the LGBTQ+ population, often separated from this discussion – becomes so necessary around the world.

We know that historically when the so-called Family Psychology was studied, it used as a reference a certain family model: traditional, patriarchal, and centered on the consanguine bond. This production was even reinforced by White references located in the north of the globe, from a colonizing perspective, a trend that remained hegemonic for a long time, compromising the visibility of the LGBTQ+ population and their families. This picture, fortunately, has been changing. The depathologization of homosexuality and the advent of discussions about conjugality and parenting by LGBTQ+ people created important markers that are now portrayed in much of the research summarized in this book. This work is even possible due to all these events.

LGBTQ+ Conjugalities and Parenting from a Global Perspective

According to data from the International Lesbian and Gay Association (ILGA), a global entity that brings together local and national groups dedicated to promoting and defending the equal rights of LGBTQ+ people, the way in which this population can live the experiences of conjugality and parenting is quite different in worldwide terms. Although the number of countries that have recognized marriage or civil or stable unions between LGBTQ+ people is increasing, there are still important legal prohibitions, for example, adoption by these couples (ILGA, 2020). This is to say that parenthood still seems to be a more traditional operator, with

conjuality having dominated the largest number of issues in relation to the legitimacy of these families, a subject which also touches on issues such as divorce, the division of assets, the guarantee of protection, and preservation of heritage.

The recognition of these families seems to follow the same path: firstly, the legitimacy of the legal union between LGBTQ+ people is recognized, and, subsequently, the possibility of these people being mothers and fathers, of exercising parenthood, is discussed. A discussion that almost always takes place separately from the rights of these people, prioritizing issues such as preparing these people for parental exercise, from a perspective that associates being LGBTQ+ with a condition of lesser value, of prejudice, in contrast to historical struggles for the affirmation and acceptance of everyone in society, free from any discrimination.

Obviously, this discussion cannot take place without important points being brought to the fore, such as socioeconomic issues and how talking about conjuality and parenting also prompts reflections on the field of sexualities and their expressions. Talking about the legitimacy of a LGBTQ+ couple or LGBTQ+ people being parents can be an issue that defies many traditional societies based on patriarchy, gender binarism, and the interdiction of sexuality (Souza, Moscheta, & Scorsolini-Comin, 2019). Even though they seek to be structured in formats that may seem traditional at first sight – the experiences of being a couple, being a father, and being a mother – these people promote transformations that, for some, corrupt what is understood as a family. But if we had a broad and diverse concept of family, this fear would fall away.

Unfortunately, discussions in this minefield cannot be reduced – or simplified – by nomenclatures, although language is an increasingly important dimension in this debate. It is important that LGBTQ+ people are no longer an “alphabet soup” (Facchini, 2005), as discussed in the 1990s, but individuals and collectives with colors, shapes, and desires that must be known, seen, respected, legitimized, and, mainly, protected. May they be named in all their letters. This book reaffirms that we need to move forward on these issues globally.

Furthermore, this movement also involves reflection on how LGBTQ+ people are considered subjects with rights around the world. From a legal point of view, this amounts to guaranteeing these people access to the protection of the State, among others, so that they can simply exist. This statement prevails precisely because, in many societies, LGBTQ+ people do not even have the right to exist. If they cannot exist, the same logic applies to families made up of these people. This involves being prepared to combat, for example, against homophobia and transphobia.

In a scenario where there is the rise of the extreme right in several countries around the world, such as Brazil, in which guidelines to customs are being revised, ensuring more conservative movements and binary descriptions in relation to sexuality, it is essential that this movement in defense of this expansion of the concept of family is recognized and ruled as legitimate. But this does not only allow for the experience of families made up of LGBTQ+ people; it does not only allow us to recognize and speak about different conjugalities and parenting in the plural. This movement can reduce the effects of risk factors associated with being LGBTQ+ in

contexts of strong intolerance. If LGBTQ+ people can fully enjoy their civil and affective rights, they must also be respected in all their expressions, being protected by the State. Thus, we understand that legitimizing LGBTQ+ families is a way to also combat prejudice, intolerance, and violence that have historically plagued this population around the world.

The research with the LGBTQ+ population and, particularly in this book, with LGBTQ+ families, cannot be built separately from this discussion. Although many of our investigations seek to understand these people's intrapsychic domains and their relationships and bonds, it is essential that they stand as forms of resistance and combat. For this reason, this book, composed of researchers from different countries, is committed to this guidance: researching LGBTQ+ families is to be inherently committed to defending these people's rights and combating violence.

Being LGBTQ+ in the Pandemic Context

The COVID-19 pandemic has expanded the scenario of vulnerabilities that plague the LGBTQ+ population. Different surveys conducted in the United States (O'Neill, 2020), Brazil (Bordiano et al., 2021), Chile (Barrientos et al., 2021), and Nigeria (Oginni et al., 2021), for example, point to important losses experienced by these people, such as increased stress, financial difficulties, and concerns related to HIV treatment and the risk of infection by COVID-19. Greater family coexistence, especially when LGBTQ+ people are not accepted in their family nuclei, has considerably increased exposure to vulnerabilities, including violence.

A study carried out with 1934 LGBTQ+ young adults living in Portugal, United Kingdom, Italy, Brazil, Chile, and Sweden (Gato et al., 2021) showed that South American participants experienced more negative psychosocial effects of the pandemic. Depression and anxiety were higher among participants who were younger, did not work, lived in Europe, and who reported feeling more emotionally affected by the pandemic, uncomfortable at home, or isolated from friends who are not part of the LGBTQ+ community. These data reinforce that a global event, in this case the COVID-19 pandemic, devastates this population in different ways, demanding that we take an intersectional look that is capable of also touching on urgent issues such as violence, racism, social inequality, and other markers that can allow people to meet these challenges, to experience resilience.

With students, for example, there are discussions about the fact that many LGBTQ+ people have not yet shared their sexual orientation or gender identity with their family, and the interruption of in-person classes and the isolation and social distancing policies brought these young people closer still to their families, in scenarios that are not always protective, generating significant damage in terms of mental health (Gonzales, Mola, Gavulic, McKay, & Purcell, 2020). All these vulnerabilities are increased when associated with factors such as belonging to lower socioeconomic strata, exposure to violence and racism, less access to health and

education facilities, and even territorialities, such as being a member of a community in which the public authority has a limited role (Lira & Morais, 2020).

As we look at an alarming global scenario, in a pandemic still in effect and with consequences that will still be observed over the next few years, it is important that our view of this population is propositional in relation to confronting all the inequities that have been embodied. However, it is also worth noting that the pandemic has produced important resonances, such as the strong sense of community and the maintenance of the discussion of important issues for the LGBTQ+ population (Oginni et al., 2021). Moreover, the family, persistently, occupies a prominent position in this debate: not only families that promote violence and discrimination against these people but also families that, recognizing their role of protection and guidance, can be welcoming environments which promote healthy development.

Some issues still need to be addressed in future studies, such as the monitoring of the pandemic in different countries and how its successive waves may impact the LGBTQ+ population. Proposing intersectional studies is also a necessity, so that future investigations can encompass the complexity that permeates the composition of LGBTQ+ families. Furthermore, we recognize the importance that new investigations are able to better address their arguments toward the effective struggle for the construction of public policies that can reach this population. It is also up to these researchers to confront the task of engaging more directly in this debate, especially in scenarios in which we observe a resurgence of these issues.

Final Considerations

At the end of this chapter, it is important to reaffirm some of the positions that make up this collection, such as the defense of the rights of LGBTQ+ people and the commitment to combat intolerance, prejudice, homophobia, and transphobia, in a movement of refusal of necropolitics (Caravaca-Morera & Padilha, 2018). According to the ILGA (2020), Brazil (the country of origin of the organizers of this book) ranks first in the Americas in the number of homicides of LGBTQ+ people and is also the leader in the murder of trans people in the world – according to data from the Trans Brazil Network, a trans person is murdered in Brazil every 26 h, and the average life expectancy of this population is only 35 years old. Discussions about conjugality and parenthood cannot be conducted without a commitment to face this scenario. And that's why the family still remains a legitimate – and potent – issue in this fight.

Convening different audiences for this debate is fundamental. Knowing the scenarios experienced in other countries, promoting approaches between contexts, can provide us with a more in-depth view of the subject. Local records must be debated and made visible as an emerging issue for all nations. The recognition of local scenarios and their specificities can only enable a more integrated and global discussion. The challenge, therefore, presents itself to everyone.

We hope that more protective scenarios can indeed involve LGBTQ+ families and that these discussions may not only be in the interest of LGBTQ+ people but of

every society that seeks to be fairer, more diverse, and in line with the principles of peace, with a welcoming respect for the human person. More plural discussions about the family can inhabit spaces such as the school, the streets, and the ways not only in which we show affection, but in how we make politics and how we perform our society. It is with this commitment that the researchers gathered here intend to continue walking. And it is with the expectation that this knowledge will reach everyone who can benefit from it that this book is shared.

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LGBTQ+ Conjugalities: Reviewing Gender Uncertainties



Anna Paula Uziel

Family, gender, and sexuality are themes that permeate everyone's lives. However, their combination is only considered when something escapes heteronormativity. The fact that most families come from a sexual relationship between a cisgender man and a cisgender woman makes sexuality not a topic, given the naturalness with which this conjugation is seen. Gender does not emerge as an issue either, although it has been an excellent analysis category for some decades, as Scott (1990) rightly pointed out.

Although it is possible to deconstruct gender binarism in everyday life, making efforts to get out of this reductionist logic, perhaps in all Western social spaces, social life is organized in this way from an early age, as Santos et al. (2018) show us in a study carried out with children up to 3 years old who reproduced in their speeches and actions the division of toys between girls and boys. This binary logic serves to instill the idea that the feminine and the masculine are necessary and complement each other, even when considering the power games that constitute them. The naturalization of conceptions and behaviors and the idea of complementarity contribute for us to repeat the need for this pair, understood as vital for the organization of everyday life and subjectivity.

The belief that homosexuality is a deviation or a disease, even though it was removed from the International Classification of Diseases (ICD) in 1990; the idea that genders are complementary underlie the estrangement and shocks that gay marriage brings about, to this day, and the possible resulting conformation of a family, despite all changes that have taken place in recent decades; and the perspective on gay and lesbian couples always seeks polarization, following a reproduction of this female/male dichotomy also between two men or two women, cisgender or transgender.

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This discussion is also part of the questions such as those formulated by Courduriès and Fine (2014): Do couples and families composed of gay and lesbian couples – and we can add trans and intersex people – create a new kinship? Would homosexual conjugality and homo- (or trans) parenthoods be a rupture with the traditional kinship system?

Thus, this chapter intends to think, based on theoretical questions, in what ways gender configures and permeates conjugal and parental relationships, mobilizing perspectives about LGBTQ+ families.

Between Gender and Heteronormativity: Evidencing the Non-View That Constitutes People

A feminist research study starts from the chance of the matter, recognizes sexing as an inaugural gesture of the political regime of gender, investigates the patriarchal morals in the life and survival of women, distrusts the institutions that drive women's governance in the asylum, on the corner, in the convent or in prison. (Diniz, 2014, p. 19)

This excerpt by anthropologist Débora Diniz dialogues with the well-known text by Donna Haraway (1995) on localized knowledge in which she points out the social, geographic and gender conditions of those who produce what is recognized as knowledge. Her reflections give consistency to the idea that it is necessary to make who is speaking explicit so that the point of view can be contextualized.

Thus, I believe that my and 'our' problem is how to have, simultaneously, an explanation of the radical historical contingency about all postulated knowledge and all-knowing subjects, a critical practice of recognition of our own 'semiotic technologies' for the construction of meaning, and a serious commitment with faithful explanations of a 'real' world, a world that can be partially shared and friendly towards earthly projects of finite freedom, adequate material abundance, reduced suffering and limited happiness. (Haraway, 1995, p. 15/16)

A paper from the perspective of gender and that intends to be feminist is situated. Historically dated, gestated in its time and with marks of gender, are social class and skin color, among others. Thinking based on gender is a political choice, a way to illuminate the analysis of what is built and to resist academic domestication (Azeredo, 2010). For Maria Lugones (2014), "gender is a colonial imposition. Not only for imposing on life lived in harmony with cosmologies incompatible with the modern logic of dichotomies, but also for inhabiting understood and constructed worlds" (p. 942). That is why it is thinking about gender, setting it in motion, and disturbing it.

My reflection on gender will be anchored on the ideas of Teresa de Lauretis (2019) and Sandra Azeredo (2010), in this last author's reading of Judith Butler's concept. In the *Technologies of Gender*, Teresa de Lauretis (2019) makes four proposals: she takes gender as a representation, says that the representation of gender is its construction, and asserts that the construction of gender is also done where it

is not expected and that it is done by means of its deconstruction. From this author, I will appropriate the ideas that she develops in the last two proposals. And from Sandra-Butler (Azeredo, 2010), I will take gender as trouble: “Theorizing about gender implies trouble due to the enormous complexity of this concept and also because the tendency is to domesticate it” (p. 184). Therefore, the challenge is to think disruptively based on gender. Sexual difference is not limited to material differences.

‘Sex’ is an ideal construct that is forcibly materialized over time. It is not a simple fact or a static condition of a body, but a process by which regulatory norms materialize ‘sex’ and produce this materialization through a forced reiteration of these norms. (Butler, 2000, p. 111)

And the performativity of gender is related to this materialization as it is understood as a reiterative and quotational practice “that reiterative power of discourse to produce the phenomena it regulates and constrains” (Butler, 2000, p. 111). In this sense, the materiality of the bodies is a productive effect of power.

For Preciado (2018), neither the visual criteria that inform the sex designated at birth nor the psychological criteria that make someone feel like a man or a woman have a material reality. These are regulatory ideals; they are political fictions that install their somatic support in bio-subjectivity. Thus, it is possible to assert that conjugality and parenthood are based on the performativity of gender, and it is also necessary to think about how heteronormativity shapes them.

According to Miskolci (2009), “[...] heteronormativity is a set of prescriptions that underlies regulation and control social processes, even those that do not relate to people of the opposite sex” (p. 156). Being taken as a standard means becoming invisible; out of the question; jettisoning people, bodies, and relationships; making them abject; and lives that do not matter, to use Judith Butler’s expressions. For this reason, in recent years, the importance of talking about cisgender, as opposed to transgender, has been reinforced, showing that even what society takes as a standard should be named. If the “origin” of gender identity matters, it must be said, if only to overthrow it.

Cis or trans, gender binarism organizes the relationships between people. In the case of trans people, the transit is between these two poles: female and male. It is not a simple construction, there is still a lot of social reaction and violence, and the recognition of the new gender identity goes through skin color and economic and cultural levels, as well as passing (Duque, 2017). However, people who claim to be nonbinary and those who call themselves intersex escape this dichotomy, and the socially generated nuisance lies in there, through something understood as indefinite, because it is not located in either of the two poles. It is for no other reason that medicine, afflicted with vagueness, understands how urgent it is to say the child’s sex, and certainly the values of the person who looks at that body interfere in what he/she sees and in the choice for naming it (Machado, 2005).

A Legislative and Legal Path: In the Brazilian Plots for the Construction of Rights

To open this section, I chose a provocation by Judith Butler (2003, p. 233), when she discusses the recognition of marriage between gays and lesbians: “Who can desire the State, who can desire the desire of the State?” Who can regulate private life, with regard to conjugality, and how? What is the limit of State intervention? What do we expect from it and how to limit its tentacles? How important is the regulation of gay marriage and what risks does it bring? As stated by Daniel Borrillo (2021), an Argentine jurist living in France for many years, in an interview with Lila Blumberg, if sexuality is part of private life and personal choices, it is important to pay attention to what society and law guarantee about the subject matter.

It can be said that, in Brazil, the 1988 Federal Constitution is a landmark, a major break with what was understood as a family, until then. Article 226 states that “the stable union between man and woman is recognized as a family entity” (paragraph 3) and that it is also understood “as a family entity the community formed by any of the parents and their descendants” (paragraph 4), marking the plurality of families, which are no longer necessarily constituted from marriage. The Brazilian Constitution also removes from social ostracism and legal condemnation families made up by only one adult, usually a woman, with her offspring. It is known that the number of single mothers in Brazil is growing, and this nomenclature unleashes motherhood from the marital status of women, in accordance with the 1988 Constitution.

Over the years, this opening with respect to the recognition of other ways of establishing conjugality has certainly contributed to expanding the concept of family entity, no longer restricted to just a man and a woman. In addition to stable unions, single parenthood was legally incorporated, as well as the idea that there are multiple ways of conceiving a family, which had been gaining ground since the legalization of divorce in Brazil in 1977. In this scenario, categories such as children born from adultery and natural children, among others, no longer exist, granting all offspring the same rights, reiterating the idea that marriage is no longer the marker of union between adults or parenthood.

Installed in 2005, the National Justice Council (*Conselho Nacional de Justiça*, CNJ) has been the responsible body, together with the Supreme Federal Court (*Superior Tribunal Federal*, STF), for expanding the understanding of couples and families in Brazil. Although the CNJ has prohibited notary offices from registering the union between more than two people, as of 2018, claiming that monogamy remains a necessary condition for the recognition of the common-law marriage, the registration of up to four fathers/mothers in the children’s civil registry is legally possible. If it is true that gays and lesbians can benefit from this decision, it is also important to look at what specific legislation exists.

In Brazil, as in many other countries around the world, the discussion about gay and lesbian couples was initiated or gained more strength in the 1990s, when AIDS killed many gay men who lived with other men. At that moment, it was necessary to

protect, at the very least, property issues. There were many reports of family members who, despite their broken ties, appeared when they learned of their relative's death and claimed assets, often leaving the surviving partner in poor financial conditions.

The first bill, No. 1151 of 1995, which regulated the “civil union between people of the same sex,” authored by then congresswoman Marta Suplicy (PT-SP), was explicit in the prohibition of adoption. There was an effort to show that it was a question of heritage, not family. This project was never voted on and ended up being definitively shelved in 2007.

Then, in 1996, a substitute bill was adopted by the Special Committee: “registered civil partnership between people of the same sex,” whose reporting congressman was Roberto Jefferson (PTB-RJ). In 1999, the same congressman presented a new bill, this time disciplining the “solidarity pact between people,” in line with the French bill at the time under debate and approved in France in November of that same year. Initially, the project aimed to discipline the division of patrimony or the right to inheritance and did not require that there was an affective and/or sexual relationship between the individuals. It was a very ambiguous project, which was not approved either.

The issue of regulation and recognition of conjugality between gay and lesbian people is definitely back on the agenda in the second decade of the new millennium, although this extended period of time has not gone completely unnoticed. The establishment of a left-wing government in the country in the early 2000s made LGBTQ+ issues emerge in other ways, such as through the creation of the Brazil Without Homophobia program; the national and state conferences on gays, lesbians, bisexuals, transvestites, and transsexuals (GLBT) – responsible for changing the acronym – and the national and state councils for the LGBTQ+ population and the National Plan for the Promotion of Citizenship and Human Rights of Gays, Lesbians, Bisexuals, Transvestites and Transsexuals.

In May 2011, the STF ruled in favor of the Direct Action of Unconstitutionality (*Ação Direta de Inconstitucionalidade*, ADI) 4277 and the Allegation of Non-Compliance with Fundamental Precept (*Arguição de Descumprimento de Preceito Fundamental*, ADPF) 132, equating domestic partnerships between individuals of the same sex with those of people of different sexes. Two years later, through Resolution 175, the CNJ required notary offices across the country to celebrate civil marriage and guarantee the conversion of stable unions into marriages, whenever it was the couple's wish.

The lack of legal provision harms citizenship, even though we can argue that its excess or depending on how it is done hampers it, producing ties that also de-protect. With regard to the construction of the right to legal recognition of marriage between gays and lesbians, a debate about the need or relevance of this claim arises. Schiltz (1998) points to the risk of this regulation meaning submission to a heterosexual imperative. For Iacub and Weller (1999), marriage between people of the same sex can be understood as both a radical subversive demand and a very conservative aspiration.

Non-mobilization in the Brazilian legislative power on the matter allowed for the decision of the Supreme Court, with a political position in favor of human rights at the time, to be sovereign and definitive. However, even though the decision descriptively treats its intended audience, “people of the same sex,” the term homoaffectivity, by jurist Maria Berenice Dias, is now used in all official government documents since 2010, which draws the attention.

When discussing the State’s justifications for granting the right to union between gays and lesbians, Costa and Nardi (2015) claim, based on the use of the term homoaffectivity, that the State is not guaranteeing a democratic right to sexuality, but legislating about affection models. Thus, it is an ode to romantic love, giving the necessary contours to produce relationships that fit the imagination that the law allowed – a “docilization” of homosexuality?

The freedom with which we in Brazil use the term marriage and the social and legal recognition of any union between people of different genders makes us scarcely distinguish when there is a legal registration of the union, whether marriage or stable union, from when there is not. And this is now also happening with couples of the same gender, although the announcement of gay and lesbian marriage generates some astonishment. However, legalizing situations can also generate psychological tranquility and social well-being, and positions the individual in another way in the struggle for citizenship.

If the possibility of regularizing stable unions was an important achievement, we must also highlight another decision of the Supreme Court of great impact: After ADI 4275, transgender people can change their names and sex without the need for transgenitalization surgery. This decision brought an end to embarrassment and suffering for many people whose appearance was inconsistent with their documents, which led them to frequently need to give explanations about their lives. It is a right to identity and, in the case of conjugality and parenthood, to be able to appear, civilly and legally, as they really are, generally with a defined gender.

However, the legitimization of gender binarism can have disastrous consequences in different areas. One of them is the construction of the intersex individuals’ lives. Leivas et al. (2020) claim that there are no normative instruments that recognize the right to gender identity of intersex people. However, they may appeal to this same STF decision of 2018 (ADI 4275) when they identify themselves with a different gender from that assigned in the civil registry. Thus, it is possible to rectify the registration data. In making this decision, the STF understood “that gender identity is related to the fundamental rights to personal freedom, honor, dignity, and anti-discrimination” (Leivas et al., (2020), p. 305).

However, invisibility is not only from the legal point of view. Charlebois (2014) wonders if it is actually possible that intersex people are male and female subjects, starting from the idea that intersex women would be object of feminism to prove that gender and body are constructed, but are hardly heard.

The Public Record Law of 1973 still requires people to register the baby’s sex at birth. If, on the one hand, this requirement attests once again to the importance of gender binarism in society, on the other hand, it refers to the untimely legislation from a time before the Internet and the development of technologies capable of

controlling and producing truths about the identity of the subjects. Does the person's sex/gender at birth matter? What for? Although it seems difficult to answer the question, there is in the popular imagination the idea that not determining it generates fundamental obstacles to educate the baby.

Although it is a legal requirement from birth, it is only in the adult life that the consequences of belonging to one sex/gender or the other will be seen, such as the right to maternity or paternity leave, retirement time, and sports competition, among some others. It is only possible to determine the sex of the child that is born, not the gender with which it will identify. When it comes to intersex people, the countless reports of inadequacy to the gender chosen by the family and/or by Medicine should be enough to suppose the need for a new legal device, consistent with current knowledge.

Regarding the theme of this chapter, the registration of one sex/gender and not the other – both in the case of trans and intersex people – will certainly affect the right to conjugality and to parenthood. Although they are not prevented from legally recognizing their marital status, given the opportunity brought by the aforementioned Supreme Court decision of 2011, this registration based on a gender identity with which the person does not identify himself/herself certainly causes problems of every order. Despite the aforementioned STF decision of 2011 and Resolution 175 of the CNJ, the legal recognition of conjugality between people of the same gender is fragile, given that it is a decision of judicial bodies and not of a law.

Conjugalities: On the Margins and Intersecting the Laws

In this first part, we provided a legal overview on the right to conjugality. It is important to say that, in 2011, the fact that STF accepted the provocation, guiding the theme and giving a favorable decision to the equality between civil unions, was a fundamental political position, consistent with the ongoing movement to conquer the rights in the country. Furthermore, in its decision, the STF highlighted the affection bonds that involve couples made up by people of the same sex, emphasizing the centrality of this feeling in the families (Nichnig & Grossi, 2020).

And in everyday life, how are these conjugalities exercised? Differences and inequalities are present in marital and/or parental partnership relationships between men and women, between women, or between men; however, we might think that, when it comes to the same gender, relationships are established in other parameters.

Meinerz (2011) understands that the silence and gaps in the literature on female conjugalities are due to the fact that the theoretical tools developed are inadequate to understand affective and sexual relationships between women. This thought can be reiterated by what Rich (2012) says, when she asserts that heterosexuality must be understood as a political institution that takes power away from women.

In *Dois é par*, Heilborn (2004) works with intellectualized and psychoanalyzed segments of the middle classes in Rio de Janeiro, investigating heterosexual, gay, and lesbian couples. The research shows that equality and freedom are determining

values in contemporary marital arrangements. Since women are seen as the maintainers of the relationship, in the lesbian couple, marriage is a very important part of their lives, and the egalitarian perspective of the couple is naturalized (e.g., divisions of chores are not thematized).

In accordance with the research study by Heilborn (2004), for Nadia Meinerz (2011), “the appreciation of the establishment of affective bonds is signified by women as a privileged condition for the qualitative development of sexual relations” (p. 25). However, with regard to the erotic aspects of the relationships between women, this author highlights that the emphasis on affective investment does not mean neglecting the erotic dimension of the relationship.

In Psychology, one of the first empirical studies with gay and lesbian people in Brazil was carried out by Féres-Carneiro (1997). Conducted with 240 middle-class heterosexuals and 116 middle-class homosexuals in Rio de Janeiro, the study sought to understand their processes of love choice. The author states that heterosexual men and women and homosexual women value the same qualities in their loving partnerships: fidelity, integrity, affection, and passion. Homosexual men would emphasize physical attraction and erotic ability. These results show to what extent gender determines the dynamics of the relationships.

In a study on unilateral adoptions in gay and lesbian couples, Rinaldi (2017) shows how much recognition by the State modifies conjugality. As the couple can present themselves as such, they no longer need to be in the shadows, which will also have an effect on parenthood. And it corroborates what Butler (2003) already said that kinship is not only made of heterosexual relationships.

Borges et al. (2017), in a research study with middle-class gay men, show the great influence of valuing affection and respect on the uniqueness of the individuals in their understanding of family and marriage. When analyzing the French academic production on conjugality over the last two decades, Leandro Castro Oltramari (2020) refers to the growing importance given to companionship, birth control, and sexuality in the constitution and continuity of the couple.

The Brazilian literature on homosexuality, transsexuality, transvestism, conjugality, and family has been growing in the last 15 years (Luz & Gonçalves, 2018; Souza, 2013; Trajano, 2019). Even though they are different identities, there are a lot of similarities between transsexuals and transvestites when it comes to conjugality (Lomando & Nardi, 2013), precisely because of a characteristic that can be said to be common: Their identity experiences enter into conflict with the gender norms. The authors highlight how much “compulsory heterosexuality” (Rich, 2012) and “heteronormativity” (Butler, 1990) permeate the construction of their identities and their love and sexual experiences.

Alexandre and Santos (2019) point to the asymmetry of the relationships between trans and cis people, with regard to their experiences of acceptance and passing, which is perhaps a characteristic of this configuration, even though the experiences of homosexuality or affiliation with nonbinary identities can also bring about marked differences between the components of the pair. The authors bet that, in these cases, a loosening of the heteronormative culture bonds may be more possible.

However, they can also reinforce gender stereotypes, as highlighted by Seffner and Müller (2012), exacerbating the activity characteristics of male partners with transvestites, who need to reassert femininity.

With regard to bisexuality and conjugality, the Brazilian literature remains silent, and perhaps Gustavson (2009) gives a clue when he says that the idea that homosexuality and heterosexuality gives meaning to bisexuality is full of meaning, but it is not thought about how and to what extent bisexuality can accumulate in relation to monosexuality. Another aspect addressed by the author, and which dialogs with our theme, is that the circular understanding of gender understood as a reflection of intimacy is an attribute of monosexual desires. Duplicity intrinsic to bisexuality is supposed, but, perhaps what is bothersome is certain confusion between gender and desire, since bisexuality does not define either the partner's gender or number.

In other words, in bisexuality, it is not possible to know the partner's gender based on the person who calls himself/herself bisexual, which creates impasses in a society as gendered and dichotomous as ours. Bisexuality criticizes the way intimacy is organized, which involves the exercise of conjugality. People who call themselves nonbinary cause similar uncomfortable situations; they do not even announce their own gender, because they do not recognize themselves in them.

The diversity of marital configurations and expressions of gender and sexuality found in the Brazilian society also appears in the microcosm of the prison space, with restrictions in their experiences, but also concessions and some legitimacy. These processes will be better developed below.

Homosexuality, Transsexuality, Transvestism, Conjugality, and Prison

Official data show that, although the Brazilian female prison population represents only 6.4%, its growth was 675% between 2000 and 2017 (Brazil, 2017). They are young women (50% are between 18 and 30 years old), black-skinned (62%), with low schooling (45% have incomplete elementary school), and many of them are mothers (74%).

The centrality of the family in the lives of Brazilian women and the valuing of relationships that sustain their lives are also present when women are imprisoned and go beyond the family visits they receive. In women's prisons it is common to find women who form new families with other inmates, welcoming each other as mothers, daughters, and grandmothers. And the formation of affective/sexual/loving pairs is also quite frequent. Women who have relationships with other women in prisons where they are serving time reveal that having a relationship during this period has advantages and disadvantages. If, on the one hand, it is a source of affection, security, and a reason to be there, in addition to helping pass the time, making everything easier, on the other hand, it is "having two sentences," as they told us several times, which means to carry the weight of a double conviction.

Mariana Barcinski (2012) uses the idea of “acting according to circumstances” to refer to women who had never been in affective-sexual relationships with other women before prison and often say that they do not intend to continue when they are free. However, if we understand that sexual practices, affections, and desires do not need to be inscribed in identities, it is necessary to ask whether, in fact, there is a need to name what happens intramurally in this way. Many of them reveal that they allowed themselves to experience a relationship with another woman for the first time in prison and even introduce their family to their new partner, when they receive visits. Some attribute these experiences to loneliness, others to desire.

Although homosexuality is not exactly allowed in prisons, it is tolerated because of the idea that sex calms the inmates (D’Angelo et al., 2018). The affective relationships developed there both cause problems in daily life – when quarrels happen – and make people happier. The right to conjugality is often used as a bargaining chip, in the game of permissions and interdictions, favors, and practicalities that make up daily prison life.

In male units, only conjugalities and even family building with trans and transvestite women, who are included in the acronym LGBTQ+, are reported (Lima, 2019). In Rio de Janeiro, within the group that includes disabled people, foreigners, indigenous people, older adults, and LGBTQ+, this last subgroup totals 7.85%, innovating and reproducing the affections and types of violence of life in freedom.

The idea of godmother, so present in the extramural lives of transvestites, enters the prison system, in addition to the marital relationships they establish with their husbands, men who occupy this place in their lives, often repeating the well-known gender inequalities.

In prison, the intensity of relationships, favored by idleness and by the absence of intermittence, generates a lot of marital violence. Mass incarceration and, often, neglect of this population prevent this violence from being seen and its consequences from being addressed and solved.

The family is a relevant theme during the many prison moments, and there are many stories of trans women and transvestites who broke up with their families (Lima, 2019; Silva, 2020), as well as women who lose contact with their offspring or dream of visits and reunions. The children of incarcerated women are often sent to form other families, as adoption turns out to be a possible resource for part of the population, as shown below.

When the Couple Becomes a Family: Some Notes on the Diversity of Configurations

Miriam Grossi (2003) announces four forms of access to parenthood by gay and lesbian couples or people: children from a previous heterosexual relationship, co-parenting, assisted reproduction, and adoption. In the early 2000s, homoparenthood began to appear in the Brazilian academic literature, but transparent parenthood came much later, which explains the researcher’s reference only to homosexual couples.

In the last 10 years, even though there is still no legislation on assisted reproduction technologies in the country, there have been many resolutions by the Federal Council of Medicine to regulate the matter, the latest being in 2021. Since 2013, it is explicitly possible to carry out assisted reproduction for lesbian couples, including ROPA (Reception of Oocytes from Partners), if the couple wishes.

The registration of double maternity or double paternity is allowed both in cases of assisted reproduction and in cases of adoption. Single parenthood, regardless of the sexual orientation of men or women, has been provided for since the 1988 Federal Constitution, which means that gays, lesbians, and transgender people can adopt alone, without legal restriction. This section of the chapter proposes a reflection on the ways in which gender crosses the construction of parenthood involving gays, lesbians, and transsexuals, based on four points: the estrangement and naturalization of lesbian motherhood and gay fatherhood; the issue of disclosure; the balance of the couple with regard to maternity or paternity; and the specificities of trans and homoparenthood.

More and more men have claimed paternity, even as an important point for the construction of their masculinities. In the last few decades, we have witnessed the increasing number of gay people wishing for paternity.

Perhaps the conception by Karl Heinrich Ulrichs, who understood homosexuality as a phenomenon of sexual inversion (Fry & Carrara, 2016), can still be present when understanding the desire of gay men to have children as an attribute of their more sensitive, more careful, or other attributes associated with the feminine. The desire for fatherhood also reduces the force of an exaggerated sexuality attributed to gays, which is very present in the social imagination and which even contributes to fears, by society, of sexual abuse if they have male children.

In relation to the women, naturalizations attributed to gender also emerge. The fullness of femininity, even today, seems to come only with motherhood (Badinter, 1985; Costa, 1979; Salem, 1980), although the assertions of women who do not wish to be mothers, even heterosexuals of reproductive age and in lasting stable relationships, are increasingly supported. The new generations live with the idea of motherhood as a right, a possibility of desire, and an obligation.

Rostagnol (2012) works on contraception and abortion issues in an article about motherhood, showing that women combine and observe, to determine when they want to be mothers, the type of relationship they are in and the choice to medicalize their bodies with contraception, elements that are not present among lesbian cis women, in which motherhood demands a project, a movement – it does not happen by chance.

Lesbian motherhood is often a rescue. Some studies show how motherhood allows for a (re)approach with the families of origin, who often distanced themselves due to the sexuality of their daughters, granddaughters, and cousins (Azeredo, 2018; Machado, 2014; Machin & Couto, 2014; Martínez, 2015; Pontes, 2011; Silva, 2013). The opportunity to experience being a grandmother often reveals the reason for the aversion, disappointment, and fear that the revelation of the daughter's homosexuality generated: not being able to be a grandmother and interrupting

continuation and lineage. According to Virginie Rozée (2012), homomotherhood – term used by the author – would then be more acceptable than homosexuality.

The naturalization of the feminine as prone to motherhood is also operated through the device of motherhood. According to Marcello (2004), it is to make seen and say different ways of being this subject-mother of “a tactical investment of power over the bodies” (p. 202). Complementing Marcello, Fortuna-Pontes (2019) believes that “the device also operates by showing the similarities, capturing all types of motherhood in a single way of being a mother, that is, a way of acting, educating, giving affection; in short, how to be a good mother” (p. 124). In these cases, the strength of the motherhood device is to erase homosexuality or to put it in the background.

Sons and daughters of lesbian women seem less concerned with defining their sexual identities. Fortuna-Pontes (2019) and Biblarz and Stacey (2010) show that, despite the many similarities with daughters of heteroparental couples, daughters of lesbian mothers tend to adhere less to the traditional exercise of gender. Clarifying, Golombok (2015) states that escaping from the traditional has not been understood as something negative.

In recent years, there was proliferation of groups on Facebook and WhatsApp with people involved in home insemination, whether sperm donors, straight couples, lesbian couples, or women interested in solo motherhood. In the contact between single women or lesbian couples, the dependence on and adoration of this sperm donor are reproduced, and, without knowing them, in addition to possessing the substance that will make them mothers, which means fulfilling a dream, these men recognize them as future mothers.

When it is men who are looking for surrogates, this same adoration does not appear, gratitude at the most, or often a brief and temporary acknowledgment for the one who offered them the opportunity to be fathers. Once again, gender is a fundamental operator to think about the differences and show the varied ways in which relationships are naturalized.

In both cases, the question of revealing the sperm owner arises: whether the identity of the man who offered it in home insemination or identifying which parent is genetically linked to the child, in the case of two men. In this case, the weight of the belly, which is palpable and its growth is possible to follow, often takes away the importance of this knowledge, again unbalancing men and women when it comes to parenthood.

In cases of ROPA, there is also the anonymity issue. It is also possible to keep the body who donated the egg secret. In the case of in vitro fertilization, it is possible to ask the clinic not to reveal which egg was fertilized or to keep the information only between the couple.

Transsexuality also raises points about disclosure. In a lawsuit to which our team had access recently, the psychologist at the Court of Justice demanded that the child’s mother reveal to her the “truth” about her life, which meant, in that context, telling the child that she intended to adopt and that she had been born with a penis and the male sex designated at birth. It is necessary to think about the violence embedded in that requirement for that woman to have the right to be a mother.

Also regarding disclosure, a recent case also appeared in court, with another outcome. The father wanted help in revealing to his daughter that she had been born from him and not from her mother, as perhaps she supposed.

A third point concerns the balance between the couples, returning to the discussion of more or less egalitarian or balanced relationships. A number of studies show that ROPA (Pontes, 2011; Silva, 2013) facilitates the construction of family bonds on both sides, since the daughter of the two women will have genes from one and blood from the other. This “balance” facilitates the participation of both extended families, which see themselves represented and contemplated. In cases of surrogacy, even when sperm from both men is delivered so that it is not known which of them fertilized the egg, this question about who the father is from a genetic point of view, if it does not come from the couple, it has appeared as an issue of the extended family.

A fourth point of analysis discusses the specificities of lesbian and transparenthoods. With regard to double lesbian motherhood, breastfeeding is one of the issues that draws the attention. Reported in detail by Marcela Tiboni (2019), the woman who is not pregnant can prepare her body to share breastfeeding with the other mother, which has been quite common, as noticed in lives available on Instagram, in addition to research reports.

Although they are few, and trans people are completely excluded from the field of sexual and reproductive health and rights, more and more research studies on transparenthood have emerged (Angonese & Lago, 2017; Trajano, 2019; Zambrano, 2006). It is also important to think about the reproductive injustice (Fiorilli, 2019) that inhabits trans bodies.

Taking Correa’s discussion (2020), thinking about the constitution of trans families involves the rupture with something very essential in our lives, which is the name. According to the author, it is a refusal to the given name, a family choice, the option for a “non-parental naming system, where the name is self-constructed” (p. 131). However, this rupture does not necessarily mean breaking with one lineage or the desire to produce another.

Until recently, France required transgender surgeries to include the removal of reproductive organs. To make trans people sterile would be to admit conjugality, but not the formation of a family? Would it be to allow recognition, but not the use of the body in the production of this parenthood? The title of the text by Laurence Hérault (2014), which addresses the French reality at that time but raises very current and pertinent questions, brings us closer to this universe of transparenthood: “Procreating as a woman, begetting as a man.” The author wonders about what is on the agenda, what changes this parenthood promotes, both in the field of gender and in the field of parenthood. And she raises a very interesting aspect: A pregnant man who gives birth is uncomfortable because he steals a capacity that does not belong to him: gestating and bringing children to the world, which also makes us think about his “true” identity – and, in addition, someone who pretends to be sufficient, at the same time father and mother, and who would overcome the sexual difference or even more, in such an unbalanced society, one more male appropriation.

These specificities may also appear in intersex people or in the demands related to nonbinary people who have parental projects, still to be seen in future research studies.

Final Considerations

Families of two cis mothers, of two cis fathers, and of trans fathers or mothers remind that gender is a mark of coloniality and shed light on questions about naturalized families, with invisible and unquestionable compositions. Couples of nonbinary, intersex, and bisexual people question us about the need to define gender for the composition of the couple and parenthood.

These different estrangements are largely due to compulsory heterosexuality (Rich, 2012) and heteronormativity (Butler, 1990), already mentioned. And they force us to think about the trouble of gender: How to take it as a disruptive and non-domesticating agent? What can we learn from these arrangements that require ethical reformulations from us so that we can build a less violent and discriminating society that guarantees rights?

Despite all the changes in society, which were not few, perhaps we are, even today, very attached to the letters F and M (Lauretis, 2019), with which we need to identify and/or we are identified from birth. Couples and families made up by adults of the same gender circulate more and more in Brazilian cities. It is fundamental that the theme is discussed in higher education and that it gains visibility so that constraints and other violent acts can disappear in our society.

The conjugality and parenthood of trans people also pose other questions regarding gender: Transgression and submission are intensely intertwined. On the one hand, there can be a claim to certain essence, whether masculine, in the case of trans men, or feminine, in the case of trans women, asserting their gender identities from the beginning, almost as if they defended having been born in the wrong body, because their soul is of the other gender. On the other hand, the (re)construction of their bodies and experimenting with the other pole can be understood as the biggest rupture anyone could make in their lives. Dichotomy only reduces us. May gender serve to always ask us questions and not to allay our fears and uncertainties.

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Attitudes Toward LGBTQ+ People and LGBTQ+ Rights in Continental American-Hispanic Nations



Pedro Alexandre Costa and Fernando Salinas-Quiroz

Around the world, an overwhelming number of countries still do not recognize the basic human rights of lesbian, gay, and bisexual (LGB) people, and public opinion toward LGB people and their families is predominantly negative, mainly outside the Western countries. Nevertheless, for the last two decades, LGB family policies have become a sensitive political issue, and several countries are recognizing the family relationships of lesbian, gay, and bisexual individuals. The LGBTQ+ movement has advanced greatly in this respect by bringing family relationships to the forefront of their struggle for equality, which speaks to the core of individuals' life aspirations (Costa, 2021).

From Homophobia to Sexual Stigma

Even though the term homophobia has gained widespread usage since its proposal by Weinberg (1972), its major limitation is the conceptualization of prejudice as an individual pathology. A more accurate and contemporary conceptualization has reframed homophobic prejudice from individual *phobia* to intergroup relations and oppression (Costa et al., 2019; Herek, 2004). According to Gregory Herek (2009), the negative regard and inferior status that society collectively accords to people who possess a particular characteristic or belong to a specific group – in this case sexual minorities (lesbian, gay, and bisexual [LGB]) – can be defined as stigma.

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Sexual stigma refers to the socially shared knowledge, beliefs, and attitudes toward homosexuality's devaluated status relative to heterosexuality. When sexual stigma is internalized and manifested among members of the nonstigmatized majority, it can be conceptualized as sexual prejudice (Herek, 2009). Attitudes play an important role in the dynamics of prejudice and discrimination as they constitute an individual's evaluative judgment of people, places, and events (Maio & Haddock, 2015). Attitudes can be explicit or implicit; individuals are consciously aware and can report the first type, while the latter are automatically activated and difficult to control (Hall & Rodgers, 2019).

People around the globe still hold negative attitudes concerning LGBTQ+ individuals' capacity to sustain healthy relationships and the ability to provide safe and emotionally nurturing family environments (e.g., Baiocco et al., 2020; Costa et al., 2014), which fuels manifestations of sexual prejudice and may justify preexisting negative feelings, behaviors, and beliefs regarding LGBTQ+ marriage and parenting (Costa & Salinas-Quiroz, 2019; D'Amore et al., 2020). Among these leading prejudicial beliefs are fears of children's possible harassment and bullying experiences, as well as the development of a nonconforming gender identity or a nonheterosexual orientation due to their parents' minority status. Some people believe that the existence of LGBTQ+-parented households defies traditional family values and notions of kinship (Fonseca, 2008). According to Frias-Navarro and Monterde-i-Bort (2012), the superiority of heterosexuality and heteronormativity is maintained through individual opposition (i.e., effects of LGBTQ+ parenting on the psychological adjustment of children) and normative opposition (i.e., social pressure and heterosexist norms as an argument to justify discrimination against LGBTQ+ parents).

Herek (2009) has warned about the risk of getting the false impression that individuals are mere receptacles for cultural beliefs and norms concerning stigmatized conditions and groups, since the stigmatized can challenge or accept their devaluated status and the nonstigmatized play an active role in rejecting or embracing society's prescriptions for prejudice. In democratic countries, citizens can affect institutional change through voting; therefore, democratic process might also be used to restrict the scope of heterosexism in the law. We must distinguish between attitudes toward sexual minorities (i.e., the internalization of sexual stigma) and the attitudes toward policies that affect them (e.g., marriage equality and LGB parenting), since sexual prejudice influences heterosexism through public opinion, voting behavior, and political advocacy (Herek, 2009).

Legal Achievements

According to Ilan Meyer (2016), improvements in the lives of LGBTQ+ people in many parts of the world have affected primarily sexual minorities (LGB individuals) rather than gender minorities (transgender and genderqueer people), and mostly in North America, South America, and Europe. Specifically, in terms of legal

progress toward LGBTQ+ rights across the continental American-Hispanic nations, major differences exist. Corrales (2020) ranked countries based on the number of legal achievements and divided them into four groups: (1) those *barely starting*, having little to no legal protections for LGBTQ+ people; (2) those with *modest improvements*, having adopted decriminalization of same-sex behavior, civil unions, and/or marriage; (3) those with *major improvements*, having adopted laws regarding military service, anti-discrimination, and LGBTQ+ parenting; and (4) the *high achievers*, with progressive gender identity and hate-crime legislation. It is noteworthy that very few countries were highly ranked for having adopted laws to prevent discrimination and allow LGBTQ+ people to create their families.

Among the continental American-Hispanic nations, composed of 16 countries, progress toward LGBTQ+ equality has been, and still is, very uneven. As shown in Table 1, close to 50% of the countries from this region have adopted legislation in favor of recognizing same-sex unions, marriage, and parenting. In contrast, only one of these countries – Paraguay – have not yet approved specific anti-discrimination based on sexual orientation legislation. Of further note, four countries – Bolivia, Honduras, Paraguay, and Venezuela – have approved constitutional bans to same-sex marriage and/or parenting. We must remember that despite all the changes in the

Table 1 Legal achievements in continental American-Hispanic nations

	Anti-discrimination laws	Same-sex unions	Same-sex marriage	Same-sex parenting	Gender identity laws
Argentina	√	√ (2015 nationwide)	√ (2010)	√ (2010)	√ (2012)
Bolivia	√	√ (2020)	X*	X	√ (2016)
Chile	√	√ (2015)	X	X	√ (2019)
Colombia	√	√ (2007)	√ (2016)	√ (2015)	√ (2015)
Costa Rica	√	√ (2014)	√ (2020)	√ (2020)	√ (2018)
Ecuador	√	√ (2009)	√ (2019)	X	√ (2016)
El Salvador	√	X	X	X	X
Guatemala	√	X	X	X	X
Honduras	√	X*	X*	X*	X*
Mexico	√	**	**	**	**
Nicaragua	√	X	X	X	X
Panama	√	X	X	X	√ (2016 some)
Paraguay	X	X*	X*	X	X
Peru	√	X	X	X	√ (2016)
Uruguay	√	√ (2008)	√ (2013)	√ (2009)	√ (2009)
Venezuela	√	X*	X*	X	X

*Constitutional ban

**Differences between states

situation of sexual and gender minorities, most LGBTQ+ people around the world continue to suffer stigma, prejudice, discrimination, and violence (Meyer, 2016).

Global Acceptance Index

A recent study by Navarro et al. (2019), in which attitudes toward sexual minorities were assessed through the World Values Survey (WVS), has provided important insights into attitudes toward LGB people in seven South American countries – Argentina, Brazil, Chile, Colombia, Ecuador, Peru, and Uruguay. Women, younger participants, and those with higher educational level were more supportive of LGB people, and “Catholics [*the most prevalent religion in South America*] tend to be more tolerant of homosexuality than other religious groups in the seven South American countries studied” (Navarro et al., 2019, p. 262). However, the research protocol assessed attitudes as “tolerance to homosexuality,” which is not equivalent to acceptance. Acceptance is the extent to which sexual and gender minorities are seen in ways that are positive and inclusive, both with respect to an individual’s opinions about LGBTQ+ people and with regard to an individual’s position on LGBTQ+ policies. Acceptance also encompasses prevailing opinion about laws and policies relevant to protecting LGBTQ+ people from violence and discrimination and promoting their equality and well-being (Flores, 2019).

A 2017 report from the Williams Institute measured acceptance of LGBTQ+ people in 174 countries (Flores, 2019). The report highlighted that the levels of acceptance have become more polarized in recent years as the most accepting countries are becoming more accepting, the least accepting countries are becoming less accepting, and those in the middle remain in the middle. Further, the Global Acceptance Index (GAI) incorporates survey data about public beliefs (i.e., one of the components of attitudes) regarding LGBTQ+ people and LGBTQ+ policies to develop a single country-level score for the acceptance of LGBTQ+ individuals. Acceptance, as measured in the GAI, is a country’s average societal attitudes toward LGBTQ+ people that are expressed in public opinions and beliefs about sexual and gender minority individuals and their rights. Estimates of the GAI score range from 0 to 10. In Table 2, we display the last ranking of GAI retrieved from Flores’ (2019) report across the 16 continental American-Hispanic countries.

Unsurprisingly, Uruguay and Argentina are heading the list, since both countries are considered *high achievers* in terms of their legal performance (i.e., decriminalization of same-sex behavior, marriage equality, laws regarding military service, anti-discrimination, and LGBTQ+ parenting, as well as progressive gender identity and hate-crime legislation). Chile is yet to legalize same-sex marriage and parenting, while Mexico has shown uneven progress: states like Mexico City can be considered *high achievers*, whereas other states like Yucatán are *barely starting*, having little to no legal protections for sexual and gender minority individuals. Further, despite Bolivia having anti-discrimination laws, same-sex unions, and gender

Table 2 Ranking of the continental American-Hispanic nations by their LGBTQ+ Global Acceptance Index (GAI) score

Rank	Country	GAI (2014–2017)
14	Uruguay	7.6
23	Argentina	6.9
27	Chile	6.7
32	Mexico	6.3
34	Costa Rica	6.1
37	Colombia	5.9
39	Venezuela	5.7
41	Ecuador	5.6
42	Nicaragua	5.6
44	Bolivia	5.4
49	Panama	5.3
50	El Salvador	5.3
53	Peru	5.3
57	Honduras	5.2
58	Paraguay	5.2
74	Guatemala	4.8

identity laws and Colombia complying with all the requirements to be labeled as a *high achiever*, both are ranked in the middle. Considering both the GAI (Flores, 2019) scores and Corrales's (2020) ranking of legal achievements, there seems to be an association between legal progress and accepting attitudes regarding LGBTQ+ individuals and their rights. However, it is yet unclear whether the lower levels of sexual stigma are a byproduct or the cause of the advent of legal achievements. Most likely, there are multiple and bidirectional influences.

Chicken or Egg: Which Came First?

The presence of marriage equality can have an impact on the acceptance of LGBTQ+ people, since some studies have found that levels of sexual prejudice are significantly lower in countries that endorse full recognition of same-sex marriage followed by those with civil unions. People from these countries, in turn, show higher acceptance of sexual minorities when compared to those with no legislation (D'Amore et al., 2020; Hooghe & Meeusen, 2013; Takács & Szalma, 2011). Correspondingly, there has been a growing political and public attention to LGB-parented families across the Western world, particularly in the United States and western Europe. Still, attitudes toward LGB family policies have not evolved in a linear fashion insofar as they have accompanied the constant back and forth in LGB family policies and legislation (Costa, 2021). On the one hand, surveys can inform an analysis of legal reform efforts. In fact, some studies have suggested that changes

in public opinion precede the inclusion of LGBTQ+ in public policy (Lax & Phillips, 2009) and political representation (Reynolds, 2013). On the other hand, it has been argued that social attitudes tend to change after legal resolutions (Takács & Szalma, 2011). In other words, the law can have a pedagogical role and diminish individual sexual prejudice (Costa, 2021). Understanding attitudes and attitude change may provide a foundation to support further inclusion of LGBTQ+ people in many areas of social, economic, and political life (Flores, 2019).

Attitudes Toward Sexual Minorities and the Policies that Affect Them

People from North America, western Europe, and some Latin American countries hold more positive attitudes toward sexual minorities when compared to individuals from Eastern Europe, the Middle East, western Asia, and Africa (Kite et al., 2019). Findings from Tummino and Bintrim (2016), Flores (2019), and Navarro et al.'s (2019) studies have consistently shown that Argentina, Chile, and Uruguay show the most accepting public opinions toward LGBTQ+ people in Latin America. To date, there have been few efforts to assess sexual prejudice toward same-sex marriage and parenting in continental American-Hispanic nations. Some exceptions include our 2019 study in Mexico (Costa & Salinas-Quiroz, 2019), as well as research in Ecuador (Hermosa-Bosano et al., 2021) and Colombia (Campo Arias, 2016). These studies have consistently found that being male, older, less educated, religious, right-wing political leaning, with few interpersonal contact with sexual minorities, and endorsing the belief that homosexuality is chosen or socially acquired (i.e., learned etiology) are all related to negative attitudes toward LGB individuals and LGB rights such as marriage and parenting (Campo Arias, 2016; Costa & Salinas-Quiroz, 2019; Hermosa-Bosano et al., 2021). Understanding attitudes toward sexual minorities and the policies that affect them is a way to comprehend “the immediate environment in which people from these minorities live, which in the worst cases constitutes a source of rejection and stress and in the best cases a source of legitimization and support” (Vecho et al., 2019, p. 44). This, in turn, could help identify possible targets of intervention. Given the aforementioned evidence, we present the results from an online survey conducted in continental American-Hispanic nations aimed at assessing sexual prejudice, specifically, attitudes toward same-sex marriage, parenting, and other LGB rights. This chapter reports data from the largest cross-sectional and cross-cultural study to date on attitudes toward LGBTQ+ people in continental American-Hispanic nations, involving 1955 participants from 14 Spanish-speaking countries. The research protocol was developed based on previous research conducted in Portugal and in Mexico (Costa et al., 2014; Costa & Salinas-Quiroz, 2019), and the survey was available online between May and December 2019.

A Survey of Attitudes in Continental American-Hispanic Nations

The sample for this survey was composed of 1955 heterosexual and cisgender participants from 14 countries from continental American-Hispanic nations: 252 from Argentina, 16 from Bolivia, 114 from Chile, 315 from Colombia, 33 from Costa Rica, 242 from Ecuador, 39 from El Salvador, 19 from Guatemala, 14 from Honduras, 782 from Mexico, 18 from Nicaragua, 62 from Peru, 38 from Uruguay, and 11 from Venezuela. Given the non-probabilistic convenience sampling used to collect the data, most participants were fairly young ($M_{age} = 35$; $SD = 12$), highly educated (81% had a college degree), and Hispanic (98%). Cisgender women represented 72% of the sample. Participants were recruited mostly through social media outlets (e.g., Facebook), researchers' networks, and universities' lists. Potential participants were informed that the study aimed at investigating attitudes toward sexual and gender minorities and LGBTQ+ rights and given a link to the online survey, hosted on Qualtrics. On the first page of the questionnaire, participants were given detailed information about the study, ethical procedures to guarantee anonymity and confidentiality of participation, and asked for their informed consent before completing the survey. All procedures were in accordance with the ethical standards stated by the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Measures

Participants were asked to complete a set of sociodemographic questions developed for this study: (1) the affective reactions toward gay men scale (Davies, 2004), (2) the affective reactions toward lesbian women scale (Costa & Davies, 2012), (3) the attitudes toward gay and lesbian parenting scale (Costa et al., 2014), and (4) the attitudes toward gay and lesbian civil rights scale (Costa et al., 2014). The affective reactions toward gay men and lesbian women scales are each eight-item instruments aimed at assessing negative attitudes (e.g., "Gay men are disgusting." "Lesbian women are disgusting"). The Attitudes toward gay and lesbian Parenting scale is an 11-item scale composed of two dimensions: (1) negative beliefs about gay and lesbian parenting (e.g., "Children of gay and lesbian parents will become homosexuals or will be confused about their sexuality") and (2) the perception of the benefits of gay and lesbian parenting (e.g., "The difficulties that lesbian and gay parents face help to prepare them to be good parents"). For this study, only the negative belief dimension was used. Lastly, the attitudes toward gay and lesbian civil rights scale is an eight-item instrument measuring attitudes toward the rights of lesbian and gay individuals (e.g., "Nowadays, gay and lesbian people have the same rights as heterosexual people"). One item from the attitudes toward gay and lesbian civil rights scale was used separately to assess attitudes toward same-sex marriage ("same-sex marriage should not be allowed"). All scales were measured using a five-point

Likert-type scale (from 1, strongly disagree, to 5, strongly agree). Variables for each scale were computed by combining the sum of means. Attitudes toward gay men and lesbian women and attitudes toward gay and lesbian parenting were coded so that higher scores reflected negative attitudes, whereas attitudes toward gay and lesbian rights and toward same-sex marriage were coded so that higher scores reflected positive attitudes.

Results

As shown in Table 3, across the 14 countries attitudes toward LGB people and their rights were overall positive; scores on attitudes toward gay men, lesbian women, and gay and lesbian parenting were all below the scales' midpoint, whereas scores on attitudes toward gay and lesbian rights and same-sex marriage were all above the scales' mind-point. Noteworthy, scores on attitudes toward gay and lesbian parenting were mostly centered around the scale's midpoint, suggesting greater reluctance to accept same-sex parenting than to other gay and lesbian rights such as same-sex marriage.

Table 3 Attitudes toward gay men, lesbian women, gay and lesbian parenting, lesbian and gay rights, and same-sex marriage

	<i>n</i>	Attitudes toward gay men	Attitudes toward lesbian women	Attitudes toward gay and lesbian (GL) parenting	Attitudes toward gay and lesbian (GL) rights	Same-sex marriage
Argentina	252	1.37 (0.53)	1.39 (0.54)	1.77 (0.49)	4.53 (0.60)	4.63 (0.83)
Bolivia	16	2.07 (1.23)	1.99 (1.22)	2.55 (0.87)	3.68 (1.06)	3.50 (1.51)
Chile	114	1.30 (0.53)	1.34 (0.55)	1.78 (0.63)	4.57 (0.64)	4.49 (1.07)
Colombia	315	1.85 (0.84)	1.81 (0.78)	2.35 (0.75)	3.96 (0.85)	3.94 (1.26)
Costa Rica	33	1.50 (0.64)	1.41 (0.59)	2.13 (0.69)	4.28 (0.73)	4.21 (1.11)
Ecuador	242	1.82 (1.01)	1.81 (0.90)	2.45 (0.92)	3.89 (1.05)	3.83 (1.41)
El Salvador	39	1.74 (1.01)	1.70 (0.89)	2.31 (0.74)	4.05 (1.03)	4.13 (1.38)
Guatemala	19	1.98 (0.68)	2.04 (0.89)	2.42 (0.67)	3.74 (0.82)	3.89 (1.15)
Honduras	14	1.94 (1.06)	1.84 (0.94)	2.54 (0.87)	3.85 (0.94)	3.71 (1.59)
Mexico	782	1.59 (0.72)	1.51 (0.59)	2.15 (0.67)	4.13 (0.75)	4.19 (1.18)
Nicaragua	18	2.28 (1.23)	2.18 (1.09)	2.84 (1.14)	3.66 (1.24)	3.56 (1.58)
Peru	62	1.72 (0.88)	1.68 (0.84)	2.20 (0.77)	4.12 (0.91)	4.03 (1.27)
Uruguay	38	1.36 (0.58)	1.34 (0.56)	1.86 (0.55)	4.50 (0.63)	4.58 (0.89)
Venezuela	11	1.62 (0.65)	1.72 (0.54)	2.26 (0.82)	3.86 (1.12)	3.91 (1.64)
North region	782	1.59 (0.72)	1.51 (0.59)	2.15 (0.67)	4.13 (0.74)	4.07 (1.24)
Central region	123	1.81 (0.95)	1.76 (0.89)	2.38 (0.82)	3.98 (0.96)	3.78 (1.38)
Cono Sur region	404	1.35 (0.53)	1.37 (0.54)	1.78 (0.53)	4.54 (0.61)	4.54 (0.94)
Amazonian region	646	1.83 (0.92)	1.80 (0.84)	2.38 (0.83)	3.94 (0.95)	3.72 (1.40)

Given the small samples from some of these countries and the unequal sample sizes, we decided to group the countries into their geopolitical regions to be able to compare participants' attitudes from different regions. In the *North region*, there is Mexico ($n = 782$; 40.0%); the *Central region* is composed by Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua ($n = 123$; 6.3%); and South America was divided into two regions: the south peninsula of *Cono Sur region* which is composed by Argentina, Chile, and Uruguay ($n = 404$, 20.7%) and the *Amazonia region* which is composed by Hispanic countries connected by the Amazon rainforest, Bolivia, Colombia, Ecuador, Peru, and Venezuela ($n = 646$, 33.0%). To compare attitudes toward LGB people and their rights across the four continental American-Hispanic regions, one-way ANOVAs were conducted, followed by Tukey post hoc tests when significant differences among the groups were found.

Significant group differences were found on attitudes toward gay men, $F(3,1954) = 35.273$, $p < 0.001$. Pairwise comparisons revealed significant differences between all groups (all p 's < 0.01) except for Central versus Amazonian regions ($p = 0.998$). Significant group differences were found regarding attitudes toward lesbian women, $F(3,1954) = 38.895$, $p < 0.001$. Pairwise comparisons revealed significant differences between all groups (all p 's < 0.05) except for Central versus Amazonian regions ($p = 0.955$). Significant group differences were found regarding attitudes toward gay and lesbian parenting, $F(3,1954) = 62.416$, $p < 0.001$. Pairwise comparisons revealed significant differences between all groups (all p 's < 0.005) except for Central versus Amazonian regions ($p = 1.00$). Significant group differences were found regarding attitudes toward gay and lesbian rights, $F(3,1954) = 47.112$, $p < 0.001$. Pairwise comparisons revealed significant differences between all groups (all p 's < 0.05) except for Central versus Amazonian ($p = 0.946$) and North versus Central ($p = 0.232$) regions. Lastly, significant group differences were found regarding attitudes toward same-sex marriage, $F(3,1954) = 29.082$, $p < 0.001$. Pairwise comparisons revealed significant differences between all groups (all p 's < 0.05) except for Central versus Amazonian ($p = 0.873$) and North versus Central ($p = 0.302$) regions.

For all attitudinal indicators, the Cono Sur region (Argentina, Chile, and Uruguay) displayed the lowest negative attitudes toward gay men and lesbian women, gay and lesbian parenting, gay and lesbian rights, and same-sex marriage, followed by the North region (Mexico), and with similar negative attitudes in the Central and Amazonian regions (Bolivia, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Peru and Venezuela).

Main Findings

Overall, we found a tendency for mostly positive attitudes in all measured indicators, but near the scales' midpoints, which means that participants tended not to agree with the vast majority of statements regarding affective reactions, toward attitudes, and beliefs LGB people (e.g., "Homosexuality is a perversion"), gay and

lesbian parenting (e.g., “Children of gay and lesbian parents are more victimized in school”), and same-sex marriage (e.g., “I do not mind that same-sex couples have the same rights as opposite-sex couples, but marriage should only be possible for opposite-sex couples”). Group comparisons confirmed previous evidence from public opinion surveys (e.g., Flores, 2019; Navarro et al., 2019), underscoring the Cono Sur region as the most accepting of LGB individuals, LGB rights, and same-sex marriage and parenting among the continental American-Hispanic nations. These findings further reinforce the association between legal progress, and positive attitudes insofar as Argentina, Chile, and Uruguay – and Mexico to some degree – are simultaneously the highest legal achievers and the most accepting of LGBTQ+ individuals. However, Chile is yet to recognize same-sex marriage and parenting, and Mexico currently maintains an uneven recognition of same-sex unions, marriage, and parenting across states.

Sexual Prejudice and Legal Progress in Hispanic America

Uruguay is setting the example in the region for its progressive laws regarding non-discrimination of LGBTQ+ people, LGBTQ+ families, and gender minorities, a legislative pathway that has started before 2010. Simultaneously, Uruguay is also highly ranked by the Global Acceptance Index (#14 in the world), with a score of 7.6 that is close to Spain’s score of 8.1, ranked #5 in the GAI. Noteworthy, Uruguay’s current ranking is above the United States (#21) with a score of 7.2 (Flores, 2019). In this study, participants from Uruguay also revealed the most accepting attitudes out of the 14 continental American-Hispanic nations. On the opposite side of the spectrum, Hispanic countries from the Central and Amazonian regions revealed the lowest acceptance of LGBTQ+ people and their rights. Comparing these study’s findings with the countries’ GAI (Flores, 2019), some of the countries that compose these regions (Bolivia, El Salvador, Guatemala, Honduras, Panama, Paraguay, and Peru) scored on or below the scale’s midpoint. In addition, Bolivia, Honduras, Paraguay, and Venezuela, all approved constitutional bans on same-sex marriage and/or same-sex parenting effectively prohibit LGBTQ+ people from legally constituting their families and thus denying them their basic human rights. The same GAI report (Flores, 2019) purported the polarization of public opinion regarding LGBTQ+ people and their rights, and these political discriminatory bans suggest that these countries’ paths may be going in the opposite direction to other regions of the continent and other Western regions. It also sends a message to its population that LGBTQ+ people are less worthy of protection – or simply *less worthy*.

In Costa Rica, as in other regions, important progress has been made in both judicial and legislative pathways, although the advancement toward equality for the LGBTQ+ population has undoubtedly triggered a growing force of conservative and religious activism. This includes a political party that managed to elect a pastor as a congressman in 2010 and now occupies 25% of the seats in Congress. Ultimately, and due to significant mobilization to defend democracy, the conservative religious

candidate was defeated in a divisive second round of elections in 2018 (by 60% of the votes), giving way to a progressive government but with only a minority representation in congress (Familias Homoparentales de Costa Rica, 2021). In other words, despite being categorized as a *high achiever* in terms of its legal performance regarding the protection of LGBTQ+ rights, Costa Rica belongs to the region with the highest negative attitudes toward gay men and lesbian women, gay and lesbian parenting, gay and lesbian rights, and same sex-marriage in the continental American-Hispanic nations, i.e., the *Central region*. Of note, the high achiever status has only very recently been achieved (2020). Given this contrast between mostly negative attitudes and public opinion regarding LGBTQ+ people and their rights and the progressive LGBTQ+ laws, we argue that future research should focus on the evolution of attitudes and policy development in Costa Rica to examine the pedagogic role of the law in a possibly rapid-changing context. A country's economy and religious orientation may also affect how accepting people are within that country (Andersen & Fetner, 2008; Meyer, 2016). Studies could investigate how trends in nationalism or religious fundamentalism may impact LGBTQ+ acceptance, as such factors are associated with prejudicial attitudes toward societal outgroups (Adamczyk, 2017). Nevertheless, acceptance of LGBTQ+ people is still greater across the continental American-Hispanic nations as a whole than in other regions in the Americas (e.g., the Caribbean), Global South (e.g., Asia, Middle East), or eastern Europe (e.g., Turkey) according to the GAI report (Flores, 2019).

