



Donor Conception Network

Telling and Talking

'Telling' and Talking about Donor Conception
with 0 - 7 year olds
A Guide for Parents



By Olivia Montuschi

Olivia Montuschi

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Donor Conception Network

The Donor Conception Network was started in 1993 by five families who were looking for support from others in being open with their children about donor conception. Members now include married and unmarried couples, single women, lesbian couples, parents who have been separated, divorced or widowed, individual adults who are donor offspring and some sperm and egg donors. About half of our members already have children and most of the others are contemplating or currently having fertility treatment with donated eggs, sperm or embryos.

We hold national meetings twice a year – with good child care and an older children's group – have local groups in many parts of the UK, provide a contact list of parents you can 'phone or email, have a twice yearly magazine and a lively website with an interactive forum open to members only.

Do join us.

Find out more from our website www.dcnetwork.org or 'phone 0208 245 4369.

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Olivia Montuschi
April 2006

Telling and Talking

0 – 7

"I feel very hopeful that the children will be comfortable and confident about it, because we are – about the way we have created our family. So I trust they will grow up the same."

Mother of twins age three by DI.

Introduction

This booklet is for all parents who have built or are building their families with the help of donor conception (sperm, eggs or embryos). If you are planning to tell your child about their beginnings, or are thinking about doing so, this booklet aims to support you in 'telling' and to give you practical help in starting and continuing that process. What it does not do is prescribe a single 'right way' of going about 'telling' because all parents are different and you will find your own ways of starting and continuing to share the story about how your family was made.

If your child is over the age of five you may well find the next booklet for parents of 8 -11 year olds helpful as well.

Although infertility is the reason that most people need to use donor conception, some people will have done so in order to avoid passing on a genetic condition. The vast majority of this booklet is relevant for both situations.

Over the next few pages you will find acknowledgement of some of the hopes and fears that are often present when deciding on openness, some very practical suggestions about how you can start and continue talking with your child in ways that are appropriate for their age and some insights into how children may respond. Throughout you will find quotes from professionals, parents of children conceived as a result of donor conception and the children themselves.

Deciding to Tell

For some parents the decision to be open is one that is clear and untroubled from the start. The only question is how to do it. Psychologists Sharon Pettle and Jan Burns interviewed groups of parents of donor conceived children in 2001 and found that many parents "...wanted honesty to be valued within their family. A frequently held view was that children had a right to this information and that keeping their child's origins 'secret' was not something that they could seriously contemplate." One mother of a seven year old said –

"We were both in agreement. I have a fundamental belief that you should be honest with your children. You are the people in the whole world that they should be able to trust most of all, and to me it would be wrong. In essence, if you are not telling you are lying."

For other parents the decision is not so clear. They may be full of apprehension about what might happen (to both themselves and their children) if they did tell. Sometimes couples find that although they both agreed to donor conception, they disagree on the issue of 'telling'. Because the use of sperm, egg or embryo donation by heterosexual couples is usually invisible to the outside world, there is a temptation to believe that 'telling' may not be important. "After all, he's our child, we're going to love him to bits, so why does he need to know?" is a point of view heard often by clinic counsellors. Another group of parents believe that 'telling' is probably the right thing to do but emotionally don't feel ready, so put off starting the process. As time passes it is likely to become more and more difficult to begin.

By contrast, single women and lesbian mothers may be faced with the question, "Have I got a dad?" from when their child is about two, so 'telling' is something they need to take on and prepare for early. For lesbian couples, their sexuality makes it impossible for them not to be open about the use of donated sperm. For these two groups of parents it is the 'how' rather than the 'whether' question that is the most important.

What others have to say about 'telling'

Since about 1993 adult donor offspring, parents with donor conceived families and professionals who have worked with families using donor conception, have begun writing about their thoughts, feelings and experiences. Some of these writings are listed at the end of the booklet. In 2005 Diane Ehrensaft, a clinical psychologist, noted the enormous changes in thinking about 'telling' that have taken place in the past 20 years, "...the social tides have changed. As they have changed, experts have done a 180-degree turn in their thinking about disclosure. Twenty years ago people thought disclosure would be traumatic for the child, humiliating to the parent, and disruptive of the parent-child bond. Now it is believed to be a violation of the child's rights, a denial of reality, and a threat to the integrity of the family not to tell a child the truth about his or her birth history."

Ken Daniels, a social work professor from New Zealand and someone who has spent the majority of his working life researching family's experiences of donor conception, put it this way at a Donor Conception Network meeting in 2001 –

"I look for the day when parents can be proud of the fact that they have used donor conception to help them build their family. That they can aspire to the couple in New Zealand who placed a birth notice in the newspaper saying that the child was born as a result of donor insemination and conveying special thanks to the donor."

There remains a gap, however, between what the experts now believe is right – and indeed the philosophy on which DC Network is based – and the feelings of many parents who remain full of fears and anxieties about telling. These fears are very understandable and many of them will be addressed later in this booklet, but they are not themselves reasons to keep donor conception secret. The following list is adapted from one first drawn up by Diane Ehrensaft. It lists what she feels are the only three good reasons for not telling children at all

or postponing telling to a different time. All of them put the best interests of children first –

1. Issues to do with the child's ability to understand: a child with a significant learning or developmental problem may well not be able to take in information about his or her origins.
2. Issues for the bond between parent and child: for instance, if a parent has been away from the child for a long time for any reason, re-building this relationship should come before 'telling'. Where parents are separating or divorcing, 'telling' should never be used as a threat to break a relationship between parent and child. Unless children are at real risk of learning about their origins from someone other than a parent, telling should ideally only begin when both parents agree and the emotional climate has settled down.
3. Issues for the child from outside the immediate family: if wider family members or those in the community are likely to reject a child conceived by donated sperm, eggs or embryos, then it may be difficult for a child to feel any sense of pride about their origins. This situation can apply where a child is being brought up within a culture or faith that disapproves of donor conception.

However, Ehrensaft goes on to point out that parents need to be very honest with themselves. Concerns that a child may be upset or confused by being 'told' can cover anxieties and fears that properly belong to the parent and are not really to do with the child at all.

Overcoming your fears can only benefit your family

This is the heart of the matter. As adults we think and feel about donor conception (and everything else) through the filter of our own experiences and perceptions. As parents we want to protect our children from the worst elements of our own experiences and the prejudices of others. Our children, however, do not share our history, so they have no assumptions about what being donor conceived might mean. They are starting out in life and deserve the opportunity to be proud of who they are. Donor conception is a non-traditional way for a child to come into a family. It is different, but difference doesn't have to be bad, it is just...different. How we respond to difference of any kind depends on our upbringing, personality and experiences. Children can be helped to be proud of their difference or they can learn to hide it...or be aware that something is being hidden from them.

Putting aside deeply held fears and anxieties, even to benefit our children, may not be easy at first but Network parents who have taken the plunge report feeling greatly relieved once they have started telling the story. They are often amazed that their children pay very little attention to what is being said and often quickly move on to a subject that is more interesting to them.

One DI dad said at a meeting, "Before our daughter was born it was all about me and how unfair it was that I couldn't have my own genetic child. Now she is here I see that it's all about her and because I love her so much I want to be straight with her about how she began."

Anxiety about 'telling' is normal

Very few parents have no anxieties at all about the actual 'how to' of telling. Even those most committed to openness sometimes get sick feelings in the pit of their stomach before they start to talk with their child. But a few stumbles over words because of nervousness are not going to make any difference. You really don't have to get it right all of the time. The truth is that very little comes as a shock to children if it is shared as part of a loving family relationship and in ways that are suitable for their stage of development. Small children do not understand the implications in the same way adults do. The donor conception story, told at an early age, becomes part of their normal world. And fears of rejection? Young children love the people who care for them everyday – why would they reject loved parents for someone they don't know?

