



Donor Conception Network

Telling and Talking

'Telling' and Talking about Donor Conception
with 12 - 16 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
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Telling and Talking

12 – 16

"As we have progressed together through this maze and learned to trust each other, the flood of communication is amazing."

Mother of 15 year old girl.

This booklet is for parents who have built their families with the help of sperm or egg donation and have children between the ages of 12 and 16. It is likely that one of the two scenarios below describes your situation –

- you have not yet told your child or children about their origins, but you are now seriously thinking about it or have already decided that you are going to share information with them about how they came to be part of your family
- or
- you began the process of 'telling' your child or children at an earlier age but are looking for information related to this stage of their development as a support to continuing the conversation.

Over the next few pages you will find acknowledgement that you may have very mixed feelings about telling and talking about this subject, some very practical suggestions about how you can prepare yourself for such conversations, and some insight into the potential feelings and responses of your child or children. There is also guidance on setting the scene for telling for the first time, language to use on this occasion and ways to follow-up afterwards.

For both first time and continuing tellers, you will find information about what is likely to be happening developmentally for your children at this stage of their lives and how they may react or respond to donor conception issues at home and at school. Throughout the booklet you will find quotes from donor conceived young people and their parents, and finally the comments of two mothers of DI conceived daughters after they had talked with them about how they had helped their parents to become a family.

If you are thinking of starting to 'tell' at this stage then it is probable that you are part of a heterosexual couple and this is the assumption that has been made throughout this booklet. Single women and lesbian couples are likely to have already responded to some of their children's questions about fathers by this age. However, if you are reading this to get help with continuing the conversation with your child or children, then the information here is appropriate for lesbian couples and lone parents as well.

Although infertility is the reason why most people need to use donor conception, some will have done so in order to avoid passing on a genetic condition. The vast majority of this leaflet is relevant for this group as well.

Deciding to Tell

Coming to this decision may or may not have been difficult, although it would be unusual if you didn't have some mixed feelings about the actual 'telling'.

You may have always planned to tell at this age, believing that your child would be old enough to understand by this time. Or it could be that you had planned to tell earlier but the right time didn't seem to occur and the years just slipped away. Alternatively you might have originally decided to keep the secret, but have changed your mind since then.

The climate of secrecy in most donor conception clinics at the time of your treatment may well have influenced the original decision you made about 'telling'. The assumption in the majority of clinics at that time was that the best interests of all parties were served by no-one – including the children – knowing that donor conception had taken place. Time has proved this to be false. Many donor conceived teenagers and adults who have found out that they were conceived in this way have made it clear that they believe they should have grown up with this information from very early in their lives. It is now increasingly realised that it can be unhealthy for family relationships to keep such significant information a secret. This is partly because of the energy that is taken up by doing so and the pressure this creates for parents when they know they are deceiving their children and worrying if they will find out from someone else. The Human Fertilisation and Embryology Authority (HFEA) now requires clinics to encourage and prepare couples and individuals undergoing donor conception treatment to tell their children about their origins from an early age.

You may or may not be wishing that you had decided to 'tell' earlier, but if you do wish that you had done so, remember that almost everyone thought it was better to keep the secret at the time you were treated. This booklet aims to support you and help you prepare for telling your children now.

Preparing to Tell

When thinking about sharing information with your child about how they came into your family, consideration of the following points in particular will help you prepare –

- the stage of development of your child
- what 'telling' means for you and how you and your partner, if you have one, are feeling now about your infertility (or other condition that led you to use donor conception) and your decision to use donor conception.

The information about the early adolescent developmental stage is also useful for parents whose children have known about their donor conception from an earlier age.

What is going on for 12 to 16 year olds?

Young people's development takes place on three main fronts –

- physical growth that is completed by late teens or early 20s
- cognitive (thinking and learning) growth, which is at its height in childhood and early teenage years
- social and emotional growth which continues throughout life.

Rates of development in these different areas do not always keep pace with each other – for example a young person may have a growth spurt which leaves them looking older than they are socially and emotionally. In early adolescence it can seem as if a young person has almost gone backwards, as their competence in managing their life and the emotional 'tuning-in' they were capable of in late childhood, sometimes all but disappears for a while.

Although the rate at which children develop varies enormously, by the time your child is 12 or 13 you are likely to have noticed many changes taking place in their body, mind, emotions and behaviour. Your previously co-operative, enthusiastic and energetic nine or ten year old may have become increasingly private, cynical and chronically tired. There are likely to be many flashes of the child you were familiar with, but (fantastic, rewarding, mature and insightful) conversations and perhaps cuddles last thing at night may well be punctuated with outbursts to rival a toddler's tantrum. These flare-ups may be about apparently simple things, like asking about their day at school or a request to remove shoes from the living room. The truth is that early adolescence has some similarities to toddlerhood. At both stages there is striving for independence without the accompanying emotional maturity to manage it. The difference this time is that your child is (sometimes) as big or bigger than you, is not easily distracted and has the verbal ability to keep arguing back. They also no longer idealise you as a parent and so are less eager to co-operate and please.

Young people often feel at a loss about what is happening to them and parents may feel they are losing the child they knew. Giving up being a child and moving towards being an adult can be a very painful process for children and for parents. Your reactions to this stage may well take you back to your own experiences as a teenager.

