Parents of donor-conceived persons: Experience of their children's search for and linking with their donors in Aotearoa New Zealand

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ABSTRACT

In recent years, disclosure of donor gamete conception by parents to their donor-conceived children has been advocated in many countries, especially in jurisdictions that mandate or practice donor information collection, including in Aotearoa New Zealand where identity-release donation came into effect under the HART Act (2004). Nevertheless, donor-conceived persons' [DCP] rights to have access to their donors' information remains contentious, and legislation stops short of enforcing disclosure with the decision to disclose resting with the parent/s (Indekeu et al., 2021). Despite this, recent research shows an apparent trend towards disclosure to DCP (Duff, 2022). However, research is limited in trying to understand the long-term impacts of disclosure, such as contact between donors and DCP, not only for DCP, but also for parents. This research explores the experiences and impacts of nine parents in Aotearoa New Zealand whose DCP have searched for and linked with their gamete donors. Data was collected via in-depth interviews, and data was analysed using reflexive thematic analysis.

Parents in this study construct their DCP's searching for and linking with their donor as an inevitable progression of disclosure, with subsequent linking seen either as a natural 'given', particularly where disclosure had occurred early, or, where disclosure had occurred later in the DCP's life, a challenge to be confronted. All parents believed or had come to the belief that it was important for the DCP to know their genetic origin and to link with the donor. While parents regarded DCP's donor conception history as the DCP's story to share and believed that linking with donors should be DCP led, they also positioned themselves as having a role to play in supporting donor linking and pointed to the willingness of the donors and their families in enabling this contact. Where disclosure had either occurred early or where donor linking had been supported by parents, parents generally reflected on the strengthening of their relationship with DCP, while later disclosure and difficulty in donor linking was associated with tension in the DCP-parent relationship. Connections between DCP and donor were framed on a continuum from acquaintances to friends to extended family, and most parents reported that their children valued connections with their siblings in other families. Regardless of the nature of their experiences, parents reflected on the significant impacts of family building through DC and the need for support in navigating this form of family building.

Whilst this study had limitations such as self-selection bias and the small sample size, it adds meaningfully to literature on how parents experience DCP–donor linking and may be helpful in informing policy and practice with regards to preparing and supporting parents, DCP and donors through the process of linking.

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor used artificial intelligence tools or generative artificial intelligence tools (unless it is clearly stated, and referenced, along with the purpose of use), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed:

Dated: 10th of November 2023

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Data Availability

The data underlying this research cannot be shared publicly to protect the privacy of the individuals that participated in the study.

CHAPTER ONE: INTRODUCTION

The rapid growth of legislation and technology in the field of assisted reproductive technology means that where it was not conceivable mere decades ago, there are now many possible pathways to create a family (Golombok et al., 2013). One in six couples are faced with infertility worldwide, with demand for treatment options, including donation where people build their families with the use of donor oocytes/eggs, sperm, or embryo, increasing every year (European Society of Human Reproduction and Embryology [ESHRE], n.d.). Treatments involving donor-conception [DC] in Aotearoa now constitute 5–10% of all treatment cycles conducted (Fertility Associates, 2023). However, as technological advancements race ahead, the attitudes of society may change more slowly. Theoretical and ethical debates in connection with diverse ways of building families remain, and research on how these different family types are experienced, and how they affect all the parties involved: family, parent, donor, and offspring, still in its infancy.

Historically, donation was anonymous and recipient parents were advised not to tell their children or donor-conceived person [DCP] about their genetic heritage (e.g., Finegold, 1964 and Glezerman, 1981 as cited in Daniels, 2005). While there does appear to be a trend towards parents disclosing to DCP in the last ten years (Duff, 2022), disclosure remains a contentious issue internationally (Indekeu et al., 2021). Assisted reproductive technology in Aotearoa New Zealand [Aotearoa] is regulated under the Human Assisted Reproductive Technology [HART] Act, introduced in (2004), and holds as one of its principles the rights of DCP to access information about their genetic heritage. To this effect, the Act mandates the registration and recording of identifying information about donors and makes provision for DCP to access their donor information once they turn 18, or earlier upon request. The legislation stops short of requiring parents to disclose however, and it is ultimately up to the parents whether they choose to disclose their children's DC history to them. It is uncertain to what extent parents are disclosing DC to their children; however, Daniels (2005) asserts that legislative changes in many ways followed practice in Aotearoa, in that there had been a shift in clinical practice before the passing of the HART Act to encourage parents to disclose. However, prior to the passing of the Act, there was also no guarantee the identifying information would have been recorded, and thus the ability of DCP to find out more about their genetic heritage and potentially link with their donors could be compromised even if their parents told them they were donor conceived. With the increase in direct-to-consumer DNA testing, anonymity may of course be less possible to sustain, and DCP may find out about their genetic backgrounds inadvertently (Darroch & Smith, 2021).

Either way, research suggests that many DCP are interested in knowing about their genetic heritage and may search for and desire to link with their donors (Canzi et al., 2019;

Lampic et al., 2022; Macmillan, 2022; Zadeh et al., 2018). There is a paucity of donor-linking research however (Trail & Goedeke, 2022) given that many jurisdictions still allow for anonymous gamete donation, which complicates DCP ability to search for and link with their donors, and given the recency of law changes mandating donor information registration in some jurisdictions, meaning that the DCP may be at an age where they have not yet been able to access identifying information about their donors. There is thus uncertainty of outcomes for families, and there is a need for research to explore the long-term outcomes of DC for families that includes consideration of the relational, psychosocial, and environmental influences and implications of donor searching and linking (Duff, 2022; Indekeu et al., 2021). This area is particularly important to explore given that the first DCP born under the provisions of the HART Act (2004) in Aotearoa began turning 18 late this year, implying that there will be an ever-increasing number of DCP searching for and linking with their donors, with subsequent implications for parents. Limited research has explored how donor linking is experienced by the various parties affected by DC.

This research thus explores the psychosocial impacts for parents of their DCP's search for and linking with their donors, and how this process impacted parents' perception of their relationship with the child. Additionally, parents' attitudes towards the donor and how they are perceived to fit within their family following contact is also explored. Semi-structured interviews are employed to explore nine participants' personal and individual stories, providing rich data, and offering insight into recipient parents' lived experience, which can guide clinical and psychological practice in the context of Aotearoa and the HART Act (2004).

In Chapter 2 existing DC literature is explored, including the role of donor anonymity and secrecy, parental disclosure decisions and well-being, and the relationship between parents, donors, and DCP, to provide a context for the study. In Chapter 3, the epistemological position, methodological approach, participant recruitment, data collection and thematic analysis methods are described. Ethical considerations and the methods used to ensure the academic rigour and quality of this research was maintained are also discussed. Chapter 4 explores the eight themes identified via reflexive thematic analysis and illustrated with participants' quotes: 1)'It's a natural given' versus 'it's a challenge to be confronted' – Linking as a progression of disclosure, 2) Importance of knowing and linking, 3) Searching and linking as DCP led, 4) The role of the donor in linking, 5) The role of parents in searching, building and maintaining the link, 6) Ongoing connections – friends, extended family or acquaintances, 7) Linking and the parent–child relationship, 8) The significant impacts of family building through DC. Finally, in Chapter 5 the findings and implications of this study are discussed in relation to existing literature. Strengths and weaknesses of this study are discussed, and areas in need of future research in this complex and important field are also highlighted.

CHAPTER TWO: LITERATURE REVIEW

The International Statistical Classification of Diseases and Related Health Problems (11th ed.) [ICD-11] defines infertility as a medical condition marked by an inability to conceive after actively attempting to do so for more than a year (World Health Organization, 2019). Given the ongoing international trend to delay having children (Choi et al., 2022), in combination with increasing infertility rates and the prediction of global population decline (Vollset et al., 2020), fertility treatment is likely to become a much more common necessity in family building. However, even with medical intervention, conceiving via Assisted Reproductive Technology [ART], such as in vitro (outside the body) fertilization [IVF], commonly involves multiple attempts or 'cycles', with women's age being a critical factor. For example, the birth rate following a single cycle of IVF for women aged 30-years is ~50% which steadily declines with increasing age to ~10% for women aged 43-years (Fertility Associates, 2021). Donor eggs may be recommended for age related decline and other circumstances, such as early menopause or hormonal imbalances where the eggs do not form, develop or fertilize normally. Where a male's sperm has difficulty fertilizing his partner's eggs, or where the male does not produce sperm, donor sperm may be required (Fertility Associates, 2021). Donor sperm is also an option for single mothers by choice and same-sex female couples.

The first officially reported conception using artificial or donor gametes was through sperm donor insemination [DI] (also known as intrauterine insemination [IUI]), whereby sperm is placed directly into the female genital tract, in 1909 in the United States (Hard, 1909 as cited in Raperport et al., 2022). Nearly 70-years later, Steptoe and Edwards (1978) reported the world's first baby born in the United Kingdom [UK] after IVF. Following on from the successful use of IVF using intending parents' own sperm and eggs, fertility clinics worldwide also began using eggs donated from a third, known or unknown person in the 1980s to treat infertility (Raperport et al., 2022). This chapter reviews the history of DC in an international context and in Aotearoa, the role of donor anonymity and secrecy, parental disclosure decisions and well-being, and the information-exchange and contact between donors, parents and DCP.

Assisted reproductive technology via DC [ART-D].

Across Europe and the UK in 2018, 6,379 DCP were born following the reported use of DI and 25,760 following IVF using donated oocytes (European IVF Monitoring Consortium et al., 2022). In the US more than 10,000 DCP were born in 2021 via donated oocytes and embryos (Society for Reproductive Technology, 2021). In Aotearoa, donor gametes are used in ~10% of all ART (Fertility Associates, 2021). Over 3,000 donor-conceived babies have been born since 2005 when registration became mandatory under the HART Act (2004), with the number of donor-conceived births recorded in 2021 more than double those recorded 15-years ago in 2007 (Department of Internal Affairs, 2021). However, the demand for donors in Aotearoa outstrips the number of donors available, with many people on donor waiting lists for more than three

years (Fertility Associates, 2023). It is important to note however, that official figures of donor conception cycles and DCP born do not capture privately conducted DI, in other words, donor insemination that may occur in settings outside of a clinical environment (for example, through home insemination) and thus, the numbers of DCP may be far higher. For example, a recent population study in the US found that nearly 500,000 women had used DI between 2015–2017 (Arocho et al., 2019), a number far higher than the recorded number of DC births. To circumnavigate barriers such as long waiting lists, prohibitive costs, donor shortages and legislation, prospective parents may recruit known donors, such as family or friends, for private inseminations (Gilman & Nordqvist, 2023). Donor matching websites such as thegiftoffamily.co.nz may also help parents to find alternative methods of DC outside of a clinical setting, although these then fall outside of the legislative and screening protection that clinics provide (Wynn, 2022). Alternatively prospective parents may turn to cross-border ART-D, including in unmandated jurisdictions with higher numbers of available donors (Rodino et al., 2014). This means that the number of DCP in Aotearoa may also be far higher than officially recorded.

As outlined by Fertility Associates (2021), the need for donor sperm or egg can vary depending on circumstance. Donor sperm, for example, can be used in both IVF and DI where a female's oocytes have not been able to be fertilized by her partner's sperm, but sperm donation also allows for single women and same-sex female couples to become parents. Donor oocytes can be used where a female has trouble producing her own viable eggs and donor embryos may be appropriate when the recipient couple has experienced infertility and usually exhausted other options to build a family. Embryo donation is much less common and requires Ethics Committee on Assisted Reproductive Technology (ECART) approval (Fertility Associates, 2021). Egg and sperm donation are established procedures under the HART Act and require ethical approval only for within-family donations.

Anonymous versus identity-release.

Gamete donation historically was typically anonymous, with neither parent nor DCP able to access their donors' identifying information, which was often not even recorded. Parents were advised to keep donor conception a secret, and to 'forget about' the donation, regarding it as a medical intervention only, and not an act with psychosocial implications. In many jurisdictions, such as Belgium, Canada, China, the Czech Republic, Denmark, Italy, Japan, Spain and the U.S., anonymous donation remains possible (Bauer, 2022; Ishii & de Miguel Beriain, 2022). Research involving parents of DCP who specifically chose to use anonymous donation, found that it was perceived as protective of the non-genetic parent's position in the eyes of both the DCP and others outside of the family unit (Wyverkens et al., 2017); chosen to avoid perceived adverse impacts on the DCP's sense of identity and belonging (Ezugwu et al., 2018); and related to the "idealized standard of the biogenetic nuclear family" and societal acceptance (de Melo-Martín et al., 2018, p. 239).

Anonymity and secrecy in donor-conceived families can also function as a protection against perceived familial and social shame and stigma for both the child and the infertile parent. Indeed, some parents go to extreme lengths to ensure secrecy and protect against accidental discovery, such as choosing a donor based on them having a blood type or characteristics that match their own to avoid questions around resemblance discrepancies (Imrie et al., 2020; Tsui & Cheng, 2021; Wong, 2017). In many jurisdictions clinics perform 'matching' of phenotype and characteristics, allowing recipient parents to choose a donor, based on height, weight, ethnicity and skin, hair, and eye colour (Moll, 2019; Raperport et al., 2022). However, Rubin et al. (2015) found that more information in choosing an egg donor is not necessarily better, with some parents feeling pressure in finding the 'perfect' donor, causing discomfort, and others feeling overwhelmed by the decision. Nevertheless, 'matching' can allow for 'passing', which is often seen as protecting the child and an effort to normalize the family unit, even regardless of anonymity or parents' disclosure intention (Indekeu, 2015; Wong, 2017). Other parents may attempt to keep the DC secret by buying anonymous frozen gametes from other countries, as in Tsui & Cheng's (2021) study of Chinese women, where there is then less likelihood of information exchange or contact with the donor. For some parents, such as Sunni Muslim women, total secrecy and anonymity are protective against the grave consequences of Islamic law, which forbids any type of DC, viewing it as tantamount to adultery (Bokek-Cohen et al., 2022). However, for other parents, an anonymous donor is the only option due to availability (Sawyer et al., 2013) and/or legislation protecting the donor's anonymity, as is the case in Belgium, Greece, and Spain (Lingiardi et al., 2016).

In more recent times, there has been an increasing trend towards the use of identity-release donors, where identifying information about the donor is recorded, either by the clinic, and/or often, a central registration body, and available to DCP when they reach legal age (commonly 18-years). The first jurisdiction to put legislation in place mandating non-anonymous or identity-release donation and the registration of both donor and DCP details was Sweden in 1984 (Indekeu et al., 2021). Many other jurisdictions have since also put legislation in place mandating identity-release donation, including Austria (1992), Switzerland (2001), Australia (Victoria, 1998; Western Australia, 2004; New South Wales, 2008), the Netherlands (2004), New Zealand (2005), Norway (2005), the UK (2005), Finland (2007), Germany (2018), Portugal (2018), Ireland (2020), and recently, France (2022), (Boring N., 2021; Indekeu et al., 2021). In Aotearoa, as of August 22, 2005, DCP aged 18-years have the legislated right to access the registered mandatory information about their donor held by Births, Deaths and Marriages (2022). However, whether parents disclose the use of donor gametes in conception to their DCP remains an individual choice and is not legislated, despite section 2(4)(e) of the HART Act (2004) asserting that it is in the best interests of the DCP to know and be able to attain their genetic information.

The development of identity-release legislation internationally is based upon the foundations laid by adoption legislation (Cahn, 2011; Nacher et al., 2020) with similarities and crossovers in the arguments for individuals' right to have access to their biological origins (Chisholm, 2012; Marshall, 2012). Similar to adoptees' experiences of wanting to find their biological parents (e.g., Wrobel et al., 2013), research of adult DCP who have discovered or been told about their donor conception also highlight their desire for information or curiosity about their donors (Canzi et al., 2019; Kelly et al., 2019; Macmillan et al., 2021; Zadeh et al., 2018) and the adverse toll of secrecy on parent–child relationships (Frith et al., 2018). As in findings from adoption research, late disclosure in donor conception has been found to contribute to difficulty in identity formation, feelings of anger and betrayal and poorer self-worth (Baden et al., 2019; Kenny et al., 2012; Riley, 2008). In the bi-cultural context of Aotearoa, the right of DCP with Māori ancestry to have knowledge of their whakapapa is protected by ECART (Eriksen, 2021). However, there is a lack of research considering DC from a Māori perspective in Aotearoa. Haenga-Collins and Gibbs (2015) study of Māori adults who had been adopted into pakeha [NZ European] families shows some parallels with international transracial adoption studies, which may also mirror the experience of DCP in this context. In the case of bi-cultural or multi-racial children raised in 'white' families, 'colorblindness' is often a strategy used by parents in an attempt to de-emphasize race and circumvent racism; however, transracial adoption studies have found that this can lead to feelings of racial 'alienation' with stigma and racism experienced by the adoptee as unacknowledged and invalidated (Samuels, 2009).

The move to openness is also supported by research which demonstrates that openness about donor conception leads to more positive parent–child relationships (Ilioi et al., 2017). Furthermore, proponents for identity-release donation argue that anonymous donation is a violation of the DCP's fundamental right to know their genetic origin, a lack of which may impact the healthy development of their sense of identity (Cowden, 2012; Ravitsky, 2012). This research has been instrumental in encouraging jurisdictions to update and amend legislation (Ethics Committee of the American Society for Reproductive Medicine, 2018). In some contexts, then, parents are encouraged to disclose and to ensure access of identifying information about the donor to the DCP. Some parents value this and believe that knowing who their donor is, or being able to access identifying information, is important. These parents may choose a donor known to them, such as family member or friend, or specifically choose a clinic that carries a register and practices identity-release donation. However, as reported by Lysons et al. (2022), in jurisdictions where identity-release donations are used, enabling DCP to access their donor's information, parents may not always fully understand the implications and may still believe the donor to be anonymous, especially where they do not have identifying information about the donor from the outset.