Whilst young children easily accept the truth, they are however very sensitive to atmospheres and to things that remain unsaid in families or are said without any sense of conviction. It is very easy for them to pick up the idea that something odd is going on, that this something has to do with them and that somehow they must be to blame. A number of donor conceived adults who learned of their origins later in life have spoken of feeling that their lives were blighted by having no explanation for their sense of disconnection from the rest of their family, until they found out about their donor conception. On the other hand, some young people who were told from early on have spoken about enjoying a sense of 'specialness' as a result of being donor conceived. Their difference, if they feel this, has an explanation and they are able to talk with their parents about it.

"I can't remember my parents telling me I was a donor baby – it is something I just seem to have always known about. Not only does that make it feel normal to me, if anything it makes me feel a bit special."

Susannah age 14.

Telling children about donor conception is a process that will change and develop as children grow up. But by starting to sow the seeds of information early it is likely that your child or children will not remember a time when they did not know about how they came to be part of your family or that donor conception is anything other than (an ordinary) part of their story.

Preparing to Tell

There are many ways in which parents can prepare to start the process of 'telling'. You can buy one or more of the books for children published (by DC Network and others and listed at the end of this booklet) specifically to help your child begin to understand how they came into your family. You can practice some of the language with your partner or with wider family or friends. There are also some excellent books aimed at parents that detail the experiences of families. But the two things that may help most are –

- Giving yourself time to think about what 'telling' means for you and how you feel now about your infertility (or the situation or other condition that led you to use donor conception), and your decision to use donor conception.

- Knowing something about how babies and young children develop so that you are aware of what they are likely to understand at each stage and how they may respond to information about donor conception.

Parents and telling

In order for a whole family to benefit most from openness about donor conception, parents need to feel that not only are they doing the right thing for their children but they can also (now or in the future) feel good themselves about having created their family in this way. This comes easily for some but for others it can take time. It may involve taking some risks and perhaps at times acting with a greater outer confidence than is felt on the inside for a while. One of the things that can get in the way is if there are any deep seated unresolved feelings about infertility or the need to use the sperm or egg from someone other than a loved partner to conceive a child.

Donor conception for family creation is not the first choice of any heterosexual couple, or most single women. Same sex couples also have many questions to face before going ahead. This method of conception almost always follows considerable heartache over a long period of time. There is a need to grieve the loss of a longed-for biological child of your relationship or, for many single women, loss of the hope of having a child as part of a loving couple. This is a significant part of the process that leads to eventual decision making, either about other ways of becoming a parent or adjusting to childlessness.

It takes time to grieve for the child you cannot have. It may be that such grieving has to happen before it is possible to make the necessary adjustments and really welcome the child you can have. Although this ideally takes place before a child is conceived, sometimes it doesn't work out that way. It may be that once on the roller-coaster of fertility treatment it felt difficult to break the cycle of investigations and treatments in order to raise the question of whether you felt ready to have a child using a donor. Sometimes men or women put pressure on their partner to agree to go ahead, and sometimes partners go along with what they think the other one wants, without really feeling ready themselves. It is never too late to re-visit some of these feelings.

Putting aside time now to talk about, recognise and acknowledge the losses that you have gone through and any feelings of shame or stigma that may still be around, can be some of the most helpful preparation you are likely to do for 'telling'. You may choose to talk with your partner, a close family member or friend, someone from DC Network or to see a counsellor, either returning to your clinic or seeking someone new.

Taking what feels like a risk and talking with others about difficult thoughts and feelings often plays an important part in parents realising that 'telling' is not so terrible or difficult after all. DC Network meetings have proved this time and again.

One dad found that a particular Network meeting changed his view completely –

*"My initial reaction was not to tell. It did not come naturally – other guys are the same. I did a 180 degree turn following the talk at that meeting."
Father of two children aged three and one by DI.*

The best age to start 'telling'

Babyhood to age seven is a huge developmental stage for children. You may be wondering when is the very best time during these years to start 'telling'. The answer is that this will vary depending on the circumstances of individual families, but the ideal time to start the process is before the age of five. The two best windows of opportunity are when your child is a baby or when children show curiosity about where babies come from and how they themselves were made. Many families use the very simple *My Story* and *Our Story* picture books for young children that are published by DC Network, as an introduction from age two or three.

Language

The donor

Throughout this booklet the term 'donor' is used to refer to the person whose gift enabled the building of a family. Using the word 'father' or 'mother' by itself or 'real mother or father' can confuse the role of donor with that of the person who is, on a daily basis, fathering or mothering a child. The donor does have an undeniable genetic connection to the children he or she helped create and deserves to be referred to with respect and gratitude. But they do not have a parenting role and are not part of the family, even if they have expressed willingness to be known to your child from age 18 following the ending of anonymity for donors in the UK in 2005.

When they are little your children will mostly take on the language you use to refer to the donor. As they grow and become more independent minded, they can go through times of using different words. As you start thinking ahead to this stage of development you may want to look at the booklets for the stages 8 to 11 and 12 to 16.

Body words

Another language issue has to do with the sort of terminology that should be used when talking about parts of the body with young children. Some 'experts' have expressed the opinion that only medically correct terminology should be used, citing the case of a child who was told that a baby was growing in his mummy's tummy and then worried that food would fall on the baby and harm it. DC Network has no evidence that using words like tummy or seed instead of uterus or sperm causes any continuing confusion in young children. There have been some instances of children searching supermarket shelves for sperm to go with the eggs their parent has just put in the shopping trolley, but these are rare and anyway offer a good opportunity for further explanation! The words ovum or egg cell do not form a natural part of a young child's vocabulary. Perhaps it is worth surprising the occasional fellow shopper in order to stick with words that are child-friendly and part of their experience. They will then change gradually as a child matures.

Being 'special'

The final language issue is not just a matter of words but perhaps of attitude as well. It has to do with a child being 'special'. All of us love to be thought of as special, but this usually comes about because of how much we feel loved and cared for rather than because we are told this all the time. Most children just like to be 'normal'. Being told constantly that you are 'special' and 'precious' can feel like a burden and something you have to live up to...or rebel against.

A parent interviewed by Ken Daniels talked about how she had learned not to call her child 'special' –

"I remember telling Desmond that he was special, but then an adopted woman said what that feels like from an adopted person's perspective. She said, 'No, no, no. You don't want to be special; you just want to be like everybody else.' And she also complained that her mother used to say to her, 'You're God's gift to me. You're just a gift.' She said, 'If you make it like they are a gift, then they feel like they owe you something, and they don't.' I immediately realised that he didn't want to be special and he didn't want to be 'wanted' or 'chosen' or any of those things; he just wants to be family. So I stopped doing all that."

Some older donor conceived children and young people refer to a pleasant feeling of being 'special', meaning that they enjoy being a bit different, but this comes from feeling proud about being donor conceived, not because they have been labelled as 'special' from when they were young. Even if you have waited many years for this very important child, treating them 'normally' is doing what is best for them.

In the film *A Different Story* Ellie age seven stresses several times –
"I'm just a normal girl."

Your Child's Development and 'Telling'

How babies and young children develop

Children's development takes place on three main fronts –

- physical growth that is completed by late teens or early adulthood
- cognitive (thinking and learning) growth, which is at its height in babyhood, childhood and early teenage years
- emotional and social growth, the foundations of which are laid down in the early years and then continue throughout life.