What is happening during puberty and early adolescence is a complex combination of changes taking place in the brain, body and hormonal system. Although outward physical changes are the most obvious, the most dramatic changes take place unseen in the brain. It is as though the brain were being 'remodelled' in order to be able to work in the more complex ways necessary in adult life. [No wonder one of the mostly unspoken questions for young people at this time is, "Who am I?"](#)

You will find further information about the 12-16 stage in the section on Language and teenage development.

Donor conception and early adolescence

Introducing information about donor conception during this stage needs to be done very carefully. Most young people are certainly capable of understanding the facts about their origins at this age. However, emotionally they may be less able to process the information because of the changes, described above, that are taking place. You might even want to consider postponing the occasion until later, when brain development has settled down in the second half of the teenage years and most young people are beginning feel much more in charge of themselves and behave in more socially competent ways. What young people ideally need from their parents in early adolescence is security and solidity for them to push against. If relationships in the family are already a

bit fragile because of teenage behaviour, information about donor conception has the potential to add fuel to the fire.

This brings us to how you are feeling and why you would like to 'tell' now.

Parents, 'telling' and the past

You may have planned all along to tell your child at this age and be feeling a bit put out to realise that it may not be the best possible time after all. Or perhaps you feel that you know your child well and you believe that they will be able to manage the information without too many difficulties. Alternatively, you may feel you have no choice about 'telling' now, because there is a strong chance that they will learn from another source first.

Whatever your situation, you may well find that despite wanting to concentrate on the here and now of 'telling', you are full of thoughts and feelings from the time of your fertility treatment and deciding on donor conception. This is not surprising as discussion of feelings was almost certainly not much encouraged by clinics and many people found, and may still find, it difficult to talk to others (including each other if a couple) about their reason for using donor conception. However, as part of preparing to talk with your child or children it can be helpful to spend a little time thinking about your reasons for wanting to tell now. For instance, you may feel that the burden of the secret is so great that you cannot carry it any longer or you may have come to this decision because you feel it is your child's right to have this information. In many cases it is likely to be a mixture of things. However, if the main reason for 'telling' is because your feelings as a parent need relief, then it is likely to be helpful if you can get some help with that *before* you embark on talking with your child – perhaps from a trusted friend or family member or from a professional source, such as a counsellor.

Donor conceived young people need their parents to be able to handle the range of complex, contradictory and sometimes quite strong feelings that may result from being 'told', no matter how old or mature they seem. If parents are preoccupied with their own thoughts and feelings, they will inevitably be less able to pick up on their children's feelings. This means that it might be difficult to 'be there' emotionally for them and to handle their reactions without becoming anxious and defensive.

Loss and fertility

Most of you will have used donor conception to create your family because you were not able to have your own longed for biological child. Grieving infertility and such a loss has only recently been recognised as part of a normal process leading to acceptance of the situation and eventual decision-making about other ways of becoming parents.

Taking time to talk about, recognise and acknowledge the losses that were involved for you (and your partner if you have one) at the time of diagnosis of infertility and making the choice of donor conception, can help clarify how you feel now. This in turn can help prepare the ground for 'telling' and may be of assistance in understanding how your child might feel.

Your child in turn may experience a sense of loss too (of identity, trust in the family, genetic inheritance) – either at the time of being told or later as they grow up – but loss in itself does not have to be permanently damaging if it is responded to with understanding and empathy.

Talking with others as part of preparing to tell

The information you are preparing to 'tell' will belong to your child and they will decide who else should know. However, you may feel that it would be helpful to prepare the ground first by telling other significant family members, such as your own parents. There may be people within the family or wider family or friendship networks, whom your child may turn to for support, so consider letting them know what you are planning to do. Involving someone such as a godparent or special friend, who has the interests of your child at heart but is not immediately emotionally involved, may be very helpful. There is a difference between others having known for a long time whilst your child remained unknowing, and sharing the information immediately before 'telling' in order to provide a network of support.

Taking your time to think about these issues, and talking with each other, a trusted friend, family member or a counsellor BEFORE you talk with your child or children is really important: the better prepared you are, the more confident you will feel and the more confident you are feeling, the more secure your child is likely to feel.

Telling

You may want to think up and rehearse a 'script' for the occasion of telling, or you may be more comfortable allowing the words to flow naturally on the day. Alternatively, you may feel you could best express yourself by first writing a letter that your child could read in your presence. Whichever way you choose to do it, remember that you are starting to tell a story that will be on-going.

It may be that both of you will be involved in telling your child or it may just be one of you for some reason. Whether the telling is done by one or both (and we discuss this at greater length later in the booklet) these guidelines have been put together following many discussions with donor-conceived young people and their parents –

- **Offspring first** – put the emotional needs of your child first. It is the story of how they made you a family. The story of your infertility can come later. Share information with all your children (including those who came into your family other than by donor conception) either at the same time or within a very short space of time. If you have much younger donor conceived children as well, you may want to start 'telling' them in a way that is appropriate for their age on a different day (see the booklet focused on their age group).

