Factors associated with parents’ decisions to tell their adult offspring about the offspring’s donor conception

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Submitted on June 20, 2010; resubmitted on June 27, 2011; accepted on June 28, 2011

BACKGROUND: Tensions and anxieties surround secrecy within families in the context of gamete donation and family building. This paper presents the views of parents who had kept their use of donor insemination a secret from their offspring. A sub-set of these parents said that they wished to tell their now-adult offspring, and discussed the questions and issues this secrecy raised to them.

METHODS: In-depth interviews were undertaken with heterosexual parents (of 44 families) who had given birth to children conceived via donor insemination between 1983 and 1987. These interviews comprised a follow-up study, with the first interviews being undertaken when the children were aged up to seven. In this paper, qualitative data relating to a sub-set of 12 parents (from seven families) who now wished to tell their offspring are presented.

RESULTS: The parents describe the pressures that the secret-keeping had created for them as well as the impact of those pressures. They report on the reasons they now want to share the family building history and the associated fears and anxieties about doing so. The parents all say that they wish they had told their offspring much earlier. In five of the seven families, parents describe how the offspring had raised questions concerning a perceived genetic disconnection between them and their parents.

CONCLUSIONS: Keeping the use of donor insemination a secret from offspring created considerable pressure for these parents. Despite the secrecy, offspring can become aware of the genetic disconnection.

Key words: donor insemination / secrecy / gamete donation / family building

Introduction

Parents who have used donated gametes or embryos to build their families face significant and challenging issues regarding what, if anything, to tell their offspring. If they decide to tell, this may impact on the offspring’s desire to meet ‘their donor’, which can be a further challenge to the parents. Disclosure and secrecy (information-sharing) in gamete and embryo donation has been, and to a certain extent remains, one of the most controversial and debated issues in assisted human reproduction (Kirkman, 2007; Turkmendag et al., 2008; Owen and Golombok, 2009). The debates have taken many different forms, have focused on the competing needs and interests of the participating parties, and have involved professionals and academics from many different disciplines. In more recent times, the voices of parents and offspring who are sharing information about their gamete donation (GD) family building have been increasingly heard, acknowledged and responded to by policy-makers and professionals. The ‘culture’ of GD has changed dramatically over the last 20 years. The limited literature of 20–30 years ago on donor insemination focused primarily on the ‘issue’ of disclosure and secrecy. This literature featured surveys of how many parents were going to ‘tell or not tell’ and, to a lesser extent, the factors that influenced their decision-making. Most parents at that time were intending to keep the donor insemination conception a secret from their children. The views of the respondents in those surveys and studies clearly represented the then current thinking and culture regarding information sharing. That culture has changed and is changing (Daniels and Haines, 1998; Singer and Hunter, 2003; Blyth and Landau, 2004), leading to a number of countries enacting laws to allow offspring the right of access to the identity of donors when they have reached maturity. These changes have been accompanied by the concern of some professionals that removing donor anonymity will lead to donor shortages (Ahuja et al., 2003; Craft, 2005). Over the last 7–8 years, there has been a ‘new wave’ of studies emerging, in the main, from the changing culture of GD. These studies have been characterized by the researchers’ attempts to ascertain the understandings and meanings that
parents generate regarding their thoughts and decision making on disclosure and secrecy, as well as a variety of other aspects of information sharing. Some of the most notable of these studies have focused on: the strategies that parents use for disclosure (MacDougall et al., 2007), parents’ dilemmas in disclosure and secrecy (Hargreaves, 2006; Hargreaves and Daniels, 2007), how parents make decisions (Shehab et al., 2008), what factors impact on parents’ decision to disclose (Hersberger et al., 2007), parental thinking following the legislated right for donor insemination children to know their genetic origin (Lalos et al., 2007), the challenge for parents of resemblance talk in donor insemination families (Becker et al., 2005), prospective parents’ intentions regarding disclosure following the removal of donor anonymity (Crawshaw, 2008), the insecurities and dilemmas faced by parents who have utilized donor insemination (Thorn and Daniels, 2007), topic avoidance and family functioning in families conceived with donor insemination (Paul and Berger, 2007), helping parents to tell their children about the use of donor insemination (Leeb-Lundberg et al., 2006), parental information sharing with donor-conceived offspring (Daniels et al., 2009), the ambivalence regarding the relevance of genetics in donor insemination families (Grace and Daniels, 2007), the role and meaning of the donor and the father in the imaginary constructions of the family (Grace et al., 2008), parents’ disclosure patterns with school-aged children (Lycett et al., 2005), disclosure decisions among known and anonymous oocyte donors (Greenfield and Klock, 2004), contact among families who share the same sperm donor (Scheib et al., 2008), parents’ perspectives on having chosen identity-release donors 13–18 years later (Scheib et al., 2003), counselling and disclosure with children (Gross et al., 2004), sharing information with adults conceived by donor insemination (Daniels and Meadows, 2006), disclosure decisions among pregnant women who received donor oocytes, the experiences of adolescents with open-identity sperm donors (Scheib et al., 2005) parents’ contributions to the narrative identity of offspring (Kirkman, 2003) and parents’ experiences of searching for their child’s donor siblings and donor (Freeman et al., 2009). The earlier-mentioned studies were undertaken in Sweden, Germany, Holland, USA, New Zealand, Australia and England—countries where changing public policy and professional attitudes have been strenuously debated. This paper extends the available knowledge by reporting on the experiences of parents in seven families (who were part of a larger study) who decided when their offspring were aged between 16 and 21 that they wanted to share with their offspring the nature of their family building. Most of the literature designed for parents who wish to disclose to their offspring recommends that such disclosure should occur when the children are young (Daniels, 2004a; Montuschi, 2006). For many parents whose offspring are now teenagers or adults, this advice was not available, or in many cases not even contemplated as a possibility. The changing culture, with its greater emphasis on the advantages of openness and honesty in information sharing, has led a growing number of parents to reflect on their earlier decision not to disclose. Counsellors, social workers and psychologists are now seeing many parents who are requesting assistance on how to share information with their adult offspring. These parents could therefore be said to be caught in a time warp on the issue of disclosure as they are now confronted with an encouragement to disclose that was not present when they received their donor insemination treatment and began their families. This analysis of parents’ views and experiences surrounding disclosure aims to provide some insights into the experiences and management issues they confront when faced with the decision to tell their adult offspring about the nature of their conception.

