



EXPERIENCES AND MOTIVES OF AUSTRALIAN SINGLE MOTHERS BY CHOICE WHO MAKE EARLY CONTACT WITH THEIR CHILD'S DONOR RELATIVES

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ABSTRACT

An increasing number of Australian parents of donor-conceived children are making contact with their child's donor relatives prior to their child reaching the age of majority. This process, often referred to as 'donor linking', can be achieved in Australia through either formal or informal mechanisms. Formal mechanisms exist in three states, each of which has legislation enabling donor linking in certain circumstances. Donor linking may also be achieved through informal mechanisms, such as online donor registries, social media searches, direct-to-consumer genetic testing, and fertility clinics which act as intermediaries between donors and recipients. Drawing on qualitative interview data, this article explores the donor linking practices of twenty-five single women who conceived using donated gametes. The findings suggest that early contact with donors is extremely popular among single women and that, even when formal legislative mechanisms are available, informal linking remains common.

KEYWORDS: Donor identity disclosure, Donor linking, Assisted reproduction, Donor conception, Non-traditional family forms, Genetic links

I. INTRODUCTION

In Australia, there is strong support for the proposition that children born from donated gametes are entitled to have knowledge of their biogenetic origins because

such knowledge is potentially constitutive of identity. It is increasingly accepted in the Australian and international literature¹ on donor conception that while not all donor conceived people will find information about their genetic origins meaningful or useful, 'the state, in its stewardship role, has a duty to ensure that information is available for those who might feel an interest in or need for it'.² A key response to concerns about the well-being and information needs of donor conceived children and adults has been the emergence in jurisdictions such as Australia and the UK of donor linking. Donor linking is the process whereby donor conceived people, donors, donor siblings and/or recipient parents gain access to each other's identifying information. In some cases, it may lead to face to face contact, while in others relationships might be built through letters, email, and other forms of online communication.

Donor linking can be achieved through formal or informal means. Formal mechanisms for donor linking exist in three Australian states—NSW, WA, and Victoria—in which each have legislation giving donor conceived people who were conceived after the legislation came into force a legal entitlement to access their donor's identity. Information is available when the child reaches 16 years (WA) or 18 years (Victoria and NSW), though early applications are possible. In Victoria, parents of donor conceived children, donors, and descendants of a donor conceived person can also apply for each other's identifying information. State legislation also supports voluntary donor linking for individuals who were not conceived or did not donate prior to the legislative amendments. Provided both parties consent to the link, it is permissible under the legislation.³ Donor linking may also be achieved through informal mechanisms, such as online donor registries, social media searches, direct-to-consumer genetic testing,⁴ and fertility clinics which sometimes act as intermediaries between donors and recipients. In the absence of a statutory linking regime, informal mechanisms represent the only opportunity to participate in donor linking.

Donor linking is increasingly encouraged in Australia, perhaps more so than any other jurisdiction in the world, due to the availability of statutory linking mechanisms.⁵ The introduction and promotion of legislative mechanisms for both prospective

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- 1 E Blyth and others, 'Donor-conceived People's Views and Experiences of their Genetic Origins: A Critical Analysis of the Research Evidence' (2012) 19 JLM 769; E Blyth and L Frith, 'Donor-access to Genetic and Biographical History: An Analysis of Provisions in Different Jurisdictions Permitting Disclosure of Donor Identity' (2009) 23(2) IJLPF 174; V Jadva and others, 'The Experiences of Adolescents and Adults Conceived by Sperm Donation: Comparisons by Age of Disclosure and Family Type' (2009) 24(8) Hum Reprod 1909; AJ Turner and A Coyle, 'What Does it Mean to be a Donor Offspring? The Identity Experiences of Adults Conceived by Donor Insemination and the Implications for Counselling and Therapy' (2000) 15(9) Hum Reprod 2041.
 - 2 Nuffield Council on Bioethics, *Donor Conception: Ethical Aspects of Information Sharing* (Nuffield Council 2013) 123.
 - 3 Similar legislative provisions were introduced in the UK. Via the Donor Conceived Register those conceived prior to the mandatory recording of records, as well as donors, can undergo DNA testing in order to locate genetic relatives.
 - 4 See, eg, the genetic testing websites 23andme and Family Tree DNA. For a discussion of the impact of genetic testing and other online linking services on the future of donor anonymity see: J Harper, D Kennett and D Reisel, 'The End of Donor Anonymity: How Genetic Testing is Likely to Drive Anonymous Gamete Donation out of Business' (2016) 31 Hum Reprod 1135.
 - 5 In the 3 months following the introduction of new donor linking provisions in the Victorian legislation which enable retrospective access to donor records, more than sixty applications were made. In addition,

and retrospective linking have mainstreamed the practice, while the growing availability of online linking mechanisms has created opportunities for connection that were not previously available to those conceived during the era of anonymity. Australia also has a growing culture of openness around donor conception, particularly as the perceived importance of genetics, and their constitutive role in shaping identity, increases.⁶ Parents are now strongly encouraged to tell their children that they are donor conceived,⁷ and it is no longer possible to use anonymous sperm or eggs in Australian fertility clinics. Public attention has also been brought to the issue through several state and federal inquiries,⁸ as well as high-profile media stories that have served as pivotal in shaping legislative change.⁹ Research on Australia's donor linking practices may therefore provide important lessons for other jurisdictions that are considering the introduction of statutory linking or expanding existing linking laws.

Despite the increased prevalence of donor linking, we have little insight into how it is practiced 'on the ground' in Australia. This study, which provides a qualitative analysis of the donor linking practices of single women who conceive using donated gametes, is designed to go some way towards filling this knowledge gap. While single women are not necessarily representative of everyone who uses donated gametes to conceive, they are the fastest growing user group of Australia's fertility clinics, represent more than 50% of fertility clinic patients using donated gametes in Victoria,¹⁰ and the most likely to engage in donor linking.¹¹ Analysis of their linking practices is thus key to understanding the field. The article begins with an overview of Australia's patchwork of donor linking laws. It then briefly considers the existing literature in the

525 Victorians have joined the voluntary register, which enables contact between donors, donor offspring, and recipient parents prior to the child reaching the age of majority. Victorian Assisted Reproductive Treatment Authority, Annual Report 2014–15, Melbourne, 2015 ['VARTA Annual report 2015']. See: <https://www.varta.org.au/sites/default/files/VARTA%20Annual%20Report%202015.pdf>, accessed 1 September 2016.