In spite of the increasing trend towards openness, the fundamental rights of DCP to access their donors' information continues to be debated, as noted by Indekeu et al. (2021). Critiques center on identity-release donation as a breach of both donors' and recipient parents' right to privacy (Pennings, 2017; Ravelingien & Pennings, 2013). However, with the increase in direct-to-consumer DNA testing, anonymity may of course be less possible to sustain, and DCP may find out about their genetic backgrounds inadvertently (Darroch & Smith, 2021; Harper et al., 2016). This implies that DCP may access information about their conception regardless of legislative frameworks, highlighting the need to understand how parents may experience their DCP's search for and/or linking with their donors.

Disclosure decisions and parental well-being

While several studies exploring parental disclosure intention have indicated that most parents at the time of fertility treatment, conception or birth do intend to disclose (e.g., Baccino et al., 2014; Indekeu et al., 2012; Kalampalikis et al., 2018), research has shown that intention does not always lead to actual disclosure (Blyth et al., 2012). Indeed, Tallandini et al.'s (2016) systematic and meta-analytic review highlights that parental decisions regarding disclosure can change over time. A recent mixed-methods systematic review (Duff, 2022) found that, "multiple, interacting interpersonal, intrapersonal, and external factors come into play influencing the likelihood of parental disclosure to DCP, and how donor conception is experienced." (p. 72). For parents who disclose, values of honesty and openness are often cited as well as the belief that DCP have a right to know (Applegarth et al., 2016; Isaksson et al., 2016; Widbom et al., 2022). However, as argued by Freeman et al. (2016), parental disclosure of DC does not always mean that parents are willing to disclose that their DCP's donor is identifiable. Some parents engage in partial disclosure, whereby the use of medical intervention, such as IVF, is disclosed, without the disclosure of using donor gametes (Isaksson et al., 2012; Tsui & Cheng, 2021).

Uncertainty about disclosure is often the result of parents finding the information challenging to share, concerns surrounding their DCP's potential reactions and the effects on their relationship, and lack of clarity about the optimal way and time to disclose (Hershberger et al., 2021; Lassalzede et al., 2017; Widbom et al., 2022). Delay in disclosing is often reported as being due to parents' decision to wait until the DCP is of an age where they can understand or when the DCP asks questions (Isaksson et al., 2016; Lampic et al., 2021). Both delay and non-disclosure were also found to result from interpersonal conflict within couples over if, and when, to disclose (Applegarth et al., 2016; Sälevaara et al., 2013). As found by Daniels et al. (2011), keeping their DC secret may adversely affect couple's relationships and well-being. The intentional decision not to ever disclose has been found in studies to be due to parents' desire to protect their DCP from potential distress and stigma and to be perceived as a 'normal' family (Hertz & Nelson, 2016; Lassalzede et al., 2017; Sawyer et al., 2013).

Imrie et al. (2020) and Lysons et al. (2023) suggest that for some parents the donor represents a perceived threat to the parent–child relationship which may discourage disclosure. A key factor appears to be parental confidence and comfort in using DC to build their families, which strongly influences the disclosure decision, but also how disclosure is experienced by parents, and by extension the DCP (Duff, 2022). Research considering the psychological well-being of adult DCP has suggested that adverse outcomes, such as difficulty in identity formation and increased stress may be the result of DCP feelings of being a victim and having been deceived by parents around their biological origin (Adams et al., 2022; Harrigan et al., 2015). In families where DC has not been disclosed, research has found increased levels of distress in mothers and higher levels of mother-child conflict (Freeman & Golombok, 2012; Golombok et al., 2013). The impact of late disclosure has been suggested as not only impacting DCP but has also been linked to less positive family relationships, higher parent–child conflict, and DCP's feelings of anger towards their parents (Ilioi et al., 2017; Jadva et al., 2009).

More recently, Indekeu and Lampic (2021) found that 100% of Swedish parents in mandated Sweden and ~96% of Belgian parents in non-mandated Belgium and had disclosed or intended to; suggesting disclosure may be related to a sociocultural attitude of openness rather than jurisdiction or legislative mandates. In families that are transparent with their DCP regarding their origins from the outset, parents avoid disclosure as an event and DCP are able to integrate the knowledge into their personal story, resulting in positive outcomes for the family's well-being as a whole (Applegarth et al., 2016). Nevertheless, parents of DCP may have multiple concerns around disclosure, including how they will be perceived as parents and the strength of their relationship with their DCP (Wyverkens et al., 2015). This may be exacerbated when their DCP begins searching for and/or linking with their donor. What most research agrees is that disclosure is a process requiring psychological support for all parties (parents, DCP, siblings and donor) and that this is often not provided (Duff, 2022).

The process of donor searching and linking in Aotearoa New Zealand

In Aotearoa, Birth Deaths and Marriages [BDM] hold two different registers (New Zealand Government, n.d.). The first is the mandatory register of donors and resulting DCP born via formal or clinical ART-D from the 22 August 2005, following the implementation of the HART Act (2004). The second is a voluntary register of donors and resulting DCP born before August 2005, allowing both donors and DCP to retrospectively register their information and indicate their willingness to be contacted. The information held by BDM on the mandatory register consists of the donors', DCPs' and their parents' identifying details (name, date of birth, place of birth, and address). However, the voluntary register only includes the details the individuals themselves wish to share. Once DCP turn 18-years they may apply, via the required forms, to access their donors' information and consent to donors being able to access their information. If any same-donor half-siblings exist and have given consent this information can also be obtained at 18-years. By application, parents or guardians can access information held prior to DCP

turning 18, either from BDM or request through the clinic. For DCP born prior to the HART Act (2004), some information may be available via the fertility clinic where their parent/s received treatment. Fertility clinics also hold more information than the BDM for births after August 2005, including hair and eye colour, height, ethnicity, the reason they donated, and relevant medical and cultural information (such as iwi for Māori donors) (New Zealand Government, n.d.). Under the HART Act (2004), donors have the right to request the number and sex of any children born as a result of their donation that are recorded on either register, however, DCP consent must be obtained to pass on any identifying information to the donor if requested. Further, the register-general retains the right to refuse provision of information to either party if any risk of endangerment can be reasonably perceived (HART Act, 2004).

As well as official registers, consumer and advocacy groups may also allow for connection and possible identification of donors and donor siblings; for example, social media pages and websites such as https://donorconceivedaotearoa.co.nz , https://donorsiblingregistry.com and www.wearedonorconceived.com. Direct-to-consumer genetic testing offered by sites such as https://www.23andme.com , www.myheritage.com and https://www.ancestry.com can also become a vehicle for information and connection. This applies especially where information has not been recorded on the register, or where donors may search for information about DCP, and implies that DCP may have the ability to discover their DC, and search for and link with their donor regardless of whether their parents disclosed or if their donor was anonymous.

Experience of DCP's searching and linking

Even in families where parents do choose to disclose, sharing DC information with their children can cause discomfort for parents. For example, both Isaksson et al. (2016) and Jociles et al. (2017) report that, during disclosure, donor-conceived children may ask questions about their donor and reflect on their non-genetic parent's role, which may cause distress or discomfort for parents. Additionally, the majority of parents in Isaksson et al.'s (2016) study expressed concerns over what would happen as their child got older and wanted to meet their donor. The risk of rejection is a fear expressed by non-genetic parents in particular, and they may try to keep the donor at a distance even if they are supportive of their DCP's need for information (Frith et al., 2012; Nordqvist, 2021; Widbom et al., 2021). This was the case in a multi-national study conducted by Frith et al. (2012) where despite supporting their DCP searching for information, over 50% of non-biological fathers expressed no desire to meet the donor. Some non-genetic fathers also reported disengaging from conversations related to the donor, suggesting that fathers may perceive the donor as a threat to their role within the family and the potential presence of grief around their infertility that is unresolved (Widbom et al., 2021). This is in line with Beeson et al.'s (2011) earlier study which reported that ~25% of DCP from heterosexual families born from sperm donation felt they could not discuss DC or their curiosity about the donor with their father.

Contrastingly, Widbom et al.'s (2021) study of Swedish parents with adult DCP also found that in some families, following DCP linking with their identity-release sperm donor, that the donor is openly acknowledged and considered to be extended family, however this was found to be driven by mothers. Freeman et al.'s (2009) multi-national study (91% U.S.) of recipient parents (98% female, 96% sperm donation), found that some parents may do the searching on behalf of their child, with 47% of parents in that study taking the lead in searching for their DCP's donor and 87% seeking same-donor half-siblings. Searching was predominantly driven by curiosity and the belief that it may enhance the DCP's self-understanding and sense of identity. Interestingly, less importance was placed on linking with the donor, with 63% of mothers linking with their DCP's same-donor half-siblings but only 10% with the donor. Nevertheless, a majority of parents reported the experience of linking as 'very positive' and exceeding expectations for both themselves and their DCP (Freeman et al., 2009). However, Widbom et al. (2021) found that for parents of adult DCP who are searching for and/or linking with their donor the meaning and importance of nature versus nurture in parenthood was still questioned, even three decades after conception. This demonstrates that the process of DCP searching for and/or linking with their donor has the power to stir up complex emotions for parents related to infertility and the chosen pathway to parenthood (Widbom et al., 2021).

While research exploring heterosexual parents' experiences of their DCP's linking with their donor is limited, several studies have considered the experiences of same-sex female couple families and single-mother by choice families. Research in Australia has found that the numbers of single mothers by choice making early contact with the DCP's donor is increasing, with many by-passing formal registration processes and searching themselves online, and most reporting their linking experience as positive (Kelly & Dempsey, 2016). Trail and Goedeke (2022) report that donor sperm recipient single-mothers by choice in Aotearoa all regarded their own contact with the donor as helpful for the healthy development of their child's self-identity whilst paving the way for future contact between the DCP and donor.

On the other hand, Goldberg and Scheib's (2015) U.S. study explored the motivations of same-sex female couples and single-mothers by choice who, rather than searching for the donor, had prioritized searching for and linking with their DCP's same-donor half-siblings. Mothers in this study were motivated by the desire to build extended family and future support networks for their DCP, but also curiosity and consanguinity concerns. While a third of parents described linking and the ensuing relationship as positive, many described unmet expectations and awkward encounters (Goldberg & Scheib, 2015). In addition, Goldberg & Scheib's (2016) study of genetic mothers from same-sex female couples who had mostly (96%) used identity-release sperm donors found that the mothers perceived their ongoing relationship with their DCP's donor-linked 'family' as important. However, the researchers found that how mothers constructed their own and their DCP's relationships varied, "going beyond a kin/not-kin dichotomy" (p. 437) and described on a continuum between family and acquaintances. Mothers

conceived of *their* relationship with the donor-linked families as family (30.6%), friends or acquaintances (33.3%), or as a unique and special relationship (36.1%); on the other hand, most mothers whose DCP had ongoing contact with their same-donor half-siblings, conceived of *the DCP's* relationship as family or extended family (Goldberg & Scheib, 2016).

Research exploring DCP's experiences of searching and/or linking with their donor also provides context for parents' experiences. Beeson et al.'s (2011) study found that DCP from same-sex and single-mother by choice families were found to be more open in communicating their curiosity and interest in linking and contact than DCP from cisheterosexual families. This may reflect the reported earlier disclosure in general in same-sex and single-mother families; but could also reflect DCP perceiving that discussing searching for and/or linking with the donor may upset their parents (Beeson et al., 2011). In her recent review considering the findings from research, including her own longitudinal study, Golombok (2020) asserts that DCP's psychological well-being reflects the well-being of their parents, the quality of the parent–child relationship, and the social context of their upbringing. As discussed by Mostyn (2017), if DCP's parents experience the disclosure of DC as uncomfortable and something to be ashamed of, this can negatively impact the DCP's experience and perception. Furthermore, DCP reported that disclosure alone is not enough, information about the donor is required to strengthen DCP's sense of identity and the well-being of themselves and their family (Mostyn, 2017). Other research has also reported that disclosure and information alone are insufficient, with DCP reporting that the process of linking with their donor and donor-linked siblings strengthened their self-identity (Blyth et al., 2012; Scheib et al., 2020). After the state of Victoria in Australia retrospectively opened their DC records in 2015, allowing those who donated or were conceived anonymously to request contact, Kelly et al. (2019) found that both adult DCP and donors who applied had the expectation of contact, with many hoping for a long-term relationship to develop.

Contact between DCP's, their donors, and donor siblings appears, in recent research, to be experienced as positive for all parties (Koh et al., 2020; Persaud et al., 2017). However, research considering parents' experiences of their adult DCP's search for and linking with their donor is scarce (Widbom et al., 2021). Ultimately, donor conception is complex, impacting many parties including the DCP, the donor, the donor's family and the DCP's parents. Lysons et al. (2022) research suggests that parents may experience some difficult and complex emotions around DCP–donor contact, and follow-up care may be beneficial during that process. Therefore, it is timely that research exploring how parents experience their DCP's searching for and/or linking with their donor in Aotearoa is undertaken to build an understanding of how these families may best be supported.

CHAPTER THREE: METHOD

The aim of this research is to understand the experiences and impacts for parents in Aotearoa New Zealand whose donor-conceived children are searching for, and/or linking with, their donors. In this chapter the epistemological position, methodological approach, method, and their rationale are discussed. This chapter further describes the methods of participant recruitment as well as the data collection and thematic analysis procedures employed in interpreting the data. Lastly, this chapter outlines the ethical considerations and the methods used to ensure the academic rigour and quality of this research was maintained.

Design and rationale

The strength of qualitative research lies in its ability to build knowledge and deepen understanding of individuals' lived experience in areas that are complex and where there is limited research, such as in the field of donor-conception (Fossey et al., 2002). This qualitative study is informed by an ontological stance of relativism, the assumption that multiple subjective realities exist which are socially constructed (Lincoln et al., 2011). The epistemological stance of Interpretivism/Constructivism at the heart of this study intends to understand how individual's social context has influenced their interpretation of reality and their construction of meaning around their lived experience (Boyland, 2019; Creswell, 2013). This research is rooted in a social constructivist theoretical framework which recognises that individuals' contextual socio-cultural and historical views are influenced by and relative to their lived experience (Neuman, 2013; Putnam & Banghart, 2017). Specifically, parents who undergo ART-D to build a family in opposition to the "dominant cultural narrative which emphasizes genetics as a fundamental component of kinship... [may] construct alternative ideas about family relationships." (Goldberg & Scheib, 2016, p. 430). The aim of this study is to gain insight and understanding of parents' experiences of their children's searching for and linking with their donor, as well as any intrapersonal and interpersonal challenges and coping mechanisms employed. Further, whether support or counselling was offered or sought and how helpful this was to the parents during this process.

An inductive social constructivist framework is ideally suited to research that targets a defined demographic and social context [i.e., parents of DCP in New Zealand who have linked with their gamete donor] in building a holistic understanding of how participants' individual experience is shaped by social influence (Boyland, 2019). In this context, interviews were selected as the means by which to collect data because semi-structured interviews provide a framework from which to explore specific research questions, and participants' subjective perspectives, gaining insight into their contextual experiences, emotions and the meaning that is constructed (Fossey et al., 2002). Using this framework, the same semi-structured interview guide was used by MD to interview each participant. While there were open-ended guideline questions, participants were free to elaborate or add any information they felt was relevant. This

methodology ensured respect for participants' stories as personal and individual, resulting in a complexity of subjective, socially constructed patterns of meaning, highlighting the shared experience of participants, without universality being presumed (Boyland, 2019; Creswell, 2013).

Reflexivity

Both epistemological and personal reflexivity are critical in a Social Constructivist framework. Engaging in epistemological reflexivity allows a researcher to acknowledge and consider sociocultural influences on their perceptions and worldview, and how this may be impacting their development of knowledge and therefore, their research (Grønmo, 2020). Additionally, throughout the process of research, researcher must explicitly deal with and own their personal subjectivity; recognition and awareness of the influence of personal lived experience in interpreting data must also be acknowledged (Boyland, 2019).

I am a married, Pākehā mother, with three grown children. My Māori husband and I underwent fertility treatment to have our first child but did not have to use a donor. However, we would have if we had needed to. I understand the struggle of fertility issues and the complexity of navigating bi-cultural ways of knowing and understanding infertility; but also believe it is impossible to generalise understanding of the individual struggle every couple and parent experiences. Every journey to parenthood is unique, as is every parent and couple. Before starting on this research journey, I had only ever thought of fertility treatment in all its multiple forms as a scientific and medical means to provide a baby to parents who were struggling to conceive, allowing them to fulfil their need for a family. I had failed to consider that those babies grow up, becoming adults, with rights to their genetic and biological histories. And, in the case of indigenous people, a right to the knowledge of their whakapapa, iwi and tribal histories. This viewpoint, stated so succinctly by donor conceived people's rights advocate, Rebecca Hamilton on a Radio New Zealand (Mulligan, 2021) interview, resonated with me. I was driven to understand more about parents' experiences of DC through the lifespan of their DCP and the contexts and meaning behind differing disclosure decisions.

