Lynn A. Schaefer, Ph.D., ABPP, Fellow, American Psychological Association, Fellow, National Academy of Neuropsychology, Director of Neuropsychology, Nassau University Medical Center

This is a tangible guidebook filled with a wealth of evidence-based information as well as useful and personal anecdotes to humanize the complexities that go into donor-assisted reproduction. Not only should this be readily available to all practitioners and patients but also to all learners studying the field of reproductive medicine.
Dr. Dana Siegel, Obstetrics and Gynecology Resident, University of Colorado

I'm always struck by the parallels between the realities of donor and adoptive families, so Kramer's excellent new handbook struck very close to home. More importantly, the information and insights within it are applicable to all sorts of families. And, of course, it's necessary reading for everyone who works or might work with any member of a donor family. I think that means it's a must-read-and-use for all health professionals.
Adam Pertman, President of the National Center on Adoption and Permanency and author of *Adoption Nation*

Wendy is a true visionary and leader in this field and sheds light on subjects important for everyone involved in donor conception to understand.
Lisa Schuman, LCSW, Director, The Center for Family Building

This book is a must-read. As a mental health clinician, I find the book to be comprehensive and engaging. Each topic is well organized and coverage is in-depth. As a donor-conceived person with a rich family fabric of donor siblings, step-siblings, and adopted siblings, I found the book comforting and stabilizing. The authors share their passion and expertise in a style that is practical, accessible, and applicable.
James Holmes, LCSW

Omg, I would have begged for this in the 2000s. Thank God I had you. You were my lifeline once we found the connection, after lots of years of strife!
Parent of a Donor-Conceived Child

Wendy Kramer has long fought for openness and disclosure in the donor conception world. Having spoken to many thousands of trailblazers — and having been one herself — she offers guidance to today's counsellors on how to help people navigate this challenging terrain.
Alison Motluk, Freelance journalist and publisher of *HeyReprotech*, a weekly newsletter about assisted reproduction

Kramer and Bertisch's groundbreaking handbook details the common, but often unspoken and profound impact of assisted reproductive technologies on the lived experiences of donor-conceived children, their parents, and other family members. By weaving quantitative and qualitative data, as well as clinical insights and personal narratives, the book provides a compelling and accessible framework to help families navigate the cognitive and psychological aspects of assisted reproductive technology. Their book fills a much-needed gap for recognizing and addressing these issues that are deeply rooted in the core of the families' evolution.
Suzie Bertisch, MD, MPH

The world of donor gamete conception is novel for many mental health professionals and becoming well-informed about the unique features of donor families can be challenging as practitioners begin working with this population. This guide provides a concise overview of the unique historical, social and emotional aspects of donor gamete conception for all parties involved and advises counselors about how to navigate exceptional psychosocial realities that each member will face. This text utilizes a breadth of research, professional and personal experiences to make a compelling argument for understanding what is currently known about the challenges donor families face as they attempt to foster and maintain distal yet uniquely intimate relationships among biological and non-biological members.

Wendy Kramer has been a trailblazer in the world of donor conception for over 20 years. As the co-founder of one of the largest donor family organizations, she passionately advocates for supporting and educating families to be well-informed as they navigate donor conception. She uses her unique positionality as a biological mother of a donor-conceived child and pioneer in the field of connecting donor families to highlight the gravity of the psychological complexities for donor families.

A strength of the text is that it is well-organized and structurally appealing for any learner. The language used is easy to understand as the authors clearly define terms used and avoid medical jargon. The chapters are organized in such a way that *scaffolds seminal topics such as disclosure, legal and medical concerns, problems perpetuated by gamete vendors, and the inevitable loss of anonymity with commercialized DNA technologies. Chapters 2 through 6 specifically describe the different perspectives of each member of the donor family, which makes it easy to reference a particular client type. Additionally, the bulleted format allows for information to be accessed with ease and quick reference. The inclusion of references at the end of each chapter, rather than at the end of the book, allows the reader to source relevant literature as needed. Another strength is the author's inclusion of direct quotes from donor family members. These anecdotes are captivating and heart-wrenching, as they truly evoke empathy from the reader. The quotes also offer insights that can be used to validate and normalize clients' experiences, especially those who may feel isolated, alone, and worried about the future of their well-being and familial relationships.*

Overall, this book serves to fill the gaps of knowledge in working with donor families. This text centralizes years of research, advocacy, and interdisciplinary practice into one cohesive text that will be referenced for years to come. Mental health professionals trained in any modality can learn from and apply the information offered in this guide. Therapists who interface with donors, intended parents, donor-conceived people, and their extended families will find the information provided truly valuable, no matter their training or years of experience.

