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## **AUTONOMOUS MOTHERHOOD IN THE ERA OF DONOR LINKING: NEW CHALLENGES AND CONSTRAINTS?**

**By Fiona Kelly\***

*The number of single mothers by choice (SMCs), that is, unpartnered women who choose to conceive a child that they intend to raise on their own; has grown rapidly in Australia, where they now represent the largest user group of clinic-based donor sperm. Despite the growing visibility of SMCs, constraints remain for women who wish to parent autonomously from a partner. This article explores a complex new challenge for Australian SMCs: whether to participate in the increasingly popular phenomenon of “donor linking,” defined as the process by which parents who use donated gametes to conceive seek access to the donor’s identity. Made possible by formal legislative pathways in three Australian states, as well as informal mechanisms such as DNA testing, the availability of donor linking arguably places additional pressure on SMCs to embrace dominant norms around gender, family, and fatherhood. Drawing on data from an interview-based study of twenty-five Australian SMCs, this article explores how autonomous mothers who conceive using donated sperm navigate the challenges and opportunities presented*

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\* Professor, Law School, La Trobe University, Melbourne, Australia; Director, Centre for Health Law and Society. I wish to acknowledge the contribution of Susan Boyd, Wanda Wieggers, and Dorothy Chunn who were my collaborators on the initial Autonomous Motherhood in Canada project, as well as the anonymous referees for their comments. I would also like to acknowledge the funding of the Australian Research Council.

*by donor linking. It is argued that while donor linking is popular among SMCs and may make it harder for them to resist dominant norms around parenting, family, and gender, the majority of those who engage in the practice are able to shape their experience in a way that preserves their autonomy.*

## INTRODUCTION

The number of unpartnered women choosing to conceive a child that they intend to raise on their own, often referred to as single mothers by choice (SMCs), has grown rapidly in Australia<sup>1</sup> (and internationally) over the past two decades. Since gaining universal access to fertility clinic services via a High Court challenge in 2002,<sup>2</sup> single women have become the largest user group of donor sperm in Australia, making up more than fifty percent of the market.<sup>3</sup> It is not uncommon for fertility clinics to now

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<sup>1</sup> While it is difficult to know exactly how many SMCs there are in Australia, single women are now the biggest users of donated sperm in the state of Victoria (fifty-two percent), followed by women in same-sex relationships (thirty-three percent), and heterosexual relationships (fifteen per cent). See “Victorian Assisted Reproductive Treatment Authority: Annual Report” (2018) at 22 [VARTA, “Annual Report”], online (pdf): VARTA <[varta.org.au/sites/default/files/public/2018-09-04%20Annual%20Report%202018%20-%20Final%20-%20Web.pdf](http://varta.org.au/sites/default/files/public/2018-09-04%20Annual%20Report%202018%20-%20Final%20-%20Web.pdf)>. Victoria is the only state for which these statistics are available. However, fertility clinics in other states have also reported significant increases in single women using their services. In Vitro Fertilization [IVF] Australia’s medical director, Peter Illingworth, has commented that the number of single women seeking treatment at IVF Australia had doubled in five years. See Lauren Wilson, “Single Parent Families on the Rise in Australia”, *Daily Telegraph* (27 September 2015), online: <[www.dailytelegraph.com.au](http://www.dailytelegraph.com.au)>.

<sup>2</sup> See *Re McBain*, [2002] HCA 16 [*McBain*]. Despite the decision in *McBain*, some states continued for more than a decade to distinguish between medically and “socially” infertile women, allowing only the former to access clinical services. The last state to remove this limitation was South Australia in 2017. See *Assisted Reproductive Treatment Act 1988* (SA), s 9(1)(c). However, only medically infertile women can access the Medicare rebate for fertility treatment, which dramatically reduces the cost.

<sup>3</sup> See VARTA, “Annual Report”, *supra* note 1 at 22.

advertise directly to the SMC community. Positive stories of SMCs feature frequently in the Australian media,<sup>4</sup> and while they are sometimes met with criticism from members of the public, it is evident that the choice to parent alone has become increasingly normalized.

Despite the growing visibility of SMCs, constraints remain for women who wish to parent autonomously from a (male) partner. This article explores a complex new challenge for Australian SMCs: whether to participate in the increasingly popular phenomenon of “donor linking,” defined in this article as the process by which parents who use donated gametes to conceive seek access to the donor’s identity. Made possible by formal legislative pathways in three Australian states,<sup>5</sup> as well as informal mechanisms such as direct-to-consumer DNA testing, the availability of donor linking arguably places additional pressure on SMCs to embrace dominant norms around gender, family, and fatherhood.

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<sup>4</sup> See e.g. Koren Helbig, “Single Mother by Choice: Inside the Rising Trend”, *The New Daily* (8 October 2016), online: <[thenewdaily.com.au/life/wellbeing/2016/10/08/single-mother-by-choice/](http://thenewdaily.com.au/life/wellbeing/2016/10/08/single-mother-by-choice/)>; Nina Young, “Solo Mother by Choice: The Mums Doing It Alone”, *Kidspot* (4 July 2017), online <[www.kidspot.com.au/birth/conception/ivf/solo-mother-by-choice-the-mums-doing-it-alone/news-story/eee40ebfc8de515171c395837b06cc7d](http://www.kidspot.com.au/birth/conception/ivf/solo-mother-by-choice-the-mums-doing-it-alone/news-story/eee40ebfc8de515171c395837b06cc7d)>; Julia May, “More Victorian Women Choosing to Be Single Mothers”, *The Sydney Morning Herald* (4 December 2013), online <[www.smh.com.au/national/more-victorian-women-choosing-to-be-single-mothers-20131203-2yofg.html](http://www.smh.com.au/national/more-victorian-women-choosing-to-be-single-mothers-20131203-2yofg.html)>.

<sup>5</sup> See *Assisted Reproductive Treatment Act 2008* (Vic), 2008/76; *Human Reproductive Technology Act 1991* (WA), 1991/22; *Assisted Reproductive Technology Act 2007* (NSW), 2007/69.

To explore the new and complex challenge donor linking presents for autonomous mothers, this article revisits research conducted almost a decade ago by an interdisciplinary team led by Professor Susan Boyd that explored the concept of solo motherhood through a feminist socio-legal lens.<sup>6</sup> The project considered the experiences of women who made the choice to parent without a partner. We called these women “autonomous mothers.” Drawing on case law analysis, legislative histories, and qualitative interviews, we tracked the lives of Canada’s autonomous mothers during the post-World War II period, exploring the similarities and differences between women who have parented solo across time.<sup>7</sup> In particular, we examined the legal and ideological climate during different historical periods and the ways in which law reform and social change both enhanced and constrained women’s choices.

