

1 Disclosure of donor conception in the era of non-anonymity: safeguarding and promoting the
2 interests of donor-conceived individuals?

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4 Running title: Disclosure of donor conception in the era of non-anonymity

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11 Abstract

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13 This paper responds to a debate article published in Human Reproduction earlier this year. In
14 that article, the authors suggested that parents should be encouraged to disclose the use of
15 donor gametes to their children given rapid and widespread advances in genetic testing and
16 sequencing. However, there is an urgent need to engage with the assertion that in this context,
17 telling children about their donor conception both safeguards and promotes their interests,
18 particularly if such disclosure is motivated by parents' anxieties about accidental discovery.
19 Disclosure that is motivated by the notion of non-anonymity may also encourage parents to
20 share misinformation about donors, and encourage their children to have unrealistic
21 expectations. Fertility professionals must remain mindful of these outcomes when discussing
22 disclosure and the future implications of increasing access to genetic information with both
23 prospective and current parents. It is strongly advised that future discussions about the end of
24 donor anonymity are not conflated with the debate on disclosure.

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26 Keywords: gamete donation, donor conception, anonymity, identifiability, disclosure

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35 Introduction

36 The debate about disclosure of donor conception to children is not new. Yet, in their recent
37 article (Harper et al., 2016), Harper and colleagues argue that the terrain upon which gamete
38 donation is practiced has undergone significant shifts that present numerous novel challenges
39 for those working in the field. Specifically, it is suggested that legal requirements of donor
40 anonymity are of little significance in an age of increasing access to genetic information.
41 While the authors present important evidence of the uses and outcomes of genetic testing and
42 screening amongst some donor-conceived persons, their conclusions regarding parental
43 disclosure are of concern.

44 The authors firstly suggest that disclosure of donor conception at an early age does not cause
45 distress, yet mitigates the risk of accidental discovery that may result from genetic testing
46 and/or sequencing. It is elsewhere argued that the majority of children, if told this
47 information, would like to trace their donor. These two arguments are used to substantiate the
48 claim that disclosure of donor conception ought to be encouraged. The present article will
49 consider the accuracy of each of these arguments in turn, before outlining three substantial
50 concerns regarding disclosure that is motivated by information about the end of donor
51 anonymity. It will be shown that providing parents with information about the non-existence
52 of donor anonymity within the context of advice about disclosure does not appear to meet the
53 original article's stated aim of safeguarding and promoting the interests of those who are
54 donor-conceived. Rather, such advice runs the risk of encouraging: (i) anxiety-driven
55 disclosure, (ii) disclosure that is based upon misinformation, and/or (iii) disclosure that fosters
56 unrealistic expectations.

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58 Early disclosure and accidental discovery

59 The suggestion that age is likely to impact upon the way in which information about donor
60 conception is received is empirically well supported; a number of studies have found a
61 positive association between early disclosure and feelings about donor conception (Jadva et
62 al., 2009; Beeson et al., 2011; Freeman & Golombok, 2012; Hertz et al., 2013). It is also
63 correct that accidental discovery is likely to result in negative feelings about donor conception
64 (Turner & Coyle, 2000; Hewitt, 2002; Jadva et al., 2009; Blyth, 2012), and the argument that
65 not telling is a ‘risky strategy’ for parents of donor-conceived children is one that therefore
66 has traction (Appleby et al., 2012; Ilioi & Golombok, 2015).