Each child develops at their own pace. As all three areas of development take place at different rates this can lead to the different growing processes being out of sync with each other. One result of this can be the type of frustration experienced by toddlers when they attempt to achieve a task that they cannot quite manage yet, like putting on their shoes.

Physical growth continues unless it is inhibited by something dramatic such as lack of food. Cognitive, social and emotional development occur as the

result of experiences. These experiences influence the unseen development of the brain.

A baby's brain is just 25 per cent of the weight of an adult brain. It contains billions of cells but as yet most of these are unconnected. It is through early experiences, such as holding, feeding, talking and comforting that the essential connections between cells develop. Although an infant's brain is very much a 'work in progress' it is in the making of these connections that the roots of learning and remembering are laid down. The evidence seems to be that the more times an experience is repeated, the stronger the connections are in the brain. There are times in the life of a child when some of the connections that are least used fade away, leaving behind the ones that are used the most. Although the first three years are very important for development, there are other opportunities for catching up on experiences missed out in the early years, including 'telling'. If the situation isn't right to start 'telling' until a little later, then that will not do any harm. It is simply a prime window of opportunity to start the 'telling' process.

Information about brain development is relevant for families telling children about donor conception because language used by parents regularly in the early years will be 'remembered' in the connections in the brain and can contribute towards the very positive goal of a child 'never knowing when they didn't know'.

Babies and infants

Babies understand the world through the relationships that they form with their closest carers – usually their parents. Falling in love with your baby does not necessarily happen immediately. It is sometimes a process that happens slowly over days and weeks of close contact and increasing familiarity with recognising and responding to your baby's needs. This is true for all parents, not just those who have used donor conception.

Babies love to watch and imitate the faces of their parents whilst listening to them chatting in the special baby language that parents develop. Bathing your baby or facing them as they lay on a mat whilst they are being changed can be an ideal time to start talking about how much they are loved and how their arrival has made you a family. Take advantage also of intimate moments – perhaps whilst feeding or having a quiet cuddle before putting him or her down to sleep – to speak gently about how much you wanted to be a parent, how lucky you feel to have had the opportunity, through the generosity of a donor, for them to come into your life, how absolutely lovely they are and how much you love them.

A baby won't understand the meaning of the words but he or she will enjoy being talked to and of course chatting in this way is contributing to the connections being made in his or her brain.

What is at least as important is that this is an ideal opportunity for parents to practise and become familiar with the language of donor conception. Babies will be forgiving of parents' stutters and stumbles over words as long as the tone of voice generally communicates pride and love. A real bonus of talking with your baby in this way is that you will be freed from the worry about when to start

talking with your child. It is not quite done and dusted...but definitely started and on the family agenda. Once the subject becomes part of the family story then this can be added to as your child develops. In fact you can pour your heart out to a baby in a way that would be inappropriate for a toddler or a five year old!

Diane Ehrensaft tells the story of one dad, Mr. Davids, who began to tell his son right after birth about his origins:

“Even in the hospital, Mr. Davids began to tell the baby about his birth history. He became involved in the caregiving and father and son became attached to each other. When the boy could understand language, his father was surprised that he did not seem to care about his ‘birth story’ but preferred doing the things he loved to do with his father.”

Two and three year olds

Although parents are still the centre of the world for children of this age, they are beginning to discover the wider world of other people and things around them.

About the age of two children being brought up in same sex couple or single mother households may begin to notice that their families are different to those where there is a father, even if he doesn't live with the children. Questions that can come up at any time from this age on are “Do I have a dad?” or “Is my dad dead or what?” as asked by Ryan Kramer, founder of the US Donor Sibling Network with his mother Wendy.

In all families parents are likely to be struggling with the frustrations that toddlers' very normal drive towards mastery over language and their bodies (bowels and ability to do things for themselves) bring. Typical words for a toddler are 'no' (even to something they might like) and 'do it myself', possibly followed by a tantrum if the wish to carry out an action is frustrated by their physical or emotional inability to manage it. In turn, some parents have trouble saying 'no' to their children. In families created through donor conception, this can particularly affect DI dads who, typically, love their children to bits but sometimes worry that their child may reject them in favour of the donor if they don't give them everything they want.

This is a challenging time for all parents – not just those created with the help of donor conception – but it can be helpful to know that small children thrive when they understand what the limits are and know who is in charge. They feel secure and loved when they can trust that person to keep them safe or within the limits, even when they are exploding with rage. Children do not feel secure when they experience their demands as overwhelming their parents, causing them to collapse and give in with frustration. Recognising this, *all* fathers and mothers need to use the caring authority they have as parents to set reasonable limits and handle toddlers demands and outbursts firmly but with tolerance and flexibility.

If you started chatting to your child when he or she was a baby, you can continue to do this as they become more mobile and begin exploring their world. If your

route on a car or bus journey takes you past the clinic or hospital where they were conceived, you can point this out as you would any other item of interest like a fire engine or a big crane... "and that's where Mummy went when she (and Daddy) needed some help to have you."

If you are going to the clinic for further treatment or a friend is pregnant, you can talk about how, "babies grow in mummy's tummies, but sometimes mummies (and daddies) need some help to make a baby".

Children under three are very unlikely to ask what sort of help was needed, but if they do you can use some of the language from the three to five section or from the relevant *My Story* or *Our Story* book.

Three to five

From very early in parents and children's lives together cuddling up and looking at books is enjoyed for the physical and emotional closeness it brings. It is also a wonderful opportunity to take advantage of a child's in-built enthusiasm for learning. Three is a good age to introduce *My Story* or whichever *Our Story* book is appropriate for your situation, if you have not done so before. Most children love stories about themselves and they may choose this book regularly just for the joy of coming across their photo at the end. However, don't necessarily expect them to take in exactly what it means. This is an age of make believe and fantasy, and children of three or four may well elaborate and alter a story in their minds. It can be helpful to check out from time to time just what your child has understood so that you can gently put right any misunderstandings.

In the leaflet *Letter from Olivia to would-be DI Parents about 'Telling'* I wrote of the experience I had with my own daughter, then aged four. "Bathtime, when you are chatting about this and that, can be a good moment to check out understanding... I remember my daughter asking me about the 'nice man' who had given sperm to help make her. It was clear that she thought I had actually met him, so I had to explain that I didn't know who he was but that I knew he must be a nice man because he wanted to help mummies and daddies to have a baby."

Another fairly common misunderstanding by young children can be that a donor has sacrificed their own ability to have a child by giving their sperm or eggs to someone else so that they can have a baby.

Around the age of four children may start asking about where babies come from and how they themselves are made. This is part of a child's normal curiosity about how things they see happen, including the mechanics of human bodies. It has nothing to do with sex and how this might lead to the making of a baby. A child might wonder about how a baby came to get inside a woman as an adult might wonder how you get a ship in a bottle. As part of the gentle flow of information that you may have already begun and which all parents will need to start from this age onwards, give very simple, direct information in a matter of fact way. Try and put yourself in their shoes and answer the questions *they* ask, not what you as an adult think they are asking. There are

books for children that can help with this (see resource list at the end of the booklet). The vast majority of children of this age are completely disinterested in where sperm and eggs come from, or how they manage to get together and certainly do not care about genetic relatedness to either donor or parents. What all parents can tell children is that – “It takes an egg from a woman and a sperm or seed from a man to make a baby.”

After this point the language varies depending on the make-up or situation of each family.