At the time of the original project (and to some extent still today) there was little academic research about single mothers who chose to raise a child alone. We wondered whether the rapid increase in autonomous mothering in the early twenty-first century, particularly the rise in SMCs, signified that women could now choose freely to parent alone and would be supported by the state

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<sup>6</sup> The team consisted of Susan Boyd, Dorothy Chunn, Wanda Wieggers, and myself. The project, titled “Autonomous Mothering: A Socio-Legal Investigation,” was funded by a Social Sciences and Humanities Research Council Strategic Grant. The project culminated in the monograph: Susan Boyd, Dorothy Chunn, Fiona Kelly & Wanda Wieggers, *Autonomous Motherhood? A Socio-Legal Study of Choice and Constraint* (Toronto: University of Toronto Press, 2015).

<sup>7</sup> See *ibid.*

and community networks to do so. Was single motherhood just one of several lifestyle options from which women could select?<sup>8</sup> We also reflected on whether women who chose single motherhood were necessarily transgressive or “queer,” in the sense of the challenge they posed to heteronormative structures and the normative privilege that marriage and marriage-like relationships are accorded in law and society. Did autonomous mothers “inevitably reject, rather than endorse, dominant norms, or [were they] influenced, even captured as with most people, by the constraints of these norms?”<sup>9</sup>

We approached the project through a feminist socio-legal lens, which demanded, *inter alia*, that we grapple with the effect of the language we chose to employ. It was noted that while terms such as “choice” and “autonomy” are often perceived as empowering for women, it is important to problematize them, particularly in the neo-liberal era where both concepts have been deployed to further the project of privatized economic and familial responsibility.<sup>10</sup> We rejected, as many of the mothers did, an individualized notion of autonomy, instead adopting a version of the concept that was inherently relational. The autonomy of the mothers we spoke to was made possible through constructive relationships with others. Many relied on “support networks of various forms, refuting any notion that their autonomous motherhood [was] conducted in splendid isolation.”<sup>11</sup> Rather, their

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<sup>8</sup> See *ibid* at 4.

<sup>9</sup> See *ibid*.

<sup>10</sup> See *ibid* at 15.

<sup>11</sup> *Ibid*.

autonomy was “nourished in relationships with others,” just not necessarily the couple-based relationships upon which family law and familial ideology are typically premised.<sup>12</sup>

In a society that still fails to extend to women reproductive equality, we also felt that talk of “choice” in the reproductive space needed to be contextualized. During the postwar period, many legal and social changes *have* increased women’s choices and enhanced their autonomy around reproduction. The removal of the legal status of illegitimacy, the increased availability of social assistance for unmarried mothers, the lessening of stigma associated with single motherhood, and the uncoupling of sexuality and procreation enabled by assisted reproductive technologies, have all made it easier for women to *choose* to parent alone. However, we cautioned against conflating historical changes with a narrative of “inevitable progress.”<sup>13</sup> Women who choose autonomous motherhood today are likely to face fewer overt obstacles and perhaps less discrimination than their predecessors, but as this article demonstrates, new challenges may emerge and some old barriers remain.

In this article, I argue that the emergence of parent-initiated “donor linking” poses new and complex questions for autonomous mothers. Drawing on data from an interview-based study of twenty-five Australian SMCs that I conducted alone, the article investigates how autonomous mothers who conceive using donated gametes navigate the

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<sup>12</sup> Boyd et al, *supra* note 6 at 21.

<sup>13</sup> *Ibid.*

challenges and opportunities presented by donor linking.<sup>14</sup> In particular, the article explores how mothers reconcile their decision to parent autonomously from a partner with the increasing pressure to provide their child with access to their (sperm donor) father's identity. Navigating these conflicting narratives is particularly challenging in Australia due to the national abolition of donor anonymity in 2005<sup>15</sup> and the introduction of comprehensive donor linking laws in some states, which have mainstreamed contact between donor-conceived children and their sperm donors.

### **GENETIC ESSENTIALISM, CHILDREN'S RIGHTS, FATHER'S RIGHTS, AND DONOR LINKING**

In the original autonomous motherhood project, one of the most significant barriers to autonomy we identified was “the ‘almost unassailable presumption’ that children have a right to know their genetic origins in an age of widely available DNA genetic testing.”<sup>16</sup> During the period of study, the importance of genetic parenthood, especially fatherhood, became increasingly emphasized in both law

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<sup>14</sup> The article does not discuss donor linking with egg donors because all egg donors are known in Australia. There are no egg banks in Australia and clinics do not recruit egg donors. Prospective parents must recruit their own egg donor. Thus, while donor linking includes egg donors, it is not necessary because the recipient already knows their egg donor.

<sup>15</sup> National Health and Medical Research Council, *Ethical Guidelines on the Use of Assisted Reproductive Technology in Clinical Practice and Research* (2017), art 5.6.

<sup>16</sup> Boyd et al, *supra* note 6 at 30 citing Carol Smart, “Law and the Regulation of Family Secrets” (2010) 24:3 Intl JL Pol’y & Fam 397.

and wider society, particularly once technology enabled easy identification of a child's paternity. At the same time, the notion that children were rights-bearing individuals became widely accepted. Broad international support for the United Nations *Convention on the Rights of the Child*,<sup>17</sup> and the adoption throughout the West of the "best interests of the child" as the paramount consideration in family law matters involving children, signaled this new and seemingly progressive trend. However, the rights typically extended to children in this new paradigm tended to focus on the child's right to know and be cared for by *both* their (genetic) parents,<sup>18</sup> a position embraced by fathers' rights groups and frequently deployed by them during family law reform debates.<sup>19</sup> The assertion that it was unethical for law

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<sup>17</sup> *Convention on the Rights of the Child*, 20 November 1989, 1577 UNTS 3 (entered into force 2 September 1990).

<sup>18</sup> This position is captured in the Australian *Family Law Act 1975* (Cth), s 61C, 61DA, which contains "a presumption that it is in the best interests of the child for the child's parents to have equal shared parental responsibility for the child" (ESPR) unless otherwise ordered by the court. Section 65DAA states that where ESPR is ordered, the court *must* consider an order for equal time with each parent. See *Family Law Act 1975* (Cth), s 65DAA.

