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Wendy Kramer



Wendy is the Co-Founder and Director of the Donor Sibling Registry (DSR). The DSR was founded in 2000 with her donor-conceived son Ryan to assist individuals conceived as a result of sperm, egg, or embryo donation who are seeking to make mutually desired contact with others with whom they share genetic ties. With more than 101,000 members in 105 countries, the DSR has helped to connect more than 28,000 of them with their half-siblings and/or their biological parents. Wendy has listened to, advised/consulted, and researched thousands of these parents, donors, donor-conceived people, and other donor family members.

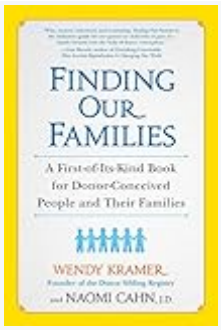
Wendy has conducted many research studies on all donor family members and is a co-author of dozens of resulting peer-reviewed papers published in *Social Science and Medicine, Human Reproduction, Reproductive BioMedicine & Society, Facts, Views & Vision in OB/GYN, Reproductive BioMedicine Online (RBMOnline), Advances in Reproductive Sciences, Contemporary Perspectives in Family Research, Fertility and Sterility, The Journal of Family Issues, Children and Society, The Journal of Law and the Biosciences*, and more. She has contributed chapters to several books on donor conception, has reviewed abstracts for the American Society of Reproductive Medicine, and has been a peer reviewer for the journals *Human Reproduction, RBMOnline,* and *Frontiers in Global Women's Health*.

Wendy was an Associate Producer for the 2011 Emmy-nominated documentary *Sperm Donor* and on the 2013 MTV News & Docs, six-part docu-series called *Generation Cryo*.

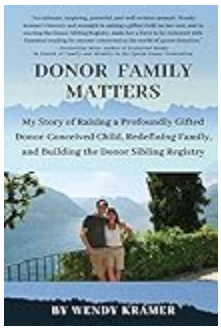
She wrote the book *Counseling Donor Family Members: A Guide for Mental Health Professionals* and has conducted trainings for counselors, psychology organizations, and reproductive medicine organizations in the US, Canada, Europe, and Argentina. She co-wrote the book *Finding Our Families: A First-of-Its-Kind Book for Donor-Conceived People and Their Families*, wrote the children's book *Your Family: A Donor Kid's Story,* and authored the book *Donor Family Matters: My Story of Raising a Profoundly Gifted Donor-Conceived Child, Redefining Family, and Building the Donor Sibling Registry.*

Wendy was married when she gave birth to her son Ryan in 1990, and in 1991 began to raise him as an only parent. Ryan has connected with his biological father (and grandparents) and knows of 28 half-siblings, so far. Wendy holds a B.A. in Communication Arts, has completed many postgraduate courses in counseling and psychology, has presented research around the world, and is Mental Health First Aid certified.

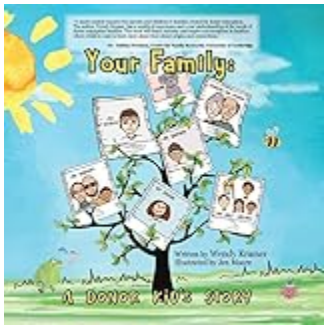
Books by Wendy Kramer



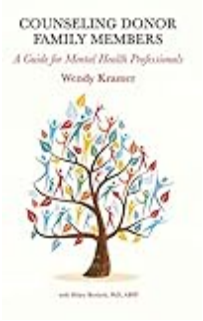
Finding Our Families: A First-of-Its-Kind Book for Donor-Conceived People and Their Families



Donor Family Matters: My Story of Raising a Profoundly Gifted Donor-Conceived Child, Redefining Family, and Building the Donor Sibling Registry



Your Family: A Donor Kid's Story (1)



Counseling Donor Family Members: A Guide for Mental Health Professionals

2022

Supporting Donor Family Members

Adequate counseling and education are vital.

Posted March 6, 2022

- Donor families are unique in some ways yet also very common.
- Many donor family issues have not yet been properly addressed by the mental health community.
- It is important to create and support happy, healthy, and informed donor families.

The donor family can include:

- Egg, sperm, or embryo donor (and their family).
- Parent (or prospective parent).
- Donor-conceived person (and their family).

Donor conception has become very common over the past several decades because of the advancements being made in the field of reproductive medicine and with the wider acceptance of LGBTQ+ families, single-parent families, and women in later reproductive years utilizing donor gametes. The accessibility and popularity of commercial DNA testing are helping to expand these families as many people are finding out by surprise that they are part of a sometimes quite large donor family. Given the greatly increased probability of either encountering a client connected to a donor family in their practices across settings, or finding

one’s self in a donor family, clinicians and laypeople alike must be well-informed about all perspectives in order to understand and relate to all those in the donor family circle.

Families formed and connected via donor gametes are unique in many ways, yet they also share the same joys, disappointments, adventures, concerns, stressors, and love that most families do. It’s not uncommon for individuals in donor families to feel a sense of confusion or discomfort about their stories or with their own or their family’s boundaries when it comes to using donor gametes or donating them, or to have issues surrounding disclosure or learning about their own donor conception story. It can sometimes be anxiety-provoking to reach out to one's own or their child’s newly found genetic relatives. Grappling with the depth and breadth, and the timing and speed with which they explore their own or their child’s origins and expanding families, can be challenging and also deeply profound, joyous, and rewarding.

A Dearth of Proper Education and Counseling

While it's vital that parents and donors be adequately educated and counseled before using a donor or donating, all too often, research demonstrates this often does not happen. One published study of 1,700 sperm recipients reported that more than 61% did not receive professional counseling before purchasing donor sperm, and neither did almost 72% of their partners.[1] A study of 155 egg donors found that only 36% of them felt as though they were properly educated and counseled about the potential curiosities of the children they were helping to create.[2] In addition, 80% of 164 surveyed sperm donors indicated that they did not receive any education or counseling about the potential curiosities of donor-conceived people to know their genetic, ancestral, and medical backgrounds.[3]

Because all gametes are still sold as anonymous, be it for 18 years or forever, many donors believe that they'll remain hidden from families. Parents and donor-conceived people are regularly told that they would be breaking the law if they try to contact a donor. The reality is that with DNA testing, the internet, and public records, donors can virtually be found at any time, and there are no laws prohibiting this from happening. Many donors are promised no more than 10 or 20 donor children, yet the Donor Sibling Registry (DSR) has many half-sibling groups over 100 and now, even some over 200. Because facilities that sell the gametes may not have incorporated these new realities into their business models, all too often parents and donors

have not been able to make fully-informed decisions about choices that will affect their own and their children's lives for decades to come.

Since the DSR was founded in 2000, there have been many thousands of reports, both anecdotally and via research, that illustrate the need for mental health professionals to be well-versed in issues like these:

- The importance of early truth-telling about a child's origin/conception story.
- The importance of acknowledging and honoring the rights of all members of the donor family, donor-conceived people, donors, and parents, to be curious about and to search for their own or their child's genetic relatives.
- The trauma of finding the truth about one's donor conception as an adult.
- The intricacies of exploring, forming, and defining donor family relationships.
- The potential complications of expanding family with newly discovered genetic relatives.

Happy and Healthy Donor Families

Many unique issues can present for all donor family members, so thinking deeply and critically about the practice of keeping donor-conceived people from their close genetic relatives, ancestry, and medical backgrounds for 18 or more years is crucial to creating and supporting healthy and happy families. Clinicians and donor family members can be better educated and counseled with regard to better understanding the reasons that people may or may not desire to connect with their own or their child's close genetic relatives and be better prepared for many of the issues that might present with their own or their clients' families of origin and with new donor family relationships.

> *We should not be asking who this child belongs to, but who belongs to this child.*
> —Jim Gritter

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A Brief History of Donor Conception

Looking at eight centuries of manipulating sperm.

Posted March 25, 2022

Donor conception is becoming significantly more common with the exponential advancements being made in the field of reproductive medicine and with the wider acceptance in recent decades of LGBTQ families, single-parent families, and women in later reproductive years utilizing donor gametes. The accessibility of commercial DNA testing is also helping to expand these families as many people are finding out by surprise that they are part of a sometimes quite large donor family. It's therefore important that readers understand the history of donor conception.

1322

Artificial insemination (referred to as AI) was first used successfully by the Arabs on mares.

1425-1474

Unofficial history claims that the first attempts to artificially inseminate a woman were made by Henry IV, nicknamed "The Impotent."

1784

The first successful AI in a dog was reported by the scientist Lazzaro Spallanzani.

1790

AI was attempted on a human in the year 1790 by the English physician Dr. John Hunter after previously completing the procedure in moths. Dr. Hunter was known for pioneering research in venereal diseases and liked to experiment on himself, which was particularly unfortunate in regards to his research into syphilis and gonorrhea. When a young man desperate to have a child with his wife came to him in 1790, he was equipped with syringes and a prescription for frequent masturbation. He was told to collect his semen and inject it into his wife. We'll never know what type of 18th-century turkey-baster they used, but a single pregnancy was reported.

1866

In 1866, Dr. J. Marion Sims of N.C. conducted 55 inseminations with varying degrees of success.



Source: ©DonorSiblingRegistry

1884

The earliest recorded AI in a medical institution took place at the Jefferson Medical College in

Philadelphia by Dr. William Pancoast. It was so secret that even the woman being inseminated was never told that she was being injected with a stranger's sperm.

In 1884 the doctor decided that the fault lay with the woman's husband's low sperm count. The man, an elderly merchant many years older than his wife, was deemed to be shooting blanks. Rather than inform them of the sad state of affairs, Dr. Pancoast summoned the wife to one final "examination." As the woman lay chloroformed and unconscious on his table, and as six of Dr. Pancoast's students looked on, the doctor injected into her cervix a large syringe full of semen that was freshly donated by the student democratically deemed by the group to be the "most handsome."

This woman delivered a healthy baby boy, and presumably, all were happy. Dr. Pancoast's experiment remained a secret success for 25 years. (At some point, Dr. Pancoast did inform the husband, and they had decided together to keep the secret.) In 1909, one of the students present that day, the suggestively named and most handsome Dr. Addison Davis Hard, fessed up and published a letter in the journal *Medical World* containing all the details. Before the letter was published, Dr. Hard took it upon himself to tell the by-then-all-grown-up baby boy the facts about his conception. We can only hope that his aging mother was not a subscriber to *Medical World*.

1890-1910

AI gains acceptance in Europe and Russia. In 1899, the first attempts to develop practical methods for artificial insemination were described by Ilya Ivanovich Ivanoff.

1894-1909

1n 1909, Dr. Hamilton claimed to have used artificial insemination for 15 years, "without a single failure."

1924-1928

By 1924, there were only 123 cases of AI reported, and in 1928, this figure was increased to 185, of which 65 had been successful.

1941

In the United States alone, AI resulted in 10,000 successful pregnancies. In England, the first publication of a modern account of what was called "Donor Insemination" (DI) was produced in the *British Medical Journal*. Dr. Mary Barton stated that over a period of five years, about 300 children had been conceived as a result of DI.

1941

In 1941, it was reported that 9,489 women had been successfully impregnated and that 97 percent of the pregnancies had terminated successfully. These figures were compiled from a questionnaire completed by 7,643 doctors.

The 1940s and 1950s

The practice continued to be carried out discreetly by private medical practitioners. It was decided that it was best to leave the practice unregulated, and it remains so today. Parents were told never to tell anyone, not even the child.

It should be noted that (too) many doctors who utilized donor conception in the 1940s-1990s used their own sperm, or sperm from their friends, co-workers, night janitor, or their receptionist's boyfriend to inseminate unknowing patients, most of whom were told that the sperm came from "medical students." Many parents were told of "sperm mixing," a most-likely fictional process where a donor's sperm would be mixed with the husband's sperm to make it "more potent." This was told to parents from the 1940s into the 1970s so that they might easily believe that the infertile husband was indeed the biological father of the child and never have to "tell."

1951

Estimates of the number of children born as a result of DI were at around 20,000.

1953

The first successful human pregnancy with frozen spermatozoa was reported.

1955

A *New York Post* article in 1955 now estimates the number of children conceived via donor sperm to be 50,000 and growing by 6,000 per year.

1963

Estimates were at 1,000-1,200 births per year.

The 1970s

With sperm cryopreservation, the sperm banking business becomes popular and commercialized.

1979

Around 379 physicians reported that they created 3,576 births via DI in 1977; 37 percent indicated that they kept records on children, and 30 percent kept records on donors. Donor families are frequently told that many of these records have since been lost in "fires" and "floods." So many fires and floods.

1987

The Office of Technology Assessment visited three sperm banks and 10 IVF clinics, 1,558 questionnaires were returned, and a survey was also completed by 15 sperm banks. The survey estimates that 172,000 women underwent DI in 1986-87, resulting in 30,000 births from artificial insemination by donors. This often-cited figure of 30,000 births per year is based on an extrapolation from a very small number of voluntary survey responses from 36 years ago, yet these guesstimates are still used today. This leads to the false conclusion that there is some entity requiring and/or keeping records on the children born from egg and sperm donations. Sperm banks do not know how many children are born from any one donor, and research shows that more than 40 percent of egg donor parents were never asked to report the birth of their child.

Words Have Power in Sperm and Egg Donor Families

The language of reproductive medicine can be tricky.

Posted April 19, 2022

KEY POINTS

- Terminology indicates how we define our relationships.
- Language in donor conception is always evolving.
- Listening to how donor-conceived people define their donor family relationships is crucial.

Nomenclature in donor conception

We can all educate ourselves about the importance of terminology when dealing with sensitive family groups and communities, including in the world where sperm and eggs are sold and bought.

Accurate and honest terminology is an important factor in communication as it helps to give context to the content of our conversations. Knowledge of common definitions, terminology, and the vernacular is critical to optimizing communication within your own donor family, with other family, friends, or acquaintances, and/or with your donor family clients.

There is some inconsistency in the use of terms within the field of reproductive medicine. For example, the use of the term “donor” may imply one who provides selfless contribution, whereas most "donors" are paid for their sperm or eggs, except occasionally in the case of known donors.

This person is actually the biological mother, biological father, or biological parent, as they contributed around 50% of the DNA to create the child. Many donor-conceived people (DCP) don't like the term donor because they feel that they do not have a donor, as no one "donated" anything to them, but they do have a biological father/mother, which is accurate. In our family, I used a sperm donor, and my son has a biological father.

The word parent can be used as both a noun and a verb. So while donors are the biological parents (noun) of a donor-conceived child, they are usually not parenting (verb), as they do not actually raise or actively parent the child.

Differing perspectives of parents and donor-conceived people

Many parents view the donors/gamete sellers as merely contributing a "piece of genetic material" or a "donated cell," but to the DCP, it's oftentimes about so much more than that. For DCP it's about:

- One-half of their ancestry
- One-half of their family medical history
- One-half of their identity

Donor/biological parent can be a good way to clarify which type of biological parent they're referencing when they're not referring to the parent(s) who raised them, but to the person who sold their gametes to a facility (who in turn sold them to the parent(s)) and who gave them approximately half of their inherited DNA.

Here is how 1,683 surveyed sperm donor-conceived people[1] responded when asked how they refer to the "donor": 67% of the DCP who had heterosexual parents included the words *father* or *dad* in their responses, while 43% of DCP with LGBTQ parents used those words to describe the person from whom they received 50% of their DNA.
Interestingly, another research study[2] found that only 22% of the 1700 surveyed sperm donor recipients (the mothers) used the words *father* or *dad* when describing the person who contributed 50% of their child's DNA.
More Helpful Donor Conception Terminology:
DNA Testing: Usually a commercial DNA test is taken to determine one's genetic relatives and ancestry via 23andMe and/or Ancestry.com. For donor-conceived people, this type of genetic testing often turns up unexpected half-siblings and biological parents or their relatives. This is especially shocking for DCP who had no idea about their donor origins.
Donor: This is the person who sold their sperm or eggs. Most typically, but not always, this was for money. They are the biological but not the legal parent of the donor-conceived person, so they, therefore, have no parental rights or responsibilities. Donor-conceived people may refer to this person as their biological father/mother or genetic father/mother or bio dad/mom, donor dad/mom, or simply as donor/father/mother. Donor-conceived people may use several of these terms depending on who they're speaking with, and as they mature and define the relationship between themselves and the person who contributed around 50% of their DNA.

Donor-Conceived Person/People (DCP): The person who was created using the purchased gametes (or more infrequently) the gametes donated by a family member, friend, or acquaintance.

Donor Insemination (DI): Inserting purchased sperm into the recipient in order to create a pregnancy. This can be done at home or with the assistance of a doctor or nurse at a medical facility. Intrauterine insemination (IUI) is the most common procedure in which prepared sperm cells are placed directly into a woman's cervix or uterus to produce pregnancy.

Donor Sibling/Half-Sibling/Sibling/Dibling: These terms are interchangeable. These are the siblings created by parents using the same donor or from the donor's children that they themselves are raising. They share ~15%-30% of their DNA with each other. Donor-conceived people tend to prefer donor sibling, sibling, or half-sibling as some are offended by the term dibling, as they feel it minimizes the relationship.

Donor Sibling Registry (DSR): The Donor Sibling Registry is a 501(c)3 nonprofit organization that I founded in 2000 that connects, educates, and supports egg and sperm donors (and their families), prospective parents, parents, and donor-conceived people. The DSR has facilitated mutual consent contact between more than 25,000 DCP and their half-siblings and/or their biological parents, the donors.

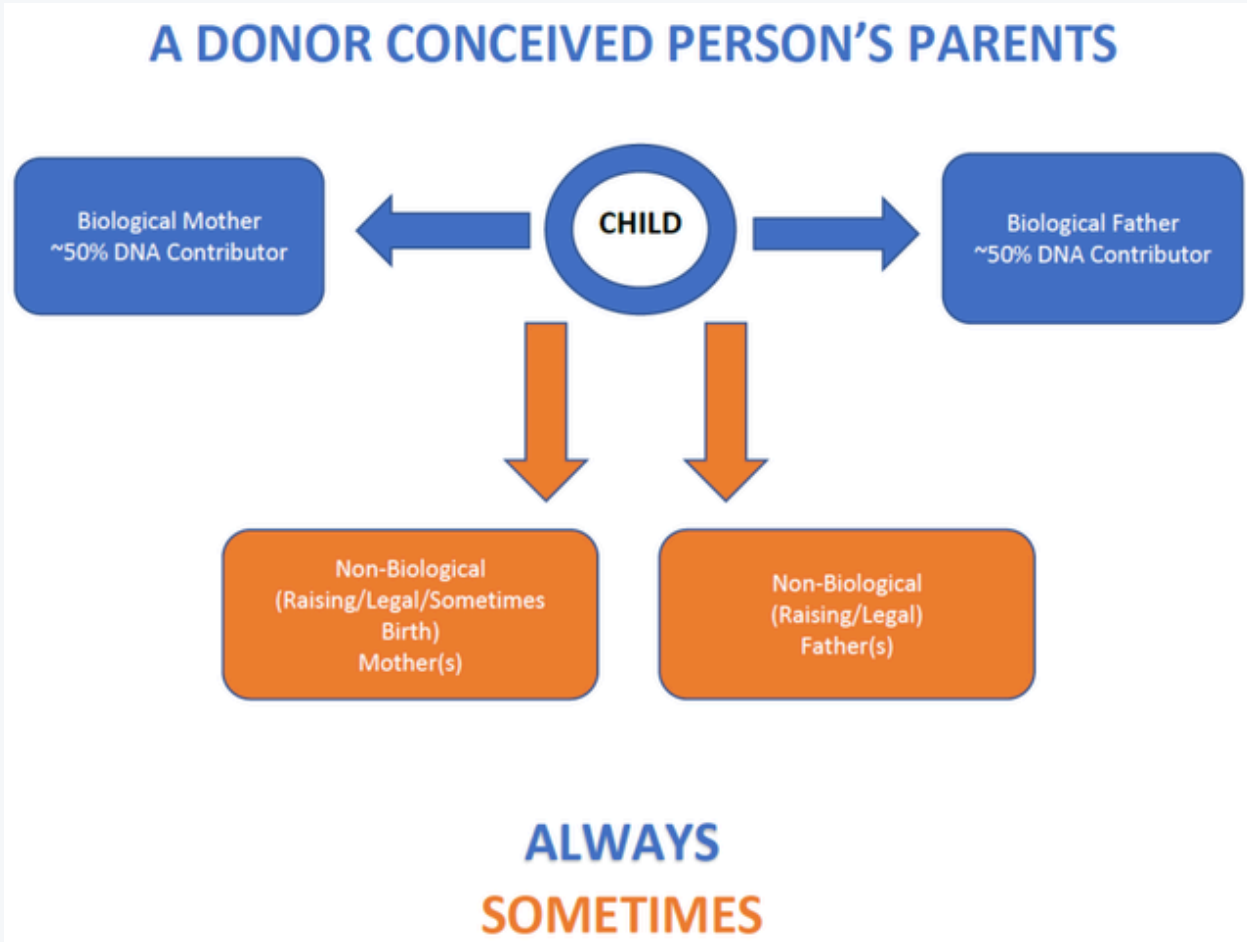
Gamete: The reproductive or genetic material, in the form of sperm or egg cell, that will contribute ~50% of a donor-conceived person's DNA.

Gamete Vendor: The clinic, sperm or egg bank, agency, doctor, or facility that purchases the gametes from the sperm or egg donor and then sells them (typically with a substantial mark-up), to the recipient family.

In Vitro Fertilization (IVF): IVF is a method of assisted reproduction that combines an egg with sperm in a laboratory dish. If the egg fertilizes and begins cell division, the resulting embryo is transferred into the woman's uterus where it will hopefully implant in the uterine lining and further develop. IVF is commonly used with purchased eggs and embryos.

Non-Biological/Social Parent: Parents who are raising a donor child but who have not contributed to the child's DNA. This includes the spouse or partner of a sperm recipient parent as well as the gestational recipient parent of an egg donor child. While epigenetic influences, like diet, alcohol, drugs, stress, and exposure to toxins can impact the fetus, the mother (or surrogate) who carries the child but who doesn't contribute the egg is not the genetic or biological parent. Parents using a donated embryo are the child's non-biological parents, similar to adoption. There is usually one non-biological parent in same-sex couples that purchase gametes. In most cases, these parents are also the child's legal parents.

Recipient: The intended parent(s) who purchases the gametes and who will raise the child.
Single Mother By Choice (SMC): Women began embracing single parenthood as a conscious choice in the late 70s. A SMC is a woman who chooses to be a single parent to a child/children without assistance or support from a partner. SMCs often build their families with gamete donation (using a known or unknown donor) and represent around 50% of the parents using donor sperm.
I find that no matter which term you use, you're likely causing discomfort to someone. Generally, though, I try to defer to the donor-conceived people's preferences.



A donor-conceived person's parents Source: ©DonorSiblingRegistry

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Happy Mother's Day to Solo Moms (of Donor Kids)

Personal Perspective: A special shout-out to single mother (only) parents.

Posted May 5, 2022

- The only-parent experience is frequently quite different from a single-parent experience.
- Sperm banks sell around 50% of their sperm to solo single women.
- Solo parenting is 24/7 and 365 days a year.
- There are some positives to being an only parent.

"Three whole days?"

Recently, I was watching a tv show where the mom of a toddler was in tears because her husband had just left that day for a week-long business trip. She did not know how she was going to cope as an only parent, even for a few days.

It made me remember when my son was about 10-years-old, a co-worker came into work on a Monday morning looking exhausted and disheveled. She explained that her husband has been out of town since Friday and that she alone had been taking care of their 2-year-old ..... for three whole days! I remember thinking, *I've been taking care of my child all by myself ..... for ten whole years.*

Many of my friends were single moms, but they had ex-spouses that would regularly take the child(ren). I think that unless you've done it alone, you have no idea what being an only parent entails. There is no regular Tuesday and Thursday evening or weekend hiatus or bi-weekly time

to regroup. Some of us are lucky enough to have parents or other relatives close by for support and for the occasional night off, but many are not that fortunate.

Learning to do it all

Around 50% of all purchased sperm goes to single mothers[1]. While I do wish all moms a happy Mother's Day today, I'm sending a special shout-out and acknowledgment to those who are successfully raising their kids all by themselves and who are figuring out how to do pretty much anything and everything.

A couple of challenges came to mind when I thought about my own journey:

- Making great efforts to find positive male role models: friends, teachers, mentors, tutors, and a Big Brother.
- Making many extremely difficult financial and academic decisions for a profoundly gifted child.

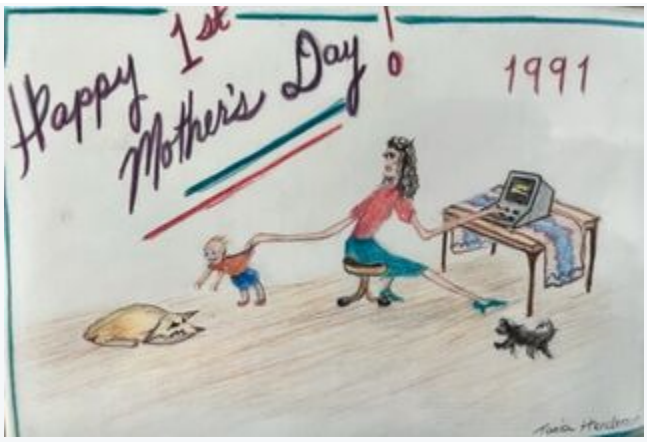
I then asked Donor Sibling Registry solo moms of donor-conceived children what were some things they had to figure out how to do while on 24/7 kid duty? I could relate to it all:

- *Anything* that you want/need to do alone takes extra planning, money, help or all of the above. Planning for any and all appointments like doctors, dentists, and hair, while still trying to work takes a huge amount of organizational skills.
- Figuring out how to date when family is far away and childcare is pricey.
- Trying to explain to a 2-year-old why he doesn't have a daddy when his vocabulary is still very limited.
- Managing the household finances, bills, caregivers, kids, and your own schedule.
- Dividing time when there are conflicting needs. Who watches the other kids if one of them or you are ill or incapacitated?
- Dealing with the unspoken disapproval of others.
- Planning coverage for every single half-day/school closing while working full time.
- If you’re cooking and run out of an ingredient, you can’t go get it. Same for needing medication.

- Carrying shopping items inside from the car alone, as either the child is alone inside the home or car at some point.
- Dealing with your own grief process while solo parenting can be extremely challenging.
- Figuring out how to be two independent people and not codependent.
- After childbirth, going back to work FT after 2 or 4 weeks.

Some positives to being an only parent:

- The freedom to make household and financial decisions independently.
- No disagreement on parenting styles. No need to negotiate parenting choices with a partner.
- No need to negotiate the sharing of duties with a partner.
- No being disappointed by a co-parent.
- Receiving 100% of the credit for your great kid(s).*
  *You also own 100% of the parenting mistakes.



First Mother's Day

Source: ©TaniaHenderson

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More references

Donor Conception: Questions for Prospective Parents

Issues and themes to ponder when considering using donor gametes.

Posted May 27, 2022

KEY POINTS

- What will the use of donor gametes mean to you, your family, and to your future child?
- Donor-conceived people desire to know about their ancestry, medical history, and close genetic relatives.

Many published research studies and decades of anecdotal accounts lay out some common themes that prospective parents should be aware of when making important decisions and planning for their future child.[1]

Some questions and topics to explore:

- What are your beliefs about fertility/infertility?
- Have you (or your partner) worked through a grieving process in regards to infertility? Do you understand the impact that may have on your future children?
- For prospective parents who will have no genetic connection with their child(ren): how do you feel about the loss of a genetic link to the child?

- How do you define “family”? Families can be formed both with and without DNA connections.
- Will you be okay with carrying (or having your partner carry) the baby of someone unknown?
- Do you feel emotionally protective of the non-bio parent?
- Have you thought about how your family/community/society will view you as parents if people know your child’s conception story?
- Do you have financial concerns?
- Do you have a strong social support network? Having close friends and family members available for support during the journey is essential, as is having this network available after a child is born.
- How do you feel about privacy/secrecy and the desire to hide infertility or not having a partner?
- Choosing a donor: how do you feel about not knowing enough about what they look like or what kind of person they are? Are you considering which donor characteristics are most important and which ones might be genetic in nature?
- Do you feel concerned over unknown medical issues that could be passed to your future child?
- Do you wonder how and when to disclose to the child, family, and others?
- How will you acknowledge your child's potential curiosity and desire to know their unknown genetic relatives?
- How do you feel about holding family “secrets” and the potential damage that they can have on relationships and families?
- Have you thought about the legal and emotional issues that might result from using a known donor, (a friend, family member, or stranger found via social media)?
- Do you have fears about not being able to connect with and love the child? It is crucial that this fear be adequately addressed before deciding to utilize donor conception.
- Do you understand that much of the information on fertility clinics' and sperm banks' websites are marketing materials and may not reflect their actual practices? (Eg., keeping accurate records, regularly updating and sharing donor's medical information, and limiting the number of children born to any single donor.)

Understanding the needs of donor-conceived people (DCP)

It's imperative to educate yourself about the needs, issues, and experiences of DCP long before you actually create one. Many DCP feel that they should be able:

- To fully know their origin stories right from the start. To have their parents willing to be honest and open, and to discuss all donor issues.
- To know about their ancestry, because part of knowing who you are is knowing where and who you come from.
- To know about their close genetic relatives. Many want to know their half-siblings and other biological parent (the donor) long before they're 18.
- To have their full medical history to ensure proper preventative medicine, screenings, and treatments.
- To have the freedom to explore their genetic identity and connections without any guilt or fear of hurting their parents.

Recommendations for prospective parents

- The decisions you're making today in regards to choosing a gamete vendor and donor will affect your future child for decades to come. Making fully educated and informed choices is vital.
- Talk with your current support system about your plans. This can be a joyful event with no shame around it. The more open you are now, the easier it will be to be open and honest after a child is born.
- Build a wider support system around donor conception. Seek out other parents, especially parents of older DCP. Explore the Donor Sibling Registry and read the success stories, testimonials, research, books, and the wealth of information provided. Hearing advice from others who have walked the path before you can be incredibly helpful.
- It is important for prospective parents to know the importance of early conception story disclosure and modeling these conversations for their very young children. The more your children see you speak openly and confidently with family, friends, doctors, teachers, acquaintances, and even strangers, the more comfortable your children will feel. You can feel confident that any playground questions won’t rattle your child, as they will be self-assured about explaining and sharing their own origin story.

- It's important for parents to acknowledge that their kids will most likely think about and want to talk about their unknown genetic relatives. Talking through any relevant hesitations or fears and having an understanding of the benefits of honoring a child's curiosities and desires to know about/connect with their genetic relatives is imperative.
- It's now very common for parents utilizing egg donation to join the Donor Sibling Registry to connect with their egg donor right from pregnancy/birth. This allows the parents and the donor to establish contact and decide for themselves the depth, breadth, and speed with how they communicate and how to define their relationships. These connections allow DCP to grow up having access to their other genetic parent and possible half-siblings. You can ask your egg or sperm facility for this open and early communication!

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Truth and Honesty in Families of Donor-Conceived Children

Early disclosure is crucial for building a happy and healthy family.

Posted June 23, 2022

KEY POINTS

- Some parents are reluctant to tell their kids that they were conceived with donor gametes. For decades, physicians advised them not to.
- Parents can start this dialogue when their children are preverbal so that it becomes an integrated part of a donor child's identity.
- Telling is just the first step; the conversations on the heels of disclosure are extremely important.

In 2000, when my son and I started the Donor Sibling Registry (DSR), the predominant conversation was about disclosure. Back then, many, mostly straight, parents were invested in keeping the secret and came from the point of view that, as a parent, disclosure was their

personal choice to make for their family. They did not like to hear about why not telling (lying by omission) might be harmful to donor-conceived people (DCP) and unhealthy for their families. They didn't want to hear that *secrecy implied shame.*

> Lying is done with words, and also with silence.
>
> —Adrienne Rich

Some felt attacked and offended when offspring or other parents gave reasons as to why lying to their child was not right. They stuck to their guns, even when they heard from DCP who reported feeling like their world had been turned upside down when they discovered the truth later on in life. These parents insisted that they were not telling their children because it would "hurt the child" to know the truth. They didn't want to hear that nondisclosure was more about their own or their partner's fears of not being viewed as the child's "real" parent and/or their own or their partner's shame of infertility and not at all about what was in the best interests of the child.

Should a parent's right to secrecy trump a child's right to the truth?

Healthy relationships are built on foundations of trust and honesty. We expect honesty from our children; shouldn't they expect the same from us? Some parents are reluctant to tell their children that they were conceived with donor gametes because, for decades, it was strongly advised by the physicians not to tell. This information is therefore portrayed as "private" or "confidential." Married, heterosexual couples are much more likely to feel this way than either single women or same-sex couples who use donated gametes. In many cases, heterosexual couples have not shared the information with any close friends or family. This type of secrecy implies shame.



Source: Courtesy of ©DonorSiblingRegistry

Parents who believe their children deserve to know their genetic origins tend to frame the issue in terms of "honesty" versus "secrecy." They value openness in the family and believe that secrets can be damaging to relationships, dangerous, and uncontrollable. For example, in cases where there are some other people who do know the circumstances of a child's conception, there is always the risk of unplanned and traumatic disclosure by someone besides the parent.

Why do children benefit from being told about the circumstances of their conception?

1. They have a right to know their own origin story.
2. Withheld information can damage trust between family members.
3. Secrecy can result in children learning to not trust their gut feelings.
4. The shame of infertility can be passed along to children as well as the shame of being donor-conceived.

> Can you imagine living your entire life basically a lie of who your father was? Looking back I always knew something wasn't right. I am not going to blame my parents because they were told by the doctors to never tell; however, I still feel it was best to be HONEST. It would have truly shaped me in a different way. They are now saying tell your children AS EARLY AS POSSIBLE because of the psychological effects. Was it traumatic? You bet!!! Imagine looking in the mirror and trying to figure out who you are again? I was angry, hurt, traumatized, broken, lost, and it was a long grieving and healing process. Do I still believe my parents loved me? Absolutely. Did I still believe

> my parents believed they were doing the best for me? Yes, absolutely. However, this was not an easy walk. Now, I am choosing not to hide my IDENTITY of WHO I AM. I will not keep it a secret and follow the same path and be filled with shame. Just like when we know someone was adopted, it is very similar in that way. We go through the same psychological factors as when someone doesn't find out they are adopted until later in life.
>
> — DCP

Cornerstone conversations are vital.

Talking honestly, even to very young children, and modeling these conversations so that children can feel confident about sharing their origin stories, especially when the parent isn't present, is vital. Parents can start this dialogue when their children are preverbal so that it becomes an integrated part of a donor child's identity. As with many conversations with young children, they might not comprehend the depth and breadth of all the concepts, but they will gradually absorb the facts as they mature. Creating these cornerstone conversations to build upon as a child matures is essential.

Telling is the first step.

After the DSR was founded, parents were, for the first time, able to make mutual consent contact with their child's half-siblings and donors, and that raised new issues about disclosure. Parents who had always told their children that they were donor-conceived now also needed to decide when and how to tell their children about new relatives that had been found.