This study took place in New Zealand, a country that, for the last 15 years, has seen professionals counselling would-be parents to share information about the GD family building with their children. For an overview of how this position was reached see Daniels et al. (2004b). It was not until 2004; however that legislation (New Zealand Government, 2004) was enacted that addressed the rights and responsibilities of gamete and embryo donors and offspring and, in particular, access to information between the parties. The legislation in effect confirmed established professional practice in this area. It established both a statutory Register and a voluntary Register, with the latter providing for persons who donated or were conceived before the legislation. ‘The Register of Births, Deaths and Marriages’ thus become the repository for record keeping.

Participants in this study had all received their donor insemination treatments from one clinic (in Dunedin) between 1983 and 1987. During that period, and in line with national changes in professional thinking, this clinic changed its policy regarding what advice it gave to prospective parents regarding the information sharing with offspring. It moved from supporting parents’ decision not to tell their offspring, to encouraging parents to reflect and consider all aspects of the issue with the emphasis being on openness. This change occurred in 1985 (Gillet et al., 1996). Again, in line with national practice, the clinic later moved to advising parents to tell the offspring. None of the participants in the present study was a recipient of that latter advice.

Materials and Methods

Participants

Follow-up contact was attempted with 57 families, all comprising heterosexual parents. In each case, they had given birth to a child as a result of donor insemination between 1983 and 1987. All these families had taken part in an initial study and agreed to be contacted with a view to a follow-up study in the future. The aim of the initial study was to assess psychosocial factors of significance for couples who had given birth to a child conceived as a result of treatment by donor insemination. The children were aged from a few months to 7 years at the time of interviews. Follow-up contact was made 14 years after the initial interview with the aim of the current study being to investigate their experiences of forming families with the assistance of donor insemination. Of the 57 families, 6 could not be located and 7 declined to take part in a second interview. Therefore 44 families (77%) were interviewed, but one of the interviews was terminated when one partner became acutely anxious, fearing that others in her small community would become aware of their family origins. Of the 44 families, 35% had disclosed to their offspring their use of donor insemination.

