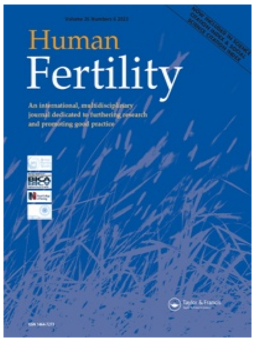

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Heterosexual parents' experiences of their donor-conceived children's search for and/or contact with their donors in New Zealand prior to identity-release provisions

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ABSTRACT

Research suggests that donor conceived persons (DCP) may not only be interested in their genetic information, but in meeting donors and other genetically related individuals. While parental disclosure to donor conceived children (DCC) appears to be increasing, limited research examines the impact of disclosure and donor linking for DCP and parents. This research explores the experiences of nine heterosexual parents in New Zealand who mostly conceived prior to identity-release provisions and whose DCC have searched for or had donor contact. Data was collected via semi-structured interviews and analysed using thematic analysis. Findings suggest that parents valued their children's access to genetic origins and viewed donor linking as a natural outcome of disclosure. Parents positioned themselves as facilitators or supporters of linking, while emphasising that linking should be DCP led. Donor and donor family willingness were noted as key in enabling contact. Early disclosure and support for linking were held to strengthen parent-child relationships, while later disclosure and difficulty in linking were associated with relationship tension. Relationships with donors ranged from distant to familial, with most parents noting that DCC valued connections with siblings. Parents reflected on the significant impacts of family-building through donor conception and the need for ongoing support.

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Introduction

Historically, donation was anonymous – with the identity of donors unknown to parents, and recipient parents advised not to tell their DCC about their genetic heritage (Crawshaw & Marshall, 2008). While donation remains non-identified in some jurisdictions e.g. China, Italy, Japan, Singapore, South Africa, Spain, and many parts of the United States (Bauer, 2022; Ishii & de Miguel Beriain, 2022; Klein, 2018) there has been increasing recognition of the rights of DCP to access their genetic knowledge, and the importance of such knowledge for identity development and psychosocial adjustment (Duff & Goedeke, 2024). Identity-release donation, where the DCP can access information about the donor, usually at the age of legal adulthood, has been enacted in several countries, such as Sweden (1984), Austria (1992), Victoria, Australia (1998), Switzerland (2001), the Netherlands (2004), Western Australia (2004), New Zealand (2004), Norway (2005), the UK (2005), Finland (2007), New South Wales Australia (2008), Germany (2018), Portugal (2018), Ireland (2020), France (2022), Queensland, Australia (2024) and Colorado USA (2025) (Colorado Department of Public Health & Environment, 2025; Indekeu et al., 2021).

In New Zealand, assisted reproductive technology is regulated under the Human Assisted Reproductive Technology [HART] Act (2004) which mandates the registration and recording of donor identifying information on a central register and makes provision for DCP to access this information once they turn 18, or earlier upon request. While the legislation stops short of requiring parents to disclose, recent research suggests that a significant number of parents in New Zealand are choosing to disclose (Anderson, Goedeke et al., unpublished) although the outcome of disclosure and how donor linking is experienced require further investigation and is the focus of current research by the same authors. Donor (conception)-linking refers to the practice whereby people genetically related through

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donor conception (e.g. donor-conceived persons (DCP), donors and siblings) or recipient parents, seek access to information about each other, sometimes with the intention of making contact (Kelly et al., 2019).

While the latter research examines disclosure and donor-linking patterns since the enactment of the HART Act, Daniels (2005) has pointed out that clinical practice encouraging parents to disclose preceded legislative changes in New Zealand, and that the legislation served to underscore the importance of disclosure. However, prior to the passing of the Act, there was no guarantee that identifying information would have been recorded by clinics, and there was no central donor register, thereby compromising the ability of DCP to find out about their genetic heritage and potentially connect with their donors even if their parents disclosed that they were donor conceived.

Research suggests that many DCP are interested not only in information about their genetic heritage, but also in making contact with their donors and other people genetically related to them through donor conception (Canzi et al., 2019; Lampic et al., 2022; Macmillan, 2024; Zadeh et al., 2018). The limited research exploring contact between DCP and donors generally suggests positive outcomes for DCP, including promoting a sense of identity and personal history (Macmillan et al., 2021; Zadeh et al., 2024). However, there is a need for further research to explore the long-term outcomes of disclosure and donor conception linking for families across a range of donation contexts – both identity release and anonymous/non-identified, and for different family types, and for all parties, including for parents (Duff & Goedeke, 2024; Indekeu et al., 2021). This research explores parents' experiences of their DCC's search for and connecting with their donors in New Zealand, with participants becoming parents mostly prior to the enactment of the HART Act provisions mandating the recording of donor identifying information.