I completed a dissertation in 2022 which was a mixed-methods systematic review of heterosexual parents' decisions and experiences of disclosure to their DCP in jurisdictions around the world in the last 10-years. This required an extensive amount of research and reading in the field of DC, specifically around the emotive and contextual disclosure decisions and experiences of parents, and sociocultural factors that influence individual disclosure decisions. This current study builds on this research and fills a gap in current literature identified in my systematic review. The importance of personal reflexivity and building rapport are also fundamental in the field of Counselling Psychology (Donati, 2016). My training in this field has strengthened my own ideologies and person-centred, compassionate approach which, together with my research and personal experiences in this area, may have helped in developing the non-

judgmental, collaborative, and open discussions on which this research is based. These personal and academic experiences have, without a doubt, had an influence on me. In this research, any pre-conceived ideas I may have, were addressed by keeping a research diary as an audit trail. As advised by Lazard and McAvoy (2020), epistemological reflexivity was also addressed through open and honest discussions about the research process, assumptions, and findings with, colleagues, the research supervisor, and peers, by questioning how the research method chosen is impacting the research, and by considering how I am positioned in the research.

Participant recruitment

Criterion sampling was used to recruit participants for this study via advertisements posted on websites/social media sites of consumer groups FertilityNZ and Donor Conceived Aotearoa in April/May 2023 and again in June of 2023. The advertisement was able to be shared and reposted during the recruitment period on platforms such as closed personal and community Facebook groups to also allow for snowball sampling. Interested potential participants were invited to make direct contact via email with MD and a participant information sheet which outlined the study aims and purpose in detail was then provided. Potential participants were able to ask any questions that might have about the study. Those that met the selection criteria and confirmed their interest were invited to an interview at a date, time, and location convenient for the participant.

Inclusion criteria were parents of donor-conceived persons, who had accessed donor gametes through registered fertility clinics (i.e., not home insemination), who live in Aotearoa, and whose children have previously or are currently searching for or linking with their donor. Participants also had to be able to converse in English. Given that donor conception may be shaped by legislative frameworks and cultural attitudes which differ across jurisdictions, gamete donation needed to have been accessed in this country. Furthermore, given that parents who access donor gametes from sources other than via fertility clinics (i.e., home insemination) tend to seek out and select their own donors, and thus a relationship (of sorts) may already exist, these parents were excluded.

Of the 17 individuals who initially made contact after seeing the advertisement, nine parents of DCP (including one couple) met the selection criteria and agreed to participate (Table 1). Of the eight individuals that were not included, three had DCP that were under 2-years limiting the parents' lived experience of their child's searching for and/or linking with their donor, one was pregnant, and four did not respond after the information sheet was provided. Of the nine participants that were included, two now reside in Australia, however as they were living in Aotearoa at the time of DC and as their child was growing up it was decided to include them in this study. All participants were heterosexual and of NZ European ethnicity with a mean age of 65.6 years and 89% having gained university or specific vocational qualifications. The sample of nine participants (seven individuals and one couple) reflects the experiences of eight families with 15 DCP. As shown in Table 1, DCP ranged in age from 15 to 42 years with

disclosure made prior to 1-year (n = 7), between 7–14-years (n = 6), and at 18 and 21-years (n = 2). Note that with one exception, all parents included in this study had DCP born *prior* to the implementation of the HART Act (2004). Of the other DCP, four were conceived in the 5-years prior to the HART Act coming into effect, six DCP were born between 1990–1994, and four between 1980–1986. Seven families have two DCP, one of whom has twins by egg donation. Of the remaining six families with two DCP, two used different sperm donors for each child, and four used the same donor for their second child. The remaining family has one DCP by egg donor. All have linked with their donors (egg donor n = 5; sperm donor n = 10), with most participant's *choosing* identity-release donors as offered by their fertility clinics even prior to the HART Act (2004).

Table 1

Participant and Donor-Conceived Persons Demographic Information

*PARTICIPANT	AGE	GENDER	MARITAL STATUS	DCP (*NAME, AGE)	TYPE OF DONOR	AGE OF DISCLOSURE
Margot	52	F	Married	Mark, 18 & Thomas, 15	[I]Egg (same donor)	from birth
Georgia	68	F	Married	Blair & Caleb, 20	[I]Egg (twins)	1 year
Aaron	63	M	Married	Ben, 23	[I]Egg	from birth
Grace	66	F	Married	Ruby, 32 & Eden, 29	[I]Sperm (same donor)	from birth
Luke	71	M				
Dawn	66	F	Divorced	Brendan, 33 & Brodie, 29	[I]Sperm (same donor)	21 & 18 years
Rachael	62	F	Divorced	Leah, 33 & Flynn, 31	[I]Sperm (same donor)	12 & 10 years
Xena	64	F	Divorced	Max, 40 & Daisy, 37	[A/I]Sperm (different donor)	14 & 11 years
Clare	78	F	Divorced	Eva, 42 & Chelsea, 40	[A]Sperm (different donors)	9 & 7 years

Note. *All names are pseudonyms, [A] = Anonymous donors, [I] = identity-release donors

Due to the complexity and time-consuming nature of qualitative research and time constraints imposed on producing the final report, a maximum of 10 participants was set a priori to recruitment. The sample of 9 participants included this study allowed MD to conduct and transcribe all the interviews independently, aiding immersion in the data and the development of reflexivity and a depth of insight. Braun and Clarke (2016) argue that a larger sample size increases the risk of "failing to do justice to the complexity and nuance contained within the data" (p. 5). Malterud et al. (2016) conceptualise the size of a sample in terms of the 'information power' it possesses. This information power is influenced by the study's aim, sample specificity, whether an established theory is used, the dialogue quality, and the strategy used for analysis (Malterud et al., 2016). This study's aim was narrow, requiring a highly specific group of participants, the quality of the dialogue between the participants and researcher was strong, the study was rooted in social-constructivist theory, and cross-case reflexive thematic analysis was used. As outlined by Malterud et al. (2016), a smaller sample is sufficient to obtain adequate information power in this study. This is also modelled by other

qualitative studies in this field (e.g., Costa et al., 2020; Kerckhof et al., 2020; Tsui & Cheng, 2021).

Data collection

Data for this qualitative research was gathered via semi-structured interviews which allow leeway for the interviewer to follow up on the perceptions and experiences articulated or alluded to by participants in the interview process, but also for the participant to feel empowered to explore differing angles of the questions and their own experiences (Brinkmann, 2014). The topic areas covered were DC background, context and disclosure, parents' experiences of DCP's information seeking and donor linking, and perceptions of what is needed to support parents of DCP. The interviews were conducted by MD between May and July 2023 and ranged between 50 and 90 minutes in duration. Participants were interviewed either online via Zoom (n = 6) or in-person in participants' homes (n = 3) dependent on their geographical location, availability, and convenience for the participant. MD drew on the Participant Information Sheet, which participants had previously received, to fully explain the study before offering the opportunity for participants to ask any questions or clarify any issues prior to the interview beginning. Participants were asked to provide their consent via the standard AUTEC interview consent form for in-person interviews; or the AUTEC's oral consent protocol, was followed for online interviews. Demographic questions were initially asked and manually recorded in a non-identifying spreadsheet (Table 1) to maintain confidentiality and privacy. Participants were given the opportunity to choose pseudonyms for themselves and their DCP, with most opting for MD to assign pseudonyms on their behalf. Then with the participants' permission the audio recording was begun, and the interview commenced following the attached interview schedule (Appendix A), the questions generally being asked in order. However, some flexibility was allowed to minimise interruption and allow for flow of conversation. All participants were offered the chance to add any further information or ask any additional questions at the end of the interview. Interview recordings were transcribed and re-checked manually by MD using intelligent verbatim. The opportunity to review individual transcripts and make any changes deemed necessary was also given to all participants.

Reflexive thematic analysis

Reflexive thematic analysis within a Social Constructivist framework aims to build an understanding of patterns of meaning across a dataset as interpreted by the researcher, who is immersed in the data (Braun et al., 2019). Braun and Clarke (2006) assert that thematic analysis can be utilised across many different theoretical frameworks, datasets and participant numbers, and is well suited to studies involving an individual researcher making it particularly relevant for this research. Braun and Clarke (2019) describe researchers as actively creating or identifying themes in reflexive thematic analysis, as opposed to themes 'emerging' from the data, in this case, providing insight into the lived experience of parents of DCP and telling a

story about what the process of searching for and linking with donors is like for recipient parents, as interpreted by the researcher from the data.

Five decisions for thematic analysis

Braun and Clarke (2006) outline five choices which must be explicitly considered before data analysis is begun and reflexively considered during the ongoing process of data analysis. An important consideration is what constitutes a theme; however, some flexibility should be retained rather than setting ridged rules (Braun & Clarke, 2006). Thus, the importance in relation to the research question/aim and consistency are the key considerations. The second consideration is whether a nuanced and highly detailed exploration of a specific theme or themes within the data is consistent with your research aims; or whether a rich description of themes across the entire data set is more appropriate. In the latter case some complexity may be lost but in areas, such as this study, where there is a paucity of research this may provide a useful overall description (Braun & Clarke, 2006).

Whether an inductive or deductive approach will be taken is the third consideration. In this study an inductive approach is used to situate the themes more strongly in the data and in the participants' subjective lived experiences. An inductive approach, while not able to completely separate the researchers' pre-conceptions from the data can be helped by maintaining reflexive practice (Braun & Clarke, 2006). The fourth consideration is the level at which themes will be identified. This study considers themes at the latent or interpretive level and how they may be impacting or influencing surface level explicit or semantic themes. Braun and Clarke (2006) assert that this allows for the identification of underlying assumptions and ideas that may have shaped the meaning participants have ascribed to their lived experiences. The final consideration is epistemology. This study's social constructivist framework is well suited to thematic analysis that considers how sociocultural contexts shape individual lived experience (Braun & Clarke, 2006).

Six phases of thematic analysis

The gathered data was analysed using Braun and Clarke's (2006) well-established 6-step process of thematic analysis. The first step, data familiarisation, was conducted through MD relistening to and then transcribing the audio recorded interviews, which aided immersion in the data; making initial notes during the reading and re-reading the transcripts allowed for deeper familiarisation with all aspects of the data prior to the generation of any codes. The second step was the initial systematic process of manually generating codes via the tagging and collating of "interesting features of the data" that aligned with the research question (Braun & Clarke, 2006, p. 87). This was undertaken through a process of reading each transcript multiple times to identify and organise recurring patterns and features of the data. Coding labels were then reflexively examined, carefully considered in consultation with SG, the academic supervisor, and in some cases recoded or discarded.

The third step of generating potential themes was undertaken manually and with the aid of a table developed by MD in Microsoft Excel version 16.76 to ensure all relevant data was gathered for each theme or sub-theme. This also involved the revision of themes and coded extracts to check for consistency and to ensure distinctive clarity and patterns of shared meaning were apparent and refining this process across the entire data set. The fourth step involved the refining of themes and names in relation to other themes via careful, detailed analysis and considering the data extracts were consistent without overlap between themes. A final analysis and selection of appropriate quotes that represent reported experiences was done before producing the final report and examining the results in the context of what is already known in existing research.

Quality and rigour

Miles et al. (2014) state that, as with all research, qualitative researchers must remain aware that their work is open to judgement and that a consequence of qualitative research being conducted in the real world are the very real implications and outcomes that it can have for people's lives. This research was conducted in-line with Miles et al.'s (2014) suggested five guidelines for considering the ethics, rigour, merit, integrity, and accountability of qualitative research:

1. Objectivity. MD engaged in personal reflexivity to bring any prior assumptions to the fore and to reflect on these with reference to the research process and identification of themes, this was further explored in discussion with the research supervisor. Under their guidance, MD strived to remain reasonably free of *unacknowledged* bias and to approach the data gathering, analysis and writing process with open mindedness and curiosity. In the writing process, MD explicitly and sequentially describes the methods in detail, retaining the data for possible future collaborative reanalysis, and explored alternative conclusions. This ensured epistemological reflexivity.

2. Reliability. The research questions were developed to be clear and congruent with the study design, methodology and analysis methods which were specifically outlined along with the researcher's role. Meaningful parallelism in the findings was achieved by striving for consistency in the research approach across participants and contexts. The research supervisor provided consultation and cross-checking of the interview and data analysis process.

3. Credibility. The study is described in rich detail with findings presented clearly. Whether the findings make sense and 'ring true' was carefully considered by MD with the guidance of the research supervisor who also reviewed the transcripts. The participants were given the opportunity to review the transcripts and make any changes or additions. Those who have indicated interest will be provided with a summary of findings. Gaps in the findings, uncertainty of results, and any negative or alternative findings are discussed.

4. Transferability. The participants are described in as much detail as possible within the bounds of confidentiality and privacy to allow for consideration of comparison to other parents' experiences of their DCP searching and/or linking with their donor, with the limitations discussed. Similarly, the findings are carefully considered in relation to generalisability. Congruency with prior research and theory are discussed with areas of future research to test the findings of this study suggested.

5. Application. The final summary report will be provided to interested parties, including fertility clinics, participants, and the consumer organisations FertilityNZ and Donor Conceived Aotearoa as agreed in negotiating their help in advertising for research participants. Publication of the research will also be sought.

Ethical considerations

Ethics approval for this study was granted by the Auckland University of Technology Ethics Committee on 27 March 2023. AUTEC Reference number 23/65 (Appendix C).

Informed consent and participant well-being

The study's purpose and aims were made clear to all interested parents via the Participant Information Sheet, which was sent to all prospective participants following their initial email indicating interest in response to the advertisement. Reiteration that participation in the study was entirely voluntary, that withdrawing would not result in any disadvantage to participants, and the opportunity to ask any questions, were provided as part of the study information and again following a full explanation of the study prior to the commencement of the interview. To respect diversity and culture, participants were asked if there are any special considerations that the researcher should be aware of. Using the standard AUTEC interview consent form for in-person interviews, or AUTEC's oral consent protocol for interviews via Zoom, the participants were asked to give their consent prior to the interview commencing.

Given the potentially sensitive nature of this study for some participating parents, the researcher was mindful of managing any discomfort that may be experienced and strived to provide a comfortable and safe environment in which the participants could talk. Information was provided via the Information Sheet to all participants regarding support that may be accessed through the consumer organisation, FertilityNZ for any discomfort relating to the research or being the parent of a donor-conceived child. Participants were also informed of the three free sessions of confidential counselling available through AUT Student Counselling and Mental Health as participants of an AUT research project. Participants reserved the right to not answer any questions that they are uncomfortable with, to ask further questions, or to take a break or reschedule at any time. The opportunity to review individual transcripts and make any changes that the participant deemed necessary was given to all participants. Participants who indicated verbally or on their consent forms that they would like a summary of findings were provided with this.

Confidentiality and privacy

Potential participants were invited to make direct contact with the researcher in response to the study advertisement; their details were not shared with any third parties. With permission all verbal consents and interviews were recorded, with consents recorded separately. The confidentiality of participants, their families, and their donor were protected using pseudonyms for any parties (participants, DCP, donors and their families) in the transcripts and report. All identifying and personal details, and references to places, clinical professionals and organisations were removed in the transcript and final report. The interviews were transcribed verbatim by MD with audio-recordings of interviews destroyed following transcription. Electronic data will be downloaded to a secure external hard drive and kept on AUT premises, with data being deleted after six years. Paper consent forms will be kept in a locked filing cabinet in the Psychology Department on AUT premises. Paper Consent Forms will be destroyed using a paper shredder, after the time period elapses, and then disposed of in the confidential waste bin at AUT.

CHAPTER FOUR: RESULTS

Eight themes were identified, reflecting the shared meaning and key characteristics of participants' lived experiences:

1. 'It's a natural given' versus 'it's a challenge to be confronted' – Linking as a progression of disclosure.
2. Importance of knowing and linking
3. Searching and linking as DCP led
4. The role of the donor in linking
5. The role of parents in searching, building, and maintaining the link
6. Ongoing connections - friends, extended family, or acquaintances
    a. Role of parent/donor connection
    b. Donor–DCP connections
    c. DCP and sibling connections
7. Linking and the parent–child relationship
8. The significant impacts of family building through DC

These themes, along with illustrative quotes, are presented below.

Theme one: 'It's a natural given' versus 'it's a challenge to be confronted' – Linking as a progression of disclosure.