<sup>19</sup> For a discussion of the powerful role fathers' rights groups have played at various stages of the law reform process in Australia and Canada, see Miranda Kaye & Julia Tolmie, "Discoursing Dads: The Rhetorical Devices of Fathers' Rights Groups" (1998) 22:1 Melbourne UL Rev 162; Miranda Kaye & Julia Tolmie, "Fathers' Rights Groups in Australia and their Engagement with Issues in Family Law" (1998) 12:1 Austl J Fam L 19; Helen Rhoades, "The Dangers of Shared Care Legislation: Why Australia Needs (Yet More) Family Law Reform" (2008) 36:3 Federal L Rev 279; Helen Rhoades, "Yearning for Law: Fathers' Groups and Family Law Reform in Australia" in Richard Collier & Sally Sheldon, eds, *Fathers' Rights Activism and Law Reform in Comparative Perspective* (Oxford: Hart, 2006) 125; Susan

or social policy to promote the creation of children who would not know their (paternal) genetic history became increasingly pervasive.

The prioritization of genetic parenthood was evident in both the study's case law analysis and interview component. Mothers were increasingly presumed to be responsible for their child's knowledge of their paternal origins and relationship with their genetic father.<sup>20</sup> Not surprisingly, many of the mothers interviewed had internalized the ideological focus on the significance of fathers to children's well-being. Some had made their children aware of the identity of their genetic father and/or encouraged contact. Others felt obliged to maintain the child's relationship with their father even when it caused significant disruption in their own lives. The prioritization of the paternal genetic link was evident in the decision by all but one of the women to choose an "open identity"<sup>21</sup> donor for their child.<sup>22</sup> While most of these mothers rejected the statement that children "needed a father," many of them nonetheless felt some pressure to conform.

Almost a decade later, donor linking has emerged as a new opportunity for single mothers by choice to give

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B Boyd, "'Robbed of their Families'? Fathers' Rights Discourses in Canadian Parenting Law Reform Processes" in Richard Collier & Sally Sheldon, eds, *Fathers' Rights Activism and Law Reform in Comparative Perspective* (Oxford: Hart, 2006) 27.

<sup>20</sup> Boyd et al, *supra* note 6 at 30.

<sup>21</sup> An open-identity donor has agreed at the time of donation to have their identity revealed to donor offspring when the child reaches a certain age (usually eighteen).

<sup>22</sup> See Boyd et al, *supra* note 6 at 200.

their children access to information about, or even contact with, their genetic (donor) father. The availability of donor linking has grown rapidly over the past decade,<sup>23</sup> with an increasing number of jurisdictions passing laws that give donor-conceived people the right to access their donor's identity when they turn sixteen or eighteen.<sup>24</sup> In some jurisdictions, including three states in Australia,<sup>25</sup> *parents*

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<sup>23</sup> For an overview of donor linking laws globally see Sonia Allan, *Donor Conception and the Search for Information: From Secrecy and Anonymity to Openness* (Abingdon: Routledge, 2017).

<sup>24</sup> In Australia, donor anonymity was abolished nationally in 2005. However, some states abolished anonymity as early as 1988. When anonymity was abolished it became possible for a child conceived after that date to access their donor's identity when they reached sixteen or eighteen years of age, depending on the state law. Other countries that have passed laws providing access to a donor's identity when a child reaches a certain age include: Sweden (*Genetic Integrity Act*, SFS 2006:351), Austria (*Fortpflanzungsmedizingesetz (Reproductive Medicine Act)*, BGBl No 275/1992), Switzerland (*Federal Act on Medically Assisted Reproduction of 18 December 1998*, RS 810.11), the Netherlands (*Wet donorgegevens kunstmatige bevruchting*, 2002), Norway (*Act of 5 December 2003 No 100 relating to the application of biotechnology in human medicine, etc* (with effect from January 2005)), the UK (*Human Fertilisation and Embryology Act 1990* (UK) and the *Human Fertilisation and Embryology Act 2008* (UK)), Finland (*The Act on Assisted Fertility Treatments*, 1237/2006), and New Zealand (*Human Assisted Reproductive Technology Act 2004* (NZ)).

<sup>25</sup> In Victoria, parents of donor-conceived children can apply to the Central Register for their donor's identifying information. The donor is then contacted by the Victorian Assisted Reproductive Treatment Authority and, if the donor consents, his identifying information will be released to the applicant parent. In 2018, parents of donor conceived children under the age of eighteen made thirty applications to Victoria's Central Register. See Victorian Assisted Reproductive Treatment Authority, "Annual Report", *supra* note 1 at 12. In New

can request the donor's identity on behalf of their minor child, creating opportunities for very young children to grow up knowing their donor's identity or even having a relationship with him (if the donor consents).<sup>26</sup> In jurisdictions without donor linking legislation, other means are emerging by which to identify a child's donor, including direct-to-consumer DNA testing, online voluntary registers such as the Donor Sibling Registry, sperm bank and fertility clinic registers, and social media searches.<sup>27</sup> As the stories of many of the mothers featured in this article demonstrate, these non-statutory methods of locating donors have proven to be remarkably successful.

A number of studies on donor linking have found that SMCs engage in the practice at higher rates than any other family type, with many attempting to identify the

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South Wales and Western Australia, parents can join a register (the Voluntary Register in Western Australia and the Central Register in New South Wales), indicating their interest in making contact with the donor. If the donor also joins, a "match" is made and contact details can be exchanged. This option is also available in Victoria, where thirty-five applications were made in 2018 by parents. See Victorian Assisted Reproductive Treatment Authority, "Annual Report", *supra* note 1 at 14. Application statistics from other states are not available.

<sup>26</sup> See *Assisted Reproductive Treatment Act 2008* (Vic); *Human Reproductive Technology Act 1991* (WA); *Assisted Reproductive Technology Act 2007* (NSW).