- **Stage of development** – consider the implications of your child's stage of development. If you have the option, you may choose to postpone 'telling' until the emotional climate feels more settled.
- **Preparation** – think through what you want to say and why, including a clear but short explanation about why you have chosen to tell them now and not before. Don't be shy about talking it through with others such as a trusted friend, family member or professional counsellor – it may well help.
- **Support** – make sure there is someone in place that you can take your feelings to afterwards – here again it could be your partner, a friend you trust, a family member or a counsellor. Don't burden your offspring with any strong and/or difficult feelings you may have.
- **Timing** – choose a time when there are no other significant events going on in your child's life, such as exams or relationship issues, and make sure you have sufficient time after telling for any immediate response, questions and discussion. Don't make an appointment to 'tell them something important'. Try instead to use a time when you would naturally be together.
- **Place** – home is better than a public place or a holiday resort. Your child may well need to be able to retreat to a familiar space of their own and/or contact a friend.
- **Language** – be direct in the way you explain about how they came to be part of the family. Give information clearly and simply and don't get so hung up on the technicalities that you forget to speak with warmth about how much they were wanted and how loved they are. Too much detail about why you couldn't conceive is unnecessary. This age group is particularly embarrassed by the idea that their parents might have had sex at all! The following is an example of how such a conversation could be started. It can be adapted a necessary for egg donation –

"Mum and I have something we want to tell you about. It's not a sex ed talk, but it is something important to do with how we became a family. Mum and I always wanted to be parents. Well, we discovered that it wasn't going to be possible to do that with my sperm and so with the help of a (clinic, hospital etc.) we used sperm from a donor – someone we didn't know – to help make you. We couldn't believe how lucky we were when Mum became pregnant and when you were born we were both over the moon. We loved you then and haven't stopped loving you since. I imagine this is a bit of a shock but we felt it was right that you knew before you got any older."

- **One thing at a time** – give the basic information first and resist the temptation to heap more on them until they are ready. News like this takes time to sink in.
- **Acknowledge** how your child feels (or might be feeling) and show that you understand, without becoming defensive. Sentences beginning in the following ways can be helpful –

"I imagine that... (this is pretty difficult for you to take in etc.)"

"You may be feeling... (upset/angry that we haven't told you this before etc.)"

"It would be very understandable...(if you had a lot of mixed feelings going round inside you about this etc.)"

- **Follow-up** – let your child know that this is a safe subject to talk about and that you are willing to discuss anything at a mutually convenient time. It is a good idea to initiate a conversation within a couple of weeks or so (and in the future) just to check how they are feeling and their readiness to talk.

In order to prepare yourself for your child's reactions and response to the information you are planning to give them, you may also want to think about the following.

Non-genetic parents and 'telling'

In some families the parent who is not genetically connected may feel that they have most to lose from their child being told. Not only might they fear rejection and anger, but some parents fear exposing their infertility, especially if they have avoided acknowledging it over the years. They may feel that it brings stigma and shame to them or their child. This is wholly understandable, but it is not a reason for men or women to take a back seat when it comes to telling. Your children will need you and want you to talk with them.

Donor conceived young adult Geraldine Hewitt reports in *Missing Links*, her exploration of identity issues for donor conceived people, that...
"Many donor offspring expressed regret that their parents, especially their social father, had been unable to be honest with them, with one participant stating that, 'I felt incredible regret that my father felt afraid to share this information with me. We could have had a very close relationship if he had not been ashamed of his infertility.'"

The experience of the vast majority of parents that DC Network knows of, who have talked with their children about their beginnings, is that rejection has not happened. Some families are now reporting that 'telling' has brought them closer together. Following the initial shock of the news, many young people are able to understand and appreciate the difficulties that their parents have been through.

Genetic parents and 'telling'

It is not always the non-genetic parent who is most anxious about 'telling'. Sometimes the parent who is genetically connected has complicated feelings associated with fear of their partner being rejected or sometimes shame and stigma around using donor conception for family creation. Or there may be guilt about not having 'told' earlier and fear of a negative reaction from your child. If you are one of these parents, you may not even fully understand yourself why the thought of 'telling' feels so difficult.

It may well be that you have never spoken to anyone about how your family came into being or your feelings about this. Again, talking with someone you can trust could make all the difference.

Doing the 'telling' alone when you started parenting as a couple

In an ideal world both parents would share news with their child about how they came to be part of their family. But there are many reasons why you may be contemplating taking this on alone. Maybe your partner has died and you now feel free to talk about something he or she would have found embarrassing and difficult. You may be divorced, or you and your partner still may not agree about 'telling' but you believe this is something you have to do.

Whatever your situation, there seem to be two basic scenarios:

- *either* you are free to make this decision alone, because your partner has died or has long lost contact with you and your child
- *or* the person you went into parenthood with remains in contact and therefore needs to be consulted or at least taken into account.

If you are free to undertake the telling alone, all the guidance offered here is relevant to you, but it is particularly important to take time to think through your own feelings first and find yourself some back-up. It is possible, although experience suggests this is rare, that you will be on the receiving end of anger and other feelings that are all the stronger because your parenting partner is no longer around and because of the stage of development of your child. Your response may be in return to feel angry or sad yourself. It is helpful if you can acknowledge these feelings to yourself but express them to a friend, family member or counsellor instead of to your child.