For five of the nine participants in this study, their children searching for and linking with their donors was not regarded as an issue since they had decided to be open and had disclosed from the outset:

> It's all been easy for Ben because it started from such a young age. There was no challenges, it's just part of what it was. (Aaron)

> We just told them, we didn't sort of you know, say, "Now it's time to sit down and we're going to have a heart to heart." It was just very open, and it just came up in conversation… It just flowed in. (Luke)

These parents saw linking and contact with the donor as a given, natural process unfolding from their decision to be open. For Margot, who had conceived one child prior to the HART Act and one subsequent to, and Georgia and Aaron, who had conceived 2 and 5 years prior, contact with the donor had been established from the outset, and while they had varying understanding of the new legislation introduced following the birth of their children in Aotearoa in 2004, the legislation was not experienced as having any additional impact:

> It was important for me that we knew who our egg donor was, and she knew who we were, and we'd already established that relationship prior to that new legislation, my kids knew anyway. So, for us… it didn't really make a huge difference. (Margot)

Given that the HART Act is held to have formalised practice already existing in Aotearoa around openness, practice may have shaped parents' beliefs around disclosure or reinforced them. Either way however, disclosure was equated with not just knowing the identity of the

donor, but with donor linking. For the other participants, who had not disclosed to their children from birth, and who had conceived via donation a significant time period prior to the enactment of legislation, the implications of the HART Act (2004) challenged their initial decision not to disclose, leading to later disclosure. Again however, the DCP linking with the donor was regarded as an almost inevitable outcome of disclosure. This was the case for Rachael, whose husband at the time had the possible outcomes of linking at the front of his mind in the lead up to disclosure:

> I could see that [ex-husband] was affected, and he was probably quite worried, you know, what was going to happen to him? Was he going to be – were they going to search for this new person in their lives and was that going to be their dad and that sort of thing. (Rachael)

Often, DCP's desire following disclosure to search for and/or link with their donor was experienced by parents as yet another challenging step to be negotiated, especially where there were difficulties in accessing information. This was the case for Clare, whose daughters were conceived via anonymous donation prior to the legislation:

> I sat the children down, and I said I had something to tell them that's difficult to say, I didn't quite know where to start, but I felt that it was important that I told them that their father was not their blood father and that he couldn't have children, and I said, I wanted children, and this was a method medically available… And I said that this had been a completely closed programme where we were told that we would never know, but I said, if I can do anything to find out [about the donors], I will. And I did try. (Clare)

For Dawn who disclosed in adulthood, late disclosure had a serious impact on the parent–child relationship and the fact that in their case, although the donation had proceeded prior to the HART act, the donor's information had always been available through the clinic, created further rupture:

> The bone of contention through the whole thing was that I should have known about the register [of donor information at the clinic] … And that's what their upset was, they didn't know they could access it [the donor's information] because they didn't know that they were donor conceived… I guess I felt, you know, you don't know what you don't know. I never went looking for something like that, cause it didn't cross my pathway, you know like I had the children, and we were mum and dad. (Dawn)

Xena, who *"always felt that they had a right to know, but at what time?"* experienced the added complication of negotiating differing levels of searching and linking possibility with her son who was conceived via an anonymous donor and her daughter whose donor was identifiable:

> With Max we were told that as soon as I was pregnant all records would be destroyed, there'll be nothing, not a scent of anything… It wasn't until Daisy started going through the process when she was 18, the realisation that my son couldn't, and I just felt so incredibly sad for him, and he was really angry about it… It's only a couple of years ago that my son through DNA tracked down his bio-father and actually met him; but he was 38 then. From when he was 21 through to 38, he had a lot of anger towards us as parents for lying to him and for not having the full information for him. (Xena)

For all participants linking was perceived to be an inevitable progression of disclosure with their experiences of the process of disclosure, searching and linking ranging on a continuum from 'not a thing' to devastating. The differing disclosure times appear to have been significant.

Parents who had disclosed to their DCP from birth and linked with their donors from the outset, experienced linking with their donor as a natural and relatively trouble-free progression. Parents who had not disclosed until teenagerhood or adulthood and/or who could not access their donors' information, experienced either their own or their DCPs' searching for and linking with their donors as challenging, in some cases rupturing the parent–child relationship.

Theme two: Importance of knowing and linking.

All participants believed or, in some cases where later disclosure had occurred, had come to believe, that the DCP's knowledge of being donor conceived and where, or who, they came from was important. Aaron, who disclosed from birth, commented that, *"It's just really, just a fundamental truth or right, or something, that everybody knows who their parents are. I feel very strongly about that."* Grace and Luke, who also disclosed from birth, emphasised the importance given concerns about consanguinity*:*

> One of the reasons we disclosed early and continued to talk about it, was because we knew that 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 you were halfway through this courtship. (Grace)
>
> Or worse still, you could be married and starting to have a family of your own (Luke)

Many participants also expressed their belief that DCP knowing they were donor conceived and who their donor is, was crucial for establishing the DCP's identity. Clare, having disclosed when her children were aged 7 and 9, came to this awareness later and commented, *"Seeing the hell Eva went through, as she said, she felt that one half of herself was missing, not knowing."* In contrast, Grace, who disclosed from the outset, commented that:

> I was almost certain that they would have that need to just fill in that little jigsaw piece, and to be able to move on with life knowing who that person was that gave them life. (Grace)

Similarly, Georgia, who disclosed from birth, reflected that:

> I already knew a fair amount about the whole nature/nurture and the impact of that. So, it made sense to me really that they should know. (Georgia)

For Georgia, 'knowing' also included her sons' understanding their Māori whakapapa through their donor:

> When we were at primary school there was a Māori whānau group and I joined us up, because I thought it was important for the boys to learn some of the things so they can understand and connect with other Māori kids. (Georgia)

Parents who believed that 'knowing' plays an important role in the formation of identity, also believed that this importance extended to linking with the DCP's donor. However, Georgia *"always felt slightly disappointed"* because:

> One of the things I'd hoped for from the relationship, was that she [donor] might explain to them or introduce them to tikanga more than she has. Because I felt like that was not going to be easy for [her husband] and I to do that… I feel like they grew up much of the time not really feeling, not really identifying with their Māori." (Georgia)

Margot, who also had a relationship with the donor from birth, said that:

> I think if you don't have a relationship with your donor, then that's always going to be in the back of your children's mind, "Where do I come from?" or "Who am I?" Even though they don't consciously think it. (Margot)

Xena, reflecting on her son's experience of finally meeting with his donor at 38-years old following disclosure as a teenager, saw how important this meeting was to him for his identity:

> I was really excited for him, that he could piece together his things, because he said he'd found it hard. (Xena)

Georgia regarded her children's knowing the donor as a protective factor, helping them, and others, to make sense of their identity given her children's lack of resemblance to her and her partner:

> I would have people asking the rudest questions, "Who's their parents?" you know when we're both there, right? But that was probably another reason why it was good for them to know [the donor] because they could see where their colouring had come from, more so. And their curly hair and things like that. (Georgia)

Participants also discussed the importance of early disclosure and linking with the donor in normalising DC. Both Georgia and Aaron discussed the power of the DCP always having had a relationship with their donor in normalising DC for their children:

> Kids even at a very young age can understand the basics. And if they grow up knowing it, then they grow up accepting it and they can put it all together and see what the result has been, you know? (Georgia)

> He [DCP] knew from the beginning, it's something we talked about a lot; it was just part of his growing up… It's just something that was always there… occasional visits and sitting around talking. (Aaron)

Secrecy was conceived of as a threat to the family and the parent–child relationship by some participants, acting as a motivator for disclosure and linking from birth:

> It gets to the point where if you leave it long enough, it'll destroy your family because they go, "I was under the illusion that everything was all cool and now you're telling me that this is not the situation." Our children could grow up from tiny children all the way to adulthood knowing exactly where they came from. And even knowing to a lesser degree, who they came from [because they had some information about the donor]. So that just hasn't been a problem. You know, we dealt with the problem before it became a problem. (Luke)

> We already made that decision [to disclose and connect with donor] … The thought that a child would grow up feeling different from their family, or find out as an adult, shock, I'm adopted, or I'm donor conceived; such a big thing not to find out till you're an adult. (Georgia)

The belief that anonymity was no longer sustainable was also a factor influencing attitudes to disclosure for some participants. Clare, who had disclosed when her children were 9 and 7-years, strongly believes that anonymity is now an impossibility, *"With DNA tracking or family lines out on the internet globally now, the element of privacy has gone."* Xena's decision to disclose was prompted partly by her awareness that medical issues might negate the possibility of anonymity, *"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."* Similarly, Dawn's ex-husband's diagnosis of a genetic condition was the impetus to disclose to protect her adult children from needless

testing, *"No more secrecy they need to know. They've got these chronic conditions hanging over their head… this is morally wrong not to tell them."*

Having an established link with the donor was frequently seen as an advantage because of the ready access to medical information. Georgia discussed the advantages of being able to just message their donor, *"We just say, "[donor] have you got this?""* Aaron also discussed the advantage of his son sharing a medical condition with the donor's child:

> There was a connection there, that he [Ben] knew where it came from, that he knew why. There were some similarities in the nature of the disease so we could discuss the connection with the specialist. (Aaron)

It was clear then, that knowing about donor conception and the identity of the donor was considered important – however this also extended to having contact with the donor.

Theme three: Searching and Linking as DCP led.

For three participants, DC had been open and linking and contact with the donor had occurred from when the DCP was aged under a year. For five participants however, ongoing discussions about their children's DC and searching for and linking with their donor were led by the DCP's own curiosity, with the parents taking an active supporting role. Some parents, even those who had disclosed early such as Luke, Aaron and Georgia, held the belief that it was their child's story, and therefore the power and the rights to disclose their DC background to others rested with them:

> 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. (Luke)
>
> Ben brought it up, and my brother said, "Oh I didn't know that." And I said, "Well it's not my secret to tell." Because it was Ben's to tell... We're sort of preserving that for him I suppose. (Aaron)
>
> I think I should feel more open and be able to kind of say it more publicly, because I don't think they have an issue with it, but it's also partly that it's not necessarily my story to tell. Because I always think what would happen and how they would feel about it. (Georgia)

These parents also felt that the DCP should hold the power in deciding the form of their relationship with their donor and when, if and how they would connect:

> I think Ben was a little bit reluctant for a while… Last time he was home I said, "How about we get together with [donor]? And he said, "Oh, nah." ... Things weren't going so well in his life at the time. So, maybe that was why. (Aaron)
>
> Some of what she suggests that they do together, they're not interested…deep sea fishing and hunting and stuff, and Blair and Caleb are like, "Nooo way!" *(laughter)*… Quietly and politely and not in front of her, but yeah, they're not going to follow it up if that's what the options are, it's not their cup of tea. (Georgia)

Where DCP did not have access to identifying information about the donor, the DCP's curiosity about their donor and desire for genetic and medical information were influential in many families, leading to ongoing discussions and searching. For Grace and Luke, who had disclosed from birth, it was not until the DCP became teenagers that the DCP began to wonder about their

donor, *"They were kind of going, "Uh, well we don't know anything about the biological donor's health records or anything."" (Grace)* which was the impetus for Grace and Luke's initial contact with the clinic on behalf of their children to try to link with their donor.

For Rachael and Xena, who had disclosed to their children between the ages of 10 and 14, their children's curiosity about the donor was mostly related to genetics:

> There was just the odd curious question. Like, their father's gone bald, "Oh, was the donor bald?" … like just wondering what they picked up from those genes... Interestingly enough, my daughter went on to do genetics, she did biology at school and when she went to uni she studied genetics, so there was a little bit of curiosity. (Rachael)

> I think she wanted answers because she's [physical features], which is not something that runs in my family, and so she was after answers like that and to find out where that had come from. And I guess she just wanted to be face-to-face and find out if there was any medical stuff. (Xena)

This curiosity similarly led to searching for information about and linking with the donors. Three parents with more than one DCP experienced their eldest donor-conceived child wanting information and their younger DCP reporting not being curious or coming across as more ambivalent, although this could of course change over time. This appeared to be regardless of disclosure age.

Luke, who had disclosed from birth, explained that his eldest daughter searched for and linked via letters with their donor when she was a teenager. On the other hand, he found that his younger daughter has never seemed particularly interested:

> Eden [younger daughter] hasn't really tried to get in touch with him; but Ruby [older daughter] has tried to contact him to get any kind of information which may help with her looking back into the history of the family. (Luke)

It is possible that in families with multiple DCP who share the same donor, younger siblings may rely on their older siblings to find and share information about the donor.

Rachael, who had disclosed when her children were aged 10 and 12 and had written to the donor via the clinic in response to her daughter's interest when her daughter was 18 said, "Only my daughter wanted to get in touch" and commented that "my son doesn't want to know." However, when the donor finally wrote back after a number of years her son's curiosity was also piqued:

> I said I had this letter; would they like to hear it? And my son said, "No", and he was probably 18/19 at the time, or maybe older, so I gave it to my daughter to read, of course curiosity was a bit much, "Oh, can you read it out". So, we read it out and of course they're going, "Oh, he likes that too! Oh, that's where I get that from." (Rachael)

However, his interest in the information contained in that first letter appeared to be the limit of his curiosity about his donor. Clare, who had disclosed to her children at ages 7 and 9, spoke of how linking with the donor was initially much more important for her eldest daughter:

> For years, and years, and years, after I told them Eva [older daughter] said it just gnawed away at her, wanting to know, "who my father is." 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 and would leave it at that. (Clare)

In Clare's experience however, this changed after her eldest daughter helped her younger daughter to search for and link with her donor, with both girls researching their family history and getting photographs of their forebears on their donors' side of the family:

> Eva's donor could provide information back to the 1600s. Chelsea's donor hasn't been forthcoming with a lot of news, but his relations, 2 or 3 times removed, have linked with Chelsea through 23andMe, and they've supplied photographs of other members of the family. (Clare)

In families where an ongoing link with the donor was established from the outset, parents still often specified that contact would be led by DCP. In families where linking occurred later, contact was initiated by DCP request or interest. In all cases, parents seem to want to do what they perceive to be in the best interests of their children.

Theme four: The role of the donor in linking.

For participants who had linked with the donor from the outset, the donor's level of participation and the relationship was negotiated at the beginning:

> I don't think it was specifically an agreement. It's just how it evolved… We kind of said that we would like her to be involved, because she said that she would like to be in contact. So, after Mark [son] was born, we exchanged contact details. (Margot)

> We were able to share early on that we were both unsure about how things would go. She [donor] was very clear that she didn't want to interfere with my relationship, and she was concerned about where the boundaries would be… and we ended up reassuring each other. (Georgia)

Participants whose DCP had searched for their donor in their teens or adulthood discussed the power the donor has in the linking process around how much of themselves or their information they want to share and when, sometimes opening the way and empowering the DCP:

> The donor was always willing to have his information shared… He's told his children about it; it was an open thing all of their lives because he didn't know if he had any, if he had been successful with any pregnancy. (Xena)

> The donor said, "I'll be guided by them, whatever they want." So, he's been really good. Well, *they* have been, him and his wife. (Dawn)

In other cases, barriers were constructed where donors were no longer certain about being identifiable:

> We wrote a letter to [clinic], "How do we get in contact?" … But I think 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. And then it came about that he was interested again. (Rachael)

For Grace, the donor's change of heart and reluctance to link with the DCP meant that the clinic helped her daughters connect with their half-sibling from the same donor first, while the donor decided if he wanted to be contacted, eventually deciding he would only make contact via letters:

> He never got through that patch where he said, "Oh, I'm not in a good space." I don't think he ever – he's got his own family. Ruby didn't even get to meet him. I think he's sort of a semi-unidentifiable donor. I don't think he really wants to be seen as the father. He's just the donor. (Grace)

Parents also discussed the power held by the donor's partner and family in the linking process, whether it was in terms of adjusting:

> I said to my kids, "Did you meet the donor's wife?" And they said, "No we haven't." ... Because the donor and his wife didn't know that they'd been successful. They were never told. All of a sudden out of the blue, decades on, these two kids turn up. (Dawn)

Or outright refusal:

> Chelsea and her donor met and just sort of got on like a house on fire... So, he told his adult children and his 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. (Clare)
>
> Her husband didn't want to have anything to do with it. [He] said, "Well this is your thing." … I'm a little bit sad for [donor] that her husband, the way she's expressed it, doesn't want to be part of that… you do wonder why. (Aaron)

Prior to legislation, the decision on whether to provide information or have any contact with the DCP rested solely with the donor, who held all the power in deciding whether to remain anonymous. Even under identity release provisions however, donors retain a certain amount of power, in that they may not necessarily be open to linking beyond information exchange; furthermore, their families may not be keen on the prospect, which may also create barriers to linking for DCP.

Theme five: The role of parents in searching, building and maintaining the link.

All participants discussed their gratitude for the donor, and for some, this was a motivating factor to reach out to the donor, potentially paving the way for their children to make contact.

> I wrote first… It was a non-identifying letter because I felt that it was up to them to identify themselves. So, my letter was mainly, "Thank you so much, you've really, really, given us a real gift." And then I said to them [her children], "I've done my thank you's, if you want to go further it's up to you." (Rachael)

The importance placed on their DCP having direct knowledge of the donor was discussed as a motivating factor for parents who initially linked when their DCP were still babies and who then took the lead in maintaining the link as they grew up:

> Just to know who she [the donor] was and what she was like and know that she existed and know that they'd met… Just the knowledge of where he [son] came from. (Aaron)
>
> After the boys were born, my husband raised the topic and said he thought that he would like to meet the donor. And I thought about it for a little while because I wasn't entirely sure, but then I agreed. So, we contacted the clinic. (Georgia)

Aaron and Georgia's positive attitudes towards DC and linking as a natural progression of disclosure, led to them as parents actively nurturing an ongoing relationship with the donor, paving the way for the DCP to accept DC and the donor as part of the fabric of their lives:

> She [donor] is their genetic mother. They've (DCP) met her family; they know that her son is their half-brother genetically. They've been to her house, they've stayed

> with her, you know, they've met all her family, all her family know who they are and everything. (Georgia)
>
> Having lived through it and having a really nice relationship with the donor mum, and it's been so easy and she's keen to see how Ben (DCP) does, and we're keen to keep in touch. (Aaron)

For Dawn who had disclosed in adulthood, her linking with the donor felt like an important next step, which may help to heal some of the hurt of late disclosure, especially for her son, *"To me it [wanting to meet the donor] was like a natural enquiry."*

> I said, "Can we have some information, how can I get who the donor is to get permission for them [DCP] to have access to them?"