Telling is only the first step to creating healthy donor families. Just because a child knows that they were conceived with the help of a donor doesn't mean they will have peace with not knowing about one-half of their identity, including their ancestry, medical background, and close relatives. This is why the conversations on the heels of disclosure are extremely important.

Parents can acknowledge, honor, and validate any curiosity that DCP have about their unknown first-degree genetic relatives. They can support any desire that a DCP has to search for and connect with these relatives. Conversations can be welcomed, ongoing, and affirming. Need

help? While some children's books explain donor conception, many end with "and then you were born!" But that's not the end of the story, it's just the beginning.[1]

References

1.*Your Family: A Donor Kid's Story* is a book for children that tells the story of their conception and also addresses curiosity, half-siblings, and donors.

A Dearth of Adequate Gamete Donor and Recipient Counseling

Education and counseling before selling or buying sperm and eggs is crucial.

Posted July 21, 2022

KEY POINTS

- Research demonstrates that parents and donors are not adequately counseled before using a donor or donating.
- Parents and donors cannot make fully-informed decisions and choices affecting their families' lives without adequate counseling.
- The choices parents and donors make today will affect them and their children (and potentially other family members) for decades to come.

Although it's of vital importance that parents and donors be adequately counseled before using a donor or donating, all too often, research demonstrates this is not the case.

- One 2013 published study of 1700 sperm recipients reported that 62 percent did not receive professional counseling before they embarked on conception using donor sperm, and neither did 71.6 percent of their partners.[1]
- A 2009 study of 155 egg donors reported that only 37 percent felt they were properly educated and counseled about the potential curiosity of the children they were helping to create.[2]

- Another 2013 study of 164 sperm donors found that 80 percent said they did not receive any education or counseling about the potential curiosities of donor-conceived people to know their genetic, ancestral, and medical backgrounds.[3]

Because facilities that sell gametes have not incorporated appropriate and comprehensive counseling services into their business models, parents and donors have not been able to make fully-informed decisions regarding choices that will affect their lives, and their children's lives, for decades to come.

In-house counselors often promote a decades-old and outdated agenda of secrecy and foster many of the fallacies still peddled by the gamete sellers, e.g., having accurate records of the children born, having limits on the number of children born to any one donor, or regularly updating and sharing medical information with families.

Over the years, there have been many accounts from Donor Sibling Registry parents and donors who were either not counseled at all or who were counseled by therapists who did not seem well-versed or experienced in:

- The importance of early truth-telling about a child's conception story.
- The importance of acknowledging and honoring the right of all members of the donor family: the donor-conceived person, donors, their families, and parents to be curious about and search for genetic relatives.
- The difficulty of late disclosure and the trauma of finding the truth about one's donor conception as an adult.
- Knowing about one's medical (physical and mental) family health history is important.
- The fact that donor anonymity hasn't been possible since 2005.[4]
- The intricacies of donor family relationships: the potential complications and many joys of connecting with and defining relationships with newly discovered genetic relatives.

A Study of 1700 Sperm Recipients[1]

- Sixty-two percent did not receive professional counseling before they embarked on conception using donor sperm, and neither did 72 percent of partners.

- A higher proportion of those in a lesbian relationship did not receive counseling. A smaller proportion of single respondents indicated that seeking professional counseling never occurred to them.
- Of those who received counseling, 61 percent recalled being advised to tell their child early in life that they were donor-conceived, and nearly one-third were advised to tell their child that genetics don't make a family. A comparatively lower proportion of single respondents were given this advice.[2]

A 2021 Study of 363 Egg Donors

- Sixty-six percent received mandatory counseling prior to donation:
- Fifty-seven percent at the fertility clinic, 2 percent at their own counseling center/office, 37 percent at a facility recommended by the clinic, and 4 percent elsewhere.
- Twenty-one percent were counseled by a psychiatrist, 33 percent by a psychologist, 3 percent by a nurse, 1 percent by a doctor, and the balance indicated they just weren't sure.
- Forty-four percent indicated that they did not feel as though the counseling prepared them for possible contact with any resulting children born as a result of their donations.
- Sixty-three percent reported not receiving counseling on potential future fertility issues.
- Thirty percent did not have their medical team/counselor discuss (prior to the donation) any possible medical risks related to the donation.
- Eighty percent said that their medical team or counselor did not discuss or provide information about direct-to-consumer DNA tests (e.g., 23andme, Ancestry.com) that may be used by a parent or child to find them.

A 2012 Study of 244 Non-Biological Parents[5]

- Thirty-nine percent of the women and 57 percent of the men indicated they had professional counseling before utilizing sperm donation.
- Twenty-six percent had counseling arranged by the clinic prior to treatment as it was mandatory.
- Fifty percent had not considered having counseling before they commenced treatment.

- Sixty-one percent of the women and 81 percent of the men who had been counseled were advised to tell their children early in life they were donor-conceived.
- Sixty-nine percent of the women and 43 percent of the men were told that a child is likely to have curiosity about their genetic heritage.
- Forty-one percent of all respondents were told that *genetics do not make a family*.
- Participants were also asked about any advice they were given by the sperm bank/clinic when undergoing treatment. The majority reported they had received little advice on which type of donor to use (anonymous or open identity).
- Seventy-one percent did not receive any advice about whether to tell their child about the way they were conceived.
- Forty-two percent of the 65 respondents who did receive this advice were advised to do so before the child was 10.
- Thirty-six percent of female and 39 percent of male respondents were advised never to tell their child the truth.
- Fifty percent of women and 57 percent of men were advised to tell others (family, friends, etc.) only on a need-to-know basis.

A 2013 Study on the Experiences and Views of Sperm Donors[6]

- Eighty percent said that they had not received any education or counseling on the potential curiosities of donor-conceived people to know their genetic, ancestral, and medical backgrounds. Several donors noted that because of the anonymity of their donations, they thought that no counseling was needed on this matter.
- Twenty-two percent wished for more information prior to donating. The desired information was centered on the outcomes of their donations, the impact of donor conception and anonymity on the offspring, the laws and policies regarding anonymity, and issues arising from possible contact with offspring.

A 2021 Study of 529 Donor-Conceived Adults

We asked if donor-conceived people had ever sought professional support or counseling regarding their donor conception origins, and more than 29 percent said "yes." Perhaps if their parents had received adequate education and counseling and had been able to make fully informed decisions, this number might have been lower.

DNA= Donors Not Anonymous

Given the dramatic increase in the use of donor gametes in recent years, in combination with the Donor Sibling Registry and commercially available tools to easily trace familial DNA, the practice of promised/mandatory anonymity for 18 years or forever is no longer sustainable.

Surprisingly though, every single vial of sperm sold is still sold as anonymous, be it for 18 years or forever. During this long transitional period in the field, mental health and medical professionals can assist and empower all donor family members through proper education and counseling, most importantly, regarding the needs and issues of the children being created.

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Thinking About Selling Your Sperm or Eggs?

A few practical, ethical, emotional, and medical issues to consider.

Posted August 25, 2022

KEY POINTS

- Selling sperm or eggs is much more than a financial transaction with a sperm bank or egg facility.
- Gamete vendors do not keep, nor are they required to keep, accurate records of live births or of medical issues.
- Many donor-conceived people are curious about their close genetic relatives.

Are you thinking about selling your sperm or eggs? It is important to consider the ongoing ramifications for you and your (current and future) family and for the donor-conceived children born who will inherit 50 percent of their DNA from you.

When purchasing sperm or eggs, most people are given a "donor profile" with non-identifying information about the donor, including a one-day snapshot of self-reported medical information.

Medical and Psychological Issues

The medical information that you fill out for the donor profile that's sold to prospective parents is only a snapshot of one day in your (young and healthy) life. If you or a member of your immediate biological family develop a medical or psychological issue following the initial completion of the self-reported medical history, it would be crucial to share this information with the families who purchased the gametes.

It's not just your looks, intellect, temperament, or athletic abilities that might get passed along, as susceptibility or predisposition to disease is also often inherited. Many diseases are adult-onset, and for many years after the original donation, children who share their DNA may develop medical and psychological concerns that sometimes can only be properly addressed with updated information from you. Conversely, it might be important for you to know about any medical issues reported by your progeny, as they may affect you and your own current or future children. Certain medical and psychological conditions carry genetic components that are not

readily tested for, and accurate information is vital for proper screenings, testing, and preventive care.

If You Have Children of Your Own or Plan To

Cryogenically frozen gametes can be sold by gamete vendors (sperm banks and egg facilities) for many years into the future, so you could have genetic offspring born decades from now. Have you considered the possibility that your children may encounter biological half-siblings? Gamete vendors do not keep, nor are they required to keep, an accurate record of live births resulting from any specific donor. What this means for the children born with your DNA is that there may be many half-siblings, despite the sperm bank's false promises of limits. Half-sibling groups of more than 100 are now not uncommon and some are even larger than 200.

The children that a donor is raising, or their future children, might someday randomly meet their half-siblings—those who have been created from the sold gametes. There are countless stories of half-siblings meeting at school, at camp, at a park, at college, at the beach, on a Disney cruise, or on the same Little League team. These meetings among half-siblings are not uncommon, so honesty is essential. Before donating, potential donors should consider their willingness to be forthright with their spouse/partner and children. There are ramifications of these potential meetings beyond mere curiosity. Consider the potential problems that could occur from a romantic relationship with a half-sibling. One half-sibling recently reported that they swiped right on their half-sibling Tinder match.

“Anonymous” Donations

It is important to understand that because of advances in DNA testing and Internet search engines, the likelihood of you remaining anonymous is almost impossible, no matter what you're told by the gamete vendor. Even if you never test your own DNA, your progeny can match with any member of your family (even very distant relatives) and then easily trace the path back to you. It is important that all potential donors consider the strong likelihood that they will be contacted by offspring or their parents. This can happen at any time, long before the mandatory 18 years of anonymity that egg clinics and sperm banks still promote and require. How would you respond if you were asked to meet with your genetic offspring?

How You Might Feel in the Future

Have you considered how you might feel in the future about selling your gametes? It is almost certain that more than one child will come to exist. These children are genetically your offspring, sharing around 50 percent of your DNA, and, in fact, they may one day have children of their own who will be your genetic grandchildren.

If you haven't yet told your partner, spouse, parents, or children about selling your gametes, you'll need to think about how this information could be potentially disruptive to them and rattle the family system, especially if the relationships are not already on solid emotional ground.

If you've been open with your family, and if they're open to meetings, this can be a time of excitement about the possibility of expanding your family. One Donor Sibling Registry member shared the following:

> *I am a previous egg donor to several different families, and I have come to feel that anonymous donation is unethical. I sincerely regret the anonymity on my end, and it weighs heavy on my heart. I was young and didn't understand my options. I still absolutely respect the privacy and autonomy of the parents and children. I defer to whatever is best for the children that resulted from my donations and would like to make myself available to any and all families that are looking for information or connection in any form.*

Imagine How the Donor-Conceived People Might Feel

Many will wonder about where they got some of their physical characteristics, or their talents, mental abilities, medical issues, and personality traits from. Many are extremely curious about genetic family history and ancestry, and many feel a deep longing to connect with and to know their unknown genetic parent and other close genetic relatives.

Imagine your reaction if your genetic offspring found you and expressed a strong desire to connect, or if they needed life-saving medical treatment. You need to consider these issues carefully as you make the decision on whether or not to sell your gametes. *Your actions today can have an incalculable effect on the future.*

Specifically for Women Thinking of Selling Their Eggs

There are unknown medical risks resulting from egg donation, and few longitudinal studies to date. Depending on the length of time since treatment, donors have reported coping with unpleasant short-term side effects such as changes in the menstrual cycle, ovarian hyperstimulation syndrome, an immune reaction, or muscle and joint pain. Some have also had to cope with more long-term issues regarding their own (premature) infertility following the procedure, concerns about decreased ovarian reserve, or breast cancer due to potential long-term effects of hormonal stimulation, which have not been well-researched to date.[1,2] Former donors have reported feeling angry that they had not been well-informed about the possible medical risks of egg donation, as many clinics indicate that there are “no known risks” of egg donation because there have not been sufficient long-term studies.[2]

Much More Than a Business Transaction



Sperm Bank Advert

Source: DonorSiblingRegistry

"Come make $1400 a month doing what you'd do for free anyway."

Yes, that's an actual ad recruiting sperm donors. On the left is a picture of another one.

You'll see these types of flippant ads in college towns from coast to coast, in and on places like buses, trains, and in college newspapers.

What they are not honest about, among other things, is the very real possibility that you could end up with dozens or even hundreds of donor-conceived children that could find you long before the mandatory 18 years of anonymity.

Selling one's eggs or sperm is likely to reverberate across a donor's lifespan.

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Nature and Nurture in Donor Families

Biological and non-biological parents matter.

Posted September 26, 2022

KEY POINTS

- The parents that raise donor-conceived people and those that contribute 50 percent of their DNA have unique influences.
- Almost three-quarters of women who utilized donor eggs indicated they would like to meet the donor. Less than half of the men indicated interest.

- It’s important to honor and respect a donor-conceived person's desire to seek out their unknown or “invisible” family.

To some recipient parents, it's no more than a "piece of genetic material" or merely a "donated cell."

This is how many gamete vendors (egg clinics and sperm banks) frame gamete donation. But to a donor-conceived person (DCP), it’s the origin of approximately 50 percent of their DNA: one-half of their identity, ancestry, mental and physical attributes, and medical/psychological origins.

Many donor-conceived people (DCP), just like those who are adopted (many of whom have great relationships with their parents), often feel a deep-seated need to know their genetic relatives, or at the very least know about them, to better understand themselves.

We all have a unique and wonderful blend of nature and nurture.

The people that raise, nurture, and love us, our families, our teachers, our communities, our experiences, and the two people that gave us our DNA blueprint all factor into who we become as adults: physically, mentally, and emotionally.

Non-biological parents matter.

Many people considering having a child face the possibility/probability of not being genetically related to that child. Whether they’re a man, woman, or couple dealing with infertility or with a genetic issue that makes it too risky to have a biological child, or if they’re an LGBTQIA+ couple, and they choose to use donor eggs or sperm, someone in their family equation will be in the position of being the non-bio parent.

Many non-biological parents have not been adequately counseled or educated before using donor conception to create their families. In our 2012 published research on 244 non-biological parents, only 39.4 percent of the surveyed non-biological mothers and 57.5 percent of the

non-biological fathers indicated they had received professional counseling before using a donor. Only 25.8 percent of the participants had arranged counseling by their fertility clinic/doctor.[1]

These parents must deal with any loss, grief, and/or shame around their infertility and work through any emotions they might be experiencing from their lack of biological connection with the child. If a non-bio parent has unresolved emotional issues, they could accidentally signal their discomfort, pain, and/or shame to the child, which can cause the child to feel shame in being donor-conceived.

The bio and non-bio parents who raise, love, support, and take care of us, contribute greatly to who we become as adults. It's especially important that the non-bio parents feel confident and secure in their parental roles so that they can adequately walk beside their child to support any difficulty their child may have in being donor-conceived and honor any curiosities they might have about an unknown genetic family.

Parents often withhold the truth to protect the non-biological parent.

Some non-biological parents fear that if the truth gets out, they won't be seen by family, friends, and others as the "real" parents.

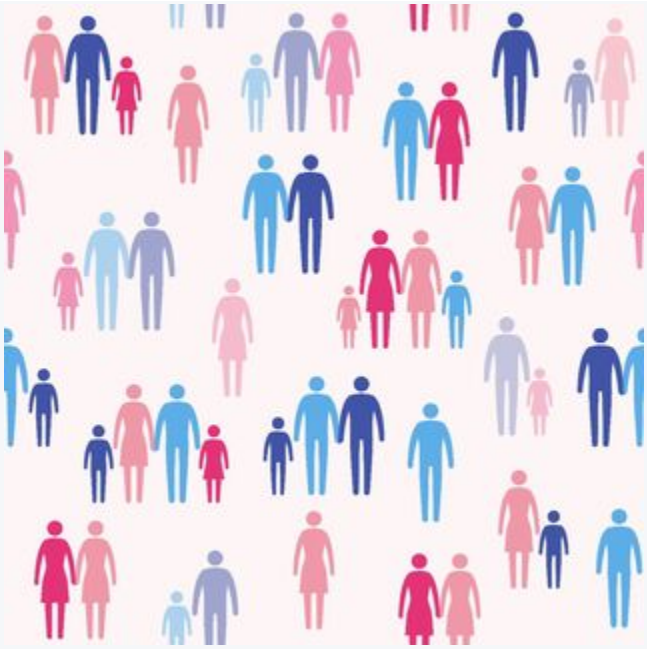
But, family secrets can be toxic, and we believe these parents, expecting honesty from their children, owe their children the same. In families with secrets, all too often, the “secret” hovers just beneath the surface, creating distance between non-biological parents and their donor children. The DCP can be unsure why there is a feeling of distance between them and their non-biological parent. This disconnect can have life-long negative consequences.

Parents who disclose the truth can *still* pass along their insecurities and fears regarding their child having any curiosity about and wishing to connect with their unknown biological family. The non-biological parent often feels more insecure about their parentage, and the child can be affected by this insecurity.

Giving the child the clear message that it's an uncomfortable subject and not welcome to be discussed can have significant circumstances on the child and the whole family dynamic. Not

making peace with their lack of biological connection may create discourse and guilt within the child when any natural feelings of curiosity arise within them.

Issues can arise for both heterosexual and LGBTQIA+ families.



Different Family Types Source: elenabsl@123rf

We often hear that the non-biological mom in an LGBTQIA+ family, for example, may minimize the donor's contribution, which could be harmful to a donor-conceived child trying to construct their identity and acknowledge all contributors.

Sometimes the non-bio parent is afraid of a child reaching out to half-siblings and/or their donor and says things like “biology doesn’t make a family.”

These parents’ unresolved discomfort or sadness about not having a genetic connection to their child can cause great instability and insecurity within their nuclear family. This can be expressed as disappointment or anger at a curious child, causing them to feel a great sense of betrayal, even just thinking about the unknown people they are genetically related to. This can paralyze

DCP who have a longing or desire to explore connections with their unknown relatives and actually make efforts to do so.

Sometimes a DCP figures out the truth, but they still shoulder the secret.

Research and anecdotal information give evidence that quite often, adult donor offspring in heterosexual families have found out that they were donor-conceived, but we're afraid to tell their non-biological parents that they knew the truth for fear of hurting them. In this case, the secret becomes intergenerational, as the children struggle to keep the "secret" that the parents have also shouldered for so long.

These DCP frequently feel acutely aware that the methodology of their conception causes pain to their non-biological parent and, therefore, willingly accept the weight of this pain to carry themselves. This can enforce the idea that the way they were created is somehow shameful and should be kept secret.

What is in the best interests of the donor-conceived child?

In the beginning, parents make all the choices about how their child will come into the world. These are choices that will affect children for their entire lives. But, it isn't only about what makes parents most comfortable. They must also ask, "What is in the best interests of this child to be born?" Reading research and testimonials from donor-conceived people is strongly suggested before making any decisions.

Parents need to be very careful not to put their fears and biases onto their children and allow them to process for themselves the meaning of "family" as they mature. DCP are brought into the world using a methodology that cuts them off from one-half of their genetic background and relatives. It's important to honor and respect their desires to seek out this unknown or "invisible" family. Parents can offer to walk by their children's side as they explore and make their donor family connections. Doing so leads to stronger family connections.

Non-bio moms and dads are different.

In the published research of 244 non-biological parents,[1] was a difference between non-biological mothers and fathers over whether they were interested in meeting their child's other biological parent, the donor. 73.1 percent of the women who utilized donor eggs indicated that they would like to meet the donor, while only 45.2 percent of the men (who utilized donor sperm) indicated interest.

Adequate counseling, education, working through one's grief and fear, and understanding their children's desire to know about their ancestry, medical background, and roots before pregnancy would save a lot of donor families from heartache. Making peace with the concept of not being genetically related to their children is essential for non-bio parents to create an honest, respectful, and healthy family with strong bonds.

Exploring what it means to be a parent and acknowledging their children are a wonderful blend of nature and nurture can lead to more secure, peaceful, and loving relationships.

Acknowledging the importance of a DCP's unknown biological parent doesn't decrease the importance of the non-bio parent.

DCP are deeply influenced by the parents who love and raise them, whether they have a biological connection. Additionally, the importance of the unknown parent who has contributed 50 percent of the DNA can not be denied or underestimated. Understanding, appreciating, and respecting that knowing where and who one comes from is essential in forming a person's current and future identity and is vital for a happy and healthy family.

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Lucy Frith, Neroli Sawyer, Wendy Kramer

Tips for Parents of Adult Donor-Conceived People

Are you about to disclose, or do you have a child who just found out the truth?

Posted October 26, 2022

KEY POINTS

- Many parents have not been honest with their donor-conceived adult children because they're afraid of anger and/or rejection.
- Donor-conceived people deserve to hear the truth and the emotion behind why they were not told earlier.
- Donor-conceived people's natural curiosity about their ancestry, medical history, and close genetic relatives is not a betrayal.



Source: vectorlab/123RF

It’s become commonplace for DNA tests to reveal donor conception origins to many adults around the world.

Some parents may be struggling with adult donor-conceived children who have found out the truth on their own and may be dealing with feelings of shock, anger, confusion, sadness, or grief.

Other parents, who have kept the secret for decades, are finally deciding to tell their children the long-held truth about the way that they were conceived, understanding that their children will

fare better when the truth comes from them and not from an unknown relative or a DNA website.

When is the best time to tell?

There will never be a “perfect” time, so the sooner, the better. The best time to tell is when a donor-conceived person (DCP) is very young, but if the donor-conceived adult hasn’t yet been told, the best time is now. This is not a parent’s secret to carry. It’s important that parents do the psychological work necessary to be emotionally capable of having the conversation and adequately supporting their children, including talking about and understanding the reasons why they haven’t disclosed the truth before now.

This process can be difficult but also very positive and affirming, and it can lead to a more honest and open family system with relationships now based on truth.

Parents can tell their stories about why they decided to use donor conception.

Parents are setting the tone for all future conversations about their children’s conception and should try to keep the conversation light, even using some humor if possible. They need to be as grounded, calm, and level-headed as possible because their donor-conceived children will look to them for answers about why their conception stories were kept from them. Complete openness and honesty are crucial.

Explain very honestly why they haven’t disclosed before now.

Parents shouldn’t be defensive or use their personal stories as an excuse. The DCP will want (and deserves) to hear the truth and the emotion behind why they were not told earlier. *What were they (or their spouse) hesitant about or afraid of? Why shoulder this secret for so long?* Knowing all of this can help their children adequately process their own complicated emotions (which might include anger, sadness, grief, confusion, or even relief) while also feeling empathy toward their parents.

Parents can let their children know that they made the best decisions they could with the information they had at the time. Many parents were advised by their gamete vendor (clinic or

sperm bank) or doctor to keep the secret. They can tell their children how it has felt to carry this information as a secret and how they've recently come to learn about the importance of honesty and full disclosure. Parents should also tell their children who else knows.

Share any and all information.

For parents with children born before the 1980s (fresh sperm), they may have little, if any, information about the donor, while most parents with children born from the 1980s through the present time (frozen sperm) usually do have a donor profile or other non-identifying information about the donor that can be shared.

Apologize, and own it.

Parents need to own their choices. In both scenarios, where DCPs learned the truth on their own or when parents disclosed it to them as adults, it's important for parents to apologize. This was their children's information to have, and the parents kept it from them for too long. Parents can keep apologizing to allow their children to move freely through their emotions without getting stuck in anger.

Recognize the negative implications of asking a donor-conceived person to keep the "secret."

Secrecy can imply shame and/or guilt. DCP can respond negatively when asked to carry on the shame of infertility in the form of secrecy. This is a burden that should never be passed along from parent to DCP.

Parents should be ready to continue the conversation.

This is not a one-time conversation between parents and their donor-conceived adult children. Some parents make the mistake of telling but then never talking about it again. This gives their children the clear message that the topic of their conception story is unwelcome or too embarrassing or shameful to discuss.

It's important that DCPs know that their origin stories are a welcomed, ongoing conversation and that parents will be there for them as they process this new information, tell family and

friends, and incorporate it into their identity. It's OK for parents to disclose their own discomfort while admitting that they, too, are evolving and on a healing journey. Parents can gently broach the topic regularly, even if their children don't, so that their kids know they're there to help them understand what this new information means to them and their lives.

This is just the first step.

Parents must make sure their adult children know that any curiosity they have about their half-siblings and/or their unknown biological parents, their ancestries, and their medical histories is normal and to be expected. If a parent is not fully comfortable with this, it's important they understand why, so they can continue to grow and heal in this area.

If their children are curious…

If their children desire to know more about their origins, parents can offer to walk side-by-side with them to find the information and genetic relatives they want to know about. Parents should understand that their children's curiosity is not a betrayal to them in any way. If they are uncomfortable helping their children learn more, they can honestly express that in a way that lets their children know they are working on it. *This is especially important for the non-biological parent.* Longing to know about one's ancestry, medical background, or close genetic relatives is an innate curiosity and doesn't indicate that the parents who are raising the children are deficient in any way. Most DCPs are not looking to replace their current family, only to add to it.

Parents can let their children know that they can make mutual consent contact with donors and half-siblings on the Donor Sibling Registry and that commercial DNA sites are another avenue for finding close genetic relatives, although there is an inherent risk with reaching out to close relatives who might not know about their donor origins or who might not be open or ready for contact.

It's important for DCPs to know that many others have walked this path before them. Parents can let their children know that while their conception stories may be different than most people they know, these stories are not rare, and there are opportunities to connect with other donor-conceived people.

DNA = Donors Not Anonymous

Sperm and egg donor anonymity has not been possible since 2005.

Posted November 28, 2022

KEY POINTS

- Donor anonymity ended in 2005 when the first donor child located their formerly anonymous donor via a commercial DNA test.
- Donor anonymity is still promised (and mandated) by the fertility facilities who benefit financially from the practice.
- Many donors are being found via DNA websites, even when they themselves have never submitted their DNA.
- Egg and sperm donors do not always want anonymity.

Gamete donation has been shrouded in secrecy and anonymity for more than 100 years.

Sperm and egg donation have historically been anonymous activities, with neither the donor nor the recipient knowing the other's identity. Since the advent of sperm banks in the late 1970s and early 1980s, most parents have been given non-identifying (supposed) facts about the person who would contribute the other 50 percent of their child's genes—along with a correlating ID/donor number. These donor IDs/numbers have made it possible for more than 25,000 donor-conceived people (DCP) to connect with their half-siblings and donors/biological parents on the Donor Sibling Registry (DSR) since 2000.

With the advent of DNA testing, donor anonymity has become an obsolete idea.

In late 2004, when consumer DNA tests were still in their infancy, a 14-year-old donor-conceived teen swabbed his cheek and submitted his DNA to a new commercial DNA company, Family Tree DNA, to find out more about his paternal ancestry and countries of origin. When the test results came back, the teen was shocked to learn that he had been matched with two very distant relatives (their common relative was born in the 1600s) with the same last name. Using the last name of those two Y-DNA connections, along with public records search and a Google search, in just nine days, he discovered the identity of his donor—his biological father, who

never took a DNA test himself and assumed when he donated his sperm that he would likely remain anonymous. In early 2005, donor anonymity had ended.[1]

Even today, the sperm and egg-selling industry barely acknowledges this fact and still does not adequately counsel donors and parents on the realities of maintaining donor anonymity.

With the introduction of many commercially available DNA testing companies (Family Tree DNA in 2004, 23andme in 2007, Ancestry.com in 2012, and others like MyHeritage), the assurance of anonymity is no longer possible; it has been estimated that 90 percent of Americans of European descent are now identifiable from their DNA, even without ever having taken a DNA test themselves.[2] Many DCPs born from the 1940s through the 1980s who had little to no donor information are now easily and regularly connecting with half-siblings and biological parents (and their families) via DNA websites.

When a donor-conceived person spits into a cylinder or swabs their cheek and submits their sample to a commercial DNA testing site, there's a very good probability that they will connect with previously unknown relatives. Sometimes these relatives will be quite close on the family tree, and contact is needed to determine the exact relationship. For example, a 25 percent match could be a half-sibling, aunt, uncle, or grandparent.

Regardless of the closeness of the DNA match, any match at all makes it much easier to find a previously anonymous genetic parent. Simply determining the last name on a DNA testing site and conducting a Google search is sometimes all it takes to match up information from a donor profile to identify a donor accurately. A public records search can further confirm someone's identity or help narrow the field. And social media sites give donor-conceived people access to their "anonymous" donors once they are identified.

Donor-conceived people's stories can be found regularly on blogs, social media, and in the media:

"I'm 33 years old, and I just found out my biological father was a sperm donor."

“I found out by DNA test that my dad is not my biological father a few months after he passed away.”

“I found out this year, at the age of 51, that my biological father was a medical student.”

“My mother didn’t tell me about my paternity until AncestryDNA revealed the secret.”

Many donors submit their own DNA with the hope of connecting.

It isn’t just donor-conceived people who are curious about their unknown genetic relatives. Many egg and sperm donors were never on board with the concept of forced anonymity or have had a change of heart and are now curious about the children they helped to create. Thousands have willingly joined and connected on the Donor Sibling Registry, and some also test their own DNA, hoping to make contact:

> *“I tested and registered on AncestryDNA with my first name, last name, and sperm donor ID number to confirm that I was a donor. And I specified on my public tree that I invite contact.”*
>
> — Former Sperm Donor
>
> *“I added myself to 23andMe because I am an egg donor from years ago and wanted to make myself available for contact. I've waited years, and I had a parent-child match last month! I sent a brief message stating I've waited/hoped to be contacted.”*
>
> — Former Egg Donor

Anonymity and the gamete-selling industry:

Sperm banks and egg clinics are in the business of selling gametes, which in turn makes them money. They are not in the business of counseling donors or recipients—or connecting the genetic relatives that are the result of their business.

Sperm and egg donation are highly unregulated industries, and this lack of oversight allows facilities to operate under their own sets of rules. While facilities might claim to have guidelines

regarding the number of pregnancies or births that can result from a single donor, they have no way of enforcing these “rules”—and, in fact, don’t seem at all interested in doing so. In order to place limits on the number of children created from any one donor, you first must have accurate records on the children born, which no one has, as all birth reporting is voluntary.

Likewise, facilities that offer “open” or “willing-to-be-known” donors (donors who agree to be known when offspring turn 18) are extremely inconsistent in how they manage their policies and practices. Sperm banks have been known to tell donor-conceived people that their donor’s location is unknown or that the donor does not want contact—even when the donor has kept the bank up-to-date on his contact info and has made it clear that he is open to connecting with offspring. In such cases, sperm banks are failing to provide the contact that both the donor and the parents agreed to. Sometimes sperm banks tell families that the “open” donor they purchased is now “anonymous.”

Most sperm banks and egg clinics are not equipped to handle the process of connecting donors and offspring years later. Even when they attempt to do so, their efforts are questionable, inconsistent, and often unsuccessful.

Donor anonymity benefits sperm banks and egg clinics financially because it allows them to continue their current practices of not keeping accurate records, not updating and sharing medical information, and not limiting the number of vials sold/children born to each donor. But this practice fails parents, donors, and donor-conceived people.

Yet almost all U.S. donors are still sold as “anonymous”—for a minimum of 18 years.

Sperm banks and egg clinics should abandon the practice of mandating or promising donor anonymity, as this archaic and deceptive notion needs to be put to rest. Dozens of egg clinics have been writing the Donor Sibling Registry into their parent-donor agreements for years, *facilitating contact right from pregnancy or birth of the child,* thereby allowing donors and parents to share medical information with each other and define the depth, breadth, and speed of their own relationships. *Sperm banks can also do the same.*

References

1. Motluck, A. (November 3, 2005). Anonymous sperm donor traced on internet. NewScientist.com.

2. Murphy, H. (October 11, 2018). Most White Americans' DNA Can Be Identified Through Genealogy Databases. New York Times.

Secrecy v. Privacy in Donor Conception Families

Walking the fine line between privacy and secrecy is inherent in donor families.

Posted December 13, 2022

KEY POINTS

- Privacy is the choice to not be seen, while secrecy is based in fear, shame, or embarrassment.
- Privacy involves setting comfortable and healthy boundaries.
- Carrying a family secret is a heavy burden.
- Donor families based in honesty and transparency have more meaningful and deep relationships.



Secrecy

Source: kchung@123rf

A secret kept is usually based in shame or fear: we're embarrassed or afraid of what people will think if it is divulged. Secrets can harm others if they were to find out about them. On the other hand, we all have a right to our own privacy, and honoring another's right to privacy demonstrates respect and illustrates trust. Recognizing the difference between privacy and secrecy is critical for all members of the donor family.

Secrecy Remains in Donor Conception

Withholding information for fear of the consequences likely implies secrecy. Secrets require a lot of emotional energy and are a heavy burden to carry. Secrecy undermines trust and is therefore harmful to relationships, while privacy, including creating healthy boundaries is usually beneficial.

Although the ideas of openness have increased, gamete vendors and doctors still encourage secrecy, thinly veiled as privacy and promoted as in the best interests of all donor family members. Parents have been routinely advised not to disclose to friends, family, or even the child about the use of donated gametes and the stigma of infertility is still very present in society. Because secrecy often implies shame, this secrecy is often transmitted to the child as shame about their own origins.

Additionally, secrecy is also illustrated in a gamete vendor's lack of transparency regarding a lack of adequate education and counseling of donors and parents, shoddy record keeping, rarely updating or sharing medical information amongst families, infrequent donor medical follow-ups, a dearth of information on the children born from donors, and other vital information.

Finding the balance between being transparent, open, and honest, while preserving our own and others' right to personal privacy, can be tricky but is essential for creating healthy and happy donor families.

Often, what is called "privacy" is thinly veiled secrecy. Too many parents and donors (and even donor-conceived people) hide behind "privacy" in order to defend and safeguard their

shame-based secret. Shame about selling one's gametes, shame about infertility, shame about not having a partner, shame about using a donor, or even shame about being donor-conceived.

Parents

Privacy/secrecy issues and the desire to hide the use of a donor. Keeping such a big secret from everyone is a lot of work and can be exhausting.

Parents sometimes use privacy to defend their wanting to keep their kids from close genetic relatives until they are older. But, we don't wait for our kids to become adults before they meet their grandparents or cousins. So why would we think it's OK to keep our donor children from their close genetic relatives for 18 or more years, or until they ask about them? What makes parents so willing to believe what the reproductive medicine industry tells them about the merits of keeping their children from their close genetic relatives?

For Single Mothers by Choice: There can be shame, embarrassment, guilt, and fear around nontraditional parenthood or not finding a spouse.

For Infertile Couples: It is very common for the non-biological parent to request that their partner and/or other family members keep the secret. This is often based on the desire to hide the shame of infertility and the desire to hide the use of a donor. Parents who were initially dealing with the shame and grief of infertility, and the loss of their dream of the perfect family where their children were genetically related to both parents, haven't yet worked through these emotions. Keeping donor conception a secret and using "privacy" as the excuse, can create a fault line in the family's foundation.