<sup>27</sup> For a thorough analysis of the various informal mechanisms for donor linking see Marilyn Crawshaw et al, "Emerging Models for Facilitating Contact Between People Genetically Related through Donor Conception: A Preliminary Analysis and Discussion" (2015) 1:2 *Reproductive Biomedicine & Society Online* 71.

donor when their child is very young.<sup>28</sup> Research indicates that SMCs are more likely than other parent groups to seek out the donor, perhaps because his presence in the life of the child does not threaten the significance of a second, genetically unrelated parent as it might for a lesbian or heterosexual couple.<sup>29</sup> However, SMCs may also be impatient to make contact with their child's donor due to the societal stigma associated with failing to provide their child with a father. The willingness of SMCs to invite their child's (previously anonymous) donor into their lives is certainly an interesting trend when considered in the context of autonomous motherhood. Does the availability of donor linking put additional pressure on autonomous mothers to provide children with knowledge of their paternal origins, or even a relationship with their genetic (donor) father? Is this pressure greater in jurisdictions such as Australia, where parent-initiated donor linking has been

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<sup>28</sup> See AE Goldberg & JE Scheib, "Female-Partnered and Single Women's Contact Motivations and Experiences with Donor-linked Families" (2015) 30:6 *Human Reproduction* 1375 at 1382; Vasanti Jadvia et al, "Experiences of Offspring Searching for and Contacting their Donor Siblings and Donor" (2010) 20:4 *Reproductive BioMedicine Online* 523 at 531 [Jadvia et al, "Offspring Searching"]; DR Beeson, PK Jennings & W Kramer, "Offspring Searching for their Sperm Donors: How Family Type Shapes the Process" (2011) 26:9 *Human Reproduction* 2415 at 2421–2422.

<sup>29</sup> See T Freeman et al, "Gamete Donation: Parents' Experiences of Searching for their Child's Donor Siblings and Donor" (2009) 24:3 *Human Reproduction* 505; Rosanna Hertz, Margaret Nelson & Wendy Kramer, "Donor Conceived Offspring Conceive of the Donor: The Relevance of Age, Awareness, and Family Form" (2013) 86 *Social Science Medicine* 52; Deborah Dempsey et al, "Applications to statutory donor registers in Victoria, Australia: information sought and expectations of contact" (2019) *Reproductive Biomedicine & Society Online*, DOI: <10.1016/j.rbms.2019.08.002>.

“mainstreamed” through legislation?<sup>30</sup> In such an environment, does it become more difficult for SMCs to resist the ideology that is often said to underlie donor linking: that children have a right (and need) to know their paternal origins? What then does donor linking mean for women’s ability to parent alone?

In the remainder of this article, I explore these questions through analysis of qualitative interviews with Australian SMCs. Two-thirds of the mothers had engaged in some form of donor linking and several others intended to do so once their child was a bit older. Of those who had sought information, a significant number believed it was in their child’s best interests to know their sperm donor, preferably from an early age, suggesting they had internalized dominant norms around the importance of *fathers* to children. *Good* mothers were understood to provide their children with knowledge of their paternal origins. However, not all mothers who had engaged in donor linking felt this way. Others had made contact with the donor but rejected any notion that he was now a parent or father to their child or a member of their family. These mothers acknowledged the significance of the donor’s genetic tie but sought to maintain the boundaries of their SMC family. Finally, the mothers who rejected donor linking altogether understood their donor as a “generous stranger” who otherwise had little significance to their family, at least unless their child expressed a desire to know him. These women were most likely to have more than one

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<sup>30</sup> By contrast, there are no laws in Canada that facilitate donor linking. Canadian parents who are interested in making contact with their child’s donor would have to utilize informal means, such as DNA testing.

child, suggesting that the presence of siblings may diminish the interest children (and their mothers) have in knowing donor relatives.

### METHODOLOGY

The study draws on qualitative interviews conducted in 2015 and 2016 with Australian SMCs. Women were eligible to participate in the study if they had conceived a child using donated sperm and were un-partnered at the time of conception. Following the granting of ethics approval, the twenty-five participants were recruited via the Solo Mothers by Choice Australia<sup>31</sup> and Donor Children Australia<sup>32</sup> Facebook groups, as well as through the Solo Mums by Choice Australia online forum.<sup>33</sup> While it is difficult to know how representative the women were of SMCs more generally, demographically they were very similar to SMCs who have participated in research in other jurisdictions.<sup>34</sup> They were generally white, middle class,

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<sup>31</sup> Solo Mothers by Choice Australia, online: *Facebook* <[www.facebook.com/groups/Melbsmc/](http://www.facebook.com/groups/Melbsmc/)>.

<sup>32</sup> Donor Children Australia, online: *Facebook* <[www.facebook.com/groups/Donorchildrenaustralia/](http://www.facebook.com/groups/Donorchildrenaustralia/)>.

<sup>33</sup> "Solo Mums by Choice Australia", online: <[smcaustralia.org.au/](http://smcaustralia.org.au/)>.

<sup>34</sup> See Rosanna Hertz, *Single by Chance, Mothers by Choice: How Women are Choosing Parenthood without Marriage and Creating the New American Family* (New York: Oxford University Press, 2006); Vasanti Jadvia et al, "'Mom by Choice, Single by Life's Circumstance...': Findings from a Large-Scale Survey of the Experiences of Single Mothers by Choice" (2009) 12:4 *Human Fertility* Cambridge 175; Fiona Kelly, "Autonomous from the Start: The Narratives of Twenty-first Century Single Mothers by Choice" in Boyd et al, eds, *Autonomous Motherhood? A Socio-Legal Study of*

professionally employed, and well educated. Their high level of interest in donor linking also reflects findings in other studies which have found that SMCs are more likely to engage in donor linking than any other family group that uses donated gametes.<sup>35</sup> This is particularly the case in the state of Victoria, where early contact donor linking is available by statute and the vast majority of applicants are SMCs.<sup>36</sup> However, there is some possibility that by recruiting solely through the online SMC community, the study does not capture the experiences of women who are not actively engaged in the community or who do not embrace the SMC *identity*. For this reason, the results should be read with caution.

Interviews were semi-structured, face to face, and took between one and two hours. Participants were questioned about what they knew about donor linking, their attitudes towards it, whether they had sought to identify and/or make contact with any of their child's donor relatives, and their experiences in doing so. Each interview was recorded, transcribed, and de-identified.<sup>37</sup> Pseudonyms have been used. The transcripts were analyzed using frequency counts and qualitative thematic analysis, which emphasizes the meaning generated in the text. Themes were grouped and reduced in order to answer

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*Choice and Constraint* (Toronto: University of Toronto Press, 2015) 172.

<sup>35</sup> See Goldberg & Scheib, *supra* note 27 at 1382; Jadva et al, "Offspring Searching", *supra* note 28 at 531; Beeson et al, *supra* note 28 at 2421–22.