However, initially at least, putting a face to her donor came as a shock for Dawn:

> So, they got me to come back to see them and said, "We have found this piece of paper, and this is your donor's details." … And that's when I realised this is a person, this wasn't just a pretend, you know, we've carried on as if he didn't exist. And that was a shock for me. (Dawn)

Both Dawn and Xena reported that their late disclosure was a result of conflict with their partners regarding the decision to tell. Both mothers constructed their divorce as empowering them to initiate and insist on disclosure, as they had always wanted to do:

> People have said to me, why didn't you just say, "This is what I want, this is what we're going to do, we're going to tell the children now, irrespective of your feelings." Well, in that period of time, you respected your partner, you know they were so strong on those feelings, you respected that wish… it wasn't a joint decision, and it needs to be a joint decision. (Dawn)

However, the conflation of two upsetting pieces of information, the divorce and their donor-conception, had an adverse impact on the parent–child relationship, which mothers were often left to deal with alone. For Xena this was compounded by the fact that only one of her children would be able to access their donor's information on turning 18, her eldest son's donor being anonymous:

> My ex-husband then left the house [after disclosure], with me with this teenager that was not reacting well… But my ex just had this, almost closed door… any information that my son has wanted at any stage he's got from me. (Xena)

On the other hand, Clare felt that *"The fact that my ex-husband had died, sort of made that easier, in that he wasn't there to be involved at all in any discussion,"* removing some of the barriers to searching on behalf of her young daughters, that she perceived would have been created by his resistance to disclosing or even discussing the donor conception. However, despite her intensive efforts to find her daughters donors, Clare did not have any success:

> I'd asked [doctor] outright when he was alive, I'd communicated with his wife, when he couldn't actively communicate, I'd put pressure on his secretary who arranged all the mechanics of sperm coming into the clinic, and I'd just drawn this blank. (Clare)

As her daughters got older, her eldest, Eva, took the lead in searching and Clare's role became one of support. However, once her eldest daughter's donor had been found, Clare took an active role in the process of linking with her daughters' donors, meeting Eva's donor before she did:

> I had gone to New Zealand to visit Chelsea, and that's when Eva said to me, "I've got something to tell you. I've been phoned, somebody said they think they've found my father" ... and I said, "Well, I will fly down to meet him." And that's what I did. So, then I was able to relay it back to her. (Clare)

Despite Rachael having disclosed with her husband when their children were young, the process of linking when they got older, and after the marriage had broken down, was experienced as another challenge to her fractured relationship with her ex-husband:

> I said to my ex-husband, "This was a decision we made together and isn't it showing unity to the children, that the donor was important, but we're still united as their parents." … But that's when he turned it all around… He said that I was trying to force something on the children. (Rachael)

For some parents, the clinic played an important initial role in the process of linking. However, after relying on the clinic in the beginning, Margot felt empowered to build and maintain the link without any further help*:*

> The clinic wanted to facilitate meeting afterwards, and we just like, "Yeah, nah, we don't need you mate, we'll just do it ourselves." And so, we just established that contact. (Margot)

Georgia also relied on the clinic initially:

> It wasn't a case of us meeting [donor], it was a case of *all* of us meeting [donor]… we had our first meeting the weekend the boys were a year old at the clinic, and we discovered that actually we lived in the same suburb… the boys have remained in contact with the donor and her family pretty much on and off ever since. They're now 20, so that's kind of 19 years. (Georgia)

Theme six: Ongoing connections - friends, extended family, or acquaintances

<u>Role of parent–donor connection</u>

For some parents, their child's ongoing relationship with the donor was dictated by the parents' view of the relationship as important to maintain. Margot expressed this when she said, *"They 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."* For others, such as Georgia and her husband, maintaining an ongoing connection has not been without its challenges:

> I think [husband's] 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 [donor] should be a bit more consistent… so I've probably tried a bit harder at trying to initiate it and keep it going; but yeah, more recently we've kind of just accepted it's not going to." (Georgia)

For five parents, regardless of age of disclosure or linking, the relationship with the donor was described as one akin to extended family or friendship:

> The donor and I talked about my relationship with him and his wife, and I said, "Well there's no book on how this goes, it's how we want." … And I think we will continue to make contact, irrespective of whether my children do or not, because he's taken this

> quite seriously. I would choose them for my friends. And I think that we do have a relationship now. (Dawn)
>
> We're just kind of on the peripheral of their family… When [donor's] girls had their babies, she text us to say, "They've had their babies." And text us a photo… it's like, we're friends, 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 – their ability to be able to make anybody, as soon as they meet you, feel warm and welcome and cared for and they're interested in you – I think that's absolutely such a wonderful, wonderful, trait and they get that from [donor]. (Georgia)
>
> It's been an easy relationship. It's been nice, it's like having a, gosh, I feel like an Aunty come to visit. It's not the familiarity of a sister or something, it's more a family member a little bit more distant. (Aaron)
>
> I would say the donors are part of the extended family… When I met [Eva's donor], he introduced me to people as, "This is the mother of my daughter." *(Laughter)* I mean, it was a slight shock, to total strangers. (Clare)

For Grace and Rachael, linking with the donor was more about helping their daughters to answer some questions, and nothing more. As Rachael said, with that being done, *"I've sort of got no desire to keep in touch. I don't believe there needs to be any contact."*

> It is a stranger and it's kind of awkward… I remember at dinner, my daughter and I started laughing and he was like, "What's funny?" and we said that he just sounded so much like my son, and we could both see it… I'm sure my son's going to look exactly the same when he gets older. But it is kind of abstract that you've conceived by another sperm, and not too much emotional attachment around that. (Rachael)

Thus, in some families, the relationship with the donor is constructed as an extended family type relationship of various forms; in other families, the relationship with the donor seems more boundaried and for practical purposes only.

<u>Donor–DCP connections</u>

Some parents perceived that their children's long-term connection with their donor was just an accepted part of their life. Again, the relationships were often framed with reference to extended family metaphors:

> The boys say she's part of the family but she's not part of the family. It's kind of like she's part of the wider family but she's not part of the immediate family. (Georgia)
>
> I don't think that they'd ring her up and have a chat, but I think that if there was something they wanted to know, I think they'd feel quite comfortable to ring her. (Margot)
>
> He called her [donor's name] I think, when we were talking about her, or 'donor mum'… So, not a big day to day role, just like an aunty come to visit. (Aaron)

For Dawn, the discovery that her son, Brendan, considered his donor as something more than extended family was unexpected:

> My son refers to him as 'father'… I was surprised when he came out with that term the first time he did, I certainly don't think my daughter calls him that. And the donor sees them as extended family, definitely.

Clare also found that the relationship between her eldest daughter and the donor developed into more than extended family and felt relieved when her eldest daughter's donor included her younger daughter Chelsea, whose donor is more reticent:

> The nice thing is Eva's donor said to Chelsea, "Well, Eva is your sister, I'm Eva's father, you're part of the family."

Other parents perceived their children's connection with their donor to be more casual and less important:

> I think it was a "Yeah, oh well, I've done that" type of thing experience rather than a high, "I'm really excited about this" or a "I'm really sad about it." It was just kind of, "Ok, well I've ticked that box." … A couple of letters and that's been it." (Luke)
>
> We spent quite a bit of time together [when he – the donor – visited], and then he went off, and I think Leah [daughter] does exchange the odd thing with him. (Rachael)
>
> Daisy [daughter] doesn't think much of him [donor] to be quite honest. But her donor has let her know [specific medical condition] is a genetic thing in the family. So, he'll send her emails about that sort of thing, but there's no real ongoing relationship. (Xena)

On the other hand, although Xena's son shared with her that he had found his donor and also that his initial meeting with the donor went well, she commented that *"he blows hot and cold"* lamenting that she does not have a clear understanding of her son's relationship with his donor due to the breakdown in their own relationship.

Parents also discussed their children's differing experiences when they had more than one DCP. Dawn discussed her son, Brendan, spending more time with the donor than her daughter, Brodie, does but was relieved that her son had built that connection and perceived the boundary to both her children building a stronger connection with their donor as purely geographical:

> But I don't think they've even had a chance to build a relationship, because of the distance; but I know, that they know, that the donor genuinely wants to be involved. (Dawn)

Nevertheless, for Dawn, her daughter's assertion that, *"He's a really nice man, mum"* demonstrates that the donor has their respect, which she values as incredibly important. Dawn also expressed feeling protective towards the donor in relation to how the disclosure had impacted her relationship with her son, not wanting it to impact the newly forming relationship between him and the donor:

> It's not his [the donor's] fault that they [children] didn't know about him. You know, they were never told and now they're angry and this has all broken down. I mean, they [donors] don't do it with any promises that they're going to create these great families. You know when it doesn't work out that's not their fault. (Dawn)

Grace discussed the apparent boundaries put in place by her daughter, Ruby, in her communications with the donor, whom she had never physically met:

> I said to Ruby, "Have you told him about your children?" Thinking that that would have been a reason for another contact. But she hadn't told him, so I found that interesting that she hadn't. (Grace)

For Grace the lack of contact indicated that her daughter did not have any further questions that needed answering.

Conversely, Georgia perceived that their donor had put boundaries in place to protect herself from becoming too attached:

> I don't underestimate the difficulty; I know it's been hard for [donor]… she was very conscious of not wanting to interfere or take over in any way. And she has said that from time to time she felt that 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)

Aaron discussed their donor as being mindful of not overstepping any boundaries the family may have:

> [Donor] follows Ben's Facebook. She said, "I feel like I'm stalking. "I said, "No, no, no, it's all good." *(Chuckle).* 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. I think she respects our privacy if that's what we want. But we don't. (Aaron)

Clare was also able to see things from her younger daughter's donor's perspective, *"He'd been promised anonymity…while we've been preparing for this for [her] entire life, he hasn't."* Nevertheless, she also expressed sadness about the boundaries her daughter's donor has set, *"He hasn't wanted to meet her husband, he hasn't wanted to meet her three children"*, due to his family's refusal to accept her daughter, despite their instant connection:

> It was just 'click'. She'd gone to have a drink with him and said, "I'll be home in half an hour." Three hours later, or may have been four, she came home absolutely on a high. (Clare)

However, Clare remains confident that Chelsea's donor, *"will become more inclusive, rather than less, as time goes by."*

<u>DCP and sibling connections</u>

Some parents reported that their children were more interested in meeting their half-siblings than they were in meeting their donor. This was the case for Grace and Luke, whose daughters received the information that there were other children from the same donor with excitement, which they also experienced:

> We found that there were eight siblings, and that Ruby is the eldest, and Eden is the youngest. That's a three-year span. So, there's eight of them within that three years... And I would have loved, at that point in time, I would have *loved* to have got them all together in one room. (Grace)

> It would be nice to know them all. Just to know who they are and where they're at sort of thing…with so many of them and being in such a tight age bracket, it would be really fascinating to get them all together. But it's not possible I don't think. (Luke)

Grace and Luke's daughters only managed to find and link with three of their half-siblings building an ongoing relationship with their half-sister but only meeting their half-brothers once:

> The very interesting thing about one of those boys… one of them looks so much like Eden. There's a very strong resemblance – you could put them in a room, and you'd immediately pick them as being related. (Grace)

Rachael spoke of how her son, Flynn, was less interested in meeting his half-siblings by donation than the donor's children:

> Flynn did actually say he'd be interested in meeting his biological siblings, not so much the other donor children, but the donor's [own] children, even though he doesn't want to know anything about the donor. (Rachael)

Other parents reported their children's ability to maintain or establish a link has been challenging, despite having the desire to do so:

> Leah wanted to go and visit one of his [donor's] daughters that she's kept in touch with, but unfortunately that didn't work out. (Rachael)

> Chelsea's half-sister lives not far away from where she lives, she's not married, she's got no children. And Chelsea said, "It's such a shame, she's an Aunty, and she could be included, and it could be nice." (Clare)

On the other hand, Clare's older daughter, Eva, has managed to connect with and build relationships with her half-siblings:

> Eva has met that half-sister [by donation], but I don't think they feel particularly close. Whereas I think Eva had a warmer relationship with [her donor's] daughter by marriage… [she also] corresponds with her half-brother, [donor's] son by marriage, quite regularly, and they'd love to meet, and who knows, maybe they will. (Clare)

Other participants' children had also linked with and built strong connections with their half-siblings. Xena reported that for her son Max, linking with his donor also meant linking with the donor's own children, *"Max talked on the phone with his donor, and the siblings, and they all met up and spent a couple of days [away together]."* Her daughter, Daisy, had linked with both the donor's other children by donation and his own children:

> Daisy's met his own children, and therein the full extent of her half-siblings as well. And she's friends with quite a few of them… she's friends with one of his direct children who's in the same town as her. (Xena)

For Margot's sons, the connection to their half-siblings has been life-long, and again we see the relationship with the donor and her family is constructed as extended family:

> When Mark was first born, [donor's daughter], who was nine at the time, said to me, "Now, what relation is Mark to me?" and I said, "Well, that's an interesting thing." And she said, "Mum said, he's a millionth of my brother." … It can get a little bit challenging, but I really liked what [donor] said. (Margot)

> Recently when we took the boys down to see [donor's daughter] and her family, I said, "You know technically, you're those kids' uncle." And they looked at me like, really!? And I said, "Well, technically, not practically, but biologically, yeah, you're their half-uncle." And they just looked at me going, "Oh, okay." (Margot)

Margot further discussed her hopes that Mark and Thomas would maintain their relationship with their half-siblings, *"I said to the boys, that we would like them to keep in contact as they grow older."*

Theme seven: Linking and the Parent–child relationship.

Most parents experienced searching for and linking with their DCP's donor as something that strengthened the parent–child relationship. Georgia, who initially experienced some fear around linking, *"It was a fear in the beginning… How is this going to work, how are they going to feel?*

Will they feel closer to her [the donor] because they're genetically connected?", now perceives that helping and supporting their children link, *"probably enhanced their trust in us."*

> I think they appreciate that we made the effort… They were very happy to know [donor], but it didn't in anyway interfere with my relationship with them, or them with me… I think they are glad we didn't hide it, they're glad that we gave them that opportunity and explained it from an early age. (Georgia)

However, some parents who had disclosed early reported that the donor conception was not something that was commonly discussed with the DCP now that they are older. Margot said, *"It hasn't come up for ages."* For Georgia who conceives the story of their DC as belonging to her sons, the lack of discussion was reported as being related to the lack of contact with the donor, she said, *"It's up to them to talk about it. But we haven't… partly probably it hasn't come up more recently because we've sort of had less contact with [donor]."* For Aaron who also conceived of his son's DC story as belonging to him, the need for an 'adult conversation' was acknowledged as needed:

> It hasn't been a topic of conversation for the last ten years or so. It's not an active topic of conversation, so we haven't, with a mature Ben [son] talked about who he would like to know, or not know. It would be interesting to discuss it with him. He probably says, "I don't care" I think. It's not a big issue to him. But it would be interesting to know that.

For other parents, linking later in life meant that it was very much still an active topic of conversation. Clare, whose DCP's search for their donors took many years, said, *"I always hoped it would be possible"* and was *"thrilled"* when her daughters finally found and linked 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 that I couldn't supply. And it's a half they've been pleased to have. And it's also nice that we can all talk about it. (Clare)

Rachael, however, noted the potential for linking to impact the parent child relationship, noting that her son's protectiveness of his father acted as a barrier to linking with his donor:

> He's very loyal to his dad, and, I don't know, he just doesn't want to know, didn't want to see a photo. He did try to put it into words, it was something like, he was almost afraid that his loyalties might move, I think to the donor or something? I couldn't quite understand what he meant. But I haven't pursued it. (Rachael)

For two of the participants, however, late disclosure, the lack of information about the donor and the inability to link had profound consequences, creating a wedge between themselves and their donor-conceived children.

> Disclosure actually triggered a downward spiral in my son into alcohol, drugs… And I was powerless to stop that… I copped all of the blame, because I was the one that was answering all of the questions… It was only about 2-months after the disclosure that I forced the issue that he go and live with his father, because I couldn't be – he needed someone stronger than me. And then I had very little contact with him, he wouldn't come near me for quite some time. (Xena)

After one particularly upset phone call when he was younger, Xena was fearful for her son's safety:

> I said, "Max I'm getting in the car, I'm coming down now and we'll talk face-to-face." And when I turned up and he just turned on me and said, "What are you doing here, you're not my mother. You have no idea how to be a mother." You know, so it was just… *(long pause)* and it's still broken, it is still broken, it's still not right. (Xena)

With the passing of time some further contact developed, although their relationship remained strained, *"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 that Max has recently moved to the town where his donor lives, *"That one kind of hurts a little bit... You know (shrugs), but... I don't know because he just doesn't discuss it."* This potentially has fed into Xena's fear, held from when the children were conceived, *"It was a feeling that, ohh, they're going to want to be with them [the donor] more than me."*

Dawn had a similar experience following disclosure in adulthood, despite her having found that the donor's contact information was available for her children through the clinic:

> They [her 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 *(pause)* pretty bad. And also, we'd had a significant event that had caused us to separate too, so you know, they'd had a lot of stuff, huge stuff. (Dawn)

Despite Dawn's daughter saying, *"It's not the same, it will never be the same",* Dawn said, *"we have restored our relationship, but that's not to say that there are not deep scars."* However, her relationship with her son remained difficult for many years, *"Brendan was raised well with strong values of fairness and equity and honesty, and it was all too wrong and hypocritical for us to "do the opposite""*:

> He waxes and wanes. He was angry, very, very, bitter and angry about the whole thing… He said, "You can't make an excuse. You should have known. You should have known what the HART was about. You should have told us." (Dawn)

Overall, early disclosure and the ability for linking 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.