When donor-conceived people (DCP) in heterosexual families are told, or more commonly, find out the truth, their parents sometimes insist that they too keep the secret, or won't speak about it. In these situations, unfortunately, the shame of infertility is passed along to the donor-conceived people and can manifest as the shame of donor conception. Parents who feel inadequate or insecure about their parenting (or themselves) are more likely to pass along these sentiments. These parents are not providing the support that their children need to process their emotions and feelings. This can make it much more difficult for the DCP to accept and process

the circumstances of their conception, forgive their parents and mend those relationships, allow themselves to be curious, and consider searching for and connecting with their unknown genetic family.

Parents can recognize the negative implications of asking children to keep the “secret”. Secrecy can imply shame and/or guilt. This is a burden that should not be not passed along.

Donor-Conceived People

It's not uncommon for DCP who were not told the truth to grow up feeling that there was *something* being withheld from them. Many report that when they asked their parents if they were adopted, if a parent had an affair, or even if they were donor-conceived, their parents gaslit them with their denials. For many, working through the anger at the secrecy and subsequent denials takes work, understanding why the secret was so closely guarded, compassion, and forgiveness.

Having to keep the identity of their biological parent/donor or “private” half-siblings from other half-siblings.

Many who are aware of their status have little opportunity to talk about it to others who understand, and they may not have the language to speak about their experience, thus continuing to keep it secret.

There can be challenges with re-defining family, setting boundaries, and navigating privacy/secrecy as they consider incorporating new donor relatives into their family circle. This can be even more challenging if siblings they've been raised with feel differently about connecting with donor relatives.

Many donor-conceived people find out the truth later in life, (eg. via a DNA test) and keep their knowledge of the truth a secret, afraid of telling their parents about their discovery. Many are afraid that their non-biological parent would feel betrayed if they expressed any curiosity about their donor family.

Parents and DCP

Is contacting a donor and giving them the opportunity to connect an invasion of their privacy or an invitation?

Connecting with a donor and not immediately or eventually revealing the (large) number of known offspring.

Connecting with a donor and not telling the other known half-sibling families that contact was made.

Either personally deciding or agreeing to keep a donor's or known half-sibling's identities, photos, and medical information from the other known half-sibling families.

If they figure out who their (or their child's) donor is, and contact is refused, deciding whether to contact the donor's other relatives (eg. their own or their child's biological grandparents or children): is it an issue of privacy or secrecy?

Sperm, Egg, and Embryo Donors and Their Families

Not telling family (or friends) that they donated or that they have donor children.

Keeping found donor children's identities from their own family members or other half-sibling families they've also connected with.

Tying to protect their family's privacy while removing the veil of secrecy between them and their progeny can be stressful as they try to balance the needs of everyone affected.

There can be difficulties in understanding and communicating their own comfort levels and privacy boundaries.

Donors' partners can have difficulty understanding and communicating their own comfort levels and privacy boundaries, for themselves and for their children.

Donors' parents and children might be very interested in knowing their genetic half-siblings and grandchildren, but their sons/daughters/mothers/fathers might feel differently.

Many donors who were promised (or forced into) anonymity when they sold their gametes do desire to connect with the children they helped to create. The sperm and egg facilities quite often will not share the donor's contact information with donor-conceived people and their families and work very hard to keep the donor's identities secret. These facilities often use the excuse of donor and parent "privacy" even when donors have made it clear that they would be open to mutual consent contact.

Parents and Donors

Secrecy is abolished when parents and donors can connect on the Donor Sibling Registry right from pregnancy/birth while remaining private to each other if wished. This empowers all parties and fosters openness and honesty and allows for the sharing of information between families without the need for a middleman who might be invested in secrecy because of liability or financial concerns.

All Donor Family Members

Maneuvering through their own and other family members' privacy boundaries.

If sharing your own or your child's donor story publicly, either via the media or on social media platforms, deciding how much of the story to keep private can be tricky.

When when connecting on DNA sites to genetic donor relatives: how to disclose the donor relationship to people who may be utterly confused about the close genetic connection? If privacy is respecting a person's right to not be seen, how does one apply that respect to a donor's relatives who have not yet made that choice?

Challenges with re-defining family, setting boundaries, and navigating privacy/secrecy as they consider incorporating new relatives into their family circle.

Withholding important and relevant health information about oneself or keeping secret other genetic relatives from each other.

When we carry a secret from a loved one, we have to be careful about what we say and to whom to avoid divulging information that we believe might cause us harm.

Secrecy builds invisible walls in relationships. The person being kept from the secret is clueless about the disconnect within the relationship and can blame themselves.

2023

Why are Sperm and Eggs Still Sold Anonymously?
Personal Perspective: The consequences of donor anonymity.

Posted January 6, 2023

KEY POINTS

- Mandated donor anonymity affects donors, parents, and most importantly, donor-conceived people.
- Knowing one's family medical history is crucial: sharing/updating medical information with close genetic relatives can save lives.
- Most sperm and egg donors are not contacted after their donations for medical updates.
- All donor family members can benefit from connecting right from pregnancy/birth of the donor child.

Sperm banks and egg clinics still mandate and promise donor anonymity, either for 18 years or forever.

When purchasing sperm or eggs, most people are given a "donor profile" that has non-identifying information about the donor, including self-reported medical information. This information preserves anonymity and offers no further outlet for medical questions a would-be parent may have. Many published research studies, along with many years of anecdotal information, tell us that donor anonymity has a negative impact on many people: medically, psychologically, and socially. It has affected not only donor-conceived people but also their parents, donors, and even the donor’s family.

Medical consequences of anonymity

Many health problems are heritable, including both physical and psychological health issues. Many diseases are adult-onset — which can appear long after donations have occurred. While many facilities claim to update (and share) updated medical information, most rarely do. So, for many years after a donation, children who share the donor's DNA may develop medical and health concerns that can only be properly addressed (eg. with medical screenings or preventative medicine) with the donor's updated information. Conversely, it might be crucial for a donor to know about any medical issues reported by families, in part, because the donor may someday have children of his or her own. Anonymity precludes ongoing access to medical information.

Earlier research (2009 and 2012) reported:

- 97% of egg donors and 84% of sperm donors have never been contacted to update their medical records.
- 31% of egg donors and 23% of sperm donors report that they, or immediate family members, do have medical/genetic issues that would be important to share with families.

A 2021 study of 363 egg donors revealed that not much has changed in the egg donation business, as more than 94% reported never being contacted by a clinic for any medical updates after donation and almost 25% indicated that they or close family members have medical/genetic issues that would be important to share with families.
For medical reasons alone, donor anonymity is unconscionable.

Psychological effects of anonymity on donor-conceived people

- Wondering where they got some of their physical characteristics,
- Wondering where they got their talents and personality traits,
- Curiosity about family history and ancestry,
- A longing to know and/or connect with their unknown genetic parent and other close relatives.

Donor-conceived people desire to know more about themselves, find connections, and fill in the missing pieces. In a 2021 study of 529 donor-conceived people, they were asked: *Have you ever sought professional support or counseling regarding your donor conception origins?* More than 29% answered *"yes".*

In an earlier survey of 2,103 people, we asked: “If your donor is anonymous, do you wish that your parent(s) would have used a willing-to-be-known or known donor?”

- 58.6% of offspring in LGBTQ+ families said yes.
- 73.3% of offspring with heterosexual parent(s) said yes.



Source: adragan8@123rf

Donor-conceived people are left to wonder why the rights of the sperm/egg banks/clinics (to make money), the rights of the parents (to have a child), and the rights of the donors (who at the time agreed to or had no choice about anonymity) outweigh their own rights to know where they come from. Nowhere in the conversations regarding sperm bank and egg clinic policies have the needs and rights of the donor-conceived people been considered. It's time to give them a voice regarding donor anonymity, and it’s time to move away from the antiquated idea of anonymity being in everyone’s best interests.

Many egg clinics now connect parents and donors right from pregnancy/birth on the Donor Sibling Registry. They can exchange messages and share medical information and photos, all while remaining anonymous to each other if desired. Not a single sperm bank offers this to parents and donors. We ask: *Why not?*

Psychological effects of anonymity on parents

One of the main arguments for maintaining donor anonymity is to protect the non-biological parent’s status and to ensure the family’s integrity. In these cases, donor anonymity lends itself to parents not disclosing the method of conception to their children, family members, or friends. Parents can become quite invested in keeping this secret. From their point of view, non-disclosure is a personal choice that they as the parents have the right to make for their family. Parents who make this choice do not like to hear about why not telling (lying by omission) might be harmful to their children and unhealthy for their families. What these parents don’t understand is that secrecy implies shame. Carrying these secrets can weigh heavily on parents and cause cracks in the foundations of their family relationships. Healthy families are based on honesty.

Even when the method of conception is disclosed, or is obvious, such as in LGBTQ families, the concept of donor anonymity is often based on fear. Parents are sometimes misled to believe that choosing an anonymous sperm or egg donor will keep an unwanted party from intruding on their lives. This misleading and incomplete information is given to parents as they make decisions that will affect their children for decades to come. In reality, donors who donate through sperm banks or egg clinics have no parental rights or responsibilities, nor do they desire them in this scenario.

Similarly, parents are led to believe that by choosing an anonymous donor, they are giving up their right to the donor's identity. Some parents have stated that because they made an agreement to use an anonymous donor, they felt ethically bound to not try to gain any information. Even if their children later express a desire to know the donor's identity, these parents can feel trapped and guilty.

Psychological effects of anonymity on donors

Sperm and egg donors are typically young, often college-age when they donate. Because the majority of donors are not properly counseled or educated about the children they are about to help produce, they frequently make their donations without thinking about the psychological consequences of doing so. Donors sign an agreement that clearly protects and releases them from any obligations and rights to any children who are born as a result of their donation. But they often don't consider how they will feel about those children as time goes on.

They may struggle with an overwhelming desire to meet children born from their donations — or at least have some kind of contact with them. They may wonder whether those children look like them, act like them, or share their interests. In addition, they might have important medical information to update and share. They may have children of their own who are curious about half-siblings and parents who would like to know if they have grandchildren. In addition, they might have important medical information to update and share. They may be shocked to learn about dozens or hundreds of offspring and have no idea how to manage new connections. Young donors who are not properly educated or counseled at the time of donating oftentimes don't anticipate their own (or their family's) future needs or the needs of the resulting children they are helping to create.

Social consequences of anonymity

An important social consequence of donor anonymity is that donor-conceived people might unknowingly encounter their biological half-siblings. The world is becoming smaller and smaller, and even donor-conceived half-siblings who live halfway across the world from one another may someday meet.

But more likely, donor-conceived people might encounter half-siblings in their own backyard. In one group on the Donor Sibling Registry, consisting of children from a donor who donated at multiple facilities located in two different states, five separate sets of these half-siblings have encountered one another in their day-to-day lives. Two girls who attended the same school and played on the same sports team discovered that they were genetic half-sisters when their parents started chatting one day. Two sets of parents in the group were friends before conceiving and only discovered during their pregnancies that they had used the same donor. Many more instances of this sort of meeting can be documented.

Not only is it possible for donor-conceived people to meet their donor siblings by chance — it's also just as possible for them to meet their donor's own biological children. One donor-conceived girl was the camp counselor for the son of her (then-unknown) biological father. Chance meetings are a social consequence of donor anonymity and can cause serious psychological and/or medical consequences in cases of non-disclosure if unknown genetic siblings meet and eventually date or marry.

It is an innate human desire to know who and where we come from.

Is it ethical to keep a person from their close genetic relatives for the first 18 years of their lives? Never in history, anywhere in the world, has this been accepted practice. It's just what the reproductive medicine industry has sold us, along with the gametes.

Donors and parents can be connected to each other right from pregnancy/birth on the Donor Sibling Registry.

Cornerstones of the Donor Family: Kindness and Empathy

From choosing a donor to expanding one's family to include donor relatives.

Posted January 27, 2023

KEY POINTS

- Kindness has both genetic and environmental roots.
- When choosing a sperm or egg donor, indications of kindness and empathy might be the most important attributes to look for.

- Empathizing with the motives, hesitations, fears, and situations of one's donor relatives is crucial.
- Creating kindness as a core value of a donor family circle benefits everyone.

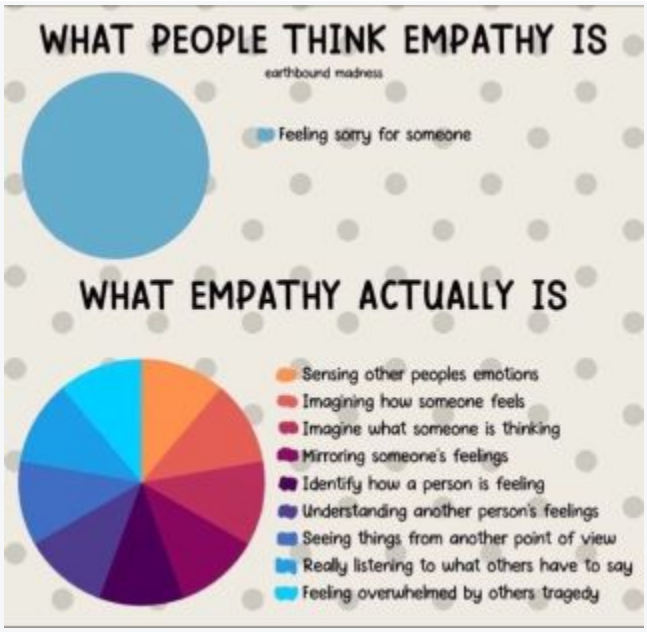
Raising, or being a donor-conceived person, and maneuvering through and defining one's curiosities and new donor family connections gives us many unique opportunities to acknowledge others' feelings and experiences that may be very different than our own. Even when first choosing a gamete donor, empathy is a quality that can be put at the top of a list of requirements.

- Prospective parents: When prospective parents are perusing through donor profiles, ready to choose the biological parent(s) of their future child, my recommendation is that looking for an indication of kindness, over intelligence, academics, or even physical appearance, should be the #1 factor. While a person's ability to be empathetic is affected by their experiences, environment, community, and culture, to a certain extent, we have a genetic basis that supports a lot of the processes that make us nice. "…*kindness is in our genes. According to several studies conducted over the past decade, kindness has a genetic component. At least some aspect of altruism and empathy is hereditary, and it's written in our genes - our DNA*." Kind words in a donor profile can indicate the donor's ability for empathy and compassion. Other indicators might be a strong desire to care about and help their fellow humans or devote their lives to the well-being of others. This attribute can be extremely beneficial to donor-conceived people later on when contact is desired, attempted, or made.
- Parents: Empathy requires a parent to support, listen and feel, even if they may not understand their child's feelings. It's not about fixing the problem or always having the answers; it is about being able to walk with them as they navigate their own story, oftentimes while also maneuvering through their own complex emotions. Parents can be empathic, self-assured, and brave enough to acknowledge that while they might not view their children's genetic donor relatives as "family", their kids are likely to. A donor-conceived person needs affirmation that what they feel is real and valid as it may be incredibly hard for them to process, articulate, and share what they are feeling about not knowing more about their ancestry, family medical history, and close genetic relatives. It is important that donor-conceived people know that their parents can welcome hard conversations.

- Donor-conceived people: finding out as an adult that they're donor-conceived and/or that they have a large number of half-siblings. Donor-conceived people don't want to hear why they shouldn't feel upset, sad, or angry, or that they should just be happy to be alive. Sharing one's own perspective is oftentimes less comforting than showing that one empathizes and honors the other's experience and perspective.
  Donor-conceived people need to have their feelings and emotions sensitively and compassionately recognized and validated with kindness by their loved ones. They need to hear that loved ones are ready to walk with them as they navigate the challenges connected with their story, whether they have just found out, or have been on the journey for a while.
- Reaching out to newly-found biological parents/donors, half-siblings (and their parents), biological children, and other relatives should be an invitation based on empathy, not a demand. People might be reaching out to others like donor-conceived people, children that the donor is raising, and parents of donors, who had no idea of a donor situation. It's important to see others' perspectives and try to meet them where they're at instead of expecting them to feel as you do. It's common for many egg and sperm donors, parents, and donor-conceived people to have as their mantra, "*please be kind*" after sending their initial message to a donor relative and waiting and hoping for a positive response. The tone of one's initial message should be based on kindness and understanding as one can't be sure of the new contact's personal donor family experience so far.
- Being contacted by parents, biological children, half-siblings, and donors. Even if one isn't ready, needs some time to process, or just doesn't currently have the perceived emotional bandwidth needed to connect, responding with kindness goes a long way. Responses can be based on love and possibility instead of fear and mistrust. The person reaching out has placed themselves in a very vulnerable position and it's wise to respond honestly and handle them with care. Leaving the door open for future correspondence, even just a crack, can be a meaningful step for all involved.
- Connecting with people in different family structures and from different religious, socio-economic, sexual/gender, academic, or cultural backgrounds necessitates honoring differences. Sometimes, parents or donors have not told their children the truth and they may also ask others to keep the secret. Responding with anger or shaming these parents will not help them to understand the importance of honesty.

They can be gently and kindly encouraged to read up on the current donor-family research and advice and recommend that they speak with a professional.

- Understand that everyone defines “family” in a different way. Some people insist that *DNA doesn’t make a family*. This may be a fear-based response and can be met with empathy along with a desire to inquire more deeply into this belief. DNA isn't the only way to make or define a family, but it certainly is one way. Parents and donors can read up on the experiences of donor-conceived people to better understand that many of them do indeed include the sharing of DNA as one of the ways they perceive their own family. Just because a parent doesn't consider their child's donor relatives as "family" doesn't mean that the child won't. “Family“ can have a wonderful, evolving, and expanding definition over time.



Source: Earthbound Madness

Kindness is the desire and choice to empathetically understand another’s mindset, motives, and situation.

Empathizing with donor family members' experiences and perspectives is crucial, even when they are far different than one's own. Kindness can provide avenues for trust and a deeper

connection among donor relatives. Creating kindness as a core value of a donor family circle benefits everyone, including the new genetic relatives yet to find and/or join the group. Creating a welcoming and safe space for new half-siblings, parents, and donors (and their families) cultivates a healthy, grounded, and ever-expanding donor family.

Tips for Donor-Conceived Adults Who Just Found Out the Truth

The road might be bumpy, with a multitude of difficult emotions.

Posted March 2, 2023

KEY POINTS

- Finding out that you're donor-conceived as an adult can be jarring to your sense of identity.
- Anger, sadness, confusion, shock, and even relief are common reactions.
- Talking with parents about why they kept the truth as a secret can be an important part of healing.
- Eventual forgiveness and acceptance are crucial.

Donor-Conceived People (DCP) whose conception stories were not shared with them as children can experience a multitude of emotions when learning the truth later in life, whether they're told or whether they find out on their own. It's common for them to feel as though their worlds and identities have been turned upside down. Many feel that they were deliberately deceived by their parents, the people they've always trusted implicitly.

- Concurrent feelings are common, such as shock (wait...what?!), anger (why was I lied to?), confusion (what does this mean?), sadness (I am not biologically related to my parent), relief (my gut instincts were right all along), and curiosity (who am I related to, what's my ancestry, and what is my family medical history?).[1]
- Lack of parental support can lead to feelings of guilt, as though the DCP are somehow betraying their parents by wanting to learn more about their own biological identities, ancestry, and more about their close genetic relatives. They need to feel heard by their loved ones and their feelings and experiences validated.
- Searching for a deeper understanding of forgiveness can be an integrative process with conflicting feelings. For many, healing and forgiveness can only occur when they

hear their parents apologize and explain the reasons for lying (by omission) without making excuses or being defensive.

This story shared by a donor-conceived person illustrates how non-disclosure affected her sense of self:

> *When I was an early teen, I had this fantasy that I had a secret identity, which would eventually be revealed to me later. I've never admitted this to anyone until now. It wasn't a grandiose secret identity — just mysterious and a total wildcard that would eventually make sense. I had no idea why this idea cropped up at the time because who I was and where I came from seemed so obvious. (I wasn't told about my conception.) But how appropriate that was, in hindsight.... I had real problems with my sense of identity until about 2 years ago when my truth finally and shockingly emerged through technology.*
>
> *This problem has been melting away quickly of late, and things are very clear now like a light has been switched on. Secrets are felt viscerally, even when they aren't explicitly known, which is why they can be so toxic. And to fully build out who you are, you need to know where you came from. It's easy for those who don't know what this is like to take what they had for granted and tell you to get over it because 'all that matters is who you choose to become.' But there's a primal need in all of us to understand our roots first (at the parental level) — before that can happen — like a psychological foundation for individuation.*

The burden of secrecy is heavy.

Keeping donor conception a secret can create a fault line in the family's foundation and can damage the parent-child relationship without the child ever knowing why, and they can blame themselves for this disconnect.

When DCP in heterosexual families learn the truth, their parents sometimes insist that they too keep the secret, or simply won't speak about it. In these situations, unfortunately, the shame of infertility can be passed along to the DCP and manifest as the shame of being donor-conceived.

Parents who feel inadequate or insecure about their parenting (or themselves) are more likely to pass along these sentiments. These parents are not providing the support that their children need to process their emotions and feelings. This can make it much more difficult for the DCP to not only accept the circumstances of their conception, but also to forgive their parents and mend those relationships, allow themselves to be curious, and consider searching for and connecting with their unknown genetic family.



Source: ramcreative@123rf

8 Tips for Donor-Conceived Adults Who Just Found Out

1. Talk to your parents.

Take some deep breaths, and try to relax. Many people have walked this path before you, and although the road can get a bit bumpy for a little while, they have all survived. Secrecy implies shame, and you have nothing to be ashamed of, so do not let the “secret” persist. Set aside time as soon as possible to discuss the situation with your parents. Talk with other close family members and friends who can provide good support.

2. Ask questions.

Ask your parents why they used a donor and what the experience was like for them. Ask them why they kept the secret. Most parents don’t tell because they’re afraid of how the truth will affect the family. Often, the non-biological parent is afraid of being looked at as not the “real” parent. You can assure your non-bio mom or dad that this news changes nothing in your relationship. Your parents will always be your parents. This knowledge doesn’t change that fact

or diminish your love for the parents who loved and raised you.

3. Explain very honestly how this news has affected you.

Tell your parents what you are feeling. You might be experiencing a wide variety of emotions, including anger, sadness, confusion, or even relief. Understand and explain that your feelings are valid and to be expected — and that working through these emotions might take some time. Have patience with yourself. If you're upset, don't feel guilty. This was your information to have, and it was kept from you.

4. Listen.

Your parents may have made the best decisions they could with the information they had at the time. Many parents were advised to lie to everyone, including their children. Listen to their story. Ask them what they were afraid of and why protecting the secret was so crucial. Find out what they know about the donor or any half-siblings. Gathering information about the other half of your genetic identity and relatives may help you better understand yourself.

5. Be willing to forgive.

You may never fully understand or agree with your parents' reasons for keeping this information from you. However, staying angry doesn't help you move forward. Empathy and compassion will be extremely helpful in repairing any damaged relationships. Work through your emotions, with the help of a therapist if necessary. Understand that forgiveness is the only path to true healing. It's important for your parents to know that you can forgive them for not telling you the truth, even if this might take some time.

6. Continue the conversation.

This is not a one-time conversation. Let your parents know that you will ask them to continue the conversation as you process this new information, tell family and friends, and incorporate it all into your identity. Invite your parents to walk beside you as you explore your genetic roots and figure out what it means to you and your life to be donor-conceived. There is a great opportunity for a stronger family bond if you can keep the lines of communication open. Let your parents love and support you on the path forward.

7. Accept your new reality.

Feel good about the fact that your family will now have a basis and foundation in truth. Understand that any curiosities you have about your half-siblings and/or your unknown biological parent, your ancestry, and your medical history are normal and to be expected. It's an innate human desire to want to know where we come from. You can't change the past, but you

can control how you move forward. This is your story to own and share as you see fit.

8. If you are curious...

Many offspring report feeling a sense of relief as they reassemble the puzzle of their physical, emotional, & intellectual selves. If you do desire to know more about your donor family, give yourself permission to search for information and the genetic relatives you're curious about. Your curiosity is not a betrayal to your parents, particularly your non-biological parent, in any way. Adding new family members or ancestral information doesn't take away from or diminish the importance of your family of origin, it widens your family circle. Let your parents know how important it is for you to have their support as you look to discover more about your ancestry, your family medical history, and your genetic relatives. Join the Donor Sibling Registry for connection and support.

Donor-conceived people learning the truth later in life are more likely to feel like their identities have been altered and their lives disrupted. For many, psychological work and plenty of time for healing are needed so they can put the pieces back together to reshape their identities and origin stories, and also work on rebuilding trust with their parents.

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Donor-Conceived People Who Have Always Known the Truth

Being donor-conceived can lead to inherent challenges, even if told early on.

Posted April 4, 2023

KEY POINTS

- Donor-conceived people are often very curious about their ancestry, family medical history, and close genetic relatives.
- They may struggle with the lack of information about their origins.

- They may have difficulty reaching out to new genetic relatives, including half-siblings and biological parents.
- They may need support as they explore and define their new donor family relationships.



Source: normaals@123rf

The innate desire to know who and where we come from is a universal and fundamental aspect of human nature.

It stems from a deep-seated curiosity about our ancestry and heritage and is rooted in our basic need for a complete identity and a connection to others with whom we're closely related. This knowledge can provide us with a sense of continuity and connection to the past, and help us understand our place in the world.

Donor-conceived people (DCP) are created with one, or both, unknown or anonymous biological parents who sold their gametes (sperm or eggs). Unfortunately, this anonymity is almost always mandated for a minimum of 18 years, with many donor gametes still sold as anonymous forever. We know from the world of adoption that the innate human desire to know who we come from can be powerful, reflecting the deep-seated human need for understanding and defining one's identity.

In recent decades, many parents have come to understand the importance of telling their children the truth about their donor conception early on in life and understand that preverbal disclosure is best. DCP who have already had many years, or a lifetime, to incorporate their donor egg/sperm conception stories into their overall identities may be less likely to present for

counseling treatment for this particular issue. These people may be neutral, accepting, and even embrace their donor origin story and may explore and incorporate their new donor family into their existing family with ease. At the same time, they may struggle with the knowledge that their close relatives, ancestry, and family medical information are being deliberately withheld from them, for a minimum of 18 years, and all too often, indefinitely. Even if a donor-conceived person is presenting for treatment for other reasons, it is relevant for counselors to understand their particular donor family situation as it may be referenced in the course of treatment.

Those whose conception stories have been shared with them since they were very young may feel or experience:

Curiosity about, and desire to establish relationships with their unknown biological parents (the donors) and their families, and also with half-siblings.[1] They may feel frustrated with the lack of available information, specifically with the gamete vendor (the sperm bank or egg clinic) who will not release what is known about their close genetic relatives.[2]

Curiosity about medical history and about new and still unknown medical issues of close genetic family members. This is one of the most common reasons for seeking out first and second-degree donor relatives.[3,4] For many people, the strong desire to know who they come from is driven by a need to understand their medical family history, including any potential health risks or predispositions they may have inherited. Knowing about one's family medical history is an important tool for promoting and protecting one's health, including important and specific pre-screenings and preventative health care. Knowing about our family health histories can help us better understand the complex interplay between genetics and environmental factors in the development of disease.

Ambivalent feelings about contacting the donor. The vast majority of offspring in all types of families desire contact with their unknown biological parent; however, comfort in expressing this curiosity may be lowest in dual-parent heterosexual families, with about one-quarter reporting an inability to discuss their origins with their social father,[5] and in families who have used egg donation. It's common for DCP to be attuned to their non-bio parent’s discomfort with issues surrounding unknown genetic relatives

and feel that conversations about them are not welcome or comfortable within the family. Too many DCP come to the Donor Sibling Registry (or submit their DNA to commercial testing sites) searching for answers behind their parents' backs, afraid that their curiosity will be hurtful to their parent(s) or damaging to these relationships.

A deep desire to know about their ancestry and countries of origin. This can allow individuals to explore and celebrate their cultural heritage and family history.

Struggling with a lack of male role models or support. For DCP with single mothers by choice or LGBTQ+ parents who have grown up knowing their conception story, growing up without a father or sufficient male role models might present in treatment. One large study reported that more than 37% of DCP with LGBTQ+ parents indicated that they had felt something missing from not being parented by a male figure.[5]

Challenged by the process of incorporating a large number of half-siblings into their lives,[6,7] as discovering dozens of them is no longer uncommon. Many feel overwhelmed at the number of half-siblings they have already found and the ones yet to be discovered. It is not uncommon for a donor-conceived person to have more than 100 or even more than 200 half-siblings. The gamete-selling industry does not have accurate record keeping on the children born for any one donor (birth reporting is voluntary), therefore the "limits" they claim for each donor's offspring are not accurate. Many sperm banks have promised no more than 10 or 20 children for any one donor and some have constantly changing "limits" based on the largest half-sibling groups they see on the Donor Sibling Registry.

Grappling with unrealistic or idealized expectations for their donor and feeling subsequent disappointment when learning that the person is not as perfect as they've always imagined. Additionally, sometimes donors were not honest or accurate with the academic/physical attributes/medical history/career/etc. information that they entered on their donor profile, the non-identifying paperwork that parents receive when purchasing the gametes.

Difficulty with navigating relationships with parents and the siblings they've been raised with, as they connect with their new half-siblings and/or biological parent/donor.

Parents may minimize the importance of connecting with donor relatives and may even feel threatened by, and against such contact and siblings' experiences and feelings may be different from their own. Some DCP have no desire to connect with their half-siblings or biological parents while many greatly desire contact.

A need for support for their feelings of ambiguous grief, loss, sadness, or a deep yearning to know about the unknown biological parent(s), siblings, and other close relatives.

Feelings and fear of rejection from attempted contact with the donor and/or half-siblings. It's important for DCP to understand that this is likely to be a product of the others' own feelings and circumstances.

Fear around consanguinity and/or accidentally forming a romantic relationship with a half-brother or a half sister - a person who shares 50%of their DNA from the same donor. Because random meetings are not uncommon, this is a valid concern.

Challenges with re-defining family, setting boundaries, and navigating privacy/secrecy as they consider incorporating new relatives into their family circle. There can be difficulty opening to the idea that new genetic relatives are adding to a family, not taking away from it.

May parents believe that as long as they disclose the truth about donor sperm or egg origins to their kids early on, there won't be any difficulty with being a donor-conceived person. It is important to understand the scope of feelings and emotions that even those who have experienced early disclosure might feel. Parents and therapists can better serve DCP if they understand and embrace the struggles that might arise from being deliberately cut off from one's close relatives and from not knowing more about one's origins.

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Egg and Sperm Donors: It's Complicated

Some common thoughts and feelings surrounding selling one's gametes.

Posted April 24, 2023

KEY POINTS

- Donating/selling one's eggs or sperm is much more than a simple business transaction.
- Most donors are not properly counseled and educated beforehand and their genetic material may be sold for many years or decades into the future.
- Because anonymity is not possible, donors can prepare for connections with offspring.
- Egg donors have unique health risks that are often minimized by clinics.

As a counselor or as a member of a donor family, it is important to understand some of the themes that commonly arise with people who donated (sold) their gametes. Available research and decades of anecdotal reporting reveal the feelings and experiences of these sperm and egg donors.[1,2]

Why do people sell their gametes?



Source: Donor Sibling Registry

Becoming a sperm or egg donor is certainly not for everyone. So what exactly draws people to become gamete donors? Not surprisingly, the top reason for donating is for financial gain: egg donors can make $5,000 - $15,000, or more, for a single donation, while sperm donors can make $14,000 - $16,000 or more in the minimum one-year donation contract and many donors donate for many years. The other most common reasons at the top of the list are to help families who want children and to “pass along my genes”.[3,4] But, selling one's gametes is far more than a financial transaction, with many far-reaching effects for future decades.

Donor Concerns

There may be frustration about a lack of pre-donation education or counseling and feel that they were not prepared for the possibility of contact with any resulting children born as a result of their donation under a false concept of anonymity.

Curiosity about offspring is very common.[5,6] Many donors wonder if their offspring think of them, have concerns about the well-being of children created, and feel frustrated about not being able to know or contact them.[4] One study suggested that about three-quarters of donors have feelings about wanting to contact donor children and not being able to; another quarter feels worried about their donor children's well-being.[3] Another study showed that ninety-four percent of surveyed sperm donors were open to contact with offspring, with 85% being open to meeting them and 78% open to establishing a relationship with them.[4] New research also tells us that a majority of egg donors would like to make contact with offspring and have the means to do so as thousands of donors have made mutual consent contact on the Donor Sibling Registry and via other methods.[7]

Many are concerned about anonymity. Many donors donated long before commercial DNA testing existed, and more recent donors were not provided with information about commercial DNA companies that could be used by parents and children to find them. Younger donors may be more neutral as many were given a choice of whether to be anonymous for 18 years or forever. Older ones may be more biased towards wanting to meet offspring.[3] The ones who favor anonymity may want to protect the donor child's parents from feeling threatened. They may want to protect their own families or their own lying by omission about being a donor and/or having medical issues.

Once donors realize that contact is possible and probable, there can be fear:

- about their parental rights and financial responsibilities (there are none for egg clinic/sperm bank donors).
- about disappointing the offspring or not being successful or good enough as some donors were not 100% honest about their academic backgrounds when filling out their donor profiles and now feel ashamed.
- of being found out that they were not truthful on their donor profile.
- about their relatives being contacted via DNA websites.

- or embarrassment associated with their family and friends finding out that they sold their gametes and/or that there are resulting children.
- or worry about being exposed for their serial donating history, as it's very common for donors to sell their gametes to more than one, or many facilities.[4]
- of rejection, as many donor-conceived people (DCP) with non-bio parents see connecting with the donor as a betrayal of sorts, and therefore do not wish to establish relationships. DCP protecting their non-bio parents can appear as though they are rejecting the donor.

When a donor attempts to report updated medical information or history that may affect their current or potential offspring, there may be frustration over the dismissive responses and lack of follow-up from their gamete vendor and the lack of guidelines for how to provide this information.[6] Donors may feel guilt after finding out about medical issues amongst their donor offspring that they could be responsible for, or shame if the medical issue was something they hid in order to be accepted as a donor.

There may also be thoughts and concerns about the number of offspring that have been created using their gametes. Most egg donors feel that it is important/very important to know the number of offspring born from their donations.[3] More than 40% of surveyed egg donor parents say that they were not asked by their clinic to report the birth of their child, so births are grossly underestimated.[2,8] There is no entity keeping track of births and because all reporting is voluntary, accurate records are nowhere in sight. Many sperm donors now understand that they were lied to about the limits of the 10 or 20 offspring or families that they were promised and feel overwhelmed by the implications of how many offspring they have, as some have come to find out that they have more than 100 or even 200 donor children. Most sperm donors didn't realize that one single donation can be broken up into between 4-24 sellable vials, so their 2x or 3x a week donating for years can result in a slew of sellable vials. There may be concerns over how large numbers of offspring might demand too much of their time and/or attention and therefore affect their family negatively, especially if their family stability is not on solid ground. Donors may feel overwhelmed and that they (or their spouses) just don't have the emotional bandwidth to deal with dozens or hundreds of offspring.