If you are *not* free to undertake the telling alone, again all the guidance here is relevant but this is a much trickier situation. Individual circumstances will vary enormously, but if the young person concerned has a relationship, no matter how remote, with your partner or ex-partner then this person has a right to be consulted or at the very least informed about your wish or intention to tell. If your ex-partner objects to your intention to tell you may be facing acute dilemmas as a result of this dispute. The courts will judge these situations by assessing what is in the best interest of your child – which, subject to appropriate timing, will mean that your child should be told the truth.

It will be very important for you to think through very carefully your reasons for wanting to tell now. These may be quite complex, but remember that from your child's point of view the only valid reason is their need and right to know this information about themselves. All reasonable steps should be taken to involve and include the other parent in the preparation process, even if they are unwilling or unable to be present on the occasion of talking with their child. The reason for this is that the new information will almost certainly have an impact on the way your child thinks about or reacts to the absent or partially absent parent.

In the past some mothers have shared information about sperm donation with their child without letting the father know that this has happened. This is a strategy that comes with a high risk of accidental disclosure, as well as being an unfair burden for a young person to carry. It continues the secret and is likely to unbalance family relationships if parents are still together or in contact. Where children feel resentment towards the parent who is unaware, it

is unlikely that they will keep the secret for very long, leading to an unplanned confrontation that benefits no-one.

Support from good friends or family members, who can give time without needing their opinion to dominate, support organisations or a counsellor, is again highly recommended.

Talking

Language and teenage development

Throughout this booklet the term 'donor' has been used to refer to the person whose gift enabled the building of a family. Using the word 'father' or 'mother' by itself, or 'real father or mother' can confuse the role of the donor with that of the person who has loved and actively fathered or mothered a child from birth. The donor does have an undeniable genetic connection to the children she or he helped to 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.

Whatever the language you choose to use, young people may go through phases of using different words to describe the person who helped to create them. Although it is difficult to say with certainty, the words they use often seem to change with their stage of development, which of course is not always the same as their age in years. The film *A Different Story* is a helpful illustration of this, although it only features young people conceived by sperm donation into heterosexual partnerships. In the film, available from DC Network, seven children and young people answer an interviewer's questions about their experience of being donor conceived.

The youngest child, Ellie age seven, speaks about her 'donor' and it is clear that this is the word her parents have used when talking with her. She is quite sure that her donor is not her dad as he is the man who loves her and looks after her. Although she is curious about her donor, she is quite clear about the difference between a dad and a donor. Sam and Lottie, both of whom were in the 12-15 stage at the time of filming, do use the term 'real father' to refer to their donor, but they also talk about their 'dad', their non-biological father. Their parents had never used the term 'real father' with them. Tom, 15, refers to his donor using this word and the term 'biological father'. Developmentally, this probably puts him in the same group as Zoe (20), Will (19) and Susannah (16), who were all grateful for the vital role that their donor played in helping their parents to have them, but were quite clear that their non-biological dad was their 'real' father.

Whatever the language each child or young person chose to use to answer the questions posed in the film, it was clear that they all had a strong relationship with their social father and clearly understood the difference between a dad and a donor.

Stages in the use of language

First stage

What seems to be happening in the use of different language to refer to the donor is part of a three-stage process that starts at about the age of eight.

Around this age there is a leap in brain development that allows children to better understand, and make connections between, all the pieces of information that have been given to them since they were little. Sex education and simple information about genetics, learned at school and from parents, adds to the understanding. As this comprehension is still at a fairly basic level at this stage, children may well add two and two together and come to the conclusion that as they have inherited genes from their donor then he or she must be their 'real' father or mother. The use of the word 'real', however, seems to be completely unconnected to the emotional relationship they have with the person who loves and cares for them day to day and whom they would not dream of rejecting in favour of their donor. It is used because no other word fits the rational and conventional linking of genes and family relationships. Using the term 'real mother or father' may last intermittently until some time in the second half of the teenage years, although for most young people it seems to change at around 16.

At any time during this stage or in the next may come challenges or comments that indicate that your child is thinking about and sorting out their feelings about donor conception. But experience within DC Network is that most commonly this will be happening without any particular outward sign.

Just because young people, and particularly boys, don't say anything it doesn't mean that they aren't thinking about the issues.

Second stage

The second stage comes at around puberty and the start of teenage years when, as was said earlier, changes in the brain and hormone levels are preparing the child's body and mind for adulthood. It is hardly surprising that young teenagers are so focused on themselves with so much going on.

At this point, everything is up for challenge and questioning. Many of you will remember when you were this age wondering if your (stupid) parents really could be related to you, as you felt so different to them. Some young people will choose to use the fact of donor conception to challenge their non-genetic parent's authority. Despite the experience within DC Network that only a minority of children and young people actually do confront their father or mother in this way, the phrase, "You're not my real father/mother" can be dreaded by many parents of donor conceived children. If this happens in your family the response that usually works best is to be understanding but also firm about the fact that you are 'dad' or 'mum', instead of becoming tearful or defensive. An example of this sort of approach was given by one DI dad at a Network meeting –

"I had refused to buy my 14 year old son an expensive bit of kit for his games machine, so he said, 'I bet my "real" dad would have bought it for me.' I replied that I could understand that he was angry, but I was the only dad that he was likely to have and I wasn't going to buy it, so he was going to have to save up his own money. He apologised to me later."