This paper reports on an in-depth analysis of the narratives of 12 parents (in seven of the families) who, at the time of the follow-up interview, expressed concern that they had not disclosed the donor insemination family building to their offspring and now wished to do so. Their wish to disclose raised a number of issues for them. In the course of the interview, they asked the interviewer for educational information and guidance on how to disclose to their now-adult offspring. Parents were not seeking
counselling in relation to the question of whether or not they should disclose, as they had made that decision.

As provided for in the Ethics Committee approval of the research, any counselling needs that arose during the interviews were to be met by referral to an independent counsellor and this was made clear to participants both at the time of the invitation to participate and again at the beginning of their research interview. However, no parents sought or were referred for counselling. Instead, parents were seeking information on how to implement their decision. In response to their request for information, the interviewer (K.R.D.) suggested, and the participants agreed, that discussion of their questions on how to tell be deferred until the end of the research interview so that the remaining interview topics could be covered first. The nature of this request was in fact relevant to our last topic area regarding decisions related to information sharing. Once we returned to this request, open-ended prompting to discuss the background to their wish now to tell their adult offspring of the nature of his or her conception, led invariably to an exploration of the reasons that had led to this decision.

In three of the families, in which partners were still in the same relationship, both parents were interviewed together; in two families, both parents were interviewed, but separately because they had separated or divorced; and in the remaining two families, one partner only was interviewed, in one case the male and the other the female. At the time of the initial study, three of the sets of parents had divided opinions on whether the offspring should be told, three sets of parents never intended to tell and one couple had always intended to tell but had not done so.

The study received approval from the New Zealand National Ethics Committee on Assisted Human Reproduction.

**Materials**

Qualitative data for all participants was generated via in-depth, semi-structured interviews. The questions were designed to elicit their views related to meanings of ‘genetics’, how they viewed the significance of genetic or biological linkages in their family building, issues surrounding the donor, their understandings of the perspective of the offspring on the issues discussed and decisions related to information sharing. The interviews were tape-recorded, transcribed and analysed using a thematic analytical approach. In addition, a questionnaire that sought demographic information concerning current family composition was administered. A further questionnaire, which sought individual demographic information and the views of the partners concerning the impact of donor insemination on their relationship, their feelings concerning their donor insemination family, and information about others who knew about the donor insemination family building, was completed separately by each partner. The questionnaires were based on those used in the initial study. A paper, covering aspects of the quantitative data only, has recently been published (Daniels et al., 2009). Two papers, analysing aspects of the qualitative material, focusing on parents’ construction of the donor (Grace et al., 2008) and the understandings of genetics as perceived by the respondents (Grace and Daniels, 2007), have also been published. These three papers have drawn on data from all the respondents in contrast to this paper, which covers a sub-set of seven families only. Because of the small numbers in the sub-set and the unique material that emerged from their decision to now share information with their offspring, the narratives were analysed without the aid of software.

**Results and Discussion**

Reading and re-reading the interview transcripts generated five areas of systematic focus for parents, each of which demonstrated thematic coherence. The three primary areas for parents were: the impact that keeping the secret had had on them as parents, the reasons they now wanted to talk about it with their offspring and their anxieties about doing this. An additional two areas emerged as sub-themes of the above areas: the wish that the parents had talked and disclosed much earlier, and the recalled comments from their children indicating that they suspected that there was a secret about the family origins that the parents were not sharing. The results are reported under five headings reflecting these five themes. Quoted material that extends beyond brief phrases by parents is identified by gender M/F, interviewee number and C for couple if the interview took place with both parents. Offspring are referred to by ‘O’ if there is one child and ‘O1’, ‘O2’ or ‘O3’ where there is more than one.

**Impact on parents of keeping use of donor insemination a secret**

All 12 of the parents described the impact of keeping the donor insemination family building a secret in negative words or phrases. They were uncomfortable with having secrets and with the lies that were required to keep them. They described the impacts variously in moral, emotional or practical terms.

Participants describing the impact in moral terms used phrases such as ‘It’s an issue of honesty and integrity’; ‘In hindsight they [the reasons] seem less legitimate’; ‘We’ve lived a virtual lie’; ‘It almost borders on a sense of betrayal’; ‘They have a perfectly legitimate right to know’; ‘It’s like living with a lie or with a truth untold’.