The most common way of grouping nations in the region is under *Latin America*, but this option includes other non-Spanish-speaking countries such as Brazil. Furthermore, researchers tend to forget the Caribbean, so there is a challenge to include Hispanic Caribbean countries such as Puerto Rico, Cuba, and the Dominican Republic in attitude studies, plus the French-speaking nations in the region, which would require having equivalent research protocols in at least four different languages (English, French, Portuguese, and Spanish). Latin America is influenced by the Hispanic and Portuguese cultural heritages but also by the Roman Catholic religion; countries such as Mexico and Peru are also strongly influenced by indigenous cultures (Inglehart & Carballo, 1997). Further, the islands in the south hemisphere have long been underrepresented in attitude surveys and studies about LGBTQ+ people, yet their different sociocultural backgrounds prevent grouping them in regions like we did with continental nations for this chapter. Unlike common conceptions, the entire region is culturally heterogeneous, and even within countries, there is great diversity that to a large extent stem from intranational socioeconomic and educational contrasts (Bozon et al., 2009).

Few evidence available highlights the high prevalence of sexual prejudice and very little legal protections of LGBTQ+ individuals in non-continental American nations. A recent study conducted in seven Caribbean countries – Trinidad and Tobago, Grenada, Guyana, Belize, St. Lucia, Suriname, and St. Vincent – showed that most participants either “hated” or “tolerated” LG individuals and would not socialize with them, except for Suriname participants, who were mostly “accepting” of LG individuals (Beck et al., 2017). Another study showed that the support for same-sex marriage across the Americas was higher in countries that had achieved

marriage equality, whereas at the lower end of support were countries from the Caribbean (e.g., Guyana) and some continental Hispanic countries (e.g., El Salvador) with an average support below 10% (Lodola & Corral, 2010). We suggest that given the methodological difficulties in assessing all the different nations in the region with all its social, cultural, and linguistic particularities, future studies should endeavor to assess public opinion toward LGBTQ+ people and their rights in a more country-tailored and individualized way in an effort to improve the protection of basic human rights and well-being of LGBTQ+ people in the region.

Discussion

Nowadays, sexual prejudice is maintained by arguments that promote social devaluation of LGBTQ+ individuals and their families (i.e., normative opposition) oftentimes without exposing personal beliefs attitudes (i.e., individual opposition). In other words, these implicit attitudes may be outside of people's conscious awareness or act as a defense against claiming personal bias and prejudice (Frias-Navarro & Monterde-i-Bort, 2012; Grigoropoulos, 2020; Hall & Rodgers, 2019). Studies analyzing public discussion and attitude surveys' findings from Western nations have consistently reported that individuals are more likely to present their arguments against LGBTQ+ families in the form of concern for children's well-being rather than openly reject LGBTQ+ couples and parents as unfit to raise children (e.g., Clarke, 2001; Costa et al., 2013). As reported in these studies, individuals are becoming more likely to manifest their sexual prejudice in the form of normative opposition (Frias-Navarro & Monterde-i-Bort, 2012) or as part of larger societal norms (i.e., institutional stigma or heterosexism; Herek, 2009). We believe that more traditional forms of sexual prejudice are being replaced by more subtle, modern, and politically correct forms of negative attitudes, which have implications for policies that aim to improve attitudes toward LGBTQ+ people.

There seems to be a greater reluctance to accept LGBTQ+ parenting than LGBTQ+ marriage or other LGBTQ+ rights. This pattern is noteworthy because it is more similar to that found in central and western Europe (Commissioner for Human Rights, 2011) than to that in the United States (Costa, 2021). Given the geographic closeness, one could expect that arguments against same-sex marriage would be similar across the Americas. Although this finding warrants further study, it suggests that the path toward equality in the region may follow the European legislative pathway rather than the US judicial pathway. The legislative pathway usually involves a step-by-step approach on particular issues or rights (e.g., legislation on same-sex marriage before same-sex parenting), and not uncommonly, political concessions to appease religious and conservative forces, which was the case in the Iberian Peninsula – Portugal and Spain. (Costa, 2021). Given how legal progress has been happening in the continental Hispanic-America region, this further reinforces that it may be the case.

Regarding sexual stigma, we must ask ourselves:

Are homophobia, transphobia, and biphobia more like racism, which has shown tremendous persistence and resistance to change even in the face of many legal protections, or are they more like some ethnic prejudices that have all but dissipated over time? (Meyer, 2016, p. 84)

Many LGBTQ+ people across the globe are far from gaining basic freedoms and dignity, so we must remember that even in regions where we enjoy greater equality and experience greater acceptance, this may not reflect the experience of all sexual and gender minority individuals in these areas (Meyer, 2016).

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Coming Out in Families of Gay and Lesbian People



Geysa Cristina Marcelino Nascimento and Fabio Scorsolini-Comin

Sexuality and its diverse expressions, such as sexual orientations, have always been the subject of questions and reflections of different orders. Homosexuality, for example, has already been understood as a crime, sin, disease, perversion, deviation, and mental disorder, among other meanings. Despite the diverse transformations that homosexualities have been going through over time, reflecting each society and its time, many ideas permeate the imaginary on this topic that need to be deconstructed, which invites us to look at several vertices of that field.

When it comes to guaranteeing rights, marriage between gay and lesbian people and the possibility of adoption by these couples is an important achievement in the Brazilian scenario, just to mention two examples quite mentioned in our context. These markers have also been registered in other countries, supporting a process of change that has been observed in contexts with different traditions (Chan & Huang, 2021; Gato et al., 2020; Richardot & Bureau, 2020).

In contemporary times, homosexuality and its different expressions are now considered behaviors and no longer pathologies. This vision promotes an important rupture and the constant search for the recognition of rights. The experiences of these people can be legitimized, which cannot happen in a dissociated way from facing violence and intolerance (Cerqueira-Santos & Santana, 2015; Nascimento et al., 2015).

However, this process of greater visibility and guarantee of rights has not eliminated the prejudice possibly experienced by homosexuals in different spheres of our society. It is in this sense that the processes of *outness*, coming out homosexual to oneself, and *coming out*, disclosing of homosexuality to others, are gaining more

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and more prominence as important points for a broader discussion about homosexualities (Alves et al., 2016; Chrisler, 2017; Macedo & Sívori, 2018; Nascimento & Scorsolini-Comin, 2018; Pistella et al., 2020; Tamagawa, 2018).

The *Coming Out* Process

Research related to homosexuality has investigated the importance of disclosing sexual orientation and its consequences in the life of the homosexual people, their families, and social network. Families can respond differently to disclosure, which can result in situations of different conflicts, as well as promoting movements of welcome and respect from the family nucleus (Cadieux & Chasteen, 2015; Chrisler, 2017; Frost et al., 2016; Hank & Salzburger, 2015; Jackson & Mohr, 2016; Souza et al., 2020).

The family is present throughout the history of humanity, understood differently over time. Despite the differences and transformations envisioned in each historical period, they felt like those of socialization, solidarity, love, and mutual respect, as well as their correspondence to a dimension of care and protection for the subject (Alvez & Moniz, 2015; Oliveira, 2019; Pucket et al., 2015; Robinson & Brewster, 2016; Rodriguez et al., 2017; Rondini et al., 2017; Santos et al., 2013). Thus, the good social, psychological, and emotional development of the individuals that compose it remains essential, which can be analyzed from different points, such as those related to gender and sexual orientations, as we will discuss more particularly in this chapter.

Family support for homosexuals who are in the *coming out* process is important, since the first relationships in childhood take place in the family nucleus, in which they are structured in different ways, as each family has its culture, its customs, habits, perspectives, expectations, and religion, among others. They directly affect the raising of children, being receptive or not to changes in the pattern expected by the family (Reed et al., 2020; van Bergen et al., 2020). As their beliefs and values surround each family, the process of disclosing the sexual orientation can be troubled or not, just as acceptance can be faster, slower, or not exist. Thus, intrafamily homophobia can be an outcome, in which homosexuals, in many cases, need to hide and live their sexuality in a veiled, clandestine way, being rejected by their own family (Braga et al., 2018; Santos et al., 2018; Silva et al., 2015).

Based on this scenario, this chapter aims to understand the role of the family of origin in the process of *coming out* of children and its consequences for different members. Through the reflections of the study, the relevance of and how the active participation or not of family members of male and female homosexuals in the face of the *coming out* process interfered in the disclosure of homosexuality will be highlighted, in addition to the resources developed by the families to deal with the process, aiming at a good family relationship and the quality of life of everyone after “coming out of the closet.”

Coming Out and Families

In the *coming out* process, families have been understood to be the first support network. Nevertheless, it may also be that this support is not given, entering into the scene the intrafamily homophobia and its consequences in the life of the entire family nucleus. Homosexuals understand that the family is of paramount importance in view of the homosexuality disclosure since a certain social rejection outside the family is already expected (Gaspodini & Falcke, 2018; Miskolci, 2015).

We developed a qualitative research in the Brazilian context to get to know these families and their consequences from the coming out. The study entitled “The family perspective given the disclosure of the homosexual orientation of young adults” was developed in the city of Uberaba, Minas Gerais, Brazil. The focal subjects were homosexuals of both genders, aged between 22 and 34 years old, who disclosed to their family members their homosexual sexual orientation. The family nuclei of these focal subjects were also invited to participate in the study, specifically their parents (father and/or mother) and siblings over 18. The research was published on the social networks of the researchers responsible for the study. One of the criteria was that at least one family member could participate in the research in addition to the homosexual person. All participants are from the city of Uberaba, with estimated 337,000 inhabitants, about 500 km from the capital Belo Horizonte. Due to its regional and demographic characteristics, it is considered an inland city in the Brazilian context and with a strong presence of traditional customs, which can also be expanded to the field of families and their socialization processes.

The study was composed of eight families. Twenty-four participants were interviewed, coming from eight different family nuclei, five gay men, three lesbians, two fathers, seven mothers, four sisters, and three brothers. Two instruments were used to collect the data: an in-depth interview with each member, especially questioning how the *coming out* process was and its repercussions for each one of the family, and the convoy of social support, an instrument that allows identifying for the homosexual, their closest, and most remote support networks, with the representation of the number of people at each level of the support network. Participants will be identified here from fictitious names, preserving their identity.

The composition of the families is shown in Table 1, in which the characteristics of each member of the families are highlighted, referring to the fictitious name, age, family (number), member (father, mother, sibling, gay, or lesbian), marital status, religion, and color/ethnicity. It is worth mentioning that the analysis and discussion of the data were carried out based on the groups of mothers, fathers, siblings, and homosexuals, not based on family nuclei since we aim to know the perception of these groups about *coming out* in the family.

The interviews were conducted by a heterosexual psychologist, cis, brown, and with experience in conducting interviews with young homosexuals in a previous study. The study was guided by a homosexual psychologist, cis, White, and with experience researching this topic. All interviews took place at the interviewees' homes, in safe environments, and without other members during data collection.

Table 1 Characterization of the interviewed families

Family (number)	Member	Fictitious name	Age	Marital status	Religion	Self-declared color	Age of coming out	Acceptance of sexual orientation
1	Gay	Arthur	26	Married	Catholic	White	10	Yes
	Mother	Adriana	43	Married	Catholic	White	–	Yes
	Sister	Julia	18	Single	Catholic	White	–	Yes
2	Gay	Pedro	22	Single	None	Brown	15	Yes
	Mother	Rose	56	Married	Spiritist	White	–	Yes
	Sister	Amanda	26	Married	Spiritist	Brown	–	Yes
3	Lesbian	Gisele	31	Married	Spiritist	White	20	Yes
	Mother	Vera	56	Divorced	Spiritist	White	–	Yes
4	Lesbian	Sofia	22	Single	Catholic	White	19	Yes
	Mother	Beatriz	53	Married	Catholic	White	–	No
	Brother	Tiago	21	Single	Atheist	Brown	–	Yes
5	Gay	Antônio	34	Single	Atheist	Black	16	Yes
	Mother	Sandra	51	Divorced	Spiritist	White	–	Yes
	Sister	Carla	32	Single	None	Black	–	Yes
6	Gay	Caio	24	Single	Candomblé	Brown	14	Yes
	Father	Marcos	70	Divorced	Agnostic	White	–	Yes
	Brother	Felipe	20	Single	Atheist	White	–	Yes
7	Gay	Bruno	22	Single	Catholic	Brown	14	Yes
	Mother	Lúcia	45	Separated	Catholic	White	–	Yes
	Sister	Leticia	24	Single	Catholic	Asian	–	Yes
8	Lesbian	Marina	25	Single	Atheist	Brown	20	Yes
	Mother	Joana	47	Married	Protestant	Brown	–	Yes
	Father	Luiz	51	Married	Protestant	Brown	–	Yes
	Brother	Otávio	28	Married	Protestant	Brown	–	Yes

This option was chosen by the participants themselves, given that the possibility of being interviewed was offered at the Psychology clinic of the University of the researcher's origin.

Parents and Siblings in the Face of *Coming Out*: An Essential Support Network

Parents and siblings played an extremely important role in the interviewees' *coming out* process. The mothers were more participatory, and the fathers, although they know about the homosexuality of their children, prefer to avoid the subject. Thus, the mothers played an important role together with the siblings, helping to make the disclosure of homosexuality more peaceful within the emotional limitations of each family nucleus. In a study conducted with family members of gays and lesbians in Italy (Pistella et al., 2020), it was highlighted that the greatest acceptance occurred

by the sister (in 75% of the cases), followed by the mother (71%). Even so, the external family support network, represented by the best friends, for example, promoted 94% of this acceptance.

Studies show that parents dream of their children's future, of playing, dressing, and having loving relationships, and, given the disclosure of homosexuality, they feel frustrated because their expectations are not met, which generates a series of conflicts and emotional discomforts. Often these parents expect their children to be mistaken or even maintain the idea that homosexuality can be an illness, a passing phase, or the result of external influences (Cerqueira-Santos & Bourne, 2016; Delgado et al., 2016; Gama, 2019).

The frustrations are present among the mothers of the study since they report that they had dreams for their children and that they had difficulties understanding that some changes would be necessary. At the same time that they feared that their children would experience prejudice outside the home, all families did not realize that homophobia starts at home, through statements that try to change sexual orientation, hide sexuality socially, and avoid talking about the subject with the extended family (Hamann et al., 2017; Hauer & Guimarães, 2015; Luz & Gonçalves, 2018).

Thus, homophobia is meant in these families as an external movement. In contrast, the possible prejudices experienced in the closest family nucleus would be concerns aimed at the child's well-being. Although the Brazilian scenario is quite intolerant toward the LGBTQ+ population, which is expressed by the increasing numbers of violence perpetrated against these people in the country, there was no verbal expression of intrafamily physical violence among the interviewed families related to the coming out.

When family members were asked if they would like to know about their children's homosexuality or that he/she would not disclose it, the answer was unanimous: Everyone answered that they would like to know, since, although it is something that is sometimes difficult to understand and accept, the love for the person is greater, as reported by Julia (sister): "I don't think I could do it. Not knowing that he was not being happy. I think that he told me made me even happier. (...) it united us even more. That's why I really enjoyed knowing about it." Carla (sister) also said that "(...) for me it is normal." For Joana (mother), "we have to recognize. Regardless of sexuality and all, recognize...Recognize how important it is to have someone who loves our children, who takes care of them and who is even capable of transforming them."

From this scenario, the literature points out that in families, although there is the initial crisis represented by the moment of disclosure, over time they accept the process better, which does not mean agreeing with the expression of their sexuality, but of being able to know this orientation is part of their lives, as it was possible to observe in the interviewees' speech. Thus, the nomenclature "acceptance process" is reinforced, given that it does not occur automatically, at the moment of disclosure, but from the effects of the passage of time and other factors that affect these families, as represented in the data from the present study (Alvez & Moniz, 2015; Nascimento & Scorsolini-Comin, 2019; Pereira et al., 2017; Perucchi et al., 2014).

Another issue addressed was how mothers, fathers, and siblings imagine the life of homosexuals who do not disclose themselves, who do not “come out of the closet” for their own family. The responses were similar, with all participants believing that it is incredibly sad not to be able to disclose and actually assume who the person is, and although they have this speech, prejudice still arises in some ways, which contradicts what they think and what they practice, as can be seen in the speech of Jean (brother), who says that

Look, honestly, it is not to follow her generation [which bothers him about the fact that his sister is a lesbian], understand? Of her like that, of me knowing that, maybe, I don't know, because anyone can have a child today. But, as I tell you, sometimes taking a nephew who is going to be born from her womb, this is a difficulty that I have inside me. It is not that I do not accept, but I still have this certain difficulty, of not accepting that part. That she doesn't follow the doctrine that she was raised in. (Otávio)

In addition, it is noted that religious issues may imply in the way of the family nucleus, or part of it, deal with *coming out*, as in the case of Jean. According to Campos and Guerra (2016), religiosity, although it is a factor associated with well-being and mental health, can also affect homosexuals and their families. It is noted that religions that are not affirmative concerning sexual orientation are directly related to higher levels of internalized homophobia by both the family and the homosexual (Cerqueira-Santos et al., 2017; Ribeiro & Scorsolini-Comin, 2017; Reed et al., 2020; Tombolato et al., 2018).

Although most of the participants in this study declared themselves to be religious, it is noteworthy that this element was not verbalized as an important dimension for the acceptance or not of homosexuality, both for homosexuals themselves and family members. Still, it is important to consider that data collection took place in a city considered traditional, with a wide circulation of Christian religious values built on the family and the expression of sexuality. Although not directly verbalized, such elements may be present in movements that possibly hindered a faster acceptance of coming out in some cases, which can be an important vertex to be investigated in future investigations.

Most of the reports highlight that after the disclosure, relations improved, narrowed, and that “coming out of the closet” strengthened the family bond. On the other hand, in a family where the parents still do not accept the orientation, this relationship was strained, causing the children to walk away to experience their sexuality away from those who reject them somehow.

In short, the family plays an active role in the face of the disclosure of sexual orientation, whether positively, with support, welcome, and care provision, or negatively – dealing with rejection, indifference, prejudice, and even violence (Hauer & Guimarães 2015; Nascimento & Scorsolini-Comin, 2018; Puckett et al., 2015). Given the interviews, it is evident that in cases where the family is close and accompanies their child positively, the relationship between them strengthens, in addition to promoting greater psychosocial adjustment, as in the case of Amanda, who says that “(...) I think we are more united. Because we talk more. Because he has more openness, to say a few things. To say where he is going, who he is going with.”

It is also evident that the disclosure and the consequent “acceptance” of homosexuality can occur at different levels, each with the participation of different interlocutors, all denoting some degree of intelligibility about this process. This can also be expressed in terms of respect for difference, listening, concern, sometimes as tolerance, and the possibility of living without major conflicts resulting from this event. In the families interviewed, these levels can be exemplified by the disclosure that first occurred to siblings, or even to very close friends, members of a significant support network. Regarding parental figures, in both lesbian and gay experiences, the maternal figure was closer in this process.

In the interviews, it was possible to perceive fears about the family’s negative effects. In all cases of the study, there are other homosexual people in the extended family. The participants considered this data positive in cases where homosexuals became “successful,” especially in their careers, representing examples for other family members. At this point, it is worth asking how this information about being “successful” would also not work as a way of subjectively “attenuating” the impact or social repercussion of being homosexual in a compensation mechanism. The possible family demand for expressing some positive behavior that may overlap or face homosexuality can generate, in homosexuals, excessive suffering and permanently reinforce the feeling of inadequacy.

As mentioned, the presence of other homosexuals in the extended family can also favor the acceptance process. By recognizing the experience of other family members, it is possible to promote the sharing of impressions, difficulties, and also responses to this moment of greater emotional mobilization. For homosexuals, knowing that other family members have gone through the same process can generate identification. For family members – fathers, mothers, and siblings – this recognition can promote acceptance as an effect, given that these are behaviors and expressions that occur in different families. This can lead to the suppression of questions about possible responsibilities or an attempt to seek explanations about the homosexuality of that member.

Regarding the acceptance of the coming out process, some elements must be highlighted. First, only members who already expressed acceptance in any way were accepted to participate in the interview. Among the interviewees, only one mother stated that she did not accept the daughter’s coming out. However, she spoke about the subject and maintained openness throughout the research to approach the subject. It is also noteworthy that the parents were present in the interviews of only two families, so that the refusal of the others can be understood as a nonacceptance of the child’s coming out, as verbalized by the other family members at the invitation of the researcher, or even because they do not feel comfortable with participating and exploring the subject, which can also be signified in terms of difficulty concerning the subject. This allows us to affirm that the predominant movement among the members interviewed in the study is of acceptance, and this has already been anticipated through the acceptance to participate in the research.

It is also possible to perceive that prejudice still permeates these homes in some way, either represented by the father/stepfather who refuses to talk about the subject or uncles and cousins who joke about the subject. The brothers/sisters are more

available to deal with the subject and seek a closer relationship with their brother/sister as a way of caring, protecting, and wishing them to be happy. The siblings' participation in this process is quite prominent in the scientific literature (Pistella et al., 2020).

Thus, it is noted that parents and homosexuals also received support from other children in coming out. The sibling's role was fundamental for all interviewed families, since it became more of a support network within the network itself. Through the reports, it is possible to observe their effective participation, even when they were surprised by their sibling's *coming out*.

Although, in general, the experiences of these families show the predominance of movements of acceptance and welcoming, it is important to emphasize that this process did not occur automatically and without conflicts, but permeated by moments of exclusion, suffering, changes in relationships established among all people in the family nucleus, and delegitimizing the experiences of these young gay and lesbian adults. For the national and international literature retrieved here, the nonacceptance of coming out seems to be a more evident movement, including being associated with events such as the departure of these young people from their parents' house, the search for a support network that offers support in this change, and greater exposure to violence, inside and outside the house. A qualitative study carried out with Brazilian adolescents in the process of coming out revealed that the behaviors of family members in the face of the disclosure were violent reactions, as well as attitudes of control, surveillance, persecution, and even expulsion from home, in addition to the repression of the expressions of homosexual experiences in daily life, in the process of silencing them (Braga et al., 2018).

Another issue that must be mentioned is the age at which the coming out occurred for each participant and, consequently, for each family. In this study, that age ranged from 10 to 20 years. This puts us in front of the need to understand how this disclosure can happen in different ways and with different repercussions from these age markers, as they put the subject in front of the challenge of not only communicating to the family about their sexual and affective orientation but of dealing with the effects of that disclosure. Moreover, the effects – as well as the challenges – can be quite different for a 10-year-old child and a 20-year-old adult, for example.

Also, when the interview was conducted, the time elapsed since the announcement of the coming out should be considered. Among the participants, this time ranged from 3 to 18 years. Thus, it is suggested that a family that has undergone this disclosure for a longer time may have already had better conditions to mature, to reestablish the bonds, in short, to have adapted and built their way of responding to the phenomenon, which does not mean necessarily greater or lesser acceptance, but the greater possibility of adjustment in the face of this event/condition. This hypothesis seems applicable considering these families, given that in the family with the least time since the disclosure, 3 years, mother Beatriz still highlights not accepting the homosexuality of her children Tiago and Sofia. In this case, in particular, there is the fact that they are two homosexual children in the same family nucleus, demanding the need for double recognition and double acceptance.

Coming Out from the Perspective of Homosexuals: The Importance of Parents and Siblings in the Face of This Process

The homosexuals interviewed report the importance of the family in the *coming out* process, since it is the first support they hope to receive. Although there are participants whose parents still have difficulties accepting, just the fact that they know they can count on a family member of origin is already beneficial for their physical and emotional health (Ghosh, 2020; Silva et al., 2017; Silva & Aléssio, 2019).

In general, families, with some difficulty and resistance, accept or are still in the process of accepting their children. All interviewed families went through moments of conflict arising from pre-built concepts that homosexuality could be a crime, sin, or perversion, for example (Nascimento et al., 2015; Taquette & Rodrigues, 2015). However, homosexuals, with the support of their siblings and the social network of friends and family, have managed – or are succeeding – to deconstruct these meanings in their daily lives, both from offering information and observing their behaviors and interpersonal relationships. The participants in this study mentioned the importance of research for other parents and children to know about the process of outness and *coming out* to expand the information in a scientific and accessible way to society.

It is clear that, despite the difficulties found by the interviewees as they went through *outness* and the *coming out* process, they are part of a group of homosexuals who have the support of the family in some way, and even those in that acceptance is not yet a reality, they try to help their daughter so that she does not experience any financial or social difficulties. This movement can be seen in Marina's speech, who says that, although the parents do not accept her homosexuality, her girlfriend practically lives in her family's house, being treated as a daughter and member of the house: "But like, soon after we came out, we went to the beach. Then my dad was really cool. He talks to her. He sits on her side, normal. As if she were part of the family, really."

Here, one can also question what the expectation of acceptance is nurtured by the participants. In this specific case, the family shows an attitude of acceptance, even though it may not correspond to the expectation brought by the homosexual, as well as in Arthur's family, who tells us that the family was "always supporting, talking, dialoguing. So, there was much support from family, friends, church." In a field marked by strong prejudices, attitudes of acceptance can and should be apprehended within a wide range of possibilities, showing ongoing levels and processes (Ghosh, 2020; Hauer & Guimarães, 2015; Rezende et al., 2019; Silva et al., 2015).

Tiago was surprised by the disclosure of his sister's homosexuality. Although he is also homosexual and has received information about some women with whom his sister had related before *coming out* to the family, he points out that

(...) for me it was supernormal, obviously, right. (...) First, I was a little shocked. Because it really is that thing, right. That we are here next door, but we kind of hide from reality. We

don't see. (...) A little rejecting, like that. But in the end, she really is. And obviously, I have nothing against it.

In this process, some movements can be better discussed. Tiago has a boyfriend, and he is not accepted, creating a series of discomforts and conflicts. However, that does not happen with Sofia, his sister, who is a lesbian. It is important to think that, being a female homosexual, Sofia is welcomed by her family, while her brother, as he is a male homosexual and also dating, is not accepted. It is worth reflecting on the gender issues that permeate national culture and how the different expressions of homosexuality can be more or less accepted. This explanation can be suggested in this family because Tiago's coming out process took place before Sofia's. The first impressions and judgments of the family on the subject fell on him and his experience. Nevertheless, in addition to this element, lesbian homosexuality seems to cause less discomfort when compared to the gay experience, a reason that, in a way, contributes to explaining the agreement that Sofia's girlfriend attends the family home and Tiago's boyfriend does not.

Some intersectional markers can be retrieved and problematized in this reading, such as the question of masculinities in our context and the expressions of homosexual behaviors that are more targets of prejudice – and also of violence – leading to responses such as “discretion” and more normative performativity in the case of gay men, aiming at an adaptation and greater acceptance in their different environments. This process is also observed in contemporary gay sociability. It involves adopting heteronormative patterns that cross the ways of being, dressing, and relating affectionately, reinforcing masculinity that ends up excluding within an already marginalized category (Saraiva et al., 2020). In the present case, Tiago's expression of homosexuality seems to come up against these markers, so that the inclusion of his boyfriend in the family environment would be a way to reaffirm, all the time, his orientation. Already with Sofia, her girlfriend is meant as a “friend,” a “sister,” allowing her free passage in a process of greater acceptance that possibly is associated with the feminine and the establishment of affective bonds sewn by this element (Almeida & Heilborn, 2008).

Another aspect present in this family is that Tiago is surprised by his sister's *coming out*. Even having information through her contact networks that her sister related to other women, Sofia's expression of homosexuality is neglected by her brother. He refuses to talk and offer support at first, which could have facilitated the process of *coming out* to the other family members and accepting this disclosure in a more welcoming way, and not being surprised. This movement by Tiago can also suggest a process of internalized homophobia (Cerqueira-Santos et al., 2017; Ribeiro & Scorsolini-Comin, 2017).

In other families, this itinerary was observed, but in relation to nonhomosexual relatives who, in a way, denied the possibility of homosexual orientation in one of their members. In the family of Tiago and Sofia, this refusal to accept the expressions of homosexuality is embodied by a gay member, suggesting the possibility that Tiago will be better understood within his own needs and a better acceptance of his own *coming out* process. Even though his disclosure was before his sister's, this

process still seems to be ongoing, demanding the need to be seen and understood in his journey and demands.

The order in which the coming out processes took place in the same nucleus is also a phenomenon that should be better investigated in other families. The greatest resistance to the acceptance of homosexuality seems to have occurred in the first member to disclose himself, Tiago. Thus, with Sofia, this process seems to have occurred more naturally, even though it was crossed by misunderstandings and difficulties as well.

The scientific literature has been dedicated to understanding how the movement of accepting or not the different issues involving sexual orientations and gender identities has changed over time (Chan & Huang, 2021). Investigating lesbians, gays, bisexuals, queers, and pansexuals of different ages, van Bergen et al. (2020) concluded that in younger generations there was a greater number of responses for the validation of children's sexual and gender behaviors by their parents. However, negative and nonacceptance responses were present in all age groups studied (18 to 25 years, 35 to 42 years, and 52 to 59 years). LGBTQ+ people in the older cohort were more inclined to accept that their parents were not communicative about sexuality in general and also about sexual diversity.

Thinking that the study described in this chapter investigated a young-adult population, it is suggested that this movement toward greater acceptance of homosexuality – and the consequent social support – may also have occurred because these participants are younger and their parents as well, which is corroborated by the study by Pistella et al. (2020), pointing out that the coming out is also occurring increasingly earlier, in a possible intergenerational change. The greater presence of this agenda in contemporary families – and its coverage by the media and the diverse elements of our culture – can contribute to a growing movement toward a greater acceptance of these people and the more effective embodiment by the family of their role protecting and caring for its members.

From the speeches of the interviewees, it is possible to perceive that family support is present in all the investigated nuclei, being captained, in each family, by a particular member. In this process, siblings and mothers stood out more, as suggested in the international literature (Pistella et al., 2020).

It is also essential to consider that, as a process, the coming out may go through different moments that involve a greater or lesser willingness to welcome, offer support, and accept. These different moments and the attitudes associated with each of these stages do not happen automatically. In the single direction of a minor for greater acceptance, it is important to include in our reflections how these indicators can oscillate. It should also be noted that this is not an exclusive effect of the passage of time, as if this variable answered alone for the acceptance outcome. Based on the study described here, the active role of the mother and siblings is included as elements for this reflection and that of the closest support network represented by friends. It is suggested that other factors may have an influence on this explanation, such as the greater exposure of homosexualities in the media, the increase in cases of violence against the LGBTQ+ population, the access of these young adults to the labor market, the establishment of romantic relationships, and the construction of

parenting, as well as other intersectional markers that should be densified in future investigations.

Nevertheless, it is important to consider that this acceptance can also occur within a wide range of behaviors. Allowing a boyfriend/girlfriend to attend the family home and establish meaningful connections with him/her is a movement toward welcoming, acceptance, and respect, even if this is not verbalized. This gradient of possibilities for the expression of acceptance can and should be better understood in research. We can apprehend this phenomenon in a more fluid and more complex way, building intelligibilities closer to effectively describing the coming out.

Final Considerations

Homosexuality has been a topic widely discussed in the media and in family nuclei, especially in those where homosexuals are inserted in the context. This discussion runs through a series of issues. As highlighted in this chapter, the family has a primary role in the *coming out* process, being the first support network expected by homosexuals.

The mothers and fathers interviewed, in their entirety, were surprised by the disclosure, even those who, in a certain way, already knew/suspected of their children's homosexuality. The siblings played an extremely important role, mediating between the homosexual sibling and the parents and being present in the face of social contexts in which they defended their siblings somehow.

In the face of *coming out*, families sought and/or are seeking help to deal with what they still perceive and understand as being "new" to have more emotional conditions to deal with the child's homosexuality, support them, and be their main support network. In general, most of the homosexuals interviewed felt welcomed into their families, even though it took a period for everyone to adapt. All of them currently feel that they belong to their families, even if a member does not accept the sexual orientation.

The results described in the empirical study that enlivens this chapter should be considered sparingly, especially considering that this is not the predominant scenario in the scientific literature. In addition, the acceptance of coming out in these families can be expressed, for example, in the consent of its members to participate in the study. At this time, they were able to speak more openly about the subject. The refusal of most fathers and the acceptance of most mothers to talk about the subject corroborate what the literature has described about the different impacts and experiences of coming out compared to parents. The study's findings point to the need to explore some intersectional markers to understand the coming out process, such as the age at which the disclosure took place and the time elapsed since that event, allowing to apprehend the challenges imposed on the subjects so that they could disclose themselves, the family's response to this process, and the development of all members within the family system, involving movements of adaptation, maturation, and acceptance, but also of frustration and exclusion.

Two notes must be retrieved here. Firstly, coming out is a process, and, in this condition, it should not be apprehended linearly or guide expected behaviors. Families and their members can react in very different ways, and this must always be understood from different markers, such as conceptions about family and sexuality, the influence of religiosity, and even the social and cultural context in which these expressions occur, if in a scenario of greater acceptance or in a culture of violence and prejudice. The acceptance or not of the homosexuality of children and siblings is not associated with permission or seal so that these people can freely express themselves in the political and emotional fields, for example. However, it can promote family prohibitions, the distance between members, and, as a result, greater exposure to suffering and also vulnerabilities.

Thus, welcoming these people is a form of care and protection, especially in contexts marked by violence and intolerance, as in Brazil. Considering coming out as a process can allow us to have a more realistic view, so that these families must also be understood and assisted in the sense that they can adapt to a new configuration and, many times, to accept a configuration that has always been present and announced in some way.

Secondly, it should be mentioned that acceptance is a process that involves a gradient of expressions and movements. Acceptance does not occur only in one way or at a given time, but it can be present differently. These senses can function in a welcoming way, even though acceptance has not been verbalized, for example. All family members can express this acceptance in different ways, and these must be recognized. Thus, different behaviors may point to acceptance, even if it is not clearly verbalized or assumed socially.

From these considerations, it is highlighted that the coming out must be understood as a process that involves different times and expressions. Perhaps these considerations allow us to access the phenomenon with greater respect for its complexity. Knowing the perspectives of other significant family members, such as grandparents, cousins, and uncles/aunts, can be an important movement in the sense of apprehending this complexity, thinking about the diversity that makes up the coming out.

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Lesbian Families: Intersection Between Internalized Homophobia and Old Age



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Although in certain contexts the hegemonic model of a nuclear, heterocentric, patriarchal and young family prevails, there were changes in relation to human rights, civil rights, which favors the recognition of the constitution of the family of lesbians, gays, transvestites, transsexuals, transgender people, queer, and intersex (LGBTQ+) (Amazonas, 2013; Meletti & Scorsolini-Comin, 2015; Reczek, 2016; Rodriguez et al., 2015). Studies, such as Castells (2018), emphasize that the historical transitions regarding homoparental conjugality are recent and specifically in relation to lesbian homoparentality; this phenomenon gains a greater dimension of invisibility due to the fraternization bias in the sexual relationship between women.

This invisibility is even greater in old age. The production on this period of the life course still prioritizes a more normative description of the health and disease processes that delimit this period, with gender and sexuality issues being neglected. In addition to the taboos related to sexuality among elderly people, older lesbians experience family relationships in normative and nonnormative ways and have difficulties to express their concerns and to be legitimized, especially in the face of care demands (Fonseca et al., 2020), for example, loneliness, the need for support systems that include both inbred families and those by choice, and the reluctance to discuss with health professionals about their sexuality for fear of being judged or receiving less care (Allen & Roberto, 2015).

Discussing familial relationships and the exercise of homoparenting and lesbian conjugality in intersection with age/generation, race, class, and territory is a complex phenomenon and a challenging task considering the insufficiency of empirical investigations that examine aging, sexual orientation, and family (Woody, 2014).

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Biopsychosocial impacts that cross this context enhance both the development of resilience and adaptive processes, as well as in the opposite direction and more likely to be experienced, the reproduction of the intensification of psychological suffering, negativity in the trajectory of one's sexuality, and homophobia (Costa & Nardi, 2015).

Lorde (2020) points out that it is not possible to discard or ignore the differences among lesbian women and that the development of defenses and vulnerabilities is forged from plural social places and not shared by White women from the so-called first world. Outsiders, that is, Black, Latin American, migrant, old, and peripheral lesbians are those whose experiences are not represented because they are "too different." An intersectional approach considers that the power systems of race/ethnicity, social class, gender, sexuality, nation, and age cross each other and catalyze unequal social formations. These different material realities organize different experiences for the people who live in them, are historically contingent and cross-culturally specific, and vary over time and space (Collins & Bilge, 2021).

For example, it is recognized that Black women find it difficult to identify with the lesbian world, which may represent another place of marginalization. These are the resonances of specific heteronormativity and homophobia among Black women (Lorde, 2020). According to Moore (2011), African-American lesbians developed their sexual identity/orientation in Black social and residential environments as a result of segregation and outside the ideologies of lesbian feminism that could differ as to ideological beliefs about the best path for women's liberation. This means that they consider racial identity and adhesion to the racial group in creating lesbian sexuality.

Logie and Rwigema (2014) discuss how the normative idea of an LGBTQ+ person is characterized by Whiteness, since White privilege builds Whiteness as central to these identities, reproduced through social norms, media representations, and daily interactions. That study on Canadian, Black, lesbian, bisexual, and queer women showed that they experience intersectional stigma on a daily basis and that White privilege and racism shape Black women representations in a particular way that promotes their exclusion from White LGBTQ+ spaces and society in general. They felt invisible and marginalized by the constructions of Black women as aggressive, emotional, and hypersexualized.

Woody (2014) explored the issues of social discrimination perceived by lesbian women and gay men, both African-American and elderly. The study identified seven important themes: the sense of alienation in the African-American community, the deliberate concealment of sexual identity and orientation, the aversion to LGBTQ+ labels, the perceived discrimination and alienation of religious institutions, the feelings of mourning and loss related to aging, isolation, and fear of financial and physical dependence. Participants considered their racial identity more important than their other identities, including gender and sexual identity/orientation, in the experience of these events throughout life and as a barrier to participation in mainstream environments.

In order to highlight the complexity of relationship between gender, sexuality, race, and territory, and the numerous structures of domination and subordination in

the world of sexuality, we quote the letter that Figueiredo (2020) wrote to Judith Butler. The author explained how Brazil, a country whose history of racial relations and hierarchies (denied racism) is different from that of the United States (racism through segregation), does not have fixed or binary racial identities. This implies that the dilution of identities is seen as potentially depoliticizing from the point of view of the political struggles of non-White subjects in a context of necessary strengthening of identity policies. Becoming Black in Brazil is a process and not an element naturally given at birth. In other words, the personal and political experiences of Brazilian non-White lesbians are distinct and often silenced, which also often includes dealing with the “Black closet” and the “homosexual closet.”

For Figueiredo (2020), although identity definitions operate through homogenizing categories, the Brazilian context is heir to a specific racism background in which racial identity and what it means to be Black is still a relevant issue. This assumption also applies to sexualities, since contexts strongly marked by discrimination demand recognition policies that allow the oppressed subjects to be removed from the isolation to which they have historically been subjected. Therefore, the concerns of the global north and its anti-identity stance in the field of sexualities must also consider how collective identities can be politically strategic and psychologically important in the global south.

That being so, an intersectionality that creates space both to destabilize heteronormativity and for new and urgent questions about power relations and sexuality (Collins & Bilge, 2021). One of these fundamental issues is the family, with all the contradictions and ambiguities in its relationships. The counter-hegemonic family constitution in different sociohistorical contexts of sexual and racial/ethnic relations defies the status quo and is shaped, relationally, from social inequality, intersectional power relations, and complexity.

Family is a central institution for the learning and reproduction of racial and gender ideologies, which has consequences in the process of coming out as a lesbian, in the processes of inferiority and punishment within the family, in family expectations, and in the dynamics of reproduction of the racism, sexism, homophobia, and ageism. The experiences of elderly lesbian women in all their heterogeneous arrangements, marital and parental experiences, available resources, and unequal access to care still remain underrepresented in literature on family.

In this chapter, we discuss the aging and old age of lesbian women from the specific challenges of the family context. It is a narrative review, organized in three axes. First, we present lesbian families and their historical construction, highlighting the contributions of social movements, the expansion of social and legal achievements for different expressions of sexuality, representativeness, and political accessibility. Second, we discuss “coming out of the closet: breaking the lock of internalized homophobia” based on relationships with the family of origin, the processes of coming out, homophobia, and being a lesbian woman in old age. Finally, we show that more and more lesbian women build families and age, highlighting three central axes that occupy the biggest concerns in the family context: conjugality, parenting, and care.

Lesbian Families in Context: A Historical Construction

Throughout history, there are demarcations that intensify the experience of stereotypes and prejudices in relation to sexuality, family, and age. Until the first half of the twentieth century, sexuality and sexual orientation were thought based only between two binary pillars, a conception that in a simplistic way sought to objectify and parameterize psychological, behavioral, and cultural processes and without the complexity necessary to encompass countless intersections that the experience of sexuality requires.

The generalized binary belief has a negative effect over the years and from the sociohistorical connections linked to traditionalist perspectives, social and political habits. It is perceived, in general, that the lesbian population roots beliefs that negatively enhance the acquisition of their own constitutional rights throughout life. For more than 70 years, science itself and social movements have recognized the challenge of extremely deterministic perspectives and admit that sexuality involves a deconstruction of paradigms supported by binary normativity, tied to an idea that is either geneticist or subjectivist (Cerqueira-Santos et al., 2017).

Studies of social movements in the 1950s and 1960s, such as the feminist and hippy movements, promoted a dialogical and relational range in relation to sexual rights. From 1975 onward, the United Nations proposes the International Year of Women, concatenating with the 10-Year Plan of Action and the proclamation of the Decade of Women (1976–1986), with the objective of developing interventions in planning to combat the reduction of suffering women for sexist reasons and the need to ensure the effective participation of women in national development. The inclusion of women on the world agenda has opened space for possible discussions about sexuality and sexual orientation in the lives of women (Lira et al., 2015).

During this period, anti-racist struggles such as that of the Coletivo Combahee River, a group of Black lesbian militants, already emphasized that the systems of oppression are interconnected and that the working class has race and class (Akotirene, 2018). Black lesbian feminists were instrumental in constructing and defining theoretical and political practice based on their realities. They helped to expose the false universality of lesbian identity, the sexual politics aimed at Black women and how they affect their affective relationships, the effects of the lesbian label within the Black community, and how lesbian relationships between Black women call into question the definitions of women established in society (Collins & Bilge, 2021; Lorde, 2020).

Groups of homosexual political activists appeared in Brazil and Latin America who demanded the depathologization of sexuality, the right to declare and publicize sexual orientation, equity, and breaches of gender and sexual boundaries between male and female, demanding respect and visibility (Lira et al., 2016a). They suffered bitter periods of dictatorship, which followed political, economic, and educational partnerships on the ways of being men and women.

Between the 1970s and 1980s, the lesbian movement gained strength and expanded its representativeness to Europe, the United States, and, in general, the

rest of the world, being the movement that gained visibility in the fight for strengthening lesbian identity. In the 1990s, lesbian identity emerges as a resistance group against compulsory heteronormativity and begins to confront denied rights, such as conjugality, division of assets, inheritance, and the right to life. Many of the social and feminist movements have already pointed to gender diversity and the expansion of social and legal achievements for different expressions of sexuality.

And since the 1970s, many researchers have devoted to investigate homoparental family arrangements composed of lesbians and gays. According to Gato et al. (2014), studies have been carried out in three areas: behavior and parenting practices of lesbian mothers and gay fathers, psychological development of their children, and attitudes of the heterosexual community toward homoparenting.

The last 20 years have been revolutionary for the study of human sexuality, and progress can be seen in relation to the study of social minorities that identify important achievements, for example, the representativeness and political accessibility, the innovation of technologies and strategies for the search for rights, and the visibility of different social demarcations that enabled discussions about the family of nonheterosexual people (Amazonas et al., 2013; Pereira et al., 2013).

In this sense, problematizing the family of lesbian women throughout their aging and old age points to an important theoretical and practical construction around the cultural and social changes that recognize the changes linked to the realistic arrangements in which families are inserted. The recognition of the lesbian family, in all its heterogeneity, is fundamental for the healthy development of society.

In Brazil, more specifically in the last decade, some initiatives have been recognized with regard to the rights of same-sex couples. It was only on May 5, 2011, that the partnership of gay and lesbian people was legitimized and included as a civic right and duty in civil unions with public and social support. With this advance, Brazilian society starts to discuss more frequently the conquest of contractual spaces and agreements experienced by gay and lesbian people, being specific to the division of assets, and the validity of the partnership or society. Nevertheless, even in the face of this legal advance, the text did not mention the approval of the right to conjugality or marriage between these pairs, with more extensive experiences of gender identity or sexuality.

It was on May 14, 2013, with resolution 175, that the Supreme Federal Court (STF) recognized the conversion of society or stable homo-affective union to marriage, legitimizing and institutionalizing the conjugality experienced by couples of gay and lesbian people, making the established society legitimized as a family (STF 2013). Thus, the transit to this achievement was not simple; and a historic treaty with social exclusion for reasons of gender and sexual diversity was broken; and it was necessary to elaborate the Statement of Non-Compliance with Fundamental Precept (ADPF) 132 RJ and the Direct Action of Unconstitutionality (ADI) 4277 DF published on May 5, 2011, in order to recognize “unconstitutionality” in view of the legal treatment of a stable union between couples of gay and lesbian people; and resolution 175 could, in short, legitimize the conversion of a stable union into marriage for couples of gay and lesbian people (STF, 2011, 2013).

From this innovation with the acquisition of marital rights, new social possibilities come into evidence, for example, the registration of children, inheritances, division of assets, and accesses previously pre-established only for legally recognized couples (Costa et al., 2017; Santos et al., 2013). However, it is important to note that the LGBTQ+ population is experiencing the effect of this achievement in the short, medium, and long term, in an intensely revolutionary way, as it crosses historical conjectures rooted in attitudes that maintain stereotypes, discrimination, and homophobic prejudice. Thus, in the confrontation with the exclusionary imposition for the accessibility of the civil rights of LGBTQ+ people, social habits are directly confronted to the point that some bodies such as registry offices deny gay and lesbian marriages and are fined for such.

Importantly, the family experience of lesbian women and, consequently, marital and parental relationships present important differences due to the unique experience of lesbophobia according to the historical and social context. While the generations after the conquests of the struggles of the social movements saw mechanisms of legitimacy of conjugality and parenting for nonheterosexual couples in a part of the world legally materialized, but for the generations of the current elderly people, the possibilities of experiencing these were given very differently. These people have experienced the criminalization and psychiatric diagnosis of their sexual identity and sexual orientation with devastating effects on their lives – a reality that still prevails in many places.

Given this context, one can observe the prejudices motivated by foundationalism that cause psycho-emotional scars in the lesbian population in view of the access to conjugality and the family constitution. In this sense, lesbian women as a social minority, especially those who occupy the social places of greatest exclusion and vulnerability, have always faced stressful and negative environments regarding the constitution of their visibility resulting from a patriarchal homophobic system.

Coming Out of the Closet: Breaking the Lock of Internalized Homophobia

The psychological literature assumes that adult life, from a family and developmental perspective, is marked by the process of differentiating the “I” from the family of origin, central to the assumption of responsibilities, independence, and autonomy. It is also assumed that this process would affect the development of fundamental roles related to adult life, such as conjugality and parenting, reviewed in middle age and resignified in old age (Fernandes-Eloi et al., 2020). This model, originated from a heteronormative, White, and North American perspective, needs to be discussed for a better understanding of the aging of lesbian women in different social contexts, which face specific challenges throughout their lives in relation to their families and in old age.

The differences experienced at the intersection of gender, sexuality, race, and age/generation contextualize different relational modes. The family of origin often does not follow, does not accept, and does not support the development of lesbian sexuality, and this phenomenon, in turn, generates the disconnection that can be experienced in the short, medium, and long term, affecting interactions throughout life. Cisheteropatriarchy, for example, turns the family experiences of lesbians into idiosyncratic experiences, so that these women need to reinvent and reform their notions of family. Thus, in the family, more than presupposing what are the tasks or issues to be faced or negotiated in the family life cycle, it is necessary to emphasize the interrelationships of the personal life experience with the historical, social, and cultural structure and then, situate the challenges (Costa et al., 2017).

Green (2016) discusses how homophobia brings important differences that include the potentially bicultural experience with the family of origin, the relational ambiguity, and the creation of “families by choice.” Lesbians need to struggle to establish a personal identity that is different from the identity structure of the family of origin (heteronormative), as this environment is usually not a facilitator and open to the process of differentiating a lesbian identity.

The process of self-recognition, self-disclosure, and integration of a modified identity is often labeled as coming out, which also involves the parents who would need to come out as parents of a lesbian daughter (Nascimento & Scorsolini-Comin, 2018). The coming out narrative is central to the life trajectories of social minorities, such as LGBTQ+, as it is advocated that it is through this revelation that a personal and publicly recognized existence is achieved. However, depending on the sociocultural context of that family, the price of this disclosure can mean the breaking of bonds, the loss of physical, mental, and even life integrity.

The “don’t ask, don’t tell” policy is a challenge for lesbian visibility within African-American communities and families. Lesbian identity management presupposes navigating this policy and suggests that they are accepted as long as they are not publicly labeled or recognized (Miller, 2011). Pastrana (2014) showed that the perception of family support is the most important predictor for the coming out of LGBTQ+ Blacks.

Systematizing the family situation of lesbian women in old age requires a complex discussion. The experience of being a lesbian woman in old age is permeated by the socially reproduced meanings about sexuality throughout history, which are generally associated with aspects that architect stereotypes, discrimination, and exposure to violence (Fernandes & Garcia, 2010; Gato et al., 2014). In this sense, the experience of sexuality is subjugated to a social moral pair that denies sexuality to women and especially those who are in the process of aging, above all, because they are more crossed by the stigmatized patterns of youth and beauty.

The relationship with the body in the lesbian experience is a mirror reflection of the creation of expectations about herself and how the context corresponds to the possibility of liberation and bodily autonomy. Culture, community, and family groups are part of the composition of territories that generate beliefs that promote the acceptance or inadequacy of individuals’ bodies. Lesbian women experience

movements and marks on the body that transgress hierarchies of gender boundaries, social roles, and sexist expectations.

Research carried out by Fernandes-Eloi (2017), with the objective of understanding the perception of sexuality of elderly Brazilian women, showed an intense discredit rooted in relation to sexuality in old age. Such an experience articulates many confrontations in relation to the body itself, age, sexuality, the expression of feelings, and the fear of loneliness. It is important to note that this entire trajectory creates subjective scars, and the lesbian woman in old age experiences the conquest of this family space differently from a young person who has experienced differences in the expression of sexuality demarcated by the achievement of legal and cultural rights.

It is also possible to affirm that the condition of being an aging woman generates unequal forms and patterns of participation and social insertion, a fact that instigates the experience of several types of prejudices in intergenerational relationships (Fonseca et al., 2020; Neri et al., 2018). In this context, the condition of being a lesbian is added, which depending on the situation, is still socially configured as a social marker, a derogatory characteristic, which discredits nonheterosexual individuals (Štrukelj et al., 2019).

The lesbian woman, when “coming out of the closet,” breaks the lock of homophobia, confronts the natural process of hierarchies of gender and sex instituted by the cisheteropatriarchy, and causes strangeness in some people and social contexts that are articulated with the culture of intolerance. Nonetheless, being a lesbian woman in old age is a process of autonomy and liberation in the face of experiencing one’s own sexual identity, which can influence ways of coping with situations of discrimination and prejudice (Štrukelj et al., 2019). Discrimination, in turn, will directly influence the quality of life and the social risks and vulnerabilities that lesbian women find themselves in.

Homophobic prejudice is intrinsically related to the expression of the lack of information and the practices of intolerance and violence (Cerqueira-Santos et al., 2016). Lesbian women, especially elderly women, can develop negative and disapproving attitudes about themselves, against their own thoughts, attractions, feelings, and sexual desires. In this sense, homophobic prejudice, when internalized, is expressed in intolerance with oneself and/or against people, attitudes, and almost everything that shows their homosexuality (Souza et al., 2019; Fernandes-Eloi et al., 2017). Lesbian women, in addition to being victims of violence implemented by an unequal system, become victims of private, intimate violence, defined by intense disdain for their own existence, which intensifies suffering, the feeling of inadequacy and guilt.

Research by Singh et al. (2007) problematized the level of acculturation and internalized homophobia in lesbian and bisexual women who identified themselves as Asian Americans and who had lived in the United States for more than 10 years.

The countries of origin of the participants were China, India, Japan, Malaysia, New Zealand, Sri Lanka, Taiwan, Trinidad, and Vietnam. Data indicated that people who perceive themselves as Asian have a lower level of internalized homophobia than people who identify themselves as Westerners. According to the research, the Western context presented itself as a more homophobic context than the Asian context.

Mclaren (2015) evaluated in Australia the relationship between internalized homophobia and suicidal ideation in 360 gays, 444 lesbians, and 114 bisexual women, aged between 18 and 82 years. The results suggested that, although there is more discussion about sexuality today, there is still a need to invest in reducing internalized homophobia, in order to reduce suicidal ideation in lesbian, bisexual, and gay women in old age.

A study by Fernandes-Eloi (2017) sought to characterize the bodily and sexual satisfaction of lesbian women and its correlation with internalized homophobia in the Brazilian context. The results showed that older lesbian women may have less connection with the lesbian community, demonstrate more negative feelings about being a lesbian, and have more negative attitudes toward other lesbians when compared to the group of young women. In other words, old age is an analytical category that probabilistically increases negativity in relation to sexual orientation and coexists directly with the internalization of homophobia over the years. It also showed that the greater the recognition and acceptance of one's sexual orientation, the less the experience of internalized homophobia.

The point is that identities are not essential parts of the personality or exist in themselves, they are situational and relational and are historically and culturally specific. In the old age of the lesbian woman, it is often a silent and anonymous story, kept secret. For example, Fredriksen-Goldsen et al. (2015) found that among LGBTQ+ elderly North Americans, discrimination and the disclosure of sexual identity were negatively associated with mental health and were also positively associated with a positive sense of sexual identity.

According to Henning (2017), there is a heteronormative panorama about old age and aging, a panorama that overshadows sexuality in the aging processes, generating widespread apathy and negativity of the body in old age. In this context, old age starts to be erroneously contextualized as the state of inexistence of erotic practices, the stage of angification of the individual, and sexual and gender disidentities that negate the body (Fernandes-Eloi et al., 2017).

Lesbian women, when they marry, generate a family, raise children, and grow old, experience a continuum of self-construction, without models and scripts, which corresponds to a constant and immense duel with the hierarchies instituted by the right of existence. This phenomenon, in turn, has been transformed over the years, implying also subjective and cultural transitions, as more lesbian women get married, build families, raise children, and grow old (Amazonas, 2013; Lira et al., 2015; Meletti & Scorsolini-Comin, 2015; Rodriguez et al., 2015).

More Lesbian Women Build Families and Age

Homoparental families have continually become more numerous and socially visible. In old age, we can highlight three central axes that occupy the greatest concerns in the family context: conjugality, parenting, and care.

The intensity of the experience that connects sexuality-gender-time can cause elderly lesbians to discredit conjugality, due to the demarcation of negativity and homophobia experienced throughout life (Fernandes-Eloi et al., 2017). Perceiving the psychological and social vulnerability of lesbian women when they marry marks the profound effect that prejudice and stigmatization provide. Psychic suffering, in turn, destabilizes and makes people even more fragile when, in addition to gender discrimination, they also experience the devaluation of their conjugality and family (Costa et al., 2017; Jesus et al., 2020; Oliveira, 2017; Štrukelj et al., 2019).

Lesbian couples experience various forms of discrimination and violence, and as these couples age, they may be even more vulnerable to social forces that produce direct and covert discrimination and that affect health and well-being (Fredriksen-Goldsen et al., 2015; Furlotte et al., 2016). Indirect or covert discrimination involves microaggressions that happen due to silence or non-affirmation, for example, when the couple is not recognized or due to the assumption that the elderly woman is heterosexual. It also relates to environments considered unsafe, even though there is no evidence of public discrimination, and the feeling of being unable to disclose sexual orientation (Furlotte et al., 2016).

The context in which the couples live is expressed in their conjugality as a risk or protective factor, as well as the expectations in relation to the partner and the union itself, highlighting the generational differences. For example, legal changes related to marriage have affected how younger generations conceptualize and live their relationships. According to Lira and Morais (2016a), in a research carried out in the Brazilian context, the legalization of marriage generates positive effects, such as economic benefits, a greater sense of stability in the relationship and of intimacy and closeness, greater social legitimacy, greater emotional support and self-esteem conferred to marriage, reduction of disparities in mental health, reduction of mortality rates, less psychological stress, and greater well-being, and contributes to the healthy exercise of parenting.

Lira and Morais (2016b) also identified the main factors associated with levels of marital satisfaction, and all should be considered from a generational perspective: externalization of sexual orientation, respect for sexual agreements between partners, communication, cohesion, sexual functioning, and social support network. A study by Mosmann et al. (2010) also in the Brazilian context suggested that in couples belonging to non-elderly generations, the difference in marital cohesion and adaptability, when compared to heterosexuals, is because in crucial moments of gay and lesbian conjugality, they tend to be more adaptable in their male and female roles, as well as may have greater empathic involvement in relation to the understanding of gender roles.

Another important issue is the influence of racialization on affective choices, which are also present in lesbian couples, which constitutes greater loneliness and neglect for Black women (Messias & Amorim, 2019; Rabelo & Rocha, 2020). Racism affects Black couples, interracial couples, and family socialization practices. Hordge-Freeman (2019) discusses the color of love in Brazilian families as spaces for production, contestation, and racial negotiation, especially for those with racial and phenotypic variation. The author describes how racialization affects access to emotional resources such as support and love, in which structural racial disadvantages are reproduced in the home itself. Inequalities between families bare the dynamics of intergenerational transmission of privileges and unequal access to recognition, rights, and material resources (Rabelo, 2020).

Regarding homoparenting, three approaches can be considered, which give rise to different perspectives. The first is a sociological perspective that articulates the development of homoparenting from the transformations about the family and sexuality, the feminist and lesbian movements in search of rights and equity, and increased divorces and greater autonomy over reproductive behaviors. The second perspective, with an anthropological basis, is directed to the direct confrontation with biologicisms, questions the notions of kinship, and invests in affection and generation of bonds as a constituent for the homoparental family. And the last is a psychological perspective, which emphasizes the quality of intrafamilial relationships, scientifically pointing out that families of lesbian couples do not present losses or deficits in their children's educational processes (Butler, 2014; Figueiredo, 2018; Vespucci, 2014).

The places previously pre-established in the family context are surrounded by questionable borders, and the learning of new arrangements crosses a cultural and psychosocial perspective (Reczek, 2016). The way that fathers and mothers face child custody is still a space of social innovation, in which there are families that will need more present bonds, for example, in lesbian couples with children with the presence of a social father/friend, in which the presence of this father is symbolic and rooted in the historicity of the need for fatherhood in family relationships (Botton et al., 2015; Meletti & Scorsolini-Comin, 2015). The opposite can also happen, when gays decide to be fathers and the presence of a woman as a social mother/friend exists.

Another more frequent perspective is when the family constitution is also demarcated by conjugality, in which the family configuration established between lesbian mothers or gay fathers with their respective children is perceived, without the need for a third or other people who symbolize an already pre-established panorama – hierarchically established by gender roles. In a way, countless other possibilities can happen in family situations, especially when it includes a deconstruction of roles, genders, and genders that need to be created.

African-American lesbian mothers do not exercise motherhood from a single model, with risk factors perceived by them as racism and homophobia against their families and microaggressions in the community and the protective factors, family support, the Black movement, and religious-spiritual support. Family well-being means spending time together, feeling safe and welcomed, having community

support, and having the opportunity to express concerns (Radis, 2018). African-American Black lesbian women in middle age and old age reported that intergenerational relationships promote a sense of connection, happiness, and health and that being close to grandchildren keeps them well (Seelman et al., 2017).

The historical production of sexual classifications and categories has a context marked by normalizing and normatizing agencies that discipline sexuality and new family arrangements. The problem of a lack of understanding about gender and sexuality issues crosses life histories, affections and feelings, and talks about life contexts. This phenomenon, in turn, generates an unfair organization of society and produces dichotomies supported by the roles of men and women fixed in hierarchical territories (Reczek, 2016; Foucault, 2020).

The mandatory presence of the father or mother is linked to the fixation of ideals of the nuclear and traditional family, which pathologizes and disqualifies experiences that are already lived in everyday practices and that are made invisible, as if there were only one correct way of forming a family. For many years, Psychology, Psychiatry, and Pedagogy questioned how other family situations are constructed, as if it were a difficult and unimaginable perspective (Foucault, 2020).

It is necessary to understand the conceptual and linguistic differences directed at family constitutions, as having two mothers or two fathers, or, yet, another possibility, does not necessarily imply that this family must or will bear the brunt of the lack of the other sex. A deterministic perspective fixed on gender hierarchies does not recognize the difference and singularity of existence and in general, imposes models and scripts of social injustice, corroborating the inadequacy of the new ways of family arrangement.

In this way, the child who is born into families of lesbian mothers or gay fathers will not necessarily have impairments in their development. In other words, child development is not a consequence of the sexual orientation of mothers or fathers (Gato et al., 2020). Studies on lesbian and gay couples shows that the absence of two sexes does not affect the quality of child development. In this way, each member of the family occupies a place of legitimate presence in raising children (Gregg, 2018). The naturalization of the perspective that calls into question child development for parental reasons is the result of stigmatization, discrimination, and homophobic prejudice (Gato et al., 2020).

In old age, marital relationships and relationships with adult children are connected (Lee et al., 2016). It is important in the equation of familial relationships the synchrony between the life transition events of each family member and the social history transition events, those of the family collective, and how generational relationships are affected in this process and the cumulative impact of previous events in the lives of cohorts and families.

Families of elderly lesbians in vulnerable contexts are hampered by the cumulative experience of stressful situations involving poor living conditions, precarious work, violence, loss of family members, worse access to education, formal support networks, and healthcare. An example that highlights these conditions of illness, access to health services, and the consequences on family care is the current worldwide experience with the pandemic of COVID-19. The elderly population,

LGBTQ+, Black, and peripheral certainly constitutes the largest portion of the group at risk to COVID-19, going through difficulties related to care behaviors, such as measures of social distance, due to the need for survival, until access to diagnosis and to treatment. Throughout their lives, the trajectories of these women are permeated by physical and psychological violence (threats, criminalization, social humiliation, losses, and mourning) and denied access to basic rights to health, education, and social benefits (Rabelo, 2020).

Transition events usually generate family stress, for example, old age itself. Aging and reaching this stage generates in these women contact with different issues and concerns, such as retirement, decreased income, ageism, and becoming vulnerable in a country with deficient policies to protect this population, as is the case in Brazil. Stress can be intensified by intergenerational conflicts over values and expectations of behavior. Lesbians maintain connections with their families of origin and continue through time as members in a multigenerational context, and, in this sense, one concern is care, in which women are unevenly held accountable.

Women share family care and responsibilities with children, grandchildren, and even their own parents. Marital and family bonds may require women in old age, regardless of their sexual orientation, to exercise co-responsibility functions throughout their lives and compromise imposed by cultural traditionalisms, stereotypes that limit the elderly woman's autonomy.

Care is a fundamental ethical-political issue, and its access expresses that the problem is inequalities in positions of power, undervaluation, and marginalization. The gender expectation regarding the exercise of care does not change when the woman is a lesbian. Even in the presence of ambivalent emotions, guilt, resentments, and long-term pain carried by parental homophobia, an obedient and grateful daughter is expected in the care of elderly parents, as well as being seen as "more available since they are not married," which generates the division between lesbian and family lives (Brewster, 2017).

When elderly, these lesbian women may be even more vulnerable in access to care due to the various forms of discrimination and violence they face. Family bonds may be more fragile or nonexistent, as these elderly women are at greater risk of living alone, being single, without children, and without a family member to call in case of emergency (Fredriksen-Goldsen et al., 2015; Furlotte et al., 2016). These elderly women probably built the so-called families by choice throughout their lives; however, they also age and present their care demands (Crenitte et al., 2019).

The family of elderly lesbians, with an emphasis on the heterogeneity of their arrangements, of marital and parental dynamics, and the complexity of family care, reflects the challenges and limitations of the social environment and the events of the individual, family, and social life courses. These ties involve tensions, as they involve a set of family support, obligations, duties of care, and expectations for normative family behavior, in which women are questioned regardless of their sexuality. The most vulnerable scenario concerns how elderly lesbian women are cared for or not and, at the same time, reveal an aging and old age with less social resources with important effects on the physical and psychological health of these women.

Final Considerations

We sought to discuss the context of lesbian women from the specific challenges of the family context and in the aging process. We expect that the aspects presented will encourage professionals to implement quality care options for this population, taking into account the heterogeneity of the aging trajectories. For example, care technologies are developed taking into account the specific concerns and needs of elderly lesbians, the fight against homophobia, the development of collective and institutional strategies for legitimizing and recognizing LGBTQ+ families, and the importance of formal and shared care that do not burden or hold women unevenly accountable. Further studies are needed to understand the lesbian family dynamics and arrangements, and we emphasize the importance of considering the intersection between age/generation, race, class, and territory, which catalyzes unequal social backgrounds and organizes different experiences in lesbian family relationships.

In this chapter, lesbian families are claimed in a historical construction based on the struggle of social movements and the expansion of social and legal conquests, representativeness, and political accessibility. Therefore, generational differences between the youngest and the oldest need to be considered. Coming out of the closet and breaking the lock of internalized homophobia is a complex process that involves relationships with the family of origin, self-recognition, self-disclosure, and the integration of a modified identity in a homophobic context and the meanings of being a lesbian woman in old age. More and more lesbian women build families and age in an unprecedented continuum of self-construction, without models or scripts, challenging the hierarchies instituted by the right to exist. In the family context, conjugality, parenting, and care are central issues with the potential to affect the well-being and mental health of these women.