Breanna N. Beard, MA, Health Psychology Intern, Duke Fertility Center, Duke University Health System

COUNSELING DONOR FAMILY MEMBERS

A Guide for Mental Health Professionals

Wendy Kramer

with Hilary Bertisch, PhD, ABPP

Counseling Donor Family Members: *A Guide for Mental Health Professionals*

Wendy Kramer, with Hilary Bertisch

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Acknowledgements

A great deal of gratitude goes out to the thousands of egg and sperm donors, parents, and donor-conceived people who have shared their stories and experiences with me personally, via the Donor Sibling Registry, and through participation in our research studies. It is all of you, along with my son Ryan and his donor family, who made invaluable contributions to the ideas and advice contained in this guide.

Thanks to Leslie Gamble for helping us to birth the idea for this guide and for her early contributions, and thanks to Marcia Jacobs for her editing skills.

> ***We should not be asking who this child belongs to,***
> ***but who belongs to this child.***
> ~ Jim Gritter

Preface

Infertility treatment has existed since the 1800s, beginning with the use of fresh sperm administered in a doctors' office, sometimes without the knowledge of the mother. We have come a very long way in terms of the technical and biological aspects of reproductive medicine, but in terms of the psychological and social aspects, an evolution of the practice has not come so quickly or easily.

In 1978, the first IVF baby was born and by the 1980s, and after a decline in the years surrounding the HIV/AIDS epidemic, the sperm donation industry also flourished. Increasing numbers of couples struggling with infertility, and later, single women (some single men), and LGBTQ+ couples turned to this industry to make their dreams of parenthood a reality.

Both adoption and assisted reproductive technologies are means of creating families outside of the traditional model of a biological mother and father also being the legal parents; both are alternatives for adults who are LGBTQ+, suffer from infertility, have a hereditary illness, or who do not have partners with whom they can procreate. Both also raise legal, ethical, and practical implications for everyone involved.[1] There is much to learn from the parallel world of adoption with regards to the importance of acknowledging a person's innate desire to learn about their close genetic relatives, ancestry, and medical backgrounds. Given the dramatic increase in the use of third-party reproduction in recent years combined with substantially greater access to genetic information through commercial DNA testing, it is therefore crucial for mental health professionals to have some background knowledge about how the gamete donation industry works and how donors, parents, and donor-conceived people's lives have been affected.

Over the years, there have been too many accounts from Donor Sibling Registry parents, donors, and donor-conceived people who were either not counseled at all, or who were counseled by therapists who did not seem well-versed or experienced in:

- The importance of early truth-telling about a child's conception story.

- The importance of acknowledging and honoring the right of all members of the donor family (i.e., the donor-conceived person, the donors, and the parents) to be curious about and search for genetic relatives.

- The trauma of finding the truth about one's donor-conception as an adult.

- The intricacies of donor family relationships.

- Or the potential complications and many joys of connecting with, and defining relationships with, newly discovered genetic families.

Given the considerable increase in the use of third-party reproductive technologies, it is increasingly likely that clinicians across a variety of mental health settings will encounter individuals who have been involved in this process in some capacity. In some cases, counseling may be indicated for donor-conceived people and their family members and also for donors and their family members. In other cases, these individuals may present for treatment for unrelated issues but have this kind of history that may surface. Many of these individuals may be new to treatment, and/or donor conception topics or concerns may arise unexpectedly during treatment for other issues. Clinicians must therefore be well-informed about all perspectives to provide compassionate and effective treatment.

Although it's imperative that parents and donors be adequately counseled *before* using a donor or donating, all too often, research demonstrates this is not the case. One 2013 published study of 1700 sperm recipients reported that 62% did not receive professional counseling before they embarked on conception using donor sperm, and neither did 72% of their partners.[2] Another 2009 study of 155 egg donors reported that only 37% of them felt as though they were properly educated and counseled about the potential curiosity of the children they were helping to create.[3] A 2013 study of 164 sperm donors found that 80% said they did not receive any education or counseling about the potential curiosities of donor-conceived people to know their genetic, ancestral and medical backgrounds.[4] Because facilities that sell the gametes have not incorporated this into their business models, all too often parents and donors have not been able to make fully-informed decisions about choices that will affect their own and their children's lives for decades to come.