Lying to offspring about the donor insemination conception meant that these parents saw themselves as being dishonest and lacking integrity because they considered that their offspring had a legitimate right to know of their origins. The lies or the ‘truth untold’ created a burden because there was a wish or even a commitment to not ‘have secrets from my kids’. This valuing of honesty echoes the views of those parents who have told their children, as evident in the findings of a study by Lalos et al. (2007) who found that for most parents who had been open towards their child, their decision has been based on ‘their strong conviction that a child has a fundamental right to be told’ (P. 1762). The use of the word ‘betrayal’ by one participant suggests a breach of appropriate moral behaviour between a parent and offspring. Several parents referred to their views changing over time with one parent summarizing the views of the others with the comment ‘I don’t feel threatened anymore’. A process of change had occurred with the current position being seen as more legitimate and less conflictual. This was also reflected in the belief that secrets may not always remain secrets and the repercussions of being ‘found out’ were always present.

Some of those interviewed expressed the impact of the secret-keeping in terms of their own emotions. As one father said: ‘I must admit, I feel really quite uncomfortable that O1 is now eighteen and a woman in her own right, and we still haven’t got to that point of sharing something as critical as that with her. It doesn’t make me feel good’. MIC

One mother said that the secrecy was always in the back of her mind ‘and I just feel it is really unhealthy and needs to be dealt with’. This same parent said that she and her husband did not talk about the issues enough, didn’t ‘talk about these feelings’, and this led to the break up of their marriage. For another couple, interviewed together, there was the portrayal of the secrecy as a pressure, accompanied by many
fears, including that the offspring would be told by someone other than the parents, given the number of ‘others’ who knew.

The keeping of secrets had an impact on the feelings, health, well-being and relationships of some of the parents. One father described the process that occurred for him in response to the pressure: ‘And you just – and it’s not there all the time, but sometimes you just sit and you reflect quietly in your own time about what that means. To me as a father what does that mean, what am I implanting into my children by not divulging the full information?’ M1C

Parents described some practical factors that arose for them in keeping the secret. One parent was intent on trying to keep a lid on the issue because they believed ‘at some stage it’s going to blow’; there was concern from another parent about the impact the ‘blowing’ or discovery would have on the family, especially in the future. For two participants in particular it was not ‘if’ the discovery would be made, but rather ‘when’ it would be made, indicating that for them discovery was inevitable. A consequence of the secrecy was that parents described the need ‘to watch what we say’ or ‘you will make an error or something will slip out’.

One respondent, in discussing the pressure she and her husband felt, seemed to sum up the sentiments of all when she said in a despairing tone, ‘Oh my God it’s so difficult’. The difficulty of keeping the donor inscription nature of the conception secret was clearly one that required on-going vigilance on the part of the parents. In turn, parents often sensed that which was unsaid was somehow ‘known’ by their offspring.

Communication pressures arising from secrecy were also cited in the studies by Shehab et al. (2008), Hargreaves and Daniels (2007) and Lycett et al. (2004).

The keeping of secrets was perceived by participants as compromising to their own sense of integrity, as they did not wish to be in a position of lying to their children. They wished for open and honest relationships and the secrecy surrounding the use of donor inscription made this impossible. The resultant conflict was perceived as unhealthy and a burden. It also reflected an inequality in the relationship between parents and offspring (see also Daniels, 2004a).

**Reasons for now wanting to tell**

Because the parents in seven of the families said they now wanted to share information with their offspring, there was the opportunity to ascertain their reasons for wanting to do so. The most frequently cited reason was that only the female parent’s medical history was known and this could have significant implications for their offspring at some stage in the future. Concern was expressed that, as a result of a serious illness, material might be needed ‘from people who are genetically the same as them’ and this would not be available, or that offspring would be required to complete forms concerning their medical history and would provide inaccurate information. One father said: ‘they should at least know not to assume that their medical history is in some way linked to my medical history’. M2

With the increasing importance of genetic information in the domain of health, there has been growing concern about the implications of secrecy within families and donor anonymity. Concerns about the lack of medical information have been consistently reported in studies of parents’ reasons for wanting to share information (Hersberger et al., 2007; Lalos et al., 2007). In their study, Greenfield and Klock (2004) found that one of the reasons given by oocyte donation recipients for choosing a known donor was that health information relating to the donor would be available.

Another concern expressed by parents was the potential for consanguineous partnerships between their offspring and a half-sibling conceived as a result of sperm from the same donor. Because of the age of the offspring at the time of the interviews, there was also concern that they would be ‘entering into relationships and potentially parenting in their own right’. Again this was perceived as a risk and threat. Freeman et al. (2009) also found that one of the reasons parents gave for wanting to trace half-siblings was to avoid the possibility of intermarriage.