If the term 'real' father or mother is used by your child in a way that is not attacking your authority, you might choose to let it pass without comment or say in a nonchalant way, "That's an interesting word to use, how did you get to make that connection?" as a way of starting a friendly discussion.

Third stage

The third stage starts around 16+ when the intense activity that took place in the brain at stage two is settling down. Although this age group can still be very 'me' focused, the need to constantly question is beginning to be replaced with a more mature understanding of the subtleties and complexities of the world. They are able to look at issues from more than one perspective and have also regained, to a large extent, their pre-teen ability to 'tune in' to their own feelings and those of others. In keeping with the more complex thinking of the older adolescent, significant curiosity about their donor may co-exist with the acknowledgement of their non-genetic parent as their 'real' father or mother. When asked who their 'real' father is in *A Different Story*, both Will and Susannah look surprised and name their dad.

These stages are not going to be exactly the same for all donor conceived young people, but they do make sense in terms of the developments that are taking place in the thinking and emotional capacities of children during the teenage years.

For young people who are only learning of their donor conception at between 12 and 16, these stages may or may not occur. Instead the language they use may change from day to day as they grapple with making sense of what the information about how they came into their family means for them.

Twelve to 16 year olds in lone parent households will not have to struggle with the language in quite the same way as there is no social father to confuse with the donor. In lesbian households there is a genetic and non-genetic connection that may have been acknowledged over the years by the terminology used, eg. Mum and Julia. But there will remain another person who helped create your child but who may or may not be part of their life.

Although there may not be the same language issues in lone parent and lesbian families, children will of course still go through the same developmental stages. Some responses to being a donor conceived young person growing up in each of these families, are described in the section on Changes in Attitude.

How parents feel about language issues

Whatever your family structure it can be a shock when your child starts to use words to describe their donor that have never passed your lips. Although your first instinct might be to react defensively, try to remember that they are in the process of working things out for themselves and that any strong response might well be counter-productive.

As has been said before, 12 to 16 year olds are practising independence very hard and will often say things simply to wind parents up or in the words of the mother of a 14 year old boy, put 'clear blue water' between his views and hers. Whatever prompted the use of the language at the particular time, it is most likely that a lot of processing is going on and that it's all part of learning how to think for themselves, rather than a real challenge to the status of you, their parent(s).

It can also be helpful to remember that this is a very uncomfortable stage in children's lives. They will often find themselves behaving in ways that feel out of their control and look to parents to provide security and clear but reasonable limits so that they can feel safe. Of course at the time, it may feel to you like an argument or yet another confrontation instead of a cry for help but a clear, firm and friendly response can often help (any) young teenager develop ways of taking charge of their own feelings and behaviour.

Changes in attitude at adolescence for those 'told' at a younger age

For families who started sharing information earlier in their child's life, puberty and the long haul of adolescence can bring a reluctance on the part of young people to talk about donor conception matters, particularly outside of the family. Typically, boys of this age want to be just like their mates and do not want to be reminded of ways in which they are different. Some girls feel like this too, while others are happy to celebrate their difference and continue to talk about it. Parents who are able to understand the reluctance to talk at this age and respect their children's wishes and feelings, are likely to be appreciated.

Experience in DC Network has shown that by 17 or so many young people who had been unwilling to talk about donor conception in early teenage years, have come through this stage, often to the point of feeling comfortable enough to tell new friends. William, age 18, said –

"I've told all my friends at university about DI. If anyone has a problem with it, then that's their problem... it's certainly not a problem for me."

Talking with Others

School matters

Modern secondary education offers many opportunities for debate on moral and ethical issues. Sex and relationship education may or may not include anything about the different ways families are made, while biology lessons concentrate on facts rather than feelings. These sessions have the potential to stir up feelings to do with donor conception. Children who may have happily shared information with their class at nine or ten, may now choose not to say anything in a lesson.

It can be helpful for parents to find out what the school curriculum contains at this stage, watch out for any difficulties a child may be having and consider whether or not they are related to the processing of new information or feelings about donor conception. In addition to offering support and discussion at home you may want to talk with your child about whether it would be helpful to (selectively and privately) share some information with the appropriate teacher.

Katherine, who is in a lesbian partnership and the mother of Milly, recently wrote to the Network about how further discussion had been prompted in her household by a debate held at her daughter's school –

"It has also been another significant time for Milly and us around 'telling' and feelings raised about being donor conceived. This was triggered by an ethical debate in GCSE religion around methods of conception and becoming parents and 'multiple parentage' – gamete donation, surrogacy and legal parents. All quite heavy material for a 14 year old, especially one who has chosen to be so private about her donor conception as a teenager."

On the other hand Sam, who appeared in *A Different Story* age 12 and is now 14, said recently –

"I'm in Year 10 and we've just done IVF, DI and surrogacy in sex education. I don't normally talk about it at school but in this lesson I said I was a DI child. The teacher said, 'That's interesting' and that was it. No other comments from people in the class. I felt OK with it and it was no big deal. We're also doing chromosomes, DNA and genes in Science."