<sup>36</sup> See Dempsey et al, *supra* note 29.

<sup>37</sup> Interview questions are available on request.

the research question. Following the method outlined by Vivienne Waller et al,<sup>38</sup> transcripts were read and re-read several times to develop an initial coding scheme. The coding scheme was cross-checked for inter-rater reliability and refined to four themes that worked conceptually across the data set. Data was coded using NVivo software, which also enabled counting of the number of interviews in which a specific theme appeared and the number of times the theme occurred across all interviews.

The twenty-five women interviewed had thirty-six donor-conceived children. They ranged in age from four months to eighteen years old, with an average age of five. All of the women had conceived at a fertility clinic using a clinic-recruited sperm donor. Twenty-three of the women had conceived using donated sperm and two conceived using embryos created with donated gametes, one in Australia and one overseas. Four states (Victoria, Queensland, New South Wales, and South Australia) were represented within the sample, providing a cross-section of jurisdictions with and without legislation that facilitates donor linking. An additional two women conceived overseas using gametes from foreign donors in jurisdictions where donor anonymity is permitted and donor linking legislation is not available.

More than three-quarters of the women interviewed had engaged in, or planned to engage in, some form of donor linking, mirroring the findings of previous research on the donor linking habits of SMCs. Sixteen of the women

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<sup>38</sup> Vivienne Waller, Karen Farquharson & Deborah Dempsey, *Qualitative Social Research: Contemporary Methods for the Digital Age* (London: Sage Publications, 2016) at 163–173.

had attempted to identify their child's sperm donor, while an additional four, two of whom had newborns, had plans to engage in donor linking in the near future. Nine of the women knew the identity of their child's sperm donor and seven had regular contact with him, either face to face or over email. Though not the focus of the article, twelve of the women 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 regular contact with their donor siblings.

### **EXPERIENCES OF DONOR LINKING**

The sixteen women who had attempted to identify their child's donor provided three main reasons for doing so, though some cited more than one reason. Four of the women explained their decision as stemming from feeling pressure to find a "father" for their child, often in response to their child's perceived or articulated needs. These women were typically keen to embrace their child's donor and afforded him a familial title. The experiences of these women suggest that the increased availability of donor linking in Australia may create additional pressure (and opportunities) for SMCs to conform to traditional societal norms. A second group of mothers sought out their child's donor because of a belief that genetic information was significant to their child's identity development. They subscribed to the view that children had a right to know their genetic origins and that genetic information was inherently constitutive of identity. However, these mothers did not necessarily equate a genetic tie with fatherhood. The final and largest group of mothers struggled to identify exactly why they pursued donor linking beyond a general view that having "more information" and being "open" was

inherently better for their child. These women appeared to embrace “openness” as a reaction to the history of secrecy that characterized donor conception in the past. However, despite having contact with the donor, the mothers in this last group resisted awarding him a familial identity. Knowing him did not transform him from donor to father. Thus, while engaging in donor linking may be perceived as a “normative behavior” that allows SMCs to provide a “father” for their child, the reality is much more complex.

### **PRESSURE TO “FIND A FATHER”**

Despite having chosen to be a solo parent, four of the women who pursued donor linking felt significant pressure to conform to societal norms and, if possible, provide their child with a “father.” Rather than resisting these norms, perhaps by embracing (and extolling to their child) notions of family diversity, this particular group of mothers felt obliged to conform. In the past, an SMC in this position might have tried to find a partner who would embrace their child. The availability of donor linking, however, meant that they could locate their child’s actual biological father. This group of women were most likely to refer to their child’s donor as their “father” or “dad” and to see him as part of their family.

Nicola, who had undergone fertility treatment in the United States using anonymous donor sperm, made the decision to try to find her ten-year-old daughter’s donor via direct-to-consumer genetic testing in response to a request from her daughter, as well as pressure from outside the family in the form of frequent questions about her daughter’s paternity. As she explained:

I knew I could maybe find him through a DNA test and some online sleuthing. If the technology is there and I can find him, I kind of feel like I should use it. I could make life a whole easier for her and, you know, when she asked about it, I just felt I had to try.

Using the DNA results and information from his donor profile, Nicola was able to identify the donor and make contact with him via his social media accounts. He was responsive to her inquiries and she and her daughter have since developed an online relationship with him. When asked to reflect on why she chose to search for her daughter's donor, Nicola explained that she wanted her daughter to "be like everyone else."

I think because she has a mum there isn't anything missing there, whereas with the dad, people ask kids about their dads all the time. The question comes up frequently. "Where is your dad? What does your dad do? Do you have a dad? You know? What's the story?" People just go and ask small children that, which is something I've become aware of. It's really very intrusive and can be very hurtful to a child. So, I really wanted to find him so she could say she had a dad and she knows him. I just wanted her to be like everyone else.

Nicola felt strongly that her daughter had benefitted from being able to talk about her "dad" and that the stigma of being a fatherless child had been alleviated. Nicola acknowledged that the donor was not a traditional dad and

that it was necessary to manage her child's expectations. As she explained to her daughter, "[h]e's not going to be a dad like a family dad, a living in our home dad." Nicola's daughter had struggled to accept this and, six months after having made contact with her donor, she continued to ask for "a dad." While the donor was important to Nicola's daughter, his absence from their day to day lives made it difficult for her to see him as her father. Thus, while donor linking enabled Nicola's daughter to respond to questioning bound up in assumptions around dyadic, heteronormative parenting, it had created new dilemmas for the family that Nicola was still trying to address.

Lucy also felt significant pressure to make contact with her children's donor, in part to allay the questions she and her children were regularly required to answer. She had experienced several awkward conversations with strangers and acquaintances in which her children, aged seven and four, had made up stories about their dad living overseas, turning into a "mutant," or having died. She felt that locating the donor would "put another piece of the puzzle together for them" and perhaps explain the origins of some of their "quirks." When Lucy discovered she could apply for early contact through the Victorian Central Register it was a "no brainer." As she explained:

He'd said in his profile he was open to early contact and the law in Victoria lets you apply when your kids are still little. I knew other SMCs through the Facebook group who had done [this] and they'd all been really positive about it. I mean, if you can tell your kids who their Dad is why wouldn't you?

It was Lucy's view that knowing their donor had given her children the information they needed to "process their lives." Lucy was also happy to know the donor, disclosing that, "[s]ecretly, I love him being part of the family."