There were concerns regarding the risk of others divulging the information to the offspring especially where parents lived in small communities where it was felt there was a likelihood of others knowing or suspecting. The fact that offspring might not share the same physical characteristics and look like the father was seen to potentially give rise to discussion in some in small communities. Becker et al. (2005) found that all participants (parents) in their study, whether they had used sperm or oocyte donors, were concerned about physical resemblance of offspring and parents. This was so for parents whether they were or were not disclosing the nature of the conception. The authors also examined the impact of comments on the physical likeness, or lack of it, between offspring and either one or both parents. Parents in that study reported that resemblance talk put pressure on them, particularly as it was ‘ubiquitous, unavoidable and uncontrollable’. By contrast, although parents in the current study did include comments on physical likeness, this was not the main focus of concern, which was rather with the discrepancies being highlighted through school lessons in biology (discussed later).

The current age of the offspring also gave rise to one father’s intense discomfort at the prospect of him not being able to discuss his own infertility experience with a son if it happened that his son also experienced infertility. This contributed to his reasons for now wanting to talk with his offspring. ‘I didn’t know, twenty-one years of age I suddenly found out I couldn’t make kids. What happens if that happens to one of my boys, where do I stand? Do I say to them and share with them my insight into that, so I can help them get through that? Or do I just stay dumb and say nothing and allow them to find – muddle their own way through’. M1C

This speculated future whereby the father could not share his experience with his son also raises the question of the support the father himself fails to receive because of this same silence.

The major prompts for parents wishing now to be open and honest about the nature of their family building, including issues associated with medical history and potential for accidental discovery by their offspring, represent concerns that had gradually accumulated over time with increasing awareness of the risks and insecurities that secrecy can promote. The major concern was with those elements relating to the donor would be available.

**Wishing that telling had happened earlier**

A theme that accompanied the decision to now talk with offspring was the wish that the telling had taken place much earlier, a wish that was
common to all parents. There was recognition that the longer it was left, the more difficult it became. As one parent said: ‘But what I’m saying is, being able to tell her right through is easier than leaving it and having to tell now; it’s going to be harder’. MSC, with others saying ‘the longer it went on the more difficult it is’. There was also a sense of regret that the sharing of information had not taken place earlier. This reflection is in keeping with the findings of studies by MacDougall et al. (2007) and Lalos et al. (2007). Jadva et al. (2009) reported that parents said the longer the disclosure was left, the harder it became and that there were significantly more negative responses when the offspring were told when older.

For one parent there was uncertainty regarding the easiest time to tell with the following comment being made: ‘I don’t know what it is that ah, I’m hesitant of, you know, is it the right time, would they understand, being younger? But as my wife’s saying, you know, it might have been easier earlier on but [laughs] earlier on it could be easier later’. M3C

This uncertainty was reflected in another parent’s comment, ‘I don’t know, I don’t know what the best situation is’. Apart from the uncertainty on the part of parents, there was also recognition that delaying could lead to the prospect that ‘she’d be angry with me more’.

Another cause of uncertainty for one parent of three children was the children’s different levels of understanding and how this impacted on when to tell, especially as two of the children had shared the same donor while the third child had a different donor. Confusion arose for the parents over whether to tell all three together or separately based on the parents’ perception of the children’s ability to understand. This uncertainty had led to the telling being delayed.

The following comment illustrates that the level of confidence was significant in determining the timing of telling, with the additional insight that, while the confidence of the offspring was first cited, there was then the recognition that the confidence of the parent played a part.

‘I would have preferred it to have been shared maybe five years ago. Um, but there has been enough going on, at, at, in any point in the last five years, I think, at any point in the last seven years, there has been enough going on, that I haven’t felt confident that they have, that they have been in a secure enough space to deal with it. Um, and it may well be that I haven’t felt in a secure enough space to deal with it’. M5C

The challenge and demands of sharing information with their offspring ‘now’ was such that there was a strong wish, voiced by parents, that they had acted earlier, as leaving the telling had made it harder and added to the stress and pressure. There was, however, the recognition that telling at any point would have been difficult for these parents. Their uncertainty about when and how to tell almost certainly reflects the fact that there was no preparation for parents on this subject. The possibility of parents sharing the donor insemination information was not considered an option at the time of conception, and even if it had been considered, there was little, if any, information available to health professions to provide to parents.