Telling others

Now that your child is in charge of who they 'tell', you may want to discuss with them how to handle situations such as seeing a new doctor for the first time. If you are accompanying your child you need to decide jointly beforehand who will explain about donor conception if the doctor asks about family history. Other contacts with the medical profession may not require the sharing of this essentially private information and offer opportunities for young people to decide for themselves whether they wish to 'tell' or not. The following story, paraphrased from a talk given at a DC Network meeting illustrates this well –

Jane realised just how mature her 16 year old son Simon had become when a sports injury took them to the local Accident and Emergency department. A nurse commented on Simon's 6ft 4in height and asked if he took after his father. Resisting her first instinct to jump in and take over Jane decided to let Simon speak for himself. Simon commented that he "Didn't take after his dad but his grandad was tall." The nurse then said, "Well I wonder who you do take after then?" and looking at Jane, with eyes sparkling with humour, Simon responded, "Goodness knows." Jane felt so proud of her son as he had decided for himself how he would deal with that moment. He knew exactly what he was saying and why he was saying it.

Single Parents and Lesbian Families

Children of single parents and lesbian mothers will already be dealing with the way in which their families are different from those where there is a father present or living separately. Donor conception may feel like an additional burden or stigma to them at times. Parents may feel sad or angry that – at least temporarily – their children may not want to acknowledge either their family structure or the way that they came into that family. But single women and lesbian mothers may want to console themselves with the fact that all parents

are embarrassing at times to their older children and young teenagers, no matter what the structure of the family. It is part of the process that young people go through when they are finding out who they are as individuals.

Reactions to Being 'Told'

As has been discussed earlier, your child is at an important transition in their life. Not quite a child but certainly not an adult yet. Their response to the news you are planning to give them is likely to be influenced by the circumstances under which they are told, your readiness to accept their initial reaction, whatever it is, and your willingness to talk about the subject when they need to do so. This being an unpredictable age, the immediate reaction of each child may vary from almost no outward sign at all to unconcealed shock, disbelief and anger. At the time there may be many questions or none at all. A calm response may or may not hide a turbulence of feelings underneath, but one way or another there is likely to be a lot of going on in their heads over the following few days, weeks and months.

Emma, who learned about her donor conception a few months before her 14th birthday, reflects 10 years on about how she felt immediately after being told –

“Shell shocked I think is the only way to describe it! I wanted to find out everything I could from my mum and bombarded her with questions. It wasn't until I was on my own that I remember having all these different feelings rushing about. It felt so strange to realise that I had no biological connection to my dad's side of the family, my nana and grampy, aunts, uncles, cousins. I can even remember thinking 'so where does my artistic side come from then?' now that I couldn't relate it to my uncle (who's an artist). I was also intrigued about the donor and started wondering about him, how much I was like him, whether I looked like him, what he would be like.”

The power of secrets

It may not just be the information itself that will have an impact, but also the fact that a secret has been kept. The older your child is the more likely they are to question why they have not been told before. Adults who are told for the first time often describe feeling shocked to the point of being knocked off balance by the information. Under 16s may experience similar feelings as well as anger, sadness or occasionally relief if the news is felt to answer questions of dissimilarity between family members or gaps in information that have puzzled them over the years.

A donor conceived adult in the USA has spoken about the deception involved in keeping such an important secret being much more hurtful than the fact of donor conception itself. On disclosure this is sometimes experienced as parents having power over their children. If a lot of other people have known whilst your child has not, then this too may be upsetting for them.

There may also be a questioning of trust – “Can I believe you in the future?” and “What else haven't you told me?” are typical anxieties that represent the loss of a previously unquestioned relationship.

Who am I?

As was mentioned earlier, this can be the mostly unspoken question that is the driving force behind much of the often testing and experimental behaviour of young teenagers. Their task is to emerge from the chrysalis of the person who, up until this point in their life, has been largely shaped by the conditions of their upbringing. New information about their biological background throws another element into this quest for identity – “What have the genes I have inherited from my donor given me?” And as young people are preoccupied by their rapidly changing appearance, it may well be physical likeness that becomes the focus of their questioning around identity.

The issue of physical or other likeness may well have already come up in your family, particularly if your child does not look anything like either of you or other family members. Some donor conceived children and adults who do not fit in with the physical, intellectual or creative characteristics in a family have asked if they have been adopted or wondered privately if they were the result of an affair.

Physical likeness seems to be important because it is seen as connecting families together over time. As human beings we establish who we are at least partly in relation to who we think our parents and family are. This new knowledge about half their genetic inheritance means that your child is likely to need some time to re-appraise themselves, your family and their relationships. Adjustment to the new situation may come quickly or take quite a while, depending on their individual personality and temperament, how they are managing adolescence generally and other things that may be going on in your or their lives.

Your patience, support and willingness to listen are likely to be valued but don't necessarily expect to be thanked!

Siblings

If your child has grown up with brothers and sisters, then some of the first questions are likely to be about their relatedness to them. If you have other children by donor conception they may or may not share the same donor. You may also have adopted children or have a child conceived without reproductive assistance. The revelation that brothers and sisters may not be fully biologically related can be a very powerful one to have to cope with. Responses are likely to vary depending on the meaning of the information for the siblings involved, but it can initially be felt as devastating.