The following examples may be useful for heterosexual couples using sperm, egg or embryo donation.

One Network family, where the male partner’s infertility had come about because of treatment for cancer, started the explanation to their child with the words,

“Babies are usually made from a little bit of a mummy and a little bit of a daddy, but because Daddy wasn’t very well, you were made from a little bit of Mummy and a little bit of another man.”

This could easily be adapted for a situation where female infertility was caused by treatment for cancer or another condition and egg donation had been used.

Further examples –

“Some mummies don’t have enough eggs to make a baby and they need another woman to help by giving some of her eggs.”

“Daddy’s sperm couldn’t swim fast enough to reach Mummy’s egg, so we had to go to the hospital to get some sperm from a man who agreed to help by giving some of his.”

Or in the case of vasectomy –

“Daddy’s sperm weren’t able to get through the tubes to reach Mummy’s egg.”

Or for embryo donation or double (sperm and egg) donation –

“Sometimes daddies don’t have enough sperm and mummies don’t have enough eggs and they need some help from another man and another woman to have a baby.”

Look for and take full advantage of any opportunity to introduce the idea that there are many different ways for families to come into being and many different sorts of families. Continue to use the specially written story books, make up your own stories, look at and talk about family photo-albums or home movie footage, and use ‘hooks’ in everyday life like children’s stories, TV programmes or a friend’s pregnancy to reinforce or hang additional information on.

Five to seven

Even if they have been to nursery, starting school, at around age five, marks the start of a new stage in children’s lives. An increase in thinking ability means

that they can now tell the difference between fantasy and reality and as a result begin to compare how things or people are the same or different. For some children a simple but real understanding about their donor conception beginnings will come about and questions, if they arise, may imply curiosity and/or some anxiety. They may start to talk with others, although the evidence within the Network is that most don't. They may or may not ask questions without prompting.

It's sometimes not easy to know how much your child has taken in and children vary enormously in their understanding. The following quotes are both from parents of six year olds –

"When I asked her, 'What makes a father?' she said, 'It's the person who you come from.' I said, 'Do you remember how we said that in our family it took three people for you to be born, that Dad didn't have any sperm so this other man gave us the sperm to help create you? She said, 'Oh yes.' And I said, 'Maybe you look a little bit like him.' And she said, 'I don't look like him, I'm a girl!' She had a bit of a think about it but doesn't make the connection."

Jacob had clearly grasped the idea that coming from 'eggs' was a good thing. He came home from school and told his mum that there was a boy in his class who was so naughty that he couldn't possibly have come from 'eggs' – he must have come from grass!

Donor conception may not be on the school curriculum but it needs to be kept on the home agenda, with parents checking from time to time where their children are in their understanding. The best way to do this is to keep on using 'triggers' or 'hooks' in everyday family life to bring your child's attention back to the subject from time to time. Following a TV programme, news of a friend's pregnancy, visit to the clinic for a second child or reading a book about families, you might want to use some of the following openings –

"It's really interesting reading/seeing how babies/other people's families are made isn't it? Do you remember how mummy and I needed some help to have you... we went to the hospital and the doctor mixed some of my seeds with eggs from a woman who had agreed to help us, and then put them inside mummy's tummy for them to grow into you."

"Auntie Jane is having a baby. Do you remember when we talked about how daddy and I needed some help to have you? We went to the clinic, you know the one we pass when we go swimming on Fridays, and the doctor put some sperm from a man who had agreed to help us, inside me so that it could meet one of my eggs and make you."

"It's funny how we are all different but every human baby starts in the same way, with a tiny egg from a woman and an even smaller seed that comes from a man. Do you remember..."

Sometimes your child may ask a further question or want to talk, and sometimes they will simply move on to another topic that interests them more at the time.

Both are completely normal responses. Your responsibility is simply to bring up the subject from time to time – as long as they have the message that this is a comfortable subject to talk about, they will ask questions when they are ready. The experience within DC Network families is that girls are more likely to ask questions than boys, although there are some boys who show the same level of interest. Girls also tend to ask questions earlier than boys. As your child nears seven you should also be prepared to answer questions about how most babies are made, how the sperm and egg meet each other in non-assisted conception and, unusually but occasionally, queries about “just how do they get the sperm from the kind men?” Irene Ryll, who has three children conceived by sperm donation, answered this question from her daughter like this, “The doctor gives the donor a cup and tells him how to put the sperm in it.” Although normally a very direct person, Irene was not about to explain masturbation to a six year old.

Many Network parents have found that the most significant conversations with their children, usually from about age five upwards, take place in a car. Typically mum is driving and the child is in the back. This setting seems to provide a close and intimate space but without the possibility of eye contact or interruption. This situation also seems to work for conversations between siblings or donor conceived children and their friends as well.

Starting to tell at six or seven

If you are starting the ‘telling’ process at this age, then the nearer a child is to seven, the greater their understanding is likely to be and the more information they are likely to need, including about sex and non-assisted reproduction. It can be tempting to feel that leaving ‘telling’ until seven or so might be the sensible thing to do but greater understanding can also mean that there is a greater capacity to be shocked by the news. It can also be that parents who have not talked about donor conception issues to anyone for seven years may be a bit rusty and ill at ease about telling the story – possibly giving an unhelpful message of embarrassment to a child.

That said, ‘telling’ *can* be done well at this age and above. It just means a bit more preparation and practising beforehand, because a child of seven and over will remember what has been said and the tone of voice and body language used, in a way that a much younger child might not. Parental confidence and comfort is the best predictor of a child feeling the same way.

The booklet for parents of 8 - 11 year olds gives guidance that is likely to be helpful.

Children of Single Parent or Lesbian Families

Children of single women or lesbian parents tend to ask very early on about the whereabouts of a dad and parents need to be prepared with answers. “We don’t have a dad in our family,” is a response that will suffice to start with for both your child and others who ask, but when children begin to understand about the role of men and women in making a baby, school-mates are likely to insist that the child must have a dad somewhere.

Gwyneth, a single mother, explained how she talked with her six year old daughter Helen –

"I told her how everybody has a biological father who made them, but not everybody has a dad living with them. This then gave the opportunity to explain in detail about DI – although I'd been giving her little pieces of information since she was about two."

Helen had had some problems at school with a particular child insisting that she must have a dad somewhere. She had tried to explain about donor insemination to the child in question, but he had not understood the word 'sperm' and continued to pester her. With Helen's permission, Gwyneth took the single parent families version of the *Our Story* book for children into school and, once the teacher had read it to the class, other children stopped asking her about her dad. Although the children had probably not completely understood the story, the fact that the teacher had clearly supported Helen's difference, was enough to make it OK in the eyes of the other children.

Another example of early language to use with children in single parent families comes from *Let the Offspring Speak* –

"All babies are created with an egg from the woman and a sperm from the man and so were you. I wanted to have you very much, but there wasn't a man I loved who could become your daddy like (example of child your child knows who has a father at home). So a man gave his sperm to a clinic so that babies could be made. The nurse/doctor put it inside me where it joined with my egg to make you. This is called donor insemination. I never met the man who gave the sperm but he won't ever live with us and we don't know him. You grew inside me and were born like all babies are. There are lots of different families and we are a different family because there is just you and me and no daddy (add siblings if there are any and also point out any positively involved grandparents, uncles, male friends etc.)."

All this information can be given gradually. It would be a slightly odd speech all in one go, but piece by piece over time it adds up to a very complete picture. And of course if the donor is 'willing to be known' at age 18 (following ending of anonymity for donors in the UK in 2005), then this information can now be added as well.