Materials and method

Participants were recruited through consumer groups (FertilityNZ and Donor Conceived Aotearoa), with criteria for participation stipulating that participants had to be parents of DCP who had accessed donor gametes through registered fertility clinics in New Zealand, and whose DCC had previously or were currently searching for and/or had contact with their donor. The sample of nine parents (seven individuals and one couple) reflect the experiences of eight families with 15 DCC. While 14 of the 15 DCC had been born prior to the implementation of the HART Act mandating the recording of donor identifying information (four born in the 5-years prior to the Act coming into effect, six born between 1990–1994, and four born between 1980–1986), most parents had chosen to use identity-release donors as offered at the time by their fertility clinics. In theory, there was thus at least some opportunity for parents to access identifying information about the donor from the clinics if the clinics had maintained this information, and if the donors had agreed to its release.

All DCP had made contact with their donors (egg donor $n = 5$; sperm donor $n = 10$), either through face-to-face contact or via means such as social media/writing, with 11 reporting an ongoing relationship. Given the context of donation at the time parents in this study became parents, access to donor conception by single and same sex women was limited, and thus all participants were heterosexual, coupled parents. Participants were of New Zealand European ethnicity and had a mean age of 65.6 years (Table 1).

Data collection was via semi-structured interviews, with participants' consent to take part in the research recorded prior to the commencement of interviews. Interviews were conducted either online via Zoom ($n = 6$) or in-person in participants' homes ($n = 3$) between May–July 2023 and ranged between 50–90 minutes in duration. Parents were asked demographic questions followed by questions around their experiences of disclosure, their experiences as parents with respect to their DCC's information seeking and of their contact with the donor. This included questions related to their and their DCC's expectations of donor-linking, any difficulties and challenges experienced, perceived impacts on the parent-child relationship, the outcome of linking/contact, and views on the role of the donor. Data was transcribed verbatim and analysed thematically using Braun and Clarke (2006) six stage process, including familiarisation with the data; generation of initial codes; identifying, defining, naming and reviewing of themes; and production of a report. Ethical approval was granted by Auckland University of Technology Ethics Committee (AUTEC; Approval number 23/65, 31/03/2023).

Results

Seven main themes were identified and are presented below along with illustrative quotes.

Disclosure – the importance of knowing

All parents believed or, in some cases where later disclosure had occurred, had come to believe, that DCP's knowledge of being donor conceived and where, or who, they came from i.e. access to donor identifying information, was important. Aaron, who disclosed to his child from birth, felt that this knowledge was a right, commenting, 'It's just a fundamental truth or right that everybody knows *who* their parents are. I feel very strongly about that'. Knowledge of being DC was regarded as crucial for establishing the DCP's identity. Grace, who likewise disclosed from the outset, believed that her children, 'would have a need to fill in that little jigsaw piece to be able to move on with life knowing who the person was that gave them life'. Similarly, Clare underscored the importance of knowing in reflecting on the the initial 'not knowing' for her daughter. She commented:

> Seeing the hell Eva went through … As she said, she felt that one half of herself was missing, not knowing.

Parents also discussed the importance of early disclosure in normalising DC for their children. Aaron reflected:

> (My son) knew from the beginning. It's something we talked about a lot. It was just part of his growing up … something that was always there.

Fear that DCC would feel betrayed by their parents because of later disclosure or discover their conception history inadvertently also acted as a motivator for disclosure for some parents. Clare strongly believed that anonymity is now an impossibility, 'with DNA tracking or family lines out on the internet globally now'. Similarly, Xena's decision to disclose was prompted partly by her awareness that medical issues might negate the possibility of non-disclosure, and concern about the impact of unexpected discovery of DC. She commented,

> I didn't want them ending up in hospital in an emergency and needing blood and finding they couldn't get it from their father.

Luke reflected on the potential impact of secrecy on family relationships, commenting, 'if you leave it long enough, it'll destroy your family … '.

Parents also felt that disclosure was important to prevent unknown consanguinity. Grace reflected,

> One of the reasons we disclosed early and continued to talk about it, was because we knew there were other children [from the same donor] born in the same time … And we thought, wouldn't it be just terrible if you grew up and fell in love with a half-brother and then found out after.

Linking as a progression of disclosure

Interestingly, parents regarded not only their DCCs' knowledge of DC as important, but also the ability to

Table 1. Participant and donor-conceived persons' demographic information.