- 6 Nordqvist and Smart have argued that Western societies have, in recent years, undergone a 'geneticisation of the popular imagination', such that genetic relationships are increasingly understood to be constitutive of familial identities. P Nordqvist and C Smart, *Relative Strangers: Family Life, Genes and Donor Conception* (Palgrave Macmillan 2014) 4.
- 7 See, eg, VARTA's 'Time to Tell' campaign, launched in 2006. L Johnson, K Bourne and K Hammarberg, 'Donor Conception Legislation in Victoria, Australia: the "Time to Tell" Campaign, Donor-Linking and Implications for Clinical Practice' (2012) 19(4) JLM 803.
- 8 Senate, Legal and Constitutional Affairs References Committee, *Donor Conception Practices in Australia*, February 2011 ['*Donor Conception Practices*']; Legislative Assembly of New South Wales, Committee on Law and Safety, *Managing Donor Conception Information*, Report 2/55, October 2013 ['*Managing Donor Conception*']; Parliament of Victoria, Law Reform Committee, *Inquiry into Access by Donor Conceived People to Information about Donors*, March 2012 [*Inquiry into Access*].
- 9 See, eg, the stories of Narelle Grech <<http://www.smh.com.au/comment/their-right-to-know-20130413-2hsset.html>> accessed 1 September 2016 and Lauren Burns <<http://www.abc.net.au/austory/specials/searchingforcelevenpartone/>> accessed 1 September 2016, both of whom appeared before Victoria's *Inquiry into Access*, *ibid*.
- 10 Single women now represented 50% of all fertility clinic patients in Victoria. See VARTA Annual Report 2015 (n 5) 17. <<https://www.varta.org.au/sites/default/files/VARTA%20Annual%20Report%202015.pdf>> accessed 1 September 2016.
- 11 V Jadva and others, 'Experiences of Offspring Searching for and Contacting their Donor Siblings and Donor' (2010) 20 *Reprod Biomed Online* 523 at 531; R Hertz and J Mattes, 'Donor-shared Siblings or Genetic Strangers: New Families, Clans and the Internet' (2011) 32(9) *J Fam Issues* 1129; D Beeson, PK Jennings and W Kramer, 'Offspring Searching for their Sperm Donors: How Family Type Shapes the Process' (2011) 26(9) *Hum Reprod* 2415.

field, exploring what is known about donor linking practices in Australia and overseas. Drawing on qualitative interview data, the article then discusses the donor linking practices of twenty-five single women who conceived using donated gametes. It concludes with a discussion of the direction law and policy might take in light of the research findings.

II. DONOR LINKING LAWS IN AUSTRALIA

The Australian fertility industry is regulated at the federal level by the National Health and Medical Research Council *Ethical Guidelines on the use of Assisted Reproductive Technology in Clinical Practice and Research* ('the Guidelines').¹² Australian fertility clinics must comply with the Guidelines to secure accreditation. The Guidelines state that donor conceived people are entitled to 'know their genetic parents'.¹³ To facilitate this objective, the Guidelines were amended in 2005 to require that all donors consent to the recording and release of their identifying information to their donor offspring when the child reaches a certain age (16 or 18 years, depending on the state). Thus, since 2005, Australian fertility clinics only accept donors who agree to information recording and release. However, the Guidelines do not address how information is managed or updated, or how disclosure is to be facilitated. The Guidelines also do not have legal force. It therefore cannot be guaranteed that information will be available when it is requested or that disclosure will take place. Dissatisfied with unenforceable Guidelines, the states of Victoria¹⁴ (1998), Western Australia¹⁵ (2004), NSW¹⁶ (2010), and SA¹⁷ (2010) enacted legislative regimes that mandate particular record keeping and disclosure practices, though each state has taken a slightly different approach. The remaining states and territories are silent on the issue, creating an uneven patchwork of legal regulation.

Given the absence of uniform laws across the nation, as well as concerns about poor data management,¹⁸ variations in the data recorded, and the lack of expertise among fertility clinic staff to appropriately facilitate linking, it was recommended in 2011 by the Senate's Legal and Constitutional Affairs Reference Committee that a national donor register, similar to that operated in the UK by the Human Fertilisation and Embryology Authority, be established.¹⁹ It was proposed that the register serve as a central repository for information about donors and donor conceived people, as

12 National Health and Medical Research Council, *Ethical Guidelines on the use of Assisted Reproductive Technology in Clinical Practice and Research* (June 2007).

13 *ibid* 6.1.

14 *Infertility Treatment Act 1995* (Vic) s 17 (repealed). See now *Assisted Reproductive Treatment Act 2008* (Vic) s 57 (application for information on Central Register), s 58 (with respect to parents of a person born as result of donor or donor treatment procedure); s 59 (person born as result of donor treatment procedure), and s 60 (person descended from person born as result of donor treatment procedure).

15 *Human Reproductive Technology Act 1991* (WA), ss 49(1a), 49(2d), and 49(2e).

16 *Assisted Reproductive Technology Act 2007* (NSW), pt 3.

17 *Assisted Reproductive Treatment Act 1988* (SA); *Assisted Reproductive Treatment Regulations 2010* (SA).

18 A number of state and federal Parliamentary Committees, as well as the Victorian Law Reform Commission, have concluded that donor records have been lost or actively destroyed by clinic staff, and have recommended 'as a matter of urgency' that legislation be amended to make it an offence to "destroy, tamper with or falsify donor conception records'. See, eg, *Managing Donor Conception* (n 8) vi-vii; *Inquiry into Access* (n 8) 157.

19 *Donor Conception Practices* (n 8) xi.

well as a single place for people to access that information. The Committee also recommended that in the event that a national register is not achieved, each state and territory should establish their own centralized register and that there should be consistency in the information registers hold and the approach they take to granting access.²⁰ Unfortunately, the Committee's recommendations were not acted upon, leaving donor conceived people and donors with a fragmented system of information rights that depend on the laws (where they exist) of each individual state or territory, and the date upon which the donation was made.