67 However, several factors have been identified as important to parents’ disclosure decisions
68 (Indekeu et al., 2013), and in spite of the general recommendation that parents share
69 information about donor conception with their children (Nuffield Council on Bioethics, 2013),
70 the majority of heterosexual couples who have conceived through anonymous sperm or
71 oocyte donation decide against disclosure, or are uncertain about whether or not to do so
72 (Cook et al., 1995; Brewaeys et al., 1997; Nachtigall et al., 1998; van Berkel et al., 1999;
73 Golombok et al., 2002; Lycett et al., 2004, 2005; Laruelle et al., 2011; Freeman & Golombok,
74 2012; Salevaara et al., 2013; Blake et al., 2014), or report intentions to tell (Hahn & Craft-
75 Rosenberg, 2002; Murray & Golombok, 2003; Greenfeld & Klock, 2004; Klock & Greenfeld,
76 2004) which are generally not borne out in practice (Golombok et al., 2002; Readings et al.,
77 2011). In some empirical studies, higher rates of disclosure or intentions to disclose have been
78 found amongst prospective (Greenfeld et al., 1998; Brewaeys et al., 2005; Godman et al.,
79 2006; Crawshaw, 2008; Isakkson et al., 2011) and current (Scheib et al., 2003; Lalos et al.,
80 2007; Isakkson et al., 2012) parents who use identifiable sperm or oocyte donation, yet others
81 have failed to find an association (Baetens et al., 2000; Gottlieb et al., 2000; Greenfeld &
82 Klock, 2004). It is therefore not clear that arguments for disclosure that are based upon either
83 the risk of accidental discovery or the possibility of donor identifiability are sufficient

84 motivators to parental disclosure. Moreover, even if it is accepted that not telling may pose a
85 risk of harm to donor-conceived persons through accidental discovery, and it is accepted that
86 this risk is exacerbated in the age of genetic testing and/or sequencing, the argument that
87 parents ought to thus be encouraged to tell their children about their donor conception fails to
88 adequately address both the risk of anxiety-based disclosure and the potential for disclosure of
89 misinformation.

90

91 Tracing the donor

92 It is also suggested in the original article (Harper et al., 2016) that if told about their donor
93 conception, the majority of donor-conceived people would like to trace their ‘biological
94 parent’ (elsewhere termed ‘donor parent’). Notwithstanding the fact that the terminology used
95 by donor-conceived people to describe the donor(s) involved in their conception varies
96 widely, and may be unrelated to the nomenclature of parenting (Scheib et al., 2005; Jadva et
97 al., 2009; Hertz et al., 2013; Nelson et al., 2013), it is not clear what is meant by ‘tracing’ the
98 donor. In general, the majority of studies of donor-conceived persons’ attitudes towards, and
99 interest in, the donor have highlighted predominant feelings of curiosity (Vanfraussen et al.,
100 2003; Scheib et al., 2005; Jadva et al., 2009; Rodino et al., 2011; Persaud et al., 2016; Slutsky
101 et al., 2016), but not necessarily a desire for identifying information (Vanfraussen et al., 2001,
102 2003), nor a majority wish to meet the donor (Mahlstedt et al., 2010) or to establish a familial
103 relationship (Hewitt, 2002; Cushing, 2010; Jadva et al., 2010). Moreover, what is known on
104 this subject may be limited by biased sampling methods (Freeman, 2015), insofar as several
105 studies on this topic have either recruited participants via support group networks (Hewitt,
106 2002; Cushing, 2010; Mahlstedt et al., 2010) or online forums for those interested in making
107 connections with the donor and/or other children conceived using the same gametes (Jadva et
108 al., 2009, 2010; Beeson et al., 2011; Hertz et al., 2013; Persaud et al., 2016; Slutsky et al.,

109 2016). This is not to deny that some donor-conceived children, adolescents and adults are
110 acutely interested in identifying the donors involved in their conception, and/or that lack of
111 access to information is for some a highly negative experience (Turner & Coyle, 2000;
112 Hewitt, 2002; Mahlstedt et al., 2010; Klotz, 2016), but to highlight that others are not
113 interested in such information (Nuffield Council on Bioethics, 2013). It is not clear which, if
114 either, is the ‘majority’ view so described by Harper and colleagues, and the argument that
115 most donor-conceived people are interest in ‘tracing’ the donor is therefore not substantiated
116 by empirical evidence. Even if it is accepted that some donor-conceived people are interested
117 in ‘tracing’ their donor, citing this evidence in support of parental disclosure risks the
118 possibility that disclosure will involve parents providing misinformation, and result in
119 unrealistic expectations amongst those who are donor-conceived.