Lesbian parents Andrea and Bridget found that 'telling' was considerably less complicated than they had assumed it might be. "We initially gave our daughter very simple information, such as, 'all families are different and in our family there are two mummies.' As she got older more details were given in response to her questions and she led this process. The questions didn't come all the time but we found all she usually wanted were short and simple answers, and then she would return to whatever she was doing at the time. The book *Our Story* (version for lesbian families) has been invaluable in providing clear information that can then be discussed further once the story is finished."

Another lesbian parent posting on the American Donor Sibling Registry tells her story this way –

"Our little guy started asking questions around the age of 3/half. We just told him matter-of-factly that he didn't have a dad. He had two mums. That there were all kinds of families (mum and dad, mum, dad, two mums, two dads, grandma and grandpas and foster families etc.)...that whoever loved you and took care of you was your family, and we would purposefully buy books that showed different families and point it out. We told him that there was a man who helped us have a baby because you need a man part and a woman part to make a baby (we'll get more technical as his maturity level does.). Our son, now 5/half, confidently tells his friends that he has two mums instead of a mum and dad and the subject of the donor rarely comes up. In fact it's usually brought up by me because I want him not to forget it and have it suddenly be a surprise when he's 7 or 8. We always want to keep the lines of communication open."

Talking with Others

Family and friends

One of the very first questions asked by friends and strangers alike when a baby is born, is who the child looks like. You will need to be prepared for this and it can be very helpful to have shared information with close family and friends before your child is born. Telling your child about donor conception definitely means that *some* other people need to know as well, and telling these people early means not having to get tangled up in a web of avoidance or lies.

Network member Claire felt that it was important for all members of the family to be equal in their level of knowledge.

"We didn't want our children growing up in a conspiracy of secrets or a hierarchy of people knowing varying degrees of information at different times... We know that in being open we have to make some compromises about people knowing an intimate aspect of our life and information about our children, but we trust we are doing our best."

If your child mentions something about 'the kind lady who gave mummy an egg to help make me' to her favourite auntie or grannie, these people need to be able to respond without shock or surprise. Every child deserves the support of their close family and adult friends of the family who are likely to be around as a child grows up. That said, those outside this close circle do not necessarily need to know, unless it is for reasons that may benefit your child. Teachers and doctors for instance, are likely to find the information of value in supporting your child and understanding any medical conditions they may have. Acquaintances who comment on who your child looks like can be answered vaguely in the following ways –

"Well, some think so and others don't."

"Do you think so?"

or "More like his dad most people say."

Some parents hope that they will be able to 'tell' their children whilst at the same time letting them know that this is not information that they should share with others. With children under eight this is a strategy that risks giving a confused and mixed message.

There are some professionals who believe that children understand instinctively when information is private and not to be talked about outside the family. This may be true of older children. From around the age of eight many children are capable of comprehending that there are some people and some settings in which it may be better not to mention donor conception because it would not be understood or because people just don't need to know. Children increasingly start to recognise that other people may have different points of view to them and their families. Below this age most children would not understand the subtlety of this approach and therefore find it confusing to be asked to keep donor conception a secret or only as something that they could talk about it at home. DC Network has always drawn a distinction between secrets and privacy. Big secrets are usually kept because at some level people feel ashamed or fearful. Privacy is what every family is entitled to. It is unusual for those who do not need assistance to conceive to reveal the exact circumstances of their children's beginnings.

For some parents telling friends and family comes very naturally as a result of being open about their infertility (or other reason for using donor conception) and the fact of going for treatment. But for others, deciding who should be 'told' is more difficult. Some people worry about losing control of the information and others are anxious that elderly parents may not approve or that members of the family who have strong religious convictions will reject them. For some sex parents issues of 'coming out' in their relationship may also be tied up with concerns about openness with others.

Sometimes grandparents of donor conceived children can be very anxious about children being 'told'. One Network member chose to take a stand with his father when their views on telling differed –

*"My Dad said 'you don't want to tell anybody,' and I said we were going to be open right from the start. He said, 'don't tell the child,' and I had to go through with him why we thought that we should tell them, because I am a great believer in honesty." *Father of a two year old by DI.**

Expectations of difficulty are not always born out. One mother, interviewed by Sharon Pettle, feared her father's reaction to the idea of DI, remembering that he had been very angry when she moved in with her partner before marriage. She was surprised when both parents immediately expressed their support. Her husband's mother, a deeply religious woman, had chosen to discuss it with members of her Bible group and was also able to support their decision to use donated sperm.

It is true that once *anyone* knows about donor conception it is almost impossible to stop others knowing as well. One Network member found that her efforts to swear friends to keep the information within a close circle rebounded when she found herself the object of rumours at the school gates. It seems that the more stress she had laid on keeping the issue quiet, the more other people had felt it was interesting information to gossip about. In contrast, those who share the

information in a more relaxed way often find that friends feel privileged to be told but then forget about it and certainly don't feel that it is important enough to gossip about. If you feel unclear about who to tell, it can be helpful to consider if it is likely to be of benefit to your child if they do know. If they are not part of a supportive network around your child (and this can include the parents of your child's friends) then they probably don't need to know. As your child grows beyond this stage in their lives, the question to consider then will be when does the information become theirs to share as they choose, rather than yours to share in their interest?

The final question to ask yourself may be, "why does it matter if others know?" If it is not a problem for your child or you, then perhaps it doesn't.

At the other end of the spectrum, not many parents would choose to do what one Network member did when she decided that it was time that others knew about how her daughter had been conceived as part of providing a network of support for her. Having been asked to speak about the subject in a radio interview, she simply told everyone she knew to listen to the programme. She felt that it was easier to do it this way as she would not have to bring the subject up but could simply respond to people's feedback from the programme. Both she and other members who have spoken widely in the media, have received nothing but warm and positive comments from others.

School matters

As children enter the school system, either at nursery level or later, the question arises as to whether teachers need to know about donor conception. The most common reason that Network parents give for sharing information about donor conception with school staff is that they believe it is likely to increase the chances of teacher sensitivity if the child mentions how they were conceived. One couple said that when they told the teacher the response was rather underwhelming. They thought that this probably reflected the huge variety of families that teachers come across today.

Experience in the Network is that most children under the age of about seven do not talk about their donor conception at school. This is not because they are worried or embarrassed by it, but simply because they aren't interested. Those who do mention it to friends report puzzlement or disinterest which leads to the subject being changed to something more engaging.

Teasing at a young age can sometimes be a problem for children from single parent or lesbian mother families and tends to be focused around the perceived lack of a father rather than donor conception issues. Intervention by parents and teachers working together to support a child can help (see section for single and lesbian parents). For children in heterosexual couple families teasing, where it occurs, tends to happen when children are older and have friends who can understand the implications of donor conception better. By this time, those who have grown up with the information as an ordinary part of their lives are mostly confident enough to deal with this without too many problems.

What can sometimes cause difficulties is when donor conceived children are more knowledgeable about sex and reproduction than their friends. Some Network

parents have reported awkward conversations with other parents whose children have been told the 'facts of life' by their donor conceived child. But as children learn much in the playground that parents would be horrified about, perhaps learning about how babies are made from what may be a rather well informed source, is not such a crime.

'Telling' if you have a Known Donor

Known donors are different to identifiable or 'willing to be known' donors in that they are already known to the potential recipients – couples or individuals – of the donated eggs, sperm or embryos. They may be family members, friends, acquaintances or, more rarely, recruited via advertisements. In the case of sperm donation, self-insemination outside of an HFEA licensed clinic may have been used for conception, or the couple or individual may have introduced their donor to such a clinic so that he could undergo the same testing procedures as other donors, thus bringing the insemination under the protection of the Human Fertilisation and Embryology (HFE) Act.