*Participant	Age	Gender	Marital status	DC Children (*name, age)	Type of donor	Age of disclosure	Age of linking	Ongoing donor relationship
Margot	52	F	Married	Mark, 18 & Thomas, 15	^{I} Egg (same donor)	From birth	^{P} Under 1-year	Yes
Rachael	62	F	Divorced	Leah, 33 & Flynn, 31	^{I} Sperm (same donor)	12 & 10 yrs	^{DCP} Early 20s	Some / No
Xena	64	F	Divorced	Max, 40 & Daisy, 37	$^{A\,/\,I}$ Sperm (different donor)	16 & 11 yrs	^{DCP} 38 & 18 yrs	Yes / Some
Dawn	66	F	Divorced	Brendan, 33 & Brodie, 29	^{I} Sperm (same donor)	24 & 21 yrs	^{P} Mid 20s	Yes
Grace	66	F	Married	Ruby, 32 & Eden, 29	^{I} Sperm (same donor)	From birth	^{DCP} Teenager, not yet	No
Luke	71	M						
Clare	78	F	Divorced	Eva, 42 & Chelsea, 40	^{A} Sperm (different donor)	9 & 7 yrs	$^{P\,/\,DCP}$ Late 30s	Yes
Georgia	68	F	Married	Blair & Caleb, 20	^{I} Egg	1 year	^{P} 1-year	Yes
Aaron	63	M	Married	Ben, 23	^{I} Egg	From birth	^{P} Under 1-year	Yes

Note. *All names are pseudonyms, ^{A} = Anonymous (non-identified) donors, ^{I} = Identity-release donors, ^{DCP} = DCP led ^{P} = Parent led.

find out information about their donors and make contact with them and others genetically connected to them. Linking with their donors was seen as a natural outcome of disclosure. Five parents, who had disclosed when their children were young, framed accessing information about and contact with the donor as a given, natural process unfolding from the decision to be open. Luke, for example, spoke about how disclosure and the decision to link 'just flowed in.' Aaron, reflecting how his son had always known about his DC, spoke about how disclosure occurred in the context of 'occasional visits and sitting around talking [with the donor]'. Similarly, for Margot, who had conceived one child prior and one subsequent to the enactment of the HART Act (Human Assisted Reproductive Technology Act, 2004), disclosure was a given, and equated with not just knowing the donor's identity, but with donor contact, even before the provisions of the HART Act. She commented,

> It was important for me that we knew who our egg donor was, and she knew who we were. We'd already established that relationship prior to the new legislation.

Contact was framed as a positive experience, including for identity. For Georgia, who used a Māori donor, contact was also seen as a way to 'explain to them (her DCC) or introduce them to tikanga [customary practices]', something which she and her partner as European New Zealanders felt unable to do. Georgia felt that her children's access to their cultural knowledge was especially important given the value Māori attach to cultural identity and to whakapapa (knowledge of genealogy in establishing identity) (Webb & Shaw, 2022). While she expressed disappointment that contact with the donor had not promoted this as much as she had hoped ('I feel like they grew up much of the time not really feeling, not really identifying with their Māori'), she regarded her children's knowing the donor as a protective factor, helping them, and others, to make sense of their identity, particularly given her children's obvious differences in skin tone and other physical characteristics and lack of physical resemblance to her and her partner.

For the other parents, whose DCP were born a significant time prior, the enactment of the Act challenged their initial decision not to disclose, leading to disclosure. Again however, linking with the donor was regarded as an almost inevitable outcome of disclosure. Clare, for example, whose daughters were conceived via anonymous/non-identified donation, spoke of how subsequent to the legislation she felt not only that she needed to disclose,

> It was important I told them that their father was not their blood father and couldn't have children. I said, I wanted children, and this was a method medically available …

But that she supported her children to link with their donors. She explained how she had told them that,

> 'we were told we would never know (who the donor is), but if I can do anything to find out [about the donors], I will'.

Disclosure was also described as challenging however, because in some cases it meant that DCC experienced difficulty in accessing information and potentially connecting with donors. Xena experienced the added complication of negotiating differing levels of searching and connection possibility with her son who was conceived via an anonymous/non-identified donor and her daughter whose donor was identifiable:

> It wasn't until Daisy started going through the [linking] process when she was 18, the realisation that Max couldn't, and I just felt so incredibly sad for him, and he was really angry about it.