The various state laws that facilitate donor linking share several common components. The Victorian, NSW, and WA statutes all introduced central and voluntary registries managed by state government agencies, which record identifying and non-identifying information about the parties involved in donor conception. The states with central registries enable donor conceived people (conceived after donor anonymity was abolished) to apply to receive identifying information about their donor when they turn 16 or 18 years, depending on the state. Donor conceived people and their parents can also request non-identifying information about donor siblings via the central registers. In Victoria, parents of donor conceived children, donors, and descendants of donor conceived people can also apply for access to their donor's identifying information through the central register and can do so upon their child's birth. In such a case, the donor's information can be released to the parent if the donor consents. Data collected by the Victorian Assisted Reproductive Treatment Authority indicate that in 2015, parents of minor children were the most common applicants to the central register.²¹

Each of the three states that regulate donor linking via statute also have voluntary registries which enable parents, donor conceived people who were conceived *before* anonymity was abolished, as well as donors, to register voluntarily, enabling 'matches' where both parties are open to information exchange.²² In Victoria, relatives and descendants of donor conceived people can also lodge their information with the voluntary register. Anyone who pursues donor linking in Victoria and WA must engage in pre-linking counselling, while in NSW, counselling is not mandatory, but the Department of Health 'strongly recommends' that it is sought before an application is made.²³

In June 2015, Victoria embraced a new level of openness when it became one of only two jurisdictions in the world to retrospectively open the donor records of anonymous donors.²⁴ The *Assisted Reproductive Treatment Further Amendment Act* permits the identity of a donor who donated *before* the abolition of anonymity to be

20 *ibid* xii.

21 VARTA Annual report 2015 (n 5).

22 Victoria's voluntary registry is now largely redundant due to retrospective legislation that came into force in June 2015. However, by June 2013, it contained 188 donors, 83 donor conceived people, and 158 recipient parents, among whom 85 matches had been made. Victorian Assisted Reproductive Treatment Authority, *Annual Report 2013*, Melbourne, 2013.

23 *Assisted Reproductive Treatment Act 1988* (SA).

24 The only other jurisdiction to have retrospectively opened donor records is Switzerland. However, due to the relatively recent destruction of records, the Swiss legislation has had little practical impact. *Federal Act on Medically Assisted Procreation of 18 December 1998* – FF 1996 III, 197 (LPMA).

revealed to donor offspring with the donor's consent. Similarly, donors can be given identifying information about their offspring, where consent is provided. In the first three months of the law's operation, more than sixty applications for information were made.²⁵ However, within days of the legislation coming into force, the Victorian government announced that further reform would be introduced removing the need for the donor's consent, thus providing donor conceived people *automatic* access to their donor's identifying information whenever they were conceived.²⁶ In place of the consent requirement, the proposed legislation would include a 'contact preference' system, enabling donors and donor conceived people to indicate that they did not want contact, or specify the type of contact with which they were comfortable. This legislation was passed in February 2016 and will come into force in March 2017.²⁷ In the interim, donors must still provide their consent before identifying information can be released.

In contrast to Victoria, WA and NSW, South Australia has chosen to give legislative effect to the NHMRC Guidelines.²⁸ Since September 2010, people donating gametes in South Australia must be willing to be identified once a child reaches 16 years. However, South Australia does not currently operate a central register, leaving the responsibility of maintaining records with the fertility clinics. In early 2016, South Australia launched a review of its donor laws with a view to introducing legislation that facilitates donor linking. Similarly, Tasmania announced a review of donor conception practices in April 2016.

Alongside the formal statutory mechanisms for donor linking, informal practices have also emerged.²⁹ In states and territories without legislation, as well in situations where donor records are incomplete or the donation was made prior to the date when anonymity ceased, informal practices are the only way in which to engage in donor linking. However, as this study indicates, even where statutory mechanisms for linking are available, informal linking remains common. The majority of informal linking appears to occur online and most involves locating donor siblings. For example, the Donor Sibling Registry (the DSR), which operates out of the USA but welcomes members from any jurisdiction, invites donor conceived people and donors to share donor numbers so that 'matches' can be made between donor siblings, as well as donors and offspring. The DSR has over 47,000 members and has helped to connect more than 12,574 donor siblings and/or donors with each other.³⁰ Australian donors have unique donor numbers that are known to recipient parents, enabling the type of linking the DSR offers. A number of smaller Australia-specific forums for sharing donor numbers also exist. Many operate through Facebook or user group websites,

25 Private correspondence with CEO of VARTA.

26 The announcement was accompanied by the issuing of a Discussion Paper outlining the proposed law. Department of Health and Human Services (Victoria), *The Right to Know Your Identity: Giving Donor Conceived People the Right to Access Information Identifying their Donor*, June 2015. <<http://docs2.health.vic.gov.au/docs/doc/A-Right-to-Know>> accessed 1 September 2016.

27 *Assisted Reproductive Treatment Amendment Act 2016* (Vic).

28 *Assisted Reproductive Treatment Regulations 2010* (SA), clause 8.4.

29 For a thorough analysis of the various informal mechanisms for donor linking see M Crawshaw and others, 'Emerging Models for Facilitating Contact between People Genetically Related through Donor Conception: A Preliminary Analysis and Discussion' (2015) 1(2) *Reprod Biomed Soc Online* 70.

30 Donor Sibling Registry: <<https://www.donorsiblingregistry.com/>> accessed 1 September 2016.

such as Solo Mothers by Choice Australia and Donor Conception Australia. Once matches are made, many donor-connected families create closed Facebook pages where they can share information and photographs with other families who share the same donor.³¹

Another common, though often more difficult way, in which to identify a donor is to conduct an internet or social media search using information contained in the donor's profile. In their profile, donors may indicate their occupation, where they attended university, and the activities in which they are involved. Photos are often included in profiles, and some donors wear clothing that makes their location, or affiliation to a sports club or university, apparent. Depending on the level of detail, the information may be sufficient to identify the donor. Informal donor linking may also be possible through the fertility clinic in which the child was conceived. As a number of the women interviewed for this study have indicated, some Australian fertility clinics are willing to forward on a letter of thanks from a recipient parent to the donor. In such a case, the donor can then choose whether he or she wishes to make contact.

While the broad array of donor linking mechanisms enables many donor conceived Australians, particularly those conceived in the last decade, to access their donor's identity, several gaps remain. First, some donor records, particularly from the time when donors were anonymous, have been destroyed or tampered with.³² Thus, even if a donor conceived person has information rights, the information may no longer exist. In such circumstances, informal donor linking mechanisms become more significant. Second, many donor conceived people are not aware of the nature of their conception. Historically, parents were instructed not to tell donor conceived children about their origins and a significant portion of heterosexual parents continue to withhold the information.³³ For this population of donor conceived people, information about their genetic origins may never be known.

III. THE RESEARCH ON DONOR LINKING

Despite Australia's prominent position in the field and the broad array of statutory and informal linking mechanisms available, very little is known about the experiences of Australian donor conceived people who make contact with their donors or donor siblings, or how that contact is achieved. One of the few studies in the field was conducted by Jenni Millbank, whose interviews with twenty-one parents who conceived using donated gametes revealed that a considerable number had made contact with donors and donor siblings prior to their child being old enough to access formal

31 R Hertz, M Nelson, and W Kramer, 'Donor Sibling Networks as a Vehicle for Expanding Kinship: A Replication and Extension' (2015) *J Fam Issues* 447; R Hertz, 'Donor-Shared Siblings or Genetic Strangers: New Families, Clans, and the Internet' (2011) 32(9) *J Fam Issues* 1129.