### Anxieties about telling

There is widespread evidence (Hargreaves, 2006; Lalos et al., 2007; Paul and Berger, 2007; Shehab et al., 2008) that parents find information sharing challenging. Parents in this study while consider-

ably anxious about sharing information still wanted to do so. For some, these anxieties were very prominent with the word ‘fear’ being used to describe their feelings; one parent said that every time the issue came up they found it ‘quite frightening’. These anxieties were especially reflected in contemplating the consequences that might arise.

Fear of rejection of the father was a dominant theme, as illustrated by the comment from one female partner who said: ‘And I would hate, it would be absolutely devastating to me if the boys turned round and said, oh well, you know, rejected him. F1C, and a father who said: What happens if they ever find out that I’ve never told them the truth about how they got here? How would they treat me then?’ M3C

A recurring theme for respondents was the impact of not having been honest, or of lying to their children, and the prospect of the likely response they would receive. For example: ‘I think initially, she’ll probably feel angry towards me initially. I know that she’s going to be angry with me for a start for not telling her too, because we’ve had, cause I’ve never really lied to her’. MSC

The prospect of offspring being angry at not having been told, or told earlier, was a common anxiety expressed by parents. For two sets of parents, the disclosure and expected anger were also accompanied by a fear that their offspring would decide to leave and therefore reject the parents. This is illustrated by the following interchange between parents:

‘F. I sort of feel a bit, oh my God, you know. Will she hate us when we tell her? Or will she hold that against us or, I don’t know’. M/F5C

‘M. Yeah. Will she run screaming out of the house and never see her again? And that’s just something that worries me, and . . .’. M/F5C

For another parent it was not clear how his daughter would react, but there was a clear expectation that there would be a reaction and that it would be difficult to manage: ‘But I know that it’s going to be very, very difficult when she does find out. Oh, I hate to think how she will react’. M7

It is noteworthy that only one set of parents expressed anxiety about the disclosing leading to a wish of the offspring to find the donor, and their fear that the donor would take over the father’s role.

The decision to disclose at this point in the lives of their offspring was therefore accompanied by significant perceived risks and anxieties. There appeared to be a possible relationship between the guilt the parents experienced as a result of not telling their offspring, and the fear with which they anticipated their offspring’s reactions to either being told by them, or worse, finding out through some other means. There is also a parallel relationship between the parents’ own emotional investment in the secrecy for the very purpose of creating a family that they desire, and the fear that they experience of possible rejection if the truth is known. These emotional entanglements therefore create a series of double-binds for parents who make it doubly difficult for them both to extract themselves from these entanglements, and also to tell their offspring.

### Offspring awareness of secrecy

In one of the first studies of donor insemination conceived adults, Turner and Coyle (2000) said that there was a ‘commonality of experience among participants that at some level they were aware
that something was not right within their families’ (P. 2045). This was reported by parents to be the case for offspring in five of the seven families who are the focus of this paper. In these five families, interviewees recalled how one or more of the offspring raised questions or made comments concerning family origins and connectedness. The parents viewed these as indicating that there was some awareness of the secrecy in the family. Issues that led to the questions or comments centred, in the main, on factors associated with biology and likeness. School lessons were reported by parents to have been the major source whereby their offspring raised issues of likeness and biological connectedness directly with them. Experiences included their offspring asking about issues associated with dominant and recessive genes, eye colours of parents and offspring or between offspring, the way in which the tongue was rolled, and the physical similarities, or lack thereof, between the offspring and parents, and or siblings. For one set of parents the daughter had said, in response to her questions and concerns about not looking like other members of the family: ‘Am I really your child! Was I an alien abduction?’: M1C

One parent reported feeling uncomfortable when her son said, ‘I’m the brightest one here, how do I fit into this family?’: F1C

In some families, information being learnt at school led to the offspring asking parents if they had been adopted, this being the way in which the offspring had tried to understand and explain some of the differences. In another family, issues were raised about why the two siblings did not have the same physical condition, muscular dystrophy, when this was seen to have a genetic link to the parents (different donors had been used for each of the siblings).