Many donors are excited to learn about and connect with their donor progeny and reports of donors connecting with their donor-grandchildren are becoming more common.[6] Many need some time and patience to figure out how to define these new relationships with their genetic children and their families. Expanding family and creating new family systems can be a bit of a challenge as the process unfolds until relationships become better defined and accepted.



Source: Moneypantry

Specific to egg donors

Earlier research suggests that about half of the egg donors feel that their relationship with their offspring is only genetic, while the other half view it as a connection beyond biological.[3] More recent 2021 research asked egg donors how they viewed any children who may have resulted

from their donations. The most common response (36.2%) was “special designation but not acquaintance, friend, or family” and the second most common was “my biological child” (25.7%).[7] There may be fear about how the egg retrieval process might affect their future health and fertility. Several studies have raised concerns about Ovarian Hyperstimulation Syndrome (OHSS), secondary infertility, and cancer risks.[1,2]

All too often, donors are not properly counseled and educated about the ongoing ramifications for themselves, their families, and any children born: the ones they're raising and the donor-conceived children who will share approximately 50% of their DNA and who may be very curious about their close genetic relatives, ancestry, and medical family history. However, there is now a wealth of information and support for all members of the donor family.

> *The interests and well being of the children — all of them — are paramount. I believe that I do have responsibilities to the children born as a result of my donations. At the very least, those children have a right to know what my part of their genetic heritage is. I will be more than happy to get in touch, if and when they do desire. I think about them often and wonder who, where, and how they are, and what is happening in their lives. I think, that if one day some of my unknown offspring do make contact with and meet me, it might be – for them primarily and for me too — a wonderful 'jigsaw' experience! The prospect of it actually happening is a little daunting, in some ways. What if they do not like me, or I them? What if they feel unhappy with my having contributed to their creation, but then taken no responsibility for them — especially if they have had an unhappy life? How will my own family react to and view them? On and on my thinking goes. However, at the base of all of this I am quite clear in my mind, that these wonderful children do have a right to know, what they want to know about me — because in them, there is a part of me."* — Former donor

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Donor-Conceived People: Curiously not Curious

Some insist that they are not at all curious about their donor origins.

Posted May 8, 2023

KEY POINTS

- Many donor-conceived people are curious about their close genetic donor relatives, ancestry, and family medical history.
- Some are ambivalent or insist that they are not at all interested in learning about their donor origins or their donor relatives.
- This ambiguity or outright disinterest can be rooted in fear, shame, worry, or concern.

- How one defines family plays a big part in curiosity levels.



Source: kogome@123rf

People conceived with donor sperm, egg, or embryo have been cut off from knowing their close genetic donor relatives and from having access to their ancestry and family medical history. While many families connect on the Donor Sibling Registry when children are young, sperm banks and most infertility clinics mandate at least 18 years of anonymity for the donors.

We often hear stories of donor conceived-people (DCP) searching for and finding their donor relatives. The Donor Sibling Registry has 85,500 members, with more than 24,000 of them having made connections with half-siblings and/or donors. Many more have also connected by submitting their DNA to commercial DNA websites and via private searches. Sometimes though, donor-conceived people are ambivalent or insist that they are not at all curious about or interested in meeting their half-siblings and/or their other biological parent (the donor) or learning about their ancestry or family medical history. Although this is certainly true for some, this ambiguity or outright disinterest may be rooted in:

- Feeling confused about how they might define relationships with genetic relatives who are also strangers.
- Feeling ashamed or embarrassed about the way that they were conceived, and not wanting to acknowledge or think about it.

- A belief that the donor wishes to be anonymous, even though anonymity is mandated by the sperm banks and egg facilities. Many donors never wanted to be anonymous or have had a change of heart and are happy to be found.
- Worrying that their parent(s) may be hurt or disappointed by any curiosity. This is especially true in families where talking about donors or half-siblings has not been encouraged, or when minimizing their contribution or importance occurs.
- Having parents who have communicated that any curiosity about donor relatives is an indication that they haven't been perfect or good enough parents.
- A feeling that any curiosity will be perceived as a betrayal of sorts to the parents who are raising them, particularly to the non-bio parent, even if their parent(s) are deceased.
- Worried that others will think their curiosity is rooted in unhappiness with their family.
- Parents who have minimized/negated/dismissed the importance or significance of the child's unknown biological family. Sometimes, parents give a clear message, (both with words and silence) that the donor or half-siblings would not be a welcomed addition to their lives or into the family circle.
- Concern that the sibling(s) they've grown up with won't approve of newly-found genetic relatives.
- Worry that friends, family, spouses, partners, or others will be judgmental — e.g., "Those people are not your family," "DNA doesn't make a family" or "Why open that can of worms?"
- Feeling rejection/abandonment after an attempted connection or even after a connection has been made. This rejection is usually an indication of the limitations of the person rejecting, and not having anything to do with the person being rejected.
- Fear of not being good enough or not having accomplished enough.
- Feeling overwhelmed at the possibility of finding 10, 50, 100, or even more than 200 half-siblings and having to figure out how to foster/manage those new relationships with an already busy school/work/home life and schedule.
- Worry about not having the emotional bandwidth or mental stability, or just not being at the "right place" in life to deal with a meeting, or with incorporating new relatives into their lives, especially if there are many of them. This may be rooted in general anxiety when meeting new people.
- Worry that they won't like or will be disappointed with their new relatives, or that they won't have enough in common.

- Fear of learning that the biological parent who contributed 50% of their DNA will be flawed in some way, which might then impact their own sense of personal identity.
- Fear that meeting genetic relatives will somehow take away from their current family relationships, family system, and family stability.
- Fear of learning about genetic health issues.

Quite often it boils down to how people are taught to define family. When children are told, "Those people are not your family," how do they move forward with their own perception of what family means to them? When parents deliberately don't ever talk about the fact that their kids are donor-conceived, (eg., casually noting different physical attributes, gifts, strengths, hobbies, or interests that might come from the donor side of the family) they can be giving their kids a clear message that this is not a welcomed exploration, acknowledgment, or conversation.

Are parents willing to evolve, examine their own fears or insecurities, and even redefine what family means with their donor-conceived children? Sometimes, parents insist that their kids are not at all curious, and then those same adult offspring are seen posting on the Donor Sibling Registry, noting that their parents would be mad or hurt if they knew about their desire to meet their donor family. Donor-conceived people who understand that they are a unique and wonderful blend of both nature and nurture can acknowledge *all* of the parents, both biological and non-biological, without having to minimize any of their contributions.

Curiosity can ebb and flow over a DCP's lifetime, and families can make space for them to have different levels of curiosity at different times. Sometimes, DCP don't feel curious until they hit adolescence and are defining who they'll become as adults. Sometimes curiosity hits hard when DCP start having children of their own. And, sometimes it wanes when life gets busy with other things and attention needs to be somewhere else.

Feigning disinterest can be a good way to protect oneself and others from disappointment and from the unknown. Some DCP claim to have no interest only after learning that the donor wishes to remain private. It's a response that protects them from feeling rejected. When a donor refuses contact that doesn't mean there isn't hope for the future. Some donors need time to process the fact that they have a few or many donor children. Other donors may need to work

with or respect family members who are not so willing to meet donor relatives. Unfortunately, sometimes a donor's partner or spouse can put the kibosh on any potential relationships between donor-conceived people and their biological parents.

These common worries, fears, and hesitations about an unknown genetic family can be acknowledged and processed so that it isn't necessary to cut one's self off from exploring an expanding-family experience.

> *If we know where we came from, we may better know where to go. If we know who we came from, we may better understand who we are.* - Anonymous

Parents of Donor-Conceived People

Researching the thoughts and feelings of biological and non-biological parents.

Posted June 12, 2023 |

KEY POINTS

- Much is known about the common experiences of parents of donor-conceived people.
- There are some unique perspectives of single mothers, LGBTQ+, and heterosexual parents.
- Donor families that include a non-biological parent face unique challenges.
- Knowing where and who one comes from is essential in the formation of a donor-conceived child's identity.

There are common themes that arise with parents of donor-conceived people (DCP). Since 2000 more than 86,000 DCP, egg and sperm contributors (donors), and parents have been sharing their thoughts, experiences, and stories on the Donor Sibling Registry website, its Facebook group chat, and via many research studies.



Source: @dreamstime

Published research and voluminous anecdotal accounts offer common experiences of the parents of DCP.[1,3]

- Feelings of joy and gratitude for being able to become a parent.
- Grief/sadness/shame over infertility: unresolved infertility grief is all too often passed along to the child as shame in the form of secrecy. Ideally, healing work in this area would be done before a donor-conceived person is born or as soon afterward as possible.
- Worry about their own or their partner’s lack of a genetic connection with a child; sadness or fear over what that means for their current/future family.
- Worry about how accurate the donor or the gamete vendor was with the information they shared. Most gamete brokers provide a medical sheet that is a self-reported snapshot of one day in the life of a healthy young donor, with medical updates rarely asked for or accepted and shared with families.
- Guilt about the fact that their donor child doesn't have information about their ancestry, family medical history, or close genetic relatives. Some parents use this as an excuse for not telling their children the truth about their conception.
- Managing privacy/secrecy issues and the desire to hide the use of a donor: keeping such a big secret from everyone is a lot of work and can be exhausting. Secrecy implies shame.

- Single mothers by choice (they purchase ~50% of all sperm) may feel shame about not having a partner. Sometimes, parents use the desire for “privacy” to mask the unrealized embarrassment of being single.
- Single mothers by choice may be feeling overwhelmed and may not have a sufficient support system as a solo parent.
- Worry that other children will tease their child because of the difference in their family. Modeling conversations so that the donor child is secure and confident about sharing their origin story is crucial.
- Trying to decide if, how, and when to tell their child and others (eg., family members/friends/doctors) about using a donor and fearing the DCP's reaction to the news, especially if older. Worry about their child potentially finding out via a commercial DNA test.
- Lying by omission: If disclosing to an older DCP, parents can feel worried about the anger that their child might have towards them for not being told the truth sooner or about having had to find out on their own. This is another common reason for non-disclosure.
- Fear of possible discord in a marriage/family if one parent wants to tell, or is open to exploring donor family connections and the other isn't.
- Worry about their child having an unmanageable number of half-siblings.
- Issues with managing a changing or evolving experience of “family" and deciding how best to include family and friends in the journey.
- Potential contact worries: Will their family be negatively affected by making contact with their child’s donor family members? How to best prepare themselves and/or their children for feelings of rejection or a change in group dynamics.
- Wondering about how to incorporate new parents or adult donor siblings into an already existing group of half-siblings, some of whom are minors? Parents can be inclusive (not exclusive) when a half-sibling group is expanding and work with their kids to create that soft landing pad for new arrivals.
- Feeling joy and gratitude in regard to the connections made with their child's biological donor family. Many parents of DCP's half-siblings create deep bonds with each other and expand the family to include each other.
- Debate about the legal and emotional issues that might present themselves if using a known donor, (a friend, family member, or stranger).

LGBTQ+ Parents

In the early decades of donor insemination, many clinics, doctors, and facilities did not allow LGBTQ+ people (or single women) to purchase gametes, but now approximately a third of parents buying sperm are LGBTQ+ people.[1] These parents of donor children, like most heterosexual parents, raise their kids in emotionally rich and stable environments. Children in LGBTQ+ families are often acquainted early on with the knowledge and belief in tolerance and diversity. LGBTQ+ families can, however, have unique stresses including in healthcare, schools, and with legal parentage issues. The non-biological LGBTQ+ parent is not always properly acknowledged and can face discrimination or feel like they are being dismissed.

Counselors, families, schools, medical professionals, and support systems can convey ease, acceptance, inclusive language, and terminology to provide LGBTQ+ parents with inclusive and welcoming words and policies.

The Non-Biological Parent

Many people who are considering having a child face the possibility/probability of not being genetically related to that child. Whether they're a man, woman, or couple dealing with infertility or a genetic issue that makes it impossible to have a biological child, or they're an LGBTQ+ couple, and they choose to use donor gametes, someone in their family equation will be in the position of being the non-bio parent.[2] It is crucial for these parents to feel secure in their parenthood.

Many non-biological parents who have utilized donor gametes have not been adequately counseled or educated before using donor conception to create their families. It is vital that these parents deal with any loss, grief, or shame that they may have around their own infertility, work through any emotions they might be experiencing from the lack of biological connection, and educate themselves about the needs and issues their child might have, ideally *before a child is born*.

Unfortunately, many parents still try to withhold the truth from their children to protect the non-biological parent. Family secrets can be toxic, and parents, who expect honesty from their

children, certainly owe their children the same. In families with secrets, all too often the “secret” hovers just beneath the surface, creating distance between non-biological parents and their donor children. The DCP can be unsure why there is a feeling of distance between them and their non-biological parent. This disconnect can have life-long negative consequences.

Parents who do disclose the truth can still pass along their insecurities and fears. It is often the non-biological parent that feels more insecure about their parentage, and the child can be affected by this insecurity[2]. Never speaking about it again, or giving the child the clear message that it's an uncomfortable subject can have significant repercussions for the child and for the whole family dynamic. Not making peace with their lack of biological connection may create discourse and guilt within the child when any natural feelings of curiosity arise within them.

These issues can arise for both heterosexual and LGBTQ+ families. The non-biological parent may minimize the contribution of the donor, which could be harmful to a donor-conceived child trying to construct their identity and acknowledge all contributors. Sometimes the non-bio parent is afraid of their child reaching out to half-siblings and/or their donor, and therefore they make preemptive statements such as “biology doesn’t make a family.”

These parents’ unresolved discomfort or sadness about not having a genetic connection to their child can cause great instability and insecurity within their nuclear family. Often this is expressed as disappointment or anger at a curious child, causing the child to then feel a great sense of betrayal even just thinking about the unknown people they are genetically related to. This can be paralyzing to the DCP who have a longing or desire to explore connections with their unknown relatives and actually make efforts to do so.

Nature *and* Nurture

DCP are deeply influenced by the parents that love and raise them and also by the parents that contribute ~50% of their DNA. Exploring what it means to be a parent (both a noun and a verb) and understanding that their children are a wonderful blend of *both* nature and nurture can lead to honest, grounded, and loving relationships. Respecting the fact that knowing where and who one comes from is likely an essential ingredient in the formation of a donor-conceived child’s current and future identity is vital for a stable and healthy family.

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Reaching Out to Sperm and Egg Donors

Weighing the risks and rewards when deciding whether to attempt contact.

Posted July 5, 2023

KEY POINTS

- Reaching out to your own or your child's biological parent can be an exciting, emotional, and confusing time.
- Many donors are happy to be given the choice of whether to connect or not.
- Why not give a donor child the opportunity to grow up knowing their other biological relatives?



Source: 123rf/ Fotogestoeber

The balancing of rewards and risks is an innate part of life—business, career, health, money, and love. Even though marriages have a 50 percent fail rate, every year around 2 million people in the U.S. still take a chance on love, according to *The New York Times.*

Taking a Chance on Love?

Meeting new genetically related people and incorporating them into your life, can also be tricky. *What if it doesn't work out? What if I don't like them or they don't like me? What if we don't have a lot in common?* Just because you're biologically related to someone doesn't guarantee that you'll like them or want to spend a lot of time with them. Look around your Thanksgiving table, do you want to hang out with everyone there? Probably not. But, those people are no less your relatives.

Rewards and Risks

If you are considering whether or not to reach out to your own, or your child's unknown genetic-biological parent (donor), it can be an emotional, exciting, and confusing time. The rewards of exploring and establishing new familial relationships can be life-changing and setting realistic expectations for any potential outcomes can help to manage many of the perceived risks.

The Rewards

Understanding your roots: By connecting with your own or your child's biological parent (or parents in the case of embryo donation), you may learn more about your/their ethnic, cultural, and ancestral heritage. This can give you or your child a sense of identity and belonging that you or they might have felt was missing.

Medical history: Knowing your own or your child's biological family's health history can be important for preventative care, screenings, and treating any medical issues that may arise. This is a common and practical reason why donor-conceived people and their parents reach out to sperm and egg providers.

Expanding your family circle: In best-case scenarios, reaching out to your own or your child's biological parents can lead to a lifetime of rewarding relationships and an expansion of your family and support network. If they have been open with their family, and their spouse/partner/children/parents are open to meetings, this can be a time of great excitement about the possibility of growing your friend/family circle on an even larger scale. Being brave and vulnerable enough to allow a biological parent/donor to know you or your child can result in more people to love and more people to love you or your children.

The Risks

Rejection: The fear of rejection is often one of the most significant risks for parents and donor-conceived people reaching out to biological parents. They may not be ready or interested in connecting, or they may not respond to your attempts to reach out. Understanding why a donor declined contact or didn't respond will help as you decide your next steps.

It's crucial to deep dive beforehand and understand and prepare for all the possible outcomes. A "no," or "not now," or no response, has nothing to do with you, and everything to do with the donor's emotional bandwidth, family, and life circumstances. Some donors don't yet understand that they have the opportunity to profoundly impact a donor-conceived person's life as well as their own.

Some may be afraid that they're not successful enough, mentally or physically healthy enough, or just don't have the emotional bandwidth, to deal with 10, 25, or more than 100 progeny. Some may falsely believe that they'll be financially liable.

Thousands of donors have taken this step by adding their postings to the Donor Sibling Registry (DSR), making themselves available for mutual consent contact. Many donors in the DSR community have educated themselves about why donor-conceived people and their families desire contact, so they're more clear about the intentions (which are not about money or looking for someone to actively parent).

Quite often though, contact is made outside the DSR, (eg., on DNA websites) so the comfort and assurance of a mutually desired connection with a donor, who is familiar with the process, can become something a little less straightforward.

Disruption: Contacting donors (biological parents) can impact the lives of all involved. If donors haven't yet told their families about the donations, this could be potentially disruptive to any family that they may have formed more traditionally. If they have been open with their family, and their spouse/partner/children/parents are open to meetings, this can be a time of excitement about the possibility of expanding one's family.

Why Wait 18 Years?

Many parents wonder if it's a good idea to contact donors when a child is young. Why not give a donor child the opportunity to grow up knowing their other biological parent and other relatives, like grandparents and possibly other half-siblings that the donor is raising? Nowhere on the planet, or at any time in history has it been medically or psychologically accepted practice to keep a person from their close genetic relatives, ancestry, and family medical history for the first 5, 10, or 18 years of life.

Quite often, it comes down to how you define family: If you acknowledge and honor the connection between your child and their donor relatives, you will be more likely to facilitate these connections. If you're in the camp of "DNA doesn't make a family," then your child is more likely to have to wait to explore these connections until much later.

DNA isn't the only way to make a family, but it is one way that should not be minimized. Many donors are happy to be given the choice of whether to connect or not, as none had a choice but to be anonymous for a minimum of 18 years.

Half-Siblings

Sometimes, families have established half-sibling connections and some of those parents are averse to the idea of contacting a donor. If one family feels that taking steps to reach out to their child's biological parent is in their child's best interests, it can cause unrest within the group.

Some half-sibling groups have shunned the parents who have decided to contact donors. So for some, contacting their donor may include the risk of losing connections with their child's half-siblings. This is an entirely unnecessary risk as each family can be supported to follow their path. Parents who feel uncomfortable or threatened by incorporating a donor into the fold don't need to exclude those who are more open to exploring all of their child's donor family relatives.

Seeking Guidance and Support

It's essential to remember that each situation is unique and these risks and rewards may not apply to everyone. It can be beneficial to seek guidance with the process, including the initial correspondence, to help manage expectations and also for support through the process.

A former donor says:

> The interests and well-being of the children—all of them—are paramount. I believe that I do have responsibilities to the children born as a result of my sperm donations. At the very least, those children have a right to know what my part of their genetic heritage is. I will be more than happy to get in touch, if and when they do desire. I think about them often and wonder who, where, and how they are, and what is happening in their lives. The prospect of it actually happening is a little daunting: What if they do not like me, or I them? What if they feel unhappy with my having contributed to their creation, but then taken no responsibility for them—especially if they have had an unhappy life? How will my own family react to and view them? On and on my thinking goes. However, at the base of all of this I am quite clear in my mind, that these wonderful children do have a right to know, what they want to know about me—because in them, there is a part of me.

A former egg donor says:

> Egg donation is a part of my life that I hold near and dear to my heart. I'd love to connect with recipients to answer any questions they have about me and to potentially meet if thats what we mutually agree to. I'm passionate about doing this and have taken this responsibility very seriously. I'm excited to potentially open my heart and

family to new individuals who I feel a strong connection to without knowing anything about them.

To find a therapist, please visit the Psychology Today Therapy Directory.

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Why Is There a Shortage of Black Egg and Sperm Donors?

Creating a more diverse donor landscape.

Posted July 27, 2023

KEY POINTS

- Black women and couples needing donors to create their families often find a shortage of Black gamete donors.
- There is stigma, a lack of representation, and a mistrust of reproductive medicine institutions/professionals.
- It's essential to approach gamete donation with cultural sensitivity and respect for diverse beliefs.



Source: lysakluda/123RF

One U.S. sperm bank offers celebrity “lookalike” sperm donors, where you can choose a Ben Affleck- or a David Beckham-looking donor. But you probably won't see Idris Elba on that list or much melanin in the photos of the babies up on the walls of any other fertility clinic or sperm bank.

Black women who seek donors to create their families come up against a shortage of Black sperm and egg donors. These women may be single mothers by choice (SMC), LGBTQ+, or might be experiencing infertility themselves or with their partners. Less than 2% (5 of the 255) of donors at one of the two largest U.S. sperm banks are African-American and less than 3.5% (12 of 357) are African-American at the other. This isn’t just a U.S. problem, as both of these sperm banks ship sperm to many countries around the world. Finding local Black egg and sperm donors can also be difficult in many other countries, such as the U.K.

Some reasons for the shortage of African-American donors

- The failure of sperm banks and egg facilities to successfully recruit Black donors.
- A lack of adequate Black representation in reproductive literature, education, outreach, communication channels, fertility clinics, and staff. For Black women, the isolation of infertility is compounded by barriers to treatments.
- Mistrust of professionals and medical institutions because of a legacy of historical racial discrimination. Racial and ethnic differences exist in all facets of reproductive medicine, from birth to menopause.
- Fear of family and/or of community non-acceptance and judgment.
- A lack of diversity of people looking to purchase eggs or sperm. African-Americans are more likely to experience fertility issues compared to Caucasians but are less likely to seek treatment. One 2008 study in Fertility and Sterility reported that Black women are twice as likely as White women to have fertility challenges.



Source: stockgiu/123RF

The American Society of Reproductive Medicine concluded that "the lack of people of color in key positions in our profession, the high price of treatment, inaccessibility of medical care, differences in success rates, lack of accessible patient education, and implicit biases and discrimination by some offices pose immense burdens to infertile individuals of diverse backgrounds, in same-sex relationships or who are without a partner." The actual numbers of infertile Black women remain unclear because so few women of color have been included in infertility research and studies. African American women have been grossly underrepresented, so it's really hard to quantify the rates or confront the impact of racism on infertility patients. Infertility could be twice as high for African American women, or even higher. Researchers can

play a vital role in promoting diversity in donor accessibility and supporting individuals and families in their fertility journeys.



Source: rdesigh09/123RF

Stigmas, taboos, and challenges

Decisions regarding the use of donor gametes are highly personal and can vary among individuals and communities for a variety of reasons. Fertility can be a suppressed conversation in the Black community, as there may be cultural stigmas or religious taboos discouraging both potential donors and recipients. Fear of judgment from one's family and/or community and possibly feeling shame or embarrassment about infertility, the choice to deliberately have a child on your own, being LGBTQ+, and/or using a donor from another race might also be present. Stigmas in the Black community may include:

Societal Perceptions. Stereotypes and misconceptions about fertility and family-building may be present within the Black community.

Religious Considerations. Religious beliefs and practices, in many cultures but specifically in the Black community, play a significant role in family-building decisions. Some religious teachings may have specific guidelines or restrictions regarding assisted reproductive technologies, including the use of donor gametes.

Biological Connection. In some cultural contexts, there is a strong emphasis on biological connection—with its lack viewed as a departure from traditional family norms, leading to concerns about maintaining biological ties.

Biracial Challenges. Being a biracial child can come with unique challenges and experiences due to navigating between two different racial and cultural identities. Some of the struggles that biracial individuals may encounter include imposter syndrome, racial prejudice and discrimination, cultural confusion, microaggressions, strained family dynamics, or a lack of cultural heritage. Supportive and understanding environments that validate their unique experiences and identities can play a crucial role in helping biracial donor-conceived individuals navigate these challenges and embrace their identity with pride.

Normalizing gamete donation

Here are some approaches that can help donor conception become a more accepted practice for the Black community:

- Education and awareness. It is crucial to educate communities about gamete donation and its impact on individuals struggling with infertility, SMC, LGBTQ+ families, and donor-conceived people. Efforts should include expanding the research and providing accurate information about the process, debunking misconceptions and disinformation, and addressing concerns specific to Black communities.
- Cultural sensitivity and support. It is essential to approach gamete donation with cultural sensitivity and respect for diverse beliefs and values. This includes providing information and support that addresses any concerns related to cultural identity, religion, family ties, and privacy.
- Addressing mistrust. Acknowledging historical mistrust and addressing it through transparent practices, open communication, and community engagement can help build trust in the reproductive medicine establishment and encourage more individuals to consider gamete donation and to feel comfortable with using a donor.
- Improving access. Seek to close the racial disparity gap in access to health care and collaborating with health care providers and community organizations are effective strategies to provide outreach programs and resources that spread the message and recruit potential donors.

- Inclusive advertising and marketing. Sperm banks and fertility clinics can actively strive for diversity in their staff, advertising, and marketing materials. By featuring diverse donors and families, they can send a welcoming message to potential donors from various backgrounds.
- Support and resources. Providing emotional support/counseling and educational materials/resources can help individuals feel more comfortable and confident. Building trust when deciding whether to donate or whether to use donor sperm or eggs is crucial.

It's important to approach these efforts with cultural sensitivity and ongoing evaluation to ensure their inclusivity and to address any specific concerns or challenges faced by Black communities. Collaboration between health care providers and mental health professionals who care for infertile couples, the LGBTQ+, SMC communities, and potential donors is vital for creating a more inclusive and diverse donor conception landscape.

Co-written with Eboni Camille Chillis, Ph.D.

Donor-Conceived Children Meeting Their Half-Siblings

Widening one's family circle with enriching, lifelong relationships.

Posted August 7, 2023

KEY POINTS

- Parents are more likely to worry or wonder how to define the relationships.
- DNA isn’t the only way to make a family, but it is one way that shouldn’t be negated, ignored, or minimized.
- Parents can approach half-sibling meetings with an open mind and a steady, joyful, and confident manner.



Half-Siblings

Source: Courtesy of Pam Lindbeck

Donor-conceived people (DCP) have so much to learn about themselves from what they share with their half-siblings, as physical, medical, and psychological attributes are often genetic. Donor siblings inherit around 50 percent of their DNA from the same biological parent. Although sharing DNA isn't the only way to make a family, it is one way that shouldn't be ignored, minimized, or denied. Half-sibling connections can be celebrated as expanding family can be a wonderful and enriching experience for all involved.

The relationships that half-siblings form once they are connected may, in some ways, resemble any other sibling relationship. Beyond the point of contact, if/how they create and develop a new relationship and bond is their choice, and some relationships may be more successful than others: *just like in any family.* For younger children raised knowing their half-siblings, there is no need to figure this out. These people are just their family members. Just like other relatives, the ones they live nearest to, are most like-minded with, and share the most common interests with are the ones they are more likely to spend time with as time goes on. Many donor–sibling connections result in warm supportive relationships that will last a lifetime.



Ryan Kramer and half-sister Anna. They have 23 other half-siblings.

Source: Wendy Kramer

Children deserve to know *all* of their close genetic relatives.

Some parents are concerned that a child under 18 might not be mature enough to handle this type of situation and therefore don't tell their children about known half-siblings, wanting to wait until they are "old enough." Some parents delay by waiting for their child actually to ask about half-siblings. Generally, children don't decide when to meet their relatives. (They also don't decide the timing of a lot of things!) We don't wait for our children to be old enough, mature enough, or to ask about Aunt Shirley, Cousin Frank, or Grandpa Larry to make the introduction. Our children grow up knowing their relatives, and then, when they are older, they choose whom they wish to be in contact with.

This DCP explains why keeping children from their half-siblings can rob them of important connections, relationships, and experiences:

> *Just imagine being 20-something and finding siblings on your own. You then develop some kind of relationship. You find that many of these siblings had parents who encouraged these relationships, even from babyhood. You see the pictures, you hear*

the stories. Disney, camping, birthdays.... A couple of them will be roomies in college, maid of honor in a sibling wedding, etc. To me, this would be crushing. I would feel so cheated, whether or not I had great neighbor pals, awesome cousins, or even siblings from the same home.

What can parents expect?

Parents can count on finding other families who are also experiencing deep feelings, but just as the circumstances surrounding each child's conception are unique, so are the variations in family structure and reactions to the match. Parents can explore their comfort levels and openness to exploring possible connections.

There is a wide range of depth and breadth and speed with which people connect. Some are held back by their fears, trepidations, and/or their insecurities and may be interested solely in medical information sharing. While some families desire a limited exchange of photos and email, but not face-to-face contact, other families are hoping to develop an ongoing relationship that will become a friendship or even become an extended family. Parents should be prepared for all possibilities. It is best to be clear about the level of connection you're open to when making a match so that the other family can adjust their expectations accordingly. Meet people where they're at, not where you'd like them to be. Understand, too, that expectations often change over time as comfort levels rise and fears dissipate.

Parents may be reaching out to nonbiological parents who can feel incredibly nervous or even threatened by the prospect of their child connecting with people with whom they have a genetic connection, something that they don't have with their child. Usually, it's the parents who are much more likely to become overwhelmed with how to define it all (especially when there are 50, 100, or more half-siblings!). When they interject their fears or worries, or thoughts that these half-siblings are not legitimate "family," or that the situation is "weird," this can throw unnecessary angst into the connections. When the parents move forward with meetings in an open-minded, steady, joyful, and confident manner, everyone is more likely to view the meetings as positive.



Half Siblings

Source: Courtesy of Mitchell Morrissey

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Gamete Sellers: It's More Than Just a Financial Transaction

Common themes, topics, and issues that arise with former egg and sperm donors.

Posted September 5, 2023

KEY POINTS

- Emotional, psychological, and medical issues are common among those who have sold their gametes.
- Understanding what contact with recipient parents or donor offspring might mean is crucial.
- A donor's decision to sell their sperm or eggs can affect their current or future family for decades to come.



Half-siblings with their biological father

Source: Hayley Sager Used with Permission

There have been many published research studies on the thoughts, feelings, and experiences common to individuals who have sold their gametes. In terms of current knowledge, here are some topics that may be pondered privately, discussed further in therapy sessions, or shared in family settings.

Questions and topics to explore

How do they feel about having sold their sperm or eggs? Themes may include pride, curiosity, shame, regret, embarrassment, fear, guilt, excitement, and ambivalence. Have these feelings changed over time?

How do they feel about their gametes being sold anonymously, for a minimum of 18 years, and the fact that almost anyone can be found via a commercial DNA test? Are they anxious about the possibility/probability of being found?

Do they feel as though they were properly educated about the potential curiosities of their donor children? Eighty percent of 164 surveyed sperm donors and 66 percent of 109 surveyed egg donors indicated that they did not feel like they were adequately counseled about the potential curiosities of the children that would be born from their donations.

Do they think about the children that were created with approximately 50 percent of their DNA? Do they wonder if they share characteristics or worry about their happiness and well-being? Do they worry about being found?

Do they have updated medical information that would be beneficial for the families to know about? Are they feeling guilty about a medical condition that might have been passed along to progeny? Have they had difficulty reporting medical updates to their sperm bank or egg facility? In a 2021 study, 62 percent of surveyed egg donors who had new medical information they thought important for families to know about felt that their clinic was dismissive when they tried to notify them.

How comfortable are they regarding sharing information about having donated with their children, parents, other close relatives, friends, and more distant people (e.g., co-workers or on social media)? Egg donors are likely to have told others in their lives, including their partners, friends, and siblings about their donation and they are somewhat likely to have told their parents and their own children. The majority of surveyed sperm donors were also likely to have shared about their donations with their wives and children, and, oftentimes, their families are supportive and welcoming.For those who haven’t yet told, telling others may only come to the forefront

after finding out about progeny. Donors may be embarrassed, afraid, and/or unsure of how to tell. The best way is to be honest, supportive, assuring, and willing to listen to and alleviate any family concerns. Many parents of donors are thrilled to learn about and make connections with their donor grandchildren.

Should they connect with their offspring or the parents of minor children? Thousands of egg and sperm donors have made themselves available for mutual consent contact via the Donor Sibling Registry. As a result, many donor-conceived people (DCP) have been able to grow up knowing their half-siblings and biological parents. The increased use of DNA testing has resulted in many connections with older offspring, many of whom did not know their origin story. There can be inherent challenges with managing these surprising DNA results. Sometimes, it's the donor's children that they're raising that connect via DNA with half-siblings they had no idea were out there. Sometimes DNA connections are made with donors' parents, siblings, and other relatives.

Are they worried about balancing their current families with their newly found donor children? Do they have support from their spouse/partner and the children they're raising? Sometimes partners/spouses/children of donors can feel threatened by a donor's other genetic children and worry about how the family balance might be upset. It's important to remember and assure one's family that widening the family circle doesn't mean that they're decreasing the stability of their current family. After contact has been made, many donors view donor offspring as part of their extended family and have even come to feel the same way about the moms and dads. However, there can be adjustments within the donor's family once actual contact is made with donor offspring. For a donor with their own family, it may be helpful to frame it as expanding or adding to a family, not taking away from a current family system. Fear, shame, and embarrassment can keep donors from accepting and incorporating donor children into their lives and families.

If they are considering contact, are they worried about rejecting or hurting donor children due to not being able to meet their expectations? Donors may be afraid that they're not good enough or not successful enough. Some may feel that they don't have sufficient time, emotional bandwidth, or family support to establish and nurture new relationships. Some are just not at a good place in life. Connecting with genetic children can expand one's idea of family and be a godsend.

Are they concerned about dozens or hundreds of donor children wanting to connect with them? Half-sibling groups of 50 to 200+ are common. Having the time and emotional bandwidth and feeling completely overwhelmed by the potential number of offspring can be an understandable source of worry—it may feel like an out-of-control situation. In spite of the challenges, many donors have successfully maneuvered through this landscape.

Do they experience any unexpected and/or strong emotional connection with the children they helped to create? Some donors are surprised by how strongly they feel about their biological children.

Have they rejected contact from their donor progeny? Do they feel as though that's a door that will never be opened, or is there some possibility for a change of heart? Have they properly educated themselves (and their families) on why donor-conceived people desire contact? It's not about looking for a dad/mom, an active parent, or money. It's most often about the innate human desire to know where we come from: our ancestry, family medical history, and close genetic relatives. It is often about wanting to be known and to have one's existence acknowledged as a person that a biological parent/donor can be proud of. Careful and honest consideration, along with a large dose of empathy and understanding can go a long way toward being open to expanding one's idea of family.