32 See discussion at note 18.

33 In a review of twenty-three studies on donor conception, Brewaeys found that the vast majority of parents had not informed the child that they were donor conceived. A more recent Australian study found that only 39 of 111 (35%) heterosexual couples who conceived through donor conception between 1989 and 1999 had informed their child. A Brewaeys, 'Review: Parent-child Relationships and Child Development in Donor Insemination Families' (2001) 7 *Hum Reprod* 38; G Kovacs, S Wise and S Finch, 'Functioning of Families with Primary School-Age Children Conceived using Anonymous Donor Sperm' (2012) 28(2) *Hum Reprod* 375.

linking services.³⁴ Consistent with our findings, contact was typically made using informal mechanisms such as fertility clinics and online registries. However, a small number of parents who lived in states with linking legislation had also utilized their state's voluntary register. While those who had made contact were largely positive about the experience, Millbank noted that the existing frameworks had significant gaps. The informal mechanisms she identified were largely haphazard in nature, while the formal systems were unduly rigid, permitting access only to those conceived after a certain date and at a certain age, and limiting access to identifying information about donor siblings.³⁵ As a solution, Millbank recommended that voluntary registers be remade as 'active' registers that are publicly promoted as a means of increasing linking opportunities for those who seek early contact, or who remain barred from access due to anonymity rules.³⁶

The only other Australian research on donor linking is a qualitative study of forty-two egg and sperm donors from Victoria who donated prior to the introduction of the mandatory identity disclosure regime in 1998.³⁷ The research was conducted in 2013 on behalf of the Victorian Department of Health and was designed to determine donors' attitudes towards the Victorian Parliament's Law Reform Committee's recommendation that donor information be released without requiring the donor's consent.³⁸ While the authors caution that there was no way of knowing whether the donors interviewed were representative of all pre-1998 donors, it was found that just under a quarter of the donors had made contact with offspring. For some, the contact was minimal or one off, while others have developed strong relationships with their donor offspring. Most of those who had made contact had done so through Victoria's voluntary registry, which more than half of the donors had joined.

Beyond Australia, there is a much larger body of research on donor linking practices. The majority derives from the USA, where law plays no role in the linking process and donor anonymity remains legal, and the UK, which has a prospective statutory linking regime applicable to those conceived after 1 April 2005.³⁹ However, the existing research is largely quantitative in nature,⁴⁰ with many of the studies

34 J Millbank, 'Identity Disclosure and Information Sharing in Donor Conception Regimes: The Unfulfilled Potential of Voluntary Registers' (2014) 28 *IJLPF* 223.

35 *ibid* 248–49.

36 Millbank also argues that more active voluntary registers are a 'better solution than the current polarisation between an inability to access information for many, on the one hand, or proposed alternatives such as retrospective identity disclosure without donors' consent, on the other'. *ibid* 250.

37 M Kirkman and others, 'Gamete Donors' Expectations and Experiences of Contact with their Donor Offspring' (2014) 29(4) *Hum Reprod* 731.

38 *Inquiry into access* (n 8).

39 J Scheib and A Ruby, 'Contact among Families Who Share the Same Sperm Donor' (2008) 90(1) *Fertil Steril* 33; T Freeman and others, 'Gamete Donation: Parents' Experiences of Searching for their Child's Donor Siblings and Donor' (2009) 24(3) *Hum Reprod* 505; Beeson (n 11); Hertz and Mattes (n 11); Jadva and others (n 11).

40 There are a few notable exceptions to the trend towards quantitative research. Jadva and others (n 11) included some open-ended questions in their survey of donor linking practices. See, also eg, E Blyth, 'Genes r Us? Making Sense of Genetic and Non-genetic Relationships Following Anonymous Donor Insemination' (2012) 24 *Reprod BioMed Online* 719; A Cushing, "'I just want more information about who I am": The Search Experience of Sperm-donor offspring, Searching for Information about their Donors and Genetic Heritage' (2010) 15(2) *Informat Res* (online).

drawing from surveys of donors, donor conceived people, and parents who are members of the US-based Donor Sibling Registry or UK Donor Link (now Donor Conceived Register). While the outcomes of this research should be applied to the Australian context with caution, it has been consistently demonstrated that the demand among parents and donor conceived adults for linking services is high. Online informal linking mechanisms, such as the DSR, are particularly well utilized. However, because of the lack of statutory intervention into donor linking in the USA, research that draws on the DSR tells us little about state facilitated linking and how it interacts with informal linking mechanisms. Nor does it provide qualitative insight into the experiences of those who participate in the practice.

IV. THE STUDY AND FINDINGS

In this study, we sought to determine how Australian single mothers by choice engage with donor linking and what mechanisms they use to make contact. Women were eligible to participate in the study if they had conceived a child using donated sperm and were single at the time of conception. The twenty-five women who participated were recruited via the Single Mothers by Choice and Donor Conception Australia Facebook groups, as well as through the Solo Mothers by Choice Australia online forum.

Interviews were semi-structured, face-to-face, and took between one and two hours. Participants were asked whether they had searched for and/or made contact with their child's donor or donor siblings and how they had gone about the process. They were also asked whether they were satisfied with the donor linking services available in their state and the level of information provided. Each interview was recorded and transcribed in full. Interviews were conducted by the first author, then coded and thematically analysed by both authors.⁴¹ All interviews were de-identified prior to printing of transcripts, and pseudonyms have been given to all the interviewees.

In total, the twenty-five women interviewed had thirty-six donor conceived children. They ranged in age from 4 months to 18 years old, with an average age of 5 years.⁴² Twenty-three of the women had conceived using donated sperm from an unknown donor, five had also used donated eggs, and two women conceived using donated embryos, one in Australia and one overseas. The women had conceived in four states—Victoria, Queensland, NSW, and South Australia—providing a cross section of linking frameworks. Two of the women who conceived in NSW used sperm imported from the USA. The donors in these cases were recruited by Australian clinics and required to consent to Australia's identity disclosure laws. An additional two woman conceived overseas using gametes from foreign donors. In neither country were donors required to consent to having their identity disclosed to offspring.