Searching and linking as DCP led, parent supported

For three of the parents, connecting with the donor/family had occurred before the DCC was a year old and was based on the importance they placed on their DCC having direct knowledge of the donor. They believed that their ongoing relationship as parents with the donor would pave the way for their children to accept DC as part of the fabric of their lives. The other parents in this study however reported that searching for and connecting with their donor were led by the DCC, with the parents taking an active supporting role. Some parents, even those who had disclosed early, believed that DC is their child's story, and therefore the decision not only to disclose their DC background to others but also connect with their donors rested with them. Luke commented:

> We have never felt that because we entered into this sort of, deal, which created the children that we should have any influence over how they might want to see their history. So, they can decide.

Parents also felt DCP should hold the power in deciding the form of their relationship with their donor and if, when and how they would connect. Georgia for example, let her sons decide how to relate to their egg donor:

> Some of what she (the donor) suggests that they do together, they're not interested in (names particular activities), and Blair and Caleb are like, 'Nooo way!' (laughter) … Quietly and politely and not in front of her … but it's not their cup of tea.

Where DCC did not have access to identifying donor information, it was the children's curiosity about their donor and desire for genetic and medical information which prompted parents to seek information and contact on behalf of their children. Grace and Luke, who had disclosed from birth, explained that when their DCC became teenagers they were saying, 'We don't know anything about our biological donor's health records or anything' and that that was the impetus for them to contact the clinic on behalf of their children to try to link with their donor.

Three parents with more than one DCC experienced one child wanting information and the other not being curious or coming across as more ambivalent, although this could change over time. Luke explained that his eldest daughter searched for and connected via letters with the donor when she was a teenager, while his younger daughter has never seemed particularly interested (although of course having the same donor she was able to rely on her sibling to access information if desired).

Rachael, who wrote to the donor via the clinic in response to interest from her daughter when she was 18, reflected that, 'Only my daughter wanted to get in touch' while her younger son showed little interest at that stage. However, when the donor finally wrote back after several years when her son was older, his curiosity was also piqued.

> I said I had this letter; would they like to hear it? And my son said, 'No'… so I gave it to my daughter to read. Of course, curiosity was then a bit much (for him); 'Oh, can you read it out?'

Clare also spoke of how linking with the donor was initially much more important for her eldest daughter:

> For years and years after I told them, Eva [older daughter] said it just gnawed away at her… And as she had children of her own, it became more and more pressing… At that stage, Chelsea [younger daughter] said she wasn't curious, she just accepted her father as being her father.

In Clare's experience however, this changed after her eldest daughter had established contact with her donor and helped her younger daughter to search for and connect with her donor.

Interestingly, some parents reported their children were more invested in connecting with their half-siblings than they were in meeting their donor. Rachael, for example, spoke of how her son, Flynn, was interested in meeting the donor's [raised] children, 'even though he doesn't want to know anything about the donor'.

In families where early (defined as before the age of 18) contact with the donor was established by parents, parents still often specified that ongoing contact would be led by their DCC and that they as parents had established the path to contact if desired. The exception here was Margot, who commented that her children, 'have to be open to the relationship because I told them (laughter), we're going to see her and that's what we're doing', although of course her children's relationship with the donor could change as they became adults and make their own decisions. In families where linking occurred later, the search for information and contact was initiated by DCP request or interest.

The role of the donor and donor's family in linking

For parents who had linked with the donor from the outset or early on, the donors' level of participation and the relationship was negotiated at the beginning as far as was possible. Parents whose DCC had searched for their donor in their teens or adulthood discussed the power the donor has in terms of the level of information exchange and contact, sometimes opening the way and empowering the DCP, such as in Dawn's experience:

> The donor said, 'I'll be guided by them (the children), whatever they want'. So, he's been really good.

In other cases, experiences were less positive, leading to parents' disappointment and frustration, as for Rachael who reached out to the donor in response to her daughter's request:

> By the time we got around to getting in touch, he [donor] was then not so keen on getting in touch, his circumstances had changed.

Similarly, Grace reported that her daughter's donor was initially reluctant, eventually deciding he would only make contact via letters.

For Georgia and her husband, who made early contact, the donor was not as open to ongoing connection as they would have liked, again leading to frustration as well as sadness. Georgia commented:

> I think [husband] got a little frustrated over the years about the fact that [donor] comes and goes a bit in our lives. I think he thought she should be a bit more consistent.

Similarly, although she understood that from the donor's perspective he had donated under anonymous conditions and wasn't expecting contact, Claire expressed sadness that her daughter's donor, 'hasn't wanted to meet her (daughter's) husband, hasn't wanted to meet her three children'.