There are currently few best practice rules, recommendations, or consolidated reporting systems in the United States, and no national oversight, regulations, or laws governing the gamete donor industry to protect all stakeholders. Although a few countries have recognized the needs of donor-conceived people, the US industry has remained relatively unchanged since those early days of secrecy and deception. This industry has, for the most part, had a limited response in considering the needs of donor-conceived people, donors, and parents when setting policy. Even though most donor-conceived people understand that they were deeply desired by their parents who went to great lengths to have them, many have been adversely medically and psychologically affected by the lack of regulation or oversight in the industry.

Mental health professionals are increasingly meeting with donor-conceived people and family members, necessitating knowledge and insight about their experiences and issues. The challenges of forming and redefining family for all donor family members considering and exploring their own or their child's new biological connections can be overwhelming. It's not uncommon for people to feel a sense of confusion or discomfort about their own conception story or their own or their family's boundaries when it comes to purchasing or selling gametes, issues surrounding disclosure, or reaching out to their own or their child's genetic relatives. Grappling with the depth and breadth, and the timing and speed with which they explore their own or their child's origins and expanding families can be challenging at times, but also deeply profound, rewarding, and joyous.

The qualitative and quantitative information presented in this guide comes from a broad and deep understanding based on decades of hearing from many thousands of donors and their families, parents, and donor-conceived people via the Donor Sibling Registry, both anecdotally and via dozens of published research studies conducted with research partners at major universities around the world. Some of the topics and issues have been presented with broad strokes, as they have been covered elsewhere, with more focus being placed on the issues that haven't been discussed enough in academia or elsewhere. Chapter 2 focuses on how the clinician can integrate this knowledge with theories and methods that they already have expertise in and use in practice.

The guide is intended to be a resource for mental health and medical professionals in any setting, and especially for those who are unfamiliar with the topic. It's a presentation of evolving ideas, recommendations, and talking points that can be used in counseling everyone in the donor family. Because each stakeholder is deeply connected to the others, understanding all viewpoints is important for a successful counseling experience with any of the stakeholders. Because the complete history of donor conception and all of its complexities are beyond the scope of this guide, there are references offered at the end of each section on the specific donor family member. A great place to start would be on the Donor Sibling Registry website (donorsiblingregistry.com) where dozens of published papers on egg donors, sperm donors, donor-conceived people, sperm recipients, egg donor parents, non-biological parents, and donor-grandparents can be found.

We hope to provide you with valuable information and appreciation for this increasingly visible and vocal population of donor family members that you will inevitably encounter in your practice.

Wendy Kramer

Wendy is Co-Founder and Director of the Donor Sibling Registry (DSR). The DSR was founded in 2000 with her donor-conceived son Ryan to assist individuals conceived as a result of sperm, egg, or embryo donation who are seeking to make mutually desired contact with others with whom they share genetic ties. With more than 80,000 members in 105 countries, the DSR has helped to connect more than 25,000 of them with their half-siblings and/or their biological parents, and Wendy has listened to and advised/consulted with thousands of these parents, donors, donor-conceived people, and other donor family members for more than two decades.

Wendy has conducted many research studies on all donor family members and is a co-author of the resulting peer-reviewed papers published in *Social Science and Medicine, Human Reproduction, Reproductive BioMedicine & Society, Facts, Views & Vision in OB/GYN, Reproductive BioMedicine Online (RBMOnline), Advances in Reproductive Sciences, Contemporary Perspectives in Family Research, Fertility and Sterility, The Journal of Family Issues, Children and Society, The Journal of Law and the Biosciences*, and more. She has contributed chapters to several books on donor conception and has reviewed abstracts for the American Society of Reproductive Medicine and has been a peer reviewer for the journals *Human Reproduction, RBMOnline, and Frontiers in Global Women's Health*.

Wendy was an Associate Producer for the 2011 *Emmy* nominated documentary *Sperm Donor* and on the 2013 MTV News & Docs, six-part docu-series called *Generation Cryo*. She co-wrote the book *Finding our Families: A First-of-Its-Kind Book for Donor-Conceived People and Their Families,*[5] wrote the children's book *Your Family: A Donor Kid's Story,*[6] and wrote *Donor Family Matters: My Story of*

Raising a Profoundly Gifted Donor-Conceived Child, Redefining Family, and Building the Donor Sibling Registry.[7]

Wendy was married when she gave birth to her son Ryan in 1990, and in 1991 began to raise him as an only parent. Ryan has connected with his biological father and knows of 23 half-siblings, so far. Wendy holds a B.A. in Communication Arts, has completed many postgraduate courses in counseling and psychology, is Mental Health First Aid certified, and is a *Psychology Today* contributor.