Theme eight: The significant impacts of family building through DC

Participants felt that building their families via DC carried significant impacts. For example, Xena reflected that this form of family-building, *"was outside the box",* Margot that *"there is a lot of quite tricky things to navigate",* and Clare that, *"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."* Margot reflected on the longer-term implications, saying that, *"It doesn't stop… It's like dropping a pebble in the pond, and the ripples go out fairly wide."*

Of the eight families represented in this study, four had divorced and four remained happily married. All the parents who were married answered with a resounding "No" when asked if they believed that donor-conception or the DCP linking with the donor had negatively impacted their relationship. However, as articulated by Clare, *"[donor conception] could cost you your marriage as your husband's level of resentment grows."* Indeed, in most of the divorced

families, unresolved emotions relating to infertility and the use of donor sperm appeared to play some role in the eventual break down of the marriage:

> For my husband at the time, I believe it was his denial and that it wasn't a big deal. It was quite a challenge, seeing his behaviour. He wouldn't share [how he was feeling]. (Rachael)
>
> He was never going to agree that he was infertile. And so, at any point throughout our marriage if I ever said anything about telling the kids he would feel threatened and angry. (Dawn)

Some parents highlighted the importance of having access to more in-depth counselling for the infertile parent:

> I feel there's a great need for those men, who are going to take on that role, to be supported and have somebody to talk to, beyond their wife. I mean, I had a goal, I had a target, and this was something *I* could do. But what it's throwing up on the other side is, *you* can't, but you've gotta go along with it. (Clare)
>
> Maybe a bit of counselling, a bit more in-depth counselling might have helped my husband if [someone had said] "Maybe there is a bit of grief there for you, is there something to deal with?" (Rachael)

All participants discussed the importance of the availability for ongoing access to counselling support from the clinic:

> I think support needs to be ongoing so that 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. (Margot)

But some reflected that ongoing support was also difficult to access:

> I went back to the clinic and said, "This is a nightmare! This is all absolutely a shambles." And I said, can you offer – there needs to be counselling around this. And she outlined the fees involved for me, 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)

Some parents felt that they were not given the support and information they needed to help navigate being parents of donor-conceived children from the outset, especially where they were not given guidance around the importance of disclosure:

> If I had ever been told it's a really good idea to tell these children from the beginning, it would make a lot of sense to me, and I generally follow good advice if I'm told it, and I would have, there was no way I wouldn't have. (Dawn)

Many of the participants expressed that they would have liked connection with other donor-conceived families:

> I've asked through [clinic] if the other families, three/four families all together, if they were interested in meeting up with my children, but two families haven't told their children, and the other one's weren't that interested. Because I think, for my daughter particularly, she would really like that… I think that's been the biggest thing, not knowing anyone else in your situation. (Rachael)
>
> Even a support group where you get together with other people who are going through the process as well, so that you can form friendships, relationships, so that that's a way of bouncing ideas and discussion about things. (Xena)

Community support groups were highlighted as helpful for four parents:

> The adoption course [we did] was the most fundamental, helpful, mind-altering course with respect to donors and donation. (Aaron)

> I've always felt that if I had an issue, I probably wouldn't go back to [clinic], I would go to Fertility New Zealand. I would probably go to them rather than [clinic]. (Margot)

> The donor conceived group was really interesting. I learnt so much. I learnt that my son's reaction is not unusual. (Dawn)

> I went back to [clinic] and said, "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. (Georgia)

Parents, even those who had had their children more recently amidst the trend to openness, discussed resources that would have been valuable to them in the process, such as handbooks, positive stories from DCP, and someone checking in on how they were going:

> Like you can do end-of-life plans, doing a plan up right at the start of when do you think you'll tell your children and how will you tell them. (Xena)

> There should be more stories on the other side about, 'I knew from the beginning, and this is what it meant to me.' (Georgia)

> If there's any doubt in people's minds about the openness of it then they need to hear from people who are donor conceived. (Aaron)

> Some checking in from someone, "How's it going?" … And then, checking in with like a quick questionnaire or something every few years might have been helpful. (Rachael)

> No one sort of comes and checks up on you, you know? And I think that's a fundamentally critical relationship. For the child it is. It's so important for the child that, gosh, there should be somebody saying, "Hey, how's it going for Ben? Is he connected?" (Aaron)

Parents also discussed the importance of support from family and friends in coping with challenges. For Luke a large part of this was acceptance and being open:

> I kind of wish that I could say, "Gosh, I'm proud to be their biological father", I'm proud to be their father, but I'm not proud of the fact that I wasn't able to create them… I could sit there, and I could beat myself forever up over it, or I can accept it and get on with it and not try and hide it… absolutely *all* of our friends, know our situation. So, that makes it easier for me to cope with too, because I don't have this nagging feeling inside me that I'm living a lie. I'm not living a lie. It's all out in the open. (Luke)

Most participants felt that it was crucial for parents of DCP to understand the importance of disclosure and linking from an early age:

> My advice would be, encourage all the people that are involved in it to be open about the situation and not hold back, ever, because the more you hold back the more difficult, you know you'll create a set of questions that you won't necessarily get the right answers too. The more you can sort of feed the answers in, in advance, the happier people will be within their own skin. (Luke)

> 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. (Aaron)

> Early disclosure. But it has to be that both parents actually understand the importance of it, the value of it. It's not about them… it's not about their failure to be normal, you know? It has to be about what's best for the child. (Dawn)
>
> Try and get to meet with the donor early on. And you can do that without the child, or when the baby's too young to know, and being able to tell your child right from the beginning, you know like with the baby books and whatever. Just talk about it, "In order for us to become a family we needed another person, we needed help" ... do it early and often and just grow up with it as being normal and natural, and *special,* because actually you're very lucky to be able to become a family. (Georgia)

For the participants in this study, donor-conception and the journey through disclosure and linking with their DCP'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 and linking with their donor had presented as more challenging. All parents discussed the importance of disclosing and linking from an early age and the need for better support around DC families throughout the life of the DCP.

CHAPTER FIVE: DISCUSSION

Studies have found there is growing awareness of DCP's need to know their origins, and a general trend towards greater openness (Duff, 2022; Goldberg & Scheib, 2015; Indekeu et al., 2013; Kelly et al., 2019). In this study DCP were mostly conceived prior to the implementation of the HART Act (2004). 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. Searching for and linking with the donor was found to be constructed by parents as an inevitable and natural progression of disclosure - This process was often driven by the DCP, or parents' perceptions of their DCPs' needs but was experienced by parents as less challenging when disclosure had been early and the donor conception narrative always part of their DCP's life. Parents were often instrumental in supporting their DCP in linking with their donors, while donors' willingness to be contacted and available for linking, especially where donation had proceeded under anonymous or pre-legislation contexts also affecting outcomes. Parents' early disclosure and support for donor linking frequently had positive impacts on the parent –child relationship; however, in some families, late disclosure and the lack of donor information caused a rupture between parents and DCP's. Relationships between DCP and donors, and parents and donors, were constructed in different ways with some parents describing an extended family or family friend relationship and others a more functional relationship. Interestingly, some parents perceived that their DCP valued meeting with their donor siblings (either those raised by the donors or from the same donor as them) over and above meeting with the donor. The findings and implications of this study are discussed in relation to existing literature. Strengths and weaknesses of this study and areas in need of future research are also discussed.

Parents in this study construct DCP knowing their genetic origin and linking with their donor as important, regardless of legislative context. Factors, also referenced in other research, emphasising the importance of knowing (Applegarth et al., 2016; Isaksson et al., 2016), including knowing 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, were commonly cited. These factors were also cited with reference to reasons for linking – Simply knowing about DC was often not reported by parents to be sufficient, for parents or for DCP – rather, having the ability to find out the identifying information about, and linking with donors, was deemed important, even if this was a realisation come to over time for parents who had not initially disclosed. This desire for identifying information allowing for linking has also been reported in some research (e.g., Dempsey et al., 2019; Freeman et al., 2009) including in New Zealand, where a study by Trail and Goedeke (2022) of single mothers by choice in relation to their identity-release sperm donors, found that the ability to link, over

and above identifiability, was expressed as desirable. In the latter study, part of the reason for linking was to build a connection between the DCP and the donor which was perceived as important in helping the development of the DCP's sense of identity; however, mothers also reported wanting to build their DCP's extended family network. However, in this study, the differing legislative contexts in which parents underwent donor conception shaped their linking experiences, with the age of disclosure appearing to be a significant factor in how parents experienced their DCP's search for and linking with the donor.

For the five parents who had disclosed from the outset, linking with their DCP's donor was perceived as a natural progression of that disclosure and they were comfortable with it. Even in families who had disclosed from the outset but where linking did not happen until the DCP were older, parents were open to this prospect, at the request of their DCP. The parents who had disclosed *and* linked with the donor from the outset believed that DCP having knowledge of the donor was an important part of forming identity – that being donor-conceived was assimilated into their DCP's sense of identity, becoming part of who they are and 'not a thing'. This is in line with findings from Applegarth et al. (2016) that being open about DC from the outset means not having to 'tell' and the DCP experiencing their DC as just something they have always known about themselves. This also flowed into how parents in this study, who had linked with the donor from the outset, perceived their DCP's view of their donor, as somebody they have always known, who has always been part of their life, but not as someone who threatened the parent–child relationship.

For the three families in this study who conceived via egg donor just after or just prior to the HART Act (2004), the decision had already been made to build an open and ongoing relationship with their donor and therefore, the DCP knew their donor from the outset. In this study, the DCP's lifelong link with the donor and relationship was experienced as positive, cementing parents' views that they had made the right decision. Furthermore, similar to Gebhardt et al. (2017), this research suggests that these three families, who reported that DC had not impacted their intimate-partner relationship, may have experienced their strong relationship as a buffer to any potential stress resulting from disclosure and linking with the DCP's donor. Indeed, for one participant, linking was constructed as a protective factor for their family in relation to the DCP's Māori heritage through their donor, empowering the DCP with the knowledge of why they looked different from the outset. This family also constructed DC as something special to be grateful for; however, disappointment was also expressed that the donor did not share more knowledge with the DCP as they grew up regarding tikanga and whakapapa, which they felt may have further helped in the DCP's identity development. The complexity of Māori tikanga around family is in part considered in the implementation of the HART Act (2004) in Aotearoa which recognises whakapapa [genealogy] as fundamentally important (Webb & Shaw, 2022). Furthermore, the Ethics Committee on Assisted Reproductive

Technology [ECART] actively protects DCP's right to know their whakapapa (for example, Eriksen, 2021).

However, the onus of imparting this knowledge is sometimes beyond the capability of donor recipient parents and, by necessity, falls to the donor themselves. Ruru (2005) raises the challenges involved in ensuring that DCP have customary rights to their genealogy due to competing responsibilities and rights; namely, the rights of the donor to decide to help another person to conceive, the recipients right to bear a child via ART, the child's right to know their genetic origin, and how that all sits within the wider customary belief of children as belonging to the extended family, with their parents holding "the child in trust for the whanau" (p. 339). However, as discussed by Samuels (2009) acknowledging the DCP's difference and lived experience is crucial for transracial donor families. As demonstrated by the family in this study, this can help in building strong and healthy parent–child relationships. However, as also demonstrated by this family, linking with the donor from birth and having a relationship with the donor and the donor's family was not enough to ensure the DCP felt connected to their Māori genetic origin. The unfulfilled expectation for this parent around empowering DCP with an understanding of tikanga and whakapapa to allow them to make their own informed decisions around how this knowledge fits within their self-identity, demonstrates the importance of parents and donors discussing expectations from the outset.

All parents who had disclosed and linked early saw their role as facilitating and normalising contact between the donor family and the DCP while they were children, whilst empowering the DCP to maintain the relationship, should they wish to, as adults; although in one family it was made explicit that this was the parents' desire. In general, these parents perceived that the story of their DC belonged to the DCP, they also perceived the power to define the subsequent parameters of the DCP's relationship with the donor to be in the hands of the DCP as they got older. This meant navigating an organic process of 'handing over' the maintenance of the donor–DCP and half-sibling relationships. In some cases, there was also a process of letting go for the parents as DCP got older and started to lead separate lives, thus transitioning from a parent-led to a DCP-led relationship with the donor. This was the case for one mother who was able to let go of her struggle to maintain the connection with their "inconsistent" donor and allow her adult sons to choose to maintain the connection, or not. In all cases where the clinic had played a role in helping to establish a link, parents and DCP were empowered to choose to maintain the relationship with the donor, or not, on their own going forward, or at the initiative of the DCP, confident that the option was there for the DCP to pursue if desired. Most parents in this study constructed linking as positively impacting their parent–child relationship; further, most perceived this relationship as strengthened by their support of linking and the DCP as grateful that their parents chose identity-release donation.

On the other hand, one mother, who disclosed in childhood, the lack of legislation and difficulty in searching for and linking with their donors caused hurt and frustration, bit was constructed as a challenge faced as a family, bringing them even closer. In this case, early disclosure seemed to function as a buffer protecting the parent–child relationship, with the mother's support of the DCP's search over many years, further strengthening their bond. In the five families where searching for and linking with the donor happened in adulthood, including one who had disclosed from birth, parents reported being actively supportive of their DCP taking the lead. Parents found 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, even identifying information, about the donors was not considered enough for DCP in most cases, and as in other studies, this study found that DCP are often curious about their donors (Canzi et al., 2019; Macmillan et al., 2021) and wanted to link with them.

Although four parents in this study experienced differing levels of interest, whereby one DCP wanted to link with their donor, and one was not particularly interested. However, in one family, the eldest DCP's success in searching for and linking with their donor, encouraged the youngest's interest, supported by their elder sibling. This suggests that in families with multiple DCP, potentially younger siblings may rely on older siblings to pave the way and highlights how DC is a dynamic process with desire for linking and contact evolving over time. Recent research has found that DCP's reasons for searching for and wanting to link with their donor were often given as curiosity or wanting genetic or medical information (e.g., Canzi et al., 2019; Macmillan et al., 2021). This was also reported by three families in this study who also reported that once the DCP had their questions answered, their curiosity and interest in the donor appeared to be satisfied and ongoing relationships have not been pursued, although this could also be related to the legislative practices in place at the time of the donation, which did not necessarily encourage donor linking. Nonetheless, as suggested by Daniels (2005) an attitude of openness underlay the legislation being put into effect and was already in practice when these parents conceived.

The way in which linking was experienced by parents varied partly dependent on how the DCP had reacted to disclosure and the timing of this disclosure. Where disclosure occurred late, the late disclosure and the lack of information in some cases acted as a significant factor in rupturing the parent–child relationship, with linking then also experienced as challenging for the parents as well as DCP. Parents' delays in disclosure were reported as being related to them not knowing the best time to disclose, parental conflict, and a perceived lack of support for disclosure which is in line with existing research findings that suggest that disagreements and conflict experienced by couples, and their lack of confidence, may be contributing factors to uncertainty and delaying disclosure (Applegarth et al., 2016; Sälevaara et al., 2013).
Three participants reported their divorce as a prompt or factor in deciding to disclose to DCP and had the effect that the children had to cope with multiple adverse experiences all at once,

potentially enhancing the detrimental impact of disclosure in two families conceived via anonymous sperm donation ~20-years prior to the legislation. For these two families who had not disclosed until teenagerhood or adulthood and/or could not access their donors' information, searching for and linking with their DCP's donors were experienced as challenging. In one case, a parent experienced having a younger child by identity-release donor and an older child via an anonymous donor. While the younger age at disclosure and ability to easily access identifying details and link with their donor protected the parent–child relationship with the youngest child, disclosure during teenagerhood created a wedge between the mother and older child which was further ruptured by the DCP's inability to access the donor's details. In this case, even after linking with their donor after many years of searching, the rift in the parent–child relationship has not been healed, highlighting the need for ongoing support for donor-conceived families. In the other case, the mother sought information about the donor from the clinic before disclosing to her adult children in the hopes it would act as a buffer to the news. In these two families the parents hoped the DCP linking with the donor would heal some of the hurt experienced as a result of late disclosure.

However, the third family had no understanding that their sperm donor was identifiable and that their information was available via the clinic when they were ready. This misunderstanding about identity-release donation and the implications was also found by Lysons et al. (2022), even subsequent to identity-release legislation coming into effect, with ~30% of parents in their study not understanding that their egg donors were identifiable. For the family in this study, who disclosed in adulthood, the DCP not knowing they were donor-conceived and therefore not having had access to the donors' information earlier, created a rupture in the family that took many years to heal, despite the ease of linking and connecting with their donor once disclosure had been made. This suggests that legislation allowing for identity-release is not enough by itself, highlighting the need for parents to be educated about legislation and encouraged and supported towards early disclosure.

This study found that disagreement within some couples around searching and linking, acted to further fracture already broken parental relationships. Daniels et al. (2009) argued that the high divorce rates found in their study of DC families may be due to some parents not being prepared for the additional stress on the relationship caused by donor-conception. Interestingly, in three families where linking occurred in adulthood, two conceived via anonymous sperm donation and one via identity-release sperm donation, the donor appeared to play a more prevalent role in DCP's lives, demonstrating the importance of establishing a link for these DCP. In these three families the parents were all divorced, in one case the father had since died and in two, fathers were reported as not very supportive. This suggests that for these DCP, linking with the donor may have been a way to try to meet an emotional need not being met by their father. In two cases mothers had also built close friendships with the donors, cementing the donor as part of their DCP's extended family and ensuring that they were part of that

relationship, suggesting a drive to ensure that they were not excluded by their DCP from this new facet of their lives.