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Couple Relationships in Sexual Minority Emerging Adults: Considerations on Risk and Protective Factors and Implications for Clinical Practice



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This chapter aims to discuss sexual minority emerging adults' (SMEA) couple relationships, with reference to the ages of 18–29, from the perspective of their sexual socialization process. In addition, practical implications of couple relationship are discussed, especially acting in the clinic in individual and couple contexts. The experiences of emerging adult couples have deserved attention from Developmental Psychology, which proposes an analysis beyond the developmental bias reinforced by the life cycle milestones (Contini et al. 2002; Paiva, 2008; Travesso-Yepez & Pinheiro, 2005; Svensson & Frost, 2021). Issues such as sexual initiation, sexual orientation, relationships, and gender roles deserve a debate that reflects the experiences in the contemporary world.

Couple relationships are processes of interaction between a personal event and insertion in the social group, which forces one to think of such relationships in the social and cultural dimension (Vandenbosch, 2018). It is in the social and cultural dimensions that the notions of continuity and inseparability of the sex-gender-desire triad are implemented in the sexuality of individuals. Installed in sexual norms, this ideology proposes a normal system of structuring sexuality, based on gender binarism and compulsory heterosexuality. However, we are thinking here precisely of couples that go against the norms and standards in most societies and experience such a developmental event with specificities that deserve to be investigated. It is understood that it is necessary to make visible the daily life of people who resist the cultural binary imposition of compulsory heteronormativity and live at the margins

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of social expectation. The sexual socialization of a young person goes through the internalization of these norms, which can produce the internalization of feelings and self-deprecating attitudes in cases where there is dissonance with sexual norms.

Different individuals, with different sexual orientations, experiences, and gender identities experience such socialization in very different ways, precisely because approaching sexual norms is not something that goes unpunished, promoting that some have more support, visibility, and positive outlets than others. It is understood that socialization is a longitudinal process of learning codes, norms, processes, behaviors, symbols, and several other elements that enable the insertion of the individual in society (Shtarkshall et al., 2007); since factually nothing is natural, the individual experiences several processes to this end, which are the environmental stimuli that contribute in mediating the development of the individual (Vandenbosch, 2018). Thus, through this process, the subject formulates his or her sexual scripts. Therefore, sexual socialization is, in general, an intrapsychic, interpersonal, and sociocultural process (Gagnon & Simon, 1973).

In most of the Western world, the first sexual intercourse occurs at a young age. In Brazil, while declining from 18.8% in the year 2000 to 17.7% in 2010 among adolescents aged 15–19 years, the available data on this issue still highlight the participation of this age group (IBGE, 2010). Data from the Brazilian Institute of Geography and Statistics (IBGE) show that, in 2006, 21.5% of all deliveries in Brazil were among adolescents aged 10–19 years, which corresponds to one in five pregnant women (IBGE, 2010). Studies demonstrate an association between earlier initiation of sexual activities with risky sexual behaviors, pregnancy, inconsistent condom use, and negative aspects of sexual health (Jarrett et al., 2018; Marín et al., 2000; Miller et al., 1997). In the group of LGBTQ+ (lesbian, gay, bisexual, transgender, queer, and nonbinary people), such aspects can be potentiated, especially those who experience these behaviors covertly, without peer approval and explicit guidance about sexuality.

Due to several behavioral changes, adolescents and emerging adults are presenting a specific behavior of today, highlighting fluidity or a social navigation which did not occur in previous generations. This fluidity/navigation is characterized by a combination of behaviors based on the degree of personal freedom in relation to the standards established by the people around them and the social protocols (Oliveira et al., 2007). The authors cite as an example of this new situation of adolescents and emerging adults the variety of affective and social relationships, as well as the exchanges established between two relationship modalities. These modalities are based on relationships linked to mutual fidelity and suffering, as well as those instantaneous, momentary, corresponding to physical and biological needs, without continuity or depth in the lives of adolescents. Sex without commitment mediated by digital media and instant relationships (with a beginning, middle, and end in a few days or hours) stands out.

In general, sex life starts earlier, and marital union happens with more experience in this area. Sex is talked about more openly than in the past, and sometimes the first sexual experiences happen during a passing love relationship or as curiosity, that is,

a way to obtain pleasure and that is not related to a formal commitment (Matos et al., 2005). In this way, the constitution of sexuality in youth goes through the experience of sex and affection as detached and at the same time complementary instances. It is important then to think about the implications of this way of living sexuality and about practical elements of such experiences, such as the forms of maternity and paternity, the expectations about marriage and family, and the value and time given to sexual and affective relations.

Despite this, even with advances in the academic and legal fields, the issues involving same-sex relationships and family constitutions are still controversial and have little social acceptance, being the target of prejudice, violence, discrimination, and social exclusion. Such forms of prejudice have been considered as homophobia, which can be characterized as a hostile attitude to homosexuals, in order to designate the other as inferior, abnormal, and deviant (Borrillo, 2001). It is understood that this group of people faces specific issues in their relationships and family dynamics. Issues that range from the lack of social and family support to the lack of legal recognition of rights common to heterosexual people.

In this way, the experience of nonheterosexual sexuality in a society ruled by heteronormativity can give rise to feelings of repulsion of one's own sexual condition in individuals with sexual behaviors considered "deviant or abnormal." These feelings directly impact the way they relate to other subjects belonging to their social group and to society in general, generating feelings of inadequacy and instability in love relationships and sexual partnerships (Costa & Nardi, 2015). From this perspective, due to prejudice against sexual and gender diversity, same-sex couples lack social recognition and often end up not exposing their marital and parenting experiences, giving up social and legal support that would support the relationship (Cerqueira-Santos et al., 2017). In contrast Riggle, Rostosky, and Horne (2010) state that same-sex couples living in environments where their unions are recognized by the state have lower indicators of stress, depression, and anxiety.

Thus, the scientific literature has been consistent in presenting evidence that, despite adversities, couples who publicly assume their sexuality and parenthood find more paths for the positive exercise of their relationships as partners and parents. In a systematic literature review on resilience in lesbians, gays, and bisexuals conducted by Lira and Morais (2017), only three studies were identified that investigated resilience in the family microsystem, pointing to some protective factors that interact helping families find adaptive solutions and ensure new resources to deal with adverse variables. Among such protective factors of family resilience, it was observed the fact of being optimistic and learning to fight the internalized stigma that can arise in a discriminatory context, the level of education of the parents, and the high levels of family income. In addition, the studies point to the ability to build positive emotions and assign positive meanings to being a family, as well as finding purpose in daily family interaction, fostering family cohesion, stability and good levels of marital quality, and increasing the quality of interactions and bonds between mothers/fathers and children.

The New Sexual Minority Emerging Adult: Diversity of Sexual Identities in the Twenty-First Century

The human developmental stage of emerging adulthood was originally a response to the changing cultural and economic context of the postindustrial world (Arnett, 2004, 2014). Instead of following a normative path from adolescence directly into work, marriage, and parenthood, a prolonged time of identity exploration has given emerging adults more opportunities to explore diverse experiences, social contexts, people, and relationships (Arnett, Zukauskienė & Sugimura, 2014; Svensson & Frost, 2021).

There are multiple reasons behind young people's significantly more accepting and embracing attitudes toward sexual minorities and their couple relationships than older generations (Gay & Lesbian Alliance Against Defamation [GLAAD], 2017). However, the advent of emerging adulthood as a life span stage is likely to have played an important role by facilitating increased and more diverse social contact (Arnett, 2014). In this sense, emerging adulthood for sexual minorities may be characterized by unique experiences when in comparison with their heterosexual counterparts. This is due to processes related to sexual identity development, social stigma, and struggling with legal and social recognition of their couple relationships, which distinguish the life course of sexual minorities in an individual and couple level (Hammack & Cohler, 2011; Meyer, 2003; Svensson & Frost, 2021).

The new generation of emerging adults is increasingly inclined to consider sexual orientation and attraction as a spectrum on a continuum, rather than fixed categories, and are also more predisposed to adopt plurisexual identities (i.e., being attracted to more than one gender; Diamond, 2008; Savin-Williams, 2005; YouGov, 2015). This change has contributed for a further expansion of the commonly used LGBTQ+ acronym, to LGBTTTQQAAP, referring to lesbian, gay, bisexual, transgender, transsexual, queer, questioning, intersex, asexual, ally, and pansexual. In this direction, queer, intersex, and pansexual make reference to the multiple possibilities of plurisexual identities, like bisexuality, that can compose this continuum (McEachrean, 2016; Svensson & Frost, 2021).

The last decade has seen a significant increase of emerging adults, especially young people assigned female at birth (AFAB), identifying as bisexual, being attracted to both males and females; pansexual, being attracted to *any* gender, including transgender, genderqueer, nonbinary, sexually fluid, and males and females; and queer, an inclusive umbrella term to “nonheterosexual” or “other-than-heterosexual” sexual identity (Galupo et al., 2015; Svensson & Frost, 2021). While bisexuality as a plurisexual identity has been recognized and studied for some time, there are limited data on those who embrace pansexual and queer identities, but the available scientific evidence suggests it is mainly adopted by emerging adults when exploring the possibilities of sexual and romantic relationships (Galupo et al., 2017; Hammack et al., 2021).

Heretofore, few studies have included queer and pansexual response options when assessing sexual identity. At the same time, the recent scientific literature have

shown that those AFAB are more likely to differ from assigned sex and adopt more plurisexual identities. Contrarily, those assigned male at birth (AMAB) often experience a constant and monosexual orientation during the life course (Bailey, 2009; Diamond, 2008; Svensson & Frost, 2021). A recent survey (Hammack et al., 2021) conducted with 314 adolescents and emerging adults across the United States found that the sexual orientation of those AMAB is more category-specific than those of AFAB, which reported being more comfortable with diverse gender and sexual expression, using plurisexual and asexual labels more frequently to identify themselves. Nevertheless, it is important to consider in this study that these patterns were also influenced by the educational level of the participant's parents and the social support received from their local community (Hammack et al., 2021).

As mentioned earlier, changes in laws to protect LGBTQ+ community have occurred in most Western countries in the past 30 years (Park & Rhead, 2013; Smith, 2011). Legislations introduced to support and protect sexual minority individuals, including equal marriage rights in 33 countries and civil partnership unions in an additional 20 countries, have irrefutably been important for the social inclusion and recognition of nonheterosexual couples in the Western world (Svensson & Frost, 2021).

On the other hand, emerging adulthood is the time period in which most developmental processes relating to sexual identity formation are typically taking place and is therefore central to understanding the reported mental health disparities of these individuals in context. Indeed, studies focusing specifically on adolescence and emerging adulthood find similar disparities in health, and some even point to emerging adulthood as being a developmental period of heightened risk for negative health outcomes (e.g., suicide) relative to other life span stages (Fish et al., 2019; Svensson & Frost, 2021).

This also reverberates for the relationships that sexual minority emerging adults (SMEAC) can establish once there is some evidence stating that LGBTQ+ individuals suffer higher rates of psychological problems and relationship breakup than heterosexual individuals, and these problems are closely related to discrimination and prejudice against sexual and gender diversity (Corfford, 2018; Frost et al., 2017; Pepping & Halford, 2014). Considering this legal and historical background and the fact that attitudes toward sexual minority individuals and their couple relationships across the population in the Western world have achieved some improvement during not long ago, it is important to analyze the risk and protective factors of SMEAC relationships.

Risk and Protective Factors of Sexual Minority Emerging Adult Couples

Risk factors are related to all sorts of negative life events that, when present in the context of the individual, increase the likelihood that the individual will present physical, psychological, behavioral, and social problems (i.e., prejudice and discrimination against SMEAC). Protective factors, however, refer to influences that modify, improve, or alter personal responses to certain risks of maladjustment or illness, such as good marital quality and sexual satisfaction. Both constructs should not be seen as a priori categories, but as processes of an environmental and social order (Koller et al., 2005).

Sexual minority couples are both similar and distinct from heterosexual couples. They form relationships for similar reasons, express satisfaction/dissatisfaction, and follow relational developmental patterns similar to heterosexual couples (Herek, 2006). One of the main differences concerns the social stigmatization toward SMEAC relationships in environments where their rights are not guaranteed and protected (Mohr & Fassinger, 2003).

This scenario forces them to adapt to adverse situations. For example, same-sex marriage in Brazil was only authorized by the Supreme Court in 2011, and its regulations were implemented nationally by the National Council of Justice in 2013. Even so, a significant portion of the population continues to reject the recognition of these relationships (Costa et al., 2017). A survey conducted in the United States showed that nonheterosexual people living in states where same-sex marriage was prohibited had a prevalence increased by 36.6% for any mood disorder, 24.82% for generalized anxiety disorder, 41.9% for alcohol abuse disorder, and 36.3% for any psychiatric comorbidity. The same rates were not found in the heterosexual population, nor in sexual minority couples living in states without legal repression of same-sex marriage (Hatzenbuehler et al., 2011).

In this way, a theoretical proposition that has shown to be very useful to explain some risk as well as protective factors for LGBTQ+ population is the minority stress theory (MST). It states that discrimination influences psychosocial and health outcomes in sexual minorities, such as the higher prevalence of depression and anxiety, stemming from their disadvantaged social status rather than something innate in being a sexual minority person (Frost et al., 2015; Meyer & Frost, 2013). This is based on the idea that characteristics considered to belong to a minority group, under chronic exposure to unfavorable social conditions and discrimination, can act as unique stressors and, being moderated by coping resources, can lead to positive or negative mental and physical health outcomes (Meyer & Frost, 2013).

The MST seeks to clarify health disparities among LGBTQ+ individuals when compared to cisgender and heterosexual population (Meyer, 2003; Meyer & Frost, 2013). Thus, the individual minority stress model dimensions are (1) discrimination events; (2) victimization events; (3) expectations of rejection; (4) identity concealment; (5) internalized stigma; (6) daily discrimination/microaggressions; and (7) community connectedness (Meyer & Frost, 2013; Outland, 2016).

Along with the individual effects of minority stress, studies have shown that sexual minority couple relationships, in contexts where sexual and gender diversity is not respected, can be affected by distinct minority stressors (Rostosky & Riggle, 2016; Rostosky et al., 2007). Couples face minority stress when dealing with their families, communities, and workplaces. The tendency is for the response to be dyadic, not individual. If a member of the couple is being rejected by the nuclear family, for example, this tends to affect the other, directing coping strategies for the couple, and not just for the individual (Rostosky et al., 2004).

Therefore, couple-level minority stress plays an important role in the stress proliferation in the lives of nonheterosexual couples. The concept of stress proliferation refers to the observation that stress experiences end up generating more stress on a personal level, resulting in a causal chain of stressors between intraindividual domains but also between people who are structurally connected, such as romantic and/or sexual partners (Frost et al., 2017; Meyer & Frost 2013).

A US study conducted with 120 sexual minority couples indicated the specificity of couple-level minority stress (Frost et al., 2017). The most common couple-level minority stressors were *experiences of rejection, devaluation, and discrimination*—being treated differently or devalued by others because of being in a sexual minority couple—and *fears of rejection, devaluation, and discrimination* or fearing differential treatment or devaluation from others going into a situation regardless of whether or not that differential treatment or rejection actually occurred. Moreover, structural forms of discrimination were frequently mentioned by couples as *consequences of unequal legal recognition of sexual minority couple relationships*, and its implications for the marital dynamics (e.g., couple communication, cohesion, sexual functioning) (Frost et al., 2017; Lira & Morais, 2017).

Regarding more proximal forms of couple-level minority stress, scientific literature states that *hiding the couple relationship* from others (sometimes even when they were out as sexual minority individuals) and negotiating when, how, and to whom they would or should tell others about their relationship (i.e., *coming out*) can be stressful for sexual minority couples (Frost et al., 2017; Lira & Morais, 2017). Other than that, *internalized stigma* was also reported by nonheterosexual couples participating in research, which constitutes a proximal self-directed form of minority stress. It stems from prevailing social stigma but is internally generated and perpetuated, resulting in the devaluation of one's own relationship and internal discord between being in a couple relationship with a sexual minority individual and other aspects of one's sense of self (e.g., religious values) (Frost et al., 2017).

Sexual minority couple participants also experienced *feeling public scrutiny*, for instance, when they felt that other people were staring or gawking at them in public places. They also described stress related to *seeking safety and community* when ensuring that the places (e.g., neighborhoods, cities) in which they lived, spent time, or traveled were safe for them as a sexual minority couple. In the same direction, available research discusses how SMEAC feel like they are *excluded from social support* that heterosexual couples usually enjoy (Frost et al., 2017; Lira & Morais, 2017).

Further, they described circumstances where others (e.g., relatives, coworkers, and neighbors) did not *perceive them as a couple*, instead viewing them as just friends, roommates, siblings, or cousins, overlooking the romantic and sexual nature and seriousness of their relationship. These couples expressed that they faced *limitations to participation in families* of origin, such as not being able to attend celebrations together with a partner or not being able to spend time with children (e.g., nieces, nephews) as a couple (Frost et al., 2017).

Concerning these varying experiences in the relational systems, it is also important to point out that families of origin, created families, and friendship networks can impact sexual minority emerging adults in either positive and distressing ways, being a protective or a risk factor for the well-being of these individuals (Ashton, 2011). Family and couple-based stigma and discrimination among sexual and gender minorities can be related to a variety of negative parental behaviors, including rejection, bullying, and harassment (Parker et al., 2018), and parent's neglect practices, such as non-monitoring and non-existing or high-conflict parent-child or adolescent communication (Newcomb et al., 2019).

In this sense, not having *relationship terminology* (e.g., “boyfriend,” “wife,” “spouse,” “partner”) to adequately describe how they see one another was also stated as a stressor, due to the heteronormative basis of most relationship terminology. Still, *lacking role models* for successful sexual minority relationships was pointed out as stressful, sometimes contributing to relationship strain (Frost et al., 2017).

In the same way, participants articulated stress surrounding *negotiating gender roles* (e.g., allocation of household duties, management of finances) and *stereotypes about what sexual minority couples are like*, such as correcting assumptions that one partner is more “the woman” and the other “the man” in the relationship. Finally, they also stated stress stemming from the *challenges of having children as a sexual minority couple*, such as whether to seek a surrogate or adoption, finding adoption agencies that work with sexual minority couples, finding a semen or egg donor, and negotiating the role of the donor in the child's life (Frost et al., 2017).

Although research on bisexual identities has been conducted, some scholars argue that bisexual identities have been largely neglected by simply being included in the wider-term “LGB research” without specific consideration to bisexual identifying people's unique sexual identity formation and associated minority stressors and resilience resources (Galupo et al., 2017; Mereish et al., 2017). This approach has resulted in most sexual minority research historically being focused on monosexual identities, and what some scholars have referred to as the “erasure of bisexual identities” (Monro et al., 2017). In this matter, the unique couple-level minority stressor factors identified for bisexual individuals included *questioning the authenticity of bisexual identities* (Israel & Mohr, 2004), a sense of *not belonging in either the sexual minority community or the wider heterosexual community*, and partners characterizing bisexual individuals as *sexually deviant and untrustworthy regarding couple relationships* (Israel & Mohr, 2004; Svensson & Frost, 2021).

Also, several studies have examined who adopts pansexual and queer identities (Galupo et al., 2017; Morandini et al., 2017), but few have explored to what extent

unique minority stress factors might influence pansexual- and queer-identifying individuals' identity formation and their couple relationships. Instead, it is often assumed that pansexual- and queer-identifying people fall under the "bisexual umbrella" (i.e., they have the same mental health outcomes and experience the same couple-level minority stress as bisexual identifying individuals; Galupo et al., 2017; Svensson & Frost, 2021).

As can be seen, despite the increasing social, legal, and academic visibility, couple dynamics of sexual minorities are managed under different degrees of adversity, especially due to the cisheterosexism (i.e., the belief that only heterosexual and cisgender relationships are valid and acceptable; Oswald, 2002; Rostosky & Riggle, 2017). Several other aspects increase the risk of negative couple-level outcomes, such as violence and attitudes motivated by prejudice against sexual and gender diversity experienced on a daily basis by SMEAC (Lira & Morais, 2017); heterosexist beliefs, practices, and assumptions/biases in relationship interventions and by relationship service providers (i.e., couple therapists, relationship education facilitators; Scott et al., 2019); and absence of adequate policy (nonexistence of antidiscrimination and anti-conversion therapy laws; Hatzenbuehler, 2009).

On the other hand, there is evidence that SMEAC and their families can find particular strategies that enable them to cope with the specific challenges imposed on them by their sexual and gender minority status (Oswald, 2002). Family acceptance, affirmation, and support, as well as open, mutual, low-conflict communication and positive parental practices (e.g., parental responsiveness and exigence), have been shown to be protective factors for the physical and mental health of SMEAC and their relationships (Newcomb et al., 2019).

Another protective factors that can enhance relationship satisfaction and individual adjustment of SMEAC have some evidence indicating the unique needs and preferences of these couples, such as (a) communicating in ways that increase emotional intimacy (e.g., as requested by lesbian women in a focus groups study; Scott & Rhoades, 2014), maintaining the individuality of each partner and avoiding relationship embeddedness (Ackbar & Senn, 2010); (b) negotiating clear expectations of relationships in areas that generally maintain ambiguity (e.g. whether and how to have children, individual, and relationship disclosure in various areas of life, having a consensual decision as regards a monogamous or polyamorous relationship) (Solomon et al., 2005); (c) dealing with minority stress and discrimination, which would help couples to identify and replace individual (Hatzenbuehler, 2009) and couple (Buck & Neff, 2012) maladaptive coping strategies; (d) promoting stability and commitment, generally in the absence of legal, social, or family recognition (Green & Mitchell, 2002); and (e) building social networks that support the relationship, minimizing the negative impact of rejection from other sources, such as family and religion (Feinstein et al., 2018; Garanzini et al., 2017; Newcomb et al., 2017; Whitton et al., 2017).

Also, relationship education and couple therapy are likely to be helpful to SMEAC. As there are some similarities in the challenges confronting heterosexual and sexual minority couples (e.g., negotiation of shared realistic relationship expectations, effective communication), existing evidence-based approaches to couple

therapy and relationship education are likely to assist SMEAC. However, the distinctive challenges (e.g., couple-level minority stressors) they face suggest some adaptation of existing approaches or creation of brand-new design for sexual minorities interventions to relationship education programs and couple therapy in order to enhance their relevance, security, and effectiveness (Pepping & Halford, 2014; Whitton et al., 2017).

Clinical Challenges When Working with Sexual Minority Emerging Adult Couples

Despite the extensive literature on the specific mental health factors of sexual minorities and the contemporary understanding of that sexual minority experiences are not pathological, a plethora of myths, stereotypes, and distortions about this population persist in clinical psychological fields, which can lead to different forms of conversion therapy. Conversion therapy can be characterized as any attempt, subtle or explicit, to perform the modification of a sexual orientation (Drescher et al., 2016). To avoid interventions that may be aversive, moralizing, or deleterious to their clients, psychologists should be adhering to a series of guidelines to guide in addressing their interventions in an affirmative, empathic, and inclusive framework when working with young sexual minority couples (APA, 2011).

Cognitive behavioral therapy (CBT) is an evidence-based treatment that encompasses a series of empirically validated, structured, present-oriented models that seek to promote lasting cognitive, behavioral, and emotional changes. There is evidence of the effectiveness of CBT protocols for a number of demands and mental disorders, such as major depressive disorder (Driessen & Hollon, 2010), anxiety disorders (Otte, 2011), and substance abuse disorders (McHugh et al., 2010) and a number of other clinical situations (for a review of meta-analyses on the effectiveness status of CBT, cf. Hofmann et al., 2012).

The standardization for empirically informed treatments was fundamental for the number of studies to increase significantly, contributing to the quality of the development of interventions. However, the importance of promoting culturally appropriate, sensitive, and empathic treatments that address the specificities of minority groups has been discussed, since most of the protocols have limited generalization of their evidence to participants from different cultural groups, and cannot be applied universally, uncritically, and without adaptations (Cardemil, 2010).

Affirmative therapeutic work with sexual minorities must consider specific minority stressors (i.e., victimization, discrimination, microaggressions), understanding the deleterious effect of prejudice on mental health, and taking into account theoretical frameworks such as minority stress, which promotes explanations for the increased risk of negative outcomes and maladaptive behaviors (Pachankis, 2014). The development of cultural competences is relevant to work with nonheterosexual couples and allows us to understand how the different cultural identities and social

markers of difference (such as race, social class, age, sexual orientation, geographic location, etc.) are articulated, producing a specific way of interpreting and experiencing the world (APA, 2011).

Most of the instruments and tools used in CBT do not encompass dimensions of cultural sensitivity, which include sexual orientation and gender identity (Craig et al., 2013a, b; Graham et al., 2013). This panorama contrasts with the guidelines of the American Psychological Association (2011), which strongly recommend that these aspects be taken into account in mental healthcare, at the risk of compromising its quality.

In the wake of the development of culturally appropriate interventions for specific populations, a series of studies have been carried out that seek to evaluate specific psychotherapy protocols and programs for the LGBTQ+ population, both individually and in groups. It is important to note that these actions do not seek to reify or reinforce the stigma, as if this population were inherent and essentially psychopathological, but understand that exposure to a hostile, violent, and prejudiced environment can amplify vulnerabilities and produce risk situations (Meyer, 2003).

Several efforts have been made to adapt CBT protocols and strategies for sexual minorities. Some studies have used the term affirmative cognitive behavioral therapy (CBT-A) to refer to cognitive behavioral psychotherapy that uses traditional and recognized strategies in the field, but encompasses multicultural competencies to respect sexual and gender diversity and have greater cultural sensitivity, understanding the specificities and particularities that the LGBTQ+ population has and the effect of minority stressors on mental health (Balsam et al., 2006; Pachankis, 2014; Proujansky & Pachankis, 2014).

Some of the tasks of CBT-A can be to affirm people's identity, increase collaboration, identify personal strengths and support networks, distinguish environmental problems from those derived from dysfunctional thoughts, develop social skills to manage stressful environments, validate the experiences of self-reported prejudice, and emphasize collaboration at the expense of confrontation. In terms of cognitive restructuring, functionality should be questioned more than the validity of thoughts or beliefs, to prevent people from feeling disabled by the therapist (Craig et al., 2013a, b).

There are few empirical studies that sought to adapt or develop specific protocols for the LGBTQ+ population, despite theoretical reflections and clinical cases that have been developed for some years (Safren & Rogers, 2001). There are some initiatives, for example, that aim to develop resilience promotion programs for LGBTQ+ youth using principles of CBT, whose relevance was tested in a pilot protocol, but which require follow-up studies (Heck, 2015).

One of the first studies seeking to adapt CBT protocols for the LGBTQ+ population, addressing specific minority stressors, was carried out in a pilot version (Pachankis, 2014) and further tested in a randomized clinical trial (Pachankis et al., 2015). A transdiagnostic protocol was developed to treat depression, anxiety, and co-occurring health risks (alcohol abuse, sexual compulsiveness, sex without a condom) in 63 gay and bisexual men. Compared to the control group, the test group had

scores of depression, anxiety, and sexual compulsiveness significantly reduced, further increasing self-efficacy in the use of condoms during sexual intercourse. A follow-up showed that the effects were maintained after the intervention (Pachankis et al., 2015).

Therapists who want to work in a culturally appropriate way in which SMEAC can follow a series of guidelines outlined below. First, it is necessary to have the correct understanding of how hostile, violent, and disabling environments produce mental health vulnerabilities in this population. In this sense, the contribution of the psychology of prejudice and the minority stress model, already presented in this chapter, is fundamental. If therapists are not aware of the possible influence of prejudice on their actions, they may negatively bias the conduct of interventions with nonheterosexual couples.

Clinical assessment must take into account that SMEAC can seek support for reasons similar to those of young heterosexual couples (communication difficulties, frequent fights, difficulties in handling the marital routine, sexual problems). At the same time, they can bring unique demands and typically associated with the nonheterosexual experience, such as the couple-level minority stressors mentioned earlier in this chapter (Frost et al., 2017; Lira & Morais, 2017).

The development of CBT-A interventions follows the same principles as traditional protocols and case conceptualization therapies, derived from a thorough prior clinical assessment and case conceptualization. Themes such as prejudice, discrimination, and rejection can appear in many cases when sexual minority couples seek psychotherapy. Validating these reports is essential, avoiding understanding them as an expression of paranoid thinking, catastrophization, or generalization: experiences of prejudice and hostility are routine and systematic in the lives of LGBTQ+ people, configuring objective reality data.

It may be useful, when introducing couples to cognitive behavioral therapy, to present the minority stress model. Here, aspects related to the cognitive behavioral approach, its principles, objectives, and functioning can be addressed. The concepts of stress, minority stress, and the relationship between prejudice and vulnerabilities in mental health can also be explored. We seek to assess the impact of minority stress on a couple's life, as this experience can manifest itself in different ways and have different impacts depending on each context.

Clients should understand the impact of prejudice against sexual and gender diversity on behavior, stress, and couple's dynamics. Here, the manifestations of prejudice at the individual, institutional, and cultural level can be examined and discussed, in order to then make a relationship between these experiences and their impact on thoughts, feelings, and behaviors, in addition to the impact on a couple's dynamics. Strategies to manage and combat discrimination at all levels can be discussed (Safren & Rogers, 2001).

The direct or anticipated experience of prejudice can potentiate the development of emotional dysregulation in SMEAC, impacting on higher levels of conflict and marital dissatisfaction. Therefore, interventions that seek to develop and improve emotional regulation can be useful in clinical work. In this sense, it is important to promote the understanding of the multiple emotional reactions that can occur in the

face of general stressors and specific couple-level minority stressors, as well as to recognize that we can experience many emotions simultaneously and with different intensities (Craig et al., 2013a, b). The link can be made between experiencing minority stress, emotional reactions, and behavioral responses. It is relevant to work on the adaptive function of each emotion, showing that they should not be avoided, but identified, welcomed, and managed (Pachankis, 2014).

Special emphasis should be placed on the assessment of social skills in SMEAC. Stressful, invalidating, and hostile environments can cause deficits in the social repertoire, causing them several losses. We must address the impact of prejudice against sexual and gender diversity on feelings of discomfort in relation to other people and work on management and adaptive responses to situations of discrimination in social environments (Balsam et al., 2006). Developing assertiveness training is a basic strategy to respond adequately to the stress generated by the environment in a couple's life. Problem-solving strategies can be employed to help couples to rank and solve their problems.

It is important that therapists have a clear distinction between gender identity and sexual orientation, which are clinically distinct yet related concepts. Gender identity refers to the internal perception that the person has about himself based on the cultural references of gender present in each context; a person can identify himself as a man, woman, or other category outside this binary spectrum. Sexual orientation concerns sexual/affective desire; a person can identify as heterosexual (attraction to the opposite sex), homosexual (and its gay/lesbian correlates; attraction to the opposite sex), bisexual (attraction to both sexes), and asexual (absence of non-pathological attraction and/or desire limited to specific contexts), among the other abovementioned categories. It is very common for therapists to confuse the two concepts, especially in the Brazilian context, which is marked by a bond between gender and sexuality evidenced in the way that prejudice against sexual and gender diversity is manifested here (those who suffer the most explicit retaliation are the people who visibly break with traditional gender conventions).

Special care must be taken not to label or stereotype SMEAC relationships. The identification criteria (e.g., if the couple considers themselves "gay," "lesbian," or "homosexual") must always respect the perspective of the clients. It is important for therapists to take care not to base their interventions on clichés and assumptions. For example, it is very common to hear people talk about "homoaffective couples" in an attempt to use a more inclusive language. The notion of "homoaffectation" is imprecise and charged with a moralistic nature. It is based on framing effect theory, which refers to the impact that the presentation of a topic has on the opinions of individuals. A study tested empirically this assumption on the endorsement of college students to legal recognition of same-sex unions in a Brazilian university population. It took into account three different frames: homosexual, homoaffective, and same-sex couples (Costa et al., 2017). There were no differences in the level of endorsement of the frames, which lead us to suppose this term "homoaffective" is not adequate and should only be used when brought by the clients.

Sex roles in gay couples, both male and female, tend to vary and take on a number of configurations. The most appropriate is to investigate this aspect in a valid

and curious way, without making assumptions such as “who is the man and woman in the relationship,” which can be quite offensive to nonheterosexual couples. Additionally, familiarity with nontraditional relational structures can be useful in assessing and intervening with SMEAC. Monogamy, for example, is a very common social expectation in heterosexual couples, but it may not be considered as a valid model by all people, especially by gay/bisexual men couples.

The dilemmas related to the concealment/disclosure of sexual minority orientation can be quite relevant clinically and must be addressed empathetically. Therapists can help couples to face these challenges and to analyze them in the light of the context in which the couples are inserted, looking for ways to manage the stress arising from the need to hide sexual orientation for fear of social rejection. It is important that the positive and negative consequences of the various possible decision-makings are evaluated together. In this sense, experiencing minority stress can bring a series of damages to SMEAC. Therapists can help clients develop adaptive coping strategies to react to the effects of this chronic stress, seeking to enhance marital resilience, in addition to identifying and reinforcing the couple’s personal strengths.

Finally, it is salutary for therapists to help SMEAC in the identification and development of safe, affirmative, and supportive social networks. It is necessary to work on the importance of a social network that respects and validates sexual minorities. Here, thoughts, expectations, feelings, and behaviors about social relations are handled. Plans can be identified and developed to build and/or reinforce a secure, affirmative, and supportive social network.

Final Considerations

The purpose of this chapter was to present a review of the scientific literature on couple relationships in emerging adulthood and the particularities present in sexual minorities, to then address the importance of developing cultural competencies for sensitive and culturally appropriate work with SMEAC. Therapists do not usually receive training in gender and sexuality outside of normative/traditional referents. Incorporating a multiculturalist view is essential for the development of effective interventions with sexual and gender minorities in the clinical context. Recognizing the existence of prejudice and specific minority stressors that affect individuals and nonheterosexual couples is the first step toward providing higher-quality care and developing the empathy needed to work with this population.

We emphasize the importance of conducting empirical studies that seek to adapt and test CBT-A protocols with SMEAC that encompass mental health outcomes that commonly affect this population, such as depression, anxiety, and stress, and address typical couple-level outcomes, such as hiding/revealing sexual orientation, relationship dissatisfaction, and experiences of contextual discrimination. CBT-A can be a great ally of sexual minority individuals and couples in the development of a healthier and more valuable life, helping to expand support networks,

strengthening resilience and developing resources to face the adversities unfortunately experienced by these people in a social context that does not recognize the normality and validity of sexual minorities' identities, expressions, and relationships.

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Social Transformations and Couple Relationships in Brazilian Gay Men



Yurín Garcêz de Souza Santos and Manoel Antônio dos Santos

The literature indicates that married people tend to be happier and that there is a positive correlation between marital satisfaction, dyadic adjustment, and subjective well-being (Scorsolini-Comin & Santos, 2012). In Brazil there are two types of couple relationships legislated by the state: stable union and marriage (Püschel, 2019). The Brazilian National Congress resists putting on the agenda the discussion of gay and lesbian people rights to have their affective unions recognized and protected by the State. Faced with this vacuum in the legislation, the Judiciary, provoked by civil society, took the lead and ruled that gay and lesbian couple relationships should have the same rights and protection as those granted to heterosexual couples.

The couple relationships between gay and lesbian people were legally recognized in Brazil in 2011, in a historic decision of the Supreme Court (Supremo Tribunal Federal (STF)) and the Supreme Court of Justice (Superior Tribunal de Justiça (STJ)). In 2013, the National Justice Council (Conselho Nacional de Justiça – CNJ) outlawed any registry office in the national territory to refuse converting stable unions into marriage if requested by the applicants. Following other nations, such as the United States and some countries in Europe and even South America, such as Argentina and Uruguay, the same couples' rights have been extended to all citizens, regardless of their affective-sexual orientations (Ogland & Verona, 2014).

The recognition of couple relationships between gay and lesbian people represented an advance in institutional terms, but is not supported by specific legislation, which generates legal uncertainty. Moreover, the progress promoted by the Judiciary

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does not seem to have been followed by a transformation at the level of customs and sociability, in consonance with the principles of citizenship that should guide social interaction.

In global context, marriage between gay and lesbian people remains a taboo, and is still disapproved by most of the general population (Lee, 2018; Tankard & Paluck, 2017; Yeo & Chu, 2018). In Brazil, particularly, this resistance is historically fomented by religious discourse and, in recent years, has been reinforced by the resurgence of intolerance, deliberately stimulated by an ultraconservative agenda (Malta et al., 2019; Ogland & Verona, 2014; Püschel, 2019). This political agenda, with a pronounced neofascist inspiration, is supported by two pillars: far-right ideology and religious fundamentalism. This is the basis of a series of antidemocratic attitudes and actions that have been intensified in Brazil after the rise of the Bolsonaro government to the central power of the Republic in the 2018 elections, which imposed enormous reversals to the guarantee of social rights, with its obscurantist, denialist, and genocidal agenda.

This reactionary wave that took over Brazil, long before the pandemic wave emerged, took advantage of the COVID-19 pandemic to implement a macabre plan of mass extermination of vulnerable populations. The “politicization” of the new coronavirus has been pointed out as a major factor for thousands of COVID-19 deaths that could have been avoided. A significant proportion of deaths that occurred in Brazil due to SARS-CoV-2 consist of precarious lives, peripherals considered “undesirable” and “disposable” by neoliberalism. The Brazilian government’s genocidal plan was fueled by the president’s denialism and its deliberate and systematic sabotage of health rules and safety protocols recommended by international health entities. Among the vulnerable groups in the pandemic scenario, the LGBTQ+ population was one of the most affected. This presents new challenges for the planning of emotional care and mental health in contexts of extreme psychosocial vulnerability (Baptista-Silva et al., 2017; Moscheta et al., 2013, 2016; Santos, 2010, 2011).

This scenario of intentional morbidity, with mass extermination targeting impoverished, black, and peripheral populations, is consistent with the fact that Brazil is the worldwide-recognized country that kills the most members of the LGBTQ+ community due to prejudice, intolerance, and discrimination by sexual orientation (Braga et al., 2017; Mendes & Silva, 2020; Pinto et al., 2020; Risk & Santos, 2019). These facts underline the challenges experienced by those who manifest their sexuality in disagreement with the normative expectations imposed by heterosexism (Alexandre & Santos, 2019; Thorne et al., 2021; Tombolato et al., 2018, 2019).

In this context, social support networks operate as a moderating variable of the harmful effects of discrimination and prejudice on gays men’s health and well-being (Kapadia et al., 2013; Marques & Sousa, 2016; Molero et al., 2017). Social support networks can be defined as the sum of relationships perceived as significant in the individuals’ lives (Braga et al., 2018; Bullock, 2004; Juliano & Yunes, 2014; Sluzki, 1997). The existence of a strengthened and well-articulated network has been associated with the maintenance of appropriate conditions of health and well-being.

Wang et al. (2019) found that the greater gay men's perceived social support, the less they were to experience suicidal ideation during adulthood. A similar result was reported by Lytle et al. (2018) in a study conducted in the United States, in which friends and family emerged as predominant resources in gay men's social support networks. Similarly, and in the North American context, study by Caspitrant et al. (2018) showed that intimate partners or husbands are the preferred sources of support for gay men with prostate cancer to handle the disease. In gay men who decided to exercise parenthood, the literature review by Leal et al. (2021) found that perceived social support at the time of the transition to parenthood has a positive influence not only on gay men's health and well-being but also has a positive impact on the quality of relationships developed throughout life.

The results outlined by the research show the importance of social support networks in the lives of gay men in various contexts and settings. While the formation and maintenance of gays men's couple relationships have changed in recent decades in consonance with social and cultural transformations (Moscheta & Santos, 2006; Rostovsky & Riggle, 2017), in this chapter we inquire the following: How do couple relationships and social support networks are articulated in gay men living in Brazilian context? What are and how do social markers of difference intersect in cisgender men who have affective relationships with other men in this context? How do social transformations affect the ways in which cisgender gay men relate to each other in Brazil?

Considering such questions, the aim of this chapter is to discuss the historical-social aspects of couple dynamics of cisgender gay men. This study derives from a research developed by the first author, under the guidance of the second, which aimed to know the process of formation and organization of families formed by gay parents and their children. To support the discussion, we will present a section from a larger research project, with analyses undertaken from interviews with four gay couples from different regions of Brazil.

The Brazilian Research

This is a descriptive and exploratory study, based on a qualitative research approach. Multiple case studies were used as a methodological strategy (Stake, 2005). Participants were selected by convenience criteria using the snowball strategy. Four couples of cisgender gay men, with children by blood or adoption, participated in the study. As an inclusion criterion, adult men who cohabited with their partners for a minimum of 6 months were selected. There were no restrictions regarding the time of relationship or the type of relationship established by the couple, i.e., whether stable union or marriage. There were also no restrictions regarding socioeconomic classification, ethnicity, educational level, housing region, and city in which they lived. There were also no limitations regarding self-identifications related to affective-sexual orientations, based on the concept that there is no necessary linearity between orientation, desire, and affective-sexual practice of the individuals

(Butler, 2006). Couples who were in the process of separating from their husbands were not allowed to participate in the study. Participants and families will be identified here from fictitious names, preserving their identity. Table 1 presents the sociodemographic profile of the interviewed couples.

Table 1 shows the participating couples organized by family unit. The ages of the participants ranged from 37 to 52 years old. The participants referred themselves as gay, except for one participant (Rodrigo) who declared himself bisexual. All participants identified themselves as White, except for William, who declared himself “pardo.” Two participants declared themselves atheists, one referred to himself as agnostic, and the others claimed to be devotee of any religion. Only one participant had not completed higher education. Only one family was not in the highest economic stratum of the economic classification scale. The families and its peculiarities will be better described and discussed in the Results and Discussion section.

Table 1 Sociodemographic characteristics of study participants

Family name	Name	Age	Sexual orientation	Ethnicity	Religion	Level of education	Average monthly household income (R\$) ^a
Moraes	Cesar	44	Gay	White	Messianic	Higher education	A – R\$ 22,716.99
	Tiago	46	Gay	White	Spiritism	Higher education	
Rodrigues	Wagner	50	Gay	White	Atheist	Higher education	A – R\$ 22,716.99
	Orlando	41	Gay	White	Candomblé ^b	Incomplete higher education	
Lima	Antonio	37	Gay	White	Agnostic	Higher education	B2 – R\$ 5,499.60
	Fabio	38	Gay	White	Spiritism	Higher education	
Klein	Rodrigo	52	Bisexual	White	Catholic	Higher education	A – R\$ 22,716.99
	William	39	Gay	Pardo ^c	Atheist	Higher education	

^aValues calculated from the Brazilian Economic Classification Criterion developed by the Brazilian Association of Research Companies (Associação Brasileira de Empresas de Pesquisa – ABEP). The classification is organized in social strata, ranging from A to D–E, where A is a higher consuming power class. The form, its description, construction, and previous versions are described at <http://www.abep.org.br/criterio-brasil>

^bBrazilian Candomblé is a religion of the African matrix (Silva et al., 2008)

^cStatistically defined, the classification “pardo” is used for racial classification in Brazil. It refers to a skin color resulting from the mixing between White and Black races/ethnicities and is often presented as a symbol of miscegenation in Brazil (Weschenfelder & Silva, 2018), a country in which the ideology of whitening and the myth of racial democracy predominate

The instruments used were the sociodemographic data form, Brazilian Economic Classification Criterion, and a semi-structured interview script, developed based on the aims of the study. The research was developed according to the principles contained in Resolution No. 466/2012 of the National Health Council, which regulates research involving human beings in Brazil (Ministério da Saúde, 2012). The study was approved by the Brazilian Research Ethics Committee (CAAE 33872614.4.0000.5407). Data were collected after participants signed the informed consent form.

The meetings were conducted based on previous contacts made by phone, e-mail, or social network with the participating couples. According to the availability of each couple, the meetings were scheduled on dates of participants' preference. The interviews were conducted face-to-face at the couples' residence, first with each member of the couple individually and then with the couple. The meetings lasted between 2 and 8 h with each couple. The interviews were audiorecorded with the authorization of the participants. The interviewer is a man who self-defines as gay and cisgender, with previous research experience with gays and lesbians' families. Interview audios were literally and integrally transcribed. Data were analyzed through thematic reflexive analysis, according to the procedures recommended by Braun and Clarke (2019).

To construct the results, an intersectional lens was launched to the participants' shared experiences of their couple relationships. Intersectionality (Crenshaw, 1994) concerns the social markers of difference that constitute different systems of oppression and discrimination to which people are subordinated. The intersectional perspective allows us to see that, from markers such as nationality, social class, skin color, age, gender identity, orientation of affective-sexual desire, and generation, among others, the limits and possibilities of social intelligibility of the subjects are demarcated (Butler, 2006; Gaudenzi, 2018). Considering the importance of contextual and intersectional aspects in the constitution of subjectivities, we initially present a short biographical description of each couple. Then, the two emerging themes of the analysis of the interviews are discussed: "affective engagement strategies" and "the couple relationships and its repercussions."

Biographical Outline of Interviewed Couples

Moraes Family

Cesar, 44, White, gay, in a stable union for 4 years with Tiago, 46, also White and gay, are the spouses of the Moraes family. The Moraes family belongs to socioeconomic level A, according to the Brazilian Economic Classification Criterion, which classifies them among the 2.5% of the Brazilian population belonging to this level, considered the highest of the economic scale developed by the Brazilian Association of Research Companies (ABEP) in 2020.

The couple has been together for 14 years and has been in a stable union for 4 years. Cesar and Tiago live in their own house, far from the central region of a city in the interior of the state of São Paulo, Brazil. Both have higher education and work as teachers. The spouses are of different religions, but do not describe themselves as practicing.

Caesar and Tiago met through a dating website. Both registered a personal profile on the website and, after some e-mail interactions, opted to meet in person. Soon they started dating. After 10 months of relationship, they rented an apartment and moved in together, formalizing the stable union 6 years later. Previously Caesar was in a relationship with a woman that lasted 7 years, having a daughter, Bruna, 21 years old at the time of the interview. Tiago had come out of a gay relationship of almost 5 years, after having experienced gay relationships that he described as “troubled.”

Rodrigues Family

Wagner, 50, White, gay, married for 4 years to Orlando, 41, also White and gay, are the spouses of the Rodrigues family. They belong to socioeconomic level A, the highest of the hierarchy established by the applied instrument, which means that the Rodrigues family is among the 2.5% of the Brazilian population that is more economically favored. Living together for 17 years, the couple opted for the marriage 4 years ago and maintains two residences, which they enjoy according to their daily needs: a one-bedroom apartment in the central region of a large national metropolis and their own house, located in a gated community in a smaller city in the metropolitan region.

Wagner is a physician and Orlando is a Pilates teacher. Both sporadically act as actors. Religiosity emerges as an important marker in the Rodrigues’ couple experience. It is common for religious issues to interfere in the relationship between gay men and their families (Gilbert et al., 2016). Wagner declares that he is not adept at any religion, even though he is the son of a family strongly influenced by Jewish tradition. He states that he “sympathizes” with Candomblé. Orlando belongs to Candomblé, a Brazilian religion of African origin, and is not, however, a practicing member. Wagner considers himself affectively distant from his parents because of the religious conservatism of his family of origin.

Wagner and Orlando met at a gay nightclub. Wagner went to Orlando’s house that night, and after that first date, they were never apart again. Wagner had been separated for 3 years, and, from this previous heterosexual relationship, his daughter, Livia, now 22, was born. Previously, Wagner had been in a 5-year relationship with a man. According to him, this experience showed that “this was really his desire.” Orlando stated that he was already tired of getting involved with married men, after living several experiences of sporadic relationships with people with this status.

Lima Family

Antônio, 37, White, gay, married for 8 years to Fabio, 38, also White and gay, are the spouses of the Lima family. The Lima family occupies socioeconomic level B2, according to the scale developed by ABEP. This means that the Lima family is in the third of the six economic strata of the stratification measured by the instrument, along with 16.4% of the Brazilian population. The family lives in a small apartment situated in a middle-class neighborhood of the central region of a large Brazilian metropolis. Antonio was unemployed and Fabio worked as a designer. Antônio declared himself agnostic and Fabio a practicing Kardecist Spiritist. The couple's children accompany Fabio in their commitments stemming from their religious affiliation.

The couple met in a virtual chat room. After a date at the movies, Antonio went to Fabio's house and since then never slept apart again, except for the time Antonio had to stay with his father in the hospital, which highlights the importance of this family member in his social support network. After 3 months of dating, they moved in together. Five years after their stable union, the couple chose to convert their couple relationship into marriage. Parents of three children by adoption, both Antonio and Fabio state that they have always wanted to experience fatherhood.

The spouses of the Lima family chose to perform the adoption only after the marriage was consolidated to provide security for their future children (Chen & Ours, 2020; Kennedy & Dalla, 2019). The financial factor was also pondered, having repercussions on the number of children they would have. Initially, the intention was that they would adopt only one child. Living in a Brazilian city where the cost of living is high, the couple had a desire to provide the best possible conditions for their children. However, after a long journey visiting shelters and child protection institutions, and being submitted to the evaluation of various professionals, they accepted a proposal to adopt three biological siblings, who thus became their children.

Klein Family

Rodrigo, 52, White, bisexual, living in a stable union with William, 39, "pardo," gay, are the spouses of the Klein family. The Klein family, as well as the Moraes family and the Rodrigues family, belong to socioeconomic level A, according to the Brazilian Economic Classification Criterion, which places them among the 2.5% of the Brazilian population situated at this economic level, the highest in the scale. The couple, formed 9 years ago, has been stable after 1 year of relationship. The Klein family lives in an apartment situated in a middle-class neighborhood of the central region of a large national metropolis. Both spouses have completed higher

education. Rodrigo works as a tax auditor and William owns an accounting office. Rodrigo declares himself Catholic, although not practicing. William claims not to follow any religious denomination.

Rodrigo and William met at work. Rodrigo, at that time, was married to a woman and, from this relationship, had a biological daughter. William was engaged in a relationship with another man. Rodrigo, the only participant in this study who defined himself bisexual, showed interest in William, and, thus, an intimate encounter took place. After successive meetings, the two found themselves affectively involved, transforming what initially seemed to be just a physical discharge of desire into a crisis in their relationships with their respective intimate partners.

The four children of the Klein family are consanguineous siblings, children of the same mother and different fathers. Except for Julia, the eldest daughter, the three younger siblings tested positive for HIV at birth; all of them were negative after treatment. Julia has a history of sexual abuse by her biological mother's partner, who is the father of her siblings, as reported by Rodrigo.

Affective Engagement Strategies

If previously the search for intimate partners in recent decades took place predominantly in the so-called ghettos around the world (Greteman & Stiegler, 2019),¹ the massification of the use of the Internet and mobile dating applications (apps) has simplified the meeting of affective-sexual partners (Breslow et al., 2020; Miskolci, 2013, Saraiva et al., 2020; Wu & Ward, 2018). This was the strategy used by Cesar and Tiago, spouses of the Moraes family, to get to know each other.

It was through the Internet. I was on some social networking websites at the time. [...] You create a profile, and I created my profile at the time and Tiago also created it. Then we started talking by e-mail. (Cesar, 44)

[...] was on a dating website, right? Even because of the difficulty, right, to meet other people because of our sexual orientation, right? But I was interested in Cesar's profile because when they crossed the two profiles, there was a lot of point of agreement, right? (Tiago, 46)

As mentioned by Tiago, conjugal relationships often begin from the creation of a common space between two people, where experiences are shared that engender interactions considered significant by the couple (Féres-Carneiro & Diniz Neto, 2010). In the case of gay couples, the creation of spaces of emotional intimacy becomes even more important, considering the social stressors resulting from the experiences of prejudice and discrimination faced in daily life (Guschlbauer et al., 2019; Lira & Morais, 2020; Moscheta & Santos, 2006). The excerpt from Tiago's

¹The term "ghetto," as a concept, was used by the Chicago School between the years 1920 and 1930 to designate "narrow circumscribed and demarcated spaces or territories, usually peripheral and marginal, in which minorities (ethnic-racial, sexual, religious, and/or social) were encapsulated and segregated" (Camargo & Moraes, 2011, p. 978).

speech confirms that, in gay men, couple relationships are usually described based on values and attitudes such as respect, companionship, love, and equality (Borges et al., 2017; Meletti & Scorsolini-Comin, 2015). The same virtual meeting strategy was used by Antonio and Fabio, the spouses of the Lima family.

[...] we met in [virtual portal] chat many years ago. We switched phones, he called me, then we talked, then he said he was going to call me the next day. Then I thought, 'No, wait a minute. This guy is different!' Then we met. And then I arrived a little bit early and when he arrived, he got out of the cab and I looked at him and I thought, 'I'm going to marry this man!' (Antonio, 37)

It was something I had never done, get into Internet chat. It was difficult for me to do this, although I really like computers. I went in, talked to him. It seemed interesting and all...I picked up the phone and the next day I called to schedule the movie. (Fabio, 38)

For both the Moraes family couple and the Lima family couple, the dating websites or virtual chat rooms were fundamental tools for them to get to know each other and engage in affective relationships. As was explicit in Tiago's speech, the virtual environment, protected by anonymity, can be understood as a safe space for the expression of affectivities and sexualities that disagree from heteronormativity, providing opportunities for meetings that protect privacy (Bien et al., 2015; Breslow et al., 2020; Giano, 2019).

The use of virtual tools, due to the expansion of information and communication technologies, has given a significant boost to affective engagement among gay men, being a worldwide reality (Renninger, 2019; Rosenfeld, 2018; Sumter & Vandenbosch, 2019; Wu & Ward, 2018). However, a social marker of nationality is particularly relevant due to the fact that gay Brazilians live in a violent context hostile to the expressions of sexual and gender diversity because of a homotransphobic culture.

The spouses of the Rodrigues family (Wagner and Orlando) also met for the first time in a protected space. However, unlike other couples, the first meeting already happened in a face-to-face context, in a gay nightclub.

[...] it was very casual. It was with a couple of friends, a straight couple, but it is a friend who did theater with me, and he went out with us to gay clubs [...] and I was not thinking about it, I wasn't in the mood to go. I had already looked at Wagner, but I didn't even imagine, right? And he played volleyball, he came from the game, he was all muscular, big guy, and I thought, 'Nothing to do, right? Leave it alone!' And in the end, he came along, and we stayed and, in the end, my friend was going to take me, he was going to give me a ride home, and I said, 'No!' [laughs]. (Orlando, 41)

As was common in many other countries around the world, gay bars and nightclubs in Brazil were understood, until the mid-1990s, as "gay ghettos" (Greteman & Stiegler, 2019). These establishments were in small areas of geographically well-delimited regions in cities, especially in large Brazilian metropolises (France, 2007; Miskolci, 2013). As segregated spaces of sociability that offered protection to non-heterosexual people, these "ghettos" played an important role in building communities strengthened by the recognition of their identities, which seems to have occurred with Wagner and Orlando. Once again, a contextual marker is important for the understanding of these data, since, from the exception of the Rodrigues family, the other three participating families reside in large national metropolises. In the case of

the Klein family, however, the meeting between the future spouses took place differently.

I was a partner in an accounting firm, and we needed an accountant, and I received an e-mail from a guy named William. I made the selection and found his profile way above what we needed. But the e-mail was replicated four times and I thought, 'since it's so much interest, I'll call.' And the interview was conducted and then he became an employee in the office. And then the situation was getting a little different and we went to take a course in [name of the city]. And I invested and he gave in. (Rodrigo, 52)

[...] and in that time Rodrigo and I started working together and we had an affair. More on his part, because at the time he was married, and I thought our relationship was more out of friendship. He wanted, besides the professional part, to take me there to roll a mood. I even think it was the second or third trip we took, he said he wanted to meet a [gay] nightclub. [...] And then he was investing, investing... And then it happened. And at that first moment I thought it was something more physical, but it wasn't. After that I missed not only the physical, but the affective. (William, 39)

Work contexts can be aversive for gay men. Reports of decreased productivity and fear of dismissal are common, especially after coming out as gay in non-accepting environments (Soeker et al., 2015; Speice, 2020; Steffens et al., 2019). However, in contexts where sexual diversity is accepted, it is common to observe increased productivity and the well-being of gay men with work (Fenwick & Simpson, 2017). Thus, the Klein couple, as well as the other couples interviewed, also needed the support of a friendly and inclusive environment regarding the various facets of sexual diversity, so that they could recognize their desires and consummate them. Thus, all interviewed couples used some affective engagement strategy in the face of a violent and limiting context of sociability and affection between gay and lesbian people (Mendes & Silva, 2020; Pinto et al., 2020).

The Couple Relationships and Its Repercussions

Another converging aspect among the participating couples concerns the repercussions that the gay couple relationships has had on their lives, especially regarding their social support networks. Among these repercussions, we highlight those related to families of origin, children, and ex-wives.

It was terrible. It was extremely complicated. With my ex-wife, with my daughter, with my parents. [My father] went so long as to say that I killed my mother. We barely spoke for 2 years. So, I wrote an eight-page letter. And then the next day he called me to talk and said of all the difficulty he had to accept the situation. (Rodrigo, 52)

Rodrigo said that he was distant from his father for many years after coming out as gay. However, the time and successful creation of his new family with his partner William brought them closer again, to the point that today he considers his father as one of the most important figures in his social support network. In Rodrigo's account, as observed for the spouses of the Moraes family and for Fabio of the Lima family, the relationship with the father was at the center of interpersonal conflicts,

which confirms the fact that there seems to be greater difficulty for men to accept the sexual orientation dissent from the heteronormativity of their children compared to women/mothers (Costa et al., 2015). The exception found was the situation of Antonio, of the Lima family, whose father also came out as gay at an advanced age, which brought them closer together.

Regarding the coming-out, the Klein couple started to meet, while Rodrigo and William were in other affective relationships. Rodrigo was engaged in a heterosexual relationship and William in a gay relationship. Giunti and Fioravanti (2017) claim that gay men, participants in a research conducted in the Italian context, were unaware of their homosexuality when they married and had children in heterosexual relationships. A similar fact seems to have occurred with Rodrigo, who only became interested in men when he met William. Rodrigo stated that he preferred to die than to publicly assume this relationship, of which he was ashamed and self-censored.

Internalized homophobia is a common phenomenon in these situations (Daly et al., 2019). Growing up in a heteronormative environment and consolidating a heterosexual relationship, according to heteronormative prescriptions, assuming an affective relationship with another man at a certain stage of life, is a challenging choice and commonly a generator of conflicts with families. Rodrigo is the only participant in this study to declare himself bisexual, which imposes another nuance of the phenomenon, casting more layer of complexity in the understanding of gay and lesbian conjugality. In Rodrigo's specific case, it is possible to assume that his bisexuality allowed him to maintain, for a long time, equidistance in relation to his conflict arising from his internalized prejudice against homosexual desire. A persistent difficulty reported by the participant is the nonacceptance of their married status by his daughter.

We talk about her issues, about her work, but whenever she gets to something related to feelings, she looks away. I have been with her in [the country where his daughter lives] twice, in that interval she came once to Brazil, but the distance is excessively big. [...] She practically ignores William and her brothers, never talked to them. (Rodrigo, 52)

Rodrigo's relationship with his common blood daughter deteriorated after the assumption of his relationship with William. According to Breshears and Lubbe-De Beer (2014), gay parents have few resources to reveal their sexuality to their children. On the other hand, it is important that parents do not underestimate their children's feelings when they come out. The earlier the revelation of the sexuality of parents, the greater the degree of closeness maintained between parents and children (Tornello & Patterson, 2017). Just as for the Klein family, the Moraes family also faced challenges in effecting the couple relationship, especially regarding the acceptance of Cesar's ex-wife.

So, we used to talk, until it was a normal relationship. But after Tiago came along, we drifted apart and so on, and we ended up having a disagreement. And because we disagree a lot on how to educate Bruna. It was as if Tiago was a strange person. (Caesar, 44)

The discordance in how to educate their daughter was one of the reasons for distancing Cesar and his ex-wife after the realization of his current couple relationship. The parenting exercised by gay men imposes common concerns regarding the

preservation of the well-being of their children (Di Battista et al., 2020). However, parental skills clearly seem not to be associated with the sexuality of parents and the gender of the person with whom they relate, but rather to the way they conduct their emotional lives (Kranz, 2021; Rosa et al., 2016; Santos et al., 2013). Nonetheless, the effectiveness of gay couple relationships generally proved to have negative consequences for their social support networks, affecting the potential for support. On the other hand, the changes in Brazilian legislation, toward the increasing legitimacy of stable union, offered a positive outline for married life in the participating families, empowering them in the claim of their rights: “At the time it was with a lawyer and he said: ‘If it doesn’t pass here, we will go up to other instances’” (Cesar, 44).

Cesar and Tiago effected a stable union soon after the decision of the Brazilian Supreme Court, which in 2011 equated the rights and duties generated by the civil union between gay and lesbian people to those between heterosexual people. The guarantee of legal legitimacy brought greater stability to the Moraes family couple and provided more effective and safe action and strategies to face social prejudice (Chen & Ours, 2020; Crespi, 2015; Kennedy & Dalla, 2019; Tombolato et al., 2018). The change in Brazilian legislation had a positive impact not only on the couple relations of the participants but also on the possibility of effective adoptive parenthood. The legal support guaranteed by the Brazilian Judiciary can be considered a relevant element for the strengthening of perceived social support networks.

The decision [of the CNJ] came out when our marriage was in the process. [...] Homosexuals could not get married. Because here in [the city where they live] only this judge was judging, and he was dismissing all the requests. But the plan was: he would deny it, we would appeal, and then in the second instance, I don’t know, maybe in the third instance, we would succeed. But it was important for me to get married, but I also wanted to show, in the adoption, that we were a stable couple. (Antonio, 37)

Antonio states that he and Fabio, his husband, opted for marriage before the adoption, seeking to ensure that their children would have full access to their rights as children of a gay couple. However, when the Lima couple requested marriage, the CNJ Resolution No. 175, which forbids Brazilian registry offices to refuse the conversion of stable union into marriage for gay and lesbian people, had not yet been enacted (Püschel, 2019). Thus, the couple was at the mercy of idiosyncratic decisions of judges in a bureaucratic process that, in addition to serious emotional consequences, slowed and prolonged the adoption process that the couple sought. Once these obstacles were overcome, the couples noticed that the couple relationship was transformed after the arrival of their children. “Oh, yes, no doubt. Since the sexual issue, of course! There is no time, much more tired, with children bothering, crying in the middle of us, appearing in the room” [laughs] (Rodrigo, 52).

It does change. It changes a lot. The sexual issue has changed, because today we must be more available to children. Because sometimes you are in bed, suddenly your daughter comes in wanting to go to the bathroom desperately, so you must be careful, like this. But it also increases a lot, I think, the understanding of both of us. (William, 39)

The participants’ reports indicate that, especially the spouses of the Klein family, perceived significant changes in their lives after the adoption of their four children,

especially regarding the quality of the couple relationship and the couple's sex life. In this regard, Goldberg et al. (2014) show that, as previously identified in heterosexual couples who have biological children, adoptive parents, whether straight or homosexual, perceive a decline in the quality of couple satisfaction after adoption.

Complementing these findings, Goldberg and Garcia (2015) state that another factor related to the perception of the quality of the couple relationship is the age of the children: the older the children are, the more likely the parents will opt for separation due to the damage to the quality of the relationship. On the other hand, other studies conducted with couples of gay and lesbian couples in Brazil have shown quality gains in the couple bond after adoption to the extent that achieving the desire for parenthood is shown as a mitigating factor of the challenges faced in a context that systematically opposes diversities (Cecílio et al., 2013; Rosa et al., 2016; Tombolato et al., 2019). Similar results were found in international studies (Costa & Tasker, 2018; Forenza et al., 2019).

Final Considerations

The aim of this chapter was to discuss the historical-social aspects of couple dynamics in Brazilian gay men. From an investigation regarding the process of formation and organization of families formed by gay parents and their children in the Brazilian context, it was possible to examine the effect of social transformations that occurred in Brazil and their repercussions on the lives of gay men in recent years. Intersectional elements deserve special emphasis in this analysis. Despite the homogeneity of sociodemographic profiles, social markers of difference were evidenced in the experiences of some participants.

Even though some of them declared they did not practice any religion, religious aspects were decisive for Wagner's understanding of his social support network. In the family with lower purchasing power (Lima family), economic aspects were highlighted in the decision to become a parent. The revelation of the orientation of affective-sexual desire emerged as potentially problematic for the relationships of the only participant who declared himself bisexual (Rodrigo). The relevance of nationality was presented through the need for protection for the effectiveness of the couple relationships of all participants.

In all families, couple relationships have started and effected in restricted and reserved spaces (gay friendly). In virtual environments, such as the Moraes and Lima couples, or in real spaces, as happened with the Rodrigues and Klein couples, the need to meet in isolated and protected contexts of social prejudice were fundamental to the possibility of couples getting to know each other and discover affinities. This shows that, no matter how much social transformations has taken place in recent decades, gay men in Brazil still need to be cautious and protect themselves from the violence perpetuated in the country that has the highest murder rate of the LGBTQ+ population in the world.

In times of hyperconnectivity and virtual reality, the so-called gay ghetto no longer exists as it was previously configured, and the effervescent gay nightlife scene of the country's large metropolises has already lost much of its mythical aura and glamour. However, as a form of protection sought by the LGBTQ+ community, a kind of "ghettoization" of the experiences of Brazilian gay men is still necessary.

The legalization of conjugal relations had repercussions on the social support networks of participating couples. On the other hand, publicly assuming a gay relationship, consummating a commitment through a couple relationship, and forming a new family contribute in some cases to distancing the participating couples from their families of origin and from their former partners. At the same time, couple relations and the expansion of the possibilities of their effectiveness through the transformations that occurred in Brazilian legislation emerged as a protective factor and a guarantee of greater security for the choice of the path of parenthood.

Thus, if social support networks are composed of elements that contribute significantly to the development of personality and the subjects' positions in the reality in which they are inserted (Juliano & Yunes, 2014; Sluzki, 1997), the Brazilian legislation can be considered an important element of strengthening the social support perceived by the study participants. These findings support the results of studies developed in several other contexts, such as the North American (Kail et al., 2015; Ofosu et al., 2019; Tankard & Paluck, 2017), Swedish (Kolk & Andersson, 2020) and Australian contexts (Perales & Todd, 2018).

The strategies of effecting conjugality among gay and lesbian people in Brazil are more dynamic and fluid than in other times, but social support networks remain a fundamental aspect for the experiences of gay men, especially in a national context strongly affected by the resurgence of prejudice and discrimination against heteronorm dissidents. Thus, the Brazilian reality can serve as a portrait of the importance of implementing progressive and democratic public policies for the well-being of gay men, as well as the entire population in general. As already observed in other contexts (Kaufman & Compton, 2020), support for denialist, conservative, and ultrarightists' conceptions operate in favor of discrimination, state violence, and prejudice only.