Hilary Bertisch

Hilary holds a Ph.D. in Clinical Psychology with a Board Certification in Clinical Neuropsychology. She is Assistant Professor in the Department of Psychiatry at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell in the New York City area and specializes in working with patients with psychosis and other brain-related conditions, many of which are characterized by trauma. Dr. Bertisch is also a late-discovery donor-conceived adult with lived experience of individuals who were conceived this way, particularly in the 1970s and 1980s. She is one of the very few known donor-conceived psychologists who has come forward to provide perspective on this topic to date and has served on the Board of Directors of the Donor Sibling Registry since 2019. Hilary authored the 2021 paper, *The Donor Conceived Adult: Implications Within Family, Medical, and Mental Healthcare Systems.*[8]

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Chapter 1

Background Information on Donor Conception and Donor Families

Definitions

There can be inconsistency in the use of terms within the field of reproductive medicine. For example, the use of the term "donor" may imply one who provides selfless contribution, whereas most donors are paid for their sperm or eggs, except occasionally in the case of known donors. Accurate and honest terminology is an important factor in communication as it gives context to the content of our conversations. Knowledge of common definitions, terminology, and the vernacular is critical to optimizing communication with your donor family clients.

DNA Testing: Usually a commercial DNA test is taken to determine one's genetic relatives and ancestry via 23andme and/or Ancestry.com. For donor-conceived people (DCP), this type of genetic testing often turns up unexpected half-siblings and biological parents or their relatives. This is especially shocking for DCP who had no idea about their donor origins.

<u>Donor</u>: This is the person who sold their sperm or eggs. Most typically, but not always, this was for money. They are the biological but not the legal parent of the donor-conceived person, so they, therefore, have no parental rights or responsibilities. Donor-conceived people may refer to this person as their biological father/mother or genetic father/mother, or bio dad/mom, donor dad/mom, or simply as donor/father/mother. Donor-conceived people may use several of these terms depending who they're speaking with, and as they mature and define the relationship between themselves and the person who contributed around 50% of their DNA.

<u>Donor-Conceived Person/People (DCP)</u>: The person who was created using the purchased gametes (or much more infrequently) the gametes donated by a family member or friend.

<u>Donor Insemination (DI)</u>: Inserting purchased sperm into the recipient in order to create a pregnancy. This can be done at home or with the assistance of a doctor or nurse at a medical facility. Intrauterine insemination (IUI) is the most common procedure in which prepared sperm cells are placed directly into a woman's cervix or uterus to produce pregnancy.

<u>Donor Sibling/Half-Sibling/Sibling/Dibling</u>: These terms are interchangeable. These are the siblings created by parents using the same donor or from the donor's children that they themselves are raising. They share ~15%-30% of their DNA with each other. Donor-conceived people tend to prefer donor sibling, sibling, or half-sibling as some are offended by the term dibling, as they feel it minimizes the relationship.

Donor Sibling Registry (DSR): The Donor Sibling Registry is a 501(c)3 nonprofit organization founded in 2000 that connects, educates and supports egg and sperm donors (and their families), prospective parents, parents, and donor-conceived people. The DSR has facilitated mutual consent contact between more than 25,000 DCP and their half-siblings and/or their biological parents, the donors.

Gamete: The reproductive or genetic material, in the form of sperm or egg cell, that will contribute ~50% of a donor-conceived person's DNA.

Gamete Vendor: The clinic, sperm or egg bank, agency, doctor, or facility that purchases the gametes from the sperm or egg donor and then sells them (typically with a substantial mark-up), to the recipient family.

In Vitro Fertilization (IVF): IVF is a method of assisted reproduction that combines an egg with sperm in a laboratory dish. If the egg fertilizes and begins cell division, the resulting embryo is transferred into the woman's uterus where it will hopefully implant in the uterine lining and further develop. IVF is commonly used with purchased eggs and embryos.

Non-Biological/Social Parent: Parents who are raising a donor child but who have not contributed to the child's DNA. This includes the spouse or partner of a sperm recipient parent as well as the gestational recipient parent of an egg donor child. While epigenetic influences, like diet, alcohol, drugs, stress, and exposure to toxins can impact the fetus, the mother (or surrogate) who carries the child but who doesn't contribute the egg is not the genetic or biological parent. Parents using a donated embryo are the child's non-biological parents, similar to adoption. There is usually one non-biological parent in same-sex couples that purchase gametes. In most cases, these parents are also the legal parents.