Donor linking was extremely popular among the women interviewed, mirroring the findings of previous research on the donor linking habits of single women.⁴³ Sixteen of the women had engaged in some form of linking, though they had not all been successful in locating their child's donor(s). An additional four, two of whom

41 Interview questions are available from the first author, on request.

42 The women had an additional five children who were conceived in the context of heterosexual relationships.

43 Jadva and others (n 11); Beeson (n 11).

had newborns, had plans to engage in donor linking in the near future. Fourteen of the twenty-five women knew the identity of one or both of their child's donors, and eleven were in contact with a donor and regularly interacted with him or her. Three women had identified their child's sperm or egg donor, but not made contact. Of those who were in contact with donors, five of the women were in contact with their child's sperm donor, five with their child's egg donor,⁴⁴ and one of the embryo recipients had formed relationships with both donors. Nine of the women who had made contact with donors spent time with them face-to-face (four sperm donors and five egg donors). In addition, twelve of the women interviewed were in contact with the parent(s) of their child's donor siblings. Eleven of the families had met siblings face to face, and several of the children were in monthly contact with their donor siblings. These figures indicate a strong trend towards early contact with donor relatives, particularly in families headed by single mothers.⁴⁵ In all of the families where a donor had been identified, the child was under the age of 18 years.

A. Identification of and Contact with Donors

The vast majority of the women who were in contact with their sperm donor, or who had determined his identity but not made contact, utilized informal linking methods. As Millbank found in her study with recipient parents, fertility clinics were the most likely first port of call for those seeking information or contact.⁴⁶ The typical scenario was for the woman to ask the fertility clinic to notify the donor that a 'thank you letter' had been provided by a parent and was available to him if he wished to receive it. In families where contact had been made, the donor had responded to this invitation. The use of internet searches and social media also featured prominently among the stories of women who had discovered the identity of their donors. The three women who had identified their donor but not made contact had all used information contained in the donor's profile, including photographs, to conduct online searches. In each of these cases, the donor was easily identified. The third, and least common, method for connecting with donors was to use a state government register.

Contact with egg donors followed very different patterns, largely due to the way in which egg donors are recruited in Australia. Due to the lack of an Australian egg bank, the five women who conceived using donor eggs from an Australian donor had to recruit the woman themselves.⁴⁷ They had therefore all met their egg donors prior to conception. However, each of the five women maintained some contact with the egg donor after the child was born and in all cases the child had met the donor. In some instances, the child had also met the donor's children.

44 As recipients must recruit egg donors in Australia, the identities of egg donors are always known prior to conception.

45 Millbank identified a similar, but much less pronounced trend, towards early contact in her study. However, the parents in Millbank's study included heterosexual and same-sex couples, who are less likely than single mothers to engage in donor linking. Millbank (n 34) 239–44.

46 *ibid* 234.

47 Australia does not have an egg bank, thus requiring women or couples who need donated eggs to find their own egg donor. Egg donors are largely recruited through online forums, such as Egg Donation Australia and Aussie Egg Donors. Women may also place advertisements in magazines and newspapers. Victorian women must have their advertisement approved by the Minister for Health.

1. Contact via Fertility Clinics

The three women who made contact with their child's sperm donor through a fertility clinic had very similar experiences. Each wrote what they described as a 'thank you letter' to the donor soon after their child was born and requested that the clinic notify the donor of its availability. The women did not necessarily expect the donor to respond, but included an anonymous email address so he could make contact if he wished. Erica, for example, who conceived at a Queensland clinic, decided to send a thank you letter to her donor when her son was one. As she explained:

I just sent it to [the clinic] thinking, you know, if they can pass it on they can. If they can't, that's okay by me. And behold . . . I got a letter back from him which included a photo, which is double wow.

Erica, whose son is now 3 years, continues to exchange regular emails with the donor, but they have not met. Janet also pursued contact with her donor through her fertility clinic which is located in NSW. Janet attended a meeting of the Donor Conception Support Group and met a couple who had used the same fertility clinic and who told her that clinic staff had been willing to pass on a letter for them. Janet decided to act immediately, knowing from group members that clinics frequently changed their policies around such matters. She sent a letter, including an email address and a suggestion of yearly contact. The response was almost immediate. As she explained:

The letter I sent, with the email included, was replied to really quickly and we just started talking via email, which we did for a couple of years before we met . . . I met him for coffee when she was five years old on my own and then [my daughter] met him later in the year with me.

Janet considered herself extremely lucky to have met the donor as his donation had been made anonymously, meaning that her daughter had no legal entitlement to seek contact when she turned 18 years. Interestingly, however, Janet had not had any contact with the donor for over 2 years, as there 'was not a huge desire' on the part of her 12 year old to do so. Janet was confident, however, that contact could be re-established if needed.

While fertility clinics were reasonably responsive to women's requests around donor linking, the lack of any national protocol meant that the experience was inconsistent across clinics. Most of the clinics that facilitated contact did not appear to impose any restrictions on the process. The clinic staff were willing to notify donors that letters had been sent, did not require participants to engage in any additional counselling, and did not follow up on outcomes. In contrast, several women who asked that a donor be notified that a letter had been sent were met with blanket refusals, with staff stating that such behaviour was contrary to clinic policy and in violation of the donor's privacy. For example, Jasmine, who conceived in Queensland (though the issue was not unique to Queensland), was told that she could put a letter on her donor's file, but the clinic would not notify him of its existence. As she explained:

I've approached the clinic to see whether they would ask if he'd want early contact, but [they] won't do that. They're very strict about that. I've asked whether

I can put a letter on file, like a letter of appreciation that they could send to him. They said yes [it could be put on the file], but they wouldn't disclose it until [my son] was 18. So wouldn't, you know, give it to the donor.

While Jasmine accepted the clinic's decision, she was worried that by the time her son turned 18 years the records might be out of date. As she explained, 'My main concern is I didn't realise until after the fact that it's really up to the clinics to keep good records, keep contact with the donor, so if the donor got slack and moved that basically we could not have access to the donor'. In states such as Queensland where there are no mandated statutory record keeping requirements, Jasmine's concern could easily be realized. While Guidelines encourage clinics to make annual contact with donors to update their contact details and medical information, they are not mandated to do so.

In other cases, clinics were willing to notify the donor that a letter had been received from a parent, but imposed counselling requirements on the parties before the letter could be forwarded. For example, Isabel, who conceived in Victoria, sent a letter to the donor through her clinic, but was told that the donor must attend a counselling session prior to him being allowed to read the letter.⁴⁸ The donor indicated he would like to receive the letter but his employment, which took him overseas and interstate for lengthy periods of time, made it difficult for him to attend the counselling session. He told clinic staff that he would try to make an appointment when he was next in the appropriate city, but was never heard from again. Isabel followed up with the clinic several times, but eventually decided not to pursue the matter further. However, she was frustrated that barriers had been put in place by the clinic when the donor had expressed an interest in contact. As she explained:

I felt really frustrated that they had this thing that he had to have more counselling because I thought there's nothing in there . . . like there's nothing in that letter and it wasn't in a sealed envelope. If they wanted to they could always read it. I thought there was nothing there that I felt he would need to have more counselling about because he would have had counselling before he donated in the first place anyway.