The availability of donor linking—whether via a statutory register or informal means—made searching for their child's donor an easy response to the pressure Lucy and Nicola experienced around providing their children with a father. In the past, it was impossible to identify an anonymous donor and SMCs were counselled to tell their children that they did not have a father or that they were a *mum and child* family. However, with changes in law and technology, Lucy and Nicola had the opportunity to embrace a more normative notion of family and they felt strongly that their children had benefitted. However, when asked if they considered themselves to still be "parenting alone," both responded with a resounding "yes." Knowing their child's donor did not change in any material way the day-to-day job of parenting, at least for as long as the donor played a fairly peripheral role. None of the women in this group relied on their donor for emotional or physical support; the donors were not part of the networks of care they had built up around their children. Thus, while donor linking allowed Lucy and Nicola to meet societal expectations around fatherhood, they did not consider it to have compromised their autonomy. In this sense, having a donor in their children's lives was very different from having to share parenting with a former partner or man with whom they used to have a casual relationship with.

While the majority of the mothers who had engaged in donor linking had positive experiences similar to those

of Nicola and Lucy, Maneesha's first encounter with her daughter's donor, facilitated through Victoria's Voluntary Register when the child was only four months old, raised unanticipated negative feelings. Initially, Maneesha felt very strongly that she should make contact with her daughter's donor as soon as possible, noting that doing so was about honouring the "truth" of her child's existence. As she explained, "I might be parenting on my own, but she has a father. I can't deny that. I think it's important for her to know the truth, so he'll always be part of her story." However, while Maneesha initially embraced the idea of her daughter's (donor) "father," she was unprepared for the feelings seeing them together would raise. As she recounted:

Maneesha: I had felt relaxed leading up to [the face-to-face meeting], but when he left I felt very upset and I was actually quite upset for probably a couple of weeks afterwards.

Interviewer: What do you think was going on?

Maneesha: I just felt I'd been very selfish to bring a child into the world without a father. He was very loving with her . . . he was gorgeous with her, and it was really beautiful. He left because it was time for her to go to bed, but he'd been holding her, and look she probably would have cried anyway, but he said to her "I'll come visit you. Don't worry, I'll come visit you in your dreams." And it felt like I was ripping them apart and that I'd done . . . I'd been selfish, yeah.

Maneesha stated that she did not regret having made contact with the donor and that subsequent meetings had been less confronting. However, the experience had left her wondering whether she had acted too quickly. She was also critical of the counsellors who had facilitated the contact, who she believed should have been more conscious of her vulnerability as a new mother. As she explained:

It felt like there was so much pressure to make contact and to do it straight away. I knew one of her donor siblings had already met him and I'd read about other mums in Victoria using the registers and having good experiences. But I don't think I gave myself enough time to feel confident as her Mum, you know? I wasn't really ready to share her yet. I kind of wonder why the counsellors didn't pick that up. I mean, it's not his fault, but he made me feel like I wasn't enough.

Maneesha's experience suggests that the availability of donor linking, particularly when applications can be made when a child is only a few months old, may encourage SMCs who are already feeling pressure to provide their child with a father to connect with their child's donor in circumstances that are not ideal. Rather than alleviating the distress Maneesha felt around having not provided her child with a father, donor linking reinforced it. It also produced a loss of confidence for Maneesha who had barely had a chance to establish herself as her daughter's sole parent before the donor added a layer of complexity. In fact, unlike Lucy and Nicola who connected with their donors when their children were much

older, it seemed that Maneesha's autonomy as a new parent had been undermined by the experience. The donor had not directly interfered with Maneesha's parenting and only saw them a couple of times a year, but his presence in their lives had diminished Maneesha's confidence in herself and her family at a point in her parenting where she was already very vulnerable. Though she rebuilt her confidence following the initial meeting, her experience suggests that while SMCs may be impatient to make contact with their child's donor, a cautious approach may be warranted, particularly when the child is young and the mother is still establishing herself as a solo parent.

#### **THE IMPORTANCE OF GENETIC ORIGINS INFORMATION TO IDENTITY DEVELOPMENT**

As noted above, in our original autonomous motherhood project, one of the most significant barriers to autonomy identified was an "almost unassailable presumption" that children have a right to know their genetic identity.<sup>39</sup> In the case of single mother families, this usually means providing a child with knowledge of their paternal origins. A number of the Australian mothers appear to subscribe to this view, framing knowledge of the donor's identity as the missing link that would "unlock" the story of their child's genetics and "complete" their identity. For example, Cynthia, whose six-year-old son had regular contact with his donor, explained:

What I wanted was for [my son] to know his genetic heritage. I didn't want it be some fantasy that he grows up with, this idealised

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<sup>39</sup> Boyd et al, *supra* note 6 at 30 citing Smart, *supra* note 16.

version of his father. I wanted him to know who he really was. He needed to see [his donor] and know where he came from.

These mothers did not necessarily see the donor as the child's father but considered knowledge of his genetic contribution as significant to their child's identity development. As Sarah, who had made contact with her children's donor through the Victorian registers, put it:

I have no idea what it's like not to know the other half of your genetics, but I know that having looked at my own family tree the sort of . . . I don't know, pleasure is not the right word, but the interest and satisfaction and being able to look where that person came from and what their name is. That's your genetics. It's kind of . . . there's something fundamental about it to me. It's who you are. And everyone just copes a whole lot better when they have access to information. But [it] doesn't make him her Dad. But it's who she is.

Sarah embraced the popular notion that genetic information "has a 'constitutive' character,"<sup>40</sup> whereby knowledge of one's ancestry *is* knowledge of oneself.<sup>41</sup> In

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<sup>40</sup> Leah Gilman & Petra Nordqvist, "Organizing Openness: How UK Policy Defines the Significance of Information and Information Sharing about Gamete Donation" (2018) 32:3 Intl JL Pol'y & Fam 316 at 323.

<sup>41</sup> Maren Klotz, "Wayward Relations: Novel Searches of the Donor-Conceived for Genetic Kinship" (2016) 35:1 Med Anthropology 45.

Sarah's mind, knowing the donor was the only way in which her daughter could truly know herself. Sarah was not, however, particularly interested in building a close relationship between her child and the donor. Rather, her comments suggest she made a distinction between knowledge of one's genetic paternity and having a father. In that sense, while Sarah appears to have embraced the genetic essentialism that often underpins arguments about the importance of children knowing their biological father, she resists any suggestion that knowing the donor's identity *turns him into* a father.