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Vulnerabilities Experienced by Trans Couples in Times of COVID-19



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The COVID-19 pandemic represents a global public health disaster, harming the physical and emotional health of individuals, couples, and families (Pfefferbaum & North, 2020), in addition to increasing the vulnerabilities of historically marginalized groups (Goldbach et al., 2020). During the pandemic, the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) population has been exposed to a series of social and gender inequalities, with an increase in unemployment, mental health disparities, interpersonal discrimination, violence, and obstacles to access to health services (Drabble & Eliason, 2021).

Since the beginning of the pandemic caused by COVID-19, international associations have called attention to the need to look at the LGBTQ+ population during social distancing measures, in order to avoid the perpetuation and worsening of the health, social, economic, and developmental vulnerabilities of this population (UNAIDS, 2020). Even greater concerns center on the effects of the pandemic on the mental health of transgender people, given the high prevalence of depression and anxiety reported by this population in different studies in recent years (Drabble & Eliason, 2021). Although studies on the impact of the COVID-19 pandemic on transgender people are still scarce, research shows that this population is disproportionately more vulnerable to negative mental health outcomes (Kidd et al., 2021; Restar et al., 2021).

In this chapter, transgender/trans persons are those whose gender identity does not fully conform to the sex assigned to them at birth. Cisgender people, in turn, refer to those who have a culturally expected gender identity, based on the sex assigned to them at birth (American Psychological Association, 2015). Consecutively, trans couples refers to marital relationships where at least one of the spouses is a trans person. In this way, they can form a transcentered relationship, when both spouses are trans people or even form a cis-trans couple, when one of the spouses is a trans person and the other is a cisgender person (Erich et al., 2008).

In addition to its individual effects, the COVID-19 pandemic has also impacted the lives of families and couples, whether from minority contexts or not. Undoubtedly,

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literary attention is mostly focused on the impacts of the pandemic on cis-heterosexual marital relationships, legitimizing the invisibility and neglect of the LGBTQ+ population. When it comes to couples made up of trans people, the attention given is even less. Such negligence is due to discrimination and abjection attributed to the subjectivities of trans people (Lomando & Nardi, 2013). Regarding this scarcity in literature, there is a tendency in studies with transgender people and transvestites, to diminish the importance of each individual's subjective experience in the field of loving relationships (Kulick, 2008). As an example, most studies on prostitution emphasize the transvestite's relationship with their clientele, as if this relationship were the most important in their lives. When, in fact, it is their boy-friends/girlfriends, intimate partnerships, or spouses who occupy a central and constant position. Researches like this show how different conjugalities are made invisible, making the subterranean character of their love something that is not legitimized (Kulick, 2008).

As a way to visualize the agendas of trans couples, it is important to ask: What is the life of trans couples in the COVID-19 pandemic like? What vulnerabilities have these couples experienced in the COVID-19 pandemic? Therefore, this chapter aims to understand the vulnerabilities experienced by trans couples during the COVID-19 pandemic. For this, initially, the specificities of trans people and their vulnerabilities in the COVID-19 pandemic will be presented. Subsequently, the marital experiences of trans people and their intersection with the stress of minorities is then presented. Finally, the vulnerabilities experienced by trans couples in the COVID-19 pandemic will be discussed, in which two case studies of trans people who cohabited with their intimate partners in the pandemic will be used.

The Transgender Population and Its Specificities

The acronym LGBTQ+ is a symbol of the struggle and sociohistorical resistance of social groups with different manifestations and experiences of gender and sexual orientation, which include lesbians, gays, bisexuals, transgender, queers, and the symbol of addition (+) expressing the plurality of human identities and sexualities. In this work, we will focus on the self-denominated transgender population, who define their identity, whether as a man or a woman, through categories that transpose the biological binarism of male and/or female. In summary, the word transgender translates into a generic concept that identifies people who diverge from the gender culturally associated with birth.

The term transgender appears in modern history, specifically in the twentieth century, but its expressions are found in mythological records, for example, in the Greco-Roman culture with the goddess Venus Castina (Dihel & Vieira, 2017) and in the Hindu culture with the Hijras (Silva & Melo, 2017). Social reactions to transgender manifestations are heterogeneous in different times and cultures, ranging from worship to transgression. The scientific discourse, when analyzing this

phenomenon, characterized it as a pathological entity, which corroborated with the strengthening of a stigmatizing view of this population.

Over the years, the biological perspective of transgenderism has distanced itself from understanding the social phenomenon and has resulted in, for people who do not fit the binary gender model, greater vulnerability and marginalization. The movement to de-pathologize trans identities has provided, over the decades, a transformation in medical nomenclature, mainly observed in the new edition (11th version) of the International Classification of Diseases – ICD-11 (WHO, 2019). Although this advance is recognized by social movements, the permanence of nosological entities related to transgenderism in medical manuals reinforces prejudice, accentuating suffering and negatively impacting the mental health of this population.

The factual LGBTQ+ population in the world, and specifically in Brazil, has been little studied. Despite this, recent surveys point to an adverse mental health scenario for transgender people compared to the general population. A literature review carried out in countries in the Americas, Europe, and Asia showed a prevalence of anxiety in the trans and mixed gender population of approximately 68% when compared to the general population, which demonstrated a rate of 17% (Millet et al., 2017). Among the disorders commonly found are social phobias, panic disorders, and obsessive-compulsive disorders. Disparities in mental health are also reflected within sexual minority subgroups, when, for example, compared to trans women, trans men have higher levels of anxiety symptoms.

It is understood that the increase in the frequency of psychological distress is partially a consequence of situations of violence to which transgender people are subjected at the different stages of life. These range from stigma, prejudice, fragility in family interrelations, social support, education, employability, and obstacles to accessing the health system, the latter presenting this specific population with a myriad of barriers that impede them seeking health care (Costa et al., 2018).

These situations can be understood through the concept of vulnerability which became a reference in the Brazilian epidemiological field in the 1980s, driven by advances in understanding the global impact of the HIV/AIDS epidemic – “...one of the reasons for the success of the concept of vulnerability achieved in the field of AIDS is due precisely to the fact that it was perceived that the epidemic responded to determinants whose scope went far beyond the pathogenic action of a specific viral agent” (Ayres et al., 2009). Thus, the concept of vulnerability emerged as a reflexive perception, equally broadened and specific to social, sexual, and gender minorities. This concept points to the consequences “in dynamic totalities formed by aspects ranging from organic susceptibilities to the way in which health programs are structured, passing through behavioral, cultural, economic and political aspects” (Ayres et al., 2009). In this way, the concept of vulnerability displaces the hegemonic discourse that places the blame on the individual for their personal behavior and carelessness, generating stigma, discrimination, and negligence on the part of the State and its institutions, which in turn promotes abandonment and non-specific and inadequate interventions.

The minority stress model developed by Brooks (1981) and expanded by Meyer (2003) is defined as a grouping of vulnerabilities, that is, excess stressors, where individuals belonging to stigmatized social categories are chronically exposed to their intensification as a result of their social position and can be understood as social status, education, sexual orientation or gender, etc. This model provides a broad conceptual approach to understanding the inequities to which the LGBTQ+ population is subjected. Subsequently, the sexual minority stress model was further developed by Hendricks and Testa (2012) and Testa et al. (2015) as a result of the partial and imprecise transposition of the stressor categories experienced by the lesbian, gay, bisexual population explained by Meyer.

Testa et al. (2015) demonstrated that the stressors experienced by the trans population and those with gender diversity are not necessarily the same ones experienced by all sexual minorities, as mentioned above (Scheim et al., 2020). Determining the specificities of stressors in this population was relevant to elucidate the disparities in mental health problems in the trans population as a subgroup of sexual minorities.

The gender minority stress model describes three major groups (Testa et al., 2015). The first group refers to distal stressors – victimization, rejection, discrimination, and non-assertion based on gender. A study by Hatchel and Marx (2018) revealed that the school experience of transgender people is unsatisfactory and can trigger violence between peers. Ninety percent of transgender students reported hearing anti-LGBTQ+ slurs and negative comments about their gender expression. The second group refers to negative expectations, defined as an anxiety suffered by transgender people in anticipating distal stressors based on previous experiences with prejudice and discrimination related to their gender identity. The third and last group refers to the process of internalizing harmful social attitudes about their own identity, that is, internalized transphobia. An important Latino study conducted in Argentina showed that 55.8% of participants experienced some type of internalized transphobia, such as shame or low self-esteem related to the experienced gender (Marshall et al., 2016). The situations of violence, prejudice, and stigma to which the trans population is subjected occur since their early childhood and these situations are equally experienced in their different stages of life as well as being perpetrated inside and outside their home environment. Minority stress greatly impacts on the subjective construction of the self, as well as interrelationships and their possible affective ties, in the social and institutional support networks.

The concept of intersectionality adds to the minority stress theory the understanding that adverse social, cultural, and psychological experiences can intersect and consequently multiply the combination of both physical and psychological suffering in different groups. Transgender people experience conflicting forms of social marginalization and are disproportionately affected by health inequities, produced by socio-structural and institutionally reproduced inequalities. Intersectionality understands that the sum of negative experiences is insufficient and, therefore, inadequate for understanding a particular phenomenon, since each experience has its own subjective specificity in the context of power relations and tensions. In other words, the experience of a cisgender, White, homosexual, and single woman differs from that of a transgender, Black, heterosexual, and married woman. The interfaces

between gender, race, sexual orientation, and marital status overlap with power relations that complicate the understanding of the processes of internalization of adverse experiences by certain social groups and their impact on physical and mental health conditions (Parra & Hastings, 2018).

Transgender Vulnerabilities in the COVID-19 Pandemic

Different researches around the world have reflected on the disproportionate effects that the pandemic has had in relation to the LGBTQ+ population, due to the psychosocial vulnerabilities associated with the stress of minorities and consequently due to their marginalized social identities (Salerno et al., 2020; Santos et al., 2020).

Through specifically analyzing the conditions of existence for the trans population during the pandemic, the repercussions are evaluated of social distancing and the closure of economic activities for this social group that is integrated into the labor market mainly in precarious activities, such as self-employed professionals, provision of services, street commerce, and as sex workers.

In a context of greater economic precariousness and lack of social support, for a group marked by broken family ties, we have in some countries an increase in the number of murders of this population in 2020. Data from the National Association of Transvestites and Transsexuals (ANTRA, 2021), for example, report that Brazil reached 151 murders of transgender people in the first 10 months of 2020, showing the fifth consecutive increase in the murders of this population. In fact, the pandemic increased inequalities, specifically in a society with structural problems, such as ethnic/racial, social class, gender, and sexuality inequality, evidenced by the alarming numbers of murders of trans people in Brazil, for example. The explanation for these alarming data is also often due to the lack of state actions aimed at gender minorities. Considering this reality, it is assumed that this group experiences high “social, institutional, programmatic, and individual vulnerability” (Ayres, 1996).

Despite the recognition that social isolation is the most recommended measure to fight the pandemic, it is known that trans people are more exposed to vulnerabilities of different orders (external and internal transphobia, lack of employability, obstacles to accessing health care, and impoverishment of social support networks) and there is less guarantee of more efficient and equitable public measures for this population. Different studies reveal that the COVID-19 pandemic imposed a greater increase of inhospitable environments for mental health in this specific population, previously corroborated by another relevant study (Brooks et al., 2020; Gato et al., 2021).

Historically, sexual and gender minorities have been affected by viral pandemics such as HIV/AIDS, especially among gay men and trans women. In addition, negative physical health outcomes; obstacles to accessing the health system for fear of discrimination; social inequities, including poverty; lack of employment, and stigma are just further vulnerabilities that put trans people at an even greater risk for infections and complications related to COVID-19 (Phillips et al., 2020). Concomitantly,

disparities in mental health problems that existed before the pandemic, domestic violence, and psychological challenges arising from social isolation, as well as the stressful nature of the COVID-19 pandemic, create a risk scenario for trans people and couples.

An aggravating factor experienced by trans people in the COVID-19 pandemic has been the greater difficulty in accessing the health system for gender affirmation processes. Given the incongruity between gender identity and physical characteristics, as well as the challenges inherent in mental health, gender affirmation treatments have been very important for trans people's physical and mental health outcomes (van de Grift et al., 2018). Gender affirmation treatments range from psychological support, hormone therapy, gender affirmation surgery, and social support, among others (American Psychological Association, 2015). However, with the COVID-19 pandemic, there were delays and cancellations in specialized health services for this population (van der Miesen et al., 2020). These factors, together with the fear of contracting the virus and of being exposed to diverse social contacts during the transfer from home to the service, increased the losses in the clinical follow-up process of this population. In this regard, interruption of treatment or its postponement can bring a series of risks to the mental health of trans people (Wiepjes et al., 2020).

This whole scenario of vulnerabilities during the COVID-19 pandemic has further exacerbated transgender mental health disparities (Drabble & Eliason, 2021). A longitudinal study performed by Kidd et al. (2021), using a sample of 208 transgender and nonbinary people from the United States, demonstrated an increase in the psychological suffering of this population, which was associated with a reduction in social support. In addition, during the pandemic, one-third of the sample discontinued or delayed their gender affirmation treatment. In a survey conducted in Brazil, through the #VoteLGBT Collective, it was revealed that during the period of social/physical isolation, 42% of trans people expressed problems with mental health. Thus, the accumulation of stress, whether due to the intensification of the precariousness of reduced social support or to the barriers to access health services and/or to the limitations in the care of gender affirmation processes, can further aggravate the health disparities of trans people, with repercussions in different areas of life, including intimate relationships.

Trans Conjuality and Gender Minority Stress

Students of family and marital relationships have, for decades, sought to understand the associations between chronic stressors, intimate relationships, and health outcomes (Revenson & DeLongis, 2011). Unlike cis-heterosexual couples, trans couples negotiate their intimate relationships in social contexts that oppress and make their love invisible. Seen as subterranean and debased, trans conjugalities are delegitimized by the cisgender ideology, which prescribes cis relationships as the norm (Fuller & Riggs, 2019). Such ideology produces a series of gender stressors that can

negatively impact not only health outcomes, but the quality of the marital relationships of trans people (Frost & Meyer, 2009; Gamarel et al., 2014).

In the last decade, a small number of studies have investigated the marital relationships of trans people (Alexandre & Santos, 2019). In a relatively early study carried out in the United Kingdom in this area, 30 transgender adults were interviewed who, when negotiating their intimate relationships, were often confronted by transphobic presumptions from their own cisgender partners (Hines, 2006). In a quantitative study conducted in the United States, with 191 cis-trans couples consisting of transgender women and cisgender male partners, the experiences of discrimination (harassment, unfair treatment) and related stigma (the real or anticipated fear of rejection based on a romantic affiliation with someone) were examined and were associated with the quality of the relationship and the mental health of the spouses (Gamarel et al., 2014). From dyadic analyses, it was shown that in both partners financial difficulties, discrimination, and stigma were positively associated with depression. For both spouses, financial difficulties were associated with lower levels of marital quality.

Furthermore, the marital relationships of trans people can be rejected or ignored by their families of origin, friends, and society in general (Santos et al., 2020). As a result, couples can internalize stigmatizing messages about their identities and intimate relationships, which negatively affect, in a dyadic way, the quality of the marital relationship (Gamarel et al., 2014). In addition, other challenges may be related, such as finding partners, disclosing to their spouses about gender identity (Platt & Bolland, 2017), questioning the spouse about their identity or sexual orientation (Meyer et al., 2013), related issues to gender transition or even rigid gender negotiations, self-assertion processes, and sexual negotiations (Lomando & Nardi, 2013).

It is important to consider that no trans conjugality is equal to another; despite a social position characterized by gender, trans couples also go through different experiences in relation to other intersected aspects, such as configuration, sexual orientation, race/ethnicity, socioeconomic status, educational level, etc. For example, there are couples that make up a transcentered relationship, when both spouses are trans people (transgender, nonbinary, transvestite) and also cis-trans couples, a circumstance in which a cisgender man or woman has a relationship with a trans man or woman (Erich et al., 2008). In both configurations, transcentered or cis-trans couples can assume a heterosexual or homosexual sexual orientation. Sexual orientation is related to a person's erotic-affective desire. It is what a person is romantically attracted to, whether heterosexual, homosexual, bisexual, or asexual (American Psychological Association, 2015).

Therefore, one cannot try to generalize the experience of the conjugality of trans or cis-trans couples. In addition to the challenge of maintaining this relationship and validating feelings outside of heteronormativity, living and relating outside the norms culturally attributed to genders and sexualities involve a series of risks, since the individual's very existence and body becomes an object and target of exclusion (Alexandre & Santos, 2019). The constant attempt at invisibility and the absence of a support network are factors that modify the reality of these conjugalities and can further place this population at risk in the COVID-19 pandemic.

Trans Conjuality in the COVID-19 Pandemic

The COVID-19 pandemic has placed couples of different gender identities in a situation of greater vulnerability, given the overlapping of stressors – distance from the social support network, loss of significant people, loss of access to meaningful activities, worsening of mental health, job loss, etc. This accumulation of stressors can overload the marital system and increase misunderstandings and conflicts between spouses (Silva et al., 2020). Furthermore, the effect of stressors related to the pandemic context can be enhanced by preexisting vulnerabilities, such as being part of a marginalized group (sexual and ethnic/racial minority). In addition, when one or both members of the couple have lasting individual vulnerabilities (e.g. depression, anxiety), they are more likely to experience more negative interactions (conflicts, hostilities), and the impact of external stressors can be further intensified (Pietromonaco & Overall, 2020).

Two case studies will be used to illustrate and explore certain vulnerabilities experienced by trans couples during the COVID-19 pandemic. These cases were selected from a broader survey, carried out by the authors of this chapter in the Brazilian context, on “LGBTQ+ couples in times of COVID-19.” The selection of these cases was due to the fact that they offer marital experiences from both a cis-trans couple and a transgender couple. The interviews took place in March 2021, through google meet, and were later analyzed based on Bardin’s (2011) content analysis. Participants will be identified here from fictitious names, preserving their identity.

Couple 1: Thalles (nonbinary trans male, White, 24 years old) has had a relationship with Rick for 3 years (cis male, White, 26 years old). Thalles was interviewed individually and reported that he has been living together with his partner for 2 years, after having suffered an attempt of sexual violence. When the couple met, Thalles still presented phenotypically female characteristics, and the transition process, though starting before the relationship, was still in progress, a fact that generates some disagreements between the spouses. Thalles is a graduate student, lost his job early in the pandemic, and suffers from anxiety and depression, which was further aggravated in the pandemic context. His partner, Rick, is an autistic person, a college student, and has the financial support of his family.

Couple 2: Cauã (trans male, Black, 22 years old) and Laís (transvestite, Black, 19 years old) were interviewed together and reported that they met in 2020, during the pandemic, in the shelter where they lived. They have been together for 9 months, and for 7 months, they rented a house, so they could share their lives and have more privacy. Laís is an administrative assistant, and during the pandemic she began, together with her partner, to make artisanal products to sell through Instagram. Both broke ties with their family of origin and were sheltered in a house that welcomes LGBTQ+ people in situations of economic vulnerability and family exclusion.

Based on the participants’ discussions, challenges experienced by the couples in the COVID-19 pandemic emerged, and their impacts on their conjuality were, namely, (1) violence, family rejection, and weakening of the social support

network; (2) disparities in mental health and conflicts in the division of household tasks; (3) economic limitations, unemployment, and challenges for the couple in the gender transition process; (4) obstacles to access health services and gender dysphoria; and (5) intersectional transphobia where sexuality, gender, color, and economic class intersect.

Violence, Family Rejection, and Weakening of the Social Support Network

Even though LGBT phobia has been criminalized in many different countries, unfortunately the number of violations linked to this population is still alarming (ANTRA, 2021). During the COVID-19 pandemic, protective measures such as “staying at home,” despite protecting the health of the population, increased violence against trans people. With the streets being empty, in Brazil, the country that kills the most transgender people in the world, there was a significant increase in the murders of transgender people, especially transsexual women and transvestites – sex workers who, to ensure their livelihood, continued to work on the streets (ANTRA, 2021). While 44 trans people were murdered in the United States (Human Rights Campaign, 2021), in Brazil, for example, there were a total of 175 cases, most of them murdered with methods of cruelty and excessive use of force and beatings.

Faced with these alarming numbers and given the history of violence against the LGBTQ+ population, the couples interviewed reported the fear of experiencing transphobia in the pandemic, given the decrease in people on the streets, as shown in the following reports:

So, we are already afraid of being on the street, of living in society normally, because violence for a trans person is a free-for-all, the person doesn't need to do anything, just because they exist they can be attacked, they can be raped, she could be in the street and get shot, get stabbed. Imagine during the pandemic! This fear only increases. (Cauã, trans man)

Another thing I was very afraid of was when I left work, which is downtown, at 18:00 there was no one on the street, I was afraid of being raped. I was afraid of Cauã going anywhere, to the corner shop, I thought: ‘Oh my God, if someone takes Cauã and does something.’ That was my biggest fear during the pandemic. (Laís, transvestite)

Faced with the expectation of street violence, the COVID-19 pandemic blocked access to LGBTQ+ public spaces, as well as people's leisure spaces, which are sources of social support, as they promote feelings of connection and belonging (Stanley & Markman, 2020). The restrictions of the pandemic, in addition to the fear of dying on the streets, required even more efforts for couples to be able to face the challenges of excessive coexistence. Thus, such vulnerabilities can further affect the couple's relationship if the partners do not have marital (communication, flexibility, cohesion) and extramarital (social support, social, and economic) resources to fight the stigma related to their gender identities.

Unlike those who attack on the street, who most of the time are unknown people, those who attack at home are supposedly the references for trans couples. The couples interviewed reported that their families of origin were “triggers” for risky situations, both in terms of their sexuality and in their own conjugality. Even though they were already targets of a veiled transphobia at home, one of the couples reported that social isolation during the pandemic intensified microaggressions by family members: *I have my family, who are actually such a trigger (...) they call me by my deadname, for example. I can't count on them* (Thalles, nonbinary trans male, 24 years old).

The family is the institution that perpetuates society's values and beliefs and establishes itself as a space where norms and social control are reiterated in everyday life, thus acting in the micro-context of social relationships of cohabitation and kinship (Perucchi et al., 2014). Socially responsible for promoting the well-being of its members, the family does not always fulfill this task when dealing with the discovery of the sexual orientation and/or gender identity of a LGBTQ+ person in the family nucleus (Nascimento & Scorsolini-Comin, 2018). The transition process of a trans person can generate many challenges in family relationships and enables the occurrence of a sequence of difficult situations; in the search for a framework of binary parameters, the family environment can turn into a hostile and unwelcoming environment (Perucchi et al., 2014). It is common for family members to turn to aggression, insults, threats, and other forms of violence reflecting intolerance, frustration, and fear in dealing with the situation. All this hostile and prejudiced feeling ends up becoming a risk factor for trans people who leave their homes early so as to start living with their spouse.

Cauã and Laís, for example, thrown out of their home, went to live in a shelter for LGBTQ+ people. Even though it is a protective space, the lack of privacy to live a marital relationship was a challenge experienced by the couple, as reported by Cauã:

For reasons of privacy, we wanted to be alone and there was no way. When I arrived at the shelter, I lived there for about 2 months and then we left and rented our house and we discovered how comfortable we were with each other, to have fights, mainly discussions. (Cauã, trans man)

The lack of privacy and the difficulties in delimiting the couple's space in the shelter mobilized Cauã and Laís, after only 2 months of being in a relationship, to rent a house in which to live together. According to the couple, this quick decision to live together initially brought some misunderstandings, given the excess pressure of living together, the need for adaptations in the marital relationship, and the reduction of the social support network, as Laís reports: “I am explosive and he is the calm one. I was always the one to approach and he was always the one to be off by himself, there was a lot of doubt, I kept asking myself ‘is this really it, am I going too fast’.”

As a result of this context of oppression and exclusion in different social spaces, trans couples experience challenges in accessing the social support network and connecting with the community. However, the social support network is one of the most significant protective factors for the trans population and can cushion the

negative impact of stress arising from transphobia. In the comments of the interviewed participants, the lack of social and family support was unanimous: *Our support network is very limited. In reality I don't have a support network* (Thalles, nonbinary trans man).

I have no contact with my family (...). Unfortunately, trans people are closing up, we are changing, maturing and seeing that we should not trust everyone. (Lais, transvestite)

We don't have much contact with relatives (...) because what most of our relatives accept is between quotation marks, what they say in front of you, when they use, for example, the masculine, in the pronouns I use him/his, and then walk away and I become deceased and they treat me in the feminine. (Cauã, trans man)

It is noteworthy, therefore, that the marital relationship, when supported by families, friends, and positive community and institutional interactions, tends to add favorable protection resources to face adverse and potentially dangerous situations that could result in the dissolution of the union. Thus, in the current pandemic context, the fear of transphobic violence in the streets, family life in hostile environments due to the difficulty in accepting the gender identity, the distance from the support network, and social life can overload the marital system and further aggravate the mental health disparities of the trans population.

Disparities in Mental Health and Conflicts in the Division of Household Tasks

Despite the scarcity of literature on the impacts of the pandemic on transgender couples, studies prior to the pandemic already indicated that transgender people experience high levels of stressors and gender-based violence, compromising the mental health of spouses and their marital processes (Gamarel et al., 2014). Thalles, for example, reported that, prior to the COVID-19 pandemic, he already had a clinical picture of depression and anxiety that was further aggravated by social isolation:

Mostly it's not just the pandemic's fault, it's because I already have a previous history of mental illness, but this messed my head up to unprecedented levels. And he (the partner) had to deal with it. Imagine a person with anxiety, and mine is severe, and I take medication to try to keep my mood stable, but the pandemic messes up our schedules. Wake up times, bedtime, for those who have depression, it's very tense, because our cycle is already deregulated, so if you have a tendency of insomnia, oh my friend, the night changes for the day. (Thalles, nonbinary trans male)

The worsening of mental health in the pandemic in the interviewed spouses ended up requiring more understanding on the part of the partner. Thalles had changes in mood, bedtime, and eating, and this affected the dynamics of responsibility in the house, creating several conflicts for the couple:

Because if you're sleeping all day, you're not going to do the rest of the things. So I notice that the pandemic went in this direction, we argued more about home care and we argued a lot about self-care, because I couldn't, I still have a lot of difficulty actually. (Thalles, nonbinary trans male)

In this second wave of the pandemic, we made an agreement to talk more. The biggest stumbling block is that when my mood drops, I can't do anything, so I broke this agreement myself. (Thalles, nonbinary trans male)

Different studies have pointed out that the COVID-19 pandemic can aggravate marital conflicts, given the increase in coexistence resulting from social isolation, or even the accumulation of stressors resulting from the pandemic context (Silva et al., 2020). People who face many stressors may be more disconnected, less affectionate with their spouses (Bodenmann et al., 2007; Bonanno et al., 2010), which results in less closeness, support, and marital satisfaction (Randall & Bodenmann, 2009). In addition, the accumulation of external stressors (loss of a job, loss of a relative, stress from being a sexual and gender minority) can deplete people's energy and the resources needed to manage marital problems (Buck & Neff, 2012), which in turn, leads to low levels of marital satisfaction (Nguyen et al., 2020). Thus, trans people, when facing greater stress during the COVID-19 pandemic, find that there is an increase in marital conflicts, and this makes them more dissatisfied in their relationships.

The deterioration in Thalles' mental health added to the changes in their routine caused by social isolation, generated marital conflicts, especially regarding the division of household chores, and required the couple to constantly update their marital agreements in regard to the division of domestic tasks.

When we returned to this second wave of the pandemic, we made an agreement to divide the tasks (...). The biggest stumbling block is that when my mood drops, I can't do anything, so I break this agreement myself. (Thalles, nonbinary trans male)

It is perceived, therefore, that the challenges in the mental health of trans people bring repercussions not only individually but also in marital dynamics. Depression, anxiety, and personality disorders or other difficulties related to mental health combine so that spouses can negatively interpret each other's manifestations, causing them to feel rejected and unworthy of being loved, which can facilitate the separation of spouses or even increase aggressive reactions (Silva et al., 2020). All these changes can seriously impact the relationship between spouses, enabling the escalation of marital conflicts, which can further aggravate the levels of psychological suffering. In turn, adequate levels of individuation and emotional regulation can be important resources for couples when facing these challenges (Stanley & Markman, 2020).

Economic Limitations, Unemployment, and Challenges in the Gender Transition for the Couple

Another challenge highlighted by the interviewed participants referred to the financial insecurities of couples. With the pandemic, the effective income of the population reduced by 16.9% between February and May 2020 (Barbosa et al., 2020). It is known that the labor market is not accessible for trans people, so having a source of

income during the pandemic was even more difficult. In a survey conducted by the #VoteLGBT Collective (2020), between May and April 2020, unemployment appears as the second cause of greatest suffering among LGBTQ+ people in Brazil.

Lafís, for example, despite continuing to work on the pandemic, needed, along with Cauã, to start a handicraft activity and use social networks to sell their arts, as Lafís says:

I work in an office at a college, thank God, and it hasn't stopped. We are using home office, and I'm supporting myself through that. And I'm also an artisan, together we make hand-made earrings and it's working despite the pandemic. We use social networks and it's working. (Lafís, transvestite)

However, Cauã, despite being unemployed, was unable to receive all the installments of the emergency aid program, due to complications with registering his account. As he himself told us: *I only got the first installment*. Bruna Benevides, the secretary of Political Articulation of ANTRA, puts it extremely well in an interview with the UN Brazil Women when talking about the trans population: "Most are Black, poor and peripheral, semi-literate; many do not even have a registration with government organizations for some type of benefit, such as the single registry (of social programs), for example, many have no documentation, have difficulty in getting documentation and accessing public assistance policies" (UN Brazil Women, 2020). The COVID-19 pandemic has exposed the deep structural inequalities and heightened socioeconomic vulnerabilities: it took many more jobs from people from marginalized backgrounds, accentuating the precarious conditions of subsistence and even presented further obstacles to access health care (Ferreira & Santos, 2020).

Thalles, in turn, reported that he lost his job right after the pandemic and became financially dependent on his partner, a fact that brought discomfort and misunderstandings, as he himself said: *when you are dependent, people monitor everything you do* (Thalles, nonbinary trans male).

Regarding the theme "money and conjugality," Cenci et al. (2017) show that financial aspects are responsible for a large part of the conflicts in conjugality and show that the control of the other spouse is one of the aspects that most bothers couples who live under the same roof. Thalles, for example, cited his discomfort in relation to how his partner questioned his consumption, whether in regard to food or even for the purchase of products that for him were very important to alleviate his dysphoria and anxieties, such as binder (elasticated fabric that flattens the breasts to reduce their volume in clothes):

So, if I buy binder, god help me because I spent R\$80. It's money that's worth a lot in the pandemic, but if you consider it to be part of well-being, it's an investment. Also because this financial issue ends up being another gateway to transphobia, for example, binders cannot be bought, but if you want to do your nails I'll take you. If you want to grow your hair, I'll buy the hair plugs. I was shocked. What's the point? It's selective! (Thalles, nonbinary trans male)

It is known that money is an object that is charged with heavy symbolism (Cenci et al., 2017). In relation to Thalles, financial control seems to evidence his partner's

difficulty in accepting the transition of the partner's gender identity and is, therefore, a transphobic expression. In cis-trans couples, that is, when one of the spouses is transgender and the other is cisgender, they may experience some difficulties in the period of gender transition, given the shock and apprehension at the beginning of the transition (Alexandre & Santos, 2019; Marshall et al., 2020).

For example, Thalles declares himself to be a nonbinary trans man but met his partner with a heterosexual orientation. Thus, as the male phenotypic characteristics of Thalles become more evident, they seem to cause a feeling of estrangement in his partner, who gradually adapts to the gay sexual orientation. As noted in Thalles' account: *There's a lot he doesn't understand about the transition. For example, when I have dysphoria, I know he doesn't understand, you know...and so, the pandemic, dysphoria, a thousand times worse.* During the interview, Thalles reported that often his partner only notices the transition process when some physical change appears. However, for Thalles, the transition process already started a long time ago, while his partner still demonstrates difficulty in keeping up with certain changes.

The gender transition process can impact the quality and satisfaction of trans couples (Marshall et al., 2020). In this regard, both spouses of trans couples, whether cis-trans or transcentered, can internalize transphobia, leading to a decrease in their psychological well-being and negatively affect the satisfaction of their respective partners with the relationship (Frost & Meyer, 2009). Internalizing stigmatizing messages about the intimate partner can result in tension and/or conflict in the relationship, which can have the potential to produce isolation and inhibition of interpersonal support and open communication (Rostosky & Riggle, 2017).

Rick (...) has always been with cis women. So, when you are a trans person and being in a relationship with a cis person, you already hear a lot of nonsense. Like: 'look, I'm sure that if a standard pretty woman appears, he certainly wouldn't hesitate to have a relationship with this woman' (...). Like, he's going to hook up with someone else because you're not enough, you're ugly, you're aesthetically inadequate, something along those lines. (Thalles, nonbinary trans male)

It is noteworthy, therefore, that in a subtle and unconscious way, transphobia can come from one of the spouses. In this case, the respondent reported that their partner, who is a cis man, often does not understand the psychological triggers that certain phrases about him cause: *He does not notice some processes of transphobia, even internalized, or even the difficulty to deal with all I have to say.* (...) (Thalles, nonbinary trans male).

Based on Thalles' account, it is possible to note how internalized transphobia appears in a silent way to spouses. When questioned about the said and the unsaid in the relationship, Thalles stated that many challenges were discussed, but the fact that he feels transphobic attitudes are coming from his partner was part of the limitations that were experienced by both of them. He mentioned that the partner at times offered services such as nails and hair, as a way to perform femininity, which caused a lot of discomfort and insecurity and at times, even enabled gender dysphoria in relation to his body.

Obstacles to Accessing the Health System and Gender Dysphoria

Access to health care in gender affirmation processes (e.g., hormone therapy, gender affirmation surgery, psychological services) is very important for the psychological well-being of transgender people (American Psychological Association, 2015). However, with the COVID-19 pandemic, there were delays and cancellations in specialized health services for this population (van der Miesen et al., 2020).

Thalles, for example, informed us that he was going to undergo breast removal surgery but did not do it because of the pandemic, and the surgery was canceled. Even though treatments related to gender affirmation processes have contributed to better results in the physical and mental health of the trans population (Van de Grift et al., 2018), many barriers exist to their access, whether due to the waiting list, strict treatment protocols, or even the physical distance or the lack of service in some cities (Puckett et al., 2018). In the short term, deprivation of care can aggravate physical risks and increase the chances of self-medication and lack of monitoring of gender-affirming hormones. In the long term, the lack of care can bring serious risks to mental health, such as depression, anxiety, and suicidal ideation and behavior (White Hughto et al., 2015), and thus intensify gender dysphoria.

All couples interviewed started the transition process shortly before or during the COVID-19 pandemic, which to a certain extent slowed down the changes in the body. During the interviews, Thalles and Laís mentioned that during isolation, dysphoria increased, “perhaps because of the daily contact with the mirror or due to the idleness brought about by isolation” (Laís). Thalles claimed that he “had more time” to think about his issues, which made him notice things that were previously unimportant. Laís also demonstrated that she had a lot of hair-related dysphoria, causing discomfort:

I'm 8 months into my transition, in the first and second month it was very difficult, because people were already thinking 'look, a gay man trying to be a woman,' so for a long time I was stuck, I had to wear a wig, because I had a lot of dysphoria with my hair. (Laís, transvestite)

Gender dysphoria is a broad term and is generally defined as discomfort or distress related to the incongruity between gender identity and your designated sex at birth and/or primary and secondary sex characteristics (APA, 2015). This discomfort can vary to different degrees in the person and between people. That is, even recognizing the suffering of trans people in relation to their body and their gender identity, dysphoria can be aggravated by external experiences of prejudice and discrimination and has negative effects on their mental health (Galupo et al., 2020). In more recent studies, there is the suggestion that gender dysphoria can be conceptualized as a proximal stressor, that is, it involves the internalization of social experiences related to discrimination experienced by trans people, directly or indirectly (Lindley & Galupo, 2020).

Intersectional Transphobia: Where Sexuality, Gender, Color, and Economic Class Intersect

Although the COVID-19 pandemic has had serious impacts on the lives of people and couples around the world, its effects did not occur in the same way for everyone. The pandemic has exposed several facets of social problems, making it clear that although “we are in the same storm, we are not in the same boat” (Watson et al., 2020). According to data published by the Human Rights Campaign (2021a, b), it is evident that Black LGBTQ+ people, especially Black trans people, are disproportionately affected by the pandemic, whether by economic issues, including unemployment, difficulty in paying bills, lack of housing, and/or sex work for survival, or even the disparities in the number of deaths in relation to White cis-heterosexual people.

Gender identity and its expressions can intersect with other social identity markers such as race/ethnicity, age, educational level, socioeconomic status, being an immigrant, occupation, disability, HIV status, sexual orientation, relationship status, and religion and/or spiritual affiliation. In her powerful comments, Laís reports on transsexuality from the perspective of intersectionality:

As well as all this, I’m an ‘unpassable’ transvestite, because when walking I pass people in the street, everyone knows I’m a transvestite. It’s visible, still having short hair, being fat, being black, everything society doesn’t want, being married to a trans man. For Brazil, with all of these issues, I’d be better off dead. (Laís, transvestite)

So, everyone has that awareness of prevention, care, and because we met in an environment where we were going to be together anyway, all the time, not only because of covid, but for safety reasons, because we are trans, because we are peripheral, because we are living in a periphery where even leaving your corner is dangerous. (Cauã, trans man)

Laís and Cauã’s statements ask us to look at the intersection of multiple minority identities and the overlapping of stigmas related to them, which can further place trans people in situations of vulnerability during the COVID-19 pandemic (Elgar et al., 2020; Turner-Musa et al., 2020). Thus, racism, White supremacy, homo/biphobia, transphobia, and other forms of structural violence constitute social conditions that make the lives of trans people precarious. Such structures enhance vulnerabilities and reduce access to protective resources.

Although people who identify themselves as transsexuals are affected by violence, it is important to emphasize that with the phenomenon of transphobia, there is a significant difference between the aggressions suffered by transvestites and transsexual women compared to transsexual men, who tend to demonstrate higher indicators of suffering psychologically, as observed in the comments of Cauã.

Violence reaches us in a different way. Psychological violence is so great that the suicide rate among trans men is one of the highest, and it’s also barely registered, what happens is the family considers the person deceased, and that’s how it is. (Cauã, trans man)

In their comments, Cauã and Laís report this gender difference from various perspectives that affect their bodies. While Cauã mentions that he suffers greater

psychological violence by being a trans man, Laís presents situations in which she needs company, such as always being accompanied when going to the bakery in order to protect her life, since trans women and transvestites are the main victims of the transphobic context.

In addition to the issues of economic conditions and differences in trans identities, “passability,” related by Laís as the possibility of a trans person being recognized as a cisgender person, needs to be considered and can also have impacts on trans conjugality: *Many people at the beginning said the following: ah, he’s passable, he’s so handsome, but he’s got a fat, Black transvestite with short hair, that happened a lot* (Laís, transvestite).

The effects of passability inhibit the open circulation of the issue of gender identity in the public space (Silva & de Calais, 2020). In her comments, Laís exemplifies the term very clearly, citing that the fact of being a transvestite woman visible to the eyes of the beholder leaves her more exposed to insults and violence. Regarding the impacts of transphobia on conjugality, the couple report that it is difficult to hear these criticisms from people who are close to them. Laís says that Cauã not only receives praise for his appearance but is also criticized for having a relationship with an “unpassable” woman. Being passable, therefore, “implies to dress these bodies so that they are not seen as different and draw attention, courageously when circulating in spaces” (Silva & de Calais, 2020, p. 148). Here, the production of existence and identities is intersected by gender stereotypes and heteronormativity.

In addition to the gender and sexuality aspect, it is necessary to remember that transphobia and racism are also articulated. For example, fatal violence disproportionately affects Black trans women (Human Rights Campaign, 2021). The issue of race/color is an essential topic when investigating the vulnerabilities experienced by Black trans women in the pandemic. For example, Black trans people are more likely to lose their jobs or have their working hours reduced in the pandemic compared to White people. Data from the Human Rights Campaign (2021b) report that 19% of transgender people and 26% of Black transgender people were unemployed due to the COVID-19 pandemic, compared with 22% of Black LGBTQ+ people, 13% of White LGBTQ people, and 12% of the general population.

Structural racism forces populations to the sidelines and aggravates their historical inequities, so that Black people have more difficulties in dealing with the pandemic. Even though these processes of social and racial/ethnic exclusion predate the pandemic, they are reinforced in the current pandemic context and, therefore, affect even more the physical and emotional health of this population.

The strong focus of the intersectional lens recognizes individual experiences, related to identities and power, in a complex, dynamic, fluid, subjective, and specific way, rather than considering them in a single and generalized way (Addison & Coolhart, 2015). Furthermore, perceiving trans marital relationships from the perspective of intersectionality allows us to move away from the “theoretical myth of equality” (Hardy, 1989), a universalist view that leads to the belief that “couples are couples.” On the contrary, when analyzing the experiences of couples, trans or cis, during the COVID-19 pandemic, it is necessary to understand how their multiple identities intertwine and how the identities of each spouse intersect with those of their partner.

Final Considerations

This chapter aimed to problematize the vulnerabilities experienced by trans couples during the COVID-19 pandemic. From the comments of the interviewed participants, it was possible to perceive a multiplicity of risk factors experienced by trans couples, with serious repercussions for the mental health of the spouses and a threat to the well-being and stability of the marital relationship. The overlapping of stressors experienced in the pandemic, such as transphobic violence, family rejection, challenges in the gender transition, impoverishment of social support networks, mental health disparities, obstacles in accessing the health system, economic limitations, unemployment, conflicts in the division of domestic tasks, social helplessness, and gender dysphoria, aggravates their vulnerabilities and demands a process of structural reorganization. In a cruel manner, the COVID-19 pandemic has made the lives of trans people and trans couples even more invisible, through silence, negligence, and the perversity of the State's indifference (Santos et al., 2020).

In this context, investigating the processes that permeate trans conjugality in times of the COVID-19 pandemic, based on vulnerabilities, is even more necessary and extremely important to deepen the knowledge of marital experiences that are still invisible. In the scenario of the new coronavirus pandemic (COVID-19) and the impacts on the well-being of people and spouses that follow and will continue in the post-pandemic scenario, it is essential to recognize and understand the particular vulnerabilities of people and of couples formed by transgender people, in order to enable more protective and equitable strategies for the quality of life of these couples. We have the ethical and moral responsibility to seek more comprehensive answers to stop these inequalities being worsened by the COVID-19 pandemic.

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Resilience in Families Formed by Same-Sex Couples



Aline Nogueira de Lira and Normanda Araujo de Morais

Families formed by same-sex couples have achieved greater public visibility in recent years in the Western world. In the past two decades, around 30 countries have legalized marriage between LGBTQ+ (lesbian, gay, bisexual, trans, queer) people (Pew Research Center, 2020), offering couples legal protection and symbolically recognizing the validity of their families (Imrie & Golombok, 2020). Even with the increasing social, legal, and academic visibility, the family networks of this population come across different degrees of adversity, especially due to the homophobic and heterosexist context in which they live (Oswald, 2002; Rostosky & Riggle, 2017a). Empirical evidence consistently reports that homophobia and heterosexism potentially contribute to the reduction of social connectivity and can have a negative effect on the physical and mental health and well-being of family members (Meyer, 2003; Rostosky & Riggle, 2017a).

In response to the stressful experiences that face sexual minorities, these families have developed particular strategies for positively coping to survive and even thrive (Meyer, 2003, 2015). Couples formed by lesbian and gay people, for example, even when experiencing prejudice, can find in these stressful situations an opportunity to strengthen the marital bond and redefine the notions of marriage and commitment as a couple (Rostosky & Riggle, 2017b). Literature has conceptualized resilience to be a dynamic and procedural capability to successfully manage and adapt positively to the adverse circumstances of life (Masten & Monn, 2015).

Resilience studies are particularly important for families made up of same-sex couples, as they have accentuated their potential, their skills, and abilities, highlighting the capacity for positive coping, even in the face of stressful conditions arising from the context of the stress from being a minority. Despite this importance, the number of studies investigating the resilience processes in these families

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is still relatively scarce (Domínguez et al., 2015; Lira & Morais, 2017; Oswald, 2002). Most studies on resilience and the lesbian and gay population tend to focus on individual capacities to successfully adapt to the elements of life and not on family processes to overcome and transform themselves positively in the face of significant adversities.

Even though the term resilience is being used in an unrestrained way today and with quite a few misunderstandings, which can reduce it to an individual characteristic and/or to the belief of invulnerability, it is important to underline that resilience is a scientific construct, the definition of which has advanced over time. It is, therefore, a process by which people, families, or communities, even in the face of situations of adversity, manage to overcome them and come out of the situation strengthened in some way (Masten & Monn, 2015). Therefore, it involves the complex interaction between risk and protection factors, with positive adaptation being the product of this interaction. Risk situations are significant adverse life events that increase the likelihood that a person will develop a negative psychosocial outcome.

The protective factors, in turn, have the opposite effect to risk factors; they are internal and external resources, and they collaborate on the promotion of positive results in the interaction with adversity. Positive adaptation, also referred to in the literature as psychosocial adjustment, refers to the current state of adapted development and can be an indicator or result of a long-term resilience process (Fergus & Zimmerman, 2005). In this regard, strategies that facilitate resilience processes can be used by health professionals, psychotherapists, or even in the development of public policies aimed at families formed by same-sex couples. These strategies need to involve individual, family, community, institutional, and social mechanisms.

This chapter aims to describe the resilience processes of families made up of same-sex couples. To this end, the definition of family resilience and its key processes will initially be presented. Subsequently, the risk factors related to the stress of sexual minorities are presented, and, finally, the key processes of family resilience experienced by gay and lesbian couples will be discussed. Included in the chapter are two tables, one with the risk factors (Table 1) and the other with the key resilience processes (Table 2), with a view to exemplifying the concepts from the statements of lesbian and gay people. Such statements were extracted from a previous qualitative research carried out by the authors of this chapter in the Brazilian context, which aimed to investigate the resilience processes in families of same-sex couples (Lira & Morais, 2020). The study was carried out with seven couples (four lesbian couples and three gay couples), aged between 24 and 57 years old and who were cohabiting at the time of the research. The two members of each couple responded to a semi-structured interview individually, and all participants lived in a capital city in the northeast of Brazil (Fortaleza, CE). The research was approved by the Ethics Committee, and all participants consented to the disclosure of their reports.

Table 1 Risk factors related to sexual minority stress

Minority stressors	Types of stigma	Examples of statements by lesbian and gay people who are in marital relationships
Externalized homophobia	LGBTQ+ victimization (e.g., physical, sexual abuse, neglect)	<p>“(…) There was a security guard around all the time when we got there, he would be close to us, because he knew we were going to kiss, to hug, he would come and say ‘you can’t hug, be very close’ we had no freedom.” (Lesbian woman, 23 years old)</p> <p>“My mother always said to me this, for her ‘it would be much easier to have a child 6 feet under than be gay’. And when she says that to me, it’s terrible.” (Gay man, 36 years old)</p>
	Institutional and health access barriers	<p>“The people at work are very prejudiced, so it is better not to say anything, it is better to try to keep my job.” (Lesbian woman, 32 years old)</p> <p>“We didn’t make our relationship official because I was in the probationary stage of my public sector job and I was afraid of losing my job when I said I was married to a woman.” (Lesbian woman, 32 years old)</p>
	Microaggressions (questioning family legitimacy; invisibility of the conjugal/family relationship)	<p>“My mom is our biggest challenge. Because she accepts that we live with her and she is happy. (...) But at the same time, she makes it very clear that her happiness has a limit: ‘I’m happy, but stay in your corner, do you understand?’” (Gay man, 34 years old)</p> <p>“My mother-in-law refuses to acknowledge that my children and I exist.” (Lesbian woman, 30 years old)</p> <p>“My sister married after me and my uncles and grandparents ask when she is going to have children and it doesn’t happen to me. This is a form of prejudice!” (Lesbian woman, 32 years old)</p>
	Multiple minority identities	<p>“Men walked by and talked nonsense – ‘Ah look at these two brown girls’ – because first there was, there is actually, in society, hyper sexualization of the Black woman’s body, right, so both of us, being Black, we already had that and still being lesbian even more, you know? So it was a double thing for us, there were two causes that we had to fight for, so it was already tougher.” (Lesbian woman, 23 years old)</p> <p>“A White gay man, who has a car, who lives in a big house, who has a steady job and earns at least a little more than most people, is one thing. There is prejudice, there is! But people, if you are gay, Black, poor, a slum dweller, smooth and pretty, things change, the reality is totally different. It is difficult.” (Gay man, 34 years old)</p>

(continued)

Table 1 (continued)

Minority stressors	Types of stigma	Examples of statements by lesbian and gay people who are in marital relationships
Internalized homophobia	Discomfort and shame with sexual orientation	“Not long ago I was ashamed to say I was a homosexual (...). I was ashamed when my partner came to pick me up somewhere. I only accepted myself more after I had my son.” (Lesbian woman, 38 years old)
	Avoidance and social isolation	“I have always been a very closed person, and even today I’m ashamed to be gay (...), I still have this problem. I’m a highly discreet person. We avoid glances, we try to avoid doing couple things when we are on the street, you know?” (Gay man, 29 years old)
	Self-destructive behavior	“In this homosexual world, there is a patchwork quilt. It is a dangerous world, it is a tunnel with no return. So you have to preserve yourself. If you do not create a wall, you are trapped in a web and can’t get out. You get lost (...). I think gays and lesbians always like you out of interest. They want to use you.” (Gay male, 57 years old) “Today’s gays are all disposable and audacious. They are wide open, walking hand in hand. I know that the times have changed, but I don’t have the audacity to do this in public, to hold a hand, to put my hand on a shoulder, no, nothing like that. I have a certain time for this. It doesn’t matter.” (Gay male, 54 years old)
Concealment of sexual orientation		“I only told my family that I was a lesbian when I got pregnant, I avoided it as long as I could.” (Lesbian woman, 38 years old)

What Is Family Resilience and What Are Its Key Processes?

Family resilience refers to a set of processes by which families, as a functional unit, are able to adapt, support, learn, and grow in situations of adversity, using successful internal and external resources to cope and also promote its development (Walsh, 2005, 2016). Froma Walsh is one of the precursors of family resilience. Based on her vast experience as a family therapist and researcher, she developed a theoretical model and described key processes that favor the expression of resilience as a systemic and relational characteristic of families; these are (1) belief systems, (2) organizational patterns, and (3) communication processes. The family systems and these components, added to the positive relationship of the family system with other ecological systems, can be risk moderators at the family level and indicate resilience processes in families that experience great adversities (Masten & Monn, 2015).

The *belief system* relates to values, convictions, attitudes, trends, and assumptions in order to form a set of basic premises that are shared among family members. The belief that life has meaning seems to play an important role in the resilience of

Table 2 Family resilience processes in families made up of same-sex couples

Description	Examples
<i>Key family resilience processes (Walsh, 2005, 2016)</i>	
1. Making sense of adversity	“Everything is a learning experience, everything you go through in life is a learning experience, what she went through and what I went through [betrayal] will serve us for the rest of the way we have to go.” (Lesbian woman, 33 years old)
2. Positive outlook	“I will endure it as long as I can, because I know my responsibility and I think our marriage is worth it, I love her and I know that I am very loved.” (Lesbian woman, 33 years old)
3. Transcendence and spirituality	“I had to take several medicines, you know, to ensure my pregnancy, but I knew he was from God, I knew he was going to be fulfilled, right, because, God said to me: ‘look, your son is already there, now, calm down’.” (Lesbian woman, 38 years old)
4. Flexibility	“One of the ways we thought to alleviate this situation was with the house of Guarimiranga. And I think it is working. (...) And I understood that there is our home, which we use here as a support for the week.” (Gay man, 34 years old)
5. Connectivity	“The couple has phases. Love is transformed through caring. We go to the doctor together. We go to the urologist together. We do check-ups together, you know? We are very careful with each other, you know?” (Gay man, 57 years old)
6. Mobilize social and economic resources	“We overcame our fears because we saw that the family was our support, it was a safe haven. We felt it was trust. So let’s take it forward, I like you and you like me, so let’s stick it out.” (Gay man, 54 years old)
7. Clarity	“And when there is a serious disagreement, we have an honest conversation, but a serious 2-, 3-hour conversation. (...) And with clarity and transparency, we end up understanding each other.” (Lesbian woman, 33 years old)
8. Open emotional expression	“We are very much companions, we talk about many things and always say what we feel. I’m even a bit of a crybaby, you know?” (Gay man, 29 years old)
9. Collaborative problem solving	“We are now reaching the phase of kindness. We are going to be old. And we always say: Are we going to be old? Will there be someone who will take care of us? Let’s work on it. Pay someone to stay with us, let’s search, let’s plan.” (Gay man, 57 years old)
<i>Family resilience (Oswald, 2002)</i>	
Description	Examples
1. Choosing a family/ relatives	“We have friends closer than brothers, who have become part of our family just like brothers.” (Gay man, 29 years old)
2. Managing the externalization of sexual orientation	“Everyone in my family, in my job knows that I am married to a woman, that I am a lesbian.” (Lesbian woman, 36 years old)
3. Community relations	“And Lucas’s family is also more accepting, so it also serves as an escape valve and support for me. Sometimes I go there and talk to his grandmother, with his aunt.” (Gay man, 29 years old)
4. Ritualization	“It was a civil ceremony to confirm support and affirmation between family and friends.” (Lesbian woman, 31 years old)

(continued)

Table 2 (continued)

Description	Examples
5. Legalization	“We are going to make the union official, we are going to make a document to try to ensure what we build together. In the absence of one or the other, we will already be protected.” (Gay man, 57 years old)
6. Political view	“I don’t participate in the movement directly, but I like to make this statement on a daily basis. So, that’s why I insist on participating in a research like this, right, because for me this is a way for us to be a political entity.” (Lesbian woman, 31 years old)
7. Language to name the family	“As soon as his certificate (for her son) came out, I went to the health plan, the school, everywhere to add my last name. Because he is my son, right?” (Lesbian woman, 33 years old)
8. Integrating sexual orientation with other areas of life	“We are Kardecists. I think that religion brought us together and helped us to face the problems, you know? I think that religion has greatly influenced the way in which we believe in our family.” (Gay man, 54 years old)
9. Redefining the family	“Today I am proud to say that I am married to her [Iara], I was afraid to say that! And today I am proud to say that I built a family with a woman!” (Lesbian woman, 38 years old)

adults and also of children who face severe adversity (Masten & Monn, 2015). Meaning and shared beliefs in the family play a central role in family resilience, providing hope, a sense of coherence, purpose, and forgiveness. It is important to consider that such a system should not be seen as something fixed and immutable; as such beliefs “develop and are reaffirmed and altered throughout the family life cycle and in the multigenerational network of relationships” (Walsh, 2005, p. 45).

It is worth mentioning that, according to the same author, although not all beliefs are shared by all members, there are still those that are dominant in a family system, as well as in their culture, whose influence is decisive in the way the family, while being a functional unit, will react in the face of adversity. Families also transmit cultural practices and affiliations that promote competence and resilience (Masten & Monn, 2015). Religious ties and other cultural ties often bring ample resources for families, including educational and social support resources. Within the family, faith and a greater sense of purpose in life can be important to sustain hope and provide comfort for family members to face adverse experiences (Walsh, 2005).

Organizational standards concern the ways in which families are structured and organized to perform the essential tasks for the growth and well-being of their members. These are standards that define relationships and regulate behavior, which are maintained by internal or external rules, whether explicit or implicit, influenced by cultural values and family belief systems. The fundamental organizational processes that facilitate efficient family functioning are flexibility, connectivity, and social and economic resources (Walsh, 2005). Flexibility is related to the capacity for change and family adaptation to crisis situations. Connectivity shows secure emotional relationships between family members that promote learning, a sense of self-efficacy, and social development (Masten & Monn, 2015). Social and economic resources, in turn, are strategies for how families organize themselves to access

social, community, and/or institutional support when going through challenging situations.

Communication processes are more broadly defined as exchanges of information, in which the constituent aspects involve a dimension of “content” and a dimension of “relationship.” The content dimension contains the message itself, and the relationship dimension concerns the nature of the relationship between the communicators. Such processes facilitate the development of resilience processes, especially through three important aspects of communication: clarity, open emotional expression, and collaborative problem-solving (Walsh, 2005).

Based on the model by Walsh (2016), the family’s resilience is marked by collective success in overcoming challenges and crises. Consequently, the focus is on the family’s capacity for strength and positive coping and not on its defects and dysfunctions. Starting from an ecosystemic view, with a biopsychosocial orientation of the systems, the risks and resilience are influenced by multiple contexts – individual, family, community, institutional, and other wider systems. Resilience goes beyond intra-family capacity but involves transactions with the social environment, interacting with extended kinship networks, communities, and wider systems to mobilize and access external resources.

To facilitate the understanding of the family resilience processes, some issues deserve to be highlighted: (1) emphasis should be placed on the processes of coping and positive adaptation of the family as a functional unit, that is, resilience as a systemic element of the family unit (Hawley & DeHaan, 1996); (2) family resilience describes the trajectory of a family, how it adapts and thrives in the face of stress, both in the present and over time; (3) the necessity to identify the risk factors that negatively affect the family system, as well as the protection processes that prevent or mitigate adverse effects and motivate the family’s positive recovery/adaptation in the face of a crisis context; (4) family resilience is a phenomenon that highlights relational components, overcoming dyadic relationships and interacting with other external systems; and, finally, (6) the family’s resilience processes respond positively to adverse conditions in a unique way, depending on the context, the family life cycle, the interactive combination of risk and protection factors, and the shared perspective of family members. Finally, family resilience does not refer to an adjective that will statically describe the family as “resilient” or “non-resilient,” but is a dynamic descriptor of family trajectories. Therefore, the ability of a family to exercise the function of protecting its members, in the midst of adversity, can be seen as an indicator of family resilience (Masten & Monn, 2015).

Risk Factors Experienced by Same-Sex Couples Related to Sexual Minority Stress

It is a consensus in the scientific literature that the main risk factors experienced by same-sex couples are related to sexual minority stress, which proposes that the prejudice and discrimination that they suffer daily can generate significant stressors and

negatively impact on their mental health (Meyer, 2003). These stressors can be considered as follows (Dunn et al., 2014; Meyer, 2003): (1) Externalized homophobia: these are tangible expressions of stigma from negative actions directed at sexual minorities, whether they are experiences of persecution, rejection, aggression, violence, or discrimination motivated by sexual orientation. (2) internalized homophobia: this highlights the process of internalizing negative attitudes in society due to prejudice in relation to their sexual orientation. It is associated, therefore, with shame, avoidance, and self-destructive behaviors. (3) Concealment of sexual orientation: this refers to the attempts that sexual and gender minorities make to hide their sexuality, for fear of being rejected or discriminated against. Shame in relation to a stigmatized identity and fear of experiencing social stigma can contribute to covering up sexual identity. Table 1 presents examples of statements by lesbians and gays that illustrate the components of the minority stress model (externalized homophobia, internalized homophobia, and concealment of sexual orientation).

Regarding externalized homophobia, this can result from explicit experiences of discrimination (e.g., LGBTQ+ victimization, daily microaggressions, institutional and health care barriers, multiple minority identities), relating to different mental health outcomes of this population, as well as marital and family relational challenges (e.g., Figueroa & Zoccola, 2015). Such contexts can be risk indicators for these families, affecting their adaptive function, the development of the family life cycle, and the performance of family roles (Haines et al., 2018). LGBTQ+ victimization refers to the declared interpersonal threat or violence (Livingston et al., 2015). In Brazil, for example, the LGBTQ+ population faces a reality of a lot of violence, backed up by alarming data, and is considered the country that kills the most transsexuals and transvestites in the world.

Microaggressions directed at families formed by sexual minorities refer to the subtle forms of discrimination experienced daily, whether due to the threat of public disclosure of sexual orientation, questions about the legitimacy of the family, disapproval of the LGBTQ+ experience and supposition of sexual pathology, and reduction of sexual family due to the lack of traditional gender roles (e.g., father, mother, children) (Haines et al., 2018). Often, families have shown themselves to be the main authors of homophobic attitudes and behaviors, adopting behavior that rejects their own children. Studies with the LGBTQ+ population point out that rejection can range from deprivation of affection, love, care, and support to harmful physical and psychological behaviors (Carastathis et al., 2017; Rohner, 2004).

The family networks of LGBTQ+ individuals are also managed under different contexts of adversity in relation, for example, to institutional barriers and access to health. For example, only recently have some Western countries granted the right of LGBTQ+ people to marry legally, and despite this, the civil rights of these couples are constantly questioned, whether by legislative proposals or governmental regulatory reviews. In this regard, for example, religious legislation in 11 states in the United States has allowed adoption agencies to refuse to place children for adoption with LGBTQ+ people (Imrie & Golombok, 2020). In Brazil, shortly after the election of the current President of the Republic in 2019, known for being opposed to unions between lesbian and gay people, there was an increase of 340% in marriages

between homosexuals, for fear that the rights previously achieved would be invalidated.

In addition, when seeking health care, LGBTQ+ people experience a series of barriers, which complicates the care process and prevents them from accessing health equipment. Such barriers are revealed, for example, by the lack of recognition of specificities of sexual minorities (pregnancy, gynecological care, etc.), by the unpreparedness of the health professional to address the demands that arise (e.g., preventive procedures for breast and cervical cancer), and the difficulty of recognizing LGBTQ+ people as subjects in the care process (Calazans et al., 2018). Experiences of discrimination discourage LGBTQ+ people from using health services for fear of rejection and disrespect for their sexuality, and the situation is even more serious in regard to other minority groups of class, race/ethnicity, disabled, and immigrants.

Regarding the context of multiple minority identities, the intersection of the different contexts of oppression, being a person who is LGBTQ+, poor, Black, and an immigrant, causes an accumulation of risk factors. Together, this overlapping of risks can have more synergistic impacts on the psychosocial adjustment indicators of this population (Luthar et al., 2015), in addition to overloading the marital system and increasing the vulnerability (Patterson, 2002).

Of the various stress-related processes of sexual minorities (Meyer, 2015), internalized homophobia has been cited repeatedly by the literature as a chronic risk that can have negative effects on the results of psychosocial adjustment (Reczek, 2016; Rostosky & Riggle, 2017a). The effects of internalized homophobia at the individual level may be different on the marital dyad (LeBlanc et al., 2015b).

At a more individual level, the internalization process of homophobia can have adverse consequences such as low self-esteem, difficulty in self-acceptance and disclosure of affective-sexual orientation, lack of confidence, and loneliness (Rostosky & Riggle, 2017a). In addition, it may be associated with substance abuse, eating disorders, suicidal behavior, anxiety symptoms, and depressive symptoms. In contemporary society, the heterosexist paradigm is still the order that governs family relationships. Often, lesbians and gays internalize this model as the ideal to be followed, and, due to prejudice and invisible pressure from society, they direct feelings of nonacceptance to themselves. This expression can be manifested in different ways, namely, discomfort with the disclosure of sexual orientation and social isolation; moral and religious condemnation of homosexuality; and negative attitudes toward homosexuality in general (Newcomb & Mustanski, 2011; Ross & Rosser, 1996). In its extreme form, internalized homophobia can lead people to deny their sexual orientation (Frost & Meyer, 2009).

At the relational level, high rates of internalized homophobia have been associated with low levels of marital quality; lower levels of investment and compromise in the marital relationship of gay couples; low levels of intimacy; lower levels of perceived support for the relationship; greater psychological aggressiveness in lesbian women; high rates of physical aggression, especially in highly dependent relationships between lesbian partners; frustration directed at the partner or translated into self-anger and criticism of the spouse; and affecting the couple's sexual desire

or performance through inhibition or guilt. Furthermore, often, directly or indirectly, it can be associated with the couples' decision to hide the marital relationship from other people and contribute to the end of the couple's relationship (Rostosky & Riggle, 2017a).

In addition, lesbian and gay couples can experience stress in conjugality by concealing sexual orientation. Studies point out that lesbian and gay couples are unlikely to immediately experience emotional support and acceptance from their family members in the process of revealing sexual orientation (Rostosky & Riggle, 2017a). Often couples have to deal with the prejudice and lack of support from their family of origin or even from the extended family, which has implications for their current loving relationship (Kurdek, 2004; Solomon et al., 2004). Therefore, they need to manage their affective relationships in a social context that prescribes heterosexuality as the norm, and, in this way, they have to deal with the varied family reactions, from the outbreak of rejection (expulsion from home, physical or verbal aggression, hostility) to subtle rejection (sadness, isolation).

The combination of externalized homophobia, hiding sexual orientation, and internalized homophobia generates minority stress and can negatively affect the marital satisfaction of lesbian and gay couples (Frost & Meyer, 2009; Otis et al., 2006). It is worth noting that these risks alone are not able to lead to the emotional and/or behavioral harm of lesbian and gay people, but a set of conditions must be considered in a systemic and contextual way to assess their effects, such as the stage of development (i.e., child, youth, adult, or elderly); the intensity and frequency of the risk; and the protection processes involved in these situations of stress.

Description of Family Resilience Processes in Lesbian and Gay Couples

Even when facing some of these critical challenges on a daily basis, especially related to minority stress, many families made up of same-sex couples thrive and find particular strategies that enable their members to create and strengthen their relational networks. Among the successful coping strategies to deal with the challenges that appear in their family history and that support the positive adaptive functioning of families formed by lesbian and gay couples, three major areas of Walsh's family resilience (2005) are discussed: belief systems, organizational processes, and communication/problem-solving processes. The contributions of Oswald (2002), a theoretician of family resilience with LGBTQ+ populations, are also added. Table 2 presents examples of statements by lesbians and gays that illustrate the key processes of family resilience, based on the contributions of Walsh (2005) and Oswald (2002).

Belief Systems

Positive belief systems refer to the set of values, attitudes, convictions, and trends that intertwine and build basic premises that facilitate decisions, problem-solving, and growth. As Walsh (2005) stated, the belief system is the “heart and soul of resilience” (p. 43). The way in which families face challenges and articulate their choices can enable their members to make sense of suffering.