However, parents also acknowledged that contact could be difficult for donors, both those that were open to contact and those that were not. Georgia and Aaron for example, both commented on the difficulty with boundaries that donors might experience when open to connection.

> I know it's been hard for [donor] … she has said that from time to time she felt she was getting too close to them and wanting to spend too much time with them, and she'd pull away a little bit. (Georgia)

> [Donor] follows Ben's Facebook. She said, 'I feel like I'm stalking'. 'I said, "No, no, it's all good."' So, she's got a little bit of anxiety about it … she doesn't want to be more familiar than we want her to be. (Aaron)

Parents further discussed the power held by the donor's partner and family in the linking process, especially where the donor had not previously disclosed to them, and how this could lead to disappointment and frustration for themselves and their DCC. Clare, for example, explained how family reactions had compromised contact with the donor:

> [The donor] told his adult children and ex-wife, and they went crazy and said, 'No, no, no! We won't accept her, we won't include her, we want nothing to do with it'.

She went on to elaborate that:

> Chelsea's half-sister lives not far away from where she lives … And Chelsea said, 'It's such a shame, she's an Aunty, and she could be included, and it could be nice'.

In the case of Dawn's children, while they had met the donor, the donor's wife was reluctant to meet. Dawn explained:

> The donor and his wife didn't know that they'd been successful (the donation has resulted in children). They were never told. All of a sudden out of the blue, decades on, these two kids turn up.

Ongoing connections – friends, extended family, or acquaintances

Five of the parents, regardless of the age of their children at disclosure or linking that occurred, described the relationship with the donor as akin to one of extended family or friendship:

> We're just kind of on the peripheral of their family … we're not close friends, but we're friends that keep in contact like you do with, you know, friends that you don't see all the time. (Margot)

> It's kind of like slightly remote family … I like to think that she and I are friends. It's hard to see her as a stranger because I see so much of her in the boys. (Georgia)

On the other hand, Grace and Rachael, who had both linked with the donor, positioned the donor as a stranger or acquaintance. Rachael for example, said:

> It is a stranger and it's kind of awkward … it is kind of abstract that you've conceived by another sperm, and not too much emotional attachment around that.

Similarly, parents spoke of varying relationships between the DCC and donor. However again, parents reflected on how their children used family terms with reference to the donor. For Dawn, this was unexpected:

> My son refers to him as 'father' … I was surprised when he came out with that term the first time he did.

For Margot's sons, the connection to their half-siblings has been ongoing with the relationship likewise constructed as extended family, or as described with reference to the donor sibling, 'he's a millionth of my brother'.

As was the case with their parents, other children's connection with their donor was perceived to be more casual and less important. Luke described how for his child, 'It was just kind of, 'Ok, well I've ticked that box'. A couple of letters and that's been it'.

Disclosure, linking and the parent–child relationship

Most parents reported that their children's linking with their DCP's donor strengthened the parent–child relationship, despite some fears about the impact of contact with the donor in the beginning such as those experienced by Georgia, who initially wondered:

> How is this going to work, how are they going to feel? Will they feel closer to [donor] because they're genetically connected?

Georgia now believes that disclosure and facilitating contact with the donor:

> Probably enhanced their trust in us … I think they are glad we didn't hide it, they're glad we gave them that opportunity (to have contact with the donor) and explained it from an early age.

Clare, whose DCC's search for their donors took many years, was 'thrilled' when her daughters finally found and connected with their donors and explained the positive impact on her relationship with her children:

> I would say only that it [our relationship] has expanded. That they've found a half I couldn't supply.

For two of the parents, however, later disclosure and/or the lack of information about the donor and difficulty in making contact had profound consequences, creating a wedge between themselves and their DCC:

> (Max) was really angry about it … From when he was 21 through to 38, he had a lot of anger towards us for lying to him and for not having the full information for him. Disclosure actually triggered a downward spiral in my son into alcohol, drugs … And I was powerless to stop that … I copped all the blame, because I was the one answering all of the questions … And then I had very little contact with him. He wouldn't come near me for quite some time. You know, so it was just … (long pause) and it's still broken … it's still not right. (Xena)

With the passing of time, some further contact developed between Xena and her son, and yet even though Max had eventually been able to make contact with his donor, their relationship remained strained. Xena commented:

> I have tried to say, 'Son, where are we at?' you know. But it's hit and miss. And that breaks my heart, really.

Xena discussed finding out Max has recently moved to the town where his donor lives, explaining:

> That one kind of hurts a little bit … You know (shrugs), but … I don't know because he just doesn't discuss it.