After her experience, Isabel expressed her frustration in a post on the Australian Solo Mother's by Choice online forum. In the post, she mentioned the distinctive occupation of her donor. She immediately received a private message from another woman who suggested they might have the same donor. After exchanging donor numbers, it was confirmed that their children were donor siblings. Thus, as Isabel notes, 'it was through the [clinic experience] that we met the mother of [my daughter's] donor brother. So even though I've got no contact with the donor, it was kind of by default that we met the donor brother'.

Fertility clinics thus play a key role in donor linking in Australia, particularly for women who conceive in states without formal registers. While only three women had

48 The requirement of counselling imposed by the clinic reflects Victorian law, in the sense that those who seek information through the state registers must also attend counselling.

made contact with their sperm donor via a fertility clinic, several others had tried, and an additional three women with young babies intended to write a letter within the next 12 months. The lack of regulation with regard to donor linking via clinics is therefore concerning. In the absence of national protocols or legislation, women's experience with linking via clinics is inconsistent. Some clinics welcome the practice, while others claim it is a violation of the donor's privacy and may even be illegal. It is also concerning that clinics in states with linking legislation, such as Victoria, are permitting clinic-based linking rather than referring women to the voluntary register. The Victorian statutory system incorporates important and sometimes compulsory service provision. It mandates that prior to any exchange of information, applicants to the central or voluntary registers attend an information and support session at VARTA, as well as write down and exchange their reasons for making the application. While Victorian clinics such as Isabel's might require counselling, it is not clear that those participating in clinic-based linking are receiving all of the support that is mandated by statute for those who use a government register.

2. *Contact via Social Media*

Three of the women had identified their child's donor (one egg donor and two sperm donors) via the internet using information contained within the donor profile. Nicola, who conceived in the USA after being unable to find an egg donor in Australia, located her donor via social media. Nicola's decision to look for her egg donor was the result of realizing that while the egg bank claimed that their donors were 'willing to be known' they 'had no method for actually putting people in touch'. Nicola had approached the egg bank when her daughter was quite young to request medical information and to ask whether they would pass on a thank you card. The bank refused to engage at all and eventually stopped returning her calls and emails. In 2014, after watching an American television program about donor conception (Generation Cryo), which featured families who had identified their donors on the internet using profile information, Nicola decided to do the same:

The one piece of information I had of the egg donor was her actual date of birth [which was in her donor profile]. And I'd met her once. They'd used a pseudonym on the clinic database, but [when we met] she told me that her pseudonym was actually her middle name and her first name was the same as mine. So I had a state, a date of birth and two parts of her name, and I hadn't realised that you could look up birth certificates of live people. But as soon as I saw Generation Cryo . . . you type it in and up it pops. I typed in the data and there was only one option. When I had the full name I did do a bit more. Like I checked further because I knew she had two brothers, and I knew they were twins and a year older. And the person I found had twin brothers a year older . . . and then through Google I found some other things that added up and then I found her on Facebook.

Nicola's contract with the egg bank did not specify whether parents were allowed to contact donors, and her donor's profile stated that she was open to meeting recipients. Nicola thus decided to send a 'friend' request and a message through Facebook. The

donor did not respond. Nicola was unsure, however, whether the donor had actually rejected contact or whether she might not have realized that the message came from a parent. Nicola has, however, continued to gather information about the donor through Facebook, as she is concerned that relocating the donor may not 'be so easy down the track'. As she explained:

When I typed the details into the internet and I actually found her right away, I was kind of in shock because I hadn't expected it to be so easy. But it was like, now that I've found her, I've found her now, but it doesn't mean that I could find her again in five years time, 10 years time, or 12 years when my daughter turns 18. You know, she could get married, she could change names, she could suddenly discover that she ought to put privacy settings on her Facebook page!

The remaining two women who had identified their donors through internet searches had chosen not to make contact. Susie, who had conceived using an American sperm donor through a NSW clinic, was part of a group of seven families who had used the same donor and identified each other through the online Donor Sibling Registry. One of the mothers in the group identified the donor using a photograph he provided in which he was wearing a uniform that named his college. This mother told Susie what she had discovered, but they decided not to tell the other families and to not contact the donor. As Susie explained:

The other mum was going to contact him. I thankfully talked her out of it. I think it would scare the hell out of him, plus it's kind of stalkerish, which is what would freak me out. So we're keeping mum about it, but enjoying knowing he's real and we know enough about him. I'm surprised how easy it was to find him. However, I kind of wonder whether he wanted to be found given the pictures he included in his profile. Of course, if you add stuff like that, people can find you.

The final woman who identified her donor through the internet had also found it exceptionally easy. While Australian donor profiles are not nearly as detailed as their American counterparts, Helen was able to locate her donor online within minutes using information about his occupation and the fact that he donated to a small, regional clinic. She even found a newspaper article about him in which he mentioned being a sperm donor.

While none of the women who located their donors through the internet had made contact with them, their stories demonstrate how easy it can be to identify donors and potentially make contact without their consent. To some degree, legislation and donor registers may become redundant as parents bypass formal mechanisms for making contact in favour of the unrestricted and unregulated access provided by the internet. However, as Millbank argues, informal linking mechanisms may become less appealing if formal mechanisms are more widely available and responsive.⁴⁹ Nicola's story appears to support this conclusion. Nicola had no way in which to ever access her egg donor's identity except through the internet, as she was an anonymous

49 Millbank (n 34).

donor in a jurisdiction that protected her anonymity. In contrast, Nicola had *not attempted* to identify her sperm donor as he was an open donor and the American clinic he had donated to had a transparent process whereby her daughter could access identifying information when she turned 18 years.

3. Contact via a State Register

The final method by which women made contact with donors was through a state register. Three Victorian women had connected with their sperm donors through government registers, two using the Central and the other the Voluntary Register. When her son was 1 year, Cynthia made an application through the Central Register to access information about the sperm donor. After she underwent counselling to ensure that she understood the process, the Register contacted her donor to inform him that a parent had requested his information. The donor agreed to the release of information. As Cynthia recounted:

I had to go to counselling first and then I got a registered mail and it was so thin. It was two A4 pieces of paper and I thought, oh, it's a 'thank you very much and he's not interested'. I opened it up and it was literally an A4 piece of paper with a Word table on it with his information. 'Thank you for applying for this information. Here it is.' It was full on. And so I sent him a letter that I'd agonised over writing and then he and his wife wrote back.