When it comes to same-sex families, several stereotypes and negative beliefs accompany their lives, whether it be the idea that these couples are promiscuous and that they are therefore unable to maintain stable and lasting relationships, or even that they are unsuitable for the healthy exercise of parenting (Gato & Fontaine, 2013). In coping with homophobia, one of the main strategies for overcoming and resilience is the (re)construction of a core of beliefs that can guide families to give their own meaning to their marital and/or parental experiences, as well as make them believe that yes, it is possible to build their families with a purpose in life among their members, as well as the assumption that there is a predictable and promising future for family life.

As Oswald (2002) proposed, resilience has a symbolic component that involves the construction of meaning, a redefinition. This component, therefore, is composed of linguistic and symbolic structures that strengthen the family system itself, in the context of legal protection and social support.

Family members can be involved in four processes: (a) Developing a politicized and inclusive view of their families can help couples to deconstruct restrictive and oppressive beliefs and empower them to challenge the oppressive and exclusionary status quo, in addition to helping them redefine new beliefs and their family place. (b) Use language to appoint family members, promoting the strengthening of relational ties and further legitimizing them (e.g., naming partners, giving the surname to the children). (c) Integrate sexual orientation with other significant areas of life (e.g., with ethnicity, religion – which also carry marks of heterosexism). (d) Redefining new meanings for the family, including human differences, as well as adding new members to their family networks, in addition to kinship bonds centered exclusively on blood ties. This ability to recreate and give new meanings promotes resilience in families and expands the sources of emotional, material, and social support.

Another important belief that facilitates resilience processes and that emphasizes its relational character is the understanding that it is in interaction that the family strengthens itself to face obstacles. Even in the face of experiences of discrimination and prejudice, lesbian and gay couples can give new meanings to these experiences and strengthen the relationship with their marital partner (Frost, 2011, 2014). That is to say, despite the likelihood of prejudice having negative effects on the marital relationship, in contrast, the belief in mutual support can make the same-sex couple stronger and bring them closer, further strengthening the marital processes.

As Walsh (2005) informs, families where members have loyalty and faith in each other, as well as sharing the trust that their home “is a safe and pleasant place and

that they will always be there for each other” (p. 50), are better able to face adversity. Studies with same-sex couples report that expectations of positive interactions were associated with relationship satisfaction and could even predict the stability of the relationship (Rostosky & Riggle, 2017b). These findings are compounded by previous literature in which positive interaction and the sharing of positive emotions, such as love, respect, and understanding, in addition to positive experiences such as fun and humor, are highlighted as being important aspects for the success of same-sex relationships (Riggle et al., 2016).

Remaining on the subject of belief systems, spiritual resources, such as faith, or even involvement with congregations are resources that are often neglected by the field of mental health but that can be substantial paths in the processes of family resilience (Walsh, 2007). However, some religions, especially Christian ones, institute homosexuality as a sin and have a homophobic position, so, many times, this gives fuel to the internalization of homophobia among sexual minorities. It is not by chance that some lesbian and gay people choose to break away from religious life, seeing no possibility of reconciling religion and homosexual orientation (Estrázulas & Morais, 2019).

Studies that investigate the dimensions of religiosity and spirituality and their associations with resilience suggest that this dimension need not be an institutionalized religion in order to maintain faith and promote resilience (Brodsky, 2000). In fact, religiosity and spirituality, which may or may not involve attending a given religious service, are included in a list of important strategies to promote resilience among sexual minorities, especially when these dimensions are congruent with the needs experienced by these people (Walker & Longmire-Avital, 2013), or even when the subjects manage to transform and resignify these dimensions into a safe, welcoming, and accepting congregation (Foster et al., 2015). Thus, when religiosity and spirituality are experienced in a positive way and emerge as dimensions that promote connection and acceptance, they can, in fact, contribute to the manifestation and maintenance of resilience.

Organizational Processes

Organizational processes are, in the words of Walsh (2005), the “absorbers of family shocks” (p. 77). That is, in order to resist stress and deal effectively with crises, families need to organize and mobilize internal and external resources in order to minimize the effects of risk and support the integration of the family unit. In view of the Circumplex Model by Olson et al. (1983), Walsh (2005) suggests three key elements for relational resilience that support family organization in the face of the crisis. They are flexibility, connectivity, and mobilization of social and economic resources.

The capacity for change, adaptation, and flexibility is a necessary tool to maintain marital satisfaction. According to Olson et al. (1983), the balance between structure and flexibility favors the proper functioning of the marital and family

system and contributes to the processes of adaptation to changes and crisis situations. Undoubtedly, a flexible family system is crucial for the reorganization of roles and strategies for adaptation in challenging situations.

For example, even if they share experiences of social discrimination due to non-compliance with heterosexist norms and they are “denied” the right to form families, same-sex couples can make the choice to have a family/relatives and include those from the family of origin in their relationships, in the same way they can have children; establish a connection with the community of lesbian, gay, and bisexual people; and maintain closeness with other minority families (Oswald, 2002). These social relationships promote resilience and collaborate to legitimize the existence of the lesbian and gay population as members of a family, in addition to expanding and strengthening the social support network (family and community). In other words, couples, even without a normative model, can collaboratively forge their own path and authentically integrate new experiences into their conjugal and family reality. Furthermore, they can find alternatives to co-create their own stories beyond the socially prescribed heterosexist storyline and collectively renegotiate new stories of empowerment and self-esteem.

At the same time, as Walsh (2005) states, the restoration of order, security, and stability are also important aspects to reduce the sense of disorientation that families may experience at a time of crisis. Oswald (2002) calls attention to the importance of ritualization as a symbolic performance that can help gay and lesbian people to creatively solidify relationships and affirm identities in the absence of social or legal legitimacy. Many rituals are based on normative cultural symbols. However, same-sex couples can subvert their meanings by including homosexuality, as well as inserting new symbolisms.

Rituals can help maintain a sense of cohesion and group identity, as well as being able to integrate the family of origin into their relationships and facilitate the process of externalizing sexual orientation, which is essential to preserve the resilience of marital relationships. They can be commitment ceremonies between spouses, religious rituals, and political events such as the gay pride parade, among others. According to Oswald (2002), “these rituals can provide a kind of symbolic scaffolding to strengthen family relationships” (p. 379), increasing the commitment and closeness between family members, as well as enabling the process of social recognition and increasing the visibility of the commitment and affection between them.

When faced with the challenging experiences in the lives of same-sex couples, in resilience processes, it is essential that there is family cohesion and that members know that they can offer support and security to themselves (Walsh, 2007). Cohesion is defined as emotional bonds that unite members of the family relationship. Mutual support, democratization of household tasks, and shared leadership in parenting were some dimensions that facilitated the resilience processes found in some families.

In addition to the importance of cohesion, tolerance and respect for individual differences can also contribute to the resilience processes of same-sex couples (Lira & Morais, 2020). Cultivating mutual respect, acceptance, and appreciation of differences are considered important points for marital quality and can certainly help

same-sex couples to resolve conflicts in marital functioning (Riggle et al., 2016). In general, in families with healthy and positive development, their members can accept that people make mistakes, stumble, despite the recognition that they are doing their best (Walsh, 2007).

Social support, in turn, is one of the most significant protective factors of the LGBTQ+ population and can cushion the negative impact of stress arising, specifically, from homophobia (Shilo et al., 2015; Zimmerman et al., 2015). In the context of adversity, the resilience of a family often depends on how it accesses social resources, interacting with other systems such as a network of friends, family (of origin or extended), and governmental and institutional agencies (Ungar, 2015). These interactions between systems can contribute to the adaptation and resilience of gay and lesbian families, providing culturally appropriate material resources.

The expansion of the social support network can combat the negative effects of minority stress and, thus, produce better results in the health and well-being of people, including same-sex couples (Le Blanc et al., 2015a). It is also noteworthy that the establishment of community relations, from the engagement of lesbians and gays and their possible children in other contexts of the community (LGBTQ+ associations, religious communities), allows them to externalize their relationships and further strengthen community support resources, and thus they can build a kind of extended family.

The legal recognition of their relationships has also been indicated by the literature as a significant supporting factor in the resilience processes of families of lesbian and gay people (Oswald, 2002). The legal status of marriage can reinforce tangible economic benefits and access to health and social care systems; it offers a sense of security in the relationship associated with the legal recognition of marital commitment; it shows positive effects of intimacy and closeness and grants greater emotional support and self-esteem to the marriage (Wight et al., 2013).

Legalization should also take place at the parental level, providing the children with tangible rights, social legitimacy, and protection against homophobic legal intervention. Scientific evidence therefore suggests that the legalization of marriage can promote physical and psychological well-being for couples, reducing disparities in mental health among lesbians, gays, bisexuals, and heterosexuals and expanding the tangible benefits to their lives (Wight et al., 2013).

Communication Processes

Effective communication and negotiation are competencies that are extremely important for good marital functioning (Bradbury & Karney, 2013). For same-sex couples, these skills can be even more valued since they have to deal with the stress of being a sexual minority on a daily basis. Communication can be an important resource that can help this population in effective conflict negotiations, in making

decisions about establishing marital boundaries in relation to friends and family who do not accept them (Dziengel, 2012), in negotiations about participation in religious activities (Rostosky et al., 2008), and in the process of revealing sexual orientation (Rostosky et al., 2006).

An important aspect of the communication processes of same-sex couples concerns the management of the externalization of sexual orientation, since socially disseminating conjugal experiences, in a continuous process, suggests resilience processes. By revealing their sexual orientation, members of the family system are able to simultaneously build levels of visibility, inside and outside their family network, and develop cultural skills – important resources for positively coping in a context that tends to make relationships between people of the same sex invisible. The disclosure of sexual orientation can have a positive impact on the couple's marital satisfaction, as well as contributing to family resilience processes. Disclosure is a developmental skill, an expression of identity and values, and can help in marital cohesion and also create opportunities for validation through visibility, increasing satisfaction and offering a greater sense of integrity between spouses (Knoble & Linville, 2012).

Families with open communication, supported by a climate of mutual trust, care, and tolerance for differences, allow their members to genuinely express their emotions, especially in times of crisis. In contrast, closed communication can open spaces for ambiguities and anxieties about the unsayable (Walsh, 2012). Shared and collaborative decision-making can help families in their resilience processes, assisting them in managing conflicts and negotiating differences. According to Walsh (2012), in the face of multiple stress conditions, families need to plan attainable goals and take concrete measures in the search for an effective solution. Even when their “dreams have been destroyed, families can be encouraged to examine the changed landscape and look for opportunities for significant growth in new directions” (Walsh, 2012, p. 413). In well-functioning families, the members tend to solve problems collaboratively. The greatest indicator of marital success is not the absence of conflict, but the way in which families manage and deal with differences (Walsh, 2005).

Families formed by same-sex couples are often labeled as dysfunctional, and the adversities of their social life context are disregarded. No family is exempt from experiencing challenges or conflicts. However, many assumptions about what is a “normal” or “healthy” family are anchored in sociohistorical constructions guided by cultural norms and dominant values and present an idealized image of a nuclear, monogamous, heterosexual, and patriarchal family. As Walsh (2012) argues, the “new normal” of the contemporary family is its diversity and complexity. An increasing number of studies have increasingly shown that families, whether spouses or their children, can thrive in a variety of family arrangements (Lira & Morais, 2016). Thus, it is not the family configuration that determines the healthy functioning of a family, but the dynamics and their family processes.

Final Considerations

This chapter aimed to discuss the resilience processes in families made up of same-sex couples. Among the various findings, it was demonstrated that these families experience several challenges, especially related to the stress of sexual minorities (externalized homophobia, internalized homophobia, covering up the stigma). In addition to these obstacles, it was noticed that families made up of same-sex couples make use of particular strategies that are often successful in coping with the adversities or stressful events that intersect with their family histories.

A set of positive beliefs (redefinition of the family, a politicized view, attributing meaning to adversity, spirituality, and transcendence) was identified as important aspects for the construction and maintenance of families. One of the ways to combat the risks that accompany their lives is the implementation of affirmative policies and interventions that develop and share strong positive belief systems about their families. Unfortunately, stressors associated with prejudice and discrimination still prevail socially and the ability to transform stereotyped social beliefs and negative attitudes toward homosexuality is a time-consuming process that requires future generations to reinforce the struggle and establish stigmatizing paradigm shifts (Lyons et al., 2008). Thus, expanding the possibilities for family resilience strategies is a priority.

Organizational standards (flexibility, connectivity, and mobilization of social and economic resources) have also collaborated to cushion the impact that challenges have on the lives of these families. The ability to flexibly adapt to obstacles in a cohesive manner, as well as to mobilize social and economic resources (family, community, legal), is a fundamental skill to overcome obstacles. The expansion of laws with guarantees of rights also proved to be a resilience strategy through legitimizing and offering tangible resources to these families.

Finally, clear communication systems, with open emotional expression and collaborative problem-solving, were fundamental resources for families in overcoming challenges. Dialogue between spouses is one of the main strategies to resolve conflicts in marital functioning, whether in issues related to sexuality or even in the negotiations of individuality within life as a couple.

Throughout the chapter, even though the concepts of risk factors and key resilience processes have been exemplified from the narratives of Brazilian lesbian and gay people, it is noteworthy that the entire theoretical discussion was woven from a review of international literature. In this way, the resilience processes discussed here can cross different realities and contexts, in order to allow for a broader reflection.

Some limits were imposed on this chapter and deserve to be highlighted in order to guide future investigations. First, resilience processes in families formed by trans couples have not been discussed. Even though some of these couples also recognize themselves as lesbians and gays and that the resilience processes can be experienced by these couples, it has to be recognized that the trans population experiences some specific challenges related to gender identity and that these pose particular risks to their social and family lives.

Despite these limits, it is necessary to show that “all families have the potential for resilience” (Walsh, 2005, p. 24), and, in this way, families formed by lesbians and gays can be stimulated and encouraged to identify and use these resources to overcome and transform themselves in the face of crises. In addition, this chapter was able to identify useful strategies to help families deal positively with the dominant social narratives that often challenge the family unit.

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Methodological Strategies in Lesbian and Gay Parenting Research: A Systematic Review of Brazilian Scientific Literature



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Lesbian, gay, bisexual, transgender, queer, and/or nonbinary (LGBTQ+) individuals have been members of families of origin, families of choice, and families of creation throughout history. The LGBTQ+ civil rights movement has made some advances in protecting the rights for this population to marry, have children, and be recognized as healthy, productive, moral, and lawful members of families and society, but there is much work to be done (Ashton, 2011).

Lesbian women's pathways to parenthood can be performed through artificial insemination by a known or unknown donor, adoption, and shared or unilateral custody of children from previous relationships. Most gay men become fathers in the context of previous relationships, adoption, and through artificial insemination or surrogacy (Carneiro et al., 2017; Wycisk, 2015).

In Europe, Belgium, Denmark, Iceland, the Netherlands, Norway, Spain, Sweden, and the United Kingdom, the adoption by couples of lesbian and gay individuals, as well as single lesbian, gays, and bisexual individuals without the need to declare sexual orientation, is permitted. However, the legislation dealing with parenting access strategies differs in several countries (Cerqueira-Santos & Santana, 2015; Costa et al., 2013a, b).

In Latin America, countries are highly religious, still nurture a conservative family conception, and share values that are grounded in a heteronormative and patriarchal society. According to Barrientos (2016), social prejudice against sexual minority individuals may not be as openly expressed and violent as it once was across the region, yet social opposition to same-gender marriage and lesbian and gay parenting is still highly prevalent (Costa & Shenkman, 2020). However, more

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and more lesbians, gays, and bisexuals create their own family arrangements and have received visibility and support, mainly due to the legal and political recognition of civil marriage and the adoption among couples of lesbian and gay parents in Latin American context (Lira & Morais, 2017; Ryan & Berkowitz, 2009).

In 1995, Brazil announced the Registered Civil Partnership (PCR) Bill No. 1151/1995, thus integrating the group of countries that discussed the legal recognition of LGBTQ+ couple relationships. However, only in 2011, couples of lesbian and gay individuals achieved the official right to civil union, being recognized as a “family unit,” a legal category that carries access to civil and family rights at the national level. Two years later, in 2013, the Justice National Council (CNJ) approved a resolution that expressly allowed bailiffs to celebrate civil marriage, as well as convert stable same-gender unions into civil marriages (Cerqueira-Santos et al., 2017).

Thus, the possibility of adoption was also opened, with the names of both members of the registered couple of lesbian and gay parents (Refosco & Fernandes, 2017). Before that, in 2010, the Brazilian Federal Council of Medicine ensured the possibility for all people to benefit from assisted reproduction techniques without restriction, including the right of access to *in vitro* fertilization, and the discussion started with respect to surrogacy norms (Greenfeld & Seli, 2011; Refosco & Fernandes, 2017). In fact, the regulating norm published by the Federal Council for Medicine (CFM n.1.358/1992), enforced until December 2010, was ambiguous in its definition of who would have access to treatment. In this sense, some professionals understood that gays and lesbians could also be treated the same way, and they provided them with this service. However, others used the norm to stop the service to them. In 2013, another resolution (No. 2013/13) was issued, and it was more explicit about allowing lesbians, gays, and single women to use the techniques.

Before that and outside of the legal jurisdiction, many LGBTQ+ individuals have raised children through adoption, in some cases raising and legally registering a child as their own with the consent of the biological parents, and through informal adoption, which is a similar situation but without any legal kinship recognition (Costa & Shenkman, 2020; Vitule et al., 2015). In this sense, both types of adoptions have made it possible for LGBTQ+ people to become parents in the face of legal obstacles to formally adopt a child or to access assisted reproductive technologies (Costa & Shenkman, 2020). However, the parental rights of gay and lesbian parents have not always been guaranteed, since they still depend on jurisprudence (Cerqueira-Santos et al., 2017).

With regard to this aspect, there are difficulties in precision, in several countries in estimating the number of families headed by lesbian and gay parents (Power et al., 2010). When thinking about the relationships between parents and children in these family configurations, scientific production is even scarcer. In particular, there is a gap in the scientific literature with reference to studies that assess which instruments and/or methodological strategies are used for investigating stigma in families headed by lesbian and gay parents, as well as with regard to positive adaptation processes of these family systems (Lira & Morais, 2017; Meyer & Frost, 2013).

Despite the development of research with sexual minorities since a few decades ago, many psychologists in Brazilian context still do not feel professionally capable to assist the specific demands of this population or still, do not recognize these advances (Gaspodini & Falcke, 2018). Although procedures such as interviews and clinical observations are relevant in environments dedicated to family health, standardized quantitative or qualitative instruments for assessing lesbian and gay parenting may have some advantages in contexts such as psychotherapy, physical and mental health care, and social and legal assistance (Costa et al., 2013a, b).

Evidence-based instruments that seek to inform about and reduce stigma and discrimination at the family level make it possible to target interventions that seek to minimize risks or exposure to adversity and strengthen the adaptive systems of these family configurations (Lira & Morais, 2017). And further promote an increase in the quality of life and well-being of lesbian and gay parents and their children through the preparation and planning of assessments and interventions that are more sensitive to the real demands of these family configurations (Lira & Morais, 2018; Parker et al., 2018; Wright & Masten, 2015).

Considering this background, it is important to analyze the available scientific knowledge in the matter of quantitative, qualitative, or mixed methodological strategies in a Latin American country. Such knowledge can provide a better understanding of what aspects of family health has been investigated, what measures or strategies were used, and with whom has been conducted research related to families headed by lesbian and gay parents taking into account the specificities of Brazilian cultural context (Lira & Morais, 2017; Meyer & Frost, 2013). Thus, the present study aimed to characterize methodological strategies in studies regarding families headed by lesbian and gay parents through a systematic review of the Brazilian scientific literature.

Searching for Evidence in the Scientific Literature

This systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews (PRISMA; Moher et al., 2009). A systematic review seeks to “systematically research, evaluate, and evidence synthesis researches following guidelines for its conduction” (Grant & Booth, 2009, p. 95). Thus, the study will seek to answer the following question: “How are methodological strategies characterized in the scientific literature in relation to lesbian and gay parenting in Brazilian context?” With this question in mind, we performed the article selection and posterior verification processes.

The articles were included in the study according to the following criteria: (a) be an empirical article of quantitative, qualitative, or multi-method character with full-text available; (b) having as research participants gay or lesbian parents and/or their children; (c) published in the period between 2009 and October 2019; (d) in English and Portuguese; (e) dealing with aspects of gay and lesbian parenting; and (f) being a study conducted with Brazilian participants or within Brazilian context.

Afterward, abstracts were analyzed, and the exclusion criteria listed below were considered: duplicate articles; book chapters; news; technical documents; comments; other literature reviews (systematic and narrative); dissertations and theses; and studies whose objective dealt with the theme of homosexuality, but did not relate to families or parenting. It was decided not to include systematic reviews and theoretical articles or those that dealt with the attitudes of the general population or professionals referring to lesbian and gay parenting in the corpus of analysis, in line with the objective of this study, which is to characterize the scientific production about families headed by lesbian and gay parents, in terms of objectives, methods, themes, and results. A computerized search was carried out aiming to locate the empirical studies in the following scientific databases Web of Science, EBSCOhost, PubMed/Medline, and PsycInfo.

These databases were defined according to an initial search carried out on the Brazilian National Research Council (CAPES) Journals Portal. In Portuguese, the following combination of search descriptors with Boolean operators was used: (*homossexual** OR *lésbica* OR *gay* OR *homoparental* OR *lgbt**) AND (*famil** OR *parentalidade* OR *maternidade* OR *paternidade* OR “reprodução assistida” OR “direitos reprodutivos”) AND (*Brasil**) NOT (*trans**). In English, the following terms were used: (*homosexual ** OR *lesbian* OR *gay* OR *lgbt** OR *same-sex*) AND (*famil** OR *parent** OR *mother** OR *father** OR “assisted reproduction” OR “reproductive rights”) AND (*Brazil**) NOT (*trans**). The correlates in English were included because some research on the Brazilian context is directly published in international journals in these languages. In addition, it is expected that all scientific works, regardless of language, present an abstract and keywords in English. Logical operators such as “AND,” “OR,” and “NOT” were used to make the search more specific and comprehensive, in addition to the “*” symbol to include variants of the search terms. Other studies found in the reference lists of the selected studies that met the inclusion criteria were also included.

To compose the final analysis corpus, a total of 194 articles were retrieved from the 4 databases, in which 2 records were duplicated. For 192 articles, 2 reviewers (co-authors of this chapter) independently screened titles and abstracts. After that, the full-text articles were reviewed to decide whether each article was relevant to the review. The list of references used by these articles was also examined at that time. Doubts and conflicts relating to the inclusion and exclusion criteria were discussed and resolved among the authors. Ultimately, 20 full-text articles were selected according to the criteria, and relevant data were extracted. Fig. 1 shows the process of study selection based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

Systematic data extraction was performed for each study using a standardized table that included the studies per year, design, available characteristics of the participants, or sample (average age, gender, and parenting access strategy). Research instruments, qualitative categories, and data analysis models were also included in the table and analyzed. With the table completed, a second reviewer checked its accuracy.

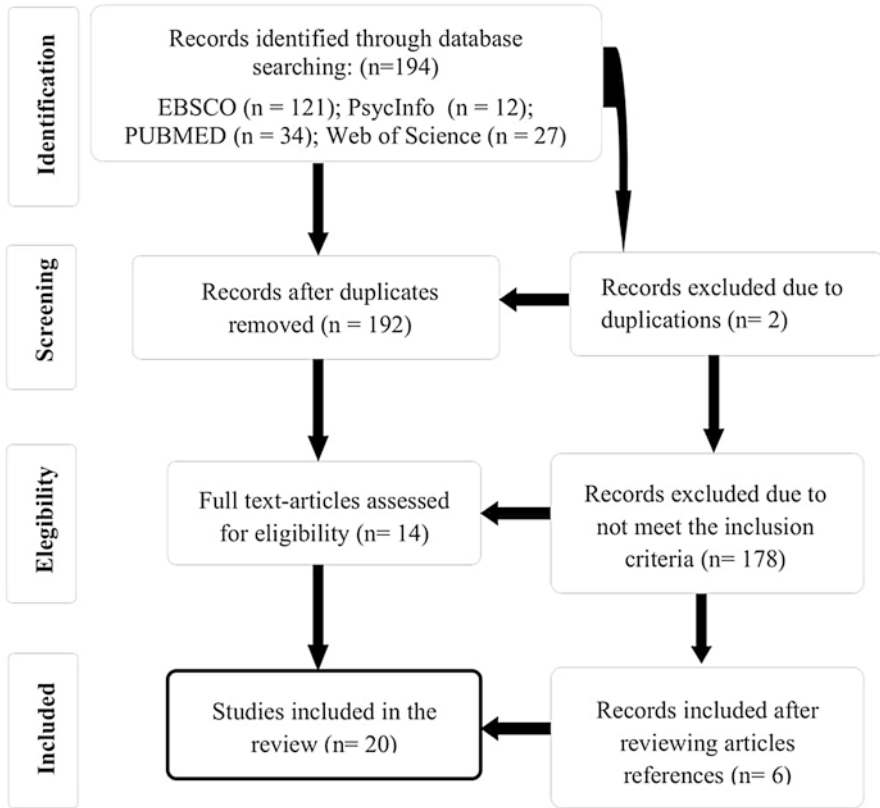


Fig. 1 Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow-chart providing an overview of the study selection process

As a reflexive statement, it is necessary to point that we, the authors, are cisgender gay males and heterosexual females, and trained in the discipline of psychology. Our ages range from late 20s to late 50s. We were alert to potential biases in assessing the quality of the articles, interpreting the results, and drawing conclusions. We took care to reflect on and discuss (among ourselves and with other scholars) any feelings aroused by what was reported in each article and to ensure that we evaluated the research with rigor. We did, however, maintain our emphasis on understanding the methodological strategies of studies concerning gay and lesbian parents and their children’s perspectives on their experiences.

Discussing the Findings

The present study aimed to characterize methodological strategies in studies referring to families headed by lesbian and gay parents through a systematic review of the Brazilian scientific literature. It is worth mentioning that this systematic review was composed only of qualitative studies, due to the absence of quantitative or multimethodological research in the articles retrieved from the databases. Details of the 20 articles are in Table 1.

Research employing qualitative methods has made significant contributions to psychology since its early development (Danziger, 1990). It is recognized, therefore, that qualitative research arises in the context of social research that investigates the subject inserted in the culture and society, as social phenomena are present in human daily life. And yet, it also brings the possibility of looking at a more specific context of that reality, whether of a community or of the individuals themselves, where there are generally few references on the subject treated in the study (Gil, 2008).

The studies included in this systematic review are dated from 2013 to 2019. The years 2015 ($n = 5$) and 2017 ($n = 5$) have the highest number of publications. With regard to this aspect, according to Denzin and Lincoln (2005), at the beginning of investigations of the LGBTQ+ lives in the twenty-first century, researchers found it difficult to find participants in this category who were willing to reveal their secrets, fearing stigmatization and social punishments from that time. Although attitudes toward families headed by lesbian and gay parents have changed since then, it was only in 2015 that the legal recognition of such family configurations was provided by the Brazilian National Justice Council (Cerqueira-Santos et al., 2017). The lack of studies from 2009 to 2013 on the subject of families headed by lesbian and gay parents may also be justified by this fact.

In relation to the study area or discipline, Psychology was more represented in publications ($n = 12$). Concerning the location of the study within the Brazilian territory, the southeast regions ($n = 12$), illustrated by the context of the cities of São Paulo (Machin & Couto, 2014; Machin, 2014; Machin et al., 2016; Tombolato et al., 2018; Tombolato et al., 2019), Rio de Janeiro (Luz, 2017; Mesquita & Pavia, 2015; Pontes et al., 2015, 2017), and Uberaba (Meletti & Scorsolini-Comin, 2015), were the most represented in the publications. Additionally, four studies were published in English (Lúcio et al., 2018; Machin & Couto, 2014; Pontes et al., 2017; Tombolato et al., 2018) and the others in Brazilian Portuguese.

Of the 20 included studies, almost all had a cross-sectional design, except for 1 case study, but few indicated a more precise description of the research design (Lira et al., 2016b; Tombolato et al., 2019). Qualitative designs are used for research goals, including, but not limited to, to give a voice to historically disenfranchised populations whose experiences may not be well-represented in the research literature (Levitt et al., 2018).

As to the sampling techniques used, most part of the studies used intentional snowball sampling ($n = 15$). Researchers reported in the mapped studies the

Table 1 Methodological characterization

Author(s) (year)	City	Discipline	Design	Sampling	Participants (gender, civil status, age, parenting access strategy)	Instruments	Categories or themes	Data analysis
Amazonas et al. (2013)	Recife	Psychology	Cross-sectional	Snowball	A couple of gay parents (married, 47 and 51 years, adoption) and gay father (single, 48 years, Brazilian adoption)	Individual semi-structured interview	Desire of becoming a father; parenting construction feeling; secrets and revelations	Content analysis
Lira et al. (2016a)	Fortaleza	Psychology	Cross-sectional	Snowball	Two couples of lesbian parents (one married and one remarried, 33–46 years, adoption or child from previous relationship)	Individual open phenomenological interview	Diverse parenting access strategies reproducing and denaturalizing binarism; family characterized as a space of affection and protection; same-sex legalization as a way to guarantee social and legal rights	Critic phenomenological analysis
Lira et al. (2016b)	Fortaleza	Psychology	Cross-sectional	Snowball	Two couples of lesbian parents (one married to 46 years, adoption or child from previous relationship)	Individual open interview	Homophobia in scene; overcoming prejudice	Content analysis

(continued)

Table 1 (continued)

Author(s) (year)	City	Discipline	Design	Sampling	Participants (gender, civil status, age, parenting access strategy)	Instruments	Categories or themes	Data analysis
Lourenço and Amazonas (2015)	Recife	Psychology	Cross-sectional	Convenience	Five children (4–14 years, public and school students, children from previous relationships or adoption)	Individual narrative interview using photo album	Attribute senses to the notion of family	Discourse analysis
Lúcio et al. (2018)	Recife	Nursing	Cross-sectional	Snowball	Eight lesbian mothers, 28–46 years old: five lived in consensual unions and three were married	Individual semi-structured interview	Emotional distance and nonacceptance of motherhood by the family members; interference in the sociocultural medium for the effectiveness of the mother-child bond	Similarity analysis (IRAMUTEQ software)
Luz (2017)	Rio de Janeiro	Psychology	Cross-sectional	Convenience	Couple of lesbian parents (cohabiting, 24 and 29 years, reproductive technologies)	Conjoint semi-structured interview	Varied possibilities of parental and family arrangements, sexualities and affections, discussed and negotiated with the family of origin as a legitimate reference	Discourse analysis

Author(s) (year)	City	Discipline	Design	Sampling	Participants (gender, civil status, age, parenting access strategy)	Instruments	Categories or themes	Data analysis
Machin and Couto (2014)	São Paulo	Medicine	Cross-sectional	Convenience and snowball	Three psychologists, five reproductive technologies (RT), specialized doctors, an embryologist, and an urologist and ten couples of lesbian parents (28–51 years, reproductive technologies)	Individual in-depth semi-structured interviews	Lesbian reproduction; conception negotiation; procreative consumption in the international semen market and the possibilities of Brazilian lesbians	Content analysis
Machin (2014)	São Paulo	Medicine	Cross-sectional	Convenience and snowball	Five couples of lesbian parents (28–51 years, in vitro fertilization)	Individual in-depth semi-structured interviews	Family and kinship; formulating a project; the ROPA technique – “one’s egg into the other’s womb”; choosing a donor’s characteristics or the fascinating world of websites	Content analysis
Machin (2016)	São Paulo	Psychology	Cross-sectional	Convenience and snowball	Nine couples of gay parents and three couples of lesbian parents (28 and 50 years, adoption)	Individual in-depth semi-structured interviews	Family and homoparenting; the elaboration of the project; breaking with “genetic vanity”; trajectories in the adoption process	Content analysis

(continued)

Table 1 (continued)

Author(s) (year)	City	Discipline	Design	Sampling	Participants (gender, civil status, age, parenting access strategy)	Instruments	Categories or themes	Data analysis
Matos et al. (2017)	Fortaleza	Psychology	Cross-sectional	Judgment	Two couples of lesbian parents, one heterosexual couple, two women of independent reproduction	Individual semi-structured interview	Decision-making on artificial insemination; the artificial insemination process; evaluation of artificial insemination	Content analysis
Meletti and Scorsolini-Comin (2015)	Uberaba	Psychology	Cross-sectional	Convenience	Two couples of gay parents (cohabiting, 20–32 years); two couples of lesbians parents (cohabiting, 21 and 49 years)	Individual semi-structured interview and life history technique	The couple and the marital relation; expectations with regard to homoparental adoption; family constitution	Thematic analysis

Author(s) (year)	City	Discipline	Design	Sampling	Participants (gender, civil status, age, parenting access strategy)	Instruments	Categories or themes	Data analysis
Mesquita and Pavia (2015)	Rio de Janeiro	Social sciences	Cross-sectional	Snowball	28 <i>Hospital Central</i> chapters (seasons 9–13), a couple of lesbian parent characters (artificial insemination), and 169 <i>Páginas da Vida</i> chapters, a couple of gay parent characters (adoption). Fifty-two members of Grupo Gay da Bahia (Brazil), 52 members of the Associação de Famílies LesbianesiGais (Spain)	Empirical observation (audiovisual data); questionnaire with a fragment of soap opera and series	Morphological attributes (physical description and characteristics); functional attributes (psychological aspects or personality traits, behaviors, and themes); narrative attributes (characters' screen presence)	Content analysis and virtual comparative analysis
Pontes et al. (2015)	Rio de Janeiro	Psychology	Cross-sectional	Snowball	Lesbian mother (divorced, 40 years, reproductive technologies – RT); four couples of lesbian parents (co-habiting, 33–45 years, RT and adoption)	Individual semi-structured interview	How to materialize the desire?: the anonymous donor semen choice; biological maternities and the question of the new reproductive technologies; pregnancy difficulties, hormone use, and its implications	Discourse analysis

(continued)

Table 1 (continued)

Author(s) (year)	City	Discipline	Design	Sampling	Participants (gender, civil status, age, parenting access strategy)	Instruments	Categories or themes	Data analysis
Pontes et al. (2017)	Rio de Janeiro	Psychology	Cross- sectional	Snowball	Lesbian mother (divorced, 40 years, reproductive technologies – RT); four couples of lesbian parents (co-habiting, 33–45 years, RT and adoption)	Conjoint and individual semi- structured interview	Mothers, “godmother,” and the children; kinship terms and affective relationships; sharing of childcare- related tasks; and the search for legitimacy	Discourse analysis
Sátiro and Barrio (2016)	Recife	Social science	Cross- sectional	Convenience and snowball	Three female and one male children (8–17 years, private school students, children from previous relationships or adoption)	Individual semi-structured interview	Family definition as a social construction based on affection without considering the parents’ sexual identity	Content analysis
Silveira and Kaercher (2013)	Porto Alegre	Education	Cross- sectional	Convenience	Eight books: <i>My Two Fathers; Olivia Has Two Daddies; And Tango Makes Three; I Have Two Mothers; Each One Has Their Own Style; Flower and Rose: A Love History Between Equals; Who Did I Fall in Love With?; Where I Come From</i>	Children’s literature; aesthetical, verbal, and representational dimensions	New families; the permanence of romantic love; homoparental families in the animal world?; other possibilities – the infant curiosity in the center of the narrative	Literary analysis

Author(s) (year)	City	Discipline	Design	Sampling	Participants (gender, civil status, age, parenting access strategy)	Instruments	Categories or themes	Data analysis
Tombolato et al. (2018)	São Paulo	Psychology	Cross-sectional	Convenience and snowball	Three couples of lesbian parents (27 to 50 years, adoption, artificial insemination, child from previous relationship); two couples of gay parents (26–49 years, adoption)	Conjoint semi-structured interview and questionnaire	Social experiences of acceptance and respect; discrimination and prejudice in their (almost) imperceptible nuances; and fighting for rights and visibility.	Thematic analysis
Tombolato et al. (2019)	São Paulo	Psychology	Case study	Convenience and snowball	A couple of lesbian parents (33 and 27 years, adoption)	Conjoint semi-structured interview and questionnaire	Family life, romantic relationship, and aging: the motivations to be mother; taking care of maternity desire: getting to know shelters and children; adoption pathways: the union among mothers and child is a winding path; becoming mothers and daughter: now we are a family!	Thematic analysis

(continued)

Table 1 (continued)

Author(s) (year)	City	Discipline	Design	Sampling	Participants (gender, civil status, age, parenting access strategy)	Instruments	Categories or themes	Data analysis
Vitule et al. (2015)	São Paulo	Medicine	Cross-sectional	Convenience and snowball	Eight couples of lesbian parents and one lesbian mother, two male couples, and one gay father (26–45 years, five through reproductive technologies, four adoptions, one Brazilian adoption, two with children from previous relationships)	Conjoint and individual semi-structured interview and field diary	The research participants: the RT (reproductive technologies) references and couples decisions	Analytical-interpretative analysis
Vitule et al. (2017)	São Paulo	Medicine	Cross-sectional	Convenience and snowball	Eight couples of lesbian parents (27–50 years, reproductive technologies)	Conjoint and individual in-depth semi-structured interview	Reproduction medicalization; kinship genetization	Hermeneutic-philosophical analysis

difficulty to access gay and lesbian parents and their children when they first contacted community health care or social and legal assistance institutions or NGOs that worked with sexual minorities. Two studies explicitly stated that the search for the participants was not an easy task (Sátiro & Barrio, 2016; Vitule et al., 2015). Also, only Matos et al. (2017) and Vitule et al. (2015) explained the saturation sampling criterion.

Along with the difficulty of finding couples of lesbian and gay individuals with plans to have children or who already had them, there was a difficulty for couples with this profile who accepted to participate in the research (Sátiro & Barrio, 2016; Vitule et al., 2015). Many researchers achieved the participants mostly through their own social network (convenience) and mainly through the indication (snowball) of members of the local LGBTQ+ community (Pontes et al., 2015, 2017; Vitule et al., 2015). The choice for the snowball sampling technique is justified by the need for identifying the research subjects since they present characteristics of difficult social recognition. The first step is the selection of key representative individuals or “seeds,” proceeding to the indication of other participants, who are contacted and added to the sample (Lúcio et al., 2018).

However, the majority made a detailed description of the characteristics of the participants. In relation to these, most studies were conducted with couples or lesbian parents individually in a stable relationship, married or cohabiting ($n = 11$), and among these, some also included divorced and remarried lesbian parents ($n = 4$), and couples of gay parents or married (Machin, 2016; Tombolato et al., 2018; Vitule et al., 2015) or single gay parent (Amazonas et al., 2013). There were some publications with only the participation of children from these family settings (Lourenço & Amazonas, 2015; Sátiro & Barrio, 2016). Interestingly, only one article that explored the experience of lesbian parenthood by reproductive technologies also interviewed health professionals who met the demands of these lesbian parents (Machin & Couto, 2014).

Moreover, when available information as regards race, schooling, and economic level, all the participants self-declared as Caucasians or White, with higher or graduate education, and were representative of middle-class urban group (Machin & Couto, 2014; Machin, 2014; Machin et al., 2016; Silveira & Kaercher, 2013; Tombolato et al., 2018; Vitule et al., 2017). With regard to the professional occupation, when this information was also available, participants had professions, such as accountant, business women, civil servant, flight attendant, lawyer, librarian, physician, production analyst, professors, prosecutor, psychologist, and public defender (Amazonas et al., 2013; Lira et al., 2016a, b; Pontes et al., 2015, 2017).

If we now turn to the instruments used for data collection, almost all the studies analyzed ($n = 17$) used an individual semi-structured interview script, with only one or more questions or guiding topics. It was also observed that few studies conducted conjoint interviews with both members of the parental couple (Luz, 2017; Tombolato et al., 2018, 2019; Vitule et al., 2015, 2017) or also collected data from health professionals that assisted such family configurations (Machin & Couto, 2014).

An advantage of one-to-one interviews, therefore, is that participants are more freely able to express their own individual views than when interviewed together.

Conducting conjoint interviews provides insights into the couple's and family's relational patterns that are harder to identify in separate interviews (Taylor & de Vocht, 2011). Interviewing couples or families provides opportunities for researchers to understand how they negotiate and construct their collective perspective/representation/narrative (Taylor & de Vocht, 2011). As stated by the study of Pontes et al. (2017): "What they said in front of their partner would possibly not be the same had each been alone with the interviewer. We know there is an interaction, but we could not identify what had an influence on their narratives" (Pontes et al., 2017, p. 279).

The interview format will have the potential to facilitate or constrain the narrative within an interview and can therefore either enhance or limit the richness of the data collected. Because of the different data that are separated and joint interviews produce, researchers need to be very clear about the study's aims and make a deliberate choice between these two possibilities, or a combination of the two, taking into account all methodological, ethical, and practical considerations (Taylor & de Vocht, 2011).

It is worth mentioning that only two studies used instruments built by the research group and previously tested on the target audience, namely, the Socio Economic Profile Questionnaire of Homoparental Families and the interview script "Getting to Know Homoparental Families" (Tombolato et al., 2018, 2019). These evidence-based instruments provide evidence referring to the needs, defenses, and losses of the family system and can strengthen the consistency and validity of the findings before institutions focused on the care and promotion of family health (Lira & Morais, 2018; Parker et al., 2018).

In the other studies, audiovisual materials (Mesquita & Pavia, 2015), literary materials (Silveira & Kaercher, 2013), photo album (Lourenço & Amazonas, 2015), field diary (Vitule et al., 2015), and narrative techniques (Meletti & Scorsolini-Comin, 2015) were used. The most important consideration in using these materials is their quality as evidence on social meanings and social relations. Unlike survey questionnaires or interview transcripts, this type of data have generally been compiled for purposes other than research, and their value must be thoroughly assessed before they can be used (Dixon-Woods, 2006). Also another study uses a photo elicitation interview with children of lesbian and gay parents (Lourenço & Amazonas, 2015). This data collection strategy in its various forms can challenge participants, trigger memory, lead to new perspectives, and assist with building trust and rapport, especially with children and adolescents (Epstein et al., 2006).

In relation to data analysis, most studies ($n = 13$) used content analysis as proposed by Bardin (2006) or Braun and Clarke (2006) according to the following steps: exhaustive reading of each interview or data obtained, establishment of thematic categories, organization and analysis of the material according to these categories, and comparison of the category contents with the existing literature on the general theme and with the theoretical references that guided the research. The other studies used discourse analysis (Lourenço & Amazonas, 2015; Luz, 2017), phenomenological analysis (Lira et al., 2016b), and literary analysis (Silveira & Kaercher, 2011) and virtual-comparative (Mesquita & Pavia, 2015). Among these

articles, only one made use of the qualitative analysis software IRAMUTEQ (Lúcio et al., 2018). Therefore, it was noticed that the categories or themes arising from the data analysis were always a posteriori or by induction, with the exception of Mesquita and Pavia (2015) that analyzed audiovisual material and resorted to the classification of Igartua et al. (1998) on the attributes of fictional characters beyond content analysis.

Final Considerations

The findings of the present study point out that most part of the Brazilian scientific research concerning families headed by lesbian and gay parents have greater focus on families headed by lesbian parents and assessed parenthood through reproductive technologies. Also, in relation to the methodological aspects the scientific production analyzed was conducted with cross-sectional designs, using snowball sampling, individual semi-structured interviews as the main data collection strategy, and content analysis as data analysis strategy. Such findings can also guide interventions that seek to minimize risks or exposure to adversities and strengthen the adaptive systems of these family configurations.

When considering international scientific literature, Brazilian production shares some similarities, such as the majority of research having cross-sectional design, with emphasis on planned lesbian parenting through assisted reproduction. Although there are a higher number of quantitative studies with non-probabilistic convenience sampling using scales, standardized questionnaires in a structured interview script as data collection strategies, and multivariate statistical data analyses within the US context (Lira & Morais, 2016).

Qualitative research has traditionally been excluded from systematic reviews, and much effort is now being invested in resolving the daunting methodological and epistemological challenges associated with trying to move toward more inclusive forms of review (Dixon-Woods et al., 2006). Qualitative synthesis research provides more insightful and illuminating ways of understanding phenomena and the ways in which they can best be managed. Also, systematic reviews of qualitative types of evidence can facilitate decision-making in areas where randomized controlled trials have not been performed or are not appropriate (Kmet et al., 2004).

Future studies should also address mixed methods, integrating both qualitative and quantitative data collection and data analysis strategies and results in a way that the combination of the two leads to greater mining of data and enhanced insights (Levitt et al., 2018). And another way to also enhance methodological integrity is using standardized qualitative and/or quantitative instruments (tests, inventories, observation protocols) that can strengthen the consistency and validity of the findings before institutions focused on family health care and promotion.

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Social Work Practice with Lesbian, Gay, Bisexual, Transgender, and Nonbinary (LGBTQ+) Parents



Gerald P. Mallon

Unlike their heterosexual counterparts, who couple, get pregnant, and give birth, most LGBTQ+ individuals and couples who wish to parent must consider many other variables in deciding whether to become parents, as a birth option alone is not the only option. LGBTQ+ individuals and couples who wish to parent will have to give more careful consideration to how they will become a parent and at the outset will be open to different ways of creating family and parenting children.

Although some LGBTQ+ people become parents through the birth of a child, LGBTQ+ people have become parents through a number of avenues:

- Adoption (Gianino, 2008; Jennings et al., 2014)
- Foster care (Brooks & Goldberg, 2001; Mallon, 2011)
- Kinship care (Bos, 2010; Hicks, 2011)
- Surrogacy (Bergman et al., 2010; Berkowitz, 2013; Berkowitz & Marsiglio, 2007)
- Donor insemination (Batza, 2016; Chan et al., 2000)
- Shared parenting from a custody agreement between LGBTQ+ people (Gahan, 2019)
- Shared parenting with LGBTQ+ people and a heterosexual mother (Pauline & Segal-Engelchin, 2014)

There are distinctions between gay men who choose to parent, lesbians who choose to parent, and trans people who may choose to parent. In some cases, these distinctions are biologically driven (via birth, insemination, and surrogacy), and in other cases, they may relate to parenting choices via foster care, adoption, kinship care, and shared parenting. Historically male gendered persons may have had more limited options biologically; however in recent years there has been an increase in

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gay men who have chosen to parent via surrogacy (Fantus, 2021). Similarly, transgender men have increasingly been choosing to parent through pregnancy as well (Basse et al., 2020).

Some LGBT+ people chose to parent as a couple, and some parent as single persons. Those who choose to parent as single parents may face stresses that are more to do with single parenting than with their sexuality or gender expression (Lavner et al., 2014). Those who parent as a couple may also face some unique challenges to their status as a couple or a family (Gates, 2015). On the positive side, LGBT+ people who choose to create families have the advantage of redefining and reinventing their own meaning for family and parenting, precisely because they exist outside of the traditionally defined “family.” As such, they have the unique opportunity to break out of preconceived gender roles and be a new kind of a parent to a child (Mallon, 2008).

Recognizing that although there are many similarities, LGBT+ parenting families also differ from the heterosexually parented family. The conventional notion of a family presumes there will be two parents, one of each gender, that they will share a loving relationship and live under one roof and that they will both be biologically related to the children they raise and recognized legally as a family (Baumle & D’Lane, 2015). This “mom-and-dad” nuclear family, which may be a baseline model in Western culture against which all other models of family are measured, is assumed by many to be the optimal family environment for child development, compared to which all other types of families are viewed as deficient in some way. This notion will be explored in detail in this paper.

Within the broad context of LGBT+ parenting, this article will also explore: Theories, research, and best practices as they relate to LGBT+ parents and conclusions will be drawn with respect to future trends and implications for practice.

Demographics

It is inaccurate to talk about the LGBT+ community as if it is uniform or easily identifiable. Although my work has been located in the United States where the perception might be that it is easier to be a LGBT+ person and choose to parent, it is important to note that in some countries it is more difficult than in others to consider parenting as an openly LGBT+ person. Research on LGBT+ parenting is emerging in the United Kingdom, Canada, Australia, and New Zealand (Cocker & Hafford-Letchfield, 2021). Lubbe explored findings on LGBT+ parent from a non-Western perspective from South Africa, Africa, South and Latin America, Eastern Europe, and Israel.

As with all communities, the LGBT+ community is diverse in terms of how individuals wish to define themselves and live their lives. LGBT+ individuals are as diverse as any other subgroup of the general population, and they are part of every

race, culture, ethnic group, religious group, socioeconomic affiliation, and family in the United States in the early twenty-first century (Mallon, 2006).

Although in recent years they have received greater visibility, LGBT+ people are frequently socialized to hide their sexual orientation and gender identity expression, and therefore, many still form part of an invisible population. An Urban Institute Report (Smith & Gates, 2001), the 2000 US Census Bureau figures for same-sex unmarried partner households provide researchers and policy makers with a wealth of information about LGBT+-headed families. Revised estimates from the 2010 Census (U.S. Census Bureau, 2011) indicate that there were 131,729 same-sex married-couple households and 514,735 same-sex unmarried partner households in the United States. The results of the 2010 Census revised estimates are closer to the results of the 2010 American Community Survey (ACS) for same-sex married and unmarried partners. The 2010 ACS estimated same-sex married couples at 152,335 and same-sex unmarried partners at 440,989 (U.S. Census Bureau, 2010).

According to analysis by Gates (2011b, 2013), demographic data from the United States indicates substantial diversity among same-sex couples with children. These families live throughout the country: of same-sex couples by region, 26% in the South, 24% in New England, and 21% in the Pacific states are raising children. Childrearing is substantially higher among racial/ethnic minorities; African Americans in particular are 2.4 times more likely than their White counterparts to be raising children. Further, among individuals in same-sex couples who did not finish high school, 43% are raising children and 20% of children raised by same-sex couples live in poverty. These data provide policy makers at every level of government with compelling arguments for why they must fulfill the policy needs of LGBT+ families, who live in nearly every corner of every county in America. The geographical diversity of LGBT+ families is striking. From big cities to small farming towns, from the Deep South to the Pacific Northwest, LGBT families are part of every American landscape. These facts will help us dispel stereotypes and present a fuller, more accurate picture of the LGBT+ family in America.

Interestingly, Gates (2011b, 2013, 2015) points out in his analysis that the proportion of same-sex couples raising children has begun to decline. In the 2000 Census, more than 17% of same-sex couples were raising children. That proportion peaked at 19% in 2006 and had declined to 16% in 2009. The decrease, as noted by Gates in the proportion of couples raising children, may be due to decreases in parenting by lesbian, gay, and bisexual (LGB) individuals who had children at a relatively young age while in a relationship with a different-sex partner. Declining social stigma toward LGBT+ people may mean that more are coming out earlier in life and are becoming less likely to have children with different-sex partners. Despite the proportional declines in parenting, analyses also show that adoptive parenting is clearly increasing. Among couples with children, the proportion of same-sex couples who have adopted children has nearly doubled from 10% to 19% between 2000 and 2009 (Gates, 2012).

Despite the decline, the number of same-sex couples raising children is still much higher in the second decade of the twenty-first century than 10 years ago because many more couples are reporting themselves in Census Bureau data. In 2000, the Census reported about 63,000 LGBT couples raising children. In 2012, the figure was greater than 110,000.

According to a Williams Institute survey conducted in April 2011, approximately 3.5% of American adults identify themselves as lesbian, gay, or bisexual, whereas 0.3% are transgender—approximately 11.7 million Americans (Gates, 2011a). However, a substantially higher percentage acknowledges having same-sex attraction without identifying as LGBT. This finding makes it difficult to accurately record the demographics of LGBT+ people in the United States.

Just as no one knows exactly how many people self-identify as LGBT+, no one knows exactly how many LGBT+ parents are raising children in the United States. One study by Gates et al. (2007a, b) reported the following findings, which shed some light on the statistics associated with LGBT people who parent or wish to parent:

- More than one in three lesbians has given birth and one in six gay men has fathered or adopted a child.
- More than half of gay men and 41% of lesbians want to have a child.
- An estimated 2 million LGBT people are interested in adoption.
- An estimated 65,500 adopted children are living with a lesbian or gay parent.
- More than 16,000 adopted children are living with LGBT parents in California, the highest number among the states.
- LGBT parents are raising 4% of all adopted children in the United States.
- Same-sex couples raising adopted children are older and more educated and have more economic resources than other adoptive parents.
- Adopted children with same-sex parents are younger and more likely to be foreign born.

Currently, 423,997 children and youth live in foster care in the United States and more than 122,216 foster children await adoption (U.S. Department of Health and Human Services, 2020). States must recruit parents who are interested and able to foster and adopt children. Although the majority of states no longer officially deem LGBT+ people unfit to rear a child, each state decides independently who can adopt, and legislators, more for political reasons than for reasons having to do with child well-being, continue to introduce bills barring adoptions, and foster parenting by LGBT+ people to state legislatures every year (Tavernise, 2011).

In 2019, a proposed rule by the Trump administration would allow foster care and adoption agencies to deny their services and thus to discriminate against LGBT+ families on faith-based grounds. The Department of Health and Human Services a proposed rule which would roll back a 2016 discrimination regulation instituted by the administration of President Barack Obama that included sexual orientation and gender identity as protected classes (Bryson Taylor, 2019). Under the Biden administration, the assumption is that these bias rulings will be overturned.

Theory, Research, and Best Practices

Historically, in the area of practice with LGBT+ parents, the social work knowledge base has relied on theoretical applications from child development, child welfare, and psychology. LGBT+ history indeed is rooted in decades of hiding and secrecy, when the mere whisper that one was not a stalwart heterosexual could destroy a career or a life. The keepers of public morals sought to keep those who strayed from this position firmly in line. But we must also take note of consequential shifts over time in cultural openness to LGBT+ people. A trio of events include the groundbreaking work of the late Dr. Evelyn Hooker in the 1950s and 1960s, which presented rigorous scientific research to provide indisputable evidence that homosexuality is not a mental illness; the advent of the Stonewall Rebellion of 1969 in New York City, generally regarded as the birth of the LGBT+ liberation movement; and the elimination of homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders* in 1973 caused society to begin slowly to change its perceptions of homosexuality. Concurrently, throughout the late 1970s, as social activism in LGBT communities was nurturing the growth of a new sense of dignity among lesbians and gay men, adult lesbians and gays became increasingly willing to identify themselves openly. The 1980s focused mainly on a community struggling with the realities of HIV and AIDS. The 1990s focused on issues of LGBT+ parenting, whereas the early twenty-first century spotlighted lesbian and gay marriage rights. In light of this ostensible openness, many social work and psychology practitioners have become increasingly aware of the existence of LGBT+ parents.

Since the mid-1970s, the theoretical underpinnings of practice with LGBT+ people have shifted from the professional view that an LGBT+ identity was equal to a diagnosis of mental illness to the more LGBT+-affirming approaches of contemporary twenty-first-century social work practice. Although there has been ongoing progressive change, the social work and psychology profession undeniably continues to grapple with the reality of LGBT+ parenting.

Theory and Research

Research on LGBT+ parenting has exploded in the past decade in the United States (Gartrell & Bos, 2010; Goldberg, 2010, 2016; Goldberg & Allen, 2013; Goldberg et al., 2012, 2014, 2019; Patterson & Farr, 2015). Goldberg et al. (2014) note that

The past several decades have seen a proliferation of studies on lesbian, gay, and bisexual (LGB) parenting, with increased attention to (a) family building by LGB people; (b) the transition to parenthood for LGB parents; and (c) functioning and experiences of LGB parents and their children. The findings are consistent in suggesting that despite confronting heterosexism in a variety of social contexts -- including the health care system, the legal system, and the school system --LGB parents and their children are functioning quite well. (p. 1)

The earliest documentation on lesbian mothers (Kirkpatrick et al., 1981; Lewin, 1993) and gay fathers (Bozett, 1980, 1981) was mostly explored in the context of children born in heterosexual marriages which ended in divorce. Such early studies have been replaced by those focusing on children in planned LGBT+-headed families without the confounding variable of divorce and the coming-out process of the parents.

There are, as with all research, some limitations to the research in the area of LGBT+ parenting. Since not all LGBT+ people are “out,” random representative sampling of LGBT+ parents is a challenge to methodology. This is particularly so as there is no reliable data on the number and whereabouts of LGBT+ parents in the general population in the United States, or elsewhere. In the existing research, there remain biases toward white, urban, well-educated, and mature lesbian mothers and gay fathers (Armesto & Shapiro, 2011).

The experiences of bisexual and trans parents remain underrepresented in the literature. The Pew Research Center (2013) found that over 80 percent of bisexual people in committed relationships are in relationships with people of a different gender. Bisexual parents in different-sex relationships may be able to more easily create legal ties to their children, but may struggle to find family or community who support bisexual people being parents and thus feel isolated in their parenting. Bisexual parents may feel they have to hide their sexual orientation, leading to poorer health outcomes (see also Downing et al., 2012; Ross & Dobinson, 2013).

Documentation on the experiences of trans parents although limited are emerging (Basse et al., 2020; Downing, 2013). Stotzer et al. (2014) and Hafford-Letchfield et al. (2019) provide excellent reviews of the literature on transgender parenting. Findings included the following:

- That substantial numbers of transgender respondents are parents, though at rates that appear lower than the US general population.
- That there may be substantial differences in the rates of parenting among trans men, trans women, and gender nonconforming individuals. In all the studies included in this review that provided data about different transgender subgroups, higher percentages of transgender women than transgender men reported having children.
- Studies on the outcomes for children with transgender parents have found no evidence that having a transgender parent affects a child’s gender identity or sexual orientation development nor has an impact on other developmental milestones.
- Transgender parents have reported discrimination—either formally through the courts or informally by the child(ren)’s other parent—in child custody and visitation arrangements. Transgender people who wish to adopt may experience discrimination in adoption.

One of the challenges in LGBT+ parenting research is that it is not easy to define groups that would be appropriate comparison to LGBT+ parents—and comparing them to a heterosexual parenting population does not lend greater legitimacy either,

as there are intrinsic differences. In her excellent review of the literature in this area, Scott et al (2002, p. 12) indicates:

There are also limitations in how far the findings of such research on biologically related parents and children can be simply “borrowed” to answer questions concerning the impact on children of being adopted or fostered by lesbians and gay men.

How are LGBT+-headed families different from heterosexual families? One of the most consistent findings over the past 10 years according to Patterson and Farr (2015) is that same-gendered couples with and without children tend to establish a more even distribution of household tasks in comparison with heterosexual couples. Without socially prescribed guidance on gendered roles, LGBT+ parents tend to value equality in partnership and structure and equitable division of labor in housework, in childrearing, and in work outside the home. Even though this repeated finding seems to be well known in the mental health community, it has not been discussed in the mainstream dialogue about the pros and cons of lesbian and gay marriage or parenting. The challenge for social services professionals especially those interested in competent practice with LGBT+ parents is to understand what this finding might mean for the children and their parents.

Biblarz and Stacey (2010) identify parental gender to be predictive of parenting skill. All mothers (heterosexual, trans-women, lesbian, birth, and adoptive) are more likely than fathers to be more invested and skilled at caring for children. Therefore, when two women co-parent, gender and sexual orientation interact, with two mothers both committed to and working together toward creating an equitable and mutually caring environment that provides a loving and supportive foundation for their child’s developing self-esteem.

The research on biological gay fathers and their children has burgeoned in the past decade (Armesto & Shapiro, 2011; Bergman et al., 2010; Berkowitz, & Marsiglio, 2007, Bos, 2010; Gianino, 2008; Goldberg, 2012; Gottlieb, 2014; Richardson et al., 2012). Mallon’s study (2004) of the parenting process in a group of 20 self-identified gay fathers was among the first to examine the experience. Results in these studies indicate that gay fathers are as effective as heterosexual fathers in caring for their children. They have also been found to be more emotionally expressive and nurturing with their children, less likely to prioritize their “breadwinner” functions over their parenting roles and less interested in conventional gender-role behaviors than heterosexual fathers (Mallon, 2004).

Fears About LGBT+ Parents

Although there has been a growing body of literature about LGBT+ parenting since the mid-1980s, the idea of an LGBT+ person as a primary nurturing figure rearing children is still remarkable to many. Many social work professionals still hold firm to a belief system grounded in the ubiquitous, negative myths and stereotypes

regarding LGBT+ persons. Those who oppose the idea of LGBT+ persons as parents base their thinking on a number of fears, including the following:

- The child will be bullied or ostracized because of having LGBT+ parents.
- The child may become LGBT+ because of having an LGBT+ parental role model.
- Living with or having contact with an LGBT+ parent may harm the child's moral well-being (these beliefs may have their foundation in religious texts that condemn relationships that are other than heterosexual).
- The child will be abused (based on the myth that all LGBT+ persons are sexual predators).

None of these rationales is borne out or supported by evidence (Patterson, 1996; Stacey & Biblarz, 2001). Numerous studies (Golombok & Tasker, 1996; Mallon, 2004; Wainright et al., 2004) indicate that the qualities that make good fathers or good mothers are universal and are not related to sexual orientation or gender identity expression. The need for fathers to be involved in the lives of their children has been clearly established. The ability to love and care for a child is not determined by one's sexual orientation or one's gender identity expression. Furthermore, the desire to parent is not exclusive to heterosexuals, but is shared by many LGBT+ persons.

According to the meta-analysis of the relevant research (spanning two decades) conducted by Stacey and Biblarz (2001), none of the significant differences in parenting as reported in the research applies to children's self-esteem, psychological well-being, or social adjustment, nor were there differences in parents' self-esteem, mental health, or commitment to their children. In other words, although differences exist, they were not identified as deficits.

Mallon (2004) explored the advantages of gay men as parents noting that

gay men who choose to create families have the advantage of redefining and reinventing their own meaning for family and parenting, precisely because they exist outside of the traditionally defined family. They have the unique opportunity to break out of preconceived gender roles and be a new kind of father to a child.

A few other studies reported some differences that could represent advantages to lesbian parenting. For example, Patterson (1996, 2006, 2013) and Vanfraussen et al. (2002, 2003) found that lesbian co-mothers share family responsibilities more equally than heterosexual married parents, and some research hints that children benefit from egalitarian co-parenting. A few studies found that lesbians worry less than heterosexual parents about the gender conformity of their children. Perhaps this finding helps to account for the few studies reporting that sons of lesbians play less aggressively and that children of lesbians communicate their feelings more freely, aspire to a wider range of occupations, and score higher on self-esteem. Most professionals view these differences as positive elements, but some critics of these studies have misrepresented the differences as evidence that the children suffer from gender confusion.

Finally, some studies reported that lesbian mothers feel more comfortable discussing sexuality with their children and accepting their children's sexuality—whatever it may be. More to the point are data reported in a 25-year British study

(Golombok & Tasker, 1996). Few of the young adults in this study identified themselves as gay or lesbian, but a larger minority of those with lesbian mothers did report that they were more open to exploring their sexuality and had at one time or another considered or actually had a same-sex relationship.

Although most research to date on LGBT+ parenting is based on individuals who are biological parents, researchers looking at LGBT+ parenting have reached the same, unequivocal conclusions. That is, the children of LGBT+ parents grow up as successfully as the children of heterosexuals. Since 1980, more than 20 studies conducted and published in the United States, Australia, the Netherlands, and the United Kingdom have addressed the way in which parental sexual orientation impacts the children of LGBT parents (Golombok et al., 1983, 2003; Vanfraussen et al., 2002, 2003; Wainright & Patterson, 2006; Wainright et al., 2004). Not one study has found that the children of LGBT+ parents face greater social stigma. There is no evidence to support the belief that the children of LGBT+ parents are more likely to be abused or to suggest that the children of these parents are more likely to be gay, lesbian, bisexual, or transgender themselves. Children will, in fact, be who they are. It is important to bear in mind that the majority of LGBT+ persons have been raised by heterosexual parents (Mallon, 2004).

Best Practices

Social workers have a key role to play in the lives of LGBT+ parents. From direct practice with family systems to policy and legislative advocacy, the array of opportunities for social workers in practice with lesbian and gay parents continues to broaden. Because LGBT+ parents are increasingly more out and open in many geographic locations of the country, LGBT+ parents can no longer be viewed as an invisible population. Although heterosexual privilege continues to dominate mainstream consciousness, assuming that all children live within the context of heterosexually headed families, most psychologists and social workers will encounter LGBT+-headed families at some point in their practice.

Best practices suggest that these professionals must accept the premise that it is quality of care (not the gender expression and/or sexual orientation of the family constellation) that determines what is optimal for children's healthy development. The ability of LGBT+ parents to provide for the social and emotional health of their children is equal to that of heterosexual parents. Professionals must also examine their own notions of family and further learn to identify what constitutes family based on the loving bonds of responsibility that have been both intended and fulfilled, not solely on biological, legal, or conventional definitions.

Best practices for professionals who work with LGBT+ parents involve an LGBT+-affirming approach. These strategies may include working with LGBT+ people to assess their desire to become parents, working to support LGBT+ people who are in various stages of pursuing parenting, helping those who have already become parents to deal with the everyday realities and stresses of parenting, and

assisting individuals, couples and families in more traditional couple or family therapy situations (see Mallon, 2009, for guidance on this topical area).

Policy practice is the responsibility of all professionals. Within the specialization of practice with LGBT+ parents, professionals partner with or represent the interests of persons and families who request assistance in advocating for policy or legislative changes. Such activities may include advocating on the local, state, or federal levels for changes in fiscal allocations and services, speaking with legislators or bureaucrats, gathering data for policy analyses and performing such analyses, or helping a person navigate the complex delivery system. The most effective policy practice activities involve consumer advocates who are most knowledgeable regarding gaps in services, unmet needs, or solutions from their experience. Within the area of practice with LGBT+ persons, the LGBT+ person or family is usually the “expert” when it comes to best practices. It is the responsibility of professionals to identify needs, assist in procuring services, navigate the maze of services, and promote policies and services to better serve this population.

Practice Implications

Discussion and debate about parenting by LGBT+ persons occurs frequently among child welfare policy makers, social service agencies, and social workers. All need better information about LGBT parents and their children as they make individual and policy-level decisions about the lives of children with LGBT parents.

Recent government surveys demonstrate that many LGBT+ people are already raising children, and many more LGBT+ people would like to have children at some point. A report from the Urban Institute (Gates et al., 2007a, b) estimates that 2 million LGBT+ people have considered adoption as a route to parenthood. Because prior research indicates that fewer than one fifth of adoption agencies attempt to recruit adoptive parents from the LGBT+ community, findings of the Urban Institute Report (Gates et al.) and others (Evan B. Donaldson Adoption Institute, 2003; Mallon, 2015) suggest that LGBT people comprise an underutilized pool of potential foster and adoptive parents.