In Dawn's case, disclosure to her DCC in adulthood led to tension in the parent-child relationship, despite her having found the donor's contact information through the clinic prior to disclosure:

> (Our children) didn't want to have anything to do with us for about two years … They said they never wanted to see their father again at all, so that was pretty bad.

Despite Dawn's relationship with her daughter improving with time, her relationship with her son has remained difficult for many years:

> He waxes and wanes. He was angry, very, very, bitter and angry about the whole thing … He said, 'You can't make excuses … You should have told us'.

Overall, early disclosure along with access to information and the ability for contact with the donor was generally experienced positively in terms of the parent–child relationship. Later disclosure and the fallout from this however strained the parent–child relationship, even in the one case where identifying information was available.

The significant impacts of family building through DC

For the parents in this study, DC and the journey through disclosure and linking with their DCC's donor had a significant impact on their experience of being parents. This was regardless of whether the relationship with the donor was lifelong and constructed as extended family, or whether searching for information about and connecting with their donor had presented as more challenging. For example, Xena reflected that this form of family-building, 'was outside the box' and Margot felt, 'there is a lot of quite tricky things to navigate'. Similarly, Clare and Margot reflected:

> It's been a tough journey, it's been a lonely journey for a lot of it, but you might say it's had a happy ending, or, it's in progress … but it hasn't been easy. (Clare)

> It doesn't stop … It's like dropping a pebble in the pond, and the ripples go out fairly wide. (Margot)

The importance of access to ongoing counselling support from the clinic was emphasised. For example, Margot stated:

> Support needs to be ongoing so when you weave in and out of different stages and things that you're at, you can pick it up and drop it … So it's in the background the whole way.

However, ongoing support was discussed as difficult to access:

> I went back to the clinic and said, 'This is a nightmare! This is all absolutely a shambles'. And she outlined the fees involved [for counselling], but I'm on my own, recently divorced, and I just thought, you *owe* me this, that's how I felt … So, I just never went back. I wasn't prepared to pay them, because I felt so let down by them. (Dawn)

> No one comes and checks up on you … It's so important for the child, gosh, there should be somebody saying, 'Hey, how's it going for Ben? Is he connected?' (Aaron)

Some parents felt they were not given the support and information needed to help navigate being parents of DCP from the outset, especially around disclosure and linking. Aaron suggested that there should be a system to:

> Set up connections in some way right from the beginning, from day zero … Even if it's just letters coming back and forward, or Facebook or Zoom, or Instagram or something. It's important to establish a connection so it's just part of the routine.

Many of the parents expressed they would also have liked connection with other DC families, because as Rachel said, 'that's been the biggest thing, not knowing anyone else in your situation'. Georgia similarly suggested,

> I would find it really helpful if there was a support group with other mothers in my situation with egg donors. Because most of the stuff is around sperm donation … But it wasn't to be, so we kind of muddled along as best we could.

Discussion

Research suggests a growing awareness of DCP's need to know their origins and a general trend towards greater openness by parents (Duff & Goedeke, 2024). In this study, DCC were mostly conceived prior to the implementation of the HART Act (2004) legislating identity-release donation. Nevertheless, all parents emphasised the importance of DCP's right to know about their genetic heritage and had either been in favour of disclosure from the outset or had come to this realisation over time. While there were no legal frameworks specifying identity release donation at the time of most parents' donor treatment, the fact that clinics (with one notable exception) supported openness and DCP access to genetic information may have influenced parental attitudes, even if initially they chose not to disclose. As in other research (Applegarth et al., 2016; Isaksson et al., 2016), parents cited reasons for disclosure such as knowledge as a right, consanguinity concerns, development of identity, normalising DC, secrecy as a threat to the family unit, anonymity as unsustainable, and access to medical information.

Parents appeared to believe however that disclosure in itself was not an end point but rather would naturally lead to their DCC searching for identifying information (where this was not already available) and connecting with the donor where this had not yet occurred. Interestingly, disclosure and donor-linking were thus regarded as being on a continuum. Indeed, in this study, parents who had not linked early (before their child was 18) reported that disclosure of their child's DC background almost inevitably led to either them or their DCP searching for and linking with the donor. In other words, information that they were donor-conceived was not considered enough for DCP in most cases, and as in other studies, this study found that DCP were often curious about their donors (Canzi et al., 2019; Macmillan et al., 2021) and wanted to connect with them.