Recipient: The intended parent(s) who purchases the gametes and who will raise the child.

Single Mother by Choice (SMC): Women began embracing single parenthood as a conscious choice in the late 70s. According to the singlemothersbychoice.org website, the term "single mothers by choice" first emerged in 1981 when NY psychotherapist, Jane Mattes founded her organization to provide support and resources to such moms. A SMC is a woman who chooses to be a single parent to a child/children without assistance or support from a partner. SMCs often build their families with gamete donation (using a known or unknown donor) and represent around 50% of the parents using donor sperm.

Reasons for seeking counseling: potential scenarios

Parents: Couples/people with infertility

- Infertility is painful. Clients experiencing male and female infertility may be feeling, loss, shame, disappointment, guilt, or anger. People with infertility might feel inadequate or like failures.

- Infertility may involve grief. Dealing with the stress of trying to conceive, many failed attempts at pregnancy, and/or pregnancy loss are common among people with infertility. A client presenting with depression may be experiencing unresolved grief or loss related to infertility struggles.

- Infertility is stressful. People with infertility and their partners often feel stress about the future. There can be worry about how using third-party reproduction will affect their partners and relationships. Additionally, infertility can cause financial stress because treatments and donor gametes can be very expensive.

- Infertility can cause fear. People considering infertility treatments and/or donor gametes are often scared about not being on the same page as their partner regarding the next steps in treatment and about the cost of those treatments. They may be afraid of the infertility treatments not working and never realizing their dreams of having children. Not knowing enough about donors and their medical histories can be unsettling. Additionally, there is fear of the unknown – not knowing about their future child's other genetic relatives or medical issues or about potential medical complications among those who carry donated eggs involving IVF procedures.

- Infertility can cause difficulties for egg (or embryo) recipients in understanding and accepting that although mothers who use an egg donor do carry and deliver a child and epigenetic influences are at play, they are not the genetic/biological parents because they do not contribute 50% of the child's DNA.

- Infertility can cause ambiguity when parents using donor gametes do not want to think about, plan for, or discuss issues and needs that their future donor-conceived children might have.

- Infertility can make some parents keep secrets. Infertile parents sometimes feel shame or other negative emotions that cause them to keep secret their experiences with infertility and/or using donor gametes. The secrets can last for decades and involve not talking about or allowing DCPs to feel comfortable expressing curiosity about or searching for donor relatives.

Parents: Single Mother by Choice (SMC) and LBGTQ single or couple recipients

Infertility can be a factor but donation, and usually disclosure, are a given in these situations. While some issues are unique to LGBTQ+ families and single parent families, these parents can share some common concerns.

- There may be concern about their child(ren) not having a father/mother or positive male/female role model.

- For SMCs, shame, embarrassment, guilt, and fear around nontraditional parenthood may arise. Additionally, there may be shame in not finding a spouse. Privacy is sometimes used as an excuse to cover up the secrecy/shame of why a donor was used.

- Financial stress can be a factor for SMCs who usually have no other income than their own paychecks, and struggle to make ends meet in a society that usually requires two incomes to achieve middle-income lives. When financial stress is present, it can negatively affect the day-to-day lives of these parents and their children because of the constant mental energy required to keep expenses low.

- For LGBTQ+ parents there may be stress or conflict in regards to whether to have a child and which partner will be genetically related to and/or carry the child.

- For LGBTQ+ parents there may be fears of legal parentage issues and fears by the non-biological parent that friends, family, and society will not view them as “real” parents.
- There can be difficulty with issues around the child’s unknown genetic relatives, including a tendency to minimize or negate the importance of the genetic connection to the child’s donor family.
- General discomfort with any conversations that include the donor or their contribution.
- Fear/shame about not being a “perfect parent” and that their child will like/love the donor (if searched for and located) more than them.
- Fear and/or hesitation when it comes to acknowledging the importance of connecting with the child’s donor relatives.
- Fears around including new donor relatives into their own and their child’s family circle.

Parents: Non-biological parents

Although some offspring indicate that their fathers were supportive and/or understanding regarding their curiosity about the donor, from the perspective of DCP, tensions related to donor conception are most prevalent in families headed by coupled heterosexuals.[1] This is true for families that use both eggs and sperm, including couples who have utilized dual donation (embryo or IVF using both donated egg and sperm). In heterosexual couples, there can be:

- Fear and/or embarrassment about others knowing about their infertility and use of a donor, and hesitance to acknowledge the donor's contribution.