120

121 The risk of anxiety-based disclosure

122 One possible outcome of the argument that donor anonymity (and hence, parental secrecy)
123 can no longer be guaranteed is raised levels of parental anxiety, particularly amongst those
124 who have not yet disclosed. Amongst those who have disclosed, there appears to be some
125 variation in what and how information is shared (Rumball & Adair, 1999; Hargreaves &
126 Daniels, 2007; Mac Dougall et al., 2007; Blake et al., 2010), and the frequency of
127 conversations about donor conception may vary, with some parents only discussing this issue
128 once or twice when their children are very young and seem to understand little (Blake et al.,
129 2010) or may forget what they have been told (Freeman, 2015). Moreover, disclosure is not
130 always associated with positive outcomes with regards parents’ psychological adjustment
131 (Freeman & Golombok, 2012; Blake et al., 2014), and negative associations between
132 avoidance of conversations about donor conception and family functioning have been found
133 (Paul & Berger, 2007). The conclusion to be drawn from such evidence is not that parents

134 ought not to share such information with their donor-conceived children, but that
135 recommendations to disclose must be sensitive to family context, and may need to be
136 accompanied by appropriate instrumental support (Hargreaves & Daniels, 2007; Crawshaw &
137 Montuschi, 2013). Indeed, given that some non-disclosing parents with now adult donor-
138 conceived offspring regret not having shared this information earlier, and although anxious,
139 would like to do so (Daniels et al., 2011), framing disclosure as a process (rather than a one-
140 time event that must be undertaken in the era of genetic testing and/or sequencing) would
141 minimise the possibility that parents who have not yet shared this information will be anxious
142 to learn that there is now an increased risk that their donor-conceived children (who may now
143 be adults) will find out by accident (and therefore respond negatively). Disclosure that is
144 anxiety-driven is likely to be less than optimal, and may not best safeguard the interests of
145 those who are donor-conceived.

146

147 The potential for misinformation

148 Arguments in support of disclosure in the era of donor non-anonymity may also run the risk
149 of encouraging parents to provide their children with misinformation. Unpublished data
150 recently obtained as part of an ongoing longitudinal study of mothers of children conceived
151 using anonymous and identifiable sperm donors in the UK (Golombok et al., 2016; Zadeh et
152 al., 2016) has highlighted that some mothers who have conceived under the legal requirement
153 of donor anonymity describe the donor to their children as though he will be identifiable in
154 the future, despite no knowledge of the donor having re-registered as identifiable under UK
155 law (HFEA, 2015). Others' approaches to disclosure appear to be based on the hypothetical
156 possibility of retrospective legislation, which has to date only been enacted in Victoria,
157 Australia (Allan & Adams, 2016). Such evidence attests to the potential risks that may arise
158 from advising parents to tell their children about their donor conception on the basis of the

159 non-anonymity argument, and the as yet unknown, but potentially negative, consequences of
160 doing so, for both what parents tell, and what children may anticipate as a result. It is essential
161 that those working with prospective or current parents of donor-conceived children provide
162 accurate information about donors, and their legal commitment, if any, to future
163 identification. Disclosure that is based upon misinformation about the donor's current legal
164 status may not best safeguard the interests of those who are donor-conceived.

165

166 The possibility of unrealistic expectations

167 Parents who are advised to disclose information about donor conception with ideas about the
168 non-existence of donor anonymity may further run the risk of fostering children's unrealistic
169 expectations. At present, genetic testing and/or sequencing is neither universally readily
170 available nor advanced to the stage at which all donor-conceived people could in theory use
171 such services, should they wish to do so. Moreover, very little is known about what happens
172 when donors are identified, not least because in several countries, the legislation that has
173 mandated identifiable donation is relatively new. Moreover, attempts to access information
174 about the donor (including those that have employed the direct-to-consumer genetic testing
175 described by Harper and colleagues) are not always successful (Klotz, 2016). In addition,
176 successful attempts to 'trace' the donor, although often positive, are not always so (Cushing,
177 2010; Jadvá et al., 2010). It has been suggested that a lack of communication about
178 expectations and boundaries and a mismatch in desire for contact may be detrimental to all
179 involved (Freeman et al., 2014); again, the processes of seeking contact may benefit from the
180 provision of external support (Crawshaw et al., 2015). Disclosure that leads to unrealistic
181 expectations, both about the possibility of donor identification and the level and type of
182 interaction that may result if donors are successfully identified, may not best safeguard the
183 interests of those who are donor-conceived.