Self-insemination is not covered by the Act. If insemination takes place this way it means that legally the donor is the father of the child and there is the potential for the donor or the recipient(s) to make claims on each other, eg. for maintenance or access to the child. Single women and lesbians may be particularly vulnerable to changes of mind on the part of the donor. In recent years there have been a number of court cases resulting in donors being given similar access rights to a child as those that might be awarded to an estranged spouse or partner. Egg and embryo donation that take place in licensed clinics in the UK are covered by the HFE Act.

There are, therefore, many different situations and scenarios that encompass families who have chosen to use a known donor. This booklet is about 'telling' children about their beginnings, not about the choices that have been made by parents and donors prior to their birth. But some of these decisions will have an impact on what and how a child is told about their conception. For instance, all concerned need to be clear about what the relationship of the donor towards the child is expected to be. If the donor is a family member – and sister to sister egg donation is becoming more common – then it is important that the sister who has borne the child is clear that she is 'mum' right from the start. The sister who donated the egg may become 'a special auntie', but it is important that counselling prior to treatment has established that she is able to keep to this role and does not, for reasons of her own, need to be recognised as the mother to any child conceived. Donation within families can be a very satisfactory way of enabling an otherwise infertile family member to have a child that shares their common genetic background. However, counselling for all parties before treatment starts is essential as family ambivalences or rivalries can be stirred up and made worse by donation. It is also not uncommon for unexpected feelings to arise in any of the parties as the years pass. Returning to talk with your original counsellor or with someone new, may well be helpful.

Donation by a friend or acquaintance can also be a wonderful blessing or a nightmare in the making. It all depends on the understanding of the parties

involved and their willingness to explore together and with a counsellor the short and long term issues – both emotional and practical – that are involved.

Under most circumstances, openness with children conceived with the help of a known donor not only benefits the child, but strengthens the decision making of all the adults involved. Where there is honesty about what has happened there is no secret for anyone to keep or to be used in a manipulative way or as a bargaining tool. The only situation where openness may be more difficult to achieve is where a child is being brought up within a society, faith or culture that disapproves of donor conception. Parents in these situations face many challenges and have difficult decisions to make.

Beginning to share information with young children conceived with the help of a known donor is the same as for a child conceived with an anonymous or identifiable donor. All the guidance given in this booklet is relevant for this situation. The main question that arises is when the child should know who the donor is. Most heterosexual couple families with known donors in the Network seem to have decided to tell their children the general facts about donor conception at an early age (between three and five) without indicating who the donor is. Some years after the child has understood the notion that a third person has been involved in their conception, they have introduced the identity of the donor – somewhere between the ages of eight and ten and at a point when the child has raised a question about donor conception.

One Network family who are planning to tell their children at about this age live in the same rural community as their donor. All the adults wanted to avoid the situation of more people knowing their business than needed to. The expectation of discretion by children is both unfair and unlikely before the age of eight and maybe should never be expected. In this case the donor also has children of his own who do not yet know about the role their father has played in helping another family come into being. A further family told their two children the name of their donor when their son, then age eight, was asking questions about his donor conception. In their case the donor is a friend who visits about twice a year and again has children of his own. These parents had not made a clear decision about when they would share the identity of their donor with the children, but decided they would do so as the opportunity arose.

Although these families have chosen to leave revealing the identity of the donor until their children are a bit older, it is possible to envisage a situation where the identity of the donor is introduced to a child from early on, alongside information about being donor conceived. This may work best where the donation has taken place within the family and the donor is someone the child would have a close, or at least familial, relationship with anyway. But it could work equally well where the donor is known to the child but is not a family member. A child could be told, without any particular drama, the name of their donor during an everyday conversation about how babies are made –

"You remember how we told you that mummy needed an egg from another lady to help make you...well, it was Auntie Tracey who helped us."

"Remember John, who stayed with us last year with his dog Sally...well he's the man who helped us to have you."

The *My Story* and *Our Story* books could easily be adapted to include the identity of the donor. It may, however, be sensible to go easy on the description of the donor as a 'wonderful, kind, generous person' etc., so that your child can work out their own feelings about this person.

See leaflet for parents of children age 8 -11 regarding children's potential feelings about known donors as they get older.

A known donor is likely to be someone that parents will want to keep up good (although not necessarily close) contact with until a child is old enough to make the decision themselves about what sort of relationship or contact they want. [As in all human relationships, the keys to an on-going rapport between family and donor are respect, integrity and a willingness and ability to see situations from the point of view of the others involved. If all the adults involved can manage this, then there is great potential for the child to benefit.](#)

Ending of Anonymity for Donors

Anonymity for sperm, egg and embryo donors ended in the UK in April 2005, with a transition period until April 2006 when anonymous sperm and embryos donated prior to April 2005 could continue to be used. Donors from this time onwards now have to agree to be identifiable or 'willing to be known' to any children they have helped create from that young person's 18th birthday. Many parents reading this booklet will have used anonymous donors and some will have donors who are willing to be identifiable. A few families will have one or more child conceived with an anonymous donor and a further child or children with a 'willing to be known' one, although sperm stored for siblings (prior to April 2005) can continue to be used up to the ten year storage limit.

Anonymity was ended because of overwhelming evidence that it is in the interests of donor conceived young people that they should be able to have information about the person who gave something of him or her self to help make them who they are. Because of advancing knowledge about genetically transmitted disorders it is increasingly important that people know their detailed medical history, but many older donor conceived children and adults have also said that they would like to know more about their donor as a person as well.

Many parents, however, have ambivalent feelings about children making connections with their donor and fear another person potentially disrupting family life and displacing the non-genetic parent in their child's affection.

We don't yet know how many donor conceived children who were 'told' in infancy or early childhood will want to have further information about or make personal contact with their donor. Although adoption is not the same as donor conception, the experience from this field suggests that about half of adopted people seek information about their birth parents. A smaller percentage go on to meet their birth mother or siblings; more rarely contact is made with their birth father. Adopted women tend to search earlier than men.

We can only speculate that a similar percentage of donor conceived adults will want information about or contact with their donors. As donor conceived girls tend to ask questions earlier and on the whole be more curious than boys, it is likely that they too may seek contact with their donor sooner than will boys. A parent's fantasy may be that their son or daughter will be desperately waiting for their 18th birthday in order to communicate with their donor. But at 18 most young people have more important things going on in their lives! Those told early are likely to be feeling comfortable with their origins (see booklet for parents of 12 - 16s) and may not have an urgent need to be in touch with their donor. Most importantly, whether they have this need or not does not necessarily indicate anything about the quality of relationships within the family. A young person who is feeling very secure but curious could feel supported and empowered to make the contact, whereas a young person who is feeling disconnected from the family might want to know more about him or herself via contact with the donor. And that is the nub of things. Young people and adults want the information to learn more about themselves not because they want to displace, upset or hurt the parents who raised them. Here again, the experience of most adopted people searching out their birth relatives is that the strength of their relationship with their adoptive parents remains intact throughout. In families formed through donor conception too, the emotional ties that have bound you together as a family for so long are likely to be strong, unless there are particular reasons for them to have been weakened. Parents need to be prepared to perhaps feel a little weird if communication is established with a donor, but evidence shows that staying calm and supportive rather than becoming tearful, angry and defensive helps everyone through this time and whatever follows.