Future trends in practice with LGBT+ parents will be most affected not only by the increasing numbers of LGBT+ individuals and couples who chose parenting but also by the heightened self-awareness and development of LGBT+-affirming practice approaches of social workers and psychologists who work with these parents. In addition, legislative and legal initiatives in some states seek to limit parenting opportunities for LGBT+ people. Professionals must balance their own personal attitudes toward LGBT+ people as parents with the reality that research suggests LGBT+ people do make good parents.

Future Trends

The considerable controversy surrounding the issue of parenting by LGBT+ people seems certain to escalate in the years to come. This controversy is a critical component of the debate over whether LGBT+ people should be permitted to marry, and it continues to divide policy makers in the United States—as well as in Canada and other countries—as they formulate laws and practices relating to workplace benefits, foster care, adoption, and an array of other important social and personal questions surrounding parenting.

Even as these discussions proliferate on the legislative and rhetorical levels, however, reality on the ground is outstripping the pace of the debate. That is, a growing number of LGBT+ people are becoming parents and are living as families every day, irrespective of what policy makers or practitioners do or say. LGBT+ people are becoming mothers and fathers in many ways, but primarily through alternative insemination, surrogacy, and adoption. The latter alternative, which is becoming increasingly popular, provides critical insights into the cultural changes taking place in two major ways: demonstrating that parenting of children by LGBT+ people is an ongoing, unabated practice and showing that Americans' attitudes are evolving.

Solid research to help inform and shape the dialog is increasing. Some studies, for example, have reported that LGBT+ couples' parenting capacity and their children's outcomes are comparable to those of heterosexuals. Further research will likely assist in dispelling myths about LGBT+ people as parents. Numerous professional societies have provided positive statements from their membership supporting LGBT+ parents, including the Child Welfare League of America, the National Association of Social Workers, the American Psychological Association, the American Psychiatric Association, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry; the American Medical Association, the American Bar Association, and the North American Council on Adoptable Children.

For society, the bottom line is clear: LGBT+ people are becoming parents in growing numbers. Many avenues exist for LGBT+ people wishing to become parents. Although stereotypes and misconceptions still perpetuate policy, legislation, and practice, from a child-centered perspective the willingness of social-services agencies to accept LGBT+ adults as parents means that more children will have loving and permanent families.

Final Considerations

There may continue to be a steep learning curve for some professional psychologists and social workers engaged in practice with LGBT+ parents. Moving toward the development of an affirming practice with LGBT+ parents will require intensive

continuing education. As practitioners working with LGBT+ parents, it is essential for professionals to read the research and to analyze, interpret, and discuss the findings and practice implications for effective practice with this population (Mallon, 2008, 2015). It is incumbent upon the professional community to be clear about the facts and able to rebut the misinformation presented by those who may not see LGBT+ persons as “appropriate” resources for children in need of homes as well as nurture the narratives of truth that we have witnessed through our practice (see National Resource Center for Permanency and Family Connections, 2012a, b, c, d). Research findings and their interpretation have enormous impact in many influential arenas, including court cases for custody and visiting rights, judges, child advocates, professionals in the health and mental health communities, and those charged with developing and enacting legislation that guides our laws. In the midst of a politically charged environment in which negative stereotypes and ideological assertions can easily gain status as “truth,” it is essential for social work practitioners to become familiar with what is known and not known from the research studies and practice implications so that LGBT+ parents work with and are supported by informed and competent social work and psychology practitioners.

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Building a Rainbow Family: Parenthood Aspirations of Lesbian, Gay, Bisexual, and Transgender/Gender Diverse Individuals



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Parenthood Aspirations of Lesbian, Gay, and Bisexual Individuals

This chapter is a narrative review of the scientific literature in different countries about prospective parenthood among lesbian, gay, bisexual, and transgender/gender diverse individuals (LGBT). This type of review presents non-systematized data describing the state of the art of a given subject and presenting an in-depth theoretical and contextual analysis (Rother, 2007). Thus, we aimed to provide an overview of research focusing on the parenthood aspirations of LGBT persons up to 2021, considering articles published in indexed journals, with a main focus on empirical ones. Bearing in mind the specific challenges regarding family formation that sexual minority and gender minority individuals face, prospective parenthood processes and their determinants were separately described for lesbian, gay, and bisexual individuals (LGB) and for transgender and gender diverse individuals (TGD) persons.

Parenthood aspirations of sexual minority individuals have been operationalized in various ways, such as desires (e.g., Baiocco & Laghi, 2013; Costa & Bidell, 2017; Machin, 2016; Riskind & Patterson, 2010; Shenkman, 2012, 2020), intentions (e.g., Baiocco & Laghi, 2013; Gato et al., 2020; Riskind & Patterson, 2010; Shenkman, 2020), expectations (e.g., D'Augelli et al., 2008; Meletti &

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Scorsolini-Comin, 2015; Shenkman, 2012, 2020), perceptions and motivations (e.g., Baiocco & Laghi, 2013; Gato et al., 2020; Leal et al., 2019), or even a “passion-for-parenthood continuum” (Stacey, 2006, p. 33). Diverse psychological frameworks have been used to shed light on the parenthood aspirations of these individuals, namely, the theory of planned behavior (Kranz et al., 2018), attachment theory (Shenkman et al., 2019), parenting perceptions (Gato et al., 2020), or minority stress theory (Salinas-Quiroz et al., 2020; Scandurra et al., 2019).

In general, quantitative studies have revealed that lesbian women and/or gay men express less desire for parenthood (e.g., Baiocco & Laghi, 2013; Costa & Bidell, 2017; Kranz et al., 2018; Leal et al., 2019; Riskind & Patterson, 2010) and intend less to become parents than their heterosexual peers (e.g., Gato et al., 2020; Riskind & Patterson, 2010). Findings regarding bisexual individuals’ parenthood aspirations are somewhat less clear. In one US study, the parenthood intentions of bisexual individuals were closer to those of heterosexual individuals than to the ones of lesbian women and gay men (Riskind & Tornello, 2017). In the same vein, other studies suggested that bisexual women who are partnered with women have similar parenthood desires and intentions to those of lesbian women (Delvoye & Tasker, 2016; Riskind & Tornello, 2017; Ross et al., 2012). However, within a Portuguese sample of young adults, bisexual individuals were not different from lesbian women or gay men nor from heterosexual individuals regarding their parenthood intentions (Gato et al., 2020).

Several rationales for the parenting experience and motivations for parenthood have been offered. The appreciation of children as an enriching factor in one’s life is one of the most important parental motivations reported by LGB individuals (Bos et al., 2003; Kranz et al., 2018; Leal et al., 2019; Gato et al., 2020; Goldberg et al., 2012; Siegenthaler & Bigner, 2000). Others have been attributed to the fact that a child guarantees the continuity of the family and can provide support later in life (Goldberg et al., 2012; Langdridge et al., 2005; Gato et al., 2020) or to a partner’s desire to parent (Amazonas et al., 2013; Goldberg et al., 2012; Herrmann-Green & Gehring, 2007; Machin, 2016; Mallon, 2004; Mezey 2008a; Stacey, 2006). Generally, the reasons identified by LGB individuals do not appear to be different from the motivations identified by heterosexual individuals (Cassidy & Sintrovani, 2008). However, differences have become apparent in the adoption context: different-sex couples may still seek for adoption motivated by the difficulties of biologically conceiving (Bussinger et al., 2018; Rosa et al., 2016), whereas same-sex couples tend to be more flexible with age and child biological characteristics and show less concern with biological ties in this scenario (Farr & Vázquez; 2020; Machin, 2016; Silva et al., 2017).

Some specificities of lesbian women and gay men’s parenthood motivations also have been reported. The gay men interviewed by Goldberg et al. (2012) gave particular importance to educating children with respect to tolerance and diversity. In turn, Siegenthaler and Bigner (2000) found that, compared to their heterosexual peers, lesbian women were less focused on either generativity or the transmission of family tradition.

Qualitative studies allow for a more complex picture of parenthood aspirations of LGB individuals. Stacey (2006) described parental desire as a passion-for-parenthood continuum in her study of 50 racially diverse gay men in Los Angeles. On one extreme of the continuum were those who indicated they were *predestined* to be a parent, for whom parenthood was extremely appealing. At the other extreme were *parental refuseniks*, for whom parenthood presented no appeal whatsoever. Approximately half of the participants occupied the middle, and more ambivalent, ground: they could be swayed toward, or away from, fatherhood, depending on a variety of factors, most notably, having a persistent partner. Similar results were obtained by Mallon (2004) and Gianino (2008) again with samples of gay men. Mallon (2004) interviewed gay males who had become fathers as gay men in the 1980s noting that these men felt such a compelling urge to become dads that they were willing to pursue their dream despite the lack of precedent, support, or opportunity. Gianino (2008) examined how gay male couples transitioned from being childless to becoming adoptive parents again pointing to the overwhelming desire these men had for parenthood.

Pathways to Parenthood in LGB People

Several paths provide access to parenting for sexual minority individuals. Parenthood can be attained via affiliation through biological or emotional ties, depending on the individual's choice related to variables such as age, financial resources, and the possibilities available in the sociocultural context. As a result of technological developments, lesbian motherhood through medically assisted reproduction (MAR) techniques has become increasingly frequent. Prospects vary from implanting fertilized eggs from both mothers into one of them, using only the genetic material of the mother who will give birth to the child or through the mother experiencing pregnancy by receiving oocytes from the partner. Women also can choose between using sperm from a known donor or acquiring it from a sperm bank (Pontes et al., 2017; Vitule et al., 2015). Other forms of fertilization exist, such as self-insemination in home or sexual intercourse (Pichardo et al., 2015), in which a third party may or may not participate in parenting practices depending upon the agreements previously established between the parties. In contrast, when gay men are legally and financially able to choose assisted reproduction, they might choose surrogacy (Vitule et al., 2015). This scenario allows either the surrogate to use her own egg fertilized with genetic materials of one or both fathers or the implantation of a fertilized donor egg previously purchased by the commissioning parent(s) to be. These methods, however, are not accessible to all families as the expenses may only be contemplated by high-income couples (Pichardo et al., 2015; Vitule et al., 2015).

Furthermore, there is also the possibility of a co-parenting arrangement between lesbian and gay couples, constituting a family with more than two parental figures (Pichardo et al., 2015), often brokered online and with the aid of legal agreements. For those who wish to be parents regardless of biological ties, there is also the

option of adoption (Machin, 2016; Rosa et al., 2016) in countries that allow it (ILGA, 2020).

Concerning the chosen method to achieve parenthood, Vitule et al. (2015) verified that lesbian couples preferred donor sperm in MAR techniques, while gay couples were more inclined toward legal adoption. Vitule et al.'s first group indicated the preference for buying semen from sperm banks as a priority in the affiliation project; the latter opted for adoption, although some actually preferred biological affiliation, but feared that a surrogate might develop a strong bond with the child that might jeopardize gay fatherhood. In an investigation that took place during the *II Encuentro Europeo de Familias LGBT*, in Spain, which brought together families from 14 countries in Europe, as well as American and Canadian families, Pichardo et al. (2015) reported that 39.28% of the gay men interviewed reported that they were or wished to become parents through adoption. In other cases, Pichardo et al.'s participants (2015) explained that their use of a surrogate was motivated either by concerns about the long adoption process or by anticipated obstacles to gay men adopting children. Therefore, choices about route to parenthood are influenced by a wide variety of factors not least the cultural, legal, and financial context as well as biological constraints and preference either as an individual or a couple for biological or adoptive parenthood.

Factors Associated with Parenthood Aspirations Among LGB Individuals

The systematization of Gato et al. (2017) in correlation with parenthood aspirations among sexual minority individuals comprise sociodemographic (e.g., gender), psychosocial (e.g., minority stress), and structural (e.g., prejudice) aspects.

Sociodemographic Factors

Sociodemographic determinants comprise factors such as gender, age, professional and educational status, relational status, religion, and race/ethnicity/culture.

Gender In general, lesbian women tend to report greater parenthood desire and intention to become a parent than do their male peers (Baiocco & Laghi, 2013; Gato et al., 2020; Riskind & Patterson, 2010). Riskind and Patterson (2010) also found that gay men intended less to have children than their heterosexual male peers but the same was not true for women. In Israel, Shenkman (2012) reported a gap between desire and actual expectation of parenthood among gay men. Kranz et al. (2018) also found the desire-intention gap was somewhat larger among gay men, compared to their heterosexual peers. Gato et al. (2020) identified four distinctive profiles of prospective parenthood among Portuguese LGB and heterosexual young adults without children: aspiring parents not anticipating stigma, aspiring parents

anticipating stigma, child-free intent, and child-free ambivalent. Lesbian and bisexual women mostly populated the child-free ambivalent cluster, and in contrast the aspiring parents anticipating stigma cluster contained an overrepresentation of men, particularly sexual minority men.

Several factors might contribute to gender differences in parenthood aspirations. First, being able to carry a child would ostensibly give ciswomen more options for achieving parenthood compared with cismen. As women, lesbians are also influenced by normative gender roles, and as an expression of these traditional feminine gender roles, lesbian women are more committed to family life, more “maternal,” and more pressurized to parent than are men.

Second, parenthood without the presence of a different sex person is still seen as contesting heteropatriarchal definitions of masculinity (Benson et al., 2005; Hicks, 2013) and also femininity (Epstein, 2002). Furthermore, gay male parents are perceived as not only challenging the stereotype of men in the dominant culture but also challenging the norms of gay culture, which has been traditionally free of parenthood concerns (Mallon, 2004; Salvati et al., 2019; Schacher et al., 2005; Stacey, 2006). Additionally, the inaccurate association between male homosexuality and child abuse has presented the additional challenge of suspicion of intent directed at gay men’s parenthood aspirations (Gross, 2012). Patterson and Riskind (2010) also have suggested that a lack of familiarity with alternate pathways to parenthood could be involved in the case of gay men.

Age Older sexual minority individuals appear to have been exposed to and absorbed discourses that equate homosexuality with childlessness (Mallon, 2004), while younger LGB individuals are more likely to desire and intend to have children than their older peers (Costa & Bidell, 2017; D’Augelli et al., 2008; Gato et al., 2019; Rabun & Oswald, 2009; Riskind & Patterson, 2010; Riskind et al., 2013).

Professional and Educational Status Having a job and a higher educational level (which are often associated with a higher income) are instrumental conditions to attaining parenthood outside of sexual reproduction. Therefore, these financial aspects may be particularly relevant to sexual minority individuals’ parenthood decisions, given the costs associated with adoption and/or MAR (Downing et al., 2009; Goldberg et al., 2012; Machin, 2016; Mezey, 2008a; Pontes et al., 2017; Riskind et al., 2013; Simon et al., 2018; Tate et al., 2019; Vitule et al., 2015). For instance, Berkowitz and Marsiglio (2007) found that men with better-paid jobs were facilitated in negotiating with medical and legal institutions in ways that enabled them to become fathers. Conversely, working-class lesbians interviewed by Mezey (2008a), particularly ethnic minority lesbian women, expressed concern about how much their precarious work conditions hindered their parenting projects. Rabun and Oswald (2009) found that all the gay men without children they interviewed (mostly white and middle-class and aged between 18 and 25 years) intended to become fathers but only after they or their partners had achieved financial security, i.e., pursuing career pathways that ultimately enabled both financial security and flexibility to support undertaking parental responsibilities. Similarly, in interviews with four

lesbian and gay Brazilian couples in a committed relationship, Meletti and Scorsolini-Comin (2015) highlighted participants' parenthood intentions and also their emphasis on the need for emotional and financial preparation prior to children's arrival. In the same fashion, Simon et al. (2018) found that, compared to both their heterosexual and bisexual women, lesbian women were more likely to want a permanent professional position before having children. In fact, Tate et al. (2019) verified that education was positively associated with childless individuals' parenthood intent, irrespective of sexual orientation.

Relational Status Single parents usually have lower-income levels than couples and, as we have seen, this may hinder their parenthood intentions. For those in a couple relationship, having greater expectations of relationship permanence was associated with greater likelihood of parenthood intentions in a US sample (Tate et al., 2019). However, Gato et al. (2019) found that within a Portuguese sample relational status was not associated with either lesbian women's parenthood intent or their desire to become a parent. One of the possible explanations for the latter finding is that sexual minority people may be less influenced by the heteronormative narrative of having a child inside the marriage and conversely more willing to consider single parenthood or create a family of choice (Riggle et al., 2008).

Religion Individuals that are more religious are also more likely to report greater intent to become a parent compared with nonreligious individuals (Hayford & Morgan, 2008). Consistently, Tate et al. (2019) verified within a US sample that greater religiosity was associated with a greater likelihood of parenthood intentions, irrespective of participants' sexual orientation. However, in Portugal the importance attributed to religious values was not associated with parenthood intentions either among heterosexual or LGB young adults (Gato et al., 2020), a result that was explained by the high level of secularization of the Portuguese society, especially within the young adult generation.

Race, Ethnicity, and Culture Membership to less privileged racial/ethnic groups is an important factor in differentiating sexual minority individuals' experiences (for a review of studies, see Wilson and Harper, 2013). For instance, studies have revealed that white infants were overrepresented in fertility service providers' website photo galleries (Hawkins, 2013), which also contained other implicit racial gatekeeping messages (Johnson, 2012). In turn, Williams et al. (2004) verified how Latino gay men's cultural beliefs about the importance of children, particularly sons who would continue the family name, influenced sexual behavior, by promoting sexual activity with women for the purposes of procreation. Race/ethnicity may also intersect with social class, shaping both lesbian women's and gay men's decisions about parenthood. Studying black lesbian stepfamilies in the United States, Moore (2008) did not find evidence of the egalitarian ideology typical of white, middle-class lesbian parent families. Black lesbian biological mothers in these families did more housework and child care than their partners. In turn, biological mothers were understood to have greater responsibility and power in decision making on issues

involving the children. Mezey (2008b) also verified that lesbian women could be privileged both by race and class, i.e., white middle-class lesbians were more likely to become parents because they had greater access than were those less privileged to personal pride in their sexual identity and surrounded by supportive family members and partners, lesbian mother networks, flexible jobs, financial stability, and access to private medical care and adoption agencies. This was also found in the studies of Vitule et al. (2015), Machin (2016), and Pontes et al. (2017), in the Brazilian context. Other study has shown that for some working class and ethnic minority lesbian women and gay men, revealing a desire to parent appears to be more socially difficult (Mezey, 2008b).

Recent cross-cultural studies have highlighted the role of societal aspects in prospective parenthood processes. In this regard, Leal et al. (2019) found that, irrespective of sexual orientation, individuals without children in Portugal anticipated more social support in parenthood and less stigma if they decided to have children in comparison with counterparts in the UK. This seemed to apply to heterosexual and to LGB persons equally, with the more familistic culture of Portugal acting as a centripetal force pulling family members together across the generations (Hofstede, 2011; McGoldrick et al., 2015). Likewise, higher levels of parenthood desire, intent, and concern about childlessness were reported both in Israel and Portugal compared to the UK. Again, cultural differences such as the individualistic cultural values characterizing the UK compared with the familistic values characterizing both Israeli and Portuguese contexts might account for this, together with the strongly pronatalist stance evident in Israel and with the restricted career prospects due to economic downturn in Portugal differentiating Israeli and Portuguese groups (Shenkman et al., 2021).

Psychosocial Factors

Some of the psychosocial determinants affecting parenthood aspirations of LGB individuals that have been studied include, on the one hand, vulnerability factors related to a stigmatized sexual minority status and, on the other hand, protective factors (such as perceived social support and partner support).

Minority Stress Aspects explored in this section comprise proximal stressors (Meyer, 2015), such as the internalization of anti-homosexual prejudice, the degree of openness about one's sexual orientation, and the anticipation of stigma upon parenthood. Sexual minority individuals' parenthood aspirations may be hampered by belief that homosexuality or bisexuality is wrong or immoral, that they would be less competent as a parent than a heterosexual woman or a man, that every child should have a mother and a father, and that children could be harmed if they are raised by same-sex couples (Amazonas et al., 2013; Berkowitz & Marsiglio, 2007; Goldberg, 2010; Mezey, 2013; Murphy, 2013; Riskind et al., 2013; Robinson & Brewster, 2014). Not revealing one's homosexual orientation may also hinder sexual minorities' decision to parent as parenthood might out them in various ways

(Amazonas et al., 2013; Brown et al., 2009; Mezey, 2008a, b). Also, nonacceptance of a sexual minority orientation by family of origin members may exert a negative influence on parenting desire by gay male couples (Rodriguez et al., 2015). In Italy, Scandurra et al. (2019) verified that minority stressors associated with parenting aspirations of lesbian and gay adults included prejudice events, outness, and internalized homophobia for lesbian women, but only felt stigma for gay men. Anticipating unfavorable reactions from others as a parent (anticipation of stigma upon parenthood) also has been shown to affect parenthood aspirations of sexual minority individuals. Gato et al. (2020) verified that in comparison to their heterosexual peers, LGB individuals who anticipated more stigma upon parenthood were less likely to intend to have children. These results were replicated in Israel, where anticipation of stigma upon parenthood fully mediated the association between sexual minority membership and lower parenthood desire and intent and partially mediated the association between a sexual minority membership and lower estimated likelihood of becoming a parent (Shenkman, 2020).

Social Support Social support is crucial to assuring the psychological well-being of sexual minority persons throughout their life course (e.g., Leal et al., 2021; Travers et al., 2020; Watson et al., 2019). Despite the importance of LGBT community when families of origin are not supportive (Weston, 1991), LGB persons seemingly change their support networks when they have children often indicating increased detachment from previous LGBT networks (Brown et al., 2009; Gianino, 2008; Manley et al., 2018). In this regard, families of origin and heterosexual friends may become more supportive after parenthood even when these relatives raised moral objections to the plan of having children (Brown et al., 2009; Ross et al., 2005). In Italy, Scandurra et al. (2019) verified that support from family, or that of significant people, could act as a buffer against the effect of stigma on parenthood desires and intentions of lesbian women and gay men.

Partner's Parental Motivation Studies have shown that relational dynamics, namely, their partner's motivation to have children, may affect lesbian women's and gay men's parenthood aspirations (Amazonas et al., 2013; Goldberg, 2010; Goldberg et al., 2012; Herrmann-Green & Gehring, 2007; Mallon, 2004; Machin, 2016; Mezey, 2008a; Morningstar, 1999; Stacey, 2006). When partners are not equally motivated to have children or one partner completely rejects this idea, a process of discussion and negotiation may be initiated (Goldberg, 2010). If the conflict is not resolved, the dissolution of the relationship is a possible outcome (Mezey, 2008a; Morningstar, 1999; Stacey, 2006). In other cases, however, an initially less motivated partner may develop a greater interest in parenthood, resulting in an equal parental commitment (Goldberg et al., 2012; Herrmann-Green & Gehring, 2007; Stacey, 2006).

Structural Factors: Legal, Medical, and Social Barriers

Sexual minority individuals face different legal realities in terms of protection and vulnerability worldwide. Institutional heterosexism can be observed in many legislatures which explicitly prohibit adoption by sexual minority individuals or same-sex couples and/or obstruct these individuals' access to MAR (Gato et al., 2017). While same-sex relationships are legal in 64% of United Nations member countries, only under 14% of these legislatures can same-sex couples marry (rising to 18% if civil unions are included). Additionally, only 14% of the countries worldwide provide legal support for same-sex couples to apply for joint adoption (ILGA, 2020). Lesbian and gay participants in Riskind et al.'s study (2013) who lived in US states with more favorable social climates regarding the rights of sexual minorities were also more likely to express confidence that they could become parents in the future. Consistently, Bauermeister (2014) verified that the presence of legal restrictions (e.g., same-sex marriage, adoption, etc.) moderated the relation between the fatherhood aspirations of gay men and their psychological well-being. Fatherhood aspirations were associated with lower levels of depressive symptoms and higher self-esteem scores among participants living in US states without discriminatory policies; the opposite was true of states with discriminatory policies. Besides discriminatory laws, institutional gate-keeping processes and personal biases of professionals working in adoption agencies, in reproductive health services, or in human services in general may also hinder LGB individuals' parenthood projects (e.g., Gato et al., 2021; Goldberg, 2010; Hicks, 2000; Kimberly & Moore, 2015; Matthews & Cramer, 2006; Mellish et al., 2013; Rosa et al., 2016; Silva et al., 2017; Tasker and Bellamy, 2019; Ximenes and Scorsolini-Comin, 2018; Yager et al., 2010).

Parenthood Aspirations of Transgender and Gender Diverse Individuals

Transgender and gender diverse individuals (TGD) are those whose gender is different from that normatively expected from their assigned sex at birth and cisgender individuals are those whose sex assigned at birth aligns with their gender identity (APA, 2020; Ellis et al., 2020). Among non-cisgender people, transgender individuals usually have a different gender from the sex they were assigned at birth, while those who are gender diverse, nonconforming, genderqueer, and/or nonbinary take on a questioning or performative stance and hold a fluid conceptualization of gender (Tasker & Gato, 2020a). Even though parenthood among TGD persons has been frequently viewed with doubt, empirical studies have revealed that many TGD individuals are already parents (Stotzer et al., 2014) and a considerable number of them desire to have children in the future (Cipres et al., 2017; De Sutter et al., 2002; Marinho et al., 2020; Riggs et al., 2016; Tasker & Gato, 2020a; Tornello & Bos,

2017; von Doussa et al., 2015; Wierckx et al., 2012a, 2012b). In fact, according to Tasker and Gato (2020b),

Over recent years a new fourth wave has become apparent to us within social science research on LGBT parent families (...). Through consideration of the ambiguity and fluidity of definition both of individual sexuality and of family membership research studies have begun to consider the fuzziness of categorization, to recognize non-binary sexual and gender identities leading to blossoming of research on queer parenting, bisexual and pluri-sexual parenting and transgender and non-binary parented families. (p. 130)

Thus, the study of prospective parenthood is more recent among TGD than among LGB individuals and often centers around specific aspects of TGD individuals' life course such as gender affirming procedures, the uptake of fertility, and/or (lack of) affirmative health services.

Pathways to Parenthood in TGD People

Parenthood options for TGD individuals include having children through biological means (via sexual intercourse, fertility preservation, or donated gametes to a partner or surrogate) or adoption/fostering (Marinho et al., 2020; Nahata et al., 2017; Tornello & Bos, 2017; von Doussa et al., 2015). If feasible, cryopreservation of sperm offers a reasonable viable fertility preservation option for transgender women who undergo gender affirming medical treatments (De Sutter, 2009). Options available to transgender men who wish to preserve genetic material include cryopreservation of ovarian tissue or more established techniques involving oocyte or embryo storage (James-Abra et al., 2015).

Over one-third of transgender men surveyed by Wierckx et al. (2012b) said they would have considered cryopreserving gametes had techniques been available previously, and, in an earlier study, over three-quarters of transgender women thought that sperm freezing should be routinely offered before hormonal treatment (De Sutter et al., 2002). However, only half of the participants in De Sutter et al.'s (2002) study indicated that they would have actually preserved their own gametes had this been possible, a finding echoed in recent studies (Auer et al., 2018; Marinho et al., 2020; Riggs & Bartholomaeus, 2018). In sum, a low level of fertility preservation among transgender persons is unforeseen given the high level of expressed desire for parenthood.

Although a clear picture of preference for genetic parenthood or adoption is yet to emerge, studies to date have indicated that preference rates do differ in different groups. For instance, Chen et al. (2018) reported that 70% of their survey sample of over 150 TGD young people considered future parenthood via adoption or foster care. Nevertheless, when genetically related parenthood was considered, it was preferred by more nonbinary than transgender people. In another US sample, Tornello and Bos (2017) found that transgender women more often expressed a preference for adoption (75%) whereas transgender men were more inclined to seek parenthood through sexual intercourse or pregnancy (58%). Preference rates for future

parenthood via fostering or adoption were more evenly split among the Australian TGD people in the exploratory survey by Riggs et al. (2016). Over half the sample wanted to pursue biological parenthood (mostly through their partner giving birth) while the remainder planned to explore long-term foster care or adoption. A similar picture emerged in the Portuguese study of Marinho et al. (2020) with half of the 14 interviewed TGD participants wanting to be parents through adoption.

Factors Associated with TGD Individuals' Parenthood Aspirations

Prior research has implicated several factors associated with the uptake of fertility preservation and parenthood decision making among TGD individuals including sociodemographic characteristics (e.g., gender), psychosocial factors (e.g., personal motivations), and structural barriers (e.g., quality of services).

Sociodemographic Factors

Regarding **gender**, Auer et al. (2018) found that among German transgender men and women, prior to undergoing gender affirming treatments, the former expressed greater desire for parenthood than did the latter. However, among those who had already initiated treatments, the level of expressed interest in having children in the future was higher among transgender women than transgender men. In Auer et al.'s study (2018), the majority of the transgender men indicated that insemination of a female partner with a sperm from an unrelated donor would be an acceptable route to having children, suggesting that this might be another explanation for transgender men's relatively low level of interest in oocyte preservation. Consistent with Auer et al.'s findings, other studies have found that transgender women were more likely to undertake fertility preservation than were transgender men (Chen et al., 2017; Jones et al., 2016). The greater complexity of oocyte retrieval and storage for those who were assigned female at birth may account for the fact that transgender men are less prone to preserve their fertility than transgender women. Yet other authors have emphasized the psychologically distressing nature of giving a semen sample, which makes fertility preservation challenging for transgender women as well (De Sutter et al., 2002; Riggs & Bartholomaeus, 2020; Wierckx et al., 2012a).

Concerning **age**, the level of expressed desire for children and the use of fertility preservation were both found to be particularly low among younger transgender people, even when fertility counselling and fertility preservation options were available (Chen et al., 2017; Nahata et al., 2017, 2018; Strang et al., 2018). Strang et al. (2018) also reported that although relatively few transgender youth expressed desire to have their own genetically related child, many did not know whether their feelings about having a genetically related child could change in the future.

Psychosocial Factors

The psychosocial factors affecting TGD people's parenthood aspirations include personal motivations to have children, social support, and the narrative resources regarding the self-presentation as a transgender parent (Tasker & Gato, 2020a). Transgender and gender diverse individuals' motivations for parenthood are quite similar to those of cisgender individuals. These include valuing genetic relatedness and wanting to have a biological bond (via pregnancy) with one's child through surrogacy or sexual intercourse or providing a loving home for a child through adoption (Marinho et al., 2020; Tornello & Bos, 2017).

In terms of social support received, support from family of origin has been revealed as an important factor in promoting the well-being of TGD people, including those who are themselves parents (Marinho et al., 2020; Riggs et al., 2015; von Doussa et al., 2015). In fact, in Rigg et al.'s study (2016), support from family of origin was positively associated with the desire of TGD people to have children in the future. Parenting is a highly gender-related process within cisheteronormative society and various authors have pointed to the absence of affirmative cultural scripts for transgender parenting (e.g., Angonese & Lago, 2018; Haines et al., 2014; von Doussa et al., 2015). Consequently, TGD individuals seeking to become parents have to make sense of and present a coherent psychosocial narrative largely within the mainstream discourses of cisheteronormative societies.

In this regard, participants in von Doussa et al.'s (2015) study tended to shift their narratives between presenting either traditional ideals of heterosexual marriage and parenthood or more radical nonbinary approaches to relationships and parenthood. In a quantitative study conducted in Mexico, Salinas-Quiroz et al. (2020) found lower parenthood aspirations among plurisexual (bisexual, pansexual, and queer) and transgender individuals than among cisgender lesbian or gay adults without children. The authors highlighted the lack of cultural representation about transgender parenting as indicating a possible gap in the construction of this social role in this cultural context. Looking at the parenthood plans of a group of TGD people in the UK, Tasker and Gato (2021) found that gender identity trajectories had implications for future parenthood; likewise future parenthood had complex implications for the recognition of their gender identity.

Structural Factors

Obstacles to TGD individuals' parenthood aspirations include (i) financial costs involved in MAR technologies, (ii) the physical and psychological invasiveness of fertility preservation procedures, and (iii) the quality of services and cultural competency of professionals. Concerning the first aspect, financial costs are a factor that might hinder TGD individuals' parenthood plans, especially if public-funded fertility preservation procedures are not available (Marinho et al., 2020; Millar et al., 2015; Tasker & Gato, 2020a; Tornello & Bos, 2017). Regarding the second aspect, many studies have shown that transgender individuals perceive fertility preservation

procedures as negatively affecting their well-being. Fertility preservation procedures are seen as disrupting their gender identity, as participation in them involves thinking about or discussing sex and gender associated internal or external anatomy (including pregnancy) and also interrupts gender affirming treatments (e.g., testosterone usage) that they would rather not delay (Armuand et al., 2017; Chen et al., 2017; Marinho et al., 2020; Nahata et al., 2017; Petit et al., 2018; Riggs & Bartholomaeus, 2018; Riggs et al., 2015; Tasker & Gato, 2020a; Tornello & Bos, 2017; von Doussa et al., 2015).

Similar to cisgender sexual minority persons, TGB individuals often have to negotiate parenthood options with diverse social institutions such as health and social service providers (Pyne et al., 2015). While a few studies have found some residual evidence of positive experiences within health services (Marinho et al., 2020; Payne & Erbenius, 2018; Wakefield et al., 2018), most research have reported negative ones (Coleman et al., 2011; Payne & Erbenius, 2018; James-Abra et al., 2015; Wingo et al., 2018). These negative encounters in the healthcare context include having to cope with normative assumptions (e.g., regarding use of gender-related terminology) (Coleman et al., 2011; Payne & Erbenius, 2018; James-Abra et al., 2015; Marinho et al., 2020), discriminatory comments (Wingo et al., 2018), and/or being refused services (James-Abra et al., 2015). Lack of LGBTQ health competency relevant to reproductive health priorities and treatment also has been reported (Angonese & Lago, 2017; Auer et al., 2018; Chen et al., 2017; Coleman et al., 2011; Light et al., 2014; Marinho et al., 2020; Riggs & Bartholomaeus, 2018; Tasker & Gato, 2020a; Wingo et al., 2018).

An Australian qualitative study by Bartholomaeus and Riggs (2020) found that while over half of the participants in their sample of Australian TGD people had been provided with very little information by health professionals about fertility preservation, others, on the contrary, felt pressured by them to preserve fertility or experienced some family of origin pressure, even if that was not their own wish. These contradictory data raise the possibility that biological parenting may not be as universal a goal for TGD people as imagined by some authors. For this reason, health professionals must be aware of the specifics of each individual's life projects, considering that they can change over time, and should not impose a pronatalist norm (Bartholomaeus & Riggs, 2020). On this issue, a qualitative study in Brazil by Angonese and Lago (2017) highlighted that reproductive health professionals appeared only to be concerned with fertility preservation among transgender men.

Looking into the Future

Although families headed by LGBT individuals are increasingly visible, sexual and gender minorities tend to have lower parenthood aspirations when compared to their heterosexual and cisgender peers. This phenomenon is associated with certain constraints, such as less accessible routes to parenthood, sociodemographic characteristics, contextual aspects, and/or structural barriers. LGBT individuals' parenthood

aspirations and their determinants are a promising area of research and some directions for future research and intervention can be outlined based on existing knowledge.

Following the trend apparent in other areas of LGBT Psychology, the parenthood aspirations of cisgender lesbian and gay individuals have been more explored than those of their cisgender plurisexual and transgender peers, and future studies should take this aspect into consideration. Experiences of intersectional prejudice and discrimination may also affect prospective parenthood processes among dually sexual, gender, and racial/ethnic minority individuals in complex ways, and research with diverse LGBT samples in terms of their sociodemographic composition is advised.

Finally, research findings regarding sexual and gender minority persons' parenthood prospects need to be translated into practice. Human service professionals may want to attend to communalities and specificities of prospective parenthood as a function of sexual orientation and gender identity, in order to provide unbiased and culturally competent support to LGBT individuals (e.g., Gato et al., 2021). In this regard, parental leaves, health security insurance, and parenthood protection laws are needed to guarantee the rights of LGBT parents and their children. The development of inclusive and supportive policies for sexual and gender minorities, in micro- and macrosystemic contexts, ranging from workplace LGBT-diversity measures to same-sex and adoption laws, can contribute to the well-being of this group and reduce the stigma experienced, which may promote useful discussion of the pros and cons of prospective parenthood for LGBT people.

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“I Want to Have Children Too”: Reproductive Motivations and Decisions in the LGBTQ+ Community



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Becoming a parent is a highly desired and anticipated life goal, seen by many people as an important developmental milestone in their adult life course, regardless of their sexual orientation (Gato & Fontaine, 2017). This goal shines through in the expectations of the lesbian, gay, bisexual, transvestite, transgender, queer, and other gender and sexuality (LGBTQ+) community even though for much of history, parenting in these groups has been contested, prohibited, or attacked. Today, policies legalizing marriage and parenthood in several countries promise a new and propitious period for the LGBTQ+ community. Such achievements represent important advances in their human and civil rights, creating opportunities for them to realize their desires and intentions to make their own families visible.

Parenthood aspirations have been operationalized in various ways as motivations, desires, intentions, probability estimates, attitudes toward childlessness, or even a parenting continuum (Gato & Fontaine, 2017). Most studies exploring parenting plans in young adults were based exclusively on samples of heterosexual individuals (Cohler & Michaels, 2013) due to the prevalent social prejudice and discrimination against sexual minorities. Fortunately, interest in the LGBTQ+ community's childbearing plans has begun to gain momentum (Gato et al., 2020) initiating theoretical, integrative, and critical discussions that analyze their motivations and reproductive decisions, as well as the aspects considered for the reproductive choice.

The goal of this chapter is to provide an overview of the factors that shape LGBTQ+ people's decisions in the decision-making processes of having children. The chapter will be divided into four thematic axes: (1) theoretical and historical review of family rights in the LGBTQ+ community, (2) forms of access to parenthood in the LGBTQ+ community, (3) differences and similarities between

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motivations and desires to have children between heterosexual and LGBTQ+ people, and (4) particularities in the reproductive choice of each group in the LGBTQ+ community.

Family Rights in the LGBTQ+ Community

LGBTQ+ rights have been and continue to be won gradually, through the incessant struggle of these groups. The movement seeks acceptance in society in order to achieve legal-institutional equality. These claims today are focused on the acquisition of citizenship rights, especially marriage and adoption (Figari, 2010). The struggle to legalize same-sex marriage and adoption rights has been ongoing and with varying results between countries. Today, same-sex marriage is already legal in 29 countries, recognized in three (Germany, Israel, and Mexico), and called civil unions and registered cohabitations, in another 16 (Plácido, 2021).

Most European Union countries have detailed regulations on same-sex marriages or civil unions and gay and lesbian parenthood: Denmark, for example, was the first to introduce a civil union registry that included same-sex couples in 1999 and the first to allow adoption by unmarried people regardless of their sexual orientation (it is worth mentioning that in Brazil the possibility of adopting as an unmarried person was admitted in the Statute of the Child and Adolescent in 1990; Brazil, 2001). Furthermore, in Denmark, since 2007, Danish lesbians also have access to assisted reproductive technologies. In the late 1980s and during the 1990s, many northern European countries such as Sweden, Iceland, and the Netherlands followed suit, with different forms of regulation of cohabitation, marriage, civil unions, and gay and lesbian parenthood. In the 2000s, these principles spread throughout Europe and countries like France, the UK, and Germany recognized same-sex partnerships, and in some cases gay and lesbian couples were allowed to adopt and access reproductive technologies (Plácido, 2021).

As far as countries where the legacy of Catholicism is most significant, Spain was the first to legalize civil marriages for gays and lesbians. Despite the strong campaign of the Catholic Church against same-sex marriage in the country, the Parliament amended the Civil Code, making same-sex civil marriages equal to heterosexual relationships and extending the right to have children to gay and lesbian couples through any form of adoption or reproductive technologies, including in vitro fertilization, but not surrogacy. Portugal, where the Catholic Church plays a dominant role in defining “what is socially desirable and what is morally wrong” (Santos, 2004), was the eighth country to legalize same-sex marriage in 2010. In the Portuguese territory, same-sex marriages were approved with the clause that lesbians and gays could not adopt children or have access to reproductive technologies,

but the Portuguese parliament repealed the bans on parenting and allowed adoption and assisted reproduction by same-sex couples and single women in February 2016 (Oliveira et al., 2014).

On the American continent, there are already ten countries that recognize this right. Canada was the first in 2005, and five years later was Argentina. In 2013 it was approved in Uruguay, in 2015 in Brazil; in 2016 in the USA, Puerto Rico, and some states in Mexico; and in 2017 in Colombia. In Costa Rica, the Constitutional Chamber declared in 2018 that the ban on same-sex unions was not constitutional. In Brazil, in 2011, the Federal Supreme Court (FSC) extended to same-sex unions the same rights and duties of the stable union between a man and a woman (Brasil, 2011). In 2013, the National Council of Justice passed a resolution requiring Brazilian notaries to perform same-sex marriages (Brasil, 2013). The last country to recognize same-sex marriage was Ecuador in 2020 (Soares & Cano, 2020).

Taiwan is the first, and for now only, Asian territory to allow such unions. In Oceania, New Zealand was the first country to legalize it in 2013, while Australia joined in 2017. As for Africa, only South Africa recognizes same-sex marriage, the continent is still working on decriminalizing homosexual relationships, and there are already 21 countries that do not criminalize them (Plácido, 2021). Legal advances in this debate, especially in Western countries, contrast with notable hostility to human rights in some parts of the world. According to the 2020 report of the International Lesbians and Gays Association (Fish et al., 2021), in 67 United Nations member states, same-sex sexual relations are criminalized. Among the countries that criminalize, the death penalty is a legally prescribed punishment in six of these states (Brunei, Iran, Mauritania, Saudi Arabia, and Nigeria). The legalization of the union and civil marriage between people of the same sex cannot be understood as a privilege of a few countries, but as a global demand (Paternotte, 2015). According to Kollman (2007), a transnational network of political activists and social learning by political elites have led to an international norm that obliges states to offer same-sex couples some form of legal recognition.

It is important to point out that although advances have been made in the legalization of same-sex unions, the possibility of adoption for these couples is still being discussed in many of these countries. Currently, 29 countries have approved the adoption law throughout their national territory. The first country to establish it was Holland in 2001 and Costa Rica the last, in 2020. It should be noted that in 2010, in Mexico, homo-parental adoption was only legitimate in half of its total territory. In countries like Argentina, Mexico, Colombia, Costa Rica, and Puerto Rico, it is possible for a gay or lesbian person to adopt as a single (Suárez et al., 2018). In Brazil, the system of adoption by same-sex couples is not legally formalized. The political support in place is the jurisprudence that regulates same-sex stable union and unilateral adoption (Campos et al., 2018). Unfortunately, none of these discussions were open to the transgender community (Suárez et al., 2018).

Ways to Access Parenting for the LGBTQ+ Community

Pursuing parenthood for the LGBTQ+ community can vary by geographic context and is usually sifted through a set of expenses. For example, in the USA, infertility treatments are affordable for cis-heterosexual fathers/mothers, while LGBTQ+ fathers/mothers are forced to pay out of pocket for up to 12 cycles before health insurance covers the costs (Carpinello et al., 2016). In addition to medical expenses, legal costs accrue when determining the need for donor or surrogacy contracts and adoption fees when states do not automatically recognize paternity/maternity (Sanabria, 2013). Today LGBTQ+ people who want to be parents seek adoption, the use of assisted reproductive technologies or surrogacy.

Adoption is recognized as a family-based, permanent care arrangement (Groza & Bunkers, 2014). The regulations of the adoption process are important to ensure legal framework that places children's rights and their best interests at the center of all actions and decisions. The United Nations Convention on the Rights of the Child (1989) states that the best interests of the child should be a primary consideration in all actions, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities, or legislative bodies (United Nations Children's Fund, 1989).

Joint adoption by same-sex couples is recognized in South Africa, Argentina, Brazil, Colombia, Costa Rica, Uruguay, Canada, USA, Israel, Andorra, Austria, Belgium, Denmark, Finland, France, Germany, Iceland, Ireland, Luxembourg, Malta, Netherlands, Norway, Spain, Portugal, Sweden, UK, Australia, and New Zealand (Mendos et al., 2019). However, the legal landscape regarding adoption rights for same-sex couples is very diverse (Mendos et al., 2019; Takács et al., 2016). Same-sex parenting issues, including adoption, are intrinsically related to social definitions of family and reflected in social and family policy measures (Takács et al., 2016). According to Takács and Szalma (2014), in many places, adoption by same-sex couples means the acceptance of a broader family definition. While sexual orientation can perhaps be regarded as a private matter, partnership relations and, moreover, family life belong in the social sphere. In this sense, the social visibility of same-sex parenting practices is notable and can cause higher levels of social rejection (Takács et al., 2016; Takács & Szalma, 2014).

Common arguments against same-sex couples' adoption are based on moral appreciation on parental homosexuality and also centered on children (Gato et al., 2015). Brooks and Goldberg (2001) found that one of the major barriers identified by lesbians and gay men in the adoption process was confronting beliefs and attitudes about their parenting skills. A Canadian study found that lesbian adopters suspected prejudice or reported experiencing discrimination during the adoption process (Ross et al., 2008). In the UK, the Cambridge Adoption Study (Mellish et al., 2013) revealed that the majority (75%) of lesbian mothers felt they had experienced negative reactions in the adoption system, compared to 50% of gay parents and 30% of heterosexual parents. A more recent study on the experiences of same-sex adoptive families conducted in Spain, France, and Belgium revealed that the

stressors faced during the adoption process were context-specific and superseded the legal barriers that existed in each country (Messina & D’Amore, 2018).

Thus, negative attitudes towards parenting by same-sex couples still persist worldwide (Di Battista et al., 2020). A common argument present in discourses unfavorable to LGBTQ+ parenting is characterized by the belief that a child raised by same-sex parents may suffer harm or be at risk due to the lack of a parenting relationship deemed adequate (Clarke, 2001; Di Battista et al., 2020; Hollekim et al., 2012). These attitudes are supported by prejudices around non-heterosexual orientation (Di Battista et al., 2020; Massey, 2007). Bias towards a group can result in negative causal attributions to unfavorable behavior (Massey, 2007). Child behaviors considered normal and attributed to the age of the children, in the context of same-sex couple parenting, may be seen as abnormal and caused by the child’s family situation (Tusl et al., 2020). As atitudes para a adoção de casais do mesmo sexo não são iguais entre os LGBTQ+. Algumas publicações sugerem que os gays podem ser avaliados mais negativamente que as lésbicas como potenciais pais adotivos, como resultado de estereótipos de gênero (Gato et al., 2015); Randles, 2018). Além disso, o preconceito contra os gays afirma que eles estão mais interessados em exercer atividade sexual do que a vida familiar e que são mais propensos a molestar sexualmente as crianças aos seus cuidados (Gato et al., 2015)

Depending on the context, it may be a requirement that the parents be married and undergo counseling in order for the adoption to be allowed (Malmquist, 2015) as is the case in Denmark. In some countries, single LGBTQ+ individuals may be able to successfully adopt a child, although they are likely to hide their sexual identity during the adoption evaluation process or avoid pursuing adoption as a pathway to parenthood due to legal uncertainties in family law (Costa & Bidell, 2017).

Other strategies used are the assisted reproduction technologies. Currently, we have the process of intrauterine insemination (IUI), in which the sexual gametes are mixed by fertilization and implantation in the uterus of the gestational parent, and in vitro fertilization (IVF), in which the gametes are mixed outside the gestational parent or by surrogate mother. We have to remember that there are countries, such as China (Lo et al., 2016), Italy, Germany, and France (Raposo, 2019) where access to assisted reproduction is restricted in the LGBTQ+ community.

Same-sex couples who choose artificial insemination must decide who will bear the child. This is a decision that can have profound legal implications, because the birth mother is automatically the legal parent, and only half of the US states allow the non-birth mother to become a legal parent to the child through adoption. Lesbian couples may face legal anxieties in the context of deciding whether to use sperm from a known or unknown donor. Women who choose unknown donors often do so out of a desire to avoid third-party involvement, imprecise boundaries, and custody challenges (Chabot & Ames, 2004; Goldberg, 2010). Women who choose known donors may also face legal concerns, but at the same time feel that their children deserve access to their biological assets (Agigian, 2004; Goldberg & Allen, 2013; Touroni & Coyle, 2002). In addition, they may choose donors known for their desire to avoid interfacing with institutions such as sperm banks and fertility clinics (Touroni & Coyle, 2002).

Lesbian mothers who choose unknown donors are increasingly likely to choose identity-released donors, when possible; that is, they choose donors who have indicated an openness to be contacted at some future time (e.g., after the child turns 18) (Scheib & Ruby, 2008). In this way, these women are able to balance their desire for primary decision-making authority with their desire to facilitate their future child's potential interest in knowing their genetic father.

Considering the high costs of performing artificial insemination, home artificial insemination is being used as an alternative method to achieve conception (Corrêa, 2012). This method is being widely publicized on social networks as the solution for those who wish to have a child because it is a low-cost self-insemination performed outside medical institutions. The technique involves a donor putting his semen into a sterile vial, so that later the woman injects the sperm with a syringe as close as possible to the cervix and remains in a gynecological position for 30 minutes (Corrêa, 2012). The fact that insemination occurs is not a complete guarantee that it will be successful, so even if the procedure is performed, there is the possibility of not having a satisfactory result (Tibúrcio, 2018).

Considering that only assisted reproduction clinics have access to the semen banks and that the sale of this biological material is forbidden, the acquisition of this material to perform the procedure may be the result of an agreement with a friend, a relative, or even a stranger who wants to donate or sell clandestinely (Corrêa, 2012). Nowadays, there are sites on the internet that teach women how to control their menstrual cycle and which material to buy, among other things, in order to achieve a successful procedure (Corrêa, 2012). There are also groups in social networks in which semen donors expose their physical characteristics and report how they collect semen, because the procedure varies from donor to donor (Tibúrcio, 2018).

Home insemination is totally criticized in the medical environment because of the risk of contracting donor diseases and cervical infection when injecting semen through a syringe (Corrêa, 2012). It is important to point out that, because of this, many people interested in insemination ask the future donors for tests for sexually transmitted diseases (Tibúrcio, 2018).

Surrogacy, also called surrogate motherhood and surrogate pregnancy, is a reproduction practice in which a woman bears a child for another individual or couple (Yee et al., 2019). A surrogate can be a genetic carrier, who provides her own egg for fertilization, and therefore has a genetic and gestational connection to the child or a gestational carrier, in which an embryo from fertilized donor gametes (sperm and egg) is implanted, and therefore does not have a genetic connection to the offspring. The choice of who will be the biological father and where the other gametes come from varies from couple to couple (May & Tenzek 2016).

Gestational surrogacy is preferred among prospective parents and surrogates, is considered more acceptable among fertility clinics (Dar et al., 2015), and is the type most commonly used by gay parents when seeking a biological child (Blake et al., 2016). Studies suggest that a strong desire to have a biological child may be a powerful motivator in seeking surrogacy rather than adoption (Berkowitz, 2013; Goldberg, 2010).

There are countries, such as Denmark, Canada, and New Zealand, where it is illegal to pay surrogates for their services, but it is legal for a free altruistic surrogacy to take place (Nebeling, 2016; Van Hoof et al., 2016). There are also others where these issues are not addressed in UHS policies and the legal status of surrogacy leaves little choice for same-sex couples. This is one of the many reasons why the use of transnational reproduction, which consists of crossing geographical boundaries to reproduce, has generated contentious debate (Karpman et al., 2018). The practice of commercial surrogacy expands the accessibility of parenting to same-sex couples and heterosexual couples. However, it is also an ethical challenge, sparking academic and political debate, especially with regard to combating the commercial exploitation of women (Smietana et al., 2021; Blazier & Janssens, 2020).

Reproductive Motivations and Desires

Reproductive motivations, desires, and intentions are the main factors in determining whether an individual will have children in the future (Simon et al., 2018). The decision to become a parent among LGBTQ+ individuals is arguably a longer and more complex process than for heterosexuals (Costa & Tasker, 2018; Gato & Fontaine, 2017) and their motivations are often stigmatized. While some social narratives lead some LGBTQ+ people to believe that their sexuality and parenting/maternity desires are mutually exclusive (Cao et al., 2016), others, aware of the double standard, feel they must prove their parenting capacity before conception (Wojnar & Katzenmeyer, 2014).

Some studies show that LGBTQ+ individuals report lower levels of parenting intentions than their heterosexual peers (Baiocco & Laghi, 2013; Gato et al., 2019; Goldberg et al., 2012; Leal et al., 2019; Patterson & Riskind, 2010; Riskind & Patterson, 2010; Riskind et al., 2013, 2017; Salinas-Quiroz et al., 2019; Shenkman, 2012; Simon et al., 2018; Tate & Patterson, 2019a, b). Others describe similarities in the preponderance of psychological and emotional motivations to have children between both groups, but also found peculiarities in the motivations of the LGBTQ+ community related to their minority status (Frashure, 2019; Marinho et al., 2020; Kranz et al., 2018; Santona et al., 2021). The barriers still faced by people from sexual minorities aiming for parenthood may be responsible for this situation (Gato & Fontaine, 2017). However, the hypothesis that sexual minority individuals may not feel socially pressured to have children should also not be dismissed as a potential explanation for these results.

The studies by Rossi and collaborators (2010) and Baiocco and Laghi (2013) in Italy found interesting results. In the study by Rossi and collaborators (2010) with a sample of 226 gay people, 57% (61.4% women and 53.8% men) stated that they would like to have children at some point in their life while in the study by Baiocco and Laghi where 201 lesbian women and 199 gay men participated, 51.8% of gay men and 60.7% of lesbian women stated parental wishes, and 30.2% of gay men and 46.3% of lesbian women expressed parenting/maternity intentions. This study also

found that lesbian and gay people reported significantly lower parental desires and intentions than their heterosexual peers, with lesbian women reporting higher desires and intentions when compared to gay men.

Valuing children as an enriching factor in one's life is an important parental motivator identified among both heterosexual people (Dion, 1995; Cassidy & Sintrovani, 2008; Langridge et al., 2005) as between lesbians and gays (Siegenthaler & Bigner, 2000; Goldberg et al., 2012). That said, in both heterosexual and LGBT groups, psychological motivations predominate and children are seen primarily as a source of personal satisfaction and a major emotional investment, anticipating the emotional enrichment that parenthood itself will provide (Giddens, 2005).

Comparing heterosexual people and LGBTQ+ people, it is identified that the latter are more willing to consider adoption as a process of access to parenthood. Sexual minorities tend to value the emotional relationship as a potentially family-defining factor, and not only bio-legal ties (Goldberg et al., 2012). Gato et al. (2019) found that lesbian women considered themselves at higher risk of becoming victims of social stigma as mothers than bisexual or heterosexual women in Portugal. Another difference found relates to the experience or anticipation of stigma about parenthood in LGBTQ+ groups (Bauermeister, 2014; Gato & Fontaine, 2017, 2019; Riskind et al., 2013; Scandurra et al., 2019; Simon et al., 2018) and its interest in contributing to the development of a more tolerant generation (Goldberg et al., 2012).

The perception that a child can ensure the continuity of the family line and can provide future support in life has also been described as a motivator to have children (Goldberg et al., 2012). However, the study by Siegenthaler and Bigner (2000) found that lesbian women seemed less focused on generativity and the transmission of family tradition than heterosexual women. Consideration of lineage as a factor in having children has not been researched in studies with gay men or bisexual groups.

Particularities of Each Group in the LGBTQ+ Community

The LGBTQ+ community is defined by the coming together of historically marginalized groups outside gender norms. Lesbian, gay, bisexual, transgender, queer, and other groups with diverse gender identifications and sexual orientation have particular experiences, which characterize differences in access to parenthood, in difficulties in achieving parenthood, and in degrees of social acceptance in forming their own families.

Some studies show that lesbian women reported higher levels of parenthood intention than gay men (Hicks, 2013; Pelka, 2009). These results may be attributed to the biological possibility of pregnancy and perhaps gendered views of parenthood as a female domain. Another finding found in the study by Goldberg et al. (2009) shows that lesbian women tend to be reluctant to seek adoption possibly because they prioritize biogenetic relatedness and may value pregnancy and birth experiences as many heterosexual women.

Research on the desires and decisions of gay parents is scarce. Compared to the studies conducted on lesbian motherhood, gay parenthood has been underrepresented (Herrera et al., 2018). Gay parenting requires conscious planning and evaluation of options, as well as an “other facilitator” (Norton et al., 2013). Pathways to gay parenthood (co-parenting, adoption, surrogacy) involve being creative and overcoming significant cultural barriers. For many of them, the use of surrogacy can be financially, legally, and emotionally insurmountable, and they may face greater reproductive barriers to pursuing biological parenthood than women (Berkowitz & Marsiglio, 2007; Mallon, 2004; Riskind et al., 2013). These difficulties may, at least partially, contribute to the motivations of potential gay parents to adopt (Berkowitz & Marsiglio, 2007).

There is also evidence of a greater prejudice against gays as candidates for parenthood (Berkowitz & Marsiglio, 2007). The exclusion of gay men from parenthood can be explained by several reasons: (1) Affective-sexual relationships between men do not “naturally” give rise to conception (Herrera, 2009). (2) While heterosexual men legitimize their position as fathers by “natural right” (Haces, 2006), gay men live in heteronormative social environments that devalue homosexuality and their ability to be fathers (Laguna, 2016). (3) Gay parenting conflicts with gender practices deeply rooted in our culture, which assume that caregiving and parenting tasks are essentially female (Miller, 2011). That said, gay parents violate an implicit social norm: women, not men, should be the primary caregivers of their children (Giesler, 2012). In this way, gay parents not only feel they are fighting against homosexual stereotypes, but also against cultural notions that feminize childcare.

These aspects are internalized by gay men to such an extent that many consider their sexual identity incompatible with parenthood (Bergman et al., 2010). The results of a qualitative study conducted by Murphy (2013) in the USA indicate that many gay men automatically assume that parenthood is not an option for them, so being gay is equivalent to not having children. For many, the process of assuming a gay identity is also linked to the process of giving up on parenthood (Giesler, 2012) and assuming that they will never be fathers (Murphy, 2013). Berkowitz and Marsiglio (2007) use the concept of “procreative consciousness” to refer to gay men’s awareness of their own reproductive capabilities. The authors argue that this awareness evolves throughout life and is influenced by external factors, such as a social context that devalues homosexuality and privileges heterosexual parenting.

Parenthood among bisexual individuals is also relatively poorly studied. In one US study, the parenthood intentions of bisexual individuals generally appeared to be closer to those of heterosexual individuals than to those of lesbian women and gay men (Riskind & Tornello, 2017). However, in a later study in Portugal, no differences were found between lesbian and bisexual women regarding parenting intentions (Gato et al., 2019). Furthermore, studies have suggested that bisexual women partners in fact have similar desires and intentions as lesbian women (Delvoye & Tasker, 2016; Riskind & Tornello, 2017).

Finally, parenthood among transgender individuals remains under debate, due to speculation that transgender identity and the process of gender reassignment may predict the absence of parenthood intentions in this community (Riggs et al., 2016).

However, many studies emphasize that parenthood is not necessarily an excluded area for transgender individuals, even for those who undergo gender-affirming procedures (De Sutter et al., 2002; Riggs et al., 2016; Wierckx et al., 2012). De Sutter et al. (2002) found in their study of 73 transgender women from the Netherlands, Belgium, France, and the UK that 40% of them would like to become mothers one day. In addition, Wierckx et al. (2012) found in Belgium a 54 percentage of transgender men who wanted to become fathers. Riggs et al.' (2016) study of transgender, queer, nonbinary, neutral, agender, and gender fluid individuals from Australia showed that most participants were eager to become fathers and mothers. Consistent with these findings, medical and scientific evidence points out that transgender people have similar parental desires as non-transgender people [American Society for Reproductive Medicine (ASRM), 2015]. Even so, studies focusing on expectations of parenthood in the transgender population are still scarce (Auer et al., 2018; Riggs et al., 2016).

Parenthood pathways for transgender individuals include sexual intercourse (when reproductive capacity is maintained), surrogacy, adoption, use of a sperm/egg donor, and also conception of a child by a partner (Tornello & Bos, 2017). The study by Tornello and Bos (2017) shows that adoption was the most chosen method by transgender people who express an altruistic motivation for this choice, mentioning the desire to provide children in need with a warm home. In this study, conceiving a child through intercourse presents an option for some (and also the most accessible method) specifying their desire to have biological children, while for others it is totally disregarded (Tornello & Bos, 2017). One of the arguments used in the rejection of conceiving a child through sexual intercourse is the aversion to the biological process of pregnancy. This obstacle is related to the way the body changes during pregnancy, which can further impact the feeling of inadequacy between gender and anatomical sex (Mitu, 2016), posing the emotional challenge of dealing with the antagonism between male gender identity and the femininity conventionally associated with pregnancy (Ellis et al., 2014). Although addressed by fewer participants, artificial insemination and surrogacy were also methods contemplated for achieving parenthood (Marinho et al., 2020).

Encouraging fertility preservation before gender-affirming procedures is a practice advised by the Endocrine Society and the World Professional Association for Transgender Health (WPATH) (De Sutter, 2001). A large percentage of the 121 transgender women studied by De Sutter et al. (2002) argued that healthcare providers should address the option of preserving sperm prior to gender-affirming treatments. In addition, many individuals who did not preserve their fertility lamented the inability to bear children by biological means (De Sutter et al., 2002).

Fertility preservation procedures have different requirements for transgender men and women. Although sperm collection appears to be a simple process, several transgender women admitted that it would be difficult for them to masturbate in a hospital laboratory (Wierckx et al., 2012). De Sutter et al. (2002) found that one-third of their sample of transgender women associated sperm preservation with an inability to bring closure to their past. Preserving the reproductive potential of transgender men is a challenging process because of the complexity involved in oocyte

collection, and the effectiveness of this technique is still uncertain (Mitu, 2016). In addition, pregnancy may be seen as incongruent with a male gender identity (Ellis et al., 2014). For this reason, it is important that healthcare providers are aware of the emotional difficulties that this process entails and understand that transgender people may need time to feel emotionally ready to begin this procedure (Payne & Erbenius, 2018).

Two of the main barriers to parenthood intentions of transgender people are anticipated discrimination, especially when directed at future children (Downing, 2012), and legal impediments, respect to access to assisted reproductive techniques (ART) (Hangan et al., 2016). Furthermore, while there is no effective prohibition on adoption by these individuals, the protection of this right is also not legally enforced. All these impediments make parenthood a daunting project for transgender people.

It is worth noting that the literature presents evidence of disparities between the mental health of the LGBTQ+ population and the heterosexual population (Pachankis & Safren, 2019). LGBTQ+ people have, for example, higher levels of depression and suicidal ideation (Valdiserri et al., 2018). Despite the changes in society and the increasing depathologization of homosexuality (de Oliveira Paveltchuk & Borsa, 2020), LGBTQ+ people are considered sexual minorities, in contrast to normative heterosexuality (Skinta & Curtis, 2016). According to Meyer (2003), who developed the minority stress model, besides living with stressors commonly shared with other social groups, social minorities are exposed to specific stressors, characteristic of the social stigma suffered, such as experiences of victimization and internalized homophobia.

Thus, this model points to stigma as a source of stress and of disparities in health indicators in LGBTQ+ people (Pollitt et al., 2020). Most studies on LGBTQ+ parenting have taken a similar approach, identifying differences and similarities between children of same-sex parents and children of opposite-sex couples, considered the “gold standard” by which researchers assume that children of same-sex parents would be healthy if they have similar outcomes to children of opposite-sex parents (Pollitt et al., 2020; Stacey & Biblarz, 2001). In this context, extensive literature, including meta-analysis studies, makes important contributions, identifying, for example, that there are no significant differences in mental health outcomes or psychosocial adjustment between children of same-sex parents compared to children of opposite-sex parents (Crowl et al., 2008; Pollitt et al., 2020; Fedewa et al., 2015; Miller et al., 2017).

Final Considerations

The purpose of this chapter was to provide an overview of the factors that shape LGBTQ+ individuals’ decisions in the decision-making processes of having children, with attention to theoretical and empirical advances as well as controversies and gaps in this area. The increase in the number of families formed by homosexual, bisexual, and transgender parents is a fact that impacts “traditional” family beliefs

and generates the need for changes in social and legislative fields to face the new demands. These changes are being established in different ways around the world with contexts where the reproductive rights of the LGBTQ+ community are being established while in others they are totally disrespected and neglected.

Research on the choice and reproductive process of the LGBTQ+ community is still incipient, but there is evidence of a gradual increase in interest in learning about their motivations, intentions, desires, and reproductive behaviors. This data will allow a deeper understanding of the processes that go through them and their social and emotional needs. Remembering always that the fight for these rights cannot make us forget that this community is made up of groups whose needs, experiences, and difficulties make their struggles unique.

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Justice System Professionals and Adoption by Same-Sex Couples



Mariana Silva Cecílio and Fabio Scorsolini-Comin

Adoption has represented a much-investigated topic in the scientific literature (Cecílio et al., 2019; Curme et al., 2020; Forenza et al., 2021; Paulina et al., 2018; Santos et al., 2021; Valério & Lyra, 2016; Vega-Lara et al., 2020), aiming to contribute significantly to the discussions about the construction of the exercise of parenthood, the various ways to build a family, and about such families being recognized from their socio-affective bond. In this sense, despite the ample discussion in the legal and psychological dimensions, looking at all scopes that participate directly or indirectly in the process of building and resignification of the adoption culture has proven ever more necessary, observing how the statements of common sense, scientific, political, religious, and constitutional statements, or those from any other instances are absorbed and resonate.

Contemporarily, we have followed an intense movement of the denaturalization of family (Zambrano, 2006), so far founded on a univocal conception: nuclear, heteronormative, and guided on consanguineous bonds, which delegitimize other configurations that have always coexisted veiledly in society. With it becoming unavoidable the recognition of the family institution as a dynamic entity susceptible to transformations that require, for example, the adaptation of laws that embrace the changes to the social scenario, we gradually monitor what Roudinesco (2003, p. 10) calls “the great desire of normativity of the old minorities who were persecuted” and marginalized, generators of the alleged family disorder or crisis.