184

185 Conclusion

186 This article began by illustrating that while some of the claims made by Harper and
187 colleagues have significant empirical support, others are less well evidenced. The efficacy,
188 and ethics, of relating arguments about the end of donor anonymity to advice about disclosure
189 were subsequently and substantively called into question. The present paper has shown that
190 reflections on the future of genetic testing and/or screening must be distinguished from the
191 longstanding debate about disclosure of donor conception to children. Contrary to Harper and
192 colleagues' claims, it has been argued that the advice that parents ought to disclose in an age
193 of increasing access to genetic information may result in: (i) anxiety-driven disclosure, (ii)
194 disclosure that is based upon misinformation, and/or (iii) disclosure that fosters unrealistic
195 expectations. Overall, these outcomes cannot be said to best safeguard and promote the
196 interests of those who are donor-conceived. It is firmly recommended that fertility
197 professionals remain mindful of these issues when discussing disclosure and the future
198 implications of increasing access to genetic information with both prospective and current
199 parents. Further opinions on this topic, particularly those that draw upon evidence other than
200 that primarily relating to the use of sperm and oocyte donation by heterosexual couples in
201 licensed fertility centres, are strongly welcomed.

202

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214

215 References

216

217 Allan S, Adams D. All donor-conceived people in Victoria now have the right to donor
218 information, 2016. http://www.bionews.org.uk/page_621487.asp (29 July 2016, date last
219 accessed).

220 Appleby JB, Blake L, Freeman T. Is disclosure in the best interests of children conceived by
221 donation? In: Richards M, Pennings G, Appleby J (eds). Reproductive donation: practices,
222 policies and bioethics. Cambridge, UK: Cambridge University Press, 2012, 231-249.

223 Baetens P, Devroey P, Camus M, Van Steirteghem AC, Ponjaert-Kristoffersen I. Counselling
224 couples and donors for oocyte donation: the decision to use either known or anonymous
225 donors. *Hum Reprod* 2000;**15**:476-484.

226

227 Beeson DR, Jennings PK, Kramer W. Offspring searching for their sperm donors: how family
228 type shapes the process. *Hum Reprod* 2011;**26**:2415-2424.

229

230 Blake L, Casey P, Jadvá V, Golombok S. 'I was quite amazed': donor conception and parent-
231 child relationships from the child's perspective. *Child Soc* 2014;**28**:425-437.

232

233 Blake L, Casey P, Readings J, Jadvá V, Golombok S. "Daddy ran out of tadpoles": how
234 parents tell their children that they are donor conceived, and what their 7-year-olds
235 understand. *Hum Reprod* 2010;**25**:2527-2534.

236 Blake L, Jadvá V, Golombok S. Parent psychological adjustment, donor conception and
237 disclosure: A follow-up over ten years. *Hum Reprod* 2014;**29**:2487-2496.

238 Blyth E. Discovering the 'facts of life' following anonymous donor insemination. *Int J Law*
239 *Policy Family* 2012;**26**:143-161.

240 Brewaeys A, de Bruyn JK, Louwe LA and Helmerhorst FM. Anonymous or identity-
241 registered sperm donors? A study of Dutch recipients' choices. *Hum Reprod* 2005;**20**:820-
242 824.

243 Brewaeys A, Golombok S, Naaktgeboren N, de Bruyn JK, van Hall EV. Donor insemination:
244 Dutch parents' opinions about confidentiality and donor anonymity and the emotional
245 adjustment of their children. *Hum Reprod* 1997;**12**:1591-1597.