Following a discussion with her son about the perceived genetic disconnection between him and his father, one parent reported a comment her son made that surprised her and created considerable unease: ‘Mum, you know, I can really cope with my dad not being my real dad if that’s the case.’ Where on earth that came from I have no idea, and I really didn’t know where to look. And he, goes, ‘Why are you looking away mum?’: M2

The response of this parent was similar to that of other parents, namely that they were caught off guard either not recognizing the issue that was being raised, or trying to side step it by pleading ignorance as to a satisfactory explanation. Parents reported feeling very uncomfortable when such questions were put or challenges made. The discomfort generated by the use of topic avoidance in donor insemination families has also been highlighted by Paul and Berger (2007) in their study of 69 young adults conceived with donor insemination. One parent in the current study offered the observation that: ‘children can guess or work out in their own heads or their own minds that something is not gelling for them’: M3C

While most parents were thinking that they had kept the use of donor insemination a secret from their offspring, the offspring, mainly as a result of school lessons in biology, came to suspect that there was a ‘genetic disconnection’ between them and their parents. The shock and surprise at being confronted with questions that had arisen because of circumstances over which the parents had no control caught the parents unprepared and they were not happy with the inadequacy of the responses they made.

Research by Golombok et al. (2002) led them to observe, ‘It is not known if children (P. 952) conceived by donor insemination became aware that a secret about their parentage is being kept from them, but it is likely that they will become suspicious if their parents always change the topic of conversation whenever the subject of whom they look like comes up’.

The evidence presented in the current paper, albeit from a very limited number of families, suggests that almost all of these children were aware of discrepancies regarding their and their parents’ genetic linkages. Interestingly, this was not in the first instance due to the parent’s reactions, but rather to what they were learning in school classes on biology. Raising this issue with parents did evoke responses that the parents described as embarrassed and evasive. There seems to have been little discussion in the literature about the impact of school biology lessons on the decision of parents to keep the use of donor insemination secret from their offspring. For most of these families, the secrecy was therefore challenged by factors completely outside their control. Almost all the parents were unprepared for this and indicated, in retrospect, that their reactions to their offspring’s questions were inadequate and often unhelpful.

Conclusion

The research studies cited in this paper indicate that there are an increasing numbers of parents who, having utilized donor insemination, are deciding to share the nature of their family building with their offspring, this reflecting a climate where the culture of secrecy is changing. The professional literature regarding the time to begin the information sharing with offspring strongly suggests that the earlier this occurs, the better it is for all parties (Daniels, 2004a; Montuschi, 2006), a view shared by all seven families in this study. For parents whose offspring were conceived during the earlier culture, which advocated no sharing of information, or secrecy, and who now wish to embrace the new culture of openness, this presents many dilemmas and challenges. Not the least of these is how to share their family building history with their now adolescent or adult offspring. It was this issue that was presented to the interviewer (first author) by parents in the seven families who were part of a larger follow-up study of couples who had used donor insemination treatment between 1983 and 1987. This presented the opportunity for the interviewer to explore with the parents the impact of keeping the use of donor insemination a secret, the reasons for now wanting to share the family history with their offspring, and their anxieties about sharing the information. As parents discussed these issues, they indicated that they wished they had been open.

If it is accepted that the utilization of donated gametes or embryos involves a dual focus on treating infertility and building families (Daniels, 2002), then the issues highlighted in this paper need to be considered as part of preparation and even informed consent. For the increasing number of parents with older offspring who are witnessing the culture change, there is also a need to explore the most helpful ways to assist them. Kirkman (2003), Gross et al. (2004), Crawshaw (2008) and Lalos et al. (2007) have all highlighted the need for assistance to be available to these families. It is hoped that this paper will contribute additional information and insights from parents of late adolescent or adult offspring, which may assist professionals as they prepare people for this form of family building.

From a research perspective, while the number of respondents on which this paper is based is small, the information provides valuable insights for what is likely to be a growing number of parents seeking...
advice and guidance. Clearly, further research into parents’ thinking and decision making, particularly over time and in the light of the changing culture of gamete and embryo donation, is required. Such future research may well have the potential to adopt a family focus where data from parents and offspring are obtained. The implications for offsprings of not being able to access information about, or potentially meeting, ‘their donor’ as a result of previous policies on donor anonymity would be a very important part of such an investigation.

Authors’ roles

K.R.D. was the head research and preparer of the draft version. W.R.G. was the clinician in all cases and assisted in analysis and writing. V.M.G. had a major role in writing and analysis.

Funding

This research was funded by the Health Research Council of New Zealand.

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