Three parents had also connected with the donor early on (i.e. before the age of 18) with support from the clinic, seeing it as a way in addition to early disclosure to normalise DC, and a way in which to clear the path for ongoing DCP and donor family contact should DCP wish to maintain this as adults (as also reported in other research (e.g. Dempsey at al., 2019; Trail & Goedeke, 2022). In general, these parents recognised and appreciated the contribution of the donor but believed that the story of DC belonged to the DCP, and that they should be empowered to define the subsequent parameters of their relationship with the donor and family. Nordqvist and Gilman (2024) have similarly found that donors too, ascribe what they term, 'relational authority' to the DCP – in other words, seeing the DCP as the rightful leaders of the relationship between DCP and donors. While most of the DCP or their parents (given the eligibility criteria) had sought information about and contact with their donors, four parents in the study had more than one DCP and spoke of different levels of interest. In three cases, parents reported that once the DCP had their questions answered, their curiosity and interest in the donor appeared to be satisfied and ongoing relationships had not been pursued. In part, this may have been life or developmental stage determined, with three parents speaking about how one child's search encouraged the sibling's interest and/or search. This signals how in families with multiple DCP, one sibling may rely on another (especially an older sibling) to pave the way. It also highlights DC as a dynamic process with desire for information and contact potentially evolving over time for different DCP. In line with this, recent debates have challenged legal age limits for accessing donor information, arguing that parents should have access to donor information upon the birth of DCP allowing them to integrate the story of their child's donor conception into their life narratives in line with DCC developmental, individual needs as well as family needs (Gilman et al., 2025; Indekeu et al., 2025).

Most parents positioned themselves as having a facilitating or supporting role in enabling donor linking. Where contact with the donor had not already been established by the parents early on, the process of searching for and making contact with the donor was experienced by parents as less challenging when their disclosure had been early, and the donor conception narrative had always been part of their DCP's life. Indeed, parents' early disclosure and support for donor linking frequently had positive impacts on the parent–child relationship. In contrast, however, later disclosure and the lack of donor information caused a rupture between parents and DCP's in one family, and in another, late disclosure, even in the context of access to identifying information, caused tension in the parent-child relationship. While in the latter case, successful contact following late disclosure led to an improvement in the parent-child relationship, in the other, subsequent linking had little impact on the ruptured relationship. Several researchers (e.g. Dempsey et al., 2022; Frith et al., 2018) have similarly found that later disclosure can be traumatic, with mother-child relationships in particular sometimes being irrevocably damaged, regardless of the outcomes for DCP in searching for and connecting with their donor.

However, parents in this study also pointed to the impact of the willingness of the donor to engage in contact on outcomes for DCP and themselves. While many of the donors in this study had donated prior to mandated identity release provisions coming into effect, donating in the New Zealand context implies that donors may have had some awareness of the possibility of eventual DCP outreach. While many donors appeared to have responded positively to outreach, there were also reports of ambivalence, hesitance and uncertainty. This was the case even for two families who had chosen identity release sperm donors ~10-years prior to the legislation. While the parents' early disclosure and the ease of access to information via their clinics once the DCP came of age were experienced as positive, connection was challenged by the donors' lack of certainty regarding contact. In part, this may have been due to the voluntary nature of identity-release at that time, while current expectations under New Zealand's identity-release legislation tend towards more ability for donor contact. Indeed, more recent research suggests that many donors are interested in finding out about DCP, and that they may be open to contact (Blyth et al., 2017; Dempsey et al., 2019; Miettinen et al., 2019).

On the other hand, as raised by Miller (2008), sperm donors may have vastly different lives and priorities from when they donated when they were younger and as our study suggests, donors retain a certain amount of power, and they may not necessarily be open to linking beyond information exchange required by law. Furthermore, donors' families may affect donor-linking, as was the case in this study, where parents pointed to the influence of the donors' partners and family in the linking process, sometimes being encouraging, and sometimes creating barriers. Interestingly, parents reported a desire for contact between the DCP and their half-siblings, a finding also reported by Scheib et al. (2020). This was the case with the donors' raised children and half-siblings through donation. Ultimately, the families who reported not have an ongoing relationship with the donor still considered it important that their DCC had connected with their donor for the development of their identity and knowing where they came from, even if the relationship was not ongoing.

While relationships between DCP and donors, and parents and donors, varied, this study, in line with other research (Frith et al., 2018; Goedeke et al., 2015; Lysons et al., 2022; Widbom et al., 2021), found that many parents considered the donor to be part of their extended family or a friend. As Goedeke and colleagues (2023) have discussed, the construct of extended family may be useful in that it allows kinship ties to be acknowledged and actioned at various times, but without expectations around formal roles. Research has reported that donors are aware of the boundaries of their role and that they are not the parents, even if they feel a sense of connection to and caring for the DCP (Goedeke et al., 2023), which may be reassuring for parents concerned about the role of the donor in their family life. In this study, parents who used egg donors spoke of the donors being mindful in terms of keeping their distance out of respect for the recipients' parenting role, or their own degree of emotional attachment. In some cases, parents and DCP appeared to want more from the relationship than donors were willing or able to give.