Cynthia and her son and the donor and his wife now meet approximately twice a year and share a positive relationship. In a twist to the story, Cynthia donated her unused embryos to a friend, Maneesha, who went on to have a little girl. Maneesha was therefore aware of the identity of both her sperm and egg donor prior to conception. She and her daughter also have contact with the donor and his wife, though separately from Cynthia. Maneesha also has a close relationship with Cynthia and, though they are young, the children have been told about their shared genetic heritage.

Sarah used Victoria's voluntary register to make contact with her donor. Interestingly, she first approached her clinic and asked that they forward a "letter of thanks" to her donor. The clinic agreed to put it on his file, but refused to contact him. Several months later, Sarah decided to join the voluntary register. As she explained, 'I expected to maybe track down some donor siblings. I suppose I would have been happy to contact the donor, but I didn't expect that we would have any donor contact'. However, within weeks of joining the register she received a letter stating that a match had been made and asking her to contact the register. Again, Sarah presumed the contact would be with donor siblings, but it was in fact the donor. She explained what happened next:

They gave me an anonymous email address for him. So then I emailed him my thank you letter . . . and I sort of elaborated a bit and said I don't want to be intrusive but wanted to say thank you and let you know that your donation did end up somewhere! I guess I had a bit of an ulterior motive of wanting to establish contact early on in case something happened to him and I had something in writing from him for my child. I didn't trust that, even though we're allowed to

get the details when they're 18, I didn't trust that all the records would still be available or would still be there.

After the initial contact, Sarah and the donor agreed that she would send him six monthly updates and photos, which she has now done for almost 4 years. They have never met and continue to use anonymous email accounts. As Sarah explained, 'I didn't really want any more than that because . . . I didn't want to blur any lines'. She has, however, determined his likely identity based on information he has disclosed to her, but she 'hasn't let on to him' that she knows.

4. Contact with Egg Donors

The five women who were in contact with their egg donors had met them due to the requirement in Australia that egg donors be recruited privately. All of the women had maintained contact with their egg donors, though the nature of the relationships varied quite dramatically. For example, Hannah and her daughter meet fairly regularly with their egg donor, though they live in different states. Hannah also maintains contact via Facebook and the occasional phone call. When her daughter turned 4 years, they attended the donor's wedding. The donor has also indicated that if Hannah's daughter is interested in meeting her extended genetic family, the donor's family 'is willing to embrace her'. Hannah is comfortable with the relationship because the donor 'has really stepped back and let me be the mum'.

At the other end of the spectrum was Lisa who received her donated eggs from an acquaintance, but had not spoken with her about what, if any, contact might occur after the child was born. Lisa hoped that the donor 'could be a bit more involved' in their lives, but both parties struggled with their interactions. For example, Lisa was disappointed that when she sent photos of her daughter to the donor she usually received only a cursory response. Lisa speculated that the donor 'wanted to keep away because she wasn't sure how she'd feel about seeing [my daughter]'. Lisa had also struggled to process her emotions after visiting the donor early in her daughter's life. As she explained:

I went to see her when my daughter was six months and she showed me photos of her daughter at the same age. And up until then I was fine, you know, I was fine. You know [my daughter] was *my* baby, I carried her and all that. But as soon as I saw photos of [the egg donor's] daughter at the same age . . . [My daughter] was my baby, but the babies were identical. It just, it just threw me and I just couldn't cope after that very well. So I needed to stay away from her, and so I think that just sort of set it up for what . . . for how it's going to be.

Lisa struggled to express how she felt about the situation, stating that she was not disappointed for herself, but was concerned with 'what it means' for her daughter. Lisa's experience of informal linking again highlights the potential risks of a non-regulated system. Without professional guidance, parents and donors may struggle to process difficult emotions and negotiate appropriate relationships. Lisa's case also points to a

significant gap in the Victorian legislation. When recipients already know donors, which is the case for all egg donations, the parties essentially bypass the statutory linking system. Post-birth contact can thus occur without any of the information and service provision that would accompany linking achieved through the registers.

B. Contact with Donor Siblings

Thirteen of the twenty-five women had some form of contact with their child's donor siblings, though twenty-two of the women had attempted to make contact. In most cases, donor siblings were other children conceived using the same donor gametes. However, some women also included the donor's own children in this category. All of the thirteen women who had made contact with the parent(s) of their child's donor siblings had done so through informal mechanisms. The most common method for making contact was via non-government online registries or forums. However, in two cases, contact was inadvertent, with the parents meeting by chance. The remaining families were in contact with the donor's own children either because they recruited the egg donor themselves, or participated in an embryo donation arrangement with a known donor.

1. Online Registries

Twenty-two of the twenty-five women interviewed used nine different types of online registries to try to connect with donor siblings. Many had posted their details on more than one registry. Six of the mothers had successfully made contact with donor siblings using an online service, with the DSR being most frequently used. However, the Australian Solo Mothers by Choice online forum had also produced several matches.

The four women who made connections via the DSR tended to be those who had used American gametes to conceive. The DSR enables individuals to join the website and then post their donor number, indicating a desire to connect with other families who used the same donor. All of the women who signed up had connected with multiple donor siblings, most of whom lived in the USA. One woman had also connected with donor cousins, as her donor's brother had also been a sperm donor. In total, this group included twenty-two children from one brother and ten from the other. While initial connections were created via the DSR, it was common for parents to then create a closed Facebook group to enable regular interaction. Nicola was the only mother to have connected via the DSR who had taken her child to the USA to meet a donor sibling.

The three mothers who made contact with donor siblings through the Solo Mothers by Choice online forum had done so by sharing their donor number. As discussed above, Isabel was contacted by another mother after she posted an account of a frustrating experience with her fertility clinic in which she disclosed her donor's distinctive occupation. After exchanging donor numbers, they determined they had used the same donor. Over the years, the women became quite close and their children had regular contact. The children have been made aware of their genetic connection, but refer to each other as 'friends'. Two years after they made contact, a third woman read Isabel's old post on the Solo Mothers by Choice forum and realized she also used the same donor. The three families recently arranged to meet at Isabel's home.

Isabel had not, however, warmed to the new mother, whom she felt had over-emphasized the genetic links between the donor children—she referred to them as ‘sisters and brothers’—while diminishing the relationship Isabel’s donor daughter shared with her older sister, who had been conceived in the context of a heterosexual relationship. After the meeting, Isabel decided she would not pursue further contact with the woman.