246

247 Cook R, Golombok S, Bish A, Murray C. Keeping secrets: a study of parental attitudes
248 toward telling about donor insemination. *Am J Orthopsychiatr* 1995;**65**:549-559.

- 249 Crawshaw M, Daniels K, Adams D, Bourne K, van Hooff JAP, Kramer W, Pasch L, Thorn P.
250 2015. Emerging models for facilitating contact between people genetically related through
251 donor conception: a preliminary analysis and discussion. *RBMS* 2015;1:71-80.
- 252 Crawshaw M, Montuschi O. Participants' views of attending parenthood preparation
253 workshops for those contemplating donor conception parenthood. *J Reprod Infant Psychol*
254 2013;31:58-71.
- 255
256 Crawshaw M. Prospective parents' intentions regarding disclosure following the removal of
257 donor anonymity. *Hum Fertil* 2008;11:95-100.
- 258 Cushing AL. "I just want more information about who I am": the search experience of sperm-
259 donor offspring, searching for information about their donors and genetic heritage. *Inform*
260 *Res* 2010; paper 428.
- 261 Daniels K, Grace VM, Gillett WR. Factors associated with parents' decisions to tell their
262 adult offspring about the offspring's donor conception. *Hum Reprod* 2011;26:2783-2790.
263
- 264 Freeman T, Bourne K, Jadvá V, Smith V. Making connections: contact between sperm
265 donor relations. In: Freeman T, Graham S, Ebtehaj F, Richards M (eds). *Relatedness in*
266 *assisted reproduction: families, origins and identities*. Cambridge, UK: Cambridge
267 University Press, 2014, pp-pp.
- 268 Freeman T, Golombok S. Donor insemination families: a follow-up study of disclosure
269 decisions, family relationships and child adjustment at adolescence. *Reprod Biomed Online*
270 2012;25:193-203.
271
- 272 Freeman T. Gamete donation, information sharing and the best interests of the child: an
273 overview of the psychosocial evidence. *Monash Bioeth Rev* 2015;33:45-63.
274
- 275 Godman KM, Sanders K, Rosenberg M, Burton P. Potential sperm donors', recipients' and
276 their partners' opinions towards the release of identifying information in Western Australia.
277 *Hum Reprod* 2006;21:3022-3026.
278
- 279 Golombok S, MacCallum F, Goodman E, Rutter M. Families with children conceived by
280 donor insemination: a follow-up at age twelve. *Child Dev* 2002;73:952-968.
281
- 282 Golombok S, Zadeh S, Imrie S, Smith V, Freeman T. Single mothers by choice: mother-child
283 relationships and children's psychological adjustment. *J Fam Psych* 2016;30:409-418.
284
- 285 Gottlieb C, Lalos O, Lindblad F. Disclosure of donor insemination to the child: the impact of
286 Swedish legislation on couples' attitudes. *Hum Reprod* 2000;15:2052-2056.
287
- 288 Greenfeld DA, Greenfeld DG, Mazure CM, Keefe DL, Olive DL. Do attitudes towards
289 disclosure in donor oocyte recipients predict the use of anonymous versus direct donation?
290 *Fertil Steril* 1998;70:1009-1014.
291
- 292 Greenfeld DA, Klock SC. Disclosure decisions among known and anonymous oocyte
293 donation recipients. *Fertil Steril* 2004;81:1565-1571.
294
- 295 Hahn SJ, Craft-Rosenberg M. The disclosure decisions of parents who conceive children
296 using donor eggs. *J Obstet Gynecol Neonatal Nurs* 2002;31:283-293.