How can they balance building offspring relationships with not feeling like they are intruding on their lives or being perceived as a threat to their parents? Exploring how to set healthy boundaries with offspring and families is an important step. Respecting boundaries and meeting people where they are (not where you'd like them to be) is crucial. Sometimes, it's a delicate dance around the boundary line when first defining new donor family relationships.

Do they feel rejected by donor offspring or their families? Some donors have reached out but have not received replies or ongoing communication from offspring or their parents. In most instances, this is not because of who the donor is, but rather an indication of other factors with the offspring and their families' stability, health, and support. Families (especially with nonbiological parents) can feel insecure or fearful about connecting with the donor. Some DCP feel guilt, afraid that their non-bio parent will feel a sense of betrayal or that their child is only

curious because they have somehow come up short as a parent. This is usually far from the truth.



A donor and half-siblings meet up.

Source: Donor Sibling Registry

Men and women who sell their gametes have a multitude of resources to help educate and support them as they make decisions regarding their current and future families.

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Sperm Banks, Egg Facilities, and the Backfire Effect

Why have gamete sellers been resistant to evolving ideas about donor families?

Updated October 2, 2023

KEY POINTS

- The backfire effect has contributed to ongoing misinformation within the gamete-selling industry.
- Decades of new research and anecdotal information have been ignored, negated, or dismissed.
- The responsible and ethical way forward is to acknowledge the experiences of all those in the donor family.

The backfire effect refers to a psychological phenomenon in which presenting new or contradictory information to individuals with pre-existing beliefs leads them to dig in on their existing beliefs. This can also affect existing motives and policies. Here's how it may manifest in the donor conception business:

- Misinformation and belief reinforcement: When gamete sellers hold strong beliefs based on decades of selling anonymous gametes, and they encounter information that contradicts the ethics or validity of their modus operandi, they may react defensively. Instead of accepting new data or information, they may become more entrenched in the beliefs that have carried them and their profit for many decades: *We've always done it this way and will continue to do so.*
- Confirmation bias: People often filter out information that challenges them. When presented with research and anecdotal information that contradicts their beliefs or the way they run their business, they may dismiss it as wrong, biased, or unreliable, or attack the source, reinforcing their long-held views and practices.
- Cognitive dissonance: Individuals feel discomfort when their beliefs are challenged or when they hold conflicting beliefs. In response, some individuals may double down on their existing beliefs, despite data or evidence, to reduce this discomfort.

Challenges

Over the past few decades, sperm banks and egg facilities have faced various challenges regarding evolving donor family experiences and ideas. The potential for the backfire effect

when it comes to information sharing and donor-family relationships is an unfortunate response and can manifest around the following conversations/policies:

- Anonymity: Since 2005, most donors can be easily found via a DNA test, even when they have not tested themselves. Yet, the gamete sellers continue to sell gametes as "anonymous" for a minimum of 18 years and have legally/financially threatened parents who test their child's DNA. They continue to focus on closing the barn door even though the horse got out a long time ago.
- Updating and sharing medical information: Sperm banks and egg clinics have long claimed to conduct regular/yearly medical updates with donors, but this is not the case for most donors. The majority of 2021 surveyed egg donors who tried to report new medical issues have felt "dismissed" by their clinic or agency. Ninety-four percent of those former egg donors had never been contacted by their clinic(s) for medical updates, while 24 percent felt they had medical/genetic issues that would be important to share with families.[1] Eighty-four percent of surveyed sperm donors had never been contacted by their clinic(s) for medical updates, while almost a quarter of them felt that they had medical/genetic issues that would be important to share with families.[2] Honesty and transparency are desperately needed.
- Changing perceptions of family: As society's understanding and definition of family continue to evolve, gamete banks can adapt to accommodate diverse family compositions and donor relationships. The old, *DNA doesn't make a family* has been replaced with *DNA isn't the only way to make a family, but it certainly is one way.* Thousands of donors and donor-conceived people have expanded their families to include an assortment of donor relatives, challenging the outdated model of gamete brokers working hard to keep these people from each other.

False Narrative

There is a false narrative and single argument that we hear from the reproductive medicine industry when responding to more progressive proposed policies/oversight/regulation that better serves the needs of donor-conceived people: *Any oversight or regulation of the gamete donation industry will threaten the "reproductive rights" of parents.* Parents are told, *If there is oversight or regulation or oversight in our industry, you won't be able to have the baby you so*

desperately desire! The accountability and policy updates that donor family members desire is not about challenging anyone's "reproductive rights." That is a different conversation. It is about running a more ethical and responsible gamete-selling industry.

Many in the industry know that the anecdotal and scientifically published information is accurate as they too hear from the families. But, they're stuck. Some people in the industry who are so invested in "helping families" find it difficult or even impossible for them to consider that their policies might actually be negatively affecting or hurting people.



Donor Money

Source: yupiramos'@123rf

What Is the Resistance?

What is the resistance to acknowledging new information about donor families? Money. If the industry acknowledged the decades of research and data, they would then need to honestly address and assess their outdated policies. This would most certainly affect their profit margins.

- Promising 18+ years of anonymity entices college-age students to donate. More donors = more money.
- Keeping and updating records costs money. Reporting births is voluntary, so sperm banks do not have accurate records of the children born from any one donor. They lose track of donors. One mom reports, *If the sperm bank can't find the donor three years down the road when my sons were speech delayed or six years down the road when my son had cancer, why do they claim they can find him after 18 years?*
- Keeping promises of limiting the number of offspring would be costly as selling fewer vials of a single donor would affect their net profit.
- Keeping promises of regular/yearly updating and sharing of medical information is costly and might also result in costly lawsuits. Updating medical information might reveal medical issues that can hinder selling more of a donor's genetic material.
- Properly educating and counseling all prospective parents and donors would also be costly. If donors understood that they could easily be found at any time via a DNA test and if they knew that they could end up with 100 to 200+ kids, many would never donate. That would take a big bite out of profit.

Assess, Accept, and Adapt

To address these challenges and evolving ideas about donor families, gamete banks can assess and accept decades of data and information that might challenge their modus operandi, and adapt.

- Foster open and honest communication between donors and families, right from pregnancy/birth. Messages, photos, and medical information can be shared directly with each other. While dozens of egg facilities facilitate this early connection on the Donor Sibling Registry, not a single sperm bank has indicated interest in exploring this option.
- There is no published research or any data showing that keeping a person from their close genetic relatives for the first 18 years of life is healthy or recommended by any medical professional. Develop honest, clear, and accurate policies regarding identity disclosure and the sharing of medical and genetic information.
- Educate all parties involved about the potential emotional and psychological implications of gamete donation and family relationships by offering 3rd-party

pre-donation and pre-insemination counseling and support services to donors and recipients. Everyone deserves to make fully informed decisions that will affect them and their children for the rest of their lives.

- Be honest with prospective parents and donors about the fact that accurate record keeping doesn't exist on how many children are born for any one donor and that groups of 100 to 200+ half-siblings are common.

The Way Forward

As societal attitudes and legal frameworks surrounding donor families continue to evolve, gamete banks must adapt to meet the changing needs and expectations of all parties involved while being mindful of the potential for the backfire effect when discussing and setting policy on these sensitive issues. When setting policy, the ethical and empathetic way forward for the industry that is helping to create human life is by listening to, acknowledging, and considering the parents', donors', and most importantly the donor-conceived peoples' experiences in the years after the gametes are sold. Sperm bank and egg clinic employees have an opportunity to be part of the solution.

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2. Published research on all members of the donor family, including sperm donors: https://indd.adobe.com/view/ac2a0b99-f67a-4768-bf8c-c48af5aeebaf

Contacting a Gamete Donor for the First Time: The Letter

You might not get a second chance to make a first impression.

Posted November 1, 2023

KEY POINTS

- Reaching out to a donor can be both exciting and stressful.
- It's imperative to put the donor or biological parent at ease.
- Be clear in communication about what might be possible as well as what isn't.

Whether you're a parent to a donor-conceived person (DCP) or a DCP yourself, contacting a biological parent (donor) for the first time can be an exciting yet nerve-wracking experience. Here are some recommendations as you prepare for your first correspondence.

Your donor or biological parent (and their family) may be experiencing deep feelings.

But just as the circumstances surrounding each child's conception are unique, so are the variations in family structure and reactions to exploring new donor family connections. Taking inventory of comfort levels, boundaries, and openness to the ideas of expanding family are necessary steps for the formerly anonymous donor and for you, too. Allow enough time to figure out what you're seeking at this point.

If you've recently discovered your donor conception origins, have you had sufficient time to work through your emotions to incorporate this new information into your story and identity? Do you need to discuss this contact with your family? What about other half-sibling families that you have connected with? Just as others make choices for themselves and their families, this choice is yours to make.

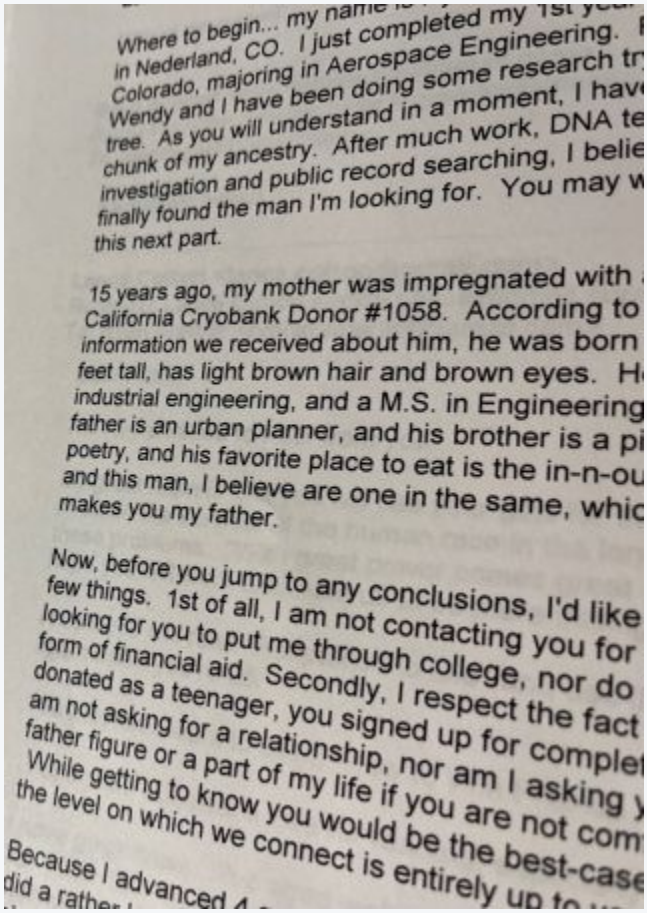
Balancing secrecy and privacy concerns can be tricky.

Most donors were promised anonymity, but they also had no choice but to be anonymous—for 18 years or forever. While thousands of egg and sperm donors have made mutual consent contact on the Donor Sibling Registry, many more have been found via other means and have been surprised, feeling nervous or even elated by receiving that first unexpected letter from a donor-conceived person or parent. It is advantageous to send a direct letter or email, where all

your thoughts can be expressed, instead of reaching out via social media (if possible), as those direct messages from unknown people are sometimes missed.

Let the donor know that you don't want anything from them.

Not time, money, or another mom or dad, for example. Be clear about your desire to know more about your own or your child's origins, ancestry, and family medical history to help fill in the missing pieces.



Where to begin... my name is [illegible] my 1st year in Nederland, CO. I just completed my 1st year at the University of Colorado, majoring in Aerospace Engineering. I Wendy and I have been doing some research try tree. As you will understand in a moment, I have chunk of my ancestry. After much work, DNA te investigation and public record searching, I belie finally found the man I'm looking for. You may w this next part.

15 years ago, my mother was impregnated with California Cryobank Donor #1058. According to information we received about him, he was born feet tall, has light brown hair and brown eyes. He industrial engineering, and a M.S. in Engineering father is an urban planner, and his brother is a pi poetry, and his favorite place to eat is the in-n-ou and this man, I believe are one in the same, whic makes you my father.

Now, before you jump to any conclusions, I'd like few things. 1st of all, I am not contacting you for looking for you to put me through college, nor do form of financial aid. Secondly, I respect the fact donated as a teenager, you signed up for complet am not asking for a relationship, nor am I asking y father figure or a part of my life if you are not com While getting to know you would be the best-case the level on which we connect is entirely up to

Because I advanced 4 [illegible] did a rather [illegible]

A 15-year-old's letter to a donor

Source: Ryan Kramer, used with permission

Are you interested in a simple exchange of information or perhaps more?

Let the donor know what type of relationship you're open to exploring, e.g., a friendship or a familial relationship. Why do you think that a connection could be fulfilling for everyone? It's often quite meaningful for a DCP to know that the donor acknowledges their existence and feels that they're someone they can be proud of.

You can let a donor know that you don’t want to disrupt their family in any way.

You only want to allow the donor to know you or your child to explore relationship opportunities and possibilities. This is an invitation, not a demand. It is important for a donor to know that they have control of the situation and that their family, boundaries, and timing will be respected.

Make the connection between biological parent and offspring.

Connecting the donor to yourself or your child by traits, gifts, and characteristics can help turn the idea of a biological child into the understanding that they have an important role in the donor-conceived person's identity.

Send photos.

This appeals to the donor’s emotions. Seeing similarities with the children they helped to create can be profound for a donor who wasn’t sure about contact. For parents, it's okay to include a letter, questions, or picture from your child.

Be positive as you express the possibilities for expanding your own or your child's family.

The tone of the letter should be very respectful, optimistic, and hopeful so that you can put the donor at ease.

Don't be afraid to reveal your excitement about reaching out.

Express positivity about the possibilities of expanding your family or even just opening up the lines of communication for medical information sharing and updates. The sharing of medical information goes both ways and can be helpful with screenings and preventative medicine and

can even be life-saving as you can not rely on sperm banks and egg facilities to share new medical information.

Be specific and intentional in your correspondence.

When you are vague, the other person is left to fill in the missing pieces themselves, and if they are more skeptical by nature, this can be challenging.

Utilize humor.

Humor has a way of pulling the steam out of stressful situations, and it can help make this significant piece of correspondence feel a little more light-hearted, both for you and for the donor.

Be authentic and transparent.

Tell a little bit about yourself and your family. It's OK to be a little braggy. An appeal to a donor's heartstrings can be helpful to make you or your child more than just a vague idea, by including information about talents, interests, hobbies, or achievements.

Drawing similarities between the biological parent and their offspring can help to make the connection more profound for a former donor. The donor needs to know that you have a full life, wonderful relationships, a career, a bright future, etc., and are not looking for the donor to fill any specific role. Any type of relationship would be a bonus.

This can be an overwhelming situation for donors who haven't yet been contacted.

Some donors may think anonymity is still possible, may not have told their families they donated, or may have family members who are against contact. You'll want to get your foot in the door as gently as possible, reassuring the donor that you understand that they might be surprised or even shocked by receiving the correspondence and that they might need some time to process. It can be crucial for the donor to know they're in control of the situation and the depth, breadth, and speed of the unfolding relationship.

For parents, expressing gratitude can be extremely consequential.

This can make a huge difference to a donor on the fence about connecting. Having the chance to express your gratitude can be a surprisingly profound experience.

Keep the focus on yourself or your children, even if you know about other half-siblings.

You can consider sharing that news in upcoming correspondence.

Once it's sent... breathe.

You can gently ask for a reply just so that you know the correspondence was received. But the invitation has been extended, and the process will be in motion. You can be cautiously optimistic as you test the stamina of your own patience. The potential rewards of giving a donor the option to connect far outweigh the risks. Remember, this person is very lucky that you've given them the opportunity to know you or your child.

Know that if a biological parent doesn't reply or says "no," it isn't because of who you are.

It's more likely because of their life or family situation, their lack of emotional bandwidth, or a lack of understanding of what connecting might mean for them and their family. Their hesitation might also be about their own physical or mental health issues, fear of not being "good enough," not being at the right place in life, or other issues within themselves or their families. A "no" now may not mean a "no" forever.

If they do decline, you can let them know that if they're not ready now or need some time to process the information or convene with their family, you will be ready whenever they are. Sometimes donors just need some time to work things out internally and with their family members. If you don't receive a reply, you can try again in a few weeks or months. If they say no at that point, you'll have to give them the space to hopefully work it out and come around. Everyone needs a pause button, including donors and their families.

Donor Offspring: Curiosity, Connecting, and Attachment

Securely attached individuals are more likely to have a positive experience.

Posted December 4, 2023

KEY POINTS

- An individual's attachment style can affect the bonds created with newly discovered donor family members.
- A secure attachment style may allow for easier processing of emotions when making new connections.
- Insecure attachment may make it more difficult to express curiosity and to reach out to donor relatives.

Emotional attachment is a basic human need. It's the experience of connection and affection you feel for people you're close to.

What are some of the factors that lead some donor-conceived people to harbor strong feelings about knowing their unknown donor/genetic relatives, while others feel (and sometimes feign) indifference or insist that they're just not curious at all? Why is it more difficult for some to explore these new relationships? Having parental support for this curiosity, including searching for/connecting with donor relatives, can make a huge difference in the experiences of donor-conceived people, and understanding attachment styles can offer additional and important insight and understanding.

Attachment Theory

The premise of attachment theory is that people are born with a need to establish bonds with parents/caregivers as children, and these early bonds (or lack thereof) continue to influence their attachments and relationships through childhood and adulthood. This theory can help to explain the diversity in how donor-conceived people acknowledge, share, and act upon their curiosities, including how they approach searching for and fostering new relationships with their donor relatives.

Attachment style can play a role in how open or fearful donor-conceived people are when exploring, initiating, creating, or maintaining relationships with new genetic relatives.[1] Individuals with different attachment styles may approach the process from very different perspectives and comfort levels. Understanding one's attachment style can help manage expectations and emotions and can shed light on the dynamics of newly formed relationships. This includes how individuals might establish bonds, trust, and communication with their newly discovered donor family members.

Secure Attachment Style



Source: quartadis@123rf

As donor-conceived young adults navigate the demands of identity formation, those who have developed secure internal working models of their parental relationship(s) will feel more comfortable with the process of positively integrating their donor-conception origin story into a coherent sense of identity. They'll be more willing to not only engage in an independent exploration of what being donor-conceived means to their identity but also if and how their donor family relatives might fit into their definition of family.

Because securely attached individuals generally have a positive view of themselves and others, they're likely to approach the search for donor relatives with a more excited, trusting,

even-keeled, and open-minded perspective. They are also more likely to have parental support in these desires to know more about their ancestry and close biological relatives.

They may experience less anxiety and be more adaptable to all the potential outcomes of the search. A secure attachment style may allow for easier processing of feelings and emotions when considering making new connections, moving forward to establish new relationships, and dealing with disappointment.

> *As we familiarize ourself more with secure attachment, our relationships become easier and more rewarding—we're less reactive, more receptive, more available for connection, healthier, and much more likely to bring out the securely attached tendencies in others.* – Diane Poole Heller

Insecure Attachment Style

Insecure attachment is a relational pattern that can cause a person to feel insecure about their relationships with other people. When adults with insecure attachments look back on their childhood, they usually feel that someone reliable wasn't always available to them. They may behave in anxious, ambivalent, or unpredictable ways and, therefore, have trouble developing meaningful adult relationships with others. Depending on the type of insecure attachment pattern they have, a person may have anxiety about losing the people they love, fear of being rejected, avoidance of close relationships, discomfort with intimacy and closeness in relationships, negative self-image or low self-esteem, suppression of emotions, dismissal of harmful events or experiences, or distrust for others.[2]

This attachment style may make it more difficult to acknowledge or express curiosity or give consideration to reaching out or responding to new genetic relatives. These donor-conceived people may feel that they can't trust or depend on others, see the world as generally unsafe, and feel as though they're not worthy of love. Individuals high in attachment anxiety might choose not to find/contact the donor in fear of disappointing their attachment figures (e.g., parents, including nonbiological, social parents) or appearing too "needy" to the donor.

Studies

Research has looked at attachment among donor-conceived people. A 2016 study of donor-conceived adolescents found that those who were securely attached were more willing to engage in the sometimes challenging task of exploring donor conception. Those who demonstrated evidence of insecure attachment were more likely to show a preference for avoiding the topic of donor conception altogether, and those who demonstrated insecure dismissive attachment were least likely to express curiosity at all.[3]

Another study of 447 donor-conceived adults in 2018 examined whether individual differences in attachment relate to self-reported curiosity about one's donor conception and a person's choice to find or contact their donor. Interestingly, results indicated that participants high in attachment anxiety were more curious about their donor conception, albeit disengaged from it, and that insecure attachment, particularly attachment anxiety, may contribute to a person's willingness to incorporate donor conception into his or her identity but not necessarily to act on it. The study also found that donor-conceived persons who were anxiously attached to their parents were more likely to exhibit curiosity about donor conception, potentially as a means of offsetting their unmet attachment needs. This suggests that greater attachment anxiety might lead individuals to exhibit curiosity about their donor-conceived identities. In doing so, they may seek out communicating with other donor-conceived people or acquire further information about donor conception as a way of managing their anxiety.[4]

Other Attachment Styles

- Anxious-preoccupied attachment: When children experience a lack of consistent emotional availability or responsiveness from their caregiver, they may develop an anxious-preoccupied attachment style. Consequently, the child learns to constantly seek reassurance and validation to feel secure in their relationships.Individuals with an anxious-preoccupied attachment style may be more emotionally invested in the search for donor relatives, and the search may trigger anxiety and concerns about rejection.
- Insecure-avoidant attachment: This type of attachment can lead people to try to avoid emotional connections with others. These people may struggle to enter into trusting relationships with donor family members. Close relationships can be challenging, as they trigger anxiety but are also the very thing that the person is seeking.

- Dismissive-avoidant attachment: This attachment style develops when caregivers have been emotionally distant or unresponsive. Those with a dismissive-avoidant attachment style may downplay the significance of the search or the emotional impact of the search, potentially avoiding emotional engagement.
- Fearful-avoidant attachment: Individuals with a fearful-avoidant attachment style may have experienced trauma or inconsistent caregiving. Fearfully attached individuals may oscillate between a desire for connection and fear of rejection. They may approach the search with ambivalence. The search can evoke conflicting emotions, and they may struggle with trust.
- Insecure-disorganized attachment: People with this style often long for close relationships but also fear trusting others and getting hurt. Adolescents who demonstrated evidence of disorganization, associated with negative psychological outcomes, were most likely to endorse negative feelings toward donor conception including anger, anxiety, and shame.[3]Donor-conceived people with higher levels of insecure-disorganized attachment to their mothers were more likely to perceive the donor more negatively.[5]



Source: normaals @123rf

Discovering information about one's ancestry and close biological relatives can play a crucial role in shaping a person's sense of self. A healthy sense of connectedness and independence can facilitate greater understanding, acceptance, and the ability to embrace one's donor-origin story and make space for feelings of curiosity and exploration of donor family relatives. As donor-conceived people define the meaning of family for themselves and explore whether their donor relatives fit into that definition, understanding their specific attachment style can contribute to a more self-aware and informed approach to the search and guide them through interactions with new family members.

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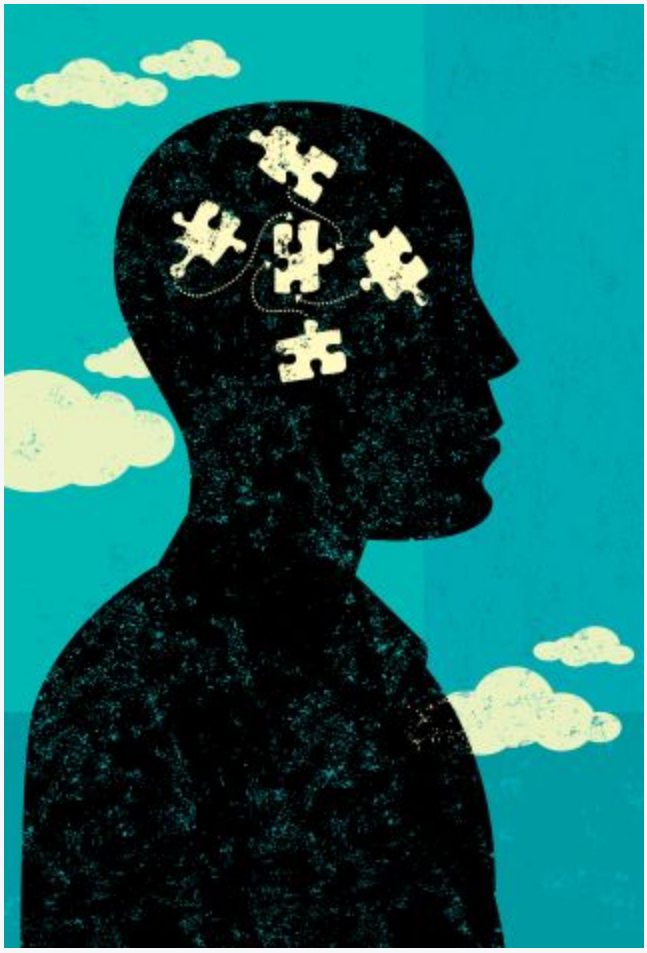
DNA Matters: Psychological Differences in Donor Families

Accurate and updated mental health information is vital for families and donors.

Posted January 4, 2024

KEY POINTS

- Our DNA blueprint holds an immense amount of information about our physical and mental selves.
- A primary reason for searching for one's donor relatives is to acquire medical information.
- Access to close genetic relatives can be crucial for understanding our psychological selves.



Source: retrorocket@123rf

Heritability

Most people acknowledge the heritability of many physical attributes and diseases, but the correlation between genetics and psychological illnesses, disorders, differences, abilities, and traits is less understood.

Our DNA blueprint holds an immense amount of information about both our physical and psychological selves. When a trait can be passed on to future generations through our genetics we call it “heritable”.[1]

Heritability is the proportion of phenotypic variation in a group that is attributable to genetics. It's a way to measure how much the differences in people's DNA can explain the differences in their traits. It can give a sense of how important genetics are to a trait. Traits or disorders that are highly genetically loaded are cases in which a parent with a trait or disorder raises the probability that their offspring will also have the trait or disorder.[1]

There is a large genetic component in many mental illnesses. The heritability of autism may be as high as 70%.[2] OCD, schizophrenia, major depressive disorder, alcohol dependence, and even completed suicides, are all influenced by genetics.[3] 80% of people who are diagnosed with bipolar disorder are born with specific genetic mutations associated with that illness and the average age of onset is 25, long after most college kids retire from donating.[4]

Donor-conceived people (DCP)

Studies on DCP have repeatedly shown that a primary reason for searching for one's biological parent or half-siblings is to learn more about their family medical history, current medical issues, and possible predispositions. A 2021 study asked 529 DCP if they were interested in contact with their biological parent/donor. 78% answered yes and 22% answered no. The 78% were asked for the main reason that they wanted to be in touch. While "to feel complete as a person" had the most responses (26%), more than 23%, wanted to learn more about their family medical history.[5] Connecting with one's close genetic relatives can be helpful, and even crucial for donor-conceived people.

Asperger's/Autism Spectrum Disorder(ASD)/Tourettes/ADHD

There are many positive strengths and difficult challenges presented within the broad spectrum of Asperger's/ASD. 1700 surveyed sperm donor recipients were asked, "Would you have purchased the sperm of a donor who had produced offspring with autism?" More than 93% said no, they would have chosen a different donor.[6]

One unstudied theory is that there may be a higher incidence of ASD (specifically high functioning autism, formerly described as Asperger's) among sperm donors. Anecdotally, quite a few donors with ASD/Asperger's have connected with families on the Donor Sibling Registry.

Often, these families have large half-sibling groups that include clusters of children with Attention-Deficit/Hyperactivity Disorder (ADHD), Tourette's, speech delays, and kids on the autism spectrum.

Is it possible that ASD/Aspergers may sometimes contribute to that “disconnect” needed to donate sperm? Could it be a contributing factor to feeling less concerned about having (many) unknown biological children out in the world? Some men say they could never donate for this reason, so an emotional disconnect might make donating more attractive. Some have never been formally diagnosed: "*I'm a donor who probably has Aspergers, and I'm aware that one of my donor children exhibits many traits of Aspergers. My child from my marriage also exhibits Asperger's and Tourette's symptoms."*

Because reports like these from parents are not uncommon, it seems that more research is warranted:

- *"We also have a high rate of autism diagnosed among the boys in the sibling group (we have 60 families)." "We have multiple offspring with tics (Tourette's) and ADD/ADHD."*
- *"My child has* Pervasive Developmental Disorder [a group of disorders characterized by impairment in the development of social interaction, verbal and non-verbal communication, imaginative activity and a limited number of interests and activities that tend to be repetitive]*, nonverbal learning disability, mood disorder, and ADHD. Her doctor has raised the question of Asperger's. My donor's child with his wife has Aspergers & ADHD. The donor had ADHD & undiagnosed Aspergers." "3 half-sibs all have autism. The donor's profile on the sperm bank's website does not include this update!*
- *"I called my sperm bank after our child was diagnosed with autism and anxiety disorder, just to ask why they did not, and maybe they should ask these types of questions on the donor's health info. The geneticist told me that they wouldn't take a specimen from an autistic person and that the staff 'would have known by meeting him' if he had ASD. People with ASD go their whole lives without being diagnosed...you cannot tell by LOOKING at someone! I was surprised and disappointed at their lack of knowledge."*

Most donors are never contacted for a medical update

84% of 164 surveyed sperm donors were never contacted by the sperm bank for a medical update (most sperm banks promise yearly updates) while 23% indicated that they or a family member had a medical issue that would be important to share.[7] One respondent reported *"As a donor, I updated my medical records between donations. They did not pass those updates on to previous donations or donations that came after those updates."* Unfortunately, this is a fairly common experience.

In a 2009 study, more than 97% of 155 surveyed egg donors were never contacted by their clinic for a medical update while more than 34% said they had a medical issue that would be important to share. [8]Thirteen years later, in 2021, these stats had only changed slightly: more than 94% of 345 surveyed donors had never been contacted for a medical update, 25% had medical issues to share, and 62% of those women felt that their clinic was dismissive when trying to notify them.[9]

One respondent reported, "*I was an egg donor over 20 years ago ... I called the office where I donated and let them know about my son having ADHD, anxiety, bipolar, etc. so they could let the offspring's family know. I am assuming, because it was 100% confidential ... they didn't seem like they were interested or were going to pass the information on."*

There is a need for more comprehensive and regulated medical/psychological testing of donors before they donate along with regular updating and sharing of medical information. As many illnesses are adult-onset, without regular medical updates and information sharing, the gametes continue to be sold.



Source: Donor Sibling Registry

Looking ahead

Most DCP know little to nothing about the family history or the ongoing psychological health of their unknown genetic relatives. The self-reported medical information that donors submit and parents receive as a "donor profile" when the gametes are purchased only reflects one day in the life of a healthy young donor, what that donor wants the facility to know, what the facility wants you to know, and certainly not what happens after donating.

While many gamete selling facilities claim to conduct regular medical updates, this is rarely done. Donors with reported genetic physical or mental illness/issues should not have their gametes continue to be sold.

All medical updates should be available to all families who might purchase or who have purchased gametes, and all donors should also be aware of children born with any health

issues. The importance of sharing important medical and psychological information goes both ways as donors may be building families of their own.

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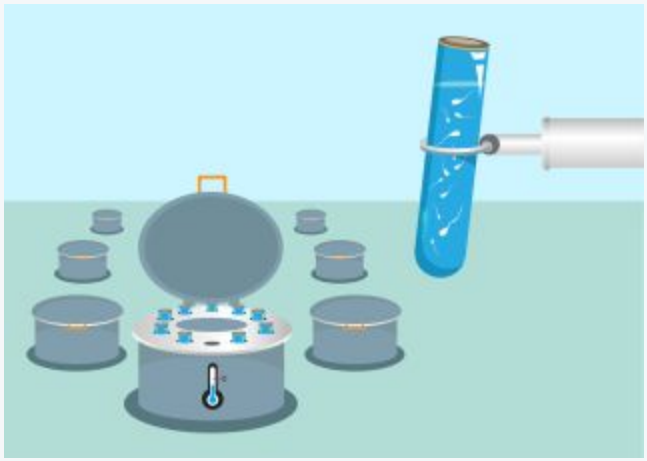
The Ethical Sperm Bank: An All-Open Sperm Bank An idea whose time has come.

Posted January 25, 2024

KEY POINTS

- Prospective parents and sperm donors should be making fully informed decisions.
- Understanding the needs and rights of the children to be born is essential.
- Connecting families and donors right from pregnancy or birth is a successful working solution.

Ethics intersects with psychology and mental health as the fields involve the study and understanding of human behavior and well-being. While psychology studies human behavior, ethics is more of an exploration of how we can know the right thing to do, especially when consequential decisions and choices must be made.



Source: Crystal Eye Studios/Shutterstock

The Ethics of Donor Conception

Ethical perspective: The ethics of egg, sperm, and embryo donor conception varies over time and across cultures, legal frameworks, business practices, and personal beliefs. Psychological and medical research coupled with ongoing donor-family reporting has contributed to a better understanding of the impact of donor conception on individuals, which can inform ethical guidelines for reproductive medicine industry professionals and gamete sellers.

Informed consent: It is essential for all donors and intended parents to have a comprehensive understanding of the implications, potential psychological consequences, and long-term effects of selling one's gametes or buying gametes to build a family.

Identity formation: Donor-conceived people (DCP) may experience unique challenges in their identity formation due to potentially having little or no

information about half of their close biological relatives. This raises ethical questions about the rights of individuals to know their genetic heritage and the potential psychological impact of not having access to that information.

Disclosure and secrecy: The decision to disclose or withhold information about donor conception to the child has ethical implications. It involves considerations of honesty, openness, and the potential psychological consequences of nondisclosure for the child and the family. The psychological impact of discovering the truth later in life, without prior knowledge or preparation, has been shattering for thousands of DCP.

Parent-child relationships: Donor conception affects the dynamics of parent-child relationships. Ethical questions arise about the responsibilities of parents to address and support the emotional needs and curiosities of donor-conceived children, as well as the potential impact on the bond between parents and children when the truth is not disclosed early in a child's life.

Donor anonymity and identity rights: The practice of anonymous donation raises ethical concerns regarding the rights of the child to know their genetic heritage and relatives and family medical information, as well as the potential psychological consequences associated with not having access to that information. Acknowledging the end of donor anonymity can better support the psychological well-being of DCP. Reaching out to unknown relatives, who may be shocked by the connection via a DNA test, shouldn't be necessary.

Psychological support: The availability of emotional support, counseling, education, and guidance can help individuals navigate the complexities and potential psychological challenges associated with donor conception.

An Idea: The Ethical Sperm Bank

An all-open sperm bank would offer an alternative to those who want to do the right thing for their children. The sperm bank could initiate a program for facilitating early mutual consent connections, or utilize the Donor Sibling Registry (DSR), an organization that since 2000 has followed this principle as a matter of regular practice for almost 100,000 people.

This system of early contact (from pregnancy or birth) has been promoted and utilized successfully by dozens of egg and embryo clinics and agencies for many years. It's long overdue for a sperm bank to follow suit.