In this order, raising positions from society against and in favor, and being the target of studies in the fields of Anthropology, Psychology, Psychoanalysis, Sociology, Law, Medicine, and Gender, among others, the LGBTQ+ category has

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been conquering visibility but at quite a high cost: it must be investigated, even under the discourse of proving “normality” and demystifying prejudices. Although these individuals have managed to exit the compendium of psychiatry, they begin representing the danger of the dissolution of the family (Carneiro et al., 2017; Curme et al., 2020; Gato et al., 2020; Roudinesco, 2003; Zambrano, 2015), being the threat used to retrocede to the idea of a natural, conservative, and heterosexist family as the ideal model or reference.

In the interim, reported under controversy, adoption by same-sex couples started to gain space in the face of the recognition of steady union in 2011 by the Brazilian Federal Supreme Court (STF) and the prohibition for notary offices to refuse to perform civil marriages between these people in 2013 by the National Council of Justice (CNJ). Although not made clearly explicit by Law No. 12010 (Brazil, 2009), the document that rules the main requirements and procedures for adoption in Brazil, adoption by same-sex couples is also not vetoed in any other: Federal Constitution (Brazil, 1988), Statute of the Child and Adolescent (Brazil, 1990), and Law No. 13509 (Brazil, 2017), allowing jurisprudential openings in the country.

Hence, national and international studies on adoption by same-sex couples seek to construct knowledge and clarify doubts regarding the experiences of these adopters relative to the parental role (Coitinho Filho, 2017; Forenza et al., 2021; Machin, 2016; Rosa et al., 2016; Vega-Lara et al., 2020), the perception of students who may become future social intervenients in work with such families (Cerqueira-Santos & Santana, 2015; Mizael et al., 2020; Santos et al., 2018), and work done by professionals in the process of qualifying for adoption (Cecílio & Scorsolini-Comin, 2018a, b; Kwok, 2019; Santos et al., 2021; Silva et al., 2017; Ximenes & Scorsolini-Comin, 2018). Moreover, they also dwell on understanding the narratives of the alleged emotional, psychosexual, social, and physical harm to the children and adolescents who are the children of families that break away from heteronormativity, contributing to demystify myths and prejudices (Farr, 2017; Golombok et al., 2014; Kwok, 2019; Perrin et al., 2019; Vecho & Schneider, 2005).

It is within this context that the present chapter starts from the need to understand and discuss the following questions: (a) How has the legal and social Brazilian imagination observed and dealt with the visibility of these forms of being a family? (b) What are the stereotypes created about the families headed by gays and lesbians in Brazil? (c) Is there a consensus regarding the harms or benefits to the development of children and adolescents belonging to this filiation relationship? And (d) is it possible to invest in public and social policies for recognizing the legitimacy of such families?

To get closer to these answers, it becomes pressing to investigate the knowledge, difficulties, and advances in the adoption decision processes under the perspective of those who contribute to this profession. For such, this chapter aims to understand how the professionals who work in the Brazilian Judiciary (psychologists, social workers, and judges) and the Public Prosecutor’s Office (prosecutors) understand and handle adoption by same-sex couples. It is worth mentioning that, in this study, we will use the expression “family constituted/headed by same-sex couples.” Therefore, the present investigation, conducted with cisgender people, does not

include the trans category (transvestite, transsexual, transgender) in the reflections, for we understand that its presence in the Brazilian Justice System is still rare, requiring a reserved space for more specific and in-depth discussions.

The Listening by the Justice System Professionals

The data discussed in this chapter stem from a qualitative study approved by the Research Ethics Committee of the Federal University of Triangulo Mineiro (Uberaba, state of Minas Gerais, Brazil). Participant recruitment occurred through suggestions by an adoption support group of which the first author is part, in the municipality of Uberaba. Uberaba is a municipality with an estimated population of 337 thousand inhabitants, located around 500 km from the capital of the state of Minas Gerais, Belo Horizonte. The other volunteers were located employing the “snowball” technique, with suggestions of professionals in other judicial districts of the states of São Paulo, Minas Gerais, and Goiás.

Forty-one professionals who worked in the Judiciary or Public Prosecutor’s Office participated in the final sample, including six judges, three prosecutors, fourteen psychologists, and eighteen social workers. The purpose was to select only professionals who were directly involved in the assessment (psychosocial technical team), accompaniment (prosecutors), and final decision-making (judges) regarding the qualification of candidates for adoption. Participants will be identified here from fictitious names, preserving their identity.

In Brazil, psychologists and social workers, known as interprofessional technical teams for advisement and investigation, are responsible for the psychosocial assessment, gathering data on the applicants, and performing interventions that trigger the social and support networks of the in-process family. The prosecutors, representatives of the Public Prosecutor’s Office, are responsible for analyzing the legal requirements and inspecting (the parental power removal process,¹ the National Adoption Register, and the summoning of applicants). In turn, the judges are the fulfillers of their adjudicating role, responsible for evaluating the technical opinions and the authors of the final dictates (Campos & Costa, 2004; Cecílio & Scorsolini-Comin, 2018a, b).

It must be emphasized that not all interviewed professionals had undergone the experience of assessing a case of an adoption request by a same-sex couple. The inclusion of professionals with and without this experience aimed to apprehend the conceptions built on the topic regardless of practice with this type of request. Table 1 shows the characterization of the participants. As one may observe, of the 41 participants, 27 (65.8 %) had had experience working with these couples who were adoption applicants.

¹ Parental Power removal in the Brazilian legislation is a measure aimed to safeguard and guarantee the integral and healthy development of the child or adolescent through their removal from family life and the loss of custody by their parents.

Table 1 Identification of the interviewed professionals (N = 41)

Professional category	Mean age	Marital status	Mean number of children	Religious/spiritual belief	Mean period since graduation/time in the position (in years)	Experience with LGBTQ+ applicants
Judges (n = 6)	48.2 years old	Married (4), separated (1)	2.6 [1 has a child through adoption]	Catholic (2), Spiritist (1), none (1), did not identify (1)	24/13.4	n = 2
Prosecutors (n = 3)	44.5 years old	All married	1.33 [1 has a child through adoption]	Spiritist (1), none (1), did not identify (1)	21/18.66	n = 3
Social workers (n = 18)	41.61 years old	Married (9), single (6), separated (2), widowed (1)	1.27 [2 have children through adoption]	Catholic (6), evangelical (1), Spiritist (4), spiritualist (3), agnostic (1), none/did not identify (3)	18.72/9.91	n = 11
Psychologists (n = 14)	44.8 years old ^a	Married (7), single (3), steady union (2), separated (1), widowed (1)	1.53	Catholic (7), none/did not identify (5), Spiritist (2)	18/12.89	n = 11

^aTwo professionals did not want to inform their age

For data collection, we employed an individual interview script applied in person in which the participants were questioned about the process of evaluating these couples, their preparation and that of the children/adolescents who could come to be adopted by them, what the impediments for them to be parents through adoption were, how the society and the professionals engaged in the qualification process understand this adoption, and what could influence them in their work, among other elements emerging at the time of the interview. The interviews were audio-recorded and later transcribed in full and, literally, composing the analytical *corpus*.

The thematic-reflexive analysis occurred from the procedures by Braun and Clarke (2019), i.e., from the topics emerging through exhaustive readings of the material, a process performed by both researchers involved in the research. And the data interpretation was guided by the literature of the field. From the statements by the participants, three primary topics emerged and will be presented and discussed in this chapter: (a) the social imagination build regarding the possible harm to the child/adolescent being adopted due to the lack of reference of the opposite sex; (b) the risk/protective factors assessed by the professionals while listening to the same-sex couples applying for adoption regarding the triple entanglement, being gay/lesbian, father/mother, and through adoption; and (c) the need for the flexibilization of the parental roles and functions, with the parental competence needing to be associated with the quality of the bond constructed in the new family and not substantiated on the sexuality of the postulating couples. Lastly, we emphasize that, upon mentioning the authors of the statements in full, besides the fictitious name, the profession and time of experience will also appear.

The Negative Social Imagination Relative to Adoption by Same-Sex Couples in Brazil

Considering the entire process of qualifying for adoption, the steps to which the applicants must go in the Brazilian legal context are the following: (a) manifestation of interest at the Juvenile Court of one's Judiciary District; (b) delivery of documents to be filed with a notary, with the presence of an attorney no longer being necessary; (c) participation in a preparatory course for adoption; (d) social and psychological (psychosocial) assessment; (e) investigation of the legal situation of both children/adolescents and applicants by the Public Prosecutor's Office; (f) authorization/qualification by the Judge, supported by the investigation by the technical team; (g) cross-linking of data between applicants and child/adolescent in the local and national register; (h) beginning of the coexistence stage in which the approximation of the interested parties occurs, as well as the granting of the custody, after an observation period; and (i) assessment by the technical team and the granting/denial of applicants by the final opinion of the Judge, which, upon being formalized, will have the names of the parents registered in the child's birth certificate, irrevocably (Cecílio & Scorsolini-Comin, 2018a).

Regarding adoptive parenthood, the objective is always to advance in terms of taboos, myths, and understandings about the real meaning of adoption – finding families for children and adolescents – as well as which would be the criteria to consider a person fit or unfit to adopt (Schettini et al., 2006). In general, according to the professionals, the fitness of the applicants must be connected to the motivation for adoption, with the emphasis being on the internal availability to be a parent to children and/or adolescents who desire a family (Cecílio & Scorsolini-Comin, 2018b) and have a history of the rupture of consanguineous bonds, often with memories of pain and suffering.

Therefore, the applicants would be assessed regarding the investments in care, protection, affection, and education of the child; the place to be occupied by the child in the family dynamics; the meanings attributed to the adoption by them and their closest support network; and how they would deal with situations specific to the adoption world (prejudices, revelation, and respect for the pre-adoption history of the child, among others). Concerning unfitness, the applicants would not be qualified if they presented the following: seriously impaired mental health; a situation of miserableness that does not offer minimal conditions and rights to the children; unorganized home, family dynamic permeated by violence and/or substance dependence; worrying reputation history; absence of motivations supported by the genuine desire to welcome a child as a son/daughter; as well as other possible disadvantages that prove to be evident to the construction of affective bonds, such as the absence of responsive care (Cecílio & Scorsolini-Comin, 2018a).

It is observed that sexual orientation and gender identity are not aspects mentioned by the professionals, nor are they addressed as vetoes in the laws (Brazil, 1988, 1990, 2009). According to the respondents, the risk is of the expression of a motivation that eludes the fundamental principle of desire for filiation because the most important thing is to understand “what will be the place where that child will be inserted in that family” (Psychologist Ana Carolina, 13 years of experience), introducing them in the transgenerational story of the family, as also discussed by Schettini et al. (2006).

Regarding the beliefs conveyed relative to adoption by same-sex couples specifically, we found the same response niches that resonate in the following statements: “Many think that it is a disease, (...) they fear the couple is using the child. Homosexuality, the homosexual, is associated with pedophilia, right?” (Social Worker Renata, 22 years of experience); “I think that, within society, there are thousands of people and segments that don't accept it, consider it a sin, poor education, a failure in education” (Social Worker Mônica, 5 years of experience); “Oh, if they are adopted by two fathers, they will become gay” *or* “Oh, poor thing, they will be bullied in school (...) they will sexually abuse the child, especially when involving a male homosexual” (Psychologist Camila, 7 years of experience); “There is the belief that it is prohibited, that it is dirty, that God forbids it, that God doesn't accept it” (Social Worker Carla, 10 years of experience).

Therefore, we may observe that the arguments against the exercise of adoptive parenthood and family constitution by this public were guided by the ideas that (a) homosexuals may present a promiscuous or unstable life in their relationships; they

would tend to sexually abuse children, especially when considering men (gays), stemming from a premise of promiscuity; (b) they would restrict their children in identifying or knowing the opposite sex, which could influence them to become homosexual as well; and (c) they would submit their children to embarrassing or discriminatory situations (bullying). In other words, to the professionals, society faces homosexuals as unfit to exercise parental roles. Other studies have also reported these and other reservations to homosexual parenthood² (Coitinho Filho, 2017; Gato et al., 2020; Tombolato et al., 2018).

Two main discussion points that merit attention also found in other studies (Lira et al., 2015; Pombo, 2019; Vecho & Schneider, 2005; Zambrano, 2015) anchor on the premises that the public composed of gay, lesbian, and bisexual people would (1) deny the fundamental principle of the difference between sexes, which would entail psychological, emotional, sexual, and social harm to the development of children and adolescents, who would not have access to the opposite sex to their parents' to construct their sexual identity and (2) present complexes and traumas, the results of prejudices, discriminations, shame, education received by their own parents (strict or permissive), and rejections (in the family or society), not being good references of self-esteem and self-confidence to their children. How to trust that these applicants would be good parents?

Relative to the first point, it is fundamental that two things are enlightened: that sexual orientation, gender identity, and gender roles are not synonymous and merit specific discussions (Gato et al., 2020), as the orientation indicates a deep attraction for the same sex, opposite sex, or both sexes, while identity indicates how the person sees themselves relative to the socially constructed genders (female or male). It must also be clarified that the construction of the notion of the difference between the sexes will be allowed during the socialization process of the child (Cecílio & Scorsolini-Comin, 2018b; Zambrano, 2015), in which they will be in contact with the male and female genders in the figures of uncles/aunts, teachers, and coevals. That is to say that it is expected, regardless of the family configuration (single parent, same-sex parents, or heteroparental), that children and adolescents visit different spaces and coexist with diversity.

As for the second point, does it not seem strange to blame homosexuals – and the LGBTQ+ category as a whole – for being targets of prejudice, discrimination, and violence? If they are targets, there is suffering. If there is suffering, they inevitably need to invest in coping resources to deal with hostile and adverse situations. Hence, the need for a stance of respect to diversity and combat to the reproduction of conformism discourses under the justification that children and adolescents would be safe from this stigmatization is reinforced (Perrin et al., 2019).

It is important to recall that moral values help in the construction of a culture and that they are not always based on scientificity but rather on clippings of a story of sexuality that associated homosexuality with diseases, perversion, immorality, and

²This term is employed herein due to its recurrence in national and international scientific production. However, we clarify that its use in this chapter has no objective of reducing parenthood to the sexual orientation of the couples.

crime. It is a fact that the culture would work for both the maintenance and the transformation of norms and values (Valério & Lyra, 2016), but the resignification process requires much from those who experience it and seek legitimacy in their rights as citizens. Therefore, discussions aimed towards risk factors and protective factors seem valid, given the opportunity to reflect on what the real advantages and disadvantages for children and adolescents to become adoptive children of same-sex couples are, from a new adoption culture in which families are sought for children/adolescents.

Risk/Protective Factors Observed in the Triple Entanglement: Being Gay/Lesbian, Father/Mother, and Through Adoption

Ensuring the fact of taking into account the pre-adoptive history of the child, it is indispensable that the adoption process is necessarily at their service. If we observe that, on the one hand, one of the fundamental principles of the Brazilian Statute of the Child and Adolescent is the right to family and community coexistence, drawing on their best interest, the bonds guided by affection, and responsive care of their singular demands, and, on the other hand, we have the legitimate wish of couples to exercise adoptive parenthood; going through the qualification protocols to this end, we would not be in the face of a problem. But if the primordial idea of establishing the adoptive bond is the protection of children and adolescents – and gays and lesbians are targets of prejudice, discrimination, and several forms of violence for being who they are – we have here a public health problem that violates human dignity (Brazil, 1988).

The risk factors are related to stressor events or life obstacles that increase the chances of a person developing physical, social, or emotional problems, i.e., would increase the person's vulnerability in the face of adverse situations. In turn, protective factors would be associated with events that modify, improve, or alter responses in the face of the risk situation, i.e., triggering adaptation processes that may result in resilience processes (Baiocco et al., 2021; Rodríguez et al., 2020).

As well entitled in this axis, it was possible to apprehend, in the professionals' statements, the concern aimed towards three perspectives: the applicants (a) being lesbians and gays, (b) wishing to exercise parental roles, and (c) needing to face not only the adoption qualification process but also some prejudiced views to this parenthood access way. Yes, it seems we still need to walk a little further to overcome ambivalent ideas and feelings regarding adoption (Valério & Lyra, 2016; Paulina et al., 2018). To begin, Social Worker Carla (10 years of experience) manages to translate what several other professionals understand about a rooted culture that gradually demystifies itself: "Like before the difficulty was the adoption - 'oh, how is it going to be my having a child and saying they are adopted'; nowadays, it is for a same-sex couple. I think that, to get to adoption, they have gone through a lot."

In general terms, by analyzing the interviews, it was possible to identify risk factors relative to the children and adolescents and the gay and lesbian applicants. Firstly, we found that the advances in legislation, especially with Law No. 12010/2009, helped eradicate informal adoptions that gave margin to clandestinity, i.e., did not take place under the gaze of the Judiciary, which evaluates who has better conditions to take care of that child or adolescent who cannot stay with their family of origin. In the same sense, before the already-mentioned landmarks of the STF and CNJ, when same-sex couples were not recognized as a family entity (a requirement for joint adoption), only one of the spouses could plead for adoption. This factor also allowed the partner to be removed from the assessment. If we recall that the objective of adoption is a protection measure that aims to find families for children/adolescents, it becomes indispensable to investigate the benefits or harms of this filiation relationship (Cecílio & Scorsolini-Comin, 2018b).

Another point refers to the prejudice suffered by gays and lesbians and how they internalize this homophobia. According to Judge Alex (2 years of experience), “In small cities, people feel more vulnerable, ashamed. There is greater pressure for visibility” compared to the more open and liberal conception of larger urban centers. Besides, he comments that people with “lower education levels have no notion of their rights. We have several Brazils!” And this may configure as an even more considerable stress source. About this aspect, Lira et al. (2016) bring important considerations about the ambiguity regarding the (in)visibility: the cruelty of the prejudices, on the one hand, and the overcoming of discrimination, on the other hand; this helps reflect how these issues mark the subjectivity of the constructed family and parental relationships.

The children and the adolescents gained prominence regarding the active participation in the adoption – the right to be heard and manifest what they think about the family that the Judiciary is choosing for them (Psychologist Paloma, 9 years of experience) – respecting their age upon “addressing any subject, within what they may understand, but always within the truth” (Social Worker, 3 years of experience). It is worth talking here about the revelations: of the adoption, of the homosexual relationship of the parents, which must not be based on lies. According to Social Worker Renata (22 years of experience), the problem is that not coming out may impact a person’s well-being and self-esteem negatively “because the same difficulty they have to face society and say ‘I am like this’, they also (...) will find it difficult to impose themselves, to speak.” At the same time, not coming out may generate confusion for the child because “if the parents themselves do not come out (...), how will they hold their head high? They will think that their parent is worse than others” (Psychologist Camila, 7 years of experience). These statements evince how the process of coming out often tends to be invested with psychological distress, as approached by Frazão and Rosário (2008).

It just so happens that the fear of gay and lesbian applicants finds a place in two situations: first, “because these couples may be rejected by the children and this generates suffering” (Judge Juliana, 12 years of experience), and second because the child “will have, in society, coexistence difficulties, there may be criticism at school, comments within the family itself (...)” (Psychologist Vânia, 25 years of

experience). Regarding this last aspect, Social Worker Tânia (11 years of experience) seeks to state that any child may present some harm, with the sexual orientation not being the only possible stressor factor: “If the couple or the person do not manage well the prejudices that will be presented by society. Both for being a same-sex couple or of a different color, right, for being a single mom, or because of the adoptive condition itself.”

Prosecutor Humberto (18 years of experience) suggests that the parents be prepared to give all the support that their children require and manage to “talk with naturality when these questions arrive,” with a protective factor being the enabling of a bond of trust in the parental relationship (Cecílio & Scorsolini-Comin, 2018b).

For this reason, the family and social support network of these couples also received prominence in the assessment. Regarding the risk, Psychologist Suzel (23 years of experience) comments that perhaps a greater concern in such LGBT parenting arrangements involves the acceptance of the family and the constitution of bonds, “because, otherwise, the relationship would be too much in symbiosis,” as Passos (2009) also addresses the importance of the affections and socialization.

Lastly, some statements of a protective nature prevail that may be represented by the words of Ana Carolina (Psychologist, 13 years of experience): “The sexuality issue will not influence the... but the love that they will give, the affection, the attention, the providing of a healthy environment for the child to develop” will make a difference. Therefore, the idea that the attention should turn towards the quality of the relationship remains because it is not the sexual orientation that guarantees that the applicants will be good parents or not (Gato et al., 2020). That is, besides the fact that sexuality (or sexual orientation) is only a clipping of one’s identity, other aspects are announced as fundamental to speak of good parenting, emphasizing as protective factors of the development of the children.

Need for Flexibilization of the Parental Roles and Functions

In analysis, the interviewed psychologists emphasized the concern with the clipping of the investigation so not to make assumptions or crystalize people. The assessment step must not focus on the act of investigating and selecting, but rather enable a space for clarifications that could prepare, instruct, demystify prejudices, aid the comprehension of the importance of building a healthy relationship, and lapidate wishes and motivations.

As we already mentioned in the first axis, with a focus on establishing safe and affective bonds, the sexual orientation of the applicants was not mentioned as an aspect to be investigated. This perspective may be found, for example, in the statement by Psychologist Monalisa (33 years of experience): “It is very invasive to ask if they are or not,” attesting that a “confession” about one’s sexuality is not fitting (Foucault, 1999).

However, although the professionals defend not addressing issues involving sexuality for it is an intimate matter, some discourses raised the understanding that it

makes no sense for both the professional not to ask and the applicant (who often also arrives alone) not to address their sexual orientation. That is to say that one cannot do without a technical treatment, much less accept that a piece of information be veiled. After all, “if a person does not come out, how will they come out to a child, an adolescent, who is going to be incorporated into this reality?” (Psychologist Fátima, 10 years of experience).

In the first axis, it was possible to notice the arguments against adoption by same-sex couples underpinned especially by the idea that the child would lack a reference of the opposite sex. On the second axis, we were able to dive into aspects that could be sources of stress or potentialities for all those involved in the family constitution. In this present axis, to talk about role flexibility, it is necessary to address the arguments in favor of this family configuration because, besides superseding many premises and myths, they generate interesting reflections on what is conveyed about the ideal of family and its conditioning aspects.

That said, the interviewed professionals reflected on the following points in favor: Besides their own experiences, it is scientifically proven that children and adolescents suffer all kinds of violence, mainly at home and by the so-called traditional family. The “transmission” of homosexuality does not exist by the simple fact of the parents being heterosexual, and also because the children will make contact with people of the opposite sex to that of their parents from the socialization process. Why is single parenting or unilateral custody possible if the child or adolescent remains under the care of a single reference of sex? There is less strictness regarding gender stereotypes (what is expected of boys and girls), given that the couple would need to make themselves flexible in the family functions and roles that may elude their biological sex.

About the parental functions specifically, few were the professionals who addressed this subject since the interview was semistructured and this inquiry was not presented to all respondents, only when they brought up some perception or experience in this sense themselves. That consideration made, statements drew attention regarding the concern with the disruption of the difference between sexes in the parental roles and functions, especially when seeking to understand who would perform the “role of the mother” and the “role of the father,” besides searching in the extended family or available network for people who would become references of the opposite sex or gender to the child (Gartrell et al., 2011; Gato et al., 2020; Rosa et al., 2016; Zambrano, 2015).

One of such positions may be observed from the following report by psychologist Vânia. As one may surmise from the excerpt, these families would already express gender stereotypes associated with the functions historically and socially attributed and expected of women and men, so that these gays and lesbians would embody such roles, with there always being complementarity within each couple. Hence, one may argue that what would occur in the psychosocial assessment – on the part of some professionals – would be a kind of restatement of these stereotypes, both legitimizing when they were expressed and expecting the production and narrative of these differences so that, somehow, the presence and preservation of these roles in the new families could be guaranteed.

To me, they have a, this definition of role already clear between them there. One always exerts a role more, like, of a provider, who will work, the other more a maternal role of staying at home washing, taking care of the children (...) One more serious, like, manlier, the other womanlier. (Psychologist Vânia, 25 years of experience)

In contrast, some positionings unconcerned with the traditional sexual and gender roles that would reproduce the heterosexual relationship also echo. In the first, Judge Juliana (12 years of experience) opens an interesting reflection when she says: “We have nowadays a much more questioning society than the society of 40/50 years ago, in which there was that thing of men ordering and women being submissive. So how many evolutions did we have? Women kept on breaking barriers; now it is the homosexuals who are breaking barriers!” And, specifically, Psychologist Monalisa (33 years of experience) deepens that “No one will be less a mother or father for not executing an activity,” later giving examples such as bathing or taking to the doctor’s office and explaining that “with a same-sex couple, each one will have more skills/knack to do one thing, and a limitation,” bringing the connotation of greater flexibility of the responsibilities (Gato et al., 2020), regardless of the gender ideology.

We emphasize that one of the innovations associated with same-sex couples in the scientific literature is precisely the possibility of flexibilization and questioning about certain social and parental roles and places. When the professionals open up to this listening, they enable the emergence of discourses and narratives that indeed show how these couples manage the obligations, the rules, and the needs of everyday life, preventing them from responding in a stereotyped way aiming at social acceptance and the consequent approval of the adoption request. It is important that these professionals be mindful of these markers so that social desirability – embodied herein in gender stereotyping – is not one of the biases that permeate the evaluative process.

These surveyed aspects merit attention insofar as they have an intrinsic connection with the alleged concern with the sexuality of the applicants, even if the discourse says otherwise. Beyond possibly sounding as a curiosity, if the purpose of the question is not well explained – as some respondents mentioned asking it directed toward the routine and care for the child – it is important to be mindful of the risk of reproducing the heterosexual relationship with the homosexual or bisexual relationship that presents itself, as if the heterosexual relationship were a model to be followed. Hence, when the family headed by gays and lesbians does not correspond to this expectation, breaking through the heteronormativity, it is seen as strange, when its flexibility, in truth, may attest to a healthy movement of the members themselves deciding what roles they will perform from their social skills and internal availability.

The Awakening to a New Horizon: Public and Social Policies on the Scene

Talking about public and social policies is, among other senses, seeking assistance, the guarantee of rights, and the general well-being of the population. But how to achieve actions and conditions on behalf of these families? The respondents mostly answered: by giving visibility to them, showing society and the state that they exist, and meriting respect and legal custody. And what are the implications of such public and social policies? We venture to answer this questioning: the construction of a culture of legal and safe adoption that embraces the differences and legitimizes the real desire to constitute a family!

Therefore, if, to build a culture, we need to publicize facts and pieces of evidence, specifically to eight psychologists, eight social workers, two judges, and one prosecutor, the professionals who somehow work or come across this demand by gay and lesbian applicants would be actors who should operate as agents of change both in their daily practice in assistance and the interventions over the course of the steps of the adoption qualification process. This could be done, for example, by exposing cases considered successful so to trigger a cultural resignification of prejudiced conceptions.

But how to do this? We found examples in the following statements: “I think that the best thing to demystify anything is practice; it is the disclosure of situations that worked out, right (...) because these prejudices have no scientificity” (Psychologist Camila, 7 years of experience). “The population must be enlightened that same-sex couples are adopting, that they can and are good parents just as heterosexuals” (Psychologist Ana Carolina, 13 years of experience).

To achieve these propositions, the statement by Prosecutor Eduardo (15 years of experience) stood out for reinforcing the importance of public and social policies aimed to act jointly, when he said:

It is very important when we see adoption being discussed. And when I say discussed, it is the press giving focus, it is the propositions of the Public Prosecutor's Office and the Judicature relative to this, it is the strengthening and growing of Adoption Support Groups [ASGs], the holding of national meetings of the adoption groups, of debates on the topic (...) the existence itself of the National Adoption Day raising these issues, soap operas, news articles (...).

Eduardo also elicits the idea that the state needs to recognize these families, especially as worthy of legal custody, given that the “Federal Supreme Court itself has already recognized that the true amalgam of the family (...) is not the consanguineal bond, but the affective bond.” However, it seems that the visibility of the subject proves insufficient, implicating the need for the training updating of several actors of the network.

We found, for example, the complaint from a prosecutor (Lilian, 23 years of experience) regarding the lack of capacitation to deal with issues that require more sensitivity and depth, such as Psychology and the Social Service are used to. And the statement by Psychologist Lilian (10 years of experience) about the importance

of the theoretical background mentioned in the technical report “even for the judge to understand that there is no problem, that it is not from our heads (...) and to give a notion of scientificity to our technical perception.”

Even considering that “in truth, the law is remiss, a jurisprudential construct” (Judge Alex, 2 years of experience), the idea that one must not indoctrinate or force the acceptance by society but rather work “showing, sensitizing, informing” (Psychologist Paloma, 9 years of experience) because “the more something is talked about, the more it is exposed, the more this stimulates people to reflect” (Psychologist Laura, 4 years of experience); this seems to echo in the statements as strategic resources to not think about adoption as a solver of social problems, but as legitimate in itself in the real desire to constitute a family (Coitinho Filho, 2017).

Hence, it seems fundamental to emphasize that the adoption qualification process presents, for both applicants and professionals, as a space of reflection and preparation for contemporary demands regarding family constitution (Cecílio et al., 2019; Silva et al., 2017). Moreover, we add here, as another protective factor associated with public and social policies, the referral and offer of psychological follow-up to these families, aiming at developing coping resources to overcome adverse situations, as Domínguez et al. (2015) also suggest.

Final Considerations

As it was possible to observe in this chapter, the interviewed professionals emphasized recognizing the adoption by same-sex couples as a “new” demand, inaugurating the “different” from what so far was more common on the backstage of the Judiciary Power. The legal landmarks came to give more visibility but were not the only reasons for the search by these applicants to grow, with the gradual change in the negative conceptions associated with homosexuality being evinced.

According to the professionals, based on a negative clipping of its history, retrograde and prejudiced argumentations may still be found in the social imagination. However, there is the reservation that the subject is being widely broadcasted, allowing the cultural meanings to be resignified. In this sense, just as the history of adoption has been trailing new paths, leaving the clandestinity and the conception of second-order filiation, parenthood exercised by homosexuals has also been gaining legitimacy from the claiming of rights of the LGBTQ+ category and of research that attests to the non-substantiation of alleged harms to the development of the children of these fathers and mothers.

Although the legal context is often highlighted as arbitrary and conservative, as in the case of the Brazilian context, it must be suggested as a catalyst of change in the face of its individual-society mediating power, especially in the aspect of the legitimacy of rights, respecting diversity. Meeting the objective of understanding how the professionals perceive adoption by same-sex couples, the present chapter presented itself as an invitation for the recognition of the need to embrace the demands, doubts, and questioning presented by these professionals, which may be

forwarded as a possibility to broaden these discussions to the forums of higher education training and the improvement courses connected to these professional categories, such as study groups and technical capacitation.

Lastly, we emphasize the importance of new studies aimed toward the other LGBTQ+ categories, such as transgenders, who also have been placing themselves in evidence (Souza, 2013; Zambrano, 2006). Monitoring how these professionals of the Justice System have responded to the changes in the profile of adoption applicants in Brazil and the world is a way also to access the repercussions of the social and cultural discourses in fields that may indicate, suggest, and decide on the exercise of parenthood and the construction of new families. This is a long, complex process that must be followed up closely so not only to identify and report possible unethical, stigmatizing, prejudiced, and even violent professional conducts but to promote a reflexive, informative, embracing, and humanized culture in the face of these new publics and the families that will still flourish, respecting, as provided for in the Brazilian legislation, the best interest of the child and the adolescent.

In terms of the possible resonances of these discussions in the international scenario, we reinforce the need for a double movement: firstly, the strengthening the recognition of the rights of LGBTQ+ people, without regressions of any order relative to the guarantee thereof in each country/context being tolerated, and secondly, the need to understand that the legitimation and maturing process for forming families composed of same-sex couples often accommodates dissonant movements that pass by subjectivities, social representations, and how these elements are embodied in the Justice System each country. Knowing such markers in each context and their specificities may be useful not only for constructing intelligibility about the phenomenon in question, signaling the differences in each reference scenario, but so that rupture, reconstruction, and repositioning movements be possible in the future.

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(Homo)Parenting: From the Adoption Process to the Child's Arrival



Carolina Monteiro Biasutti and Célia Regina Rangel Nascimento

The concept of parenting is used by different theoretical approaches to indicate the complex process that involves becoming a father or a mother. Several aspects are combined and are necessary in the construction of parenting, which is a relational and dynamic process that encompasses changes and adaptations over time. It involves two-way interactions between child and caregiver, where the characteristics of each person and the availability and desire of the adult to dedicate itself to the care of the child are implicated (Gorin et al., 2015). Parenting is still situated in the social and cultural context, being influenced by the values of care and expectations about development present in society.

Parenting by gay and lesbian couples has only recently acquired legal support and visibility. In a survey conducted by the *International Lesbian and Gay Association* (ILGA), it was identified that, among the 193 member countries of the United Nations (UN), the union between couples of gay and lesbian people is legally recognized in only 34 of them (18%). In the scenario of joint adoption, the number is even lower, with 28 countries (14%) recognizing and offering legal protection for couples of gay and lesbian people in search of adoptive parenting (ILGA World, 2020).

Despite the growing worldwide debate about the family and its different arrangements, the family of couples of gay and lesbian people with children has lately gained space and legitimacy among the different family configurations (Pesente et al., 2017). This debate was motivated, above all, by political and social changes that took place in the public and private context (Golombok, 2015). Nonetheless, these families still face reactions of strangeness and discrimination (Farr & Vázquez 2020a; ILGA World, 2020; Pêsoa & Rosa 2018; Silva, Souza, & Fernandes-Eloi, 2017b).

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Movements in defense of the rights of lesbian, gay, bisexual, transgender, queer, and more (LGBTQ+) questioned (and still question) the norms of the dominant sexual paradigm present in the social, political, and legal spheres and demand the recognition of sexual diversity, conjugality between gay and lesbian people, as well as the desire for a family constitution with children (Golombok, 2015; Ximenes & Scorsolini-Comin, 2018). In the Brazilian context, in 2010, the Superior Court of Justice (STJ, as per its Portuguese acronym) decided on a case of unilateral adoption of two children among a lesbian couple. In 2011, the Federal Supreme Court (STF, as per its Portuguese acronym) recognized the stable union between gay and lesbian couples as a family entity (ILGA World, 2020), which guaranteed these couples the legal rights and duties of the union, as well as the protection of the state over their families (Rosa et al., 2016).

In 2013, from Resolution n° 175, promulgated by the National Council of Justice (CNJ, as per its Portuguese acronym), it was postulated that national registries were obliged to celebrate civil marriages between gay and lesbian people (ILGA World, 2020), granting these families the same legitimacy in their union as families composed of heterosexual couples. It was after the recognition of this union that, in 2015, STF maintained the decision for adoption by families of couples of gay and lesbian people (ILGA World, 2020). Accordingly, families of couples of gay and lesbian people have also acquired recognition of the right to the affiliation and the exercise of parenting.

(Homo)Parenting and Adoption

Homologous neologism was created in France in the 1990s, by *L'Association des Parents et Futurs Parents Gays et Lesbiens*, as a way of giving visibility to parenting exercised by couples of gay and lesbian people or single gay/lesbian individuals (Santos et al., 2018). If, on the one hand, this nomenclature is sometimes questioned due to the fact that it refers to parenting while mentioning the sexual orientation of the parents, on the other hand, it has become an important symbol of resistance and contributed to the visibility of this family configuration (Ximenes & Scorsolini-Comin, 2018). Thus, the use of the term (homo)parenting in this chapter is due to the recognition of the visibility and representativeness it carries in LGBTQ+ movements, without reducing the experience of parenting for these families to the sexual orientation of fathers/mothers.

The composition of the family formed by couples of gay and lesbian people with children can be established through different strategies, such as assisted reproduction and adoption. In the Brazilian laws regarding adoption, there is no mention of the sexual orientation or marital status of the applicants. Once the stable union and marriage between gay and lesbian people are recognized as a family entity, these couples start to appear in conformity with heterosexual couples in the adoption processes (Cerqueira-Santos et al., 2017; Ximenes & Scorsolini-Comin, 2018).

Before proceeding, it is necessary to explain, in short, how the adoption process can take place in the Brazilian context. The Childhood and Youth Court is the body of Justice responsible for the processes of custody and adoption of children and adolescents, in addition to guaranteeing the rights of this public, in accordance with Brazilian law. The applicant for adoption must, at first, attend a process that involves, briefly, the delivery of personal documentation to the Childhood and Youth Court to start the process, participation in adoption courses with psychosocial and legal preparation given by the technical teams of the judiciary (formed by social workers and psychologists), and psychosocial evaluation of postulants (Brasil, 1990, 2009). After the postulant performs these steps and satisfies the requirements described in the law, the adopter then receives the qualification and starts to be included in the National Adoption Registry (Brasil, 2009).

In Brazil, adoption is an exceptional measure, triggered when the resources for family reintegration are exhausted and aiming at the child's best interest (Brasil, 2009). When a situation occurs in which, as a child protection measure, the judge determines the dismissal of the family power and the forwarding of the child to a substitute family and adoption, the adoption applicant present in the adoption line of his/her district is contacted, and adoption is made possible (Brasil, 2009). As this process is centralized in the legal sphere, its concreteness and quickness depend on the performance of the technical team, as well as on the monitoring and execution of judges and prosecutors involved in the process (Oliveira Filho & Abreu, 2014). Thus, adoption requires the execution of legal functions that can be at the mercy of the evaluation and decision of the technical team and the judge.

The possible subjective bias involved in the team's evaluations and decisions during the adoption process was addressed in a systematic review of the scientific literature, on the evaluation of applicants for adoption, by Cecílio and Scorsolini-Comin (2018). The authors found that there is little research focusing on this topic. It was identified that there are several practices described during the process of evaluating applicants, such as interviews, observations, and home visits, and it is up to the evaluators of the judicial context to select suitable applicants to adoption. Since there are also subjective aspects involved in this analysis, it can be questioned how this evaluation has been held when families have different configurations, such as couples of gay and lesbian people.

Brazilian studies have heard psychologists from the judiciary on the issue of adoption by gay and lesbian couples. Normative values about the family appeared in the evaluators' discourse, focusing on the nuclear, consanguine, and heteronormative family, in addition to concerns about the social roles of each member of the homoparental family (Silva, Silva et al., 2017a). It was evaluated that the professionals still do not find scientific discussions in their academic and labor training to support their work with different family configurations (Ximenes & Scorsolini-Comin, 2018). It is considered that it is up to professionals in this area to prepare themselves to understand the social changes that have occurred, which have resulted in changes in the contemporary family, and to reduce prejudices established in society that are reflected in the legal environment.

Due to the fear of prejudice-based evaluation in the adoption scenario, a practice that is still recurring is just one of the partners entering the adoption process, as a bachelor, especially in countries where adoption by couples of gay and lesbian people is not legally contemplated (Messina & D'Amore, 2018). International literature highlights that LGBTQ+ families face additional challenges to achieve adoption started in the evaluation by adoption services/agencies (Farr et al., 2020; Messina & D'Amore, 2018).

In the last decades, however, there has been an expressive legal opening for this family composition in several countries in the world (Farr et al., 2020; Golombok, 2015), including in Brazil, which favors the constitution of the family of couples of gay and lesbian people with children through adoption (Silva, Souza, & Fernandes-Eloi, 2017b). In the United States, among the families of gay and lesbian couples with children, one in ten children was inserted in the family from an adoptive affiliation, that is, 10% of the affiliations in this family composition occurred through adoption, while the adoptive affiliation among heterosexual families in the country was around 2% (Gates, 2013). In Brazil, the 2010 Census made it possible to collect some information about couples of gay and lesbian people who live in the same household. It is known, for example, that a larger number of families without children have been identified; and, among those with children, the majority is made up of female couples (Lena, 2016). Nevertheless, there is still little objective data on the family made up of gay and lesbian couples, especially the family with children, and even less on adoption.

Silva, Souza, and Fernandes-Eloi (2017b), when reviewing the articles produced between 2006 and 2015 on prejudice, homoparenting, and adoption in Brazil, found that there is little production on the topic and that there is still prejudice and ignorance about this configuration. The authors identified increased interest in the topic, and in research and production on couples of gay and lesbian people with children or with a desire for parenting, in 2015. Issues such as the desire of gays and lesbians to become fathers/mothers, the distribution of tasks, the concern with preparing children for the experience of this family configuration in society, the quality of the support network, and the fear of discrimination appeared in the studies identified in the review.

Nascimento et al. (2017), when discussing the need to expand the understanding of the concept of family to guarantee the right to family coexistence advocated in Brazilian legislation, highlighted that adoption by the family consisting of couples of gay and lesbian people is one of the options when the need for insertion of the child or adolescent in a substitute family is considered. In the Brazilian context, the authors recall that, in the National Plan for the Promotion, Protection and Defense of the Right of Children and Adolescents to Family and Community Coexistence (Brasil, 2006), the understanding about the family surpasses the expectation of a model or configuration, prioritizing the affective and care-related function that this context must carry out with the child or adolescent. Thus, expanding the debate and knowledge about different ways of constituting and living with the family, especially considering changes in social and political contexts, which sometimes imply

advances, and sometimes setbacks, strengthens the arguments in favor of the family in your diversity.

Based on these considerations and the growing number of families made up of gay and lesbian couples with children in the national and international context, this chapter aimed to find out, in the Brazilian context, how these families experienced the adoption process and the child's arrival, from the perspective of fathers/mothers. Accordingly, it is hoped to increase knowledge and understanding about the achievements and challenges experienced by these families, as well as about this new family configuration.

The Experiences of Gay and Lesbian Couples with Children by Adoption in Brazil

In order to reflect on this phenomenon in the Brazilian context, we will present, next, the report of a qualitative-descriptive study developed with four couples of lesbian and gay people who lived together and experienced parenting since adoption, in the metropolitan region of Greater Vitória, in the state of Espírito Santo, Brazil. In only one case, the child's mother adopted her when she was single, and when the child was one year old, the mother started the relationship with her current partner. The project was approved by the Human Research Ethics Committee of the Federal University of Espírito Santo under CAAE number 44931415.7.0000.5542, following the Brazilian legislation.

Table 1 describes the sociodemographic data of the families. As an inclusion criterion for the research, it was established that fathers/mothers should have at least one adopted child aged 12 years or less at the time of the interview. Exclusion criteria were considered for parents who did not go through the process of legal adoption of the child, which constitutes a crime under the Brazilian legislation and the National Law of Adoption, n° 12.010 (Brasil, 2009).

The data collection instrument was a semi-structured interview script designed by the researchers based on the reading of investigations carried out on topics related to adoption and parenting. In this study, we analyzed results on the sociodemographic characterization, the adoption process, and the child's arrival in the family.

Participants were evaluated from indications after an invitation to the survey released by e-mail on social networks by the researchers responsible for the study. It is, therefore, a sample for convenience. All signed the Free and Informed Consent Form and were interviewed individually in the place of their choice. Some interviews took place in more than one meeting, having been carried out on average in 2 h and 52 min. All interviews were recorded and later transcribed. In order to guarantee the participants' anonymity, fictitious names were assigned to fathers and mothers with the letter B, while their children with the letter D.

Table 1 Sociodemographic data of the participants

	Couple 1		Couple 2		Couple 3		Couple 4	
	Benício	Bento	Betânia	Bruna	Beatriz	Betina	Bianca	Brenda
Age (current and adoption)	44 years 41 years	32 years 29 years	51 years 42 years	38 years 30 years	52 years 44 years	50 years 42 years	48 years 47 years	38 years 36 years
Child age (current and adoption)	Duda 10 years (7 years)		Dani 9 years (newborn)		Davi 10 years (almost 2 years)		Diana e Dora 11 years and 3 years (9 years and 2 years)	
Occupation	Photographer	Operation director and professor	Retired police officer	Dentist	Retired teacher	Doctor	Dentist	Dentist administrator
Income	15–20 thousands		10–12 thousands		10–15 thousands		8–12 thousands	
Religion	Spiritist	Spiritist	Catholic	Catholic	Christian	Spiritist	Spiritist	Spiritist
Etnia	White	Brown	White	White	–	Black	Black	White

The interviews were analyzed qualitatively from the thematic-reflexive analysis (Braun & Clark, 2019). Firstly, an organization of the data was made, taking into account the adoption process and the characteristics highlighted by the participants on the experience of parenting. The material was explored and new categories were formed to cover aspects that were not included in the preexisting categories. At the end of the analysis, the results were organized in six main themes: (a) motivation for adoption, (b) planning and preparation for adoption, (c) adoption process, (d) family involvement with adoption, (e) the child's arrival, and (f) adoptive (homo)parenting and experienced challenges.

Adopters' Profile

A short analysis of the families participating in this study shows that all fathers/mothers completed higher education; were fathers and mothers aged from 30 to 40 years, approximately; and had financial stability and belonged to the highest social strata. There was a prevalence of interracial relationships among the couples in the sample. This profile corresponds to the profile presented in the narrative review proposed by Farr et al. (2020) on the parenthood of gay fathers and lesbian mothers through adoption.

Motivation for Adoption

The desire to exercise parenting and form their own family was considered by seven of the eight participants as expected goals for adulthood, placing parenthood and the family with children on the trajectory of human development. Adoption was an alternative to obtain this desired family. Motivations reported by the participants were also the desire to exercise motherhood/fatherhood and to have a son/daughter, the desire to raise a child, to be able to transmit their knowledge and to be able to participate in the training of a person, and in addition to the example of adoptions carried out by other family members.

For Benício and Betânia, when thinking about the exercise of fatherhood and motherhood, adoption was already the option. For Betina, Bruna, and Brenda, motherhood could be exercised both by consanguineous and adoptive affiliations. For one of them, however, having a relationship with another woman led to the conclusion that adoption would be the way in which she would become a mother. Bento, in turn, reported having experienced heterosexual relationships in his youth in order to form a consanguineous family. With maturity, however, he understood that he could form a family in the relationship with a same sex partner through adoption.

Although many cases of seeking adoption are still related to the couple's infertility and the difficulty of becoming pregnant (Farr & Vásquez, 2020a), the literature

points to other motivators, such as the desire to become a mother/father, form a family and raise and give love to a child as well as the desire to have a companion (Bussinger et al., 2018; Giacomozzi et al., 2015; Sampaio et al., 2020). Thus, the desire for the adoptive family constitution is often not related to the mourning for the impossibility of pregnancy and the idealization of a consanguineous connection with a child (Sampaio et al., 2020), as was perceived among the participants in this study, who chose by this means to be fathers and mothers.

For one of the couples, adoption emerged as an option linked to bonding with a specific child, during a period of treatment for fertilization. Beatriz, on a work visit to a host institution, met Davi, aged nine months, and reported feeling an immediate empathy for the baby. After the visit, and in agreement with her partner, she immediately went to the Childhood and Youth Court to request his adoption: “[...] I caught my eye and I was never able to take it off. I stared at him, lowered myself into the cradle and asked him if he wanted to be my son.” Beatriz reported that, from the moment of contact with the Childhood and Youth Court, she began the effort to gain the guard of the child, who, at the moment, was not yet deprived of the family power of the family of origin. The contact of applicants for adoption with children and adolescents in conditions to be adopted, in institutional shelter, is provided for in Art. 50 § 4º of the Child and Adolescent Statute, being carried out with support from the technical teams of the judiciary and institutions, after the process started, during the preparation of the applicants for the qualification (Brasil, 2009). It is important to note, however, that this adoption was made prior to the implementation of the National Adoption Law n° 12,010 (Brasil, 2009).

In the study by Grotevant and McDermott (2014), previous coexistence with the foster child also appeared as one of the motivators for adoption, especially involving children older than two years. The authors described that, among the adoptions occurred by the child welfare agencies, in 2011, in the United States (modality that is closest to that adopted by the Brazilian Justice), only 15% of the adoptions were carried out by families without previously knowing the child. Foster families, who lived with the child before, made up 54% of the consolidated adoptions.

Planning and Preparation for Adoption

From the decision to adopt, some participants mentioned how they planned and prepared themselves internally and in the physical and social environment for the inclusion and adaptation of a child to the family. The following procedures were reported: the preparation from the beginning of the process itself, the waiting for retirement to enter the process in order to fully participate in the child's life, and the search for information on the stages of the process in the years prior to the beginning of the qualification. The selection of the group of friends was also mentioned; the reorganization of the home environment in general, the child's room and child care items; in addition to the psychological preparation to face the daily issues of adaptation to the child and the new routine, maintaining a positive perspective

regarding adoption. Benício described this moment: “I was about to receive a child in my life forever and that did not come from a... a biological factor, that she had a history... I would have to adapt to that situation and that situation for me too.”

The reorganization of time spent at work was an aspect mentioned by the participants. Betânia prepared herself for retirement before applying for adoption, in order to have time with the child. In turn, the couple Betina and Beatriz, during the maternity planning process through assisted reproduction, had reformed the couple's work routine and habits, in order to allow the insertion of a child in their lives. When the child arrived through adoption, they were ready. Betina reported that “... even before I started to do any process, I started to change things that I thought I couldn't handle with a child. Thus, when David arrived, I had already left a lot of work [...]”

The desire for adoptive parenting can be experienced with other challenges for couples of gay and lesbian people, since they still face the stigma of belonging to a social minority. Thus, deciding how to form a family is a well thought out issue in the union, which already acts as a preparation for adoption. In a study developed by Silva and Silva et al. (2017a) with psychologists and social workers in a Childhood and Youth Court, they pointed out that, in the evaluation of applicants for adoption, couples of gay and lesbian people had greater preparation of the issues involved in the process, usually carried out in a more mature and stable moment in the couple's life and with greater flexibility in relation to the profile of children when compared to the applicants of other family configurations.

According to Machado et al. (2015), decision making regarding adoption, in advance, involves preparing the family, since it requires time for reflection and acceptance of the child's arrival through the adoption path. In the case of couples, adjustments are made to the marital identity, which will no longer be composed by a dyad. With the acceptance of the idea of the child they expect, there is a process of accepting new social and psychological roles, responsibilities, and material expenses to meet the child's needs (Morelli et al., 2015; Palavecino et al., 2015).

Adoption Process

The adoption processes took place in a unique way with each interviewed family. Three families reported having started the adoption process as provided for in the Adoption Law n° 12.010/09, the most recent on the subject in Brazil (Brasil, 2009). At least one member of each family described the steps taken to open the process, including the couple who filed the adoption process after meeting the child: the search for the Child and Youth Court in their municipality; the organization of the documentation requested to open the process; and, after interview with a psychologist and/or social worker, the passage through the adoption course, qualification, and insertion in the adoption queue.

The preference for age among the participants varied, having defined the starting age as “newborn” and the final age as 2 years, 6 years, and 15 years of age. Only one participant did not limit the child's age range. These data are in line with other

studies on adoption by couples of gay and lesbian people, pointing out that these are usually more flexible as to the age and biological characteristics of the child (Farr & Vázquez, 2020b; Golombok et al., 2014). For these couples, the desire for motherhood/fatherhood is not linked to infertility, as seen more often in couples of heterosexual people, and parenting can be exercised with a child older than a baby (Silva, Silva, et al., 2017a).

Nevertheless, it was possible to observe a predilection for females among the studied families, except for mothers who sought adoption after bonding with the child. The literature points out that the predominant profile of children eligible for adoption in Brazil is characterized by children over the age of five, male, with siblings, of whom around 25% have psychiatric disorders or health problems (Bussinger et al., 2018). However, postulants tend to have a predilection for babies/children under the age of five, and without health problems. When the preference for biological sex is highlighted, the predilection for girls becomes evident (Bussinger et al., 2018; Giacomozzi et al., 2015). It is probably because of the belief that girls are calmer and easily adaptable than boys (Giacomozzi et al., 2015).

The process of bringing the family closer to the child also varied. Beatriz waited for a process that lasted around a year and three months, until the removal of family power and the child's insertion in the adoption registry:

[...] a boy already one year old, had no dismissal made, so it would take time, and adoption after two years is very difficult, usually people want babies ... I got in line, I waited ... I filed for custody, and when [he] was almost two years old (the custody left).

Benício, Bianca, and Brenda met their daughters on visits and projects at the host institutions; however the encounter occurred after they qualified for adoption. After the meeting, the desire to adopt was broadened, and these two families contacted the Childhood and Youth Court for the adoption of the children they met (in one family a 7-year-old child and, in the other family, 2- and 9-year-old sisters). Benício reports the meeting "When I looked at Duda, I said, 'it's her'. And then I started to have a seizure... crying, I went crazy... I knew it was her, right, and... I started fighting over the custody." Other studies on the theme point out that the desire for adoption can be started from living together, bonding and connecting with specific children who are in foster care institutions (Grotevant & McDermott, 2014; Tombolato et al., 2019). When this connection occurs, the encounter can be experienced as a unique moment and perceived as predicted in the family's destiny (Pena, 2016), as reported by Benício.

It can be said that the process of building parenthood can take place even before the person is accessed by the Child and Youth Court in the adoption queue. Furthermore, the anticipation of the effectiveness of the bond and the investment for this relationship with the child can be predictors of good later adaptation, leading to a greater chance of success in the adoption.

It is also considered that the approximation and formation of a bond prior to the adoption may enable the adoption of children neglected by the system of the National Adoption Registry. This meets the premise of the Brazilian Child and

Adolescent Statute that it is in the best interest of the child that he/she lives and belongs to a satisfactory substitute family (Brasil, 2009).

It is important to highlight that the four interviewed families entered the adoption process as single adopters and remained in that condition throughout, and completing the adoption process, although only Betânia was actually single. This mother reported that she started the process when she was single, and since she was not asked about her sexual orientation, she chose not to mention it. The other families emphasized that they believed that this way, the process could be more agile and suffer less obstacles with the technical team and legal decisions, than if it were a request by a couple of gay or lesbian people, as exemplified in Bento's account: "only Benício made the registration, for two reasons, one because of the visibility issue, and the other because we thought the road would be more difficult if we adopted as a couple."

The choice for single-parent adoption was pointed out as a recurring strategy adopted by couples of gay and lesbian people (Goldberg, 2010; Grotevant & McDermott, 2014; Messina & D'Amore, 2018), above all because of the legal challenges that these families encounter in their countries of origin (ILGA World 2020). While these families are not recognized in their legal character, the rights regarding the union of these couples and parenting are not guaranteed (Goldberg, 2010; Golombok, 2015; Grotevant & McDermott, 2014), a situation similar to that of Brazil before 2011 and 2013 (Santos et al., 2018).

Added to this is the fear of experiencing in the judiciary the reflex of homophobia present in society, with prejudiced conceptions about their relationships and the idea that these could harm the child's development (Rosa et al., 2016; Santos et al., 2018). Regarding this fear, national and international studies with technical teams from the judiciary that work with adoption indicate that there is a gap between the performance of these professionals and an updated knowledge about the demands that meet parenting by couples of gay and lesbian people (Ximenes & Scorsolini-Comin, 2018). Thus, decisions regarding the placement of the child can be favored or harmed according to the religion or moral values of the workers and/or agencies involved in the process (Farr & Vázquez, 2020a, 2020b; Goldberg, 2010; Messina & D'Amore, 2018).

Changes in justice in Brazil and the world and the awareness of professionals involved in adoption (Grotevant & McDermott, 2014; Messina & D'Amore, 2018; Tombolato et al., 2019; Silva, Silva et al., 2017a) are important steps in social transformations to parenting by gay and lesbian couples. However, social transformations take time to consolidate. The participants of this study, for example, made the adoptions prior to these resolutions or shortly after the start of their implementation, which favored the choice for individual entry in the process.

As for the adoption status at the time of the interview, Beatriz and Betina, after a few years of adoption, carried out the process of unilateral adoption of the child by Betina, while Bento and Bianca reported the planning to start this process of unilateral adoption with the objective that the family had all their rights contemplated, especially the child. The participants considered the legalization of parental and

marital functions as important in their relations with their partner and their children, as pointed out by Bento:

Society has its formality... its laws, and when you do a single parent adoption in a homo-parental family constitution, you take away some rights, you weaken, in a way, or deny... for that child, the natural constitution that she should... participate in.

The literature points to the growth of these claims, in order to guarantee legal security over the rights of the family in this family composition (Grotevant & McDermott 2014; Rosa et al., 2016; Tombolato et al., 2019).

After the adoption process started, four participants attended in the adoption course, provided for in Brazil during the qualification of applicants as a way of preparing and guiding them during the process and welcoming a child in the family through adoption. This preparation involves meetings with the technical team and is described in the Brazilian legislation (Brasil, 2009). In two families, only one participant attended the course, as they started the process as a single-parent adoption and only one of the members was registered, and Brenda and Bianca took the course together, after having registered individually, in order to achieve two single-parent adoptions. In the opinion of these mothers, the information from the course was pertinent and helped them in preparing to receive their daughters, by solving doubts and informing about processes of which they were not aware. Participants Benício and Beatriz, who took the course without the presence of their companions, evaluated that much of the information offered was not subject to generalization, since they reported that they already had prior knowledge or lived with children in institutional care and that not all of them corresponded to the profile or the challenges reported by the teams in the adoption course.

International authors point out that the period of waiting for adoption can also be a time to prepare for parenthood, to reflect on this choice and to work on feelings of anguish and anxiety (Palavecino et al., 2015; Pena, 2016). However, four participants highlighted that the delay in implementing legal actions in favor of adoption, and the rigor – inefficient and disorganized – resulted in wear and tear during the process, which is corroborated in other Brazilian studies (Bussinger et al., 2018; Rosa et al., 2016). In this regard, Law no. 13,509 (2017) was sanctioned in Brazil with the objective of streamlining these deadlines and legal procedures (Brasil, 2017; Bussinger et al., 2018).

Regarding the work of the technical team, some participants reported insensitivity, the teams' unpreparedness to deal with the anxieties that the process of waiting for the child inflicts on families, in addition to the teams' inability to provide information about the process. On this topic, Beatriz pointed out that:

You are very fragile... And this fragility is not accepted. You have to be strong to take it... it's terrible. You have to have guts, because... it is difficult, it is a way of the cross... because justice has no deadline, at all.

Participants from different studies point out that the adoption process is facilitated by the organization, the monitoring of parents, and the quality of the team of professionals involved in the adoption (Queiroz & Brito, 2013; Palavecino et al., 2015). As obstacles, they mention the long wait for adoption, the lack of follow-up during the

process, and the little involvement with other families going through the same situation, in addition to the recognition of the losses of the prolonged institutionalization for child development (Palavecino et al., 2015).

This set of results, as well as those described in this chapter, reinforce the importance of preparing and monitoring families in the process of adoption, before, during the wait, and after the child's arrival. The role of family monitoring after the child's insertion in the adoptive family was another aspect highlighted as inefficient by a couple, in which Beatriz stressed that "I really felt that this rigor, for example, that scared me for two years, it just disappeared when this child came to my house ... I didn't have a social worker visit."

The lack of follow-up after the child's arrival, as provided for in Brazilian legislation, was also highlighted in other national studies (Silva & Benetti, 2015; Tombolato et al., 2019). In this respect, it is inferred that the high demand for work and the low number of hires of professionals in social assistance and psychology in the Child and Youth Courts makes it difficult to comply with the law (Bussinger et al., 2018). However, this follow-up would help new fathers/mothers, collaborating in the starting adaptation process with the child and providing them with elements to feel comfortable in the new parental role (Morelli et al., 2015; Silva & Benetti, 2015).

Finally, it should be noted that, among the participants' reports, criticisms of the technical teams that accompanied them were not restricted to the steps involved in the adoption process, but were related to the non-support of their demands. As also reported in other studies (Goldberg, 2010; Messina & D'Amore, 2018), couples' discomfort with the team regarding the acceptance of homoparental family formation was observed. This is because the adoption was a decision made by the couple; however, during the entire process in the judiciary, it was found that there was only one father/mother, even if the existence of the partner was known to the team. This symbolizes for them the invisibility of their family configuration and the need to adopt non-affirmative behavior in the process of their parental reality (Goldberg, 2010).

Family Involvement with Adoption

Four participants reported sharing information about the adoption with their family even before entering the process, while three reported only communicating the decision already made after the adoption process started. Thus, it is noted that among couples the decision to adopt was taken between the marital dyad, even though the desire was previously shared with the family of origin, an evaluation corroborated by Machado et al. (2015) and by Machin (2016, p. 355) who analyzes that even with the sharing of the adoption plan with the family "the adoption process presents itself as the couple's own."

One participant reported that her mother, already elderly, had difficulty understanding the adoption process and how her daughter would have a child, since she

had another woman as her partner. Bento and Betânia added that some family members showed concern, pointing out the difficulties of motherhood/fatherhood and the time spent to take care of a child. Bento pointed out that “[...] my parents’ ‘first reaction was,’ ‘Don’t do this’, ‘Your life is so good, why are you going to look for a problem?’” A similar situation was described in the study by Palavecino et al. (2015).

However, all participants reported involvement of the extended family after the adoption process began. They received support and affection from family members about this decision, and in the case of participants who were able to get to know the children in advance, they received incentives for adoption. Bianca and Brenda pointed out that in addition to welcoming the idea, sisters and nephews often encouraged them, even before entering the process at the Court of Childhood and Youth. The participants also reported that the families were welcomed after the child’s arrival, as illustrated by Brenda’s account: “[...] her mother is alive, in my case, my father is alive, she has more siblings than me, her family is big! But everyone, wow! As it were, as if (they) were born with us! Accepted very well!”

The reception of children as members of the extended family was highlighted by participants in other studies (Palavecino et al., 2015; Machado et al., 2015) as being fundamental. Machado et al. (2015) emphasized the importance of belonging in the experience of the adoptive family when evaluating that in the adoption the bonds between the children and the family are symbolic, becoming concrete when legitimizing the child’s place of belonging in the family, which was verified in researched group.

It was observed that the experience of parenting involved bringing the participants closer to their families members, since they claimed the presence of the child and had the desire to accompany their growth. Studies point out that this approximation of the family of origin with the family formed through gay or lesbian couple’s parenthood is observed in a portion of the population of gay and lesbian people when they become mothers/fathers, being often experienced as a return to the family of origin, when for some people, expression of their sexuality may have caused a departure (Goldberg & Gartrell, 2014; Machin, 2016). In this case, the child’s embracement also involves the welcoming of the homoparental couple by their origin families.

The Child’s Arrival

The four families described the arrival of their children as a highly anticipated and joyful moment, permeated by welcoming friends and extended family. Among the adoptions, one child was adopted as a newborn, after three years of waiting, and another one about to turn two, while three children were adopted as older, with two, nine, and seven years of age.

Participants Betânia, Betina, and Beatriz pointed out that the children arrived at a very young age and that they developed primarily in this new environment, considering the child’s adaptation to be quick, natural, and peaceful. When Dani,

adopted as a newborn, turned one year and three months old, Betânia and Bruna took up residence together, which was also described as a process of natural adaptation for the child. In turn, the mothers of the child who would soon be two years old reported that their son was frightened when they sought him at the Childhood and Youth Court. However, because they previously knew the child, his personality and preferences, they knew how to conduct the interaction, which helped the child to feel at ease.

For families that adopted older children, the adaptation process started with the period of coexistence, when the children spent weekends/holidays at the family home. The period of coexistence between applicants for adoption and children in institutional care is also provided for in Brazilian legislation. It is a way of guaranteeing the child's right to family life and gradually preparing them for the process of inclusion in a new family (Brasil, 1990), and it must take place within a maximum period of 90 days, which can be extended (Brasil, 2017). For the two couples, the moment of bringing the children back to the institution was experienced with anguish and the families reported that the desire to have their daughters at home intensified each time. This coexistence stage had a short duration, around two to three months, in both cases, as foreseen in the legislation.

For Bianca and Brenda, who adopted two sisters, the children easily adapted to the changes and soon felt at home. The couple of fathers pointed out that the daughter took a while to adapt to the new environment, reporting that she asked for permission for simple things, such as going to the bathroom and accessing the refrigerator, and had difficulty sleeping alone in the bedroom, a process that lasted some months. For Benício, the perception of the child's adaptation was related to the need to change from an institutionalized life to that of an only child, without as many rules as in the host institution, "What I felt, really for Duda, was difficult, was to change her life... because, leaving a shelter, you know, where there was an institutionalizing factor, because an institutional child is a child trained to... to be something... constituted." For Bento, the process of the child belonging to that new space needed time and the establishment of trust in relations with the new family.

Among the studies that address parenting and adoption, time is a variable commonly highlighted as an important factor for the consolidation of family bonds of affection, security, and belonging, guaranteeing meaning to parental functions and the inclusion of the child in a natural and successful way (Merçon-Vargas et al., 2011; Pena, 2016). Dialogue is also considered to be a relevant instrument in facilitating the constitution of the bond, as well as the delimitation of limits and discipline (Merçon-Vargas et al., 2011). Other studies on adoption reiterate that parenting is a construct, consolidated throughout family interactions, especially when the child is a little older (Pena, 2016; Silva et al., 2018). It is added that the bond between the adopted child and their new parents, regardless of their sexual orientation, leads to a quality relationship and, consequently, to the child's development (Farr et al., 2020; Golombok, 2015; Rosa et al., 2016).

Adoptive (Homo) Parenting and Experienced Challenges

Regarding the experience of prejudices, seven participants reported that they or the children themselves experienced moments in which they were approached with discriminatory statements regarding adoption. Four of them were asked about the reason for not carrying out motherhood/fatherhood via consanguineous means and three mothers added that they heard from other people that the adopted child could have addictions and be a problem child.

You are an independent woman, I don't know why you are looking for scabies to scratch!', Or if not, 'Go have your child! ', 'Yes, but it is my child!', Right? ... deep down, I think people, in general, make a difference, understand? (Betina)

Benício, Betina, and Beatriz reported that some people, after receiving the news of the adoption, commented that they were doing something crazy, as described by Benício: "When you say to someone: 'Oh, I adopted a child', the first question that the person asks is if you are crazy." Beatriz considered that these disrespectful opinions resulted from the lack of information.

Prejudice in relation to adoption was also present for the child, according to Brenda's report, requiring parental strategy to support the daughter. Diana had been bullied at school because she was adopted and the mother reacted by discussing with the child the meaning of adoption and what it would mean to be an adopted child: "... What do you have worse than them, the people who were saying 'You are adopted, you are adopted', 'what do you see?', 'Nothing', 'So Diana, why do you think they are saying this? It doesn't make any sense.'"

Three couples also highlighted what they called "good adoption prejudice," describing that people recognized them as good and charitable people for having welcomed a child with whom they had no consanguineous ties. For these parents, however, adoption was not evaluated as an act of benevolence, but as a realization of their family project and the exercise of motherhood/fatherhood. It can be inferred in this respect that the discomfort experienced by families is related to the recognition of the prejudice that children from an adoption history suffer, again demarcating the difference between consanguinity and parenthood built by adoption.