2. *Chance Meetings*

Two of the mothers had met donor siblings through chance interactions. For example, Helen inadvertently met a donor sibling family when she attended a lesbian parent playgroup in Melbourne. One of Helen’s friends who attended the playgroup had a conversation with another mother who conceived at the same regional clinic as Helen and whose donor had the same unusual occupation. The friend passed this information on to Helen, leaving it to her to decide what to do. As Helen explained:

[My friend] said, how do you feel about that? I said, oh great, can we have a little chat. So she facilitated a joint email between me and the mum. I just contacted her and said, I just said I’ve used this clinic, this is the donor number. Is this your donor? She said, yes it is, and we’ve had a couple of catch-ups and it’s been fantastic.

Helen had determined the identity of her donor through an internet search and asked the mother if she was interested in the information. Initially, the mother declined, but then changed her mind on the basis that her daughter may benefit from the information in the future.

Helen’s story demonstrates the ways in which informal, often close-knit, networks can play a significant role in donor linking. Many of the single and lesbian women who conceive using donated gametes participate in playgroups and online forums that cater specifically for their family type. Most have chosen from the same small pool of donors. In fact, all of the women interviewed who conceived in Australia were given a choice of less than five donors. It is thus not surprising that families who have used the same donor, particularly if they are members of the single mother by choice or lesbian communities, find themselves interacting. Stories like Helen’s highlight the ways in which informal linking is increasingly superseding the formal mechanisms, leaving state legislatures to play catch up.

V. THE FUTURE OF DONOR LINKING IN AUSTRALIA?

Though many of the women who wanted to connect with donor relatives had successfully done so, all but two supported an increase in formal donor linking services provided by government. Those who conceived in states without a Central Register were particularly concerned about the absence of a statutory system and what that might mean for their children’s eventual access to information.

The most common reason for wanting formal statutory linking services was that those who resided in states without such services were not confident that clinics would adequately maintain donor records. Many had heard media horror stories where donor conceived adults found that their records had been destroyed or even

altered to remove the donor number.⁵⁰ Fearful that clinics may not be taking their responsibilities seriously, some of the women sought reassurance from clinic staff. However, they often found themselves ignored. For example, Leanne had contacted her clinic in Queensland to ask them about their adherence to the NHMRC guidelines. She was extremely dissatisfied with their response. As she explained:

So I spoke to [the clinic] and said to them . . . I've taken specific lines from the [NHMRC] Guidelines that say they should be making contact with the donor on a regular basis . . . And [the clinic] has said – last time I spoke to [them] about it was probably four years ago – they said, well we've spoken to the donor and he's asked us not to contact him again so we're not going to contact him again, despite what the NHMRC Guidelines say.

Other women recounted stories about their donor moving overseas and clinics being unable to confirm that contact had been maintained. For example, through conversations with fertility clinic staff, two of the women discovered that their donors had been foreign students temporarily residing in Australia who had since returned to their home countries. Both women were concerned that their clinic would be unable to maintain contact with a foreign donor.

A number of the women were also concerned that while clinics in states without legislation had told them that donor information would be available when their child turned 18 years, none were able to specify *how* linking would occur. In the absence of certainty, several of the women had decided not to tell their child about the prospect of making contact with the donor, because they did not feel confident that the clinic would be capable of providing the information. In contrast, those living in states with government linking services were largely reassured that registers had various statutory obligations around record keeping, and transparent processes for information provision when children reached maturity. For example, Raelene stated with absolute certainty that her daughter, conceived in Victoria, 'has a right to information when she turns 18. Before, if needed'.

Several of the women noted that the inconsistent nature of donor linking services between the states creates inequalities among donor offspring that need to be rectified. Jasmine's story in particular highlights the perverse outcomes that may be produced by a system that lacks uniformity. Jasmine had conceived in Queensland at a clinic that was part of a chain of five IVF clinics. As her son was conceived in Queensland, Jasmine was told she had no access to donor registers and was reliant on the clinic maintaining the records. In contrast, one of her son's donor siblings was conceived in NSW and was thus able to utilize the state's voluntary and central registers to access information. Thus, even though the two children were conceived with the same donor at the same chain of fertility clinics, Jasmine's son had fewer and less secure information rights than his donor sibling. Jasmine had lobbied both the

50 See, eg, the story of Sarah Dingle whose donor number was cut out of her records by a nurse at the Royal North Shore Hospital in Sydney: S Dingle, 'Misconception' *Sydney Morning Herald* (16 August 2014) <<http://www.smh.com.au/lifestyle/life/misconception-20140810-3dha9.html>> accessed 1 September 2016.

Queensland government and her clinic to support donor linking legislation, but had 'just hit a brick wall'. Ultimately, Jasmine hoped to overcome the inconsistency between the two state's regimes through the use of informal linking mechanisms.

Not surprisingly, many of the women supported federal legislation and a single national register as a solution to the existing fragmentation. As Nicola explained, 'I do advocate for registries [in Queensland]. Like a few years ago there was a Senate inquiry and I made a contribution to that. But I think having it on a state-by-state basis, and the state laws all being different, is crazy. There should be one set of laws for Australia and one registry for the whole of Australia'.

VI. CONCLUSION

While the women in this study may not be representative of all Australian single mothers by choice, or everyone who uses donated gametes to conceive, the findings nonetheless suggest a strong trend towards early contact with donor relatives, particularly in families headed by single mothers. Despite this trend, Australia lacks a uniform legislative framework for donor linking and has particularly uneven services for early contact.

In the face of inadequate or absent state services, many parents are taking donor linking into their own hands. Informal donor linking was prevalent among the study participants, even in states where statutory linking mechanisms were available. In fact, the vast majority of women who had successfully made contact with their child's donor relatives had done so through the internet. While informal donor linking need not be viewed as a negative practice, a number of the women noted that it lacks some of the safety mechanisms provided by statutory services. Tara, for example, who had decided not to register with any of the informal online registers, stated that she was 'keen to know' who she was interacting with before she disclosed her children's details. As she explained, 'You're essentially . . . starting a relationship with a stranger'. It made Tara nervous that there was no mandatory counselling or official oversight of the process, particularly given that minors were involved.

There is no doubt that donor linking will continue to grow in Australia and internationally as more children are conceived using donated gametes and genetics become increasingly important to an individual's self-identity. In the absence of statutory systems in many states, informal linking is likely to remain a common method of making contact with donor relatives. While a considerable number of the women interviewed had positive experiences with informal linking, many expressed frustration with the inconsistent availability of formal mechanisms. The vast majority thus supported a national legislative framework, akin to that which operates in the UK, but felt strongly that such a framework enable early contact where donors consent.

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