The ethical sperm bank would differ from existing U.S. sperm banks in several areas:

- Contact: The issue of attempted contact, 18 years later, between the donor and the offspring is removed from the hands and focus of the sperm bank.
- Consent: With early mutual consent contact, the sperm bank would not need to be worried about protecting anyone's privacy.
- Currentness: The sharing and updating of medical information happens without delay, as the sperm bank has provided a contact tool for direct medical updates.

- Empowerment: With adequate education and counseling, parents and donors can decide the timing, depth, and breadth of their relationships. They do not need a middleman telling them what's best for them and their family.

Openness

> *Is it ethical to bring a human being into the world who is deliberately cut off from their ancestry, family medical history, and close genetic relatives for 18 years or forever? Is there any psychological entity or research from any society or culture at any time that has deemed this practice in the best interests of any group of people?*

All sperm banks currently mandate a minimum of 18 years of donor anonymity, not willing to facilitate earlier contact. The ethical sperm bank would require all parents and donors to make themselves available for contact, either facilitated directly by the bank, or via the DSR, right from pregnancy or birth of the child. Parents and donors could share photos, answer questions, share information about themselves, and provide updated family medical history.

The reason behind fostering early contact is that identity formation begins long before the age of 18. Knowing who and where you come from is an important component for adolescents in constructing an identity that will be the foundation for adulthood. Over the past few decades, curiosity about donors and half-siblings has been reported by many thousands of donor-conceived children and young adults, long before they're 18. When possible, shouldn't

everyone have the opportunity to grow up having access to their close genetic relatives?

Reporting, Recording, and Limiting Births

> *Is it ethical for an industry helping to create human life to have little to no accurate record keeping on the children born? Is it ethical to create half-sibling groups of more than 50, 100, or 200?*

Sperm banks have never accurately tracked births, as all birth reporting is voluntary. Without such tracking, no realistic limits can be expected or promised on births per donor.

The ethical sperm bank would require birth reporting. They would conscientiously record and openly report how many children were born for any one donor. This practice would foster greater accountability and responsibility as it would enable the bank to accurately limit the number of births per donor.

Careful limiting of the number of children born to any single donor would allow for the avoidance of consanguinity and social overwhelm. Donors and donor-conceived people would be less likely to feel the stress of having or meeting a challengingly high number of relatives. If there was a genetic medical issue, the number of possible children to be affected would be more manageable.



Source: JohnKwan/Shutterstock

Medical Updates

> *Is it ethical to deliberately keep reported medical information from being shared between donor family members? Is it ethical for gamete vendors to claim that they conduct yearly medical updates on donors when they don't do so? Is it ethical for gamete vendors to continue selling gametes after receiving reports of genetic issues? Is it ethical for gamete vendors to continue selling the sperm of a deceased donor without disclosing that fact?*

There is little medical follow-up with donors from sperm banks, and information is rarely shared and updated with families, even when known. The importance of establishing contact with a donor to ensure a free flow of updated medical information cannot be overstated. Every family and donor should have direct contact with each other to update medical information so that appropriate preventive medicine, medical screenings, and appropriate treatments can be sought.

Genetic Testing

The ethical sperm bank would carry out comprehensive genetic testing on both recipients and donors. Many existing sperm banks claim to do so, but this practice is neither thorough nor comprehensive at all facilities. Currently, some sperm banks test some donors for some diseases, apart from the U.S. Food and Drug Administration's mandated practice of sexually transmitted infection testing. For a sperm bank or donor to hide a genetic condition that may be passed down to progeny is unethical and potentially tragic.

Looking Ahead

The growing societal movement toward openness and honesty with one's donor-conceived children, along with adequate counseling and education, will eventually result in all parents being able to make fully informed and ethical choices for their families. Donors can also be properly educated and counseled about the choices they're making so that they would only donate if they were willing to be known right from the start. Parents can demand an end to the longstanding mandatory minimum of 18 years of donor anonymity. In the absence of government oversight and regulation in these matters, The idea of an ethical sperm bank provides many solutions to the challenging issues that donor families have grappled with for more than 80 years.

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What's the Problem with Donor-Sibling Groups of 50 - 250+?

Important medical, psychological, and social implications for donor offspring.

Posted February 26, 2024

KEY POINTS

- There are no actual limits on children born for any one gamete donor.
- With an obscure number of siblings, effectively sharing crucial genetic medical information is impossible.
- Finding and connecting with a large number of donor siblings can be overwhelming and emotionally draining.
- Large sibling cohorts raise the possibility of unintentional romantic connections.

You can't set "limits" until there is accurate record-keeping

When the Donor Sibling Registry (DSR) was established in 2000, most parents and donors were told by the sperm banks that each donor would have no more than ten kids. As time went on, parents and donors were told no more than twenty children would be born to any one donor. As DSR members started matching with each other, the small half-sibling groups turned into 50 and then 100, and now some groups are around 250. Between the DSR and DNA matches, many half-sibling groups are even larger. It's abundantly clear

that the limits promised to donors and parents by the sperm banks were, and still are, false.

> *I had an employee from California Cryobank chuckle when I asked about limits. He then admitted they do not in any way limit how many people they sell vials. I had been told dthat my donor was limited to 10 families before my first purchase. Then was told limited to 25 families after reporting my son's birth. He then went further and tried to get me to understand they were a business selling internationally. When I reminded him they were a business engaged in helping to create life, it barely registered. When I said they should require reporting and tracking, he told me it would be impossible and the company would never do that. This industry needs regulation. — Parent*

There is no entity keeping track. All birth reporting is voluntary. Published research reports that 45% of surveyed 1700 sperm donor recipients had no request by the sperm bank or clinic to report the birth of their child(ren), and 31% of those say that the sperm bank is unaware of the birth of their child. 42% of surveyed 108 egg donor parents were also never asked to report their births. Additional research studies show that between 22%-28% of sperm donors donate to more than one facility, a statistic that further complicates keeping track.

> *I used Xytex and my daughter has 100+ siblings which is a disgrace.*
> — Parent in Australia



Source: milkos@123rf

Why are large half-sibling groups problematic?

There are many medical and psycho-social reasons why creating extremely large half-sibling cohorts is cause for concern.

Medical

If a donor has a heritable genetic medical issue, it could be passed along to dozens (or more) of their biological children. If a donor-conceived person (DCP) doesn't know all of their half-siblings, they could be missing out on sharing their medical information and learning about genetic issues from others that might warrant proper screenings, monitoring, or preventative medicine.

There are several reports of donors passing on a genetic cardiovascular disease, hypertrophic Cardiomyopathy (HCM) to DCP. In one case, 9 of a donor's 24 known offspring inherited his asymptomatic HCM. At least one child has died.

> *Our donor, who has the genetic disease NF1 (neurofibromatosis) and whose currently known offspring number is a staggering 99 children worldwide. When the first child was diagnosed and reported to the cryobank, they waited 6 months to alert the clinics where the sperm was delivered. There are also reasons to believe that the sperm donor wasn't properly screened. We know for a fact that 19 children inherited the disorder but not all children were tested on the disease.* — Parent

This spreadsheet lists some of the genetic disorders and illnesses reported to the DSR by donor families.

Psychological

Many sperm donors feel boggled by the implications of how many offspring they may have. They worry about how large numbers of offspring might demand too much of their time and attention, negatively affecting their families. One donor who found out that he had 36 donor children had to take a step back, "*I took a while to respond because I didn't know what to do. I was overwhelmed*."

A donor with dozens or hundreds of donor children is less likely to connect with those kids, just because of the sheer number. They worry about how to manage time and energy when dozens or hundreds of offspring desire

contact. Donors also worry about telling their partners, children, and parents about their donations and the potential or known large number of half-siblings/grandchildren. It’s now common for adult children that a donor is raising and the donor’s parents to be shocked by the close DNA connections found on commercial DNA testing sites.

DCP in these large groups who desire contact with their biological parent may never get it, just because the gamete seller was careless by creating an unmanageable number of siblings. It's important to note that this is even true for donors who were sold as "open donors", whose donor children have grown up thinking they'll get to meet their biological parent when they turn 18.

> *Feeling like a commodity. Having a biological father who views you as another success story and a reflection of his fertility rather than seeing each of you as individuals and being prepared to get to know you and like you for who you are. Being able to reach out to your paternal family and receive a warm welcome rather than a cease and desist letter because your older sisters are horrified and quite unable to cope with the idea of hundreds of siblings coming out of the woodwork. All of this has been my experience of being part of a large sib group.* — DCP

> *Feeling like a clone; feeling completely overwhelmed by the enormity of the situation; the inability to have meaningful relationships with that many siblings; bearing the burden of siblings' grief/shock when they discover they are DC and make contact; being rejected by siblings; being unsure whether to reach out and connect because you don't*

know whether the sibling even knows they're DC; walking down the street and wondering if someone who looks similar is a sibling. My 10 yo has told me she'll look for all of her siblings (100+) until she dies. This is a terrible burden for her to carry. — Parent

Social: random meetings

Random meetings are common. Consanguinity is a valid concern. Here's a February 2024 news report of a DCP who unknowingly dated her half-brother.

This Fairfax Cryobank group of 150 half-siblings that was featured in the NY Times in 2011 is now reporting that the group is almost 250. Another family reports that their group has more than 300 half-siblings from Midwest Cryobank. The larger the group, the more common random meetings will be.

I am a sperm donor baby from Texas. I have a twin sister. I recently did an Ancestry DNA test and found out that my half-sister is one of my best friends from high school. — DCP

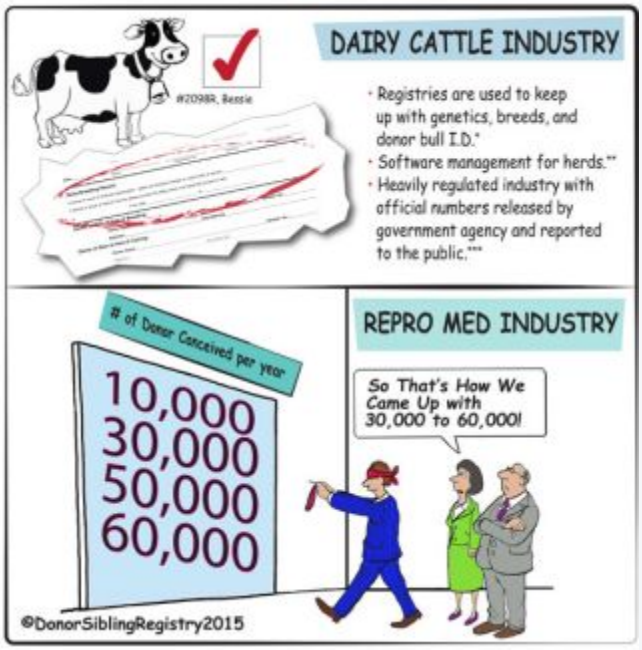
When I was in my early 20s I worked at an orthodontist.... In my 40s I discovered that one of the patients I saw every 4-6 weeks was my half brother and the person that came with him was my other half-brother or my bio dad! — DCP

A son being raised by my daughter's donor has lived within five minutes of us and has played a team sport at my daughter's high school. All of this took place in Colorado despite having purchased the

> *donation from California Cryobank. Donor kids have similar traits that can put them in the same orbit.* — Parent

> *The "chance meetings" within our sibling group [of over 100] include playing on the same soccer team, going to the same summer camp, going to the same university, meeting at a bar, and ... wait for it ... matching on a dating app. Some were after knowing they were related, and some were before. The odds are much higher than you'd think.* — Parent

Reproductive health professionals and policymakers need to establish guidelines and ethical standards to address these concerns. If the cattle industry can successfully track births from artificial insemination, surely we can do better for humans. Ethical considerations in donor conception should involve finding a balance between providing individuals with the opportunity to conceive using donor gametes and ensuring the well-being of the resulting children and their families.



The false and misleading number of 30,000-60,000 DCP born each year has been used by the media and by industry “experts” since the mid-1980s. Unlike the cattle industry, there is no entity keeping track of human births.

Source: Donor Sibling Registry

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What Rights are Important to Donor-Conceived People?

Identity, acknowledgement, dignity, and connection.

Posted March 25, 2023

KEY POINTS

- Donor-conceived people desire access to their family medical history, ancestry, and close genetic relatives.
- They want the right to dignity, the right to be treated ethically, and respectfully.
- Matters of identity, transparency, and connection need to be addressed by the reproductive medicine industry.

Rights

Rights can be defined as legal, social, or ethical principles of freedom or entitlement.[1] Donor conception raises many ethical questions regarding the rights and well-being of donor-conceived people (DCP), the rights and responsibilities of the donor, and equitable reproductive opportunities for parents. Balancing the interests and rights of all parties involved is a complicated and ongoing societal discussion. With almost 100,000 donor family members, the Donor Sibling Registry (DSR) has spent 25 years listening to, supporting, researching, and facilitating connections for this rapidly growing community. Through consistent education, support, media, and open dialog, attitudes continue to evolve to more significantly recognize and understand the needs and rights of DCP.

However, within the reproductive medicine industry, an evolution of progressive thought about the rights of DCP has unfortunately been painfully slow or non-existent. All too often, financial concerns and motivations trump ethical pathways forward. Should individuals conceived through donor gametes have the right to access information about their genetic heritage and close relatives? Many think so. This includes information about the donor, including family medical history and updated medical information, ancestry, genetic traits, and information about half-siblings.

Mandating/promising 18 years of anonymity only serves the best interests of sperm banks and fertility clinics. Fear tactics are sometimes used to scare parents and donors into believing that this mandate is in their best interests by telling them nonsense about custody battles and non-existent parental donor rights and financial responsibilities. When the Donor Sibling Registry connects parents and donors right from pregnancy/birth and early childhood, it's

swimmingly successful, for the parents, donors, and most of all, for the children. Keeping a person from their close genetic relatives for the first 18 years of life is not in the best interests of anyone, donor-conceived, adopted, or otherwise.

Adoption and Donor Conception

Adoptees have a Bill of Rights,[2] and adoption and donor conception have many similarities. For example, being cut off from one's ancestry, medical history, and close genetic relatives. However, there are some significant differences. One difference is how "open" describes the agreement within adoption families versus the "open donor" agreements of gamete donors and recipient parents. "Open" adoption is usually an adoption in which the adoptive and birth families share identifying information and have contact with each other during and after the adoption process. That's not what happens in gamete donation. "Open" gamete donation[3] is where a child is deliberately kept from their biological donor family, at best, for a minimum of 18 years. In some other countries, the age is 16, but now the majority of sperm used around the world comes from the US (and Denmark). where donors are mandated/promised 18 years of anonymity. Many egg facilities are facilitating early contact on the DSR, but sperm banks are still refusing to connect donors with parents and offspring before that 18-year timeframe.



Source: @dreamstime

Donor-Conceived People's Bill of Rights

Here are some basic tenets concerning donor-conceived people's fundamental rights and aspirations, based on their input. It calls for respect, transparency, and the information needed to build a complete sense of identity/self.

Knowing Ourselves

Right to Identity: We have the fundamental right to know from birth that we are donor-conceived and to access our full identities, including information about our immediate biological families. We have the right to know about our ancestry. Many of us can't fully understand who we are until we know who and where we come from.

Accurate Birth Certificates: Our birth certificates should accurately reflect our origins, listing legal and biological parents.

Open Records: We have the right to possess all documents related to our

origin story.
Comprehensive Information: We hold the right to know our full ancestry, ethnic background, religious heritage, and legal and social details and information.
Medical/Psychological Information: It is important to have a family medical and psychological history as well as updated information
Completeness and Belonging: Understanding our origins is crucial for building a complete sense of self.

Connecting with Our Roots

Donors/Biological Parents: It is not in our best interests to be kept from our biological parents for the first 18 years of life.
Knowing and Meeting Donor Relatives: We have the right to be curious about, to search for, and to grow up knowing our biological parents and half-siblings, like other citizens.
Half-siblings: We have the right to know how many half-siblings we have and to be part of a responsible number (not the commonly found 50, 100, or 200+). We should have the opportunity to grow up knowing them.
Relationship Recognition: The relationships we build with our biological families deserve respect and dignity, like any other familial bond.

Embracing Our Family

Guilt-Free Relationships: We have the right to navigate our relationships with all our donor siblings and biological parents without guilt.
Defining Family: We have the right to define and cherish all familial bonds, integrating legal and biological parents and siblings into our concept of family.

Building a Brighter Future

Advocacy: We're empowered to advocate for our collective dignity. Sharing our stories with families, the public, and the reproductive medicine industry is crucial for achieving transparency and ensuring the ethical treatment of future generations.

Input

"We have the right to our true and full identity. We have a right to a relationship with all biological and legal parents from day one. If people grew up knowing their immediate biological family from the very beginning, it would be totally natural and no one would question, just like no one questions knowing their sisters, brothers, aunts, uncles, and grandparents." — A, DCP

Many donors also understand and acknowledge the needs of DCP and have experienced the joys of early connecting.

"I am a donor who, through the DSR, started meeting my bio offspring when they were as young as 3 years old and, in every case, it has been a mutually rewarding and wonderful experience for all involved." — M, Donor

"Is there concern that the number of persons interested in making sperm or egg donations could drastically decrease if they must be known?" — Parent

This is a common concern, and not just from parents. It's often the only reason gamete sellers have for not changing their position on 18 years of anonymity.

The answer is, yes. If all donors were properly educated and counseled about the actual impossibility of staying anonymous (because of DNA testing), the likelihood of producing large numbers of offspring, and the lack of record-keeping and sharing/updating of medical information, the number of donors may decrease. That might be the cost of running a more ethical and responsible donor conception industry.

The Empty Seat

These rights are about being heard, acknowledged, and respected within an infertility industry that still hasn't included DCP in its policy discussions. Since the beginnings of donor conception early in the last century, policies have been set to include the rights of the facilities to sell the gametes, the rights of parents to buy those gametes to build their families, and the rights of donors to sell their gametes and to remain anonymous. But this isn't an equitable situation as the rights of the donor-conceived people are hardly considered. Matters of identity, transparency, and connection need to be addressed. Donor-conceived people should not only be seated at the policy table but also have their voices listened to first and foremost, as they have the lives most impacted.

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Honest Terminology in Egg Donation Families

The person who contributes the egg is the biological or genetic mother.

Posted April 30, 23024

KEY POINTS

- Parents of donor-conceived children may experience insecurity regarding the lack of a biological tie.
- There is no need to ignore, minimize, or negate a child's genetic connection to their donor relatives.
- Accurate terminology, along with honest and open communication are key. Right from the start.
- Confident parenting includes acknowledging and honoring their child's donor family kinship.



Source: arloo@123rf

Biological/genetic parent

People often reveal themselves by the language they use and sometimes, by the language they deliberately avoid. Defining language around family is important in egg (and embryo) donation families, specifically, the confusion surrounding the terms "biological mother" and "genetic mother". Using clear and accurate terminology is important for donor-conceived children and adults alike. There is no child too young to hear about their origin story; and in fact, research suggests that donor-conceived individuals thrive best when informed from the start, fostering a sense of perpetual awareness about their unique origin story. Children can be introduced very early on to the concept that each person has two genetic or biological parents, one providing the egg and the other the sperm, collectively endowing approximately 50% of the DNA required to form a new life.

Terminological discrepancies

A unique disparity in terminology emerges within egg donor families, unlike sperm donor families, as the non-biological mother often carries and gives birth to the child. While phrases like "I carried and delivered my child, so I AM the biological/genetic mother" are commonly heard from egg-donor mothers of young children, it's imperative to distinguish between maternal roles and genetic contributions. Though undoubtedly a mother in every sense, she is not the biological mother. As her child matures and learns about and delves into discussions about inherited traits and predispositions, it becomes essential to frame these conversations accurately. How should she navigate topics like inherited diseases and physical characteristics? Can she confidently assert her biological/genetic connection despite the egg donor's contribution? How might she describe a mother who contributed the egg, but had a surrogate

carry and deliver the baby? Those moms describe themselves as the biological/genetic mother, even though someone else might have had some epigenetic influence from nurturing the baby in utero for nine months. These complex dynamics underscore the need for precise terminology that respects biological lineage while acknowledging the role of epigenetic influences during gestation.

Epigenetics

Epigenetics involves genetic control by factors other than an individual's DNA sequence. Epigenetic changes can switch genes on or off and determine which proteins are transcribed and while epigenetic changes do not alter the sequence of DNA, they can cause mutations.[1] Only biological/genetic parents can pass along ancestry, physical and mental traits, blood type, and medical and genetic diseases. They are also who the child will match with as “parent” on any DNA test.

Parent and parenting

The term "parent" encompasses biological roles—those who contribute genetic material—and active roles in raising, nurturing, and loving a child. Egg donor moms who avoid accurate terminology may experience an underlying or unacknowledged discomfort with the lack of biological connection between them and their children. It's crucial to recognize that lacking a biological tie does not diminish one's role as a parent. For non-biological parents of donor-conceived children, it's paramount to address any feelings of discomfort, grief, or insecurity regarding the lack of genetic connection. Ideally,

these concerns should be addressed before pregnancy, and certainly before discussing conception with the child, which is ideally during their pre-verbal years. The earlier the better. Confidence in one's parental role lays the foundation for acknowledging and embracing the child's donor family connections with honesty and authenticity.



Source: yupiramos@123rf

Egg donor perspective

Egg donors can face backlash if, when expressing the desire for contact with recipient families, (often the only way to share and update medical information) they use accurate terminology like "genetic parent", "biological mother", or even "genetic half-sibling". While such openness and willingness to make contact should be commended, it can sometimes be misconstrued as a threat by recipients. However, acknowledging the egg donor's biological or

genetic contribution does not diminish the recipient parents' role; rather, it can enrich the child's understanding of their heritage and medical background, fostering a sense of completeness in their identity. If meeting each other is proposed and desired, that too can greatly benefit the child. Why not be able to grow up knowing one's close relatives, including biological parents and half-siblings (either the donor's children or other families that also used the donor's gametes.)

Nature and nurture: a unique blend

At the heart of this discourse lies the well-being of the children. Honest and precise terminology can empower children to navigate their identity confidently, without fear of upsetting their parents. As donor children grow and evolve, their understanding of their origin story may shift and deepen, and they should be encouraged to explore terminology and express their feelings openly. We want children to know that they’re a special and unique combination of both nature and nurture and that *all* of the parents have a huge impact on the child: the parents that a child grows up with, along with the biological parents that a child may never meet.

The role of professionals

Counselors, therapists, and medical professionals can play a vital role in promoting and encouraging parents to use accurate terminology in egg and embryo donation families. Using honest terminology and dialog fosters trust, strengthens communication, and empowers donor-conceived people to understand their unique identities. It's what donor-conceived people want.

Professionals can motivate and inspire by celebrating the love and complexity of these families, ensuring that children feel comfortable and confident knowing, exploring, and sharing their origin stories.

Definitions

Biological-parent: a parent, mother or father, who has contributed half the chromosomes and genes to an individual[2]

Genetic mother: a woman whose contribution to the child was the ovum, and hence genes.[3]

*Except in the case of mitochondrial donation; then a child will have three people who contributed genetics.

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Gamete Donors Connecting with Offspring and Their Families.

Barriers: the perception of rejection, worry, fear, and other concerns.

Posted May 30, 2024

KEY POINTS

- Donors may feel shame or embarrassment about donating, which may have kept them from talking with family.
- Donors may fear rejection or worry about how connecting may affect their family relationships.
- Donors may have difficulty navigating connecting with offspring and balancing the needs of everyone involved.
- Concerns can be mitigated through open communication, honesty, education, and support networks.



Source: javvanimusic@123rf

Most egg and sperm donors are told that they will remain anonymous, either for 18 years or forever. Since the first donor-conceived teen identified his biological father via a commercial DNA test in 2005[1,2] this promised/mandated anonymity has become virtually impossible. Additionally, thousands of donors have chosen to initiate mutual consent contact on the Donor Sibling Registry. Many donors are happy to have contact with donor-conceived people (and their families if the children are under 18), but others may feel overwhelmed or struggle with the idea of connecting with genetic progeny.

Donor's considerations

Did I make the right choice? Even with good intentions, donors can grapple with self-doubt, wondering if their decision ultimately caused emotional strain for the child or their current (or future) family.

Will the child ever want to know me? This question can weigh heavily on donors. Donors might worry that the children conceived with their genetic material might reject them, feel uncomfortable about the circumstances of their conception, not have family support, or not understand what this kind of relationship might look like. Fear of rejection is a significant emotional concern for many egg/sperm donors and can keep them from reaching out, connecting, and exploring new relationships.

Will I be seen as a replacement parent? Some donors worry that their role will be misunderstood, fearing they'll be seen as a competitor to the parents and

therefore rejected by them. Some parents, quite often the non-biological parent, can feel insecure about their parentage or worry about not being a "perfect" parent and fear the donor replacing them in some way.

Will parents or offspring be angry with me? Parents or the resulting children might have negative feelings or blame them if there is a medical/genetic issue that the donor wasn't honest about when donating or that was unknown at the time and has presented later in life.

Do I have any rights or responsibilities? Donors may fear legal or financial repercussions if they respond to contact requests.

How will others view my donating history? Donors may fear social repercussions, stigma, or scrutiny from family, friends, or workmates.

These concerns can lead to emotional turmoil, including guilt, anxiety, and regret. Additionally, donors may struggle to define their role in the lives of donor-conceived individuals, especially when faced with the prospect of numerous offspring.

Donors may:

- Feel embarrassment or shame about donation. This may have kept them from disclosing to their family. Additionally, they might worry about having to disclose that they donated to more than one (or many) facilities,
- be fearful about disclosing to their partners that they not only donated gametes but also have biological children as a result of their donations

if they haven't yet done so. The fear of judgment by partners, family members, or others due to their history of selling their gametes can be significant.

- feel overwhelmed with the prospect of a large group of progeny. Half-sibling groups of more than 100 and even over 200 are common with sperm donation. Donors often have no idea how they'd find the time and energy to meet the needs of scores of offspring who may desire contact. They might worry about how to tell their parents that they may be grandparents to so many donor-conceived people. The thought of telling their children that they might have some, or many half-siblings can also be daunting,
- worry about not being on the same page as other family members in regards to exploring new relationships,
- feel confused about their role and how to respond to requests for contact from parents and progeny,
- wonder how to define these new relationships, and possibly incorporate donor children into their family circles,
- experience emotional turmoil, including guilt, anxiety, or regret, particularly if they later question the implications of their donation or the impact on the resulting offspring.
- not know how to navigate the sometimes delicate line between privacy and secrecy; protecting their family's privacy while removing the veil of secrecy between them and their progeny. This can be stressful as they try to balance the needs and comfort levels of everyone affected,
- fear rejection because they feel they're not good enough, haven't accomplished enough, are not mentally or physically stable enough, are not at the "right place" in life, or don't have the emotional bandwidth to handle this uncharted connection. They may have

feelings of inadequacy, or worry about being a disappointment to donor children. Often, donors are simply afraid of not being liked,

- worry about making a connection, and then feeling ghosted. It's common for donor family members to jump in and then pull back in short order to process or deal with internal or family issues. In most cases, this time-out has nothing to do with the donor. Patience and empathy go a long way in this situation. Letting the other person know that their process and timing will be respected is crucial,
- not be aware of the fact that if they donated through a facility, they have no legal parental rights, responsibilities, or financial obligations for the children born from their donations,
- feel worried about revealing medical or academic/career information listed on their donor profile that may be inaccurate,
- worry about sharing/updating their own or their family's new medical information and learning about possible medical issues with donor offspring.

Finding support and moving forward

Navigating and dispelling these worries and fears can be integral to the donor-family connection process. The good news is that donors don't have to navigate these donor family complexities alone. Here are some tips to help manage fear and build meaningful connections:

- Feel your feelings: Don't bottle them up. Acknowledge any feelings of fear, anxiety, frustration, hurt, disappointment, worry, anger, or sadness.

- Be kind to yourself: Rejection doesn't define you. Practice self-compassion and avoid negative self-talk.
- If introverted or on the spectrum, communication abilities might be challenged, with difficulties in reading social cues and emotions or expressing emotional depth and breadth. Consider seeking support groups or therapists specializing in these areas to assist in your donor family outreach.
- Honesty is the best policy: It's not a matter *if* your family will find out, it's only a matter of *when*. The truth should come from you and not from a surprise DNA test result of your family member.
- Reframe your thinking: If you reached out and received a "no thank you", "go away", or no reply at all, remember that sometimes patience is needed while the families process and define this new connection/relationship. Rejection is often more about the rejector's story, emotional capabilities, and life circumstances. See rejection as a chance to reassess. Trying to understand where others are coming from is helpful.
- Focus on the positive: Remind yourself of your positive role in creating families. Remember that opening yourself up to these connections might seem risky, but can also offer more love in your life.
- Lean on your support system: Talk to friends, family, or a professional who can offer encouragement and perspective.
- Set and respect boundaries. You do have control of the situation. You get to set the boundaries that work for you and your family. Parents and donor-conceived people may also have boundaries that need to be respected. Not everyone moves at the same speed or comfort level when connecting. Have patience and meet people where they're at.

Connecting with donor-conceived people and their families can have profound emotional, psychological, and social implications for people who have sold their gametes. Open communication, honesty, education, and support networks can all be important when navigating the complexities of connecting with people who share around 50% of their DNA. Expanding one's family can be enriching for all involved.

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Donor Families: Mutual Consent Contact

Mutually agreed upon contact can be quite different from a DNA test surprise.

June 21, 2024

KEY POINTS

- Donors, parents, and donor-conceived people often desire contact with their own or their child's DNA relatives
- Their are several methodologies for searching and finding donor relatives.
- All members of the donor family can make themselves available for mutual consent contact at any time.

- Early establishment of donor family relationships is advantageous for psychological and medical reasons.



Ryan with 3 half-sisters

Source: Wendy Kramer

Ryan's story: the DSR and DNA

Ryan and I started the Donor Sibling Registry (DSR) in 2000. It was based on the idea that while my son's donor had signed up (had no choice) to be anonymous, Ryan was interested to know whether the guy might be curious about the children who shared ~50% of his DNA. Also, he wondered if he had any half-siblings out there: people with whom he shared a biological father. The concept of mutual consent contact was important to us; as we didn't want to "out" anyone; we wanted to create a platform where we could facilitate mutually desired contact. As a young child (then 10), Ryan had been thinking about half-siblings and his biological father this way: "What if they want to

know me, and I want to know them — how will we ever have the opportunity to find each other?”

Fast forward to 2004 when a DNA testing company asked us if Ryan would like to test his DNA to possibly find out more about his paternal countries of origin. We jumped at the opportunity, feeling that any new information about Ryan’s ancestry would be more than the sperm bank gave us. Neither of us nor the DNA company ever entertained the idea that Ryan’s biological father might be found using this new genetic testing technology, as that had never been done.

At first, the DNA test did provide some interesting information about where Ryan’s paternal ancestors hailed from. He thought that was cool, and we both thought that was the end of that part of the story. Nine months later, though, we received notification that Ryan had been matched with two very distant relatives. It was with the last name of these two Y-DNA connections, a public records search, and Google, that 9 days later led us to Ryan’s biological father.[1]

The irony didn’t escape us — here were the two founders of a mutual consent contact organization for connecting donor-conceived people with their first- or second-degree genetic relatives, and now we had, almost by accident, identified my son’s biological father — a guy who the sperm bank told, and who believed that he would remain anonymous. Ryan had become the first donor-conceived person to locate his donor via DNA testing.[2] He might have been the first, but certainly not the last, as he opened a door that could never be closed again.

Since then, we've been sending DSR members to DNA testing both to confirm relatedness with donor relatives found on the DSR and to supplement their search for their donors/biological parents, and siblings unaware of their origin story. DNA is often the only way for people who were born from the 1940s through the early 1980s to find genetic relatives, as most don't have the luxury of an easily matched sperm bank donor number.



Donor dad and 4.

Source: Donor Sibling Registry

Mutual-consent connections

People connect with donor relatives for a variety of reasons and interest levels vary. Some only want to share and update medical information while others feel more ambiguous and uncertain as to what type of contact and relationships they're looking to establish, but are open to exploring the possibilities. Thousands are longing to establish relationships with their own or

their child’s half-siblings or hoping to find their own or their child's biological parents. There are also thousands of donors hoping to connect with their biological children, and even donor's children and parents wanting to expand their families to include donor relatives.

By searching on the DSR you can be assured that any results you’re provided come with the certainty and confirmation that the person you’re connecting with will not be shocked by the news that they are donor-conceived. Donors who have made themselves available are open for some type of information sharing or relationship and chances are, most will be thrilled to make the match. More than a generation of donor-conceived people have now been able to grow up knowing their half-siblings and/or their biological parents. Medical updates and information, messages, and photos are easily shared.

Commercial DNA testing connections

Adult donor-conceived people also come to the DSR from the DNA testing sites to make their connections after finding out the shocking/surprising news that one of the parents who raised them wasn’t, in fact, biologically related to them. Many who were unaware of their origin story are doing DNA testing for various reasons: it was a gift, medical reasons, a passion for genealogy, or they suspect there’s a secret. The level of shock, disbelief, surprise, curiosity, and confusion varies among these people who quite often had no idea about their donor conception and/or no idea about how many of their genetic relatives were already connected.

Because it's common for DNA testing to provide first- and second-degree genetic relatives, these results are exposing long-held family secrets that can affect entire families. Parents who thought they'd keep the secret of using a donor are now being confronted by children who wonder why their parents were not truthful with them. Some of Ryan's half-siblings have come via the DSR and some have been shocked by their DNA results. For his half-siblings who still don't know the methodology of their conception, we feel that it's only a matter of time until they too stumble their way into our half-sibling family which is now at thirty.

Establishing new friendships and familial relationships via DNA testing, with people who aren't necessarily prepared for this type of new-relative connection, can be a very different and much more challenging experience than making deliberate mutual consent contact. Connecting via DNA websites can be so shocking that some people are just not prepared to acknowledge or reply to messages from their new-found relatives. While some donors are thrilled to be found, others fear that their long-held donation secret will be exposed to family and friends, or that more than 100 offspring will flood through an opened door. Some discard messages thinking their connections are some kind of scam, eg., having 20 half-siblings is impossible. Relatives of donors feel awkward or confused when contacted by their family members' progeny. For those waiting for a reply that never comes or having a door quickly shut this can be difficult.

No need to wait

Why not allow children to grow up knowing their close genetic relatives? We

sometimes hear that parents and donors want to stall connections until children are over 18. When relationships are defined and normalized when a child is young, that eliminates confusion. Parents and other parents and/or donors can agree on what type of relationship they are open to exploring- friendship, family, medical information sharing, etc. Ryan's biological father wasn't sure at first how to define the relationship with a 15-year-old donor child, but indicated that he was open to exploration, and the relationship was given the necessary space to evolve over the years. A bonus: Ryan was also able to establish a loving relationship with the donor's parents, his grandparents.

We don't wait until our children are adults to meet their cousins, why would we wait for half-siblings? Instead of waiting for you or a relative to be contacted via DNA, you can establish contact right from the start. When parents and donors don't disclose early or keep their children from growing up knowing their half-siblings, unnecessary emotional turmoil and confusion become inevitable.