- 297 Hargreaves K, Daniels K. Parents dilemmas in sharing donor insemination conception stories
298 with their children. *Child Soc* 2007;**21**:420-431.
299
- 300 Harper JC, Kennett D, Reisel D. The end of donor anonymity: how genetic testing is likely to
301 drive anonymous gamete donation out of business. *Hum Reprod* 2016;**31**:1135-1140.
302
- 303 Hertz R, Nelson MK, Kramer W. Donor conceived offspring conceive of the donor: the
304 relevance of age, awareness, and family form. *Soc Sci Med* 2013;**86**:52-65.
- 305 Hewitt G. Missing links: identity issues of donor-conceived people. *Journal of Fertility*
306 *Counselling* 2002;**9**:14–20.
- 307 HFEA. Re-register as an identifiable donor, 2015. <http://www.hfea.gov.uk/1973.html> (29 July
308 2016, date last accessed).
- 309 Ilioi EC, Golombok S. Psychological adjustment in adolescents conceived by assisted
310 reproduction techniques: a systematic review. *Hum Reprod Update* 2015;**21**:84-96.
- 311 Indekeu A, Dierickx K, Schotsmans P, Daniels KR, Rober P, D'Hooghe T. Factors
312 contributing to parental decision-making in disclosing donor conception: a systematic review.
313 *Hum Reprod Update* 2013;**19**:714-733.
314
- 315 Isaksson S, Skoog Svanberg A, Sydsjo G., Thurin-Kjellberg A, Karlstrom PO, Solensten NG,
316 Lampic C. Two decades after legislation on identifiable donors in Sweden: are recipient
317 couples ready to be open about using gamete donation? *Hum Reprod* 2011;**26**:853-860.
318
- 319 Isaksson S, Sydsjo G, Skoog Svanberg A, Lampic C. Disclosure behaviour and intentions
320 among 111 couples following treatment with oocytes or sperm from identifiable donors:
321 follow-up at offspring age 1–4 years. *Hum Reprod* 2012;**27**:2998-3007.
322
- 323 Jadva V, Freeman T, Kramer W, Golombok S. Experiences of offspring searching for and
324 contacting their donor siblings and donor. *Reprod BioMed Online* 2010;**20**:523–532.
- 325 Jadva V, Freeman T, Kramer W, Golombok S. The experiences of adolescents and adults
326 conceived by sperm donation: comparisons by age of disclosure and family type. *Hum Reprod*
327 2009;**24**:1909-1919.
328
- 329 Klock SC, Greenfeld DA. Parents' knowledge about the donors and their attitudes towards
330 disclosure in oocyte donation. *Hum Reprod* 2004;**19**:1575-1579.
- 331 Klotz M. Wayward relations: Novel searches of the donor-conceived for genetic kinship. *Med*
332 *Anthropol* 2016;**35**:45-57.
- 333 Lalos A, Gottlieb C, Lalos O. Legislated right for donor-insemination children to know their
334 genetic origins: a study of parental thinking. *Hum Reprod* 2007;**22**:1759-1768.
335
- 336 Laruelle C, Place I, Demeestere I, Englert Y, Delbaere A. Anonymity and secrecy options of
337 recipient couples and donors, and ethnic origin influence in three types of oocyte donation.
338 *Hum Reprod* 2011;**26**:382-390.
339
- 340 Lycett E, Daniels K, Curson R, Golombok S. Offspring created as a result of donor
341 insemination: a study of family relationships, child adjustment, and disclosure. *Fertil Steril*
342 2004;**82**:172–179.