- Struggling with the concept of not having biological connections with their child(ren), and/or being unable to fully bond with their child(ren).

- Fear that friends, family, and society will not view them as "real" parents.

Sperm or egg donors

Many gamete donors were told decades ago that their information would remain anonymous. In recent years anonymity has become almost impossible as DNA testing is now easily available. This can lead to:

- Embarrassment or shame about donation.

- Fear about disclosing to their partners that they not only donated gametes, but also have biological children as a result of their donations.

- Fear of marital/relationship problems related to donations and resulting children.

- Worrying about telling their children about their donations and potential half-siblings.

- Worrying about how to tell their parents that they may be grandparents to 10, 20, or even 200 DCPs.

- Feeling overwhelmed with a large group of progeny.

- Fear about opening themselves up to these new relationships, fear of rejection, fear of disrupting their families.

- Not having the emotional bandwidth to define these new relationships and not wanting contact.

- Fears about having rights, responsibilities or financial obligations for the children born from their donations.

- Confusion about their role and how to respond to requests for contact from parents and progeny, feelings of inadequacy, or being a disappointment to donor children (donors may not have been honest about or have successfully completed the studies that they indicated on their donor profiles).

- Wondering how to define these new relationships and possibly incorporate donor children into their family circles.

- Worry about sharing/updating medical information and learning about possible medical issues with progeny.

- Navigating the sometimes delicate line between privacy and secrecy. Protecting their family's privacy while removing the veil of secrecy between them and their progeny can be stressful as they try to balance the needs of everyone affected.

Donor's spouse (or partner)

- Anger at spouses/partners over secrecy around donation.

- Fear about what a relationship with progeny and/or the progeny's parents means for their marital relationship and for their children.

- Fear about the number of children that may enter their lives and what they might want/demand in terms of time and attention potentially taking away from the existing family.

- Disagreements with partners because they do not feel the same as them about contact.

- Difficulties in understanding and communicating their own comfort levels and privacy boundaries.

- Discomfort and difficulties in figuring out how to tell their children about half-siblings born from their spouse's/ partner's donations.

- Excitement and/or intrigue about new and expanding genetic family.

Donor's child(ren) that they are raising, who find out that they have a half-sibling, or many, due to their parent's donation may feel:

- Confusion about how to define these new relationships: *what does this mean and who are these half-siblings to me*?

- Fear and frustration over changing family dynamics.

- Fear of losing the biological parent's attention and time.

DCP: Those whose conception stories have been shared with them since they were very young may feel or experience:

- Unrealistic or idealized expectations for their donor and/or experience subsequent disappointment.
- Overwhelmed at the number of half-siblings they may have.
- Struggles navigating relationships with siblings they've been raised with, and with new half-siblings whose experiences and feelings may be different from theirs.
- Frustration with the lack of available information about their donor and half-siblings, and with the gamete vendor that will not release what is known about their close genetic relatives.
- Ambiguous grief, loss, sadness, or a yearning to know the unknown biological parent or siblings.
- Rejection from attempted contact with the donor and/or half siblings (this is more likely to be a product of the donor's and half-siblings' own feelings and circumstances).
- No desire to connect with their half-siblings or biological parents. This can be complicated by having siblings they were raised with who do desire contact or half-siblings who desire or have already established contact with the donor.
- Attuned to the non-biological parent's discomfort with issues surrounding the donor, and know that these conversations are not encouraged.

- Challenges with re-defining family, setting boundaries, and navigating privacy/secrecy as they consider incorporating new relatives into their family circle.

- Fear of consanguinity and/or accidentally forming a romantic relationship with a person who has DNA from the same donor.

- Awareness that new genetic relatives are adding to a family, not taking away from it.

DCP: Those whose conception stories were kept from them may feel or experience:

- Anger at being lied to by the people they trust the most and finding out the truth as adults.

- Difficulty in figuring out how to talk to their parents about this new knowledge, if they found out on their own.

- Confusion, relief, curiosity, sadness.

- Disenfranchised grief, or feeling as though they are denied the right to grieve, do not have the social support essential to adapt to the loss, or feel deprived of social validation.

- The need to question their identity, normality, feelings, and to have to adapt to a new reality.

- Like their worlds and identities have been "turned upside down."

- The need for a deeper understanding and forgiveness for the parents who withheld the truth.