Regardless of the outcomes, all parents in this study constructed DC as having a significant impact on their lives, including challenges related to the searching and connecting process and the impact on relationships. It is imperative that support is available both pre-conception to empower parents to make informed decisions and build their confidence in disclosing early (Crawshaw & Daniels, 2019), as well as post donation, to support parents' disclosure and manage implications of DC for themselves, their children and families (Duff & Goedeke, 2024; Indekeu & Lampic, 2021). Furthermore, specialist counselling support is particularly important for DC linking, helping the various parties involved in DC – including DCP, donors, siblings, parents and any others either gestationally or genetically connected to each other – to search for and connect with each other in a safe way (Indekeu & Maas, 2023; International Infertility Counselling Organisation (IICO), 2024). A lack of ongoing support was however noted by many parents, a finding also reported in other research, including in New Zealand (Goedeke & Gamble, 2024; Goedeke et al., 2023). Careful consideration needs to be given to the complex ramifications for donor-conceived families on an ongoing basis, including in the context of late disclosure and difficult to identify or reach donors (Dempsey et al., 2022).

Limitations

Even though the parents in this study reflect the differing lived experience of parents of DCP, the small sample size, self-selection bias, and participation of heterosexual parents only, limits the generalisability of the findings to other groups. Our limited numbers were in part by design, as qualitative research does not require large sample sizes especially where there is a homogenous study population (Hennink & Kaiser, 2022) but may also have been due to unclear wording of our eligibility criteria. We sought to interview parents whose DCC had searched for their donors or had contact with their donors. This included parents who had initiated contact on behalf of their DCC, and while we did have participants who had done so, prospective participants may have assumed that we were seeking to interview only those parents whose DCC had initiated the search and contact process themselves, and currently (given that the first tranche of DCC born under HART Act provisions turned 18 last year) this would likely be more common among pre HART parents and DCP. Access to donation by heterosexual two parent families was more common than access by single women and same sex couples at the time the parents in this study accessed donor conception, potentially explaining the demographics of this study, and although this has shifted in New Zealand, barriers to donor treatment for diverse and minority groups remain (Shaw & Fehoko, 2023). A further limitation is that the study was based on parents' retrospective recollections of their experiences which may influence findings. Finally, parents in this study had accessed donation prior to the enactment of identity release HART Act provisions, even though clinic practice was to encourage openness. Nevertheless, the homogeneity of the sample, while not by design, does allow for a depth of understanding of the lived experience of NZ/European heterosexual couples who conceived via donor largely prior to the enactment of identity-release provisions, and have disclosed that information to their DCP. A critical gap in research remains regarding the experiences of parents who conceived post implementation of the HART Act 2004 and parents who have chosen not to disclose, both of which are currently the focus of further research by the second author and colleagues.

Conclusion

This study highlights that parents may recognise that DCP have a right to and have an interest in not only information about their donors but also contact with them, particularly in contexts where disclosure is advised and access to genetic information valued. Parents in the current study generally regarded themselves as facilitative of this process, while enabling their children to take the lead in determining the nature of the relationship, as far as this was possible given donor and family response. Early disclosure and parental support for linking was associated with the strengthening of parent-child relationships, while later disclosure and difficulty in accessing information and connecting with donors could negatively impact relationships. Relationships with donors varied but were often framed as akin to extended family members, with sibling connections valued. Our study draws further attention to the longer-term effects of donation, and that donor treatment and disclosure are not end points in themselves but lead to longer term implications for parents, DCP, donors and their families. Ensuring access to ongoing support, including post donation and with donor conception linking, is critical to ensure the health and wellbeing of all parties affected by family building through donor conception.

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Author contributions

CRediT: **Michelle A. Duff**: Formal analysis, Investigation, Methodology, Writing – original draft, Writing – review & editing; **Sonja Goedeke**: Conceptualization, Formal analysis, Methodology, Supervision, Validation, Writing – original draft, Writing – review & editing.

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No potential conflict of interest was reported by the author(s).

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Data availability statement

The data that support the findings of this study are available on request from the corresponding author, SG. The data are not publicly available to protect the privacy of the research participants.

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