Sperm banks

Years from now, when society looks back on the donor conception practice of deliberately keeping a person from their close relatives, family medical history and updates, and ancestry for the first 18+ years of life, many in the industry will claim that they didn't know better. Or that there wasn't sufficient research available. But we do know better, via 24 years of anecdotal reporting from almost 100,000 DSR members, with more than a quarter of them connected to their donor family members, and through dozens of research studies and

published papers[3]. We can all be doing better to mitigate difficult donor-family situations by adequately counseling and educating donors and parents on the medical and psychological benefits of early mutually desired contact. In the meantime, the sperm banks, like dozens of egg facilities[4], can start notifying these folks about the importance of early half-sibling and donor mutual consent contact.

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Enhancing Family Connections in Donor Conception

A call for simplicity and transparency.

August 5, 2024

KEY POINTS

- Clear communication about donor family connections helps reduce fear, benefiting all parties involved.
- Streamlining processes encourages early and meaningful relationships, enhancing children's sense of identity.
- Facilitating early contact with genetic relatives supports a positive and normalized donor family experience.

- Embracing genetic relatives as family enriches the child's experience and fosters an inclusive family dynamic.



Source: hermionie13@123rf

Families created through sperm, egg, or embryo donation can benefit greatly from an approach rooted in simplicity and transparency. This philosophy fosters rich, meaningful, and authentic relationships among half-siblings and donor families. This is in stark contrast to the often convoluted, fear-based processes seen in many sperm banks and egg facilities. These complex systems can lead to discomfort and confusion, and hinder early disclosure and connection within donor families—factors crucial to the well-being of the children involved.

Shifting the focus from secrecy to openness

Gamete providers are uniquely positioned to influence prospective parents and donors. By moving away from secrecy and fear, and instead embracing honesty and transparency, they can facilitate a more open and supportive environment for all parties involved.

Clear communication and education

Complexity and fear: Obscure or complicated information about donor family members can breed fear and uncertainty. Potential connections may be discouraged when relationships are presented as overly complex.

Simplicity: Providing clear, straightforward communication from the outset empowers all parties—whether couples facing infertility, single parents, LGBTQIA+ individuals, or donors. Simple and honest communication about the importance of connecting with donor relatives, the steps involved, and potential outcomes is essential. Sharing relevant research helps parents and donors make informed decisions, promoting a positive view of donor-relative relationships and encouraging open conversations in the family by alleviating fear.

Streamlining the process

Complexity and fear: Complicated systems and false justifications for promoting and mandating 18 or more years of anonymity can deter individuals from understanding why early contact with all of a child's donor family members, including the donor and their children, is in a child's best interests. A convoluted system without proper counseling and education can hinder the potential for meaningful connections by limiting one's understanding that their definition of family can be flexible.

Simplicity and possibility: By removing barriers and simplifying processes, more individuals will feel comfortable exploring early donor-relative connections. Design the process of connecting right from pregnancy/birth in a user-friendly and accessible way that includes honest and transparent education and counseling. Open and honest information and communication about the possibilities of expanding family can reduce stress and anxiety about creating a family with eggs, sperm, or embryos.

Emotional connection

Complexity: Overly bureaucratic or impersonal approaches can strip away the emotional resonance of the potential connection experience. Fear tactics don't serve parents, donors, or

the children they're creating. Donors do not wish to parent the children they've helped to create and parents and donor-conceived people don't wish to disrupt a donor's life or family.

Meaningful connections: A human-centered approach maintains the emotional resonance of relationships. Parents and donors should understand the value of early connections for themselves and their children. Emphasizing the human aspect fosters authenticity and trust, leading to more meaningful and open relationships. Recognizing the emotional aspects and providing support helps individuals navigate these connections effectively, enriching the donor-relative experience.

Early connections

Complexity: Many in the donor industry present the case for keeping a person from their close genetic relatives for 18 or more years by instilling fear-based reasons for why this is optimal. It is in their best interests to continue presenting donor family relatives as "other-than-family", as this helps them to continue selling the mandated "anonymous" gametes. Waiting to tell a child about their origins or waiting to connect with half-siblings and donors only creates unnecessary complexity as it can be challenging to join a group of half-siblings that have long-established relationships with one another and/or with the biological parent/donor.

Roots and wings: Early knowledge and contact with genetic relatives are beneficial. Clear and positive information about connecting with donor relatives can be shared, referencing existing research and experiences from donor-conceived individuals. More than a generation of donor-conceived people have been able to grow up knowing each other on the Donor Sibling Registry, and because there is much-published research on these people and their families, this information can be referenced. Early connection allows children to understand their genetic background, ancestry, and family medical history, normalizing and simplifying the donor family experience. Parents can give their children the roots of their heritage and the wings to flourish.

Inclusivity

Complexity and exclusivity: Sperm and egg facilities tend to present the child's donor relatives as something other than family. This can make the idea of connecting seem unnecessary,

unimportant, too complex, and even too scary for some. When these facilities muddy the waters or omit what we know about donor families, they foster ambiguity and fear and this does not serve the best interests of the children. While DNA isn't the only way to form a family, genetic links shouldn't be ignored, minimized, or negated. A person's family circle most often includes their close genetic relatives.

Inclusivity: How do we define family? Parents might not feel like their child's genetic donor relatives are "family". The children, however, will likely have an evolving sense of family, which, early on, will depend on the opportunities given to them. We don't wait until our children are adults to introduce them to their cousins. We don't wait for our children to ask about or reach a certain age before we let them know about or introduce them to their grandparents, aunts, or uncles. DNA connections are a valid aspect of family, and embracing these relationships enhances the richness of the human experience.

Empowerment

Complexity: Restricting the formation of donor-family relationships to only include industry intermediaries can be disempowering. Mandatory waiting periods and convoluted reasoning can create unnecessary barriers. Too many donor-conceived people with "open" donors were never able to connect with their donors because facilities didn't return calls and emails, claimed to not be able to find the donors, or claim that the donors refused contact.

Beauty: Establishing donor-family relationships in many ways is no more complicated than establishing any other relationship. Clear information empowers individuals to make informed and empowered decisions. It's a beautiful thing when people are empowered to define the timing, depth, and breadth of their own relationships without having a middleman telling them what's "best" for their family.

Embracing simplicity and transparency in donor conception enriches the experience for all involved. By prioritizing clear communication and fostering early connections, we place the well-being of children at the heart of the process. Simplified procedures and open dialogue empower families to build meaningful relationships with donor relatives, enhancing the child's

sense of identity and belonging. This approach not only aligns with the best interests of the children but also supports a more authentic and fulfilling family journey for parents and donors alike. In doing so, we create a more inclusive and compassionate framework for navigating the complexities of donor conception.

Donor-Conceived People: The Search for Ancestry and Identity

Discovering family history enhances self-understanding and connection.

August 19, 2024

Key points

- Donor-conceived people have minimal information about their unknown biological parents and ancestors.
- Exploring their ancestry helps to gain insights into traits and develop a stronger sense of self.
- Researching family history can enhance emotional well-being and help with identity formation.
- Understanding genetic risks & family medical history can help offspring make more informed health decisions.

In many cultures, honoring ancestors is a cornerstone of identity and community. The stories of those who came before us help to shape our understanding of self and our place in the world. For donor-conceived people (DCP), the quest to learn about their ancestry holds particular significance. Denied access to a comprehensive family history, they often embark on a profound journey of discovery to piece together their origins and make sense of their identity.

Donor information

Unlike individuals with a traditional family structure who know both of their biological parents, DCP typically receive limited information about their unknown biological parents When men and women sell their gametes, the sperm bank or clinic asks them to fill out a “donor profile”. This is the non-identifying information packet that parents use to choose a donor, and quite often it is the only information that DCP are given about one-half of their ancestry and medical family history. This includes a self-reported medical form, which includes limited family information and a snapshot of one day in the life of a healthy young donor. Information about ancestry is limited to the country/countries of origin that the donor lists. For example, English/Irish, Ashkenazi Jewish, Kenyan, or East Indies/Spanish/Norweigan. These donor profiles are often the sole source of information and provide scant details about ancestry beyond general ethnicities. This leaves a significant gap in understanding their heritage and the experiences that shaped their genetic makeup.

Research

A 2010 published study of donor-conceived people reported that of those searching for the donor, 79% listed “To have a better understanding of my ancestral history and family background” as a main reason for searching. 79% also chose, “To have a better understanding of my genetic make-up” as a top reason.[1] In a 2021 study of 523 donor offspring, 26% reported searching for the donor because they wanted "to feel complete as a person".[2] In that same study, more than 37% answered "yes" to the question, "Have you had any

medical or psychological complications that have been more difficult as a result of not knowing your entire medical history".



Identity, connection, belonging.

The desire to connect with one's ancestry stems from a fundamental human need for belonging.

- Sense of identity: Understanding one's ancestry can provide profound insights into traits, talents, behaviors, and tendencies. Stories about ancestors' lives, choices, and experiences offer clues as to why

certain characteristics or attributes are present. For instance, discovering that an ancestor was a musician might explain a donor-conceived individual's innate musical talent or interest. This knowledge can help DCP understand who they are and offer insight into why they are that way. It can illuminate reasons behind certain fears, strengths, or physical and mental attributes, fostering a deeper connection with their own identity. Understanding where and who you come from by learning about the cultures, traditions, and experiences that have shaped your family lineage can help develop a stronger sense of self.

- Family connection: Collaborative exploration of shared ancestry and family history can be an enriching bonding experience, especially for donor-conceived individuals who have found half-siblings. Discovering and piecing together family stories and genealogical data can forge a sense of kinship and belonging, and strengthen these new relationships. When siblings connect over their shared heritage, it can help to bridge gaps created by their initial separation and foster a sense of unity and commonality.
- Self-esteem/resilience: Learning about ancestors who overcame adversity or achieved notable accomplishments can serve as a source of pride and inspiration. For DCP, finding stories of perseverance or success within their family history can bolster their self-esteem and resilience. Knowing that their lineage includes individuals who faced and overcame challenges can provide reassurance and motivation. These narratives of triumph in the face of hardship can be empowering, showing DCP that they too have the strength to navigate their struggles.

- Health awareness: Understanding one's family history is crucial for identifying potential genetic risks for certain diseases. This awareness allows individuals to make informed decisions about their health and wellness, including preventive measures and screenings. For donor-conceived people, knowledge of genetic conditions that may run in their biological family can be lifesaving, lead to early diagnosis and treatment of hereditary conditions, and help them understand and manage mental health issues such as depression, anxiety, or addiction. Recognizing that these challenges may be part of a broader genetic pattern can also help donor-conceived people come to terms with their experiences and seek appropriate support and treatment.
- Sense of belonging: Connecting with one's ancestry can provide a sense of belonging to a larger family narrative. For donor-conceived people, this connection can be crucial for mental well-being. Knowing about one's ancestors and their experiences can instill a feeling of being part of something bigger than oneself. This sense of belonging can be integral to psychological health and can offer comfort and grounding.
- Cultivate a sense of place: Exploring ancestral roots helps DCP develop a grounding sense of place within a larger historical and cultural context. Understanding the migrations, struggles, and achievements of one's ancestors contributes to a richer sense of personal and familial identity. This can also foster a stronger connection to specific cultural traditions and practices, providing a deeper appreciation of one’s heritage.
- A greater understanding of the world: By learning about your ancestors' experiences, you can gain a deeper and broader

perspective of history and social issues, and a connection to both. You can see how your family fits into the larger narrative of the past.

An emotional journey

The journey of uncovering one's ancestry can be emotionally charged. It can involve navigating some complex feelings. For DCP who are just learning that the parent who raised and loved them is not biologically related, there can be feelings of loss for the genetic lineage they no longer hold. The process of rebuilding a family history can be challenging and frustrating. It requires reconciling the limited information provided by donor profiles (some do not even have this information) and networking with relatives found via DNA testing companies and/or the Donor Sibling Registry who also have the desire for a more comprehensive family history. For many DCP, this journey is not just about finding answers but also about finding peace. It’s about making sense of their place in the world and their connection to a broader lineage.

A family narrative

Humans have a deep-seated need for roots, stability, and continuity. Donor-conceived people often feel this need acutely, driven by a desire to know all the places where they belong. The quest to learn about their ancestry is not merely about gathering information but about constructing a meaningful narrative that integrates their past, present, and future. This journey can offer significant insights into themselves, create connections with relatives, and make space for their place (and their children's) in an ongoing family story.

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2. Are Donor-Conceived People Willing to Use Donors Themselves? Insights from Individuals Conceived via Donor-Assisted Reproduction. Human Reproduction, pp. 1–8, 2022 https://doi.org/10.1093/humrep/deac169 Dana R. Siegel, Jeanelle Sheeder, Wendy Kramer, Cassandra RoecaPublished papers on donor-conceived people, donors, parents, and other donor family members.

Bypassing Trauma in Donor-Conceived People

The power of early disclosure and early donor family connections.

September 18, 2024

Key points

- Trauma can arise from various factors associated with DCP's unique conception story and family dynamics.
- Secrecy within the family (thinly veiled as privacy) can contribute to feelings of shame, stigma, or trauma.
- It's essential to recognize and validate the unique challenges faced from non-disclosure and late discovery.
- Addressing trauma in donor-conceived individuals often requires a multifaceted approach.



Trauma Brain

Source: retrorocket@123rf

Creating families via donated sperm, eggs, or embryos has allowed many people to realize their dreams of parenthood. It can, however, bring about complex emotional and psychological challenges for the offspring. Navigating the complexities of late disclosure, not knowing half of their DNA origins, finding out they have dozens or hundreds of siblings, searching for genetic connections, and redefining family structures, donor-conceived people (DCP)

can encounter challenging situations. These experiences can lead to anger, shock, sadness, confusion, loss, and a sense of disconnect from their roots. Some have described this as trauma.

SAMHSA[1] defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or psychologically harmful or life-threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional or spiritual well-being.”[1]

Building a family foundation based on truth and trust with early disclosure, including honoring and normalizing curiosity and connections with genetic donor relatives, can help to bypass the experience of trauma in DCP and leave space for happy, healthy, and thriving families.

Understanding trauma in donor-conceived people

Can you imagine living your entire life basically a lie about who your father was? I always knew something wasn't right. I am not going to blame my parents because they were told by the doctors never to tell; however, I still feel it was best to be HONEST. It would have truly shaped me in a different way. They are now saying tell your children AS EARLY AS POSSIBLE because of the psychological effects. Was it traumatic? You bet!!! Imagine looking in the mirror and trying to figure out who you are, again. I was angry, hurt, traumatized, broken, lost, and it was a long grieving and healing process. Do I still believe my parents loved me? Absolutely. Did I still believe my parents

believed they were doing the best for me? Yes, absolutely. However, this was not an easy walk.[2]

DCP who discover their conception story later in life, often through DNA testing, may experience significant emotional distress. This unexpected revelation can disrupt their sense of identity, leading to an experience of shock, betrayal, confusion, and anger towards the parents who lied by omission. A lack of understanding or support from family members can further exacerbate this traumatic experience.

How they respond to the facts of their donor origins depends not only on when disclosure happens but also on how they're told and how much parental support they receive afterward.

If parents:

- don’t want to talk about it;
- don’t acknowledge the DCP’s desire to know their biological relatives, ancestry, and family medical history;
- dismiss or negate any upset or negative feelings the DCP has;
- don’t acknowledge that family counseling may be needed;
- or generally, just tune out; it can create cracks in a family’s foundation and relationships and be a source of distress or trauma in DCP.

Even when they've known all along about their donor origin, not knowing who their close relatives are may be difficult for DCP. They may search for their

biological parent's face in every man they meet or wonder if a schoolmate might be their half-sibling. Dating might have an extra level of anxiety.

Early disclosure

Early disclosure, ideally before the child is verbal, can significantly reduce the risk of trauma associated with donor conception. Children can integrate this information into their developing identity more seamlessly when the truth has always been known, and it allows for open and honest conversations about their genetic heritage and potential connections with donor relatives.

If disclosing to older children, teens, and adults, they should not be left to process this new information independently. They need to know that any feelings they might have are to be expected and will be fully honored and acknowledged. If DCP fear expressing their true feelings because they're afraid of hurting or upsetting their parents, that could cause a harmful disconnect in the parent/child relationship and cause a traumatic and confusing internal experience.

Parents can:

- Model conversations. Parents can model open sharing with friends, family, teachers, doctors, etc., so that their children feel comfortable understanding and sharing their stories with others, establishing confidence in their origin story.
- Foster open communication. Creating a safe and supportive environment for open communication is essential in preventing trauma. Parents should actively listen to their children's concerns,

acknowledge their feelings, and avoid dismissing or minimizing their experiences.

- Inquire and be receptive. Children need to know that their parents care about what is happening in their lives, including issues surrounding their experience of being donor-conceived. Parents can be active listeners, even if they feel uncomfortable with the conversation and their own related feelings.
- Keep the conversation going. If disclosure occurs early but is never brought up again, DCP can feel a sense of secrecy surrounding their genetic origins, which can contribute to feelings of shame or stigma. There is no need to talk about the donor or half-siblings daily or weekly, but parents can periodically refer to the child's genetic origins to let them know that it is always a welcomed conversation.

> *I am 13 years old. I found out about a month ago now that my dad wasn't my real biological dad. I was shocked at first, but then the next day I was excited to tell my friends the news and curious about the donor and what he looked like. I know that my dad is my real dad and will always be, but I still wanted to do some research about the donor. That night I sat on the couch with my family and we all went through the packet about the donor (heritage, looks, health, etc.).*[2]

Curiosity and connections

While DNA isn't the only way to create or define a family, it is one way. Even if parents don't view donor relatives as "family," their children very well might.

Parents can facilitate early connections by acknowledging and supporting their child's desire to learn more about their biological relatives, ancestry, and family medical history. Searching for and reaching out to a child's donor relatives as a collaborative family effort allows DCP to normalize the process early on, and supporting a child's natural curiosity about their genetic origins can help them develop a healthy sense of self. It's important to understand that this journey can be an emotional roller-coaster, as people have different comfort levels and speeds with which they approach donor-family relationships.

Addressing trauma

Even with early disclosure and open communication, some individuals still experience trauma related to their donor conception, manifesting as various psychological symptoms, such as depression, anxiety, low self-esteem, or difficulties forming and maintaining relationships. A 2021 study found that more than 29% of offspring answered "yes" when asked, "Have you ever sought professional support or counseling regarding your donor conception origins?[3]

Individuals may also grapple with existential questions about their place in the world and sense of belonging. Additionally, DCP can feel traumatized if they perceive rejection by biological parents or half-siblings, so understanding why donor relatives may not respond to attempts for contact is crucial.

Seeking support

A robust support system can play a crucial role in avoiding or healing trauma and helping individuals navigate the emotional challenges associated with being donor-conceived. Family members, friends, mental health professionals, and support groups can provide understanding, empathy, practical assistance, and valuable tools for coping with emotional challenges and building resilience.

Building a family on a foundation of honesty, transparency, inclusivity, and openness can create a healthy and nurturing environment for all DCPs, allowing them to thrive, embrace their unique identities, and define their donor-family relationships.

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Widening the Family Circle: Sperm and Egg Donors' Families

A donor's partner, parents, and children can support broadening the family circle.

October 15, 2024

Key points

- Donors can discuss their donations with parents, partners, and other close relatives, right from the start.
- Donors' children should be told early on about the possibility or actuality of having half-siblings.
- Donors' parents quite often view their donor grandchildren as a blessing.
- Widening a person's family circle can be an enriching experience.

In the complex web of human relationships and identity exploration, sperm and egg donation stands out as a distinctly modern quandary. At the heart of this issue lie the donors, their families, and the people conceived through these donations, each navigating their own emotional journey. The decision to sell one’s genetic material can ripple through a donor's life in unexpected ways, especially when it comes to disclosing this aspect of their history to their partner, children, and parents.



Source: microone@123rf

Uncertainty can bring opportunity

Many donors hesitate to disclose that they sold their gametes due to various fears. Concerns range from disrupting the family balance to worrying about the reaction of their spouse, parents, or children. Some fear the judgment of their friends or community about having sold their gametes, as others might insist that donor relatives are not “family.” Some fear being contacted by dozens or even hundreds of their genetic children and worry about their family’s reaction to the potential request for contact and/or relationship. Some now regret their donation history and feel ashamed, so they try desperately to guard the secret. Some of these fears are legitimate, and some, while understandable, often rest on assumptions that may not hold true in reality.

Uncertainty, while sometimes uncomfortable, carries within it the seeds of growth. The concept of family is ever-evolving, moving towards a more inclusive and diverse definition. Opening up about one's history as a donor to one's family can be a profound opportunity to assuage fear and expand the

notion of family. For children, both those raised within the donor's family and those conceived from the donations, connecting with genetic relatives can offer a richer, more expansive sense of identity and belonging. Parents of donors often have an unlimited amount of love, plenty for all of their biological grandchildren.[1] Many partners of donors also appreciate new family connections, understanding the potential for creating new relationships with people closely related to their spouse and children. One published study showed that 85% of sperm donors' partners were open to contact with offspring.[2]

Secrets cast long shadows

Many former donors have created a daunting situation: the truth of their past donations remains a secret from their loved ones. More than twenty percent of surveyed sperm donors had concerns about how their spouses would feel if they knew about the donations.[3] This secrecy is not without consequence. Concealment carries multiple repercussions fueled by fears and uncertainties about how this knowledge might disrupt their current family dynamics and bonds. The reality is that it’s only a matter of time until a donor-conceived person (DCP) matches with someone in the donor’s family via a DNA testing site, as there might be dozens or even hundreds who have DNA tested. Engaging in conversations about the implications of donation and the potential for numerous genetic bonds within the family is crucial.

We know that early disclosure to donor-conceived people about their origin story is best.[4] Talking with partners/spouses early on in their relationship about one’s history of donating can also help avoid unnecessary family trauma later

on. Early discussions about the fact that one donated sperm or eggs and that there might be (or are) many children with a genetic bond to children (their half-siblings) and parents (their grandchildren) are also crucial. Families fare much better when not surprised by an outside source about this information and with sufficient time to process the possible implications.

Donors' families may struggle with the concept of donor-conceived siblings, viewing them as strangers rather than family. This reaction underscores the need for empathy and open-mindedness. Even when striving to understand their partner's sense of responsibility or connection to the donor-conceived children, and when open to exploring how to engage with DCP, donor's spouses can feel conflicted and overwhelmed by the sheer number of DCP. The can fear how connecting with many unknown people might disrupt the delicate family balance. Decisions about contact should involve everyone who has skin in the game. A donor's family members are more likely to feel comfortable establishing contact when they feel some sense of influence, power, or control in the situation, so all family members should be involved in setting healthy boundaries that work for all. The integration of donor-conceived half-siblings into the family need not be a source of contention.

Donor's children

There is no reason to keep donors' children from their half-siblings created via gamete donation, as quite often, they, too, are curious and want to know all of their close genetic relatives. Since the Donor Sibling Registry was founded in 2000, many children being raised by donors have had the opportunity to grow

up knowing their half-siblings; those being raised by the donor and those created from the donations. Many of these early relationships were normalized and no different than any other family-type relationship. Older children just learning that their parent donated might be concerned about losing time, attention, or love from their parent(s). These concerns can be mitigated, and their fears soothed as they come to understand that meeting half-siblings will not negatively affect their life and can even offer more love and connection with others.

Donor's parents

Research helps us understand why many donor-grandparents, the donors' parents, desire to connect with their biological grandchildren.[1] For many, they don't care whether the child was conceived via a relationship, a marriage, in the backseat of a car, via a vial of sperm, or through IVF. For many, the children are their grandchildren and a beloved gift. They have enough love for everyone.

Many parents, siblings, wives, and children of donors come to the Donor Sibling Registry looking to make mutual consent contact with DCP and their families, sometimes when the children are still very young, sometimes when the donor is ambiguous about contact, and sometimes when the donor is no longer living. As we consider the rights of DCP, shouldn't we also consider the rights of donors' kids and parents to know their close relatives? Shouldn't the children that a donor is raising be able to grow up knowing about their genetic half-siblings?

Moving Forward

Understanding the motivations behind donor-conceived persons' and their families' desire for contact can help illuminate the path forward. These motivations are not about financial gain or disrupting lives; more often, they concern health, ancestry, and a desire for a complete sense of identity.

For donors contemplating whether to share this aspect of their history, the message is clear: openness, sooner rather than later, can foster understanding and acceptance. By normalizing the conversation around sperm and egg donation within families, donors can mitigate potential fearful or negative reactions and pave the way for a more inclusive, compassionate approach to family and identity.

Ultimately, navigating the emotional landscape of sperm and egg donation demands empathy, courage, honesty, and a willingness to embrace the complexities of human relationships. By confronting fears and fostering dialogue, donors and their families can build a foundation of understanding and acceptance, enriching their sense of familial love and what it means to be connected to one another in a modern donor family.

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Parents of Young Donor Children: Modeling Conversations

Empowering donor-conceived children to be confident and proud of their origin story.

Posted November 5, 2024

Key points

- It's vital to speak openly and honestly about donor conception, even to very young children.
- Parents will be modeling, with both words and tone, conversations with others about the use of a donor.
- The more kids see their parents speak honestly and confidently with others, the more comfortable they'll feel.

For parents of donor-conceived children, engaging in open and transparent conversations about their origins is not just beneficial—it's essential for

creating a healthy family. We want our children to be proud of every part of themselves, and that includes the way that they came into the world.

From an early age, it's important to communicate openly—even with very young children—about their conception and about the donors that contributed approximately half of the DNA. These discussions foster a sense of confidence and pride within the child, promoting a positive self-identity. This approach lays the groundwork for children to comfortably and confidently know how to share their stories and answer questions, whether with family, friends, peers, or others, especially when their parents are absent. Children can be empowered by their origin story to be proud, unshakable, and bully-resistant.

Early disclosure

When a donor-conceived person finds out by accident or later in life about their conception, there is often trauma, distress, anger, or confusion. In a survey of 741 donor-conceived people, the age respondents learned of the method of their conception had a bearing on whether they felt confused upon learning this information. Of those who said they had "always known," 8.6 percent indicated that they felt confused about their conception, while 45.8 percent of those who had not known until they were over 18 felt confused.[1] Many other research studies also tell us that donor-conceived people fare much better when told early on, rather than finding out via a DNA test, a file hidden in a drawer, or some other way or person when older.[2]

It’s important for parents to first explore their own feelings and emotions surrounding the use of a donor. Is there any shame, embarrassment, or fear of judgment? Sometimes, parents claim to be “protecting” their kids by not having these discussions. It’s those families who all too often end up not ever disclosing, which ultimately ends up being a disservice to their child and to their relationship, as it becomes one built upon dishonest foundation.

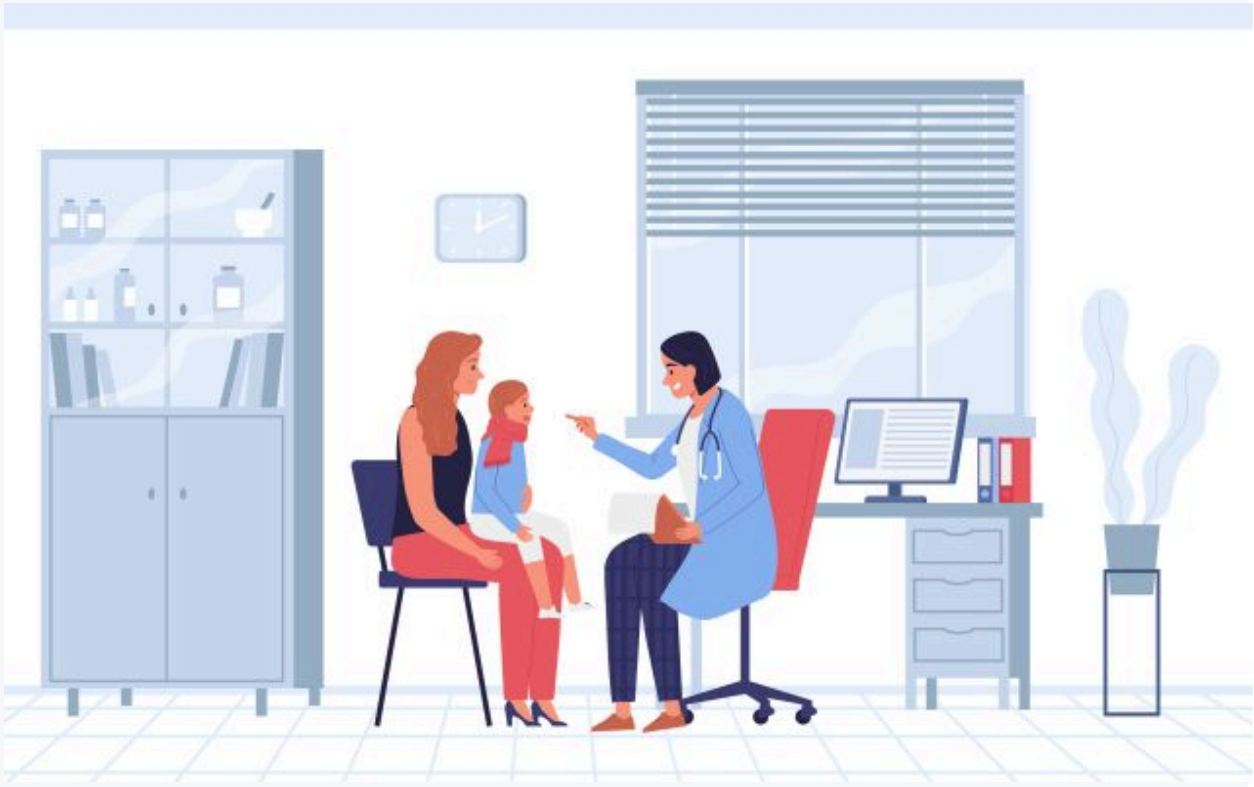
Confusion about the differences between privacy and secrecy might also keep a parent from having open conversations. Are there things that might be best worked out with a therapist or a donor conception expert? It’s important for parents to be comfortable and confident when speaking with their children and when modeling conversations with others. Children should not be told to keep the information a secret, as secrecy implies shame, and we never want our kids to feel shame about any part of themselves, certainly not concerning their family type or the way that they were conceived.

The importance of early disclosure of a child’s origin story cannot be overstated. Parents can—and should—begin these discussions even before their children develop comprehensive language skills, thus embedding the concept into the fabric of their identity from the outset. Children can understand very basic concepts at an early age about the sperm, egg, and the difference between the parents that raise, love, and care for them and the biological parents that contributed the sperm or egg to help create them, but whom they may never meet.

It's important for children to understand that they are a unique and wonderful blend of nature and nurture. The people who actively parent them—who love,

raise, protect, and care for them—and the two people who contributed the DNA all contribute to who the child is. None of these nonbiological and biological parents should be minimized, ignored, or dismissed. As with many other explanations about the world, children might not initially comprehend the depth and breadth of these concepts, but consistent exposure and ever-deepening conversations will allow them to gradually internalize the essential truths about what it means to be donor-conceived. This foundational understanding is critical to provide a solid sense of self.

Modeling



Modeling conversations with medical professionals

Source: Macrovectorart / 123rf

Along with early disclosure, parents should be concurrently modeling disclosure conversations with friends, family, teachers (so that they can be supportive), and doctors (so that they understand how much is known about a child's family health history) so that the child can better understand and then explain their family story to others.

Parents should aim to create a comfortable atmosphere that encourages dialogue. Their tone of voice and demeanor during these conversations play crucial roles; a positive and accepting tone reinforces the idea that discussions about donor conception are a normal part of family life, while hushed tones might imply secrecy or shame. Talking openly about half-siblings and donors matter-of-factly teaches children to do the same. Parents play a pivotal role in framing and defining these conversations and can guide their children by example when responding to various questions or attitudes they may encounter.

When children see their parents engaging in these conversations confidently with others—be it family members, friends, peers, acquaintances, or even strangers—they are likely to feel more secure and resilient. Parents can also practice responses with their children to feel more comfortable when leaving their kids at school or at a birthday party. They can feel confident that any playground questions about their family type, donor conception, half-siblings, or donors won’t rattle their child, and even when not having all the answers (e.g., "How many donor siblings do you have?"), their child will be self-assured when explaining and sharing their story and what they do know.

Parents can help children discern whether to give an abbreviated or more detailed explanation, modeling and practicing both conversations. This proactive approach benefits children during social interactions and equips them with the resilience to handle playground inquiries or other social interactions.

An important resource

Utilizing resources such as children's books specifically designed to explain donor conception simply and gently can be incredibly helpful to parents. For instance, *Your Family: A Donor Kid's Story* caters to children's understanding of all family types and offers relatable narratives that children can easily grasp. It can assist parents with finding the most inclusive and honest words to model the conversations with others. It is the only children's book that includes curiosity about and potential relationships with half-siblings and donors. It can assist parents from every family type with talking about, embracing, and normalizing these conversations, curiosities, and potential relationships. It even includes workbook pages so that children can personalize their books with drawings, words, and photos.

Empowerment

Empowering donor-conceived children through early, honest conversations about their origins is a fundamental aspect of nurturing their self-confidence and identity development. By framing these discussions positively and modeling them consistently—both at home and in public—the parents can equip their children with the tools they need to embrace and articulate their

unique stories. With thoughtful guidance, families can create an open, supportive environment that affirms a child's identity, enabling them to navigate social interactions with pride and assurance. This proactive approach is key to fostering a sense of belonging and security in donor-conceived children as they grow and interact with the world around them.

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Donor Families: Navigating Disenfranchised Grief

Struggling with feelings of unacknowledged loss and/or rejection.

Posted December 11, 2024

Key points

- Grief is a natural expression of love and loss, even for people or relationships you've never had.
- Donor family members often have their feelings of loss or grief dismissed, minimized, or negated.

- Understanding the reasons why a donor, parent, or donor-conceived person might refuse contact is crucial.
- It's important for people to feel safe, validated, accepted, and supported in their grieving process.



Source: zovicota@123rf

Donor families: a complex tapestry

When expanding sperm, egg, and embryo donor families, joy, love, acceptance, ambivalence, confusion, rejection, and grief can intertwine, creating a tapestry of emotions that can be uplifting and challenging to navigate. There might be disappointment related to not finding relatives, pain caused by feeling rejected by them, or feelings of loss at finding out that a close donor relative has already passed away. These scenarios can elicit

various emotional responses, including a grieving process for the connection that never comes and a dream that's never realized.

Many donor-conceived people/persons (DCP), parents, and donors who search via mutual consent contact (e.g., the Donor Sibling Registry) approach the experience of seeking out biological relatives with a sense of hope and possibility. When people search via commercial DNA websites, while hopeful, their genetic connections might be shocked, unbelieving, or fearful about the DNA connection. Rejection, or the perception of rejection, is then much more likely. This can lead to disappointment, loss, and disenfranchised grief. Understanding what this grief entails and how it can manifest in donor families is crucial for emotional healing, personal growth, and supporting others.