There are both advantages and disadvantages to a situation where siblings have been conceived by different donors. If, for instance, one sibling wishes to search for their donor and/or half-siblings and the other does not, then it may be an advantage if they do not share a donor. But where both siblings wish for information, it may be more difficult if one is able to make a connection and the other is not. When siblings do share a donor it is important that differing needs for information are taken into account and respected, although this may be tricky to manage practically.

Where there are siblings conceived without reproductive assistance it will be particularly important to give reassurance that the donor conceived person is

loved equally. Following 'telling' children are likely to think back to how their parents have behaved towards them in the past.

The donor

It is likely that at some point in the re-appraisal process your child will ask questions about their donor. The sort of information they are looking for can include both non-identifying information such as medical history, physical characteristics and ethnic and cultural background, as well as more personal information about the donor's interests and values. This desire for information is very natural and part of the process of making sense of the new information and the implications for their identity. They may also be interested in the donor's family and the possible presence of half-siblings, both those in the donor's family and any others created through donated sperm. Damian is typical of many donor conceived young people in being more interested in half-siblings than in his donor –

"I'd be more interested in finding out about any brothers and sisters. This is because we'd be the same sort of age, they might be like me, they might be interested in the same sort of stuff as me. I would definitely be interested in meeting them."

Searching for genetic connections

At this stage your child may or may not want to search for information about their donor or half siblings. If they do want more information than you are able to give them, being able to access it will depend partly on whether they were conceived before or after August 1991 when the central register kept by the Human Fertilisation and Embryology Authority was started. Since this date treatments in HFEA licensed clinics using donated eggs, embryos and sperm have been recorded on the register, along with information about the donor and any children born as a result. From the age of 18 young people are entitled to approach the HFEA to check or confirm if they were conceived by donated gametes and to find out if there is any further non-identifying information about their donor and if their donor has re-registered as 'willing to be known'. It has been possible for past donors to do this since April 2005.

Valerie emailed DC Network for help in answering the questions of her 13 year old daughter who had only recently been told about her conception by DI –

"I do believe she is beginning to understand my reasons for choosing to have her by artificial insemination, but the part of it that worries me right now is her need to know about the donor. Don't get me wrong, I understand why she feels a need to know about this person, but all I can tell her is what I know – blood group, height, hair colour etc. She tells me that she will wait until she is 18 and then get information, but what she doesn't seem to understand is that she could wait all that time and then find that there is no more than she has now. I tried to explain that men donate for many different reasons, but that they didn't necessarily do it because they hope for a young adult to come and knock on their door in the future."

Prior to the passing of the Human Fertilisation and Embryology Act, there was no central register of donors and recipients. Each clinic kept their own files in their own way and some doctors deliberately destroyed the records when they left the practice. The only way for those conceived prior to August 1991 to try to locate information about or make contact with their donor or half siblings is to register with UK DonorLink (UKDL).

This is an independent organisation, funded by the Department of Health, that runs a voluntary information exchange and contact register for people who were conceived or donated before August 1991. It also offers an advice, support and counselling service. Registering with UKDL and giving a sample of DNA via an inside cheek swab, offers the best chance of making connections, but it depends on donors registering as well.

You may well have ambivalent or, even more strongly, fearful feelings about your child searching for their donor or half-siblings. But evidence from the stories told by donor conceived adults and young people is beginning to show that parents who are able to accept that this is a very normal response and who remain calm, confident and supportive, are likely to be rewarded in the long term with a stronger relationship, even if things feel a little uncertain for a while. After all, the identity of your family has not changed. It is information about how your family began, or was added to, that is now known to all members and this new openness can be refreshing. Those who were donor conceived will have gained important information that is relevant to their own story as individuals.

Some parents feel that they themselves should search for as much information as they can before they talk with their offspring. As strong as this impulse may be it is almost certainly better resisted as such actions could be interpreted as 'taking over' or exerting power over information that rightly belongs to your child. It may be better instead to let your child know that you are willing to help and support them in any way you can if they decide they want to try and obtain more information.

Some donor conceived people feel a great need to find out as much information as possible, others have a less urgent curiosity and others still do not feel the need to search at all. In this they are very similar to adopted people. Some 12 to 16 year olds may well be curious about their donor but choose not to search, or even to ask many questions. This may be because they are pre-occupied with growing up but it may also indicate a perceived need to protect parents from quite difficult feelings. Much may change as they get older. Other young people may be openly engaged by donor conception issues from the moment of being 'told'. For those for whom more information feels important, not being able to find records or having their search blocked by the law or the knowledge that files have been lost or destroyed, may trigger strong feelings. If your child wants to start searching soon after being 'told' you may want to encourage them to wait a while in order for first feelings to settle down. But beyond recommending caution, your support for whatever they need to do is likely to be valued.

An Australian donor conceived adult who was 'told' about her beginnings at age 15, reflects seven years on that it can take some time for interest in genetic history to develop –

"...It may not be until they themselves have children of their own that they suddenly become interested in completing their own history. For myself, it took quite a while to digest the information and come to terms with just how important it was for me and not anyone else (mum, dad, my older sister etc.). I think to an extent I felt like I had to protect my parents from what I really felt, which was not easy, but now that I am searching they are very supportive of me and this is all I ask of you guys as parents."