- 343 Lycett E, Daniels K, Curson R, Golombok S. School-aged children of donor insemination: a
344 study of parents' disclosure patterns. *Hum Reprod* 2005;**20**:810-819.
345
- 346 Mac Dougall K, Becker G, Scheib JE, Nachtigall RD. Strategies for disclosure: how parents
347 approach telling their children that they were conceived with donor gametes. *Fertil Steril*
348 2007;**87**:524-533.
349
- 350 Mahlstedt PP, LaBounty K, Kennedy WT. The views of adult offspring of sperm donation:
351 essential feedback for the development of ethical guidelines within the practice of assisted
352 reproductive technology in the United States. *Fertil Steril* 2010;**93**:2236–2246.
353
- 354 Murray C, Golombok S. To tell or not to tell: the decision-making process of egg-donation
355 parents. *Hum Fertil* 2003;**6**:89-95.
- 356 Nachtigall RD, Becker G, Quiroga SS, Tschann JM. The disclosure decision: concerns and
357 issues of parents and children conceived through donor insemination. *Am J Obstet Gynecol*
358 1998;**178**:1165-1170.
359
- 360 Nelson MK, Hertz R, Kramer W. Making sense of donors and donor siblings: A comparison
361 of the perceptions of donor-conceived offspring in lesbian-parent and heterosexual-parent
362 families. In: Blair SL, Claster PN (eds). *Visions of the 21st century family: Transforming*
363 *structures and identities*. US: Emerald Group Publishing, 2013, 1-43.
364
- 365 Nuffield Council on Bioethics. Donor conception: ethical aspects of information sharing,
366 2013. <http://nuffieldbioethics.org/project/donor-conception> (29 July 2016, date last accessed).
367
- 368 Paul MS, Berger R. Topic avoidance and family functioning in families conceived with donor
369 insemination. *Hum Reprod* 2007;**22**:2566-2571.
370
- 371 Persaud S, Freeman T, Jadvá V, Slutsky J, Kramer W, Steele M, Steele H, Golombok, S.
372 Adolescents conceived through donor insemination in mother-headed families: A qualitative
373 study of motivations and experiences of contacting and meeting same-donor offspring. *Child*
374 *Soc* 2016. DOI:10.1111/chso.12158.
- 375 Readings J, Blake L, Casey P, Jadvá V, Golombok S. Secrecy, disclosure and everything in-
376 between: decisions of parents of children conceived by donor insemination, egg donation and
377 surrogacy. *Reprod Biomed Online* 2011;**22**:485-495.
378
- 379 Rodino IS, Burton PJ, Sanders KA. Donor information considered important to donors,
380 recipients and offspring: an Australian perspective. *Reprod Biomed Online* 2011;**22**:303–311.
381 Rumball A, Adair V. Telling the story: parents' scripts for donor offspring. *Hum Reprod*
382 1999;**14**:1392-1399.
383
- 384 Salevaara M, Suikkari AM, Soderstrom-Anttila VS. Attitudes and disclosure decisions of
385 Finnish parents with children conceived using donor sperm. *Hum Reprod* 2013;**28**:2746-2754.
- 386 Scheib JE, Riordan M, Rubin S. Adolescents with open-identity sperm donors: reports from
387 12–17 year olds. *Hum Reprod* 2005;**20**:239-252.
388
- 389 Scheib JE, Riordan M, Rubin S. Choosing identifiable sperm donors: the parents' perspective
390 13-18 years later. *Hum Reprod* 2003;**18**:1115-1127.
391

- 392 Slutsky J, Jadvá V, Freeman T, Persaud S, Steele M, Steele H, Kramer W, Golombok S.
393 Integrating donor conception into identity development: adolescents in fatherless families.
394 *Fertil Steril* 2016;**106**:0051-0282.
395
- 396 Turner AJ, Coyle A. What does it mean to be a donor offspring? The identity experiences of
397 adults conceived by donor insemination and the implications for counselling and
398 therapy. *Hum Reprod* 2000;**15**:2041–2051.
399
- 400 Van Berkel D, van der Veen L, Kimmel I, te Velde E. Differences in the attitudes of couples
401 whose children were conceived through artificial insemination by donor in 1980 and in 1996.
402 *Fertil Steril* 1999;**71**:226-231.
- 403 Vanfraussen K, Ponjaert-Kristoffersen I, Brewaeys A. An attempt to reconstruct children's
404 donor concept: a comparison between children's and lesbian parents' attitudes towards donor
405 anonymity. *Hum Reprod* 2001;**16**:2019–2025.
406
- 407 Vanfraussen K, Ponjaert-Kristoffersen I, Brewaeys A. Why do children want to know more
408 about the donor? The experiences of youngsters raised in lesbian families. *J Psychosom*
409 *Obstet Gynaecol* 2003;**24**:31–38.
410
- 411 Zadeh S, Freeman T, Golombok S. Absence or presence? Complexities in the donor
412 narratives of single mothers using sperm donation. *Hum Reprod* 2016;**31**:117-124.
413