Rejection

Rejection is an inevitable part of life. It can bring about adversity, leading to growth and resilience. For DCP, their parents, the egg and sperm donors, and other family members, rejection can feel profoundly personal. This can culminate in a haunting fear of not being good enough or not measuring up in some fundamental way. Imagine the disappointment of reaching out to a biological relative only to be met with silence or a clear refusal.

Some donors fear connecting with genetic progeny and their families, preventing them from responding to outreach attempts. Some fears are based on the fear of rejection or disappointing the offspring or parents[1], some don't have the emotional bandwidth, fear telling their families that they donated their gametes, and others might have other life circumstances or situations that

can't be reconciled. Parents may feel threatened by the idea of knowing their child's unknown biological parent, and DCP might not be willing to respond to a donor for fear of hurting or somehow betraying their parent(s). Although the odds of connecting with genetic relatives can be fairly high, the journey is often uncertain, and the waiting game can feel excruciating. The hope of finding family members can quickly turn into the despair of prolonged absence or the pain of feeling rejected. A grieving process, including feelings of shock, loss, emptiness, sadness, anger, guilt (feeling responsible for the rejection even though it was nothing they could control), and isolation, are common and can be difficult to process.

Looking around your Thanksgiving table, you might observe that being biologically related doesn't automatically translate to a close bond. We often desire relationships characterized by shared interests and values, and having a genetic connection doesn’t guarantee these bonds. Each person’s journey is unique; while some might find meaningful connections with some donor relatives, others may need to reframe their understanding of family and identity. Feelings of rejection can be intensified by the knowledge that no guarantees exist when attempting contact with unknown donor relatives—no promise of acceptance, relationship, or acknowledgment. This struggle is compounded when there is no external support and validation.

Close friends, family members, and others might not fully comprehend the depth of the seeker's disappointment and grief. Donor family connections might be perceived as unimportant, and the associated grief, therefore, illegitimate. Missing relatives, connections, and bonds that may never be realized can then trigger depression and/or disenfranchised grief.

Disenfranchised grief: what is it?

Disenfranchised grief is a term coined by grief researcher Ken Doka[2] describing grief experienced without the acknowledgment, validation, or social support essential for healthy grieving. The sorrow associated with feeling cut off from close biological family members may be overlooked or minimized by others. Some people can not understand the loss felt by people who have never been known and for whom a genetic connection is the only binding factor. Sometimes, parents resist or turn away because it's just too upsetting to acknowledge that the way their deeply desired child was conceived is also a cause of discomfort or pain. This can be exacerbated by family members feeling threatened by this genetic connection to unknown persons.

DCP experiencing disenfranchised grief often feel that their pain is not socially sanctioned and is thereby dismissed by others. "You should just be happy to be alive" is a common refrain that is usually unappreciated. Such sentiments fail to recognize the unique struggles of DCP being deliberately cut off from their ancestry, family medical history, and close genetic relatives. Their grief is exacerbated due to these misunderstandings from friends, family, and even from mental health professionals. When DCP express their feelings, they may face skepticism or outright denial. “Those people are not your family”. Such reactions can perpetuate the cycle of disenfranchisement, where individuals feel increasingly distanced from the people they trust most. When DCP feel unvalidated and isolated, they might withdraw from the process that could provide healing. Without acknowledgment of such loss, DCP may struggle to cope with their emotions, potentially escalating to complicated grief patterns.

The need for validation and support

Whether through counseling, support groups, or safe friend or familial environments, donor family members need acknowledgment that their feelings are valid and deserving of empathy and space. Finding others who have managed this loss and this grieving process can be extremely helpful. The Donor Sibling Registry offers support and advice from donor family members who are well-equipped and well-versed in all donor family matters. Understanding why donors, offspring, and parents may not respond to attempts to connect is an important part of the process. Donor family experts and counselors can provide strategies for navigating heavy social interactions with unhelpful judgments. An understanding advisor can guide clients through the stages of their grief, helping them reformulate their identities and perceptions of ancestry, family, connection, and belonging.

Finding peace

Grief is an innate expression of loss and an unavoidable human experience. Having associated feelings and emotional responses honored and validated is important but not always possible. Self-care, self-validation, focusing on strength and resilience through sustained connection to the emotional experience, learning to coexist with the absence, and finding meaning in what remains moves us forward. For those striving to connect with their donor relatives, it can be helpful to recalibrate expectations and understand that some relationships may take time (a "no" now doesn't mean a "no" forever), and some may never come to fruition. It's not about fixing grief but accepting

the circumstances even though the situation and reactions from others might not feel fair or just.

Having biological ties is just one facet of life. Focusing on establishing a sense of self through positive connections found elsewhere, e.g., with supportive friendships, chosen families, or community. Seeking outlets for expression—whether through art, writing, or conversations with trusted individuals—can also help process feelings of grief and the exploration of resilience. Fostering personal environments that honor the grieving process and celebrating the beauty of human connection by engaging with others who share similar stories may provide a sense of belonging and understanding. The essence of family extends beyond genetics; it lies in connection, understanding, support, and love—which can be found in many places and with many people.

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Donor Conception Disclosure: Telling Others

Making the decision to disclose donor conception to family, friends, and others.

Posted January 29, 2025

Key points

- Many parents who used donors shoulder the secret from family, friends, doctors, teachers, and others.
- Secrecy and privacy issues can get entangled.
- It's important for donor children to hear their parents share their donor story openly.
- For struggling parents, there is support.

Infertility is a deeply personal and often painful journey for many individuals and couples. The emotional toll can manifest as feelings of loss, shame, disappointment, guilt, and anger. For those who turn to donor gametes as a solution, the complexity of infertility can lead to silence surrounding donor conception, resulting in an experience that may be shrouded in secrecy.

While numerous studies emphasize the importance of early disclosure to donor-conceived people (DCP)[1], discussions about sharing this information with friends, family, and the broader community are often overlooked. Let's delve into the emotional landscape surrounding secrecy in donor conception.

Secrecy v. privacy

Many parents who have used donated gametes wait to disclose the truth to their children and have also not told their closest relatives and friends. The truth is a closely guarded secret kept in place via outright lies and/or lying by omission. Many people consider infertility a private matter, and the privacy of infertility often becomes the secrecy of donor conception. Feelings of inadequacy, embarrassment, or shame can then take hold of their children's origin stories.

Some who keep the secret say that it will be their child's "choice", when they're adults, when and whom to share with. This reasoning allows parents to buy time and to feel justified for their non-disclosure. Some even keep the knowledge of donor siblings or other donor relatives secret, when in contrast, we usually speak freely about all other relatives.

Parents who haven't disclosed the truth to their children may think that not telling others limits the possibility of their child finding out by mistake. But this lays the ground for another quandary. Since 2005[2], unsuspecting donor-conceived people have been connecting with their donor relatives via commercial DNA tests. When DCP find out via a DNA test, and close family and friends don't know the secret, they are in a position to either keep the secret or potentially be in a situation of having to reveal their parent's infertility choices made decades ago. With these late discoveries, adult DCP should never burdened with a donor conception secret.

Privacy is the most common excuse given by parents who keep the secret from others. It's crucial to distinguish between secrecy and privacy. Secrecy implies shame and can create a climate of distrust within the family. Privacy

allows families to make informed decisions about who needs to know and when while fostering open communication and respect for everyone's needs and boundaries.



Secret

Source: littleprince@123rf

Why the secrecy?

Maintaining secrecy can lead to profound implications for familial relationships. It can produce an environment filled with distrust and anxiety for both parents and children. The justification of privacy can quickly become a shield for fear of judgment from others, causing stress for all involved.

Some common reasons given for not telling others

- *I saw no reason to tell. I didn't realize telling was important.* Upon honest reflection, parents often identify compelling reasons for disclosing to their children and others.
- *If others knew, my kids might feel different.* This assumption often reveals more about parental discomfort or fear.
- *My (conservative) family, friends, or community won't accept my children.* We have no control over others' judgment but can focus on what we do have control over and empower our kids not to be affected by the judgment of small minds.
- *Telling others risks my child finding out inadvertently.* This excuse often overlooks the child's right to know the truth.

The decision to keep donor conception a secret is often rooted in deeper fears.

- Fear of judgment and/or shame/embarrassment. Concerns about being judged for infertility, single parenthood, or for using a donor.
- Protecting the non-biological parent. Fear that the non-bio parent might feel less loved or acknowledged as the "real" parent by family, friends, and others. Prioritizing a spouse's wishes over speaking openly and honestly with children, relatives, and friends can have long-term consequences.
- Fear of family instability. Worry that disclosing the truth to others could upset the family's balance or dynamics. However, secrecy undermines trust and honesty.
- Fear of rejection, insecurity, anxiety, or discomfort.
    - Fear of rejection within the family.
    - Fear of rejection from a conservative/religious community.

- Insecurity. Worrying about children favoring donor relatives over them.
- Anxiety or discomfort knowing that the child has or may have (many) unknown close genetic relatives.

Honesty

Promoting an environment of openness and respect is crucial for healthy family dynamics. Families are encouraged to engage in candid conversations about donor conception, fostering a culture of transparency that can empower children to embrace their unique stories. Education about donor conception can also alleviate fears about societal judgment, allowing families to focus on trust and connection rather than concealment.

Secrets kept from family and close friends can cause anxiety and also prevent authentic relationships. Secrets can create boundaries between those who know and those who don't. When only some family members know, the secret holders often feel like covert betrayers, constantly choosing loyalties. A lot of effort is needed to keep protecting the secret, an effort that could be used to foster authentic and honest relationships.

Honesty is the best policy regarding telling children and with family and friends. A secret kept is a hidden shame. The fact that a donor is used can be discussed with family and friends right from the start. Allowing them to walk the family-building/expanding path with you is a gift.

Kids should not be the first to tell close relatives and friends. Teachers and doctors should be told by parents right from the start. Parents of the child's friends and other adults who may hear the child talk about how they were conceived when parents aren't around should also have a heads-up. Modeling these conversations in front of the child teaches them how to speak about and feel confident about their story, even when others might give off judgemental vibes.

Moving Forward

Breaking the cycle of secrecy requires a conscious effort.

- If dealing with infertility, allow your family and friends to support you.
- Begin conversations with family, friends, doctors, and teachers.
- Model these conversations whenever possible so your children feel comfortable sharing their stories.
- Prioritize honesty. Make honesty a core value within the family.
- If your children are older, explain honestly why you've kept the secret. Support their open conversations with others.
- Seek support: connect with other families who have used donor conception for guidance and support. If you're struggling, reach out for assistance.

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The Hidden Ties That Bind

Donor sibling meetups sometimes mask a deeper truth.

Posted February 18, 2025

Key points

- Some parents orchestrate meetups with half-siblings while concealing the biological relationships.
- Many hide donor conception due to insecurity or fear of judgment, prioritizing their own comfort over honesty.
- Transparency fosters trust, strengthens family bonds, and helps children develop a healthy sense of identity.

As more people turn to egg and sperm donation to build their families, the possibility of donor-conceived individuals encountering their half-siblings increases. Some parents embrace transparency and openly discuss the child's origins from the outset, happily incorporating half-siblings into the child's family circle. Others grapple with the complexities of disclosure, often choosing to keep the truth hidden. This decision can lead to a tangled web of half-truths and omissions, particularly when parents are open to meeting half-sibling families.



Source: djvstock@123rf

Relatively unknown

Imagine a playground buzzing with the joyful chaos of children playing. Two families, seemingly brought together by shared interests or maybe a school connection, watch their kids entertain and engage with each other. Beneath this seemingly ordinary scene may lie a complex and unspoken truth. These children share a biological connection far more profound than friendship, and it’s been deliberately shrouded in secrecy. They are half-siblings, conceived with the same sperm or egg donor, and their parents have orchestrated this playdate without revealing the full story of their shared genetic heritage. One set of parents has insisted on the secret. This scenario, while not universally familiar, is far from rare. Why are parents comfortable with this deception?

The motivations behind these concealed meetups may be well-intentioned. Sometimes, parents believe they're protecting their children from a truth they are not emotionally equipped to handle. They deem the half-sibling connection too complicated or painful to reveal, introducing the half-siblings as friends or cousins, claiming that it’s easier for kids to understand. The truth is that half-siblings are no more complicated to explain than many other common family relationships.

Justly unmentioned or wrongly concealed?

Parents sometimes fear that their donor-conceived children will feel different or stigmatized, but their concerns are usually more about social repercussions for themselves. Insecurity and struggles with feelings of embarrassment or shame regarding the reasons for using a donor (e.g., infertility) are common explanations for the lie. An unwanted identity can deeply wound one's sense of self, so protecting oneself against judgment can override the desire for honesty in the family, as parents fear being perceived as "less than." For many, turning to donor conception is fraught with complex emotions, including grief, inadequacy, or unresolved feelings about infertility. Acknowledging the donor's role can feel like an admission of their *perceived* shortcomings, whether these be infertility or not having a partner. They may believe they preserve their sense of normalcy and control over their family narrative by keeping the truth hidden.

An emotional burden

However, this well-intentioned secrecy can create a significant emotional burden, particularly for the child who is aware of their donor conception. Imagine the weight of that knowledge, the awareness that the child laughing beside them on the swings is not just a friend, but a biological relative. The child is placed in an impossible situation, forced to participate in a charade, and essentially asked to lie by omission to their half-sibling. This can lead to feelings of isolation, guilt, and confusion. The child may struggle with questions of identity, belonging, and the very nature of family. Like a heavy stone, the secret can weigh on their conscience, creating a rift between their inner world and the outward appearance of normalcy. They may grapple with why, in this situation, lying is OK with their parents.

The potential for future fallout remains significant for the children unaware of their shared genetic link. The chances of the truth emerging through a casual DNA test or a medical inquiry are growing. When the truth is revealed, as it often is, the consequences can be devastating. Children may feel betrayed, not only by their parents but also by the half-siblings they believed were simply friends. The carefully constructed narrative of their family history crumbles, leaving behind feelings of anger, resentment, and a profound sense of loss. The trust between parent and child, painstakingly built over years, can be severely damaged.

Protecting who?

The argument for maintaining secrecy often rests on the claim that it protects the child. However, research consistently demonstrates that children can understand complex family structures with age-appropriate explanations and

support. Open and honest communication about donor conception, right from the start, fosters trust and strengthens the parent-child bond. Conversely, secrecy breeds distrust and can negatively affect the child's emotional well-being.

The ethical considerations surrounding concealed meetups are also significant. While parents have the right to make decisions about their family, they do not have the right to withhold crucial information about a child's identity. The child has a right to know their genetic origins, which is increasingly recognized in ethical (if not reproductive medicine) frameworks. The deception in these orchestrated meetings can undermine the development of authentic relationships built on trust and honesty.

Transparency

While the decision to disclose donor conception is profoundly personal, the potential benefits of openness far outweigh the risks of secrecy. Parents who choose to be transparent with their children about their origins create an environment of trust and acceptance. They empower their children to integrate this information into their sense of self, fostering a strong, confident, and healthy identity.

We know that donor-conceived people appreciate the opportunity to grow up knowing their genetic family, including their half-siblings. When parents initiate contact with donor relatives, open communication with all parties is essential. Should a parent refuse a half-sibling meeting because of the stress

associated with the requested deception? Discerning between a private matter and an active deception can feel like a slippery slope.

The playground scene represents a missed opportunity. It could be a scene of joyful connection, a celebration of the unique and beautiful ways families are formed. But shrouded in secrecy, it becomes a symbol of the tangled web of half-truths and omissions that can undermine the very foundation of family. By embracing transparency and open communication, we can create a world where children, regardless of their conception story, can connect with their biological relatives in an honest, healthy, and empowering way.

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From Fate to Destiny: Finding Donor Relatives

Donor-conceived people face secrecy, lost ancestry, and medical uncertainty.

Posted March 24, 2025

Key points

- Donor-conceived people (DCP) often feel powerless over their missing family history and biological relatives.
- Limited access to genetic and medical history can create anxiety and uncertainty.

- The Donor Sibling Registry and DNA testing can help DCP find biological relatives and build connections.
- Seeking genetic information can help DCP redefine family and create a new sense of belonging.

Donor conception, while offering many parents like me the opportunity to have children, has also introduced a complex interplay of genetics, secrecy, curiosity, and family. Many people in the donor family (parents, egg and sperm donors, and donor-conceived people) have pondered the very nature of identity, family, connection, and belonging. When my donor-conceived son was six years old, and with the most serious expression, he said to me, "*I want to know who my biological father is.*" *Oh my god*, I thought, *of course you do! What have I done? What do I do!?* It was that conversation and subsequent fruitless attempts to obtain information from the clinic and sperm bank about his ancestry, family medical history, and close biological relatives that led to the founding of the Donor Sibling Registry (DSR) in 2000. The DSR is an online charity organization where anyone in the donor family can make mutually desired contact with their (or their child's) close genetic relatives. It currently has more than 96,500 global members.

Because the gamete selling industry mandates a child be kept from their genetic relatives for at least 18 years, for many donor-conceived people (DCP), this journey often begins with a sense of "fate," a feeling of being cast into a narrative with missing chapters. However, they (and their parents) can choose to embark on a journey of "destiny," reclaiming their stories by searching for, making connections, and filling in the missing pieces of their family history and identity. Thanks to the DSR, an entire generation of people

have now been able to grow up knowing their donor family members, circumventing the reproductive medicine's self-imposed mandatory anonymity rules.

The weight of fate

For many, being donor-conceived is marked by a sense of imposed circumstance. The decades-long legacy of anonymity has left a void, a sense of being cut off from vital pieces of their identity. This "fate" manifests as a lack of access to crucial genetic information about one's ancestry, medical history, and biological relatives. This can result in feelings of frustration, anger, or curiosity for being born into a narrative with significant gaps, a narrative of imposed secrecy.

The absence of ancestry

Traditional notions of family lineage and ancestry are disrupted. The ability to trace one's roots to better understand the cultural and historical threads that weave through generations is compromised.

The shadow of medical uncertainty

The donor fills out (and most parents are given) a self-reported medical information page, a snapshot of one day in the life of a healthy young person, and, sometimes, what he knows about his family. Medical updates rarely happen, and reported medical information is rarely shared with families[1] as gamete sellers do not know how many (and who) have children born to any one donor. While most people have access to their family medical history, like adopted people, donor-conceived individuals are denied this crucial

information. This can create a sense of vulnerability, a fear of the unknown, and a feeling of being at the mercy of unknown genetic predispositions.

The isolation of unknown kinship

The knowledge that close biological relatives exist yet remain unknown can be a source of isolation. The natural human desire to connect with those who share our genetic makeup is thwarted, leaving a sense of incompleteness. Additionally, the fear of dating a close genetic relative is very real for many DCP, as random meetings amongst donor relatives are not uncommon.

The feeling of being acted upon

The feeling of having something done to you without your consent can be unsettling. This can create feelings of anger, powerlessness, guilt, and resentment.

Destiny: the act of reclamation

However, the story does not end with fate. Within the challenges lies the potential for the reclamation of destiny and identity. This journey is marked by active pursuit and a conscious decision to break free from imposed circumstances.

Destiny represents the active pursuit of knowledge and connection. It's the moment when DCP (or their parents or egg and sperm donors) choose to break free from the passivity of fate and take control of their own narrative. Posting on the Donor Sibling Registry or undergoing DNA testing are powerful acts of agency. They signify a conscious decision to seek answers, to

circumvent a reproductive industry intent on withholding important information and maintaining secrecy that financially benefits themselves. Genetic relatives can be searched for and found.



Source: denyshutter@123rd

The power of connection

The DSR has become a catalyst for connection, enabling donor-conceived individuals to find their biological relatives. These encounters are often

described as life-changing. Through these actions, donor-conceived individuals are essentially rewriting their own narrative and redefining family.

Pursuit of knowledge

Advances in genetic testing have empowered individuals to explore their genetic origins, uncover hidden connections, and gain insights into their medical predispositions. Pursuing knowledge is an act of self-empowerment, a reclaiming of agency.

Forging identity

By actively seeking answers and building connections, donor-conceived individuals are helping to shape their own identities. They refuse to be defined by the limitations and circumstances of their conception and choose to search for information and people who may assist in filling in some of the empty spaces.

Redefining family

By actively searching, they can create their own definition of family and sense of belonging. My son was the first donor-conceived person posted on the DSR and also the first to find his biological father via a DNA test in 2005.[2] He has also connected with thirty half-siblings. Expanding family to include half-siblings and formerly unknown biological parents (and their families) has been a powerful process for my son and 27,000 other DSR members. In this context, destiny is more than passively accepting predetermined outcomes; it is an active process of self-discovery, connection, and reclaiming one's narrative. It's a testament to patience, perseverance, and the innate desire to know where and who you come from.

Fate and destiny intertwined

In a world where the definition of family is constantly evolving, the experiences of DCP[1] offer valuable insights into the fundamental human need for connection. Their journeys to seek answers and forge a stronger and more complete sense of identity underscore the importance of transparency, education, information access, and recognizing genetic connections' profound impact. DNA isn't the only way to create a family, but it is undeniably one valid way to define one.

By joining the Donor Sibling Registry when children are young, parents can remove connection obstacles, access hidden information, and allow their children to grow up with the information and relationships so frequently desired. If parents have not done this, DCP, when older, can be empowered to realize that this information might actually be very accessible either via DNA testing or mutual consent contact via the Donor Sibling Registry.

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Breaking the Zero-Sum Myth: Expanding Donor Families

Love grows when families do.

Posted April 9, 2025

Key points

- Zero-sum thinking can limit new family connections.
- Donor-conceived people may feel guilt for being curious about and for seeking genetic information & relatives.
- Parents sometimes fear that new donor family connections will weaken their role in their child's life.
- Love isn't finite—embracing donor relatives and expanding family can enrich, not diminish, family bonds.

In our interconnected world, the family dynamic is always evolving. For many, the notion of family expands beyond traditional boundaries to include egg and sperm donors and half-siblings. However, a prevalent mindset amongst some parents is zero-sum thinking, which can hinder these connections and the broader understanding of love and belonging within families.

Understanding Zero-Sum Thinking

Zero-sum thinking is the belief that one person's gain must result in another's loss. This cognitive distortion stems from the notion that love, affection, and familial bonds are finite resources. In contexts involving donor families, some parents may fear that the addition of a donor relative — be it a biological mother or father (donor), or half-sibling — diminishes, or might even threaten or negate their role or the love shared within their existing family unit.

This perspective creates a competitive and limiting environment. When parents approach relationships with the mindset that acknowledging a donor relative will somehow subtract from their significance, they may inadvertently stifle their child's innate curiosity and opportunities for connection and self-discovery.

The Impact on Donor-Conceived Children

For donor-conceived people, navigating relationships with genetic relatives can be complex, especially when they don't have parental acknowledgment or support. They can face emotional and identity-related struggles made more difficult by their parents' fears or insecurities. The conflict often manifests in several ways:

Social vs. genetic family: Some families wrestle with the idea that forming bonds with genetic relatives is a betrayal of the family that raised them. This viewpoint fails to recognize that social and genetic ties can coexist and be meaningful. We learned this from the adoption community long ago.

Parents' fears vs. the needs of donor-conceived people: Many worry that their child's relationships with donors will undermine their (or their partner's) status as the "real" parent. In contrast, donor-conceived individuals often see these connections as enriching their lives, rather than replacing existing familial bonds.

Half-sibling curiosity vs. fears about negatively affecting family: The uncertainty around being curious about and desiring contact with half-siblings

can also lead donor-conceived people to feel that expanding their family could somehow threaten the stability of their established familial relationships.

Feelings of divided loyalties: Pursuing connections with donor relatives can evoke guilt in children, who might fear that their interest in these new relationships might upset their parents. They worry that their parents might view the pursuit as a betrayal. If parents view donor family connections as a threat, they may minimize, discourage, or block such interactions, leaving children feeling powerless over their personal narratives and identities. Internalizing parental fears can lead to significant emotional turmoil. Donor-conceived people might then suppress curiosity about their ancestry, family medical history, and close genetic relatives, a critical component of their self-discovery and identity formation.

Distorted view of family bonds: When parents frame love and connection as scarce resources, children may fear that engaging with donor relatives will threaten or weaken their bonds with loved ones.

Embracing Kinship

The key to overcoming zero-sum thinking is recognizing that love is not a finite resource but can expand to embrace new family relationships. Acknowledging the existence and value of donor relatives doesn’t subtract from the love shared within the family — it can add depth and diversity to it. Parents can take steps to foster a more inclusive and positive environment for their donor-conceived children.

Reframe perspectives on love and encourage open communication

Emphasize that love is abundant and can grow with the addition of new family members rather than diminish existing bonds. Create a safe space for children to express their feelings and curiosity about their genetic relatives. Open dialogue can alleviate fears and foster understanding. Parents can talk about donor relatives from the start, so the donor-conceived person never fears their curiosity or desire to search for them. Parents can walk with their children as they explore their donor relatives to create a stronger trust bond.



Source: hobbitfoot@123rf

Celebrate connections

Instead of viewing connections with donor relatives as a threat, recognize these relationships as opportunities for celebration, reflection, and growth. Help children understand that family can encompass a variety of relationships

and backgrounds. This includes a broader notion of kinship that exists beyond genetic ties.

Seek support

Families may benefit from counseling, support groups, or educational workshops on donor-family-related topics. Engaging with professionals or peer groups can provide insights into navigating these complexities.

Embracing a new narrative.

Too many parents (and sometimes donor-conceived people) are afraid that if they connect with, acknowledge the importance of knowing, or even refer to a "donor" as a “genetic/biological mother/father/parent”, it will somehow diminish the importance of the non-bio parent. (This is the main reason parents do not disclose information.) Decades of research and anecdotal data tell us that when donor-conceived people have the opportunity to incorporate previously unknown genetic relatives into their lives (e.g., biological parents, biological grandparents, or half-siblings), it in no way takes away from the family that raises and loves them. When egg and sperm donors connect with children that were born from their donations, it in no way threatens the integrity of their existing family. Quite often, the donor's children that they are raising are excited to connect with their donor siblings. Expanding one’s family to include donor relatives should not threaten, diminish, replace, or negate existing familial relationships. Incorporating donor relatives into our lives is adding to our idea of family, not taking away from the family system.

Adopting a mindset that celebrates connection rather than competition can transform the narrative within donor families. By dismantling zero-sum thinking, parents and donors can foster an environment rich in love, understanding, and acceptance. As families learn to embrace their expanding networks, they open themselves to a more fulfilling experience of love that recognizes each relationship's value while celebrating the richness of their collective story.

Love is not a pie that gets smaller with each slice; it’s a vast, ever-expanding experience. By reframing the narrative around donor families, we can honor all the people who contribute to who we are and with whom we share a genetic connection. We can enrich the lives of DCP and cultivate a deeper, more inclusive understanding of belonging and what it means to be a family.

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A Paradox in Donor Conception

The desire for genetic connection in donor families is bilateral.

Posted May 13, 2025

Key points

- The desire for a genetic link often motivates the initial pursuit of donor conception over adoption.

- Parents utilizing donor conception value love, nurturing, and commitment in their roles as parents.
- The emphasis on genetic connections in donor conception introduces social and psychological complexities.
- Often, there is a cognitive dissonance of acknowledging the importance of biological ties for parents only.

The human drive for genetic connection

When faced with infertility, building a family as an LGBTQ+ individual or couple, or choosing to become a single mother by choice, many people seek paths that preserve a biological connection to their future child. This instinct for genetic continuity often leads them to consider egg or sperm donation before exploring options like adoption or even embryo donation. Donor conception offers the possibility of a genetic link, and frequently, the profound experiences of pregnancy, childbirth, and early bonding—experiences that are deeply intertwined with many people's understanding of what it means to become a parent.

Choosing donor conception reflects a human desire to intertwine genetic heritage with nurturing relationships. Those utilizing donor sperm and eggs overwhelmingly value love, care, protection, and devotion. Nevertheless, the emphasis on a genetic connection introduces complex social and psychological implications that affect both parents and donor-conceived people. For the parent, there might be a desire to pass along one's ancestry, and to have a biological continuity, sometimes along with the experience of carrying and bringing life into the world. For a donor-conceived person, while understanding that their parents are the ones who raise, protect, nurture, love,

and care for them, the unknown biological connection can also shape their identity, sense of belonging, and self-understanding. Genetic connections can influence how individuals see themselves within their families and across generations.

The psychological significance of genetic ties is deeply rooted in individual and cultural narratives about kinship. However, sometimes people believe that acknowledging genetic connections marginalizes other essential aspects of parenthood, e.g., emotional bonding, shared experiences, and unconditional love. It is not the genetics themselves that are problematic—it is the perception of what society makes of genetics, and how meanings are assigned to it.

The yearning for a genetic connection should be balanced with the nurturing of donor-conceived children, whose experiences and perspectives often remain overshadowed.

The discomfort of complexity

When individuals encounter information that challenges their beliefs about family, genetics, and parenthood, they can experience cognitive dissonance, a state of mental discomfort caused by simultaneously holding two or more contradictory ideas.

Our natural instinct is to ease this discomfort quickly. We might dismiss the new information, downplay its significance, or avoid engaging with it altogether. However, donor conception presents dilemmas that resist easy

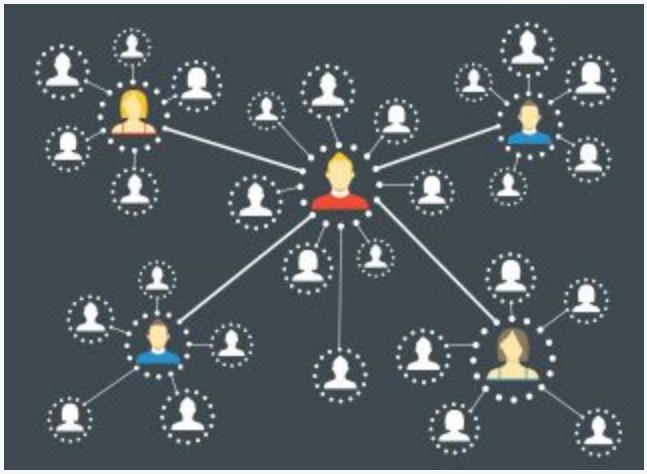
resolution. It forces families and society to confront contradictions: that love is paramount, *and* genetics can also matter deeply. Identity is shaped by nurturing relationships, and biology exerts an undeniable pull.

Rather than resolving this tension through black/white and either/or thinking and narratives, we can sit with the discomfort, and recognize that paradoxes exist and that human experience and family cannot always be neatly defined.

Understanding paradox

Paradox, much like cognitive dissonance, begins with thought but becomes deeply emotional as we wrestle with conflicting realities. However, paradox differs in that it calls for integration rather than resolution. In paradox, seemingly opposing truths must be allowed to coexist, fostering deeper, more expansive understanding.

In the context of donor conception, the paradox is clear: genetics matter, and they don't define the entirety of what it means to be a parent or a child. Emotional bonds are real and vital, and a biological connection can evoke feelings of belonging, continuity, and identity clarity. True understanding requires confidence, emotional vulnerability, curiosity, and the willingness to embrace uncertainty. It demands openness to difficult questions and the possibility that some discoveries will unsettle long-held beliefs about love, family, and self.



Source: tovovan@123rf

Listening to donor-conceived voices

Many donor-conceived people have illuminated a striking asymmetry in how society reacts to biological identity crises when IVF mix-ups occur*. In many of these cases, embryos are mistakenly implanted in the wrong mothers. In other cases, mix-ups result in the wrong gamete being used.

The articles and the public comments seem to show understanding for the parents' horror upon discovering that they are raising a child who is not genetically theirs, and they empathize with the parents' desire to find and connect with their biological offspring. Yet, sometimes when donor-conceived individuals express similar feelings, yearning to know their biological origins or meet their genetic parents, they often encounter judgment rather than compassion. They are sometimes accused of being disloyal to the families that raised them.

> *People are always outraged when they read stories like this. They sympathise with the parents' horror at discovering that they are raising the biological child of someone else. They understand and support the parents' desire to want to know/meet their actual biological child.*

> *People never seem to realise that this is just the situation of donor conceived children in reverse. We discover that we were raised by people who are not our biological parents. We want to know who our biological parents are/to meet them, just as the parents in the IVF mixup scenarios want to meet their biological children. And yet, the reaction to us is the absolute opposite. No sympathy at all. Just vilification. We're selfish, ungrateful etc. The cognitive dissonance is quite remarkable. — ML, a donor-conceived person*

The cognitive dissonance is stunning. Society can easily recognize the emotional significance of biological ties for parents, but often denies the same recognition to donor-conceived people. This double standard reflects an unwillingness to fully acknowledge the complexities and paradoxes inherent in donor conception.

Beyond binary thinking

Embracing the inherent paradoxes, such as the simultaneous importance of genetics and nurturing, is essential for a more nuanced and compassionate

understanding of families formed through donor conception, particularly by centering the often-marginalized experiences of donor-conceived individuals.

Donor conception challenges us to move beyond binary thinking—beyond "nature versus nurture," "genetics versus love," or "gratitude versus rebellion." It invites a more nuanced perspective that accepts complexity without demanding simple answers. Families formed through donor conception are real, profound, and both loving and genetic ties can be essential. Yet acknowledging the emotional significance of genetic ties for donor-conceived individuals does not negate the authenticity of those families. It simply makes room for the full range of human emotions, from gratitude to grief, from confusion to understanding, and from longing to connection. Embracing the paradox in donor conception means recognizing that human life is full of contradictions—and that our relationships are all the richer for it.

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A Paradox in Donor Conception

The desire for genetic connection in donor families is bilateral.

Posted May 19, 2025 | Reviewed by Kaja Perina

Key points

- The desire for a genetic link often motivates the initial pursuit of donor conception over adoption.
- The emphasis on genetic connections in donor conception introduces social and psychological complexities.
- Often, there is a cognitive dissonance of acknowledging the importance of biological ties for parents only.

When faced with infertility, building a family as an LGBTQ+ individual or couple, or choosing to become a single mother by choice, many people seek paths that preserve a biological connection to their future child. This instinct for genetic continuity often leads them to consider egg or sperm donation before exploring options like adoption or even embryo donation. Donor conception offers the possibility of a genetic link, and frequently, the profound experiences of pregnancy, childbirth, and early bonding—experiences that are deeply intertwined with many people's understanding of what it means to become a parent.

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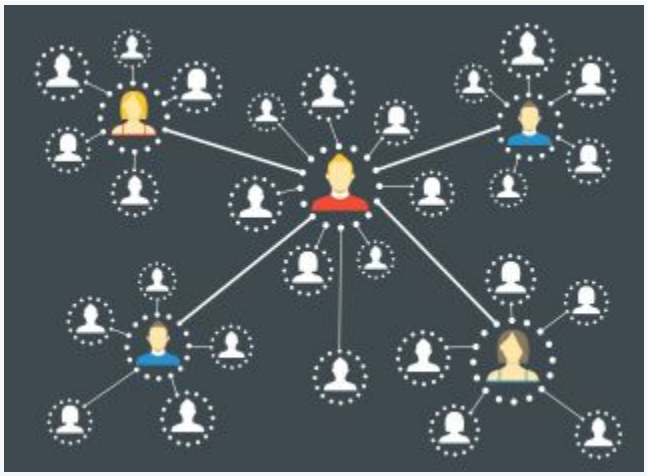
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