It is hard for parents of babies or very young children to envisage what a relationship with their child might be like at age 18. As a parent of two young people now older than this, I can say that in addition to continuing affection and interest in their lives, respect for their autonomy and a willingness to 'let go' (something you are likely to have been doing by stages all through the teenage years) are keys to keeping a strong relationship, but one that allows freedom of thought and action. It is likely to feel very natural when you get to this stage in yours and their lives.

'Telling' and the ending of anonymity

Essentially the process of 'telling' if your child was conceived with the help of a 'willing to be known' donor, is the same as for anonymous donation. You will simply be able to let your child know when they ask about it that they will be able to contact their donor for further information or for a meeting when they are 18, if they choose to do so. In the meantime you will have a range of non-identifying information to share with them. Some children and young people may feel that it is unfair that they have to wait until they are 18. The answer to this is that it is at 18 that they are legally adults and are considered capable of taking important decisions for themselves.

Dealing with difference

If you have one child or children conceived by an anonymous donor and another by a 'willing to be known' donor you may be anxious about explaining

the difference in the possibilities for contact. This issue is only likely to arise as your children grow older (say eight and above) and potentially start asking more sophisticated questions about their donors. At this sort of age they are capable of understanding about changes in the law (explained simply) and how you would not have planned for this difference, but that it has turned out this way. The more matter of fact you are about it, the more they are likely to accept it simply as one of the many differences between them – not just because they were conceived by different donors, but because all human beings are different from one another. A similar explanation could also be given in a family where there are children conceived both with and without donor assistance or who have come into the family in any other way.

See the booklet for ages 8 -11 for more help with responding to feelings about difference.

Final Thoughts

Deciding to tell your child or children how they came to make you a family may or may not have been a challenge for you. Whether this has been a straightforward or more fraught decision, be reassured that 'telling' is undoubtedly the easier path! Many parents who 'told' late have talked about the discomfort they felt at not being able to be honest with their children when they asked about family likenesses and traits, and many donor conceived adults have said how they felt there was an invisible barrier between them and one or both parents. In Diane Ehrensaft's words, openness means that "...the child is never led astray with false information or misconceptions that have to be undone later, there are no untoward surprises or feelings of betrayal and distrust, and family life is built on a foundation of honesty and forthrightness."

[Will, age 19, said he felt respected as a human being that his parents had told him about their use of a donor to help create him.](#)

Official support for 'telling'

'Telling' and 'openness' are now recognised as important for children not just by psychologists, counsellors and social workers, but by bodies such as the UK Government, the Human Fertilisation and Embryology Authority, the Human Genetics Commission and the American Society of Reproductive Medicine. In contrast to a few years ago, very few UK doctors today would recommend secrecy. It might be easy to assume that such a high level change in attitude would make the task easier for parents. However, because this change is so recent and it remains such a personal area for a couple or individual, it may well be that many parents will still find themselves taking deep breaths before starting to talk with their children for a while yet. As in-vitro fertilisation (IVF) has become accepted as a very ordinary way to help with the conception of a child, so donor conception is well on its way to becoming public general knowledge as one of the many ways that a family can be created. Openness can only help with this.

Remember that children develop in different ways

Throughout this booklet there has been stress on 'telling' as a process – grasping all opportunities to reinforce and extend the information given to

child, building up their knowledge brick by brick. The context of this gradual approach is the developmental stage of the child concerned. As each child develops in his or her own individual way, they are likely to take in and understand the information about donor conception differently. Some will adore the story books, others won't. Some will ask questions early and often, others will need considerable prompting and may appear totally disinterested. All are quite normal responses.

It is important to remember that most of the challenges that may come up in the lives of you and your children are likely to have nothing whatsoever to do with donor conception! It is easy to jump to the conclusion that it may be the underlying reason for things like emotional or behaviour problems, developmental delays or difficulties at school. It is of course possible that donor conception (you or your child's response or attitude to it) may be a contributory factor, but the experience of Network families is that most times there are other explanations.

Mixed feelings are OK

For parents there is a temptation to feel that once 'telling' is well under way, then your own feelings about donor conception are likely to settle down too. This is true for most of the time – 99 per cent of DC family life is the same mixture of everyday routine, fun, drama and drudgery found in any family – but just sometimes there can be a resurgence of the sadness and mixed feelings that were around right at the beginning... when you first realised that you could not have a child without the help of a donor... when you accepted that your child did not look like you or your loved partner. Don't worry or feel guilty about having these feelings. They certainly do not mean that you don't love the child or children you have. You may just be wondering what a child that was genetically connected to you would have been like and feeling sad again for a moment that this was not possible. It's very normal.

The final fear – teenage years

Many parental doubts, anxieties and fears have been addressed in this booklet. The final one, that seems to sit like an unexploded bomb in the chests of some parents, is encapsulated in the phrase: "you can't tell me what to do, you're not my real father." Despite the experience in DC Network that only a small minority of children and young people do confront their mother or father in this way, something along these lines certainly does happen in some families and occasionally earlier than teenage years. The following story was told by Charlie, dad to Charlotte age six, in an early edition of *DC Network News*.

"At the height of her spring puppy offensive, my daughter Charlotte designed a questionnaire/survey for the three members of our family, including herself. It asked one question only:

- Can I have a puppy?
A) Yes
B) I'll think about it
C) No

The results were:

Yes: 1 (Charlotte)

I'll think about it: 1 (wife Maggie, coward)

No: 1 (Me)

The questionnaire was not anonymous and my 'no' was greeted with howls of outrage and anger. Charlotte turned on me and said venomously, "Well, you're not my real daddy anyway. My seed daddy would let me have a puppy." The phrase 'seed daddy' had never been used by us.

I was immediately engulfed by two simultaneous responses. One was the realisation that, for the first time, we had a positive indication that Charlotte really understood what we had been telling her about her origins as a DI child. The second feeling was that I felt hurt and rejected, which, of course, was the intended result.

I am being quite honest when I say that, because I recognised her remark as a textbook example of the difficult side of being open about DI, and because I was prepared for it, my pleasure at the confirmation of her understanding far outweighed my hurt. I wanted to, and did, just cuddle Charlotte and say that I loved her whatever she said about me when she was cross."

(Note from ed. They didn't get a puppy!)"

What seems to be happening in this example, and more generally in challenges of this kind, is that the fact of a non-genetic relationship is being used as ammunition by an angry child or teenager who is looking for anything to hurt a parent who is sticking to his or her guns about a family rule. All children and teenagers challenge their parents in different ways. Donor conceived children are simply using the particular weapon that they have to hand. Choosing to use it could mean that they feel secure enough to do so. They want to hurt a parent in the moment but they trust that the underlying emotional relationship will not be damaged. Later in the article Charlie speaks of the value of having been able to talk through this sort of scenario with others in DC Network. He felt that this preparation enabled him to respond in a way that brought his daughter and him closer together.

Following from this example, the most helpful response for parents to make, whatever the age of your child, is one that is neither angry nor tearful but acknowledges the feelings of the child or young person. These feelings are most likely to be furious anger or frustration but could also be as a result of sadness when a child first realises that he or she is not genetically connected to a much loved parent. The key is your confidence in being the only father (or mother) they are likely to have, your pride in having created your family in this way and your ability to put your own feelings aside for a moment and see the situation from the point of view of your child. (For further suggestions of responses to a challenge like this, see the booklets for ages 8 – 11 and 12 – 16 and the article, *You're not my father anyway...* on the Donor Conception Network website.)