The position of the interviewed couples on the process of affiliation/parenthood by adoption demonstrates the maturity of these families on this modality of construction of motherhood/fatherhood. However, there is still in the social imaginary the representation of the true family as the family originated through consanguineous ties and beliefs that consanguinity can be stronger than the social and affective coexistence with the family originated from the adoption (Farr & Vázquez, 2020a). These ideas reinforce the stigma of adoption by the belief that consanguineous ties are indissoluble and truer (Sampaio et al., 2020). In this regard, it is relevant to mention the importance of emotional support for children to deal with the issue of prejudice, as well as the need to expand information and public policies regarding adoption.

Another type of prejudice addressed by families was racial prejudice. Bento, Benício, and Bianca reported that there are reactions of strangeness when white

parents are in social environments with their black children, as pointed out by Bianca “[...] Dora is very black, right, Brenda, her hair is blond, so, ‘Is that your daughter?’, ‘Yeah’, ‘Oh, you’re kidding, right?’” Benício pointed out that he noticed his daughter’s discomfort when they went out together at the beginning of the family life. However, during the period of the interview, he pointed out that the child already demonstrated security in claiming to be black and proud of it, a fact that he associated to his and his partner’s own history, which was built and updated for being part of a minority social group.

Regarding racial prejudice, Munanga (2014) highlights that until the beginning of the millennium, discussions about racism did not find great prominence in the Brazilian scenario, which lived an idealized reality of racial democracy, also known as *racial paradise*. That said, grounded on the belief of racial miscegenation in the country, Brazilian society has long perpetuated the non-recognition of prejudice and discrimination experienced by black and indigenous people, which means not recognizing the specificities of these minority ethnic groups and the racist practices experienced by them.

Despite debates and legal advances over the past decades, this has had and still has as a consequence the human rights violations of this population. The author points out that “hence the importance and urgency, in all countries of the world, to implement policies aimed at respecting and recognizing difference, centered on the formation of a new citizenship through a multicultural pedagogy” (Munanga, 2014, p. 35). Bento pointed out the need for attention to situations of expression of racism in various contexts, highlighting having already observed his daughter experiencing racial discrimination, with prevalence in family and school context:

[...] I’ve seen her suffering prejudice a few times, and sometimes I was confused, if that prejudice was due to race, or it was due to the issue of adoption, you know? [...] But I have seen people trying well, very subtly, but I have even seen, ‘Get this for me, Duda’, but in a tone like, ‘You have to serve me’, right, and then I think it mixes things up. (Bento)

In a survey on interracial adoptions, Pinderhughes (2019) discusses the importance of preparing the adoptive family so that parents are able to recognize and accept the demands of their children. According to the author, the scientific literature points out that, in these cases, parents have the additional challenge of assisting children in cultural socialization about their ethnic origin (made possible by literature, films, trips to the country of ethnic origin, living with people of the same ethnicity, children’s ethnic group and cultural knowledge, etc.), favoring the process of belonging to the adoptive family and the development of their social identity. It is also up to parents to prepare for the experience of prejudice and coping with differences.

Benício’s account showed that he had in his own experience, an example for the child about coping with prejudices and the possibility of experiencing difference positively. The racial issue was not more expressive among the other participants, possibly due to the fact that in only one case was the adoption interracial; in two other families, at least one of the mothers was black as the child, and in another the child was white as the mothers.

Regarding homoparental family formation, Bento and Betânia highlighted situations of discrimination that occurred with them and with their children. They were concerned with providing emotional support for the child to deal with these issues and pointed out that prejudice about family configuration, as well as racial prejudice, was more perceived within the family itself, although it also happened in other contexts, such as at school. Betânia, for example, reported that after marriage to her wife, one of her sisters, who did not accept marriage between gay and lesbian people, ceased to have relationships with her family, while Bento described:

[...] “‘Oh, your parents are faggots’, or else, ‘You don’t have a mother ...’, ‘Who is your mother? Which of the two is your mother?’ So, things like that, caused doubts in Duda, that she didn’t have at home. Her context at home, before the world attacked her, was a natural context.” (Bento)

The experience of prejudices directed at homoparental families is widely described in the scientific literature (Araldi & Serralta; 2019; Farr & Vázquez 2020a; Goldberg, 2010; Golombok, 2015). However, there are new legal positions, which reflect the growing number of adoptive and consanguineous homoparental families, media highlights for the new family configurations, in addition to the expansion of scientific knowledge about the different forms of family organization, produced over the past years. These changes are expected to cause changes in society’s positioning towards greater openness to different family configurations, including homoparental families, reducing prejudices and making them perceived more naturally (Santos et al., 2018). The literature points out that knowing, maintaining interpersonal relationships, and living with a certain difference brings people together and minimizes stigma (Cerqueira-Santos et al., 2017).

Final Considerations

This chapter aimed to know the experience of Brazilian families composed of couples of gay and lesbian people with children, constituted from adoption. It was observed that the motivations of couples to adopt were not related to the mourning for consanguineous offspring, but to a desire to exercise motherhood/fatherhood, in some situations, stimulated by the first contact with a specific child, which favored the adoption of older children, in some cases. As pointed out by Silva and Silva et al. (2017), it was noted that the adoptions happened after the maturity of the couple’s planning for the motherhood/fatherhood process. The strong desire for parenting and expanding the family, the preparation to the child’s arrival, and the welcoming of the extended family were facilitating aspects in the family adaptation process.

Studies indicate that gay and lesbian couples, similar to heterosexuals, also desire to be parents. However, this task presents greater challenges for couples of gay and lesbian people due to the biological aspects involved in the realization of parenthood and the fear of discrimination that families made up of couples of gay

and lesbian people experience (Araldi & Serralta, 2019). It can be inferred in this regard that the process of maturing for parenting for couples of gay and lesbian people confronts these issues and consolidates the desire for family formation, the construction of new roles, and the need for social visibility for these families.

The finding of the difficulties still present in the experience of parenting for couples of gay and lesbian people was observed in the evaluation that all families started the process as a single parent family, believing that they would thus face less problems related to prejudice directed to lesbian mothers/gay fathers. It can be inferred that the families that started the process after the recognition of the stable union between gay and lesbian people still did not feel considered by the current legislation, having fears and insecurities about the conclusion of the adoption if they started the process together as a gay or lesbian couple.

There was also discomfort because they did not receive the support of the technical teams to experience the adoption process as a couple not giving visibility to their family formation. This fact raises the importance of developing inclusive and supportive policies for homoparental families, especially families of gay and lesbian people with children through adoption (Farr & Vázquez, 2020a), and preparing technical teams involved in the processes to reflect on their own values and to participate in trainings to deal with diversity of current family settings (Ximenes & Scorsolini-Comin, 2018).

The participants also pointed out that they experienced situations of prejudice linked to adoption, to the racial issue and in relation to the configuration of their families, situations also experienced by their children. This revelation points to the social values still guided by idealized models of the heterosexual, consanguineous, and normative family, as well as aesthetic models, which results in judgment of what is different from the expected standard (Farr & Vázquez, 2020a). Anzini et al. (2019) discuss the importance of working and reworking these images to favor the practice of adoption in tune with the reality of the country, expanding the discussion on interracial adoptions, providing a safe and affective environment for children and adolescents who cannot be with their families of origin, to develop themselves. The authors emphasize that the feeling of belonging is built from their reception and not from physical resemblance and that the judgment and prejudice of others must not prevent the exercise of parental functions and the experiences of satisfaction and affection that are derived from this experience.

It is a possible limitation of the study the fact that all the families belonged to the upper middle class, this being only a sample among the families formed by couples of Brazilian gays and lesbians. The sample consisted of convenience, and among them was a family that had adopted late and was still experiencing the challenges of adapting with their daughters. In this study, only the perspective of the parental couple was considered; daughters/son and other family members did not participate, contributing with other understandings about family dynamics, which highlights the importance of researching the theme with other methodologies and other participants.

It can be considered that scientific knowledge about homoparental family composition is relevant, not only due to the growth of families comprising of gay and

lesbian couples with children but also with the aim of increasing the visibility of this family configuration, reducing stigma and prejudice that the LGBTQ+ population still experiences in their daily lives (Farr et al., 2020). Thus, it is possible to collaborate so that changes in social representations about homoparental families happen in society (Santos et al., 2018). It is believed, with this study, to have broadened this knowledge, giving voice and visibility to these couples who, when planning motherhood/fatherhood, accomplished it through adoption.

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Coparenting, Parenting, Affectivity, and Conflict in Homoparental Families



Clarisse Mosmann and Liana Pasinato

The family is a complex system of organization that is directly linked to the processes of historical, social, and cultural transformation; therefore, it undergoes a continuous process of modification, which implies changes in its composition and dynamics (Minuchin, 1985; Pereira & Arpini, 2012; Hull & Timothy, 2019; Staudt & Wagner, 2008). Currently, family limits can be defined by bonds of affectivity and intimacy and not only by consanguinity and by the legal system that governs family relationships (Gomes et al., 2017; Sharma, 2013; Zambrano, 2006).

Regarding legal aspects, it was only in May 2011 that the Brazilian Supreme Court (STF) declared the recognition of a stable union for people of the same sex, legally legitimizing them as a family entity. Two years after this event, in May 2013, a resolution was passed that enables the celebration of civil marriage, or conversion of a stable union into marriage for same-sex people (STF, 2013). Regarding adoption in Brazil, the 2009 Law, as well as the Child and Adolescent Statute (Brasil, 2019) do not include any reservations regarding the sexual orientation of the adopters, nor does it present any restrictions regarding homoparental adoption (Law No. 12,010). In this sense, these couples are currently presented with the legal possibility of adoption.

Currently, Brazilian homoparental families can be constituted in different ways: through parents who had a previous heterosexual connection, by adoption, which can be individual or joint, through lesbian women who resort to new reproductive technologies, such as artificial insemination or medically assisted fertilization, and finally through coparenting, in which case care is exercised jointly and can appear intertwined with the other possibilities mentioned above (Zambrano, 2006). These practices contribute to changing contemporary notions about what family is (Lira et al., 2016).

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Regardless of how family relationships are established, it is observed that the parenting experience of same-sex people has already been discussed and materialized in Brazil (Cecílio et al., 2013; Lira et al., 2016; Machin, 2016; Pontes et al., 2015; Sanches et al., 2017; Uziel et al., 2006). Therefore, it is necessary to rethink the family institution, giving greater visibility to homoparental families (Lomando et al., 2011). In this chapter, we chose to use the term homoparenting and homoparental family, understanding that it is the most recurrent term in the literature of the area. It should be noted that the use of this term is not intended to reduce parenting to the sexual orientation of couples.

Considering that parental relationships of different levels of functionality reverberate over all members of the family system (Hameister et al., 2015), it is necessary to investigate what strategies and techniques homoparental families use to fulfill their roles as agents of socialization of children. This process occurs through parental guidance on socially accepted behavior patterns and allows children to be inserted in a wider social context than the family (Alvarenga & Piccinini, 2001; Musitu & Cava, 2001; Pacheco et al., 2008).

The exercise of parenting consists of the parental attitudes and actions of caregivers and is based on parenting styles and educational practices related to children (Pacheco et al., 2008; Merçon-Vargas et al., 2020; Nogueira & Rodrigues, 2013). The quality of the relationship between the parent and child dyad is associated in the literature with the development of children with better levels of adjustment (Bornstein, 2002; Collins et al., 2000; Mondin, 2008).

The set of these practices added to other aspects of the interaction between parents and children, such as tone of voice, body language, solicitousness, and change of mood, will form the parenting style (Durbin et al., 1993). Baumrind's (1966) work expanded by Maccoby and Martin (1983) proposes a theoretical model of parenting styles that is summarized in four categories differentiated by the levels of demand and responsiveness: authoritarian (high scores on demand, but low on responsiveness), authoritative (high scores in both dimensions), indulgent (high scores in responsiveness and low in demand), and neglectful (low scores in both dimensions).

When the parental subsystem is established, the coparental subsystem is also established (Pasinato & Mosmann, 2016), which occurs through the joint and reciprocal involvement of both parents in education, formation, and decisions about the lives of their children (Feinberg, 2003). Positive patterns in coparenting are associated with the good development of children (Farr & Petterson, 2013; Kurrien & Vo, 2004), while negative patterns are related to internalizing and externalizing symptoms of children (Mosmann et al., 2017). As coparenting is one of the central family mechanisms in the prediction of mental health in children and adolescents (Lamela & Figueiredo, 2016), the importance of expanding research is emphasized, so that they can support interventions aimed also at homoparental families.

There are four conceptual models on coparenting, both the denominations and the number of dimensions that compose it varying among the authors (Feinberg, 2003; Margolin et al., 2001; McHale et al., 2004; Van Egeren & Hawkins, 2004). These theoretical models make it possible to describe the characteristics, functions,

and consequences of the exercise of coparenting, defining it as a dyadic, triadic, familiar, and contextual process. In common, they have the possibility of being applied to any type of family configuration and to any age group of children (Lamela et al., 2010). This expansion of the concept of coparenting is compatible with the changes that have occurred in contemporary society, since different family arrangements have emerged to provide care for children and adolescents (Souza et al., 2016).

In this chapter, Margolin et al.'s concept of coparenting was used as a reference. (2001). These authors propose three dimensions: cooperation, conflict, and triangulation. Coparental conflict refers to the extent to which caregivers disagree, agree, boycott, or are hostile to each other about issues related to parenting. The triangulation contemplates the coalition formed by the child with one of the parents. This process inserts the child into the parental conflict, being pressured by both parents to "take sides" in the disagreements between the caregivers.

Beyond dimensions of coparenting, affectivity implies a caring relationship with someone, and in the family, affective bonds provide psychological and social support, helping to face difficulties of daily life. Affectivity is considered as central to family cohesion and support, being essential for the constitution of individual identity and the sense of belonging (Leão et al., 2014; Rabelo & Neri, 2014). When the couple is close affectively and has good levels of adaptability, this has an impact on coparental agreement and division and educational practices that encourage the autonomy of their children, which reverberates positively in the lack of psychological symptoms (Mosmann et al., 2018a).

In contrast, the conflict is characterized by negative feelings that can generate stress and aggressivity in the family system. Studies show that high levels of conflict, coupled with negative parental educational practices, are associated with internalizing and externalizing problems in both children and adolescents (Bolsoni-Silva et al., 2009; Goulart et al., 2015). Furthermore, the healthy and affectionate relationship of the child with their parents is an important factor in preventing psychopathologies such as depression (Teodoro et al., 2010). Even though it is a normative aspect of family relationships, conflict can significantly affect its functioning, especially when affectivity is low (Rabelo & Neri, 2014).

Literature points out that positive exercise of coparenting is not significantly related to the sexual orientation of caregivers (Almeida, 2012; Farr & Patterson, 2013; Farr et al., 2010; Gomes et al., 2017; Tombolato, 2019). Thus, what affects the healthy development of children, in any family setting, are the strategies and techniques used to develop coparenting and parenting. However, few studies have attempted to understand how these are characterized in homoparental families (Costa et al., 2017; Souza et al., 2016; Rios et al., 2016; Bergman et al., 2010; Farr & Patterson, 2013; Murphy, 2013). In addition, most research that addresses homoparenting aims to compare it to heterosexual couples, seeking to answer how parenting works in couples that differ from the norm based on heteronormative bias (Araldi & Serralta, 2016; Bos et al., 2004; Fulcher et al., 2008; Golombok et al., 2003; MacCallum & Golombok, 2004; Santos et al., 2013).

In this sense, studies that generate results that help in the understanding of these family relationships are crucial, once it is extremely important to investigate the

experiences in the private and social sphere of homoparental families, using gay parents and lesbian mothers as protagonists of the research. Investigating homoparental families promotes not only the understanding of homoparenting and its associations with the mental health of children and adolescents (Lamela & Figueiredo, 2016) but also the affirmation and legitimization of the different existing family configurations and the construction of a more open debate against prejudice, violence, and the social stigmatization of homosexuality which is still present in Brazil. It is with this aim that, next, the report of a study developed with gay and lesbian people in the Brazilian context will be presented.

Gay and Lesbian Coparenting in the Brazilian Context

For the investigation of gay and lesbian coparenting in the Brazilian context, a descriptive, quantitative, cross-sectional, and correlational study was designed. The sampling was non-probabilistic accessed through messages in LGBTQ+ groups, selected by convenience, via social networks (Facebook/Instagram/WhatsApp), using the *snowball sampling* technique, which consists of successive indications of participants. Forty-two participants, all of whom were engaged in a homosexual relationship and were either officially married or had cohabited with their partners and shared the rearing of at least one child, responded to the questionnaire on the Google Docs platform.

The instruments used were the following: (a) Sociodemographic Questionnaire (consisting of questions on sociodemographic data such as gender, age, education, marital status, family configuration, etc.) and (b) Parenting Practices Scales, developed by Teixeira et al. (2006) (the scale is composed of 27 items and six dimensions: emotional support, punitive control, autonomy granting, intrusiveness, behavior supervision, and demand for responsibility, which are measured on a 5-point Likert scale ranging from “almost never or very little” to “generally or quite”). In the present study, the total Cronbach’s Alpha was 0.796; (c) The Coparenting Inventory for Parents and Adolescents, CI-PA (Teubert & Pinguart, 2011): the instrument contains a scale composed of three subscales that evaluate the coparental dyad on the dimensions of cooperation, conflict, and triangulation. The version of the children has already been translated and adapted, presenting satisfactory evidence of validity according to the study by Mosmann et al. (2018b). For the present study, the parents’ version of the same instrument was translated and adapted into Portuguese; its psychometric properties were satisfactory and are reported in the study by Euzébio (2021). In the present study, Cronbach’s Alpha was 0.702.

In addition to these instruments, the Familiogram Test (Teodoro, 2006) was used, which assesses the perception of affectivity and family conflict in family dyads. Affectivity is defined as a set of positive emotions existing in interpersonal relationships, while conflict is characterized as a range of negative feelings that can be a source of both stress and aggressivity in the family system. The dyads are selected according to the desire of the researcher, being able to follow either a predefined list

or the description of the family given by the interviewee. For each of them, the interviewee gives information through a list of adjectives (cheerful, pleasant, nervous, stressful, etc.) about their relationship, in a Likert scale that varies from one to five, allowing the classification of families in four different categories according to the intensity of affectivity and family conflict. Families belonging to type I are those described as having high affectivity and low conflict. Type II families have high affectivity and high conflict. Families classified as type III, on the other hand, have low affectivity and low conflict, while type IV families have low affectivity and high conflict. This instrument contains properties of adequate validity and reliability, and in the present study, Cronbach's Alpha was 0.525.

Regarding ethical aspects, the Informed Consent Form (ICF) was available for online reading, containing an explanation about the nature of the research, its objectives, confidentiality and data storage issues, possible technical failures, and discomfort that this could entail, according to the Resolution 510/2016 of the Brazilian National Health Council, which regulates research with human beings in Brazil. It was clarified that the research was voluntary and that, even after the participations were consented, individuals would have the right to withdraw their consent at any time without prior notice. This research was approved by the Research Ethics Committee of the Universidade do Vale do Rio dos Sinos (CAAE 25801619.0.0000.5344).

The data collection process occurred online through a page created on the Google Docs platform, which was composed of an electronic form containing the Informed Consent Form (ICF), the instruments of the research as well as general information about the research and the researcher. Initially, an exploratory analysis of the data was carried out using descriptive statistical tests (percentage and absolute frequencies, means, medians, and standard deviations). The normality of the data was tested, and it was identified as not normal. The data were then analyzed using the statistical program SPSS (Statistical Package for the Social Sciences), version 20, considering the significance level of 5% ($p \leq 0.05$). The associations between the study variables were analyzed using correlation tests (Spearman's correlation).

The survey had the participation of 42 people, with an average age of 38.9 (SD = 6.56) years, with the majority of the sample, 73.81%, consisting of women. The most common religion among the interviewees is Catholic (42.86%), followed by nonreligious participants (26.19%), Spiritists (14.29%), and Evangelicals (4.76%). Half of the sample (50%) consists of people with graduate degrees, about 33.33% have higher education, 9.52% have completed high school, 4.76% have technical education, and 2.38% have elementary education.

Among the interviewees, 40.48% work 20–44 h a week, while 35.71% work more than 44 h a week, only 7.14% work up to 20 h a week, and 16.67% do not work. About 16.67% of respondents receive between four and six salaries or between six and eight salaries, 14.29% receive between two and four salaries, 11.90% receive between eight and 10 salaries or have no income, 9.52% receive up to two salaries, and 7.14% receive 10–15 or 15–20 salaries, while only 4.76% receive more than 20 salaries.

Regarding relationships, 57.14% are married, with an average relationship time of 9.59 years ($SD = 5.54$). Among them, 71.43% do not cohabit with other people, 26.19% live with family members, and only 2.38% live with other people outside the family. In regard to preceding marriages, 26.19% of respondents were previously married for a period of 5–10 years, 14.29% were married for less than 2 years, 11.9% were married between 2 and 5 years, about 7.14% were married for more than 20 years, and 40.48% had no previous marriages, with 71.43% of the sample having no children from previous relationships.

The average number of children from previous relationships is less than 1 (0.476, $SD = 0.862$), while the average age of the firstborn is around 4.19 years ($SD = 7.91$), that of the second child is around 2.14 years old ($SD = 6.29$) and that of the third child is less than 1 year old (0.452, $SD = 2.93$). Among the children, 58.3% of the firstborn are female (7 out of 12), and 83.3% of second children are male; only one respondent has a third child, the latter being male. Out of the respondents who have children from previous relationships, 50% do not have a support network for these children (6 out of 12 respondents); among all participants, 7.14% have family support as their support network, while 2.38% have nanny support or more than one type of support. In addition, on average, the weekly hours with children from the previous relationship is about 2.14 h ($SD = 5.43$), and the average weekend hours are about 4.05 h ($SD = 7.91$).

Regarding the spouse, only 38.10% had previous relationships. About 50% have graduate degrees, 38.10% have higher education, 9.52% have high school, and 2.38% have technical education. In addition, 59.52% work between 20 and 44 h a week, 21.43% work more than 44 h a week, 14.29% work up to 20 h a week, and about 4.76% do not work. On average, the weekly working hours of the spouse are about 10.29 h ($SD = 7.32$) and the average weekend is 20.41 h ($SD = 7.46$).

The average number of children in the current relationship is 1 ($SD = 0.698$), with the average age of the first child being 1.53 years ($SD = 5.41$) and the second child being 4.75 years ($SD = 5.76$). About 90% (or 9 out of 10) of the first children in the current relationship are male, and 80% do not attend school; moreover, about 80% of them belong to the couple, with 25% having been adopted or inseminated and about 50% having been born through fertilization.

Regarding the second child in the current relationship, about 53% are female, 34% do not attend school, 41% attend part time, and 25% attend full time. About 66% belong to the couple, 22% are adoptive, 30% are inseminated, and 48% are fertilized. Approximately 54.76% have a support network for the children of the current relationship, 53% of whom are family members, 16% of whom have nanny support, and 31% of whom have more than one type of support. The average weekly hours with the children in the current relationship is about 8.26 h ($SD = 8.32$) and the average weekend hours are 16.43 h ($SD = 10.51$).

In Table 16.1, it is possible to view the averages obtained for each of the study variables from the Familiogram, CI-PA, and EPP instruments.

Table 16.2 shows the correlations between the items of each instrument (Familiogram, CI-PA, and EPP). The results showed significant correlations between Parenting Practices and the variables of Coparenting and Familiogram.

Table 16.1 Instrument items average: Familiogram, CI-PA, and EPP

	Average (SD)		
	General n = 42	Children n = 29	Adolescents n = 13
Familiogram			
Conflict (partner × child)	15.38 (4.62)	14.90 (4.53)	16.46 (4.82)
Affectivity (partner × child)	52.79 (3.73)	53.79 (2.41)	50.54 (5.09)
Conflict (partner × partner)	16.83 (6.04)	17.03 (6.28)	16.38 (5.71)
Affectivity (partner × partner)	52.79 (3.73)	53.79 (2.41)	50.54 (5.09)
CI-PA			
Cooperation (family)	19.07 (2.05)	19.38 (1.54)	18.38 (2.84)
Conflict (family)	2.90 (2.05)	2.42 (1.98)	3.63 (2.07)
Triangulation (family)	6.74 (2.58)	6.59 (2.29)	7.08 (3.20)
Cooperation	23.29 (2.34)	23.4 (2.08)	23.00 (2.92)
Conflict	8.48 (3.61)	8.55 (3.77)	8.31 (3.38)
Triangulation	4.36 (1.3)	4.24 (0.58)	4.62 (2.22)
EPP			
Emotional support	33.38 (1.94)	33.52 (1.84)	33.08 (2.18)
Punitive control	11.59 (4.78)	11.31 (4.59)	12.23 (5.31)
Autonomy granting	17.69 (2.43)	17.97 (2.31)	17.08 (2.69)
Intrusiveness	13.45 (3.50)	14.41 (1.99)	11.31 (5.04)
Behavior supervision	16.17 (2.57)	15.41 (2.31)	17.85 (2.41)
Demand for responsibility	16.5 (2.88)	15.76 (2.98)	18.15 (1.82)

The results of the correlational analyses show that variables linked to parental demand (intrusiveness, punitive control, behavior supervision, demand for responsibility) are positively associated with each other. The strongest relationship that existed was between the demand for responsibility and the punitive control ($r = 0.688$), that is, the greater the responsibilities that are charged to the children, the greater the punitive practices are. Likewise, coparental triangulation is positively related to intrusiveness and demand for responsibility ($r = 0.430$ and $r = 0.459$), as well as to conflict ($r = 0.479$), reinforcing that, in addition to parental demand, there is the insertion of the child in coparental conflict.

On the other hand, it can be observed that autonomy granting is related to less conflict ($r = -0.417$). In the same direction of association, it is possible to notice that there is greater cooperation in childcare when there is less intrusiveness ($r = -0.397$), and even more strongly there is the inverse relationship between the demand for responsibility and conflict ($r = -0.688$).

Higher levels of affectivity are associated with greater autonomy granting ($r = 0.380$) and less supervision of behavior ($r = -0.371$). In addition, through the Familiogram assessment, comparisons made with conflict scores show us that this relationship also exists, in a moderate way ($r = 0.607$). In other words, when evaluating the data obtained for each of the dyads, both positive feelings and feelings of conflict are perceived within the assessed families.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
(10) CI-PA: Cooperation (person)	-0.242	0.359	-0.397*	0.052	-0.237	0.011	0.092	0.091	-0.148	-	-	-	-	-	-	-
(11) CI-PA: Conflict (person)	0.170	-0.417*	-0.068	-0.078	0.248	0.079	-0.025	-0.343	0.479**	0.013	-	-	-	-	-	-
(12) CI-PA: Triangulation (person)	0.226	-0.009	0.430*	0.133	0.459*	0.357	0.300	-0.361	0.360	-0.182	0.240	-	-	-	-	-
(13) FG: Conflict (partner vs child)	-0.028	-0.049	0.168	0.015	0.097	-0.079	0.114	-0.254	0.175	-0.148	0.225	0.262	-	-	-	-
(14) FG: Affectivity (partner vs child)	-0.197	0.380*	-0.070	-0.371*	-0.119	0.335	-0.046	-0.040	0.106	0.110	-0.181	0.068	-0.338	-	-	-
(15) FG: Conflict (partner vs partner)	-0.270	-0.141	0.079	-0.317	-0.041	0.025	0.115	-0.087	0.245	-0.345	0.034	0.063	0.607**	-0.160	-	-
(16) FG: Affectivity (partner vs partner)	-0.197	0.380*	-0.070	-0.371*	-0.119	0.335	-0.046	-0.040	0.106	0.110	-0.181	0.068	-0.338	1.00**	-0.160	-

Spearman correlation. * p < 0.05; ** p < 0.01

Understanding Coparenting in Dialogue with National and International Scientific Production

Research points out to homoparenting as a configuration that does not present negative differences in regard to raising children when compared to heterosexual families (Lomando & Fonseca, 2019). In this scenario, there is a substantial body of Brazilian research with heterosexual families that explores the reflexes of coparenting, parenting, affectivity, and conflict in the mental health of their children (Frizzo et al., 2005; Grzybowski & Wagner, 2010; Machado & Mosmann, 2020; Koch et al., 2020; Lamela et al., 2013; Mosmann et al., 2017; Mosmann et al., 2018a; Pasinato & Mosmann, 2015; Teodoro, 2006; Teodoro et al., 2010; Terres-Trindade & Mosmann, 2016). However, no national studies were found investigating the homoparental configuration. In this sense, this chapter aimed to analyze the possible associations between coparenting, parenting, affectivity, and conflict in gay and lesbian families.

In relation to the Familiogram (Teodoro, 2006), the item that assesses conflict, considering a partner vs child, has an average of 15.38, while the same item under a partner vs partner perspective is 16.83. The item that assesses affectivity, from both perspectives, has an average of 52.79.

The Coparenting Inventory for Parents and Adolescents – CI-PA – verifies cooperation, conflict, and triangulation from two perspectives (individual and dyadic). Cooperation has an average of 23.29 while this same item, from a family perspective, has an average of 19.07. The conflict, on the other hand, averages 8.48, and, from a family perspective, it has an average of 2.9. Finally, triangulation has an average of 4.36 and, from a family perspective, 6.74.

The Parenting Practices Scale (EPP) assesses emotional support, punitive control, autonomy granting, intrusiveness, behavior supervision, and demand for responsibility. The emotional support item has an average of 33.38; the punitive control item has an average of 11.59; the item that assesses the autonomy granting has an average of 17.69; the intrusiveness item has an average of 13.45; the behavior supervision item has an average of 17.16, and, finally, the demand for responsibility item has an average of 16.5.

These results highlight that, in this sample, the positive variables of the respective dimensions had higher averages, while the negative variables had lower averages. In the Familiogram, we have higher averages for affectivity in both evaluated perspectives: 52.79 (SD = 3.73) (in relation to the conflict averages), 15.83 (SD = 4.62) when evaluating Partner × Child, and 16.83 (SD = 6.04) when evaluating Partner × Partner. When viewed separately, the sample of children has a higher average of affectivity (53.79, SD = 2.41) and a lower average of conflict (14.9, SD = 4.53) when compared to adolescents (50.54 and 16, 46 respectively).

The CI-PA also has a higher average for the cooperation variable (19.07, SD = 2.05) and lower for the conflict and triangulation variables (2.9 and 6.74, respectively). When checking the sample of children and adolescents separately, the relationship mentioned above is repeated, with the average of the positive variables

being greater for children (19.38 against 18.38 for adolescents), whereas for adolescents, more coparental conflict is observed (3.63 against 2.42 for children) and triangulation (7.08 against 6.59 for children). Finally, through the EPP it is possible to observe that, in childhood, there is greater parental intrusiveness (average of 14.41 against 11.31 of adolescents), while there is greater supervision and demand related to the behavior of adolescents (average of 17.85 against 15.41 of the children).

These data corroborate the results found in the literature. According to Margolin et al. (2001), cooperation between parents varies according to the age of the child, with the tendency for parents to perceive the need for greater cooperation in raising pre-school children as compared to pre-adolescents. However, in childhood, parents use intrusiveness practices more. As suggested by Kusiak et al. (2019), because they think they know better, parents end up invading the privacy and the individuality of their children in order to help them, often with the intention of protecting them or preventing suffering. Needs change over the course of development, which also requires changes in parenting practices (Marin et al., 2011).

Adolescence is considered a period of change, with focus on relations which are external to the family and increased autonomy, thus modifying coparental relationships (Riina & McHale, 2014), which explains the lower level of affectivity with adolescents, when compared to children, as it is expected in terms of development. Triangulation involves different levels of conflict, which can occur between the coparental couple, but also between parents and children, occurring more frequently in the adolescence phase (Bernal, 2012). It is reasonable to assume that, since they need to negotiate situations with their parents, adolescents become the focus of family relational tension (Buehler & Welsh, 2009), being more prone to coparental triangulation. It is noteworthy that parents use more educational practices for supervising behavior and demand for responsibility in adolescence, which can be interpreted in a negative way at times by their children, resulting in conflict. Therefore, developmental issues affect not only coparenting, but also parenting (Augustin & Frizzo, 2016).

Parenting educational practices are among the main variables associated with socio-emotional development, relationships between parents and children, and the balance of the family environment throughout the different stages of the life cycle of the family (Mosmann et al., 2008). In this study, the variable autonomy granting had a weak negative correlation ($r = -0.417$; $p < 0.05$) with coparental conflict. In other words, this means that as the autonomy granting increases, the conflict decreases. Granting autonomy refers to the attitudes and behaviors of the parents which aim to facilitate the achievement of psychological independence, within the scope of ideas and decision-making (Teixeira et al., 2006).

According to Mosmann et al. (2018a), the couple who are close affectively present high levels of adaptability, which has an impact on coparental agreement and division of labor and, consequently, on the educational practice of autonomy granting of their children, which reverberates in the absence of psychological symptoms — that is, in the reduction of conflicts, which is characterized by a range of feelings that can be both sources of stress and aggressivity within the family system (Teodoro et al., 2010).

Affectivity, on the other hand, is defined by a set of positive feelings among people. Importantly, affectivity and closeness of bond between offspring and caregivers are protective conditions regarding the health of the children (Cerutti et al., 2015; Teodoro et al., 2010). The parental practice of autonomy granting had a weak positive correlation ($r = 0.380$) with affectivity (from both perspectives, partner vs child, and partner vs partner). In other words, this means that as the autonomy granting increases, the affectivity increases and vice versa ($p < 0.05$).

The demand for responsibility refers to the attitudes and behaviors of parents who seek to make their children conform to social rules and have responsibility for their actions (Teixeira et al., 2006). In this study, the item that assesses demand for responsibility had a moderate negative correlation ($r = -0.688$) with the item that assesses conflict (CI-PA). This means that as the demand for responsibility increases, the conflict decreases, the strength of this correlation being moderate ($p < 0.05$). The coparental agreement is among the main mediating strategies in the relationship between parents and children and is associated with the effectiveness of educational practices, when used by parents in a homogeneous way (Feinberg, 2003).

The item that assesses intrusiveness has a weak positive correlation ($r = 0.407$; $p < 0.05$) with the item that assesses demand for responsibility. In other words, this means that as the intrusiveness increases, the demand for responsibility increases. Intrusiveness refers to the attitudes and behaviors of the parents which demonstrate a lack of respect for the individuality of their children and intrude into aspects of their privacy (Teixeira et al., 2006). This data indicates that by increasing the intrusion in the lives of children, the demand for responsibility is also increased. It is conjectured that the intrusion could be an attempt to help the child to direct their actions and behaviors towards maturity and responsibility.

The item that evaluates intrusiveness has a weak negative correlation ($r = -0.397$; $p < 0.05$) with the item that evaluates cooperation. In other words, this means that as the intrusiveness increases, the cooperation decreases. It is observed that the behavior of the children is affected not only by parenting practices, but also by coparenting. When parents fail to support each other, they express contradictory educational practices to their children, undermining the social and emotional support that parents should spend mutually for the better management of the family unit and child rearing (Margolin et al., 2001; Mosmann et al., 2017).

Corroborating these data, the intrusiveness had a weak positive correlation ($r = 0.430$) with the item that evaluates triangulation. In other words, this means that as the intrusiveness increases, the triangulation increases ($p < 0.05$). The negative parental practice of intrusiveness may indicate that the supervision of the children is being exercised in a rigid and authoritarian way, failing to appropriately handle important aspects of the family context, exposing the child and/or adolescent to triangulation, which directly impacts the way in which limits are imposed on them, while forming a partnership with the objective of undermining or excluding the presence of the other parent (Margolin et al., 2001).

The behavioral supervision variable had a weak negative correlation ($r = -0.371$) with affectivity (both from the partner vs child perspective and from the partner vs partner perspective). In other words, this means that as the supervision of behavior

increases, affectivity decreases. The supervision of behavior according to the study by Teixeira et al. (2006) refers to the actions and behaviors of the parents which demonstrate that they supervise the behavior of the children with the intent of knowing their activities instead of imposing implicit restrictions. It is perceived that, although the supervision of issues related to offspring is considered a protective and expected behavior in parents, it can lead to excessive parental control, which might be the reason why there was a negative association with affectivity.

The item that assesses demand for responsibility has a weak positive correlation ($r = 0.459$; $p < 0.05$) with the item that assesses triangulation (CI-PA). In other words, this means that as demand for responsibility increases, triangulation increases. It can be thought that the relationship between demand for responsibility and triangulation is established through the mediation of other factors, such as the aspects of conflict between parents and children in the exercise of parenting. The demand for responsibility may be more accentuated by one of the caregivers; perhaps there is little agreement between the parental parent, so when there are disagreements, they possibly make room for the child to enter the relationship through triangulation. The fact that these associations exist does not necessarily imply a turbulent household environment, since the averages show more positive levels, that is, higher levels of cooperation and lower levels of conflict.

Final Considerations

This chapter analyzed the possible associations between coparenting, parenting, affectivity, and conflict in gay and lesbian parents living in Brazil. The importance of this study is highlighted due to the scarcity of data on this population; therefore, it is hoped that, as a result of it, our currently limited understanding of these variables together can be improved, which is essential to clinical work and other interventions.

It is noteworthy that in the homoparental families investigated, the positive variables of the Familiogram and the CI-PA presented higher averages, while the negative variables showed lower averages. Likewise, positive educational practices scored higher than negative ones. Responding to the objective of knowing the functioning of these families, the study described in this chapter showed that they have high levels in the positive dimensions which were investigated, different from the socially conceived idea that associate the family configuration with dysfunctionality.

It is hoped that the data can contribute to future research with homoparental families, as well as assist professionals from different contexts, including both clinical and school settings, to develop effective interventions that really meet the needs of these families. These could take into consideration the data from this study that still show gender conceptions linked to parental performance, the repercussions of the families of origin in the interactions of the families, and the importance of the social support network. In this sense, the data can help demystify the prejudices that

still exist in relation to homoparenting, while also being able to be employed in the development of public policies that prioritize working with prevention and health promotion strategies. Thus, the importance of disseminating these results to the population and to professionals in the field is justified.

Future research could focus on expanding the sample number, as well as integrating the perception of parents and children in relation to the dimensions (parenting, coparenting, affectivity, and conflict). Furthermore, as homoparental families in this study are from different regions of Brazil, it is worth to emphasize the importance of developing research in different geographical and socio-cultural contexts, considering the reality of each population,

It can be reflected that homoparental families are still afraid to participate in research, as this population suffers from prejudice and stigma from society. This posture is contradictory, since knowledge could benefit them by showing no significant flaws in homoparental families as compared to heterosexual ones and, on the contrary, by displaying favorable aspects of this family configuration, since greater cooperation and less coparental conflict expresses higher levels of health in these families. It is believed that, due to the greater difficulty in accessing services and the reduced or absent support network, these couples need to work together to face their demands. However, it is necessary to consider the social desirability factor that may have been crossed in the responses, as well as the fact that people who accept to answer the surveys are more emotionally adjusted. Finally, we highlight the importance that these data from the Brazilian context, although not representative of the LGBTQ+ population, can be made available and disseminated to the community so that they can access the information and establish parallels with homoparental families from different contexts.

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Child Development in Families with Gay and Lesbian Parents and Beliefs About Homosexuality



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This chapter discusses aspects of child development in children raised by gay and lesbian couples, reviewing aspects of beliefs about homosexuality and families with gay and lesbian parents. The first section presents fundamental concepts and examples of prejudice to which sexual minority individuals, same-sex couples, and families with gays and lesbian parents are exposed. In addition, it focuses on social changes that have taken place in some parts of the world and that have contributed to the visibility and recognition of same-sex couples and same-sex parenting. In the following section, empirical evidence on the development of children with gay and lesbian parents are reviewed and discussed. The last section of the chapter involves a discussion about the development of gender and sexual orientation and its relationship to essentialist, constructionist, and constructivist theories.

Visibility and Recognition of Same-Sex Couples and Same-Sex Parenting

Sexual orientation is a multidimensional aspect of the human experience that concerns affective-sexual attraction and patterns of behavior involving biological characteristics (e.g., external genitals) and gender identity and expression (e.g., what is attributed to female, male, and gender diversity; American Psychological Association [APA], 2021; Katz-Wise & Hyde, 2014; van Anders, 2015). Homosexuals are attracted to people of the same sex/gender. In terms of sexual identity, they are

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usually called gays (men who are attracted to other men) and lesbians (women who are attracted to other women; van Anders, 2015). The term “sexual minority” designates a variety of gender and sexual identities and expressions that differ from the cultural norms (Rodrigues et al., 2017).

Despite records pointing out that homosexuality is as old as humanity itself, the hegemony of heteronormativity in dominant cultures contributed to its moral, social, and legal condemnation (Albuquerque et al., 2013). Studies have indicated that sexual stigma and prejudice have negative impacts on the health of homosexual individuals (Dunn et al., 2014; Meyer, 2003). Sexual stigma is defined as the assumption that homosexual desires and acts, as well as identities based on them, are bad, immature, sick, and inferior to heterosexuality. The term heterosexism designates the systems that provide the rationale and operating instructions for rejection and ostracism. The systems include beliefs about morality, danger, and gender by which homosexuals are defined as sinful, threatening, and deviant (Herek, 2004). Sexual prejudice involves negative attitudes based on sexual orientation. Manifestations of prejudice against sexual diversity range from nonverbal behaviors (e.g., physical distance) to extremes such as acts of violence (Herek, 2000, 2004). Family rejection, hate crimes, and legal restrictions are forms of stigmatization of non-heterosexual identities and communities (Berg et al., 2016).

Since the mid-twentieth century, conceptions about homosexuality have changed gradually in Western cultures (Herek & Garnets, 2007; Kite & Bryant-Lees, 2016). Social movements took place in different parts of the world in the 1960s and 1970s and contributed to the recognition of the suffering resulting from sexual stigma and prejudice (Costa & Nardi, 2015). Due to pressures from political activism and the lack of empirical basis to support any association between homosexuality and psychopathology, non-heterosexual orientations ceased to be considered psychiatric pathologies and were removed from the Diagnostic and Statistical Manual of Mental Disorders (DSM- II) in 1973. Almost twenty years later, in 1990, homosexuality was removed from the list of mental illnesses of the International Statistical Classification of Diseases and Related Health Problems (ICD; Herek, 2004).

Over the years, international and national legislation has come to recognize the rights of sexual minorities (Gato et al., 2015). In the United States, California was the first state to recognize same-sex couples, when it created its domestic partnership registry in 1999. Five years later, Massachusetts became the first state to legalize marriage for same-sex couples. In 2015, the Supreme Court established that same-sex couples could marry anywhere in the country (Gates, 2015). Advances have also occurred in other parts of the world. In Brazil, the Supreme Court recognized the stable union of same-sex couples in 2011. The advance represented an important change in the Civil Code, which, until then, determined that families were formed only by the union of men and women. In 2013, the National Council of Justice published Resolution 175/2013, which determined that Brazilian authorities cannot refuse to officiate same-sex marriages nor the conversion of stable unions into marriages (Filho & Rinaldi, 2018).

The cultural, social, political, and legal changes that marked the last decades contributed to the visibility of new family configurations. One of them is

arrangements characterized by sexual minority individuals and their children (Riskind & Tornello, 2017; Tombolato et al., 2018). Studies point out that lesbian women and gay men are less likely than their heterosexual counterparts to say they want to become parents (Baiocco & Laghi, 2013; Riskind & Patterson, 2010). However, many sexual minority individuals and same-sex couples desire to become or are currently parents (APA, 2020; Riskind & Tornello, 2017). The term “same-sex parenting” describes any family situation in which at least one adult, who self-identifies as homosexual, is the parent of at least one child (Gross, 2003; Iudici et al., 2020). The term “homoparental” can also be found in the literature, designating parenting consisting of two people of the same sex (Cecilio et al., 2013). The scientific literature highlights four forms of homoparental parenthood: (a) having children in heterosexual relationships prior to coming out as a homosexual; (b) adoption by one of the partners, being the legal guardian of the child; (c) procreation with a third individual outside the marital relationship, through new reproductive technologies; and, finally, (d) coparenting between gays and lesbians (Grossi, 2003).

According to a study published in 2015, at least 19% of all sexual minority individuals and same-sex couples have children under the age of 18 in the United States. Up to six million children and adults have a parent who identifies as lesbian, gay, or bisexual. Although most children being raised by same-sex couples were born to different-sex parents (one of the parents started a same-sex relationship later), the number of sexual minority adults who became parents through adoption or the use of reproductive technologies like artificial insemination and surrogacy has increased in recent years (Gates, 2015). In the United States, same-sex couples can adopt jointly in all 50 states. Mississippi was the last state to overturn laws banning same-sex adoption, which a federal judge deemed unconstitutional in 2016. Data show that same-sex couples are four times more likely to be raising an adopted child and six times more likely to be raising foster children than heterosexual couples (American Adoptions, 2021). In Brazil, as adoption by same-sex couples is not regulated, many couples choose to formalize the request as a “single custody,” configuring as a case of single parenting. However, there are cases in which legitimate same-sex adoption was granted legally. For joint adoption to be deferred, it is essential that the adopters are legally married or in a stable union (Cecilio et al., 2013).

In addition to the challenges shared by all parents when it comes to conceiving and raising children, sexual minority individuals and same-sex couples are also exposed to stressors related to sexual stigma and prejudice (APA, 2005). Sexual minority adults usually face financial, social, and legal barriers that make parenthood difficult to achieve. Such barriers include high financial costs of adoption or fertility treatments, difficulty finding social workers and reproductive health-care providers able to work with minority prospective parents, and relatives who are unwilling to provide support (Riskind & Tornello, 2017). Among gay men, studies reveal a dominant representation of excluding roles when talking about male paternity and homosexuality, mainly due to the impossibility of the couple to have biological children together. Adoption has been the most common way to fulfill the desire for parenthood among gay men. However, parenthood is still questioned for these men, especially arguing developmental consequences for children due to the

absence of a maternal (female) figure (Carone et al., 2018; McConnachie et al., 2021). When it comes to lesbian women, questions involve family function and the psychological development of children raised in fatherless families (Golombok et al., 1997). In addition, one of the socially naturalized conceptions that collaborates to make the experience of parenting more challenging for lesbian women refers to maternal love. There is an untouchable belief that motherhood is instinctual and inherent. Based on this idea, the woman who generates, instinctively, loves the child more, and the partner fills the task of “assistant” (Lira et al., 2016). The assumption that ideal families are formed by only one mother and one father (both cisgender and heterosexual) who are married still remains in different contexts. Debates about the suitability of sexual minority individuals as parents are sustained by questions regarding children’s adjustment, gender role development, gender identity, and future sexual orientation (APA, 2020). Many sexual minority individuals and same-sex couples are exposed to daily prejudice for becoming parents and for defying social norms (Tombolato et al., 2018). According to a study by Massey et al. (2013), heterosexism negatively influences heterosexuals’ judgments of same-sex parents. Participants with higher levels of traditional heterosexism were found to evaluate the parenting behaviors of same-sex parents more negatively than the very same parenting behaviors of opposite-sex parents.

Child development is a maturation process that involves the acquisition of perceptual, motor, cognitive, emotional, social, and regulatory skills. It is driven by the continuous and inextricable interaction between biology (e.g., genetic predisposition) and environment (e.g., relationships and culture; Black et al., 2016). Affection, responsiveness, and attention from parents and caregivers are essential for children to develop in a healthy way. Parents and caregivers should respond to children in a predictable way, demonstrate sensitivity to their children’s needs, establish a routine and rules, engage in pleasurable activities (e.g., play, talk, and read), and ensure their children’s health and protection (Centers for Disease Control and Prevention [CDC], 2021). Over the years, researchers have tried to determine if the sexual orientation of individuals influences their parenting skills. Findings indicate that sexual orientation does not determine parenting skills and that these skills are common in sexual minority individuals and same-sex couples (Iudici et al., 2020; Van der Toorn et al. 2011). Based on a consistent body of research, the American Psychological Association (APA) and other scientific organizations have concluded that there is no scientific evidence to suggest that parenting effectiveness is related to parental sexual orientation. Lesbian and gay parents can provide healthy and supportive environments just like heterosexual parents (APA, 2012).

Some Empirical Evidence on Children Development with Gays and Lesbian Parents

The existence of diverse family configurations is a phenomenon that has been present for a long time, such as children raised by grandparents, and single mothers, among others. Specifically, homoparental parenting as a form of family configuration has gained visibility more recently and has been raising discussions in several countries. In some nations, laws have been revised or new laws have been created. Nevertheless, several controversies are present in the social debate about this theme, among them the issues related to child development in non-heteronormative families. In this sense, it is essential that studies monitor such family configurations and produce a body of knowledge that supports solid arguments based on empirical findings.

A first block of studies found that beliefs about adoption by sexual minority individuals or gay and lesbian couples are mostly negative in several countries (Baunach, 2012; Galupo & Pearl, 2008; Herek, 2000). Freires (2015) discussed attitudes towards homoparenting based on five studies. In general, she aimed to identify participants' opinions regarding homoparental adoption. As a result, a discourse of acceptance was observed, as long as there was a favorable environment for the child's development. The implicit concern about child development ends up generating prejudiced opinions due to the concern about the influence of social gender roles. In this sense, scientific investigations are developed with the purpose of verifying the knowledge raised and shared (the social representations) by social groups about adoption by homosexual couples.

A study conducted in Portugal by Costa et al. (2013) found that the population's acceptance of adoption started from a gradation where heterosexual couples were more accepted, followed by couples formed by two women, and, finally, couples formed by two men. Participants also revealed the belief that when children are adopted by heterosexual couples, they are better adjusted socially and experience less prejudice. Similar data were found in Brazil by Cerqueira-Santos et al. (2017), further highlighting the influence of religious views on negative beliefs about homoparental adoption. Results that point to the population not approving of homoparenting were also found in Norway, Italy, the United States, among others. As a rule, studies point out that people often use the argument that non-heterosexual family configurations would bring harm to child development. The most common arguments are that children would suffer more prejudice and that they would have problems with their gender identities.

In a specific study trying to collaborate with this issue, Cerqueira-Santos and Bourne (2016) conducted a series of observations with children adopted by same-sex couples. The idea of the study was to investigate whether family groups open to sexual and gender diversity would have some influence on the way children play. Interestingly, the study found no differences in the way these children play when compared to children raised in families of heterosexual couples, indicating the strong permanence of gender stereotyping.

Three blocks of negative arguments on children development can be identified. One highlights an initial misconception, previously conceived by common sense, that children of gay and lesbian parents will experience more difficulties or even present disorders in the area of gender or sexual identity and expression than children of heterosexual parents (Patterson et al., 2002). A second category involves aspects of children's personal development, with the argument that they would present more difficulties in adaptation and behavioral problems or that they would be psychologically less healthy than other children (Borges & Diniz, 2007; Cecílio et al., 2013). Another preconceived idea stands out: that children of gay and lesbian parents will have difficulties in social relationships and would be stigmatized or victimized by their peers. Finally, there is the idea that children living with gay or lesbian parents would be more likely to be sexually abused by their parents or by friends and/or acquaintances of their parents (Cecílio et al., 2013; Patterson et al., 2002).

Despite common sense opinions, studies carried out since the 1990s have systematically pointed out that there is no evidence of any psychological harm or developmental impairment in children raised by non-heterosexual people (Patterson, 1995). A study conducted by Golombok e Tasker (1997) noted that sexual identities (including gender identity, behavior and gender roles, and sexual orientation) develop largely the same way among children raised by homosexual and heterosexual couples.

Studies on personal development with an emphasis on personality, self-concept, and child behavior reveal no significant differences between those raised by lesbian mothers and children of heterosexual parents (Perrin, 2002; Stacey & Biblarz, 2001; Tasker, 1999). Findings also reveal that the engagement of children raised by gay and lesbian parents in their social life with peers, parents, family members, and friends is consistent with children raised in any other healthy environment (Tasker, 1999; Tasker & Golombok, 1997). There are no empirical evidences to say that the common-sense assumption that children of gay or lesbian parents may be sexually abused by their own caregivers, or be condemned to ostracism by their peers, is true (Patterson, 2000; Perrin, 2002; de Souza Santos et al., 2013; Stacey & Biblarz, 2001; Tasker, 1999; Tasker & Golombok, 1997). Furthermore, research findings suggest that the development, adjustment, and well-being of children with gay and lesbian parents do not differ significantly from children with heterosexual parents (Cecílio et al., 2013; Patterson, 2000; Perrin, 2002; de Souza Santos et al., 2013; Stacey & Biblarz, 2001; Tasker, 1999; Tasker & Golombok, 1997).

Common-sense beliefs that tend toward negative evaluations of homoparenting and child development in these contexts are still very present. On the other hand, there is a growing amount of scientific studies and a body of knowledge that refutes such negative propositions. It is important to reflect on how understandings about human development are conceived, especially about aspects of sexuality and gender. Something that deserves attention is that as science advances in the production of knowledge in this area, the understandings about the etiology of sexual orientation and the development of gender expressions and identities gain increasingly

complex explanations, which integrate findings from different epistemological matrices.

Development of Gender and Sexual Orientation and Its Relationship to Essentialist, Constructionist, and Constructivist Theories

Talking about gay and lesbian parenting and the development of children in these families involves discussing questions about the etiology of gender and sexual orientation, as well as the approximations that are commonly made between sexual identity (sexual orientation) and gender identities and expressions. This is in addition to the relationships between the sexual orientation of homosexual fathers and mothers and the development and constitution of sexual and gender identity of these children as they develop in these families.

When thinking about the relationship between these aspects of human sexuality, it is essential to take into account the critical readings made about the constitution of gender and its social construction, as stated by authors such as Simone de Beauvoir (1980) and Joan Scott (1995). From such readings, one can reflect on the idea that no one is not essentially born with the characteristics of a particular gender, but that they are developed throughout life (Beauvoir, 1980). And when the affiliation to the category of male or female is analyzed critically, gender is understood as an important social category for analysis, especially to think about the maintenance of unequal relations between individuals of its different categories (Scott, 1995).

The relationship between gender and sexual orientation can be thought of, in a simple way, when socially constructed gender representations include the idea that individuals should feel attraction and relate affectively and sexually with those of the opposite gender, with the expectation that the gender will correspond to the sex assigned at birth. In this scenario, we highlight contributions such as Judith Butler's, who critically analyzes the notion of gender intelligibility, which reflects the linearity and complementarity that has been built around the notions of sex, gender, and sexual orientation (Butler, 1990). The author highlights the tendency to think that gender should correspond to the sex assigned at birth, with the male gender assigned to those biologically identified as male, while the female gender is assigned to those biologically identified as female. Within this intelligibility matrix, heterosexual sexual orientation tends to be conceived as more legitimate, since it would reflect the affective-sexual desire for those of the opposite gender/sex. However, the criticism presented by this reading is precisely in the sense that sexual and gender identities that transcend this complementarity and linearity also need to be recognized as being able to exist and be performed, with a need to break from the cis-heteronormative logics that are so present in society (Butler, 1990).

The understanding of gender as a social construction, which is linearly directed to the construction of sexual orientations, implies thinking about the epistemological bases of conceptions of the social categories of sexual orientation and gender. Therefore, it is important to reflect on the relationship between the theoretical bases of knowledge construction, whether scientific or common sense, and the existing views on the etiology of sexual orientation and gender.

An important paradigm that guides beliefs and theorizations about the constitution of sexual orientation and gender categories is essentialism. Essentialist beliefs and theories involve explanations such as that social categories are natural and exist inherently to human explanation and human attributes are characterized by underlying essences and are immutable (Bastian & Haslam, 2006; Demoulin et al., 2006). Essentialist thinking relies, for example, on ideas and theories that suggest that biological factors explain the existence of social categories (Haslam et al., 2006; Hegarty & Pratto, 2004; Jayaratne et al., 2006). From this perspective, one explanation for differences between groups divided by sexual orientation and gender categories would be that they exist independently of understandings within human rationality. Thus, subjects with different sexual orientations and genders would hold underlying characteristics that can be read as essential to be grouped into specific categories.

Essentialist beliefs and theories have played an important role in explaining distinctions between members of different social categories. Conceptions that there are underlying characteristics of distinct groups, such as between men and women, can play an important role in maintaining differentiations between individuals in these groups, as people with essentialist views tend to reinforce more stereotypes (Bastian & Haslam, 2006; Haslam et al., 2000). However, controversies surrounding this matrix of thinking include concerns that essentialist bases are often used to defend deterministic stances, such as the expectation that sex, gender, and sexual orientation should relate to each other in a linear and complementary way, as if they were naturally predetermined. These issues are at the core of the discussions in the production of scholars on gender (e.g., Beauvoir, 1980; Butler, 1990; Scott, 1995).

Another matrix of knowledge that provides the basis for beliefs and theories about the existence of social categories is the paradigm of social constructionism, which considers that the understandings one has about such categories are cultural and historical constructions (Berger & Luckman, 1966; Bohan, 1996). From this perspective, one can think, for example, that sexual orientation is not defined a priori by nature, but is experienced according to what is defined historically and culturally (Bohan, 1996; Wilkinson & Kitzinger, 1994). They are, therefore, derived from agreements and conventions that are made in specific historical and cultural settings.

Social constructionism opposes essentialism precisely because it contests the idea that social categories are marked by universal attributes that constitute human nature; it defends that such categories and the characterization of their groups are socially constructed. Among the limitations of this perspective is the fact that it disregards other factors that influence the constitution of gender patterns/behaviors and the sexual orientation of an individual, such as the biological aspects pointed out by other studies (Bem, 1996; Hines, 2011; Kraemer et al., 2009; Lippa, 2002;

Udry & Chantala, 2006). Moreover, beliefs and theories that are based on social constructionism run the risk of assuming a deterministic character, given their characteristics of taking reality, the way people identify their gender and sexual orientation, as being categories constructed only by the cultural and historical context of which they are part. This may place individuals in a passive position, disregarding more proximal aspects of their ontogenesis, their particular life trajectory, and their capacity for agency throughout their own development.

An epistemological perspective that aggregates the understandings that the construction of individuals and of reality happens through the interaction of biological and environmental (cultural and historical) factors is the constructivist one. This knowledge matrix is based on the idea that reality is constructed by individuals, as opposed to the exclusive existence of an objective (essential) or socially constructed reality (Martin & Sugarman, 1997). In this case, it is understood that individuals and their identities, including sexual and gender identities, are constructed from the influence of biological and environmental factors (Martin & Sugarman, 1997), which impact the expression of tastes and behaviors considered to be of a respective gender and sexual orientation. Culture, at the most distal level, and the local and temporal context in which the individual is inserted have an important influence in the constitution of certain tastes, behaviors, and abilities that can be marked by a biological predisposition and are characteristic of each distinct gender and sexual orientation group (Bailey et al., 2000; Bem, 1996).

The constructivist paradigm defends the idea that ontogenetic aspects of individuals' development path, whether biological or psychosocial, are factors that influence how they develop their identity. Constructivism emphasizes the existence of individuals who are aware of the reality that constitutes them and who are not only a product of it. This perspective of thought assumes a lower risk of determinism because it takes into account the possibility of subjects' agency over their own life and reality (Martin & Sugarman, 1997). Thus, it assumes the importance of individuals being able to draw on particular aspects of their developmental history to refuse arbitrary categorizations of their sexual and gender identity. From an interactionist approach, they should not be seen as hostages of biological or socio-historical determinations, as may occur in interpretations within the other paradigms of thought of the constitution of the categories of masculinity, femininity, heterosexuality, and homosexuality, among other sexual and gender categories (DeLamater & Hyde, 1998).

The constructivist thinking paradigm is marked by an interactionist perspective that considers the integration of biological and environmental approaches. An illustration of the application of this interactionist thinking is through the evolutionist theoretical perspective, whose literature in the field points to interaction between environmental aspects and aspects that are intrinsic to individuals as factors that lead to the development of sexual orientation (Luoto et al., 2018; Menezes et al., 2010). From this perspective, it is understood that individuals' attributes of gender and sexual orientation are influenced directly and indirectly by phylogenetic and ontogenetic factors, while the consequent biological predisposition for the development and manifestation of these attributes would be influenced (stimulated or

inhibited) by each individual's developmental path and interactions with the environment (Luoto et al., 2018; Menezes et al., 2010).

As can be seen, by assuming an interactionist approach, the constructivist perspective provides a basis for the development of beliefs, theories, and explanatory models that integrate the knowledge about the influence of both relational and intrinsic factors of each individual in the construction of his or her sexual and gender identity. It is possible to integrate the knowledge produced from gender studies that take a critical perspective on the social factors related to the construction of gender and sexual orientation (Beauvoir, 1980; Butler, 1990; Scott, 1995). As well as the evidence pointing to the association between biological aspects and distinct tastes, behaviors, ability, or sexual (sexual orientation) and gender identities (Bem, 1996; Hines, 2011; Kraemer et al., 2009; Lippa, 2002; Udry & Chantala, 2006).

In general terms, to think about the idea that children can develop in a healthy way, regardless of their sexual orientation and gender (cis or trans), it is important to reflect on the paradigms that are behind the explanations given for the constitution of sexual and gender categories of individuals. If, on the one hand, the essentialist and social constructionist theories tend to offer mistaken readings of the etiology of aspects of sexual and gender identity, which may result in plastered and reductionist visions about the identity of individuals. On the other hand, the constructivist matrix seems an alternative for beliefs and theories that enable more coherent explanations that consider the various factors related to human development.

However, if on the one hand essentialist and deterministic explanations of association with such social categories can increase prejudice due to their tendency to reinforce stereotypes (Bastian & Haslam, 2006; Falomir-Pichastor & Hegarty, 2014; Haslam et al., 2000), on the other hand, prejudice can also be an outcome of understanding that sexual orientation and gender identities and expressions can be influenced by learnings in interaction with the environment, as stated by constructivist-based theories. For when homosexual sexual orientations are attributed to learning and environmental factors, or it is said that they can be changed, for example, there is a greater tendency to reject homoparenting (Costa & Salinas-Quiroz, 2018; Frias-Navarro et al., 2014; Frias-Navarro et al., 2015; Frias-Navarro et al., 2018; Zhao & Zheng, 2020).

Therefore, we reiterate the importance of rethinking the negative views about the development of children living in the context of families with gay and lesbian parents, and especially regarding the constitution of their behaviors, their gender and their sexual identity. This is important because one of the reasons for resistance against gay and lesbian parenting is the common-sense belief that kids raised by these fathers and mothers will become homosexual or that these children's development will be harmed.

On the proposition that gay fathers or lesbian mothers influence their children to be homosexual, this is refuted by the findings that both gender and sexual orientation are influenced by a complex relationship between biological and environmental factors, and not simply by the sexual identity of parents and their interaction with them. Moreover, still thinking about the influence of the environment in which the individual develops, the socialization of sexuality happens in the interaction with

various systems and institutions, such as school, the peers with whom one lives, and the media, in addition to the family (de Ramos & Cerqueira-Santos, 2018; Vandenbosch, 2018).

As for the justification that children may suffer from developmental impairments, such as psychological adjustment problems or higher risks of experiencing violence, they also have no scientific support. These statements seem more like an attempt to justify being opposed to families that are different from the traditional being recognized as functional by society. The factors that are considered important for healthy child development, such as affection, responsiveness, and attention from parents and caregivers (Black et al., 2016), can be offered by families of various configurations, including those composed of gay fathers and lesbian mothers.

Final Considerations and Future Directions

Homoparenting, despite its long existence, has been gaining visibility and prominence in recent decades, with social and legal advances around the world. However, serious challenges are posed for families led by gay and lesbian parents. We highlight here that parenting for these people is already hindered due to the prejudice they suffer, limiting these people's plans to have children by various methods. Negative beliefs about homosexuality and judgments about dysfunctional child development on various levels are common arguments that create barriers and difficulty for these families.

However, an already robust body of evidence points to a number of answers against these negative common-sense arguments. Emphatically, there is no evidence that the development of children raised in gay and lesbian households would be harmed. On the contrary, such family configurations have shown highly functional protective aspects for the maintenance of healthy outcomes within the family system.

We emphasize that the set of beliefs governing the counterarguments for homosexual parenting are flawed and partial, related to the sets of explanation about the etiology of sexual orientation itself. We thus propose a relationship between general beliefs about sexual orientation and acceptance for homoparenting, where openness to the multicausality of sexual development can break the causal cycle that fuels prejudices and stereotypes against these families.

Below, we list some directions for change that can collaborate to understanding and diminishing negative attitudes about the development of children in homoparental families:

- Updating legislations – reviewing existing laws, such as those that rely on traditional concepts of family, in order to remove barriers to the formation of families with gay fathers or lesbian mothers is an important step. In addition, legal devices must be created that ensure all civil rights for both fathers and mothers, as well as for children living in the context of homoparental families.

- Criminalization of homophobia – as changes have been happening, new laws criminalizing homophobia have passed in several countries, either in their legislation or through jurisprudence. This movement must continue, to combat the various manifestations of discrimination and sexual prejudice, including when they occur through opposition to homoparenting.
- Visibility and representation –media and advertising should explore representations of contemporary families and their functionality increasingly, always considering that they include diverse forms of parenting, including those exercised by gay fathers and lesbian mothers.
- Training of qualified professionals – it is essential that professional training, especially for those who deal directly with children of homosexual parents (in the areas of education, health, safety, rights assurance, etc.), include the construction of knowledge about child development and based on scientific evidence.
- Education (school) – since school education is an important device for social transformation, it is recommended that it be increasingly structured to receive children of gay fathers and lesbian mothers in an inclusive way and free of negative stereotypes regarding families. An education to combat discrimination and sexual prejudice in society should be promoted.
- Scientific research – scientific research must be increasingly committed to building knowledge about topics such as human development and sexuality, refuting biased and limited understandings and relying on consistent theories and robust evidence for the understanding of such phenomena.

These propositions are made because we recognize the power of interventions in these various fields to combat prejudice and opposition to the idea that gay and lesbian people can perform parenting effectively and to state that children can develop without harm regardless of growing up in families with non-heterosexual fathers and mothers. Even though in many countries significant changes have already been happening in some of these directions, this movement must happen in a broad and integrated way among various fields, from those responsible for regulation and social order (thus the concern with updating legislation and criminalizing homophobia), to those responsible for promoting knowledge construction and influencing people's behavior more directly (such as the media, education, and science). Interventions in this sense, articulating and integrating fields such as these, contribute to changes in the heterosexist systems that still prevail in society, which are based on negative beliefs and stigmas about homosexuality, in short, on heteronormativity, influencing attitudes towards families with homosexual parents, especially regarding gender and sexual orientation and child development.

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