In all four parents who had disclosed following the dissolution of the parenting relationship in this study, the mothers seemed invested in being supportive of and helping the DCP search for and build connections with the donor. The mother potentially constructed this as important in helping the DCP come to terms with both the divorce and being donor conceived. Nevertheless, all these mothers reported that they had wanted to disclose during the marriage but faced resistance from their husbands. This suggests that divorce may have empowered them to act in accordance with their values, and as with the parents that had disclosed early, these parents also constructed linking as a natural progression of disclosure. However, research has discussed a paradox whereby, even in cases with disclosure delay being the result of the father's resistance to disclosing, DCP may blame their mother, conceiving of their non-disclosure as deceit or a lack of empathy (Bauer & Meier-Credner, 2023; Jadva et al., 2009). In line with this, and as also found by Dempsey et al. (2021) and Firth et al., (2018), late disclosure in this study was found to be traumatic, with mother–child relationships in particular, sometimes irreconcilably damaged, regardless of the outcomes for DCP in searching for and linking with their donor. One parent in this study reported linking as a factor in the re-building of the damaged parent–child relationship due to late disclosure, but it took time. Another parent reported that eventual linking had little impact on the ruptured relationship resulting from DC via a non-identifiable donor. Careful consideration needs to be given to the complex ramifications for donor-conceived families in the context of late disclosure and un-identifiable donors (Dempsey et al., 2021).

Furthermore, as discussed by Cosson et al. (2021), even when non-genetic fathers are involved in the disclosure, they may struggle to have ongoing discussions about DC. This was also found in this study with mothers reporting that their DCP's father actively avoided discussing the DCP's search for the donor or that the DCP avoided discussing their linking with the donor with their fathers. In one family the father also avoided meeting the donor despite saying he would. In line with studies such as Cosson et al. (2021) and Dolan et al. (2017), this study also found that infertility seems to weigh more heavily on men. This was even the case for one father who had been open about his infertility and DC with everyone he knew from the outset, but who three decades later still reported feelings of not being 'proud' of his inability to be his children's genetic father. A recent systematic review reported higher symptoms of anxiety, psychological distress and depression, and lower quality of life and self-esteem in men diagnosed with male factor infertility (Biggs et al., 2023). This has been linked in studies to the sociocultural ideal of masculinity as aligned with fertility (e.g., Dolan et al., 2017). Thus, it is evident that more support needs to be available for non-genetic fathers in the context of donor conception to ensure the well-being of their relationships and the family unit.

All parents in this study discussed their gratitude to the donor for the gift of allowing them the opportunity to build a family, and in some cases, wanting to convey this gratitude was the impetus for parents to search for and link with their child's donor. This links to research exploring gifting-receiving-reciprocating dynamics in donor conception which suggests that both the donor and donor recipients may have expectations around acknowledgement and experience feeling obligated to link (Goedeke et al., 2021). However, in families where disclosure and linking occurred from the outset, often the boundaries between donor and recipient parents were discussed from the beginning. The respect and care for each other's feelings was of particular importance between recipient mothers and their egg donors, with egg donors reported as not wanting to interfere with the recipient's parent–child relationship; in other words, it seemed as if donors were mindful of keeping their distance out of respect for the recipients' parenting role. Other research has similarly reported that donors are aware of the boundaries of their role and that they are not the parent, even if they feel a sense of connection to and caring for the DCP (Goedeke et al., 2023). However, in this study the boundaries set by egg donors were perceived by the parents to act as a protection for donors against "getting to close" (Georgia) and getting too "familiar" (Aaron). It is also possible that some parents and DCP may want more from the relationship than donors may be willing to give, especially where DCP were conceived prior to legislative changes requiring the donors to be identity-release.

Even so, in line with other research (Frith et al., 2018; Goedeke et al., 2015; Lysons et al., 2022; Widbom et al., 2021), this study also found that, regardless of age of disclosure and linking, all egg donor recipient parents and all but three, sperm donor recipient parents considered the donor to be part of their extended family or a friend. Imrie et al. (2020), found that egg donor recipient mothers downplayed the donors' role in the development of the DCP's personality. In contrast, this study found that the contribution of the donor is often recognised and appreciated as part of the DCP's character traits. However, this research also suggests that parents wish to be guided by their DCP's lead with regards to linking and their relationship with the donor. Nordqvist and Gilman (2022), in their research on donors' experiences, 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. However, the DCP's relationship with the donor did not necessarily impact the relationship between the parents and the donor which in some cases, such as Dawn's, was reported as being close and ongoing, regardless of the DCP–donor link. The construct of extended family here may be useful, in that it allows kinship ties to be acknowledged and actioned at various times, but without expectations around formal roles.

Nevertheless, donors were acknowledged as carrying a lot of power by parents in this study. Some parents spoke of needing to navigate and support their DCP through the donor being difficult to find or being indecisive about linking. This was the case for two families, who had *chosen* identity-release sperm donors ~10-years prior to the legislation. Early disclosure and

easy access to the donors' information via their clinics once the DCP came of age, meaning searching was not required, were experienced as positive. However, as raised by Miller (2008), sperm donors may have vastly different lives and priorities from when they donated as young men. These two families experienced this, in that in both cases, the DCP's ability to link with the donor was challenged by the donors' change of heart and indecision (and of course, in the absence of legislative provisions requiring DCP access to donor information). For one family, by the time the DCP became of age and expressed interest, the donor was no longer certain about linking; however, for this family, who had a secure and close bond, the DCP's interest centred around wanting medical and genetic information. This was obtained in the end via letters and never moved beyond that, however, this was perceived by parents as enough to satisfy the DCP.

In part, the donors changing their minds back and forth may have been due to the voluntary nature of identity-release at that time, with the current expectation of donor contact under Aotearoa's identity-release legislation. More recent research suggests that most donors are interested in finding out about DCP, and that they may be open to contact (Blyth et al., 2017; Dempsey et al., 2019; Lampic et al., 2014; Miettinen et al., 2019). However, the donor's partner and family were also reported as having considerable power in the linking process, sometimes being encouraging, and sometimes creating barriers. Interestingly, most parents who reported a lack of connection between their DCP and the donor reported a stronger and more valuable relationship, or the desire to build one, between the DCP and their half-siblings. This was the case with the donors' raised children and half-siblings through donation. Parents appeared to actively encourage the building of these relationships. Ultimately, the three families who reported not have an ongoing relationship with the donor still considered it important that their DCP had linked with their donor for the development of their identity and knowing where they came from, but believed it was 'a box that had been ticked' and there was no need for any further contact.

All participants in this study constructed DC as having a significant impact on their lives, for some this was related to their pathway to parenthood via DC, for some it related to the lengthy searching and linking process, and for some the significance is still keenly felt due to broken relationships as a result of late disclosure and not having access to information about the donor. Legislation was found to impact families' experiences of searching for and linking with their donors in this study, especially where the lack of donor registration made finding the donor a lengthy and psychologically painful process and, in some cases, contributing to ruptures in the parent–child relationship. A lack of support was reported by most parents, with some women suggesting that support may have been particularly helpful for their husbands, going as far as saying that their husbands' growing resentment may have cost them their marriage and certainly was barrier to early disclosure. Support groups were highlighted by most parents as important,

although interestingly, not many had used them. Parents suggested this was due to a lack of availability (in the case of egg donor specific groups), geographical distance, or their husbands not wanting to participate. However, most parents reported wishing their DCP could have had contact with other DCP growing up. While searching and linking is often led by DCP, the donor's attitude and willingness to connect plays a significant role. Parents see themselves as having a role in searching, building, and maintaining the link, with ongoing connections constructed by parents as extended family, friends, or acquaintances. What is clear is that donor conception significantly impacts the experience of family building.

Implications and recommendations

Similarly to Ahuriri-Driscoll's (2020) discussion of adoption as a paradox, contradictory discourses around DC 'not being a thing' and DC as something special and unique about DCP were found among most parents who had disclosed early and whose DCP had linked with their donors. For fewer parents the contradictory discourse was of the DCP as desperately wanted and loved and DC as something parents felt they needed to make excuses for and feel guilty about. As found by Tallandini et al. (2016), these findings highlight the need for ongoing support for recipient parents of DCP that can be accessed on an ongoing and as needed basis, and where experiences and challenges can be shared.

All parents in this study discussed the need for ongoing support and the desire for contact with other donor-conceived families when the DCP were young. Interestingly, in families who disclosed early and linked with the donor from the outset, it became apparent that ongoing conversations about DC and the DCP's cognitions and experiences became rare, if occurring at all. As discussed by Harrigan et al. (2015), conversations later in life are important as emotions related to being donor-conceived may (re)surface as DCP reach the age of independence and must make choices about the role of the donor in their adult lives and potentially begin the journey to parenthood themselves. The finding that conversations about DC become less salient for parents and DCP once the DCP reaches adulthood highlights the importance of professionally led peer support groups and contact with other DCP, which may become an invaluable resource where family discussions no longer occur.

In this study, most of the parents conceived when donation was still able to be anonymous; meaning that for most parents, identity-release was a choice, in some cases carefully thought about and discussed in advance. Even though these parents might have been supported towards early disclosure and contact, the construction of this as a choice may have *empowered* these families with a sense of purpose and doing what *they believed was right*. This may be a completely different experience than that of parents whose use of an identity-release donor is dictated by legislation and who may feel *pressured* by *socio-cultural expectations* to disclose and link with the donor. As highlighted by (Crawshaw & Daniels, 2019) there is a critical need for pre-conception counselling to shift to a psycho-educational partnership model

to empower parents to make informed decisions and build their confidence in disclosing early. This includes ensuring parents understand the background and importance of the legislation and DCP's rights, but also that they understand the impact of non-disclosure and anonymous donation for DCP, and importantly, the positive outcomes experienced by families who have disclosed and linked early.

Concern for the future and wishing they had support in planning ahead was common among parents of DCP. For example, some parents discussed the need for DC specific parenting classes, similar to adoption courses or antenatal classes, to help them prepare for the decisions that lie ahead and planning for the future. Others suggested a booklet or a 'end-of-life' type planner to aid in planning for disclosure, searching and linking right from the outset that would become a guide to refer to when they became 'stuck' or uncertain. Consideration of the needs of parents and DCP who were born prior to the implementation of the HART Act must also be addressed by policymakers and clinics, who must look beyond the process of conception and linking and recognise that being donor-conceived and having a donor-conceived child does not stop, the ripple effect is lifelong for these families (Daniels, 2005).

Recommendations for future research

In contrast to some studies (Goldberg & Scheib 2015; 2016) only heterosexual parents who had been married at the time of DC responded to the invitation to be involved in this study. While this research helps to address the paucity of research that considers cisheterosexual parents' perspectives of their DCP's search for and linking with their donor (Widbom et al., 2021), research needs to be conducted with parents who have conceived post-implementation of the HART Act (2004) to explore the lived experience of these families and how linking is experienced in this context. Additionally, further research involving same-sex couples and single-mothers by choice needs to be conducted in the context of Aotearoa. Research in other jurisdictions has found that same-sex couples may want to choose a known donor or link with the donor prior to donation, hoping for them to play an ongoing role in the DCP's life (Hayman et al., 2014; Surtees & Bremner, 2019), how that might impact the lived experience for families also needs to be explored.

The increase of private donations is another area in need of research to understand the context and experience for parents who have made this choice and the implications for DCP, parents, donors, and their families. The blurred lines created by online platforms, where prospective recipient parents can choose the level of donor involvement as part of their selection criteria, with donor at one end of the continuum and co-parent at the other (Ravelingien et al., 2016), need to be explored in the context of Aotearoa and websites such as thegiftoffamily.co.nz, but also within the context of the law - some of these arrangements have been shown to not hold up in court (e.g., NGA Law, 2022). Research involving non-genetic fathers in patriarchal societies such as Aotearoa (Came et al., 2022) also need to be done to

understand the socio-cultural pressures experienced by infertile men and how this impacts their partnerships, disclosure decisions, parent–child relationships, and the well-being of themselves and their families. Furthermore, to allow for counsellors to be able to address potential issues and circumvent them, or put supports in place, as part of pre-conception counselling, research investigating the impacts of DC on marital relationships and partnerships in the long-term need to be done. To this end longitudinal studies following donor-conceived families from conception to adulthood are also needed in Aotearoa to gain an understanding of lived experience for the donor, recipient parents and the DCP and the factors that impact long-term outcomes and well-being.

Limitations

This study has several limitations. Even though the participants in this study reflect the differing lived experience of parents of DCP across three decades, the small sample size and self-selection bias limits the generalisability of the findings. Nevertheless, the homogeneity of the sample, while not by design, does allow for a depth of understanding of the lived experience of NZ/European cisheterosexual couples who conceived via donor prior to, or around the time of the implementation of the HART Act, and have disclosed that information to their DCP. It does not, however, allow for the ability to understand the lived experience of diverse groups. A critical gap in research remains regarding the experiences of parents from minority groups in Aotearoa, parents who conceived post implementation of the HART Act (implying that the first DCP born after the enactment of the Act will turn 18 after August 2023), and parents who have chosen not to disclose. In addition, this study relies on parents' retrospective recollections which may change with the passage of time.

Conclusion

This study found that parents construct their DCP's searching for and linking with their donor as a progression of disclosure that is either a natural 'given' or a challenge to be confronted. Nevertheless, all parents felt that it was important for the DCP to know their genetic origin and to link with the donor. In some families, linking may be initiated by parents from the outset. In others, searching and linking are often DCP led; although commonly parents play an important supporting role in the process of search, linking and building a relationship with the donor. The donor also plays a pivotal role in linking, even where they are identity-release, with DCP, recipient parents, donor, donor's family, and same-donor half-siblings forming an intricate web of connection that can either facilitate or create barriers to building and maintaining a link. This can impact the role of the donor and the parent–child relationship.

The significance of DC profoundly impacts DCP and their parents throughout their entire lives. In the context of Aotearoa, it is imperative for support systems to thoroughly consider the implications of the HART Act (2004), particularly for families who underwent DC in an era when non-disclosure and anonymous gamete donation were the norm. In such cases,

parents may find themselves grappling with a sense of being portrayed as antagonists in their own narratives, despite their sincere intentions towards doing what is in the best interest of their children. Conversely, when parents are provided with comprehensive support and empowered to disclose the circumstances of DC from the outset, the process can be constructed as a 'miracle' and something 'special' about the child, as opposed to a source of shame or regret. Such an approach holds the potential to build resilient families and individuals who are empowered with a strong sense of identity, experiencing feelings of acceptance and connection with all facets of their existence.

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APPENDICES

Appendix A. Ethics approval

Auckland University of Technology Ethics Committee (AUTEC)

31 March 2023

Sonja Goedeke
Faculty of Health and Environmental Sciences

Dear Sonja

Ethics Application: 23/65 **Parents of donor-conceived persons: Experience of their children's search for and/or linking with their donors in Aotearoa New Zealand**

The Auckland University of Technology Ethics Committee (AUTEC) has **approved** your ethics application at its meeting of 27 March 2023.

AUTEC would like to commend the researchers on the quality of their application.

This approval is for three years, expiring 27 March 2026.

Non-Standard Conditions of Approval

1. Use the term 'zoom' in the public facing documents instead of 'online media'.
2. Ensure that the comments on the social media will be disabled in order to protect the confidentiality of potential participants.
3. Ensure that no direct emails are sent for recruitment.
4. Ensure that the project title is on the advertisement.
5. In the Invitation section of the Information Sheet include 'University' after AUT.
6. Ensure that the transcriptions as well as electronic data are destroyed as per AUT guidelines.

Non-standard conditions do not need to be submitted to or reviewed by AUTEC unless requested but must be completed before commencing your study.

Standard Conditions of Approval

1. The research is to be undertaken in accordance with the Auckland University of Technology Code of Conduct for Research and as approved by AUTEC.
2. All public facing documents must have the AUTEC approval number and be of a high standard of spelling and grammar. Dates on the Information Sheet(s) and Consent Form(s) must be consistent.
3. Any amendments to the project must be approved by AUTEC prior to being implemented.
4. A progress report is due annually on the anniversary of the approval date.
5. A final report is due at the expiration of the approval period, or, upon completion of project.
6. Any serious or adverse events must be reported to AUTEC, this includes unforeseen issues that might affect continued ethical acceptability of the project.
7. AUTEC grants ethical approval only. You are responsible for obtaining management permission for access from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

The application number and title need to be referenced on all correspondence related to this project.

All forms are available online http://www.aut.ac.nz/research/researchethics

For any enquiries, please contact ethics@aut.ac.nz

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
Auckland University of Technology Ethics Committee

Cc: nrf8464@autuni.ac.nz

Auckland University of Technology, D-88, Private Bag 92006, Auckland 1142, New Zealand.
T: +64 9 921 9999 ext.8316: E: ethics@aut.ac.nz: www.aut.ac.nz/researchethics

Appendix B. Tools

Interview Schedule

Demographic questions:

(Manually recorded separate to interview notes prior to audio recording)

Age, gender, ethnicity, marital status, number of children (DC? Age), education, occupation

Background and context:

1. What type of donation did you receive to conceive?
2. When was your DC child born? (*Pre or post HART*)
3. Can you tell me about your understanding of donor registration and the HART Act (2004)?
4. How has the HART Act impacted your thoughts or feelings about donor conception in general?
5. Did you experience any feelings or worries about the implications of the HART Act for your family as the child grew up?
6. Can you please explain any challenges arising around donor-conception for your family?