Last words from parents

The final words are from Jane who suddenly realised that the *My Story* book contains a bigger lesson for parents than it does for children and Andrew, a DI dad who thought he could never 'tell'.

"The *My Story* and the *Our Story* books are so wonderful because they are so simple. They teach us (the parents) to look at donor conception through the eyes of our children and to keep the language straightforward and uncomplicated."

"We joined the Network. In 2001 we went to one of our first Network meetings in London. There were presentations and speakers. I don't remember a lot, but then something happened: Ken Daniels, a professional social worker, spoke. I was sitting in the front row and I believed he was talking to me. During his talk he spoke about family secrets, the harm and the danger they can do, the effects on the parents and the children. It was all totally contrary to what I had previously thought, but I knew I was listening to the truth. And that is the little word that had been missing in my life up to now. How could I spend the rest of my life lying to my children, my wife and myself? Because that is what it would have meant. I have three beautiful kids I love passionately. I am their father and dad, but today I accept there is a donor also involved in the creation of our family. I am not ashamed of this and, although I don't shout it from the rooftops, when it is appropriate, I will talk about it. One thing is for sure: we have no dark secrets in our family."

Further Reading

- Anne C. Bernstein. *Flight of the stork: what children think (and when) about sex and family building* (Perspectives Press, Indianapolis, 1994)
- Ken Daniels. *Building a family with the assistance of donor insemination* (Dunmore Press, Palmerston North, 2004)
- Diane Ehrensaft. *Mommies, daddies, donors, surrogates: answering tough questions and building strong families* (The Guilford Press, New York London, 2005)
- Ellen Sarasohn Glazer. *The long-awaited stork: a guide to parenting after infertility* (Jossey-Bass Publishers, San Francisco, 1998)
- Ellen Sarasohn Glazer and Evelina Weidman Sterling. *Having your baby through egg donation* (Perspectives Press, Indianapolis, 2005)
- *Let the offspring speak: Discussions on Donor Conception* (The Donor Conception Support Group of Australia, 1997)
This book, which is sadly now out of print, came about as the result of The Donor Issues Forum, in Sydney, Australia, the first gathering in the world of donor conceived people, their parents and professionals concerned with donor conception issues. Copies held in the Donor Conception Network library.
- Caroline Lorbach. *Experiences of donor conception: Parents, offspring and donors through the years* (Jessica Kingsley Publishers, 2002)
- Olivia Montuschi. 'You're not my father anyway...' March 2005, in *Personal Stories on the Donor Conception Network website: www.dcnetwork.org*
- Mikki Morrissette. *Choosing single motherhood the thinking woman's guide* (Be-Mondo Publishing, Minneapolis, 2005)
- Sharon Pettle and Jan Burns. *Choosing to be open about donor conception: the experiences of parents* (Donor Conception Network, London)
- Carol Frost Vercollone, Heidi Moss and Robert Moss. *Helping the stork: the choices and challenges of donor insemination* (Macmillan, New York, 1997)

Parenting and child development

- Andrea Clifford-Poston. *The secrets of successful parenting: understand what your child's behaviour is really telling you* (How to Books, Oxford, 2002)
- Adele Faber and Elaine Mazlish. *How to talk so kids will listen and listen so kids will talk* (Piccadilly Press, 2001) One of the best parenting books once your child is out of infancy.
- Sue Gerhardt. *Why love matters: how affection shapes a baby's brain* (Brunner-Routledge, Hove and New York, 2004)

Books to help explain about sex and reproduction

For parents

- Dr. Miriam Stoppard. *Questions children ask: and how to answer them* (Dorling Kindersley, London, 1997)

For parents and children

- Babette Cole. *Mummy laid an egg* (Red Fox, London, 1993)
- Babette Cole. *Mummy never told me* (Red Fox, London, 2003)

Books to help explain about donor conception – for parents and children

- Tim Appleton. *My Beginnings: A very special story* (IFC Resources Centre: available from www.mybeginnings.org) This resource, which is available with a CD rom, can be adapted for many different assisted reproduction situations. It is aimed at the older child who may be more interested in the scientific and technical aspects of assisted reproduction and is especially valuable for children conceived via embryo donation, for whom there are few resources available.
- Kate Bourne. *Sometimes it takes three to make a baby: explaining egg donor conception to young children* (Melbourne IVF, Melbourne, 2002)
Available from Donor Conception Network.
- Janice Grimes. *X, Y, and me: the story of a donor embryo* (available from www.xyandme.com)

- *My story: for children conceived into heterosexual couple families by DI* (Infertility Research Trust, Sheffield, 2001)
Available only from Donor Conception Network.
- *Our story: for children conceived by DI into a single parent family* (Donor Conception Network, London, 2002)
- *Our story: for children conceived by egg donation* (Donor Conception Network, London, 2003)
- *Our story: for children conceived into lesbian families* (Donor Conception Network, London, 2002)

Films

- *A Different Story* (Donor Conception Network, 2003) Video/DVD Seven children and young people talk about their thoughts and feelings about being conceived with the help of anonymous sperm donors. Available to buy or borrow from Donor Conception Network library.
- *Telling and Talking about Donor Conception* (Donor Conception Network) 2006 DVD Parents and children talk about their experiences of telling. Includes lone parents and lesbians. Available to buy or borrow from Donor Conception Network library.

Useful Contacts

British Association for Counselling and Psychotherapy

BACP House
35-37 Albert Street
Rugby
Warwickshire CV21 2SG
tel: 0870 443 5252
website: www.bacp.co.uk
email: bacp@bacp.co.uk

British Infertility Counselling Association (BICA)

69 Division Street
Sheffield S1 4GE
tel: 01744 750 660
website: www.bica.net
email: info@bica.net

Donor Conception Network

PO Box 7471
Nottingham NG3 6ZR
tel: 0208 245 4369
website: www.dcnetwork.org
email: enquiries@dcnetwork.org

Donor Sibling Registry

website: www.donorsiblingregistry.com
A not-for-profit registry and Internet forum group started in 2000 by Wendy Kramer and her DI conceived son Ryan in the US. The aim is to offer an opportunity for donor conceived people (children and adults) to make connections with half siblings and donors, by mutual consent of all parties. Open to UK residents.

Human Fertilisation and Embryology Authority (HFEA)

21 Bloomsbury Street
London WC1B 3HF
tel: 020 7291 8200
website: www.hfea.gov.uk
email: admin@hfea.gov.uk

Parentline plus

Helpline: 0808 800 2222 (open 24 hours)
website: www.parentlineplus.org.uk
For help and support with all parenting issues.

UK DonorLink

31 Moor Road
Headingley
Leeds LS6 4BG
tel: 0113 278 3217
website: www.ukdonorlink.org.uk
email: info@ukdonorlink.org.uk

YoungMinds

48-50 St John Street
London EC1M 4DG
tel: 020 7336 8445
Parents Information Service: 0800 018 2138
For concerns about children and young people's emotional and mental health.
website: www.youngminds.org.uk
email: enquiries@youngminds.org.uk

Zero to Three

website: www.zerotothree.org
Zero to Three is an American organisation that advocates better care and support for families with children under three, recognising that the first three years of a child's life are crucial for their future development. Use the website for straightforward information, support and parenting advice about anything to do with your child of three or under.

Other booklets in the Telling and Talking series:

Telling and Talking about Donor Conception
with 8 - 11 year olds
A Guide for Parents

Telling and Talking about Donor Conception
with 12 - 16 year olds
A Guide for Parents

Telling and Talking about Donor Conception
with people aged 17 and over
A Guide for Parents

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