### **SECRECY VERSUS OPENNESS**

The majority of the mothers who had engaged in donor linking were unable to articulate exactly why they had done so beyond a general belief that "being open" would benefit their child. Mothers in this group often spoke about the harm done to donor conceived children in the past by keeping the story of their conception secret. They felt they were parenting in a new era in which "openness" and "honesty" were embraced. Donor linking was a new, and even more expansive, opportunity to be "open." While it would be obvious in most cases that an SMC had used donated sperm to conceive, the women defined openness more broadly than simply acknowledging the nature of their child's conception. Many understood openness to also involve being open to searching for and meeting donor relatives and making them a regular part of their child's life.

Erica's views were typical of this group of mothers. When asked why she had chosen to find out the donor's identity, which she did through her fertility clinic, Erica

explained that she was prompted by a television program about donor conceived adults. As she explained:

They'd all been lied to and these kids were really, really angry. They were so mad at their parents for lying to them. For all the secrecy. Some of their relationships were totally destroyed. It made me want to be as open as I could with Charlie. I thought finding out who her donor was would help with that.

Interestingly, Erica had chosen not to meet her daughter's donor, but instead communicated with him semi-regularly over email. Erica felt that her daughter, at only three years old, was too young to be able to understand who the donor was. However, as she got older Erica planned to introduce him to her daughter.

Lisa had used Victoria's voluntary register to make contact with her son's donor. Her reasons for pursuing the donor echoed those of Erica.

I joined the register because I think we just need to be open about stuff. Like in the past, people were ashamed of using a donor and tried to hide it from their children. And it totally backfired, I mean, the kids were mad and they often found out in really bad situations, like when their parents got divorced and stuff. So, you know, I just wanted to avoid all that with Tara. I've been telling her about her donor since she was a baby and so it made sense to try to find out who he was, which we can do in Victoria.

For Lisa and Erica, openness meant more than just telling a child they were donor conceived. Rather, it involved finding out as much information as possible, including information about the donor's identity. Any alternative was seen as participating in the secrecy that had damaged previous generations.

Though many of the mothers in this last group had regular contact with the donor, his involvement in their family did not necessarily change its nature. In no instance had the donor become part of the relational network that many SMCs relied upon to raise their children. However, several reported feelings of resentment when family or friends suggested that once the donor had become known he would necessarily be granted a familial or even parental identity. They felt this erased their own caregiving work and bestowed upon the donor a title he had not earned. Others grappled with the right terminology to use, struggling to articulate exactly who the donor was in relation to themselves and their children. These findings reflect the impact on SMCs of new legal and social understandings of parenting, which often valorize the genetic tie while diminishing the actual work of parenting, creating a situation where simply "caring about" children is equated with the work of "caring for" them.<sup>42</sup> The findings also suggest we should be cautious about presuming that participating in donor linking necessarily changes the contours of the solo mother family. While a small number of mothers embraced the donor as a new family member and used traditional parental nomenclature to describe his role, most did not.

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<sup>42</sup> Carol Smart, "Losing the Struggle for Another Voice: The Case of Family Law" (1995) 18:2 Dal LJ 173 at 176–178.

Janet, the mother of a twelve-year-old daughter, found herself struggling to navigate terminology and the meanings that flowed from it after having made contact with the donor through her fertility clinic. Almost immediately after the donor's identity had been revealed, Janet's family and friends had started calling him her daughter's "dad." This made Janet uncomfortable and annoyed. She saw it as a "whitewashing" of her solo parenting. As she explained:

Janet: As soon as my daughter met him, people started calling him her Dad. My daughter baulked when she first heard it and I . . . well, I kind of cringed. I mean, he's never done anything for her, he's, he's never actually cared for her. It annoyed me that people would call him her dad, as if he'd been parenting her all that time.

Interviewer: Did it make you wish you hadn't made contact?

Janet: No, no, I still think it's better that I'm open, that she can say "that is the person", you know. But I wish I'd been clearer from the start with people that he was still just her donor . . . I mean, we haven't even seen him for two years, and that's just, you know, circumstances and stuff, and not a huge desire on her part at the moment.

Janet's experience highlights how difficult it is to control the terminology used by others once a donor becomes known. Her family and friends found it difficult

to understand how a donor, once known, could continue to be identified solely as a donor. In their eyes, his presence in Janet and her daughter's life, combined with the genetic tie, were sufficient to make him a "dad." For Janet however, such a conclusion erased the caregiving labour she had provided for twelve years as a single parent and would continue to provide on her own into the future.

Like Janet, Melanie rejected any notion that her daughter's donor was a dad or father, primarily because he was not involved in parenting. Melanie had attempted to locate her daughter's donor through her fertility clinic. He had initially indicated to the clinic's donor coordinator that he was open to contact but was unable to attend the mandatory counselling appointment due to a work transfer to another jurisdiction. Melanie's comments were thus made in the context of someone who wanted to have contact with the donor but had not been successful. It was Melanie's view that terms like "father" and "dad" should be reserved for men who raise a child. As she explained:

The donor is very much part of my conversations with my daughter about how she was conceived. I tell her, "so you were conceived thanks to the kindness of a stranger and the skill of a doctor." But sometimes I observe other donor conceived children who've been raised with a very different philosophy. You know, they use, or their Mums use terms like "donor father" or "donor dad". I find it kind of hilarious when other people explain that there's such a thing as a "donor dad" because I don't . . . like, I don't think there can be such a thing. I think

if you have a donor you don't have a dad. Dads are involved in parenting. They look after kids, change their nappies, put them to bed, that kind of thing. Donor and dad are to me mutually exclusive. You can't be both.

Cynthia also struggled with how to refer to her son's donor after making contact with him through Victoria's Central Register. She and her son had face to face contact with the donor several times a year. However, when asked if her donor had now become "family," she found it difficult to articulate her feelings.

The donor is my son's ancestor, but not his parent. So, they're related in that they're on the family tree, but he's not like immediate family, he's not a pseudo-parent . . . but he's a direct ancestor. So that's how I've thought about him from the beginning. But I guess it comes back to what it means to have made contact. I would maybe say he's family, but he's more like a distant cousin, or you know a distant aunt or uncle or something, he's not . . . he's not a parent, but he's definitely an ancestor on the family tree.