Investigating the links at the end of this leaflet could be a shared project, but it needs to be started by your child rather than you.

Final Thoughts

Making the decision that your child should have the information about how they came into your family may have taken you beyond where you would usually feel comfortable emotionally. None of us likes to be in this place for very long. It is impossible to say how your individual child will take the news, but DC Network does not know of any donor conceived young people who would have preferred not to know.

This booklet has focused a lot on the developmental stage that your child is at. This is because it is often not an easy one for either parent(s) or children. Sharing information about donor conception may rock the boat for a while, but most families are resilient and no doubt many of you reading this will have been through challenging times before and bounced back. Acknowledgement of the use of donor conception can sometimes shed light on family relationships that have felt blocked, freeing members to recognise and accept differences that felt risky whilst the secret was being kept. It creates the possibility for improved communication and greater family closeness, but this may be only after a period of uncertainty. Your child or children will need to know that they are much loved, despite any behaviour that on the surface may not seem very lovable. It can be helpful to take every genuine opportunity to praise and support them, but this does not mean becoming a pushover because you are worried about how they are feeling. Remaining in charge and using your parental authority sparingly and wisely is exactly what they need to feel loved and secure.

For those of you who are continuing a conversation with your children, be reassured that 12 to 16 is a time when many donor conceived young people feel awkward about their beginnings, even if they seemed completely happy about them before this age. Experience has shown that understanding their emotional needs as teenagers and keeping the lines of communication open makes it more likely that they will emerge confident and comfortable with donor conception issues at some point in the second half of their teens.

The final words go to two mothers of daughters who were 'told' between the ages of 13 and 16. Both women had chosen, with their partners, to create their families by anonymous sperm donation because of male infertility.

The first mother, who had a very difficult relationship with her daughter, reflects from five years on about the change that came over time following telling her daughter the truth about donor conception –

"I had lied to her for the first 16 years of her life and I blamed that wall (one we couldn't talk through) for our difficulty with communication. As we have progressed together through this maze and learned to trust each other, the flood of communication is amazing. She and I can now understand and explore each other's thoughts with clarity. Granted, she has matured and now allows concepts to be discussed that previously were 'not her thing', but I see the difference in our relationship based on truth-telling, more than her maturing over time."

The second mother and father had always had a good relationship with their two daughters. In mid 2005 Susan and Dennis approached DC Network about how to 'tell' their daughters, age 13 and 15. They had made a decision to wait until the girls were this age, but now that the time had come they were full of anxiety. Both girls were conceived using the same donor. With support and guidance around timing and language, they decided to write a letter to each of their daughters and give this to them when they were all sitting together after a family meal. Here is part of the message Susan sent to the Network telling about how it went –

"Tears came to their eyes, but they remained composed. One daughter was most surprised that she didn't have her dad's ethnic heritage, which she had started to identify with, but I explained that she still had his cultural heritage, and she seemed satisfied with this. We answered a few simple clarifying questions and handed each of them a copy of the donor's profile, which each read carefully. The donor seems to be a respectable and likeable person. They liked learning about him and noted some similarities to themselves."

Dennis and Susan know that it will take some time for the girls to digest the news and reappraise their assumptions about genetic connections in the family. They fully understand that one or other or both girls may want to find out more about their donor in the future and they intend to be available to discuss anything with them as and when it comes up. They are very optimistic of a continued close relationship with their daughters.

Further Reading

- Ken Daniels. *Building a family with the assistance of donor insemination* (Dunmore Press, Palmerston North, 2004)
- Ken Daniels and Letitia Meadows. 'Sharing information with adults conceived as a result of donor insemination' (*Human Fertility* 2006, vol.9, issue 2)
- Diane Ehrensaft. *Mommies, daddies, donors, surrogates: answering tough questions and building strong families* (The Guilford Press, New York/London, 2005)
- Olivia Montuschi. 'You're not my father anyway...' March 2005 in *Personal Stories on the Donor Conception Network website*: www.dcnetwork.org

Books for young people and parents

Donor conception

- Geraldine Hewitt. *Exploration into the Identity Issues of People Conceived via Donor Insemination* (Personal Project 2001)
Copy held in the Donor Conception Network library.
- *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)

Information on teenage development

- Nicola Morgan. *Blame my brain: the amazing teenage brain revealed* (Walker Books, London, 2005)

Books to help explain about sex and reproduction

- Robie H. Harris. *Let's talk about sex: growing up, changing bodies, sex and sexual health* (Walker Books, London, 2005)
Written for 10 to 14 year olds.

Films

- *Are you my father?*
(2001) Video
New Zealand student Rebecca Hamilton follows many leads in her ultimately unsuccessful effort to trace her biological father. Available to borrow from Donor Conception Network library.
- *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.
- *Offspring*
(2002) Video
Made by professional filmmaker Barry Stevens, who was born as a result of DI 50 years ago. During his search for his biological father he unearths a half-brother who is also hoping to trace his past. Available to 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

Other booklets in the Telling and Talking series:

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

Telling and Talking about Donor Conception
with 8 - 11 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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Help and Information Line: 020 8245 4369

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