Disclosure:

7. How old was your child/ren when you disclosed that they were donor conceived?
8. How did you disclose? How did you prepare for disclosure?
9. Who was mostly responsible for the disclosure and ongoing discussions with the child?
10. How was disclosure received by the child?
11. Has the child's attitude to being donor conceived changed since the original disclosure? If so, how?
12. Has your attitude to disclosure changed as a result of disclosure? If so, how?
13. How do you feel disclosure impacted on your relationship with your child? (asked sensitively)
14. Can you please explain any challenges that arose around disclosure?
15. Can you share with me any coping mechanisms you used to help if/when you experienced challenges?

Experiences of DCP's information seeking and/or donor linking:

16. What were your expectations around your child wanting to find information about their donor?
17. How did you prepare yourself for that possibility?
18. What was your experience? Difficulties challenges positive aspects for you.
19. What were your child's experiences? Difficulties challenges positive aspects for your child.
20. Did your child get the information they were hoping for?

21. Did your child contact or meet their donor?
22. How did you feel about that?
23. Have you met their donor?
24. Can you describe what that was like for you?
25. How has your child's search for/contact with their donor affected your relationship with your child?
26. How has your child's search for/contact with their donor affected your relationship with your partner?
27. What support or coping mechanisms did you use, if any?
28. What role does the donor play in your child's life now?
29. What role does the donor play in your life now?

What is needed:

30. What counselling support has been provided to you during this journey?
31. Was it helpful?
32. What support did you find most helpful?
33. What support do you think is needed for parents of donor-conceived children?
34. What advice do you have for other parents of DCP?
35. Is there anything you would like the clinic to know about your experiences, any advice ?

36. Any other comments you have or other questions you feel could be discussed?

Participant Information Sheet

Participant Information Sheet

10.04.2023

Project Title

Parents of donor-conceived persons: Experience of their children's search for and/or linking with their donors in Aotearoa New Zealand

An Invitation

Kia ora! I am Michelle Duff, a mother of three adult children and master's student in Psychology at AUT University. I am interested in exploring the experiences of parents of donor-conceived persons in Aotearoa New Zealand who are searching for and/or linking with their donors and would like to invite you to participate in this research.

What is the purpose of this research?

The aim of this research is to understand the experiences of parents in Aotearoa New Zealand whose donor-conceived children are currently searching for, and/or linking with, their donors, or have done so in the past. This research will explore your experiences of this process, and may include your feelings around your chid searching for and making contact with their donor, your perception of how this process impacted your relationship with your donor-conceived child, your relationship with your partner/spouse, your attitudes towards the donor following contact, and what, if any, coping mechanisms you used to maintain well-being and relationships within the family. By exploring your experiences, views and challenges, a more holistic understanding of donor conception may be gained. The findings of this research may help inform help inform clinical guidelines and counselling practices in supporting donor recipient parents and their families in Aotearoa New Zealand and may be used for academic publications and presentations. The research will also form part of the research and dissertation requirements which are part of the AUT Master of Health Science qualifications.

How was I identified and why am I being invited to participate in this research?

You have responded to an advert on either FertilityNZ or Donor Conceived Aotearoa websites or social media pages inviting parents of donor-conceived persons in Aotearoa New Zealand to participate in this research. I am aiming to interview approximately 8-10 parents of donor-conceived children who are searching for or linking with their donor or have done so in the past. Participants must be fluent in English and live in Aotearoa New Zealand and have conceived via the help of a registered fertility clinic in Aotearoa New Zealand. Once I have a sufficient number of participants, I will close the recruitment.

How do I agree to participate in this research?

If you are interested in participating, you are invited to make direct contact with me, Michelle Anne Duff, via email (see below). I will address any questions you may have about the research, and if you agree, will arrange an interview at a time and place convenient to you. Interviews can be conducted online via Zoom or via phone if you prefer. Only my supervisor and I will have access to your contact details. You will be asked to complete a Consent Form immediately before beginning the interview. If the interview is via Zoom or phone, verbal consent can also be used as evidence that you agree to participate. This consent will be recorded. Your participation in this research is voluntary (it is your choice) and whether you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

What will happen in this research?

If you agree to participate, the research will involve an interview at a time and place convenient to you. It is anticipated that interviews outside of Auckland will most likely take place online over Zoom or similar media, or via phone if this is more comfortable for you. The interview is anticipated to take approximately 1 hour.

What are the discomforts and risks?

You may have a range of feelings related to your donor-conceived child's search for, and/or linking with their donor and discussion of experiences or outcomes could potentially include some discomfort. You may choose to stop the interview at any time or choose to stop talking about any issue about which you feel uncomfortable.

How will these discomforts and risks be alleviated?

I aim to provide a comfortable and safe environment in which you can talk. In the event that you experience discomfort related to the research, information and support as regards donor conception issues may be accessed through the consumer organisation, Fertility New Zealand www.fertilitynz.org.nz , Ph. 0800 333 306.

AUT Student Counselling and Mental Health is also able to offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. To access these services, you will need to:

- drop into our centre at WB203 City Campus, email counselling@aut.ac.nz or call 921 9292.
- let the receptionist know that you are a research participant and provide the title of my research and my name and contact details as given in this Information Sheet.

You can find out more information about AUT counsellors and counselling on https://www.aut.ac.nz/student-life/student-support/counselling-and-mental-health

What are the benefits?

You will have an opportunity to share your experiences of being a parent to a donor-conceived person/s in Aotearoa New Zealand and comment on some of your experiences and challenges arising with respect to your child's search for and/or linking with their donor. This research may be useful to other parents who have used donors to build their families. The research will also be of interest to fertility clinics and counsellors working in the donor conception field, as well as donor-conceived people and donors who may benefit from understanding and identifying with the experiences of parents in this context and what approaches and coping mechanisms you found helpful. The research will also contribute to my postgraduate Master of Health Science qualification.

How will my privacy be protected?

You will be asked to provide a pseudonym by which you will be known in the study, or a pseudonym can be chosen for you. All references made during the interviews to names of other people (e.g. practitioners), place names and organisations, or any other details that could compromise confidentiality will either be deleted or altered to protect confidentiality as much as possible. Only the researcher will have access to data during the data collection and analysis stage. Only my project supervisor, Sonja Goedeke, will have access to the data after the final reports are produced. Audio-recordings of interviews will be destroyed following transcription. Consent forms and transcripts will be kept for six years in a locked filing cabinet in the Psychology Department on AUT premises.

What are the costs of participating in this research?

There are no costs to you other than your time. I anticipate that the interviews will be approximately 1 hour in duration and estimate that you may spend a further hour in reviewing your transcript should you wish to do so.

What opportunity do I have to consider this invitation?

The invitation asks those interested in participating to make direct contact with me, Michelle Duff, within a two-week time period. If insufficient participants have been recruited, the posting will be made again. From receipt of this information, you will have a minimum further two-week time period to confirm your interest.

Will I receive feedback on the results of this research?

All participants who would like a copy of the results will receive a summary report via email at the end of the study.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Associate Professor Sonja Goedeke, Email: sonja.goedeke@aut.ac.nz, 09 9219999 ext. 7186. Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, Email: ethics@aut.ac.nz , Ph: (+649) 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details: Michelle Anne Duff, Email; michelle.duff@aut.ac.nz , Ph. 027 216 1867
Project Supervisor Contact Details: Associate Professor Sonja Goedeke, Email: sonja.goedeke@aut.ac.nz ,
Ph. 09 9219999 ext. 7186

Approved by the Auckland University of Technology Ethics Committee on *27 March 2023*, AUTEC Reference number *23/65*.

Advertisement

Are you the parent of a donor-conceived child?

Kia Ora, my name is Michelle. I am the mother of three adult children with a long-standing interest in pathways to parenthood. If you are the parent of a donor-conceived person, conceived with the help of a fertility clinic in Aotearoa New Zealand, who is searching for or has searched for or linked with their donor, then I would like to invite you to participate in my research: **Parents of donor-conceived persons: Experience of their children's search for and/or linking with their donors in Aotearoa New Zealand**

This involves taking part in an interview at a time (and place) convenient to you. The interview can be either face-to-face (if it's in the Auckland area) or via Zoom or telephone. The interview is expected to take approximately an hour of your time.

The aim is to:

- develop a better understanding of the experiences of parents in Aotearoa New Zealand who have used donor conception through a registered fertility clinic to conceive
- explore parents' experiences of their donor-conceived child's search for and/or linking with their donor
- understand the challenges faced by parents of donor-conceived persons both personally and as a family, what support was received, what is needed, and what has been helpful

Findings of this research may help inform clinical guidelines and counselling practices in supporting donor recipient parents and their families in Aotearoa New Zealand.

This research will also form part of the research and dissertation requirements which are part of the AUT Master of Health Science qualifications.

The study is conducted by Michelle Anne Duff, Masters student in Counselling Psychology, Auckland University of Technology.

If you are interested in participating or have any questions, please contact me:

Michelle Anne Duff

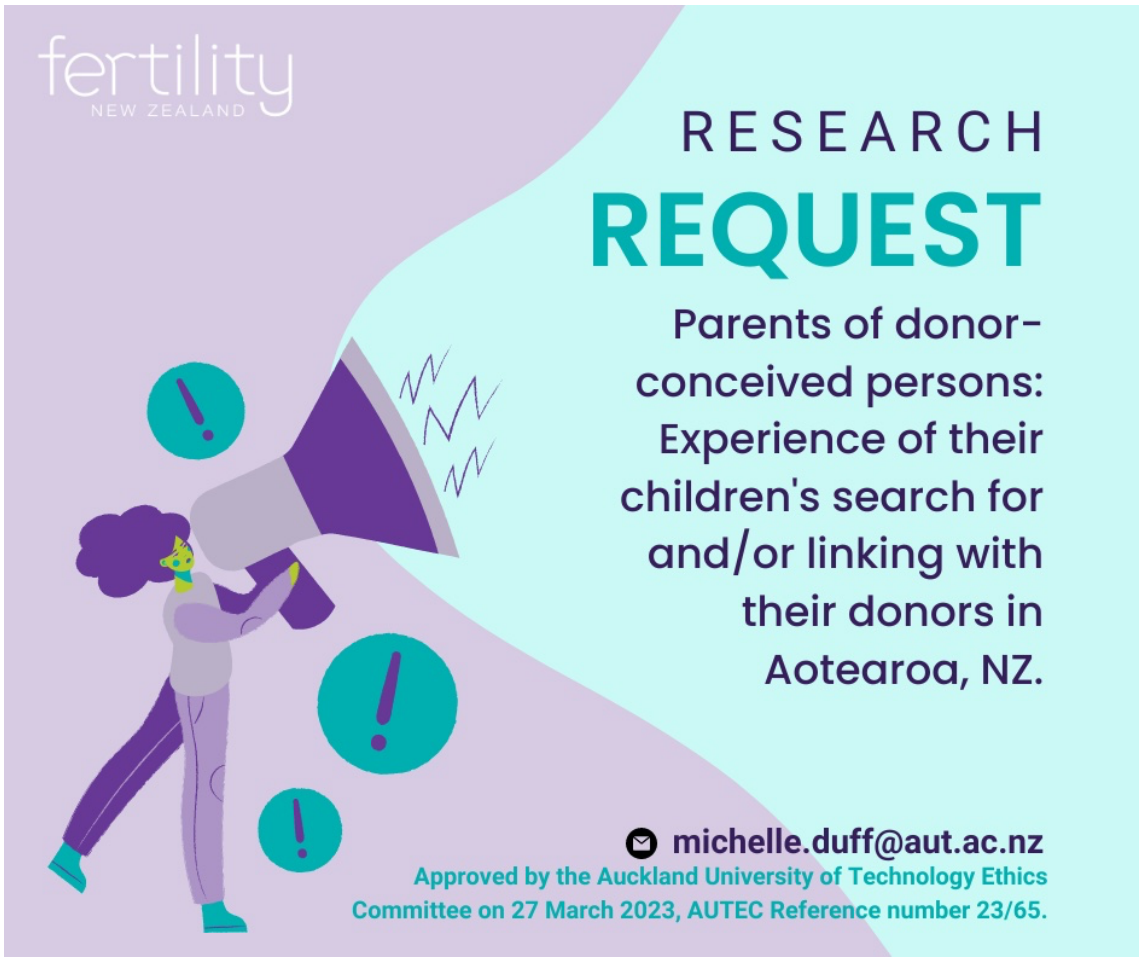
Email: michelle.duff@aut.ac.nz

Approved by the Auckland University of Technology Ethics Committee on 27 March 2023,

AUTEC Reference number 23/65.

5 November 2023

Supporting consumer group's Facebook post artwork



Consent Forms

Consent form for in person interviews

Project title: *Parents of donor-conceived persons: Experience of their children's search for and/or linking with their donors in Aotearoa New Zealand*

Project Supervisor: ***Sonja Goedeke***

Researcher: ***Michelle Anne Duff***

- ○ I have read and understood the information provided about this research project in the Information Sheet dated 10 April 2023.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- ○ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ○ I agree to take part in this research.
- ○ I wish to receive a summary of the research findings (please tick one): Yes○ No○

Participant's signature : .....

Participant's name : .....

Participant's Contact Details (if appropriate) :

.....

.....

.....

.....

Date :

Approved by the Auckland University of Technology Ethics Committee on 27 March 2023,

AUTEC Reference number 23/65.

Note: The Participant should retain a copy of this form

Oral Consent protocol form for videoconference interviews

Project title: ***Parents of donor-conceived persons: Experience of their children's search for and/or linking with their donors in Aotearoa New Zealand***

Project Supervisor: ***Sonja Goedeke***

Researcher: ***Michelle Anne Duff***

The participant joins the videoconference

- ○ Do you agree to my recording your consent to participate?

If they agree, then the record function will be activated and they will be asked the following:

- ○ Have you read and understood the information provided about this research project in the Information Sheet dated 10 April 2023?
- ○ Do you have any questions about the research?
- ○ Do you understand that notes will be taken during the interviews and that the interview will also be audio-recorded and transcribed?
- ○ Do you understand that taking part in this study is voluntary (your choice) and that you may withdraw from the study at any time without being disadvantaged in any way.?
- ○ Do you understand that if you withdraw from the study then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used? However, once the findings have been produced, removal of your data may not be possible.
- ○ Do you agree to take part in this research?
- ○ Do you wish to receive a summary of the research findings? (please tick one): Yes○ No○
- ○ Do you want me to send you a copy of the audio recording for this consent? Yes○ No○
- ○ Please confirm your name and contact details

Participant's name : .....

Participant's Contact Details (if appropriate) :

.....

.....

.....

I will now turn off the recording of the Consent and then will start a separate recording for the interview.

Approved by the Auckland University of Technology Ethics Committee on 27 March 2023,

AUTEC Reference number 23/65.

Note: The Participant should retain a copy of this form

fertility
NEW ZEALAND

2 March 2023

RE: 'Parents of DCP: Experiences of their children's search for/linking with donors'

Fertility New Zealand Inc (FNZ) is a nationwide registered charity. Our mission is to walk alongside all people facing fertility challenges and it is our vision that everyone gets the support they need during their fertility experience. FNZ has supported New Zealanders with fertility issues for over 30 years and we are therefore familiar with the intricacies of fertility treatment.

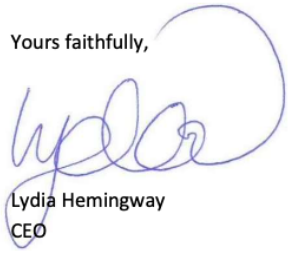
Many members of our community access fertility treatments using a donor with the aim of creating a much longed for baby. This includes methods such as IUI (Intra Uterine Insemination) and IVF (In Vitro Fertilisation) using an egg and/or sperm donor or an embryo donor. We provide specific support to these people through our Donor Conception and Surrogacy Network as well as our range of other support, information and advocacy services. Participants of this study are encouraged to reach out to FNZ if required.

The research, 'Parents of DCP: Experiences of their children's search for/linking with donors', led by Michelle Duff, Masters student at Auckland University of Technology, is of great relevance and interest to our community.

This letter constitutes our endorsement of the abovementioned work.

I am happy to further discuss and can be contacted as below.

Yours faithfully,



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Rebecca Hamilton
Professor of Law

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hamilton@wcl.american.edu

February 28, 2023

To Whom It May Concern

I write as a donor-conceived New Zealander, who learned who my donor (biological father) was just three years ago. In this context, I would like to offer my wholehearted endorsement of Michelle Duff's proposed research, *Parents of DCP: Experiences of their children's search for/linking with donors.*

As I have learned through the experience of meeting my new biological family, there is limited research on the topic of donor linking in Aotearoa New Zealand, and even less research on the impact for parents of donor-conceived people. The existence of such research would have provided a lifeline for my mother who, at nearly 80 years of age, suddenly found herself navigating the experience of having an entirely new family become an integral part of my life.

Michelle's research project is also timely; in 2023 the first cohort of donor conceived New Zealanders born after the passage of the HART Act will gain access to donor linking. It would be immensely worthwhile to have research on the impact of donor linking on parents as this first cohort of donor conceived New Zealanders with the legal right to access identifying information begins to learn of their genetic origins.

Please do not hesitate to contact me with any questions about Michelle's proposed research. I can be reached in my office +1 202 274 4241 or on my cell +1 646 644 0243.

Yours Sincerely

Rebecca Hamilton

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