The views of Janet, Melanie, and Cynthia suggest that we should be careful about assuming that engaging in donor linking necessarily changes the nature of the SMC family. These three women, who reflected the majority position, rejected any notion that the donor, once known, became a parent or even a family member. Donors could be known and even involved in their child's life, but still a donor. It is worth noting that this is an approach that lesbian

women who conceive with known donors have often maintained.<sup>43</sup> However, the mothers sometimes found it difficult to manage other people's perceptions and language, a situation exacerbated by the fact that they often struggled themselves to find the right language to describe the donor. These experiences suggest that SMCs may need to think carefully about how to manage the process of donor linking so they remain in control of their family's story.

### REJECTION OF DONOR LINKING

Five of the mothers reported no interest in donor linking and resisted increasing pressure to feel otherwise. While they were grateful to the donor, they viewed him as a generous stranger who shared a genetic tie to their child, but otherwise had little significance to their family. These women distinguished between the relational and genetic tie, arguing that without a relational link, the genetic connection was insufficient to warrant any special status within the family. Stephanie, who had a fourteen-year-old son, summed up the perspective of this group of women.

I'm extremely grateful to the donor. But for me he is a donor and I make a real distinction. He's not a father or even a "biological father", he's a donor. I'm totally grateful to him, but I perceive him as quite removed

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<sup>43</sup> Fiona Kelly, *Transforming Law's Family: The Legal Recognition of Planned Lesbian Motherhood* (Vancouver: UBC Press, 2011) at 101–08.

from us, just a donor, and that's how we always refer to him.

Stephanie had discussed with her son that he could access his donor's identity when he turned eighteen, but he had expressed no interest in doing so. As she noted, "[h]e understands how it works but for him it's not a burning desire. Maybe when he has kids or something he might have an interest? I don't know." Stephanie had, however, felt increasing pressure from within the SMC community to participate in donor linking, particularly in recent years where there seemed to be a perception among mothers of younger children that donor linking was "the right thing to do." She had observed conversations on SMC social media pages that made her think SMCs had absorbed the "rhetoric of the conservative media" and subscribed to the notion that children "should know their father." This upset Stephanie as it appeared that some SMCs had adopted the belief that their families were inherently deficient. As she explained:

I actually find it quite sad when I read stories about [SMCs] talking about how donor conceived children should know their "father", because I don't see it like that at all. They're just a donor. A father is so many different things and I never went into this hoping for a father. I would have used a friend if I wanted that. So yeah, it's been interesting watching that in the media and playing out in the different circles and [SMC] groups that from time to time I dip my toes into. It's just such a different approach . . . It just doesn't define us, you know. We're a

family. I don't think we ever define ourselves as a "donor family", like we're missing something. We're just a family.

In all but one of the families where there had been no engagement with donor linking the women had more than one child. This fact came up frequently in the discussion of donor linking, with each of the women expressing the view that having siblings in the home meant their children had less interest in the donor. Serena, for example, had five children, four of whom were donor conceived. They had shown no interest in their donor whatsoever and while Serena was somewhat curious about him, it was her view that because "they have each other, I just don't think they think much about their donor. Their family is already complete." Serena had inadvertently, however, identified a donor sibling who lived nearby. The families had met up on two occasions, but Serena's children expressed no desire to continue the contact. One of her twin ten-year-olds had stated after their second meeting that, "the [donor sibling] wasn't his sister. His sisters were the ones who lived with him." At that point, Serena stopped participating in meet ups which upset the other family, an SMC-led household with an only child. It is thus possible that having siblings in the home diminished the significance of donor relatives for those children, making their mothers less likely to pursue donor linking.

All of the mothers who had not engaged in donor linking conceded that they would nonetheless support *their child's* decision to request information. However, they did not see it as their responsibility to make those inquiries. The mothers of younger children also expressed concern about whether they had the authority to make such a

significant decision on behalf of their child before the child was able to express their own opinion. For example, Lara was curious about her children's donor but did not think it was up to her to make such a monumental decision on their behalf. As she explained:

I'd love to meet [the donor]. I'd like to know what he's like and what my sons get from him. I'd meet him on my own, just out of interest. But I couldn't do it and then hide it from my sons. When they're of an age and can understand it, they can make that decision for themselves. It's not my decision, no matter how curious I am.

It is possible that in some of these families, the children themselves might express an interest in donor linking at some point in the future. However, these mothers felt it was something that should be initiated by the child if and when they expressed a need and were old enough to understand the implications of the decision. In the meantime, the mothers avoided imbuing the donor with any particular significance or familial identity.

## CONCLUSION

The findings reported in this article suggest that the increasing availability of donor linking raises a new and complex set of issues for SMCs, particularly in jurisdictions where the practice has become mainstream due to statutory reform. Now that it may be possible to identify a child's sperm donor and even develop a face-to-face relationship with him, SMCs are having to decide whether donor linking is in their child's best interests and

what it might mean for their family and their autonomy. As a group of women who have chosen to parent alone, inviting the donor into their lives may seem like an unusual choice. However, as the original autonomous motherhood study revealed and this second study reinforces, SMCs are not immune to the pressures of normative society in which fatherhood and genetic relationships are valorized. A small number saw donor linking as an opportunity to provide their child with a more normative family and felt considerable pressure to do so.

The SMCs interviewed for this study did not, however, respond uniformly to the availability of donor linking, demonstrating that the practice and its meaning can be navigated in a number of ways. Just over one-quarter of the women had no interest in donor linking and did not anticipate seeking out the donor unless their child initiated the search. For these women, the distinction between donor and father was clear. While they were grateful to the donor, they saw no reason to invite someone who was essentially a relational stranger into their family. This decision was made easier by their children's apparent lack of interest in the donor, particularly among those who had siblings in the home.

The two-thirds of mothers who had engaged in donor linking, many of whom had met their child's donor face-to-face, were also not a homogenous group. Some embraced the donor as their child's "dad," others emphasized the significance of the genetic tie only, while the largest group understood donor linking as an expression of the new "openness" that was designed to replace the "secrecy" of the past. However, in the majority of families where donors were part of their offspring's lives, the

contours of the SMC family remained largely unchanged. The women maintained that they continued to parent alone and most did not consider the donor to be their child's father or parent. However, a significant number found that other people, whether family or friends, *did* extend to the donor a parental or paternal status once he became known, perhaps reflecting increased societal emphasis on the importance of paternal genetic ties. A number of the mothers recounted feelings of resentment when it was suggested that the donor was a parent, arguing that in the absence of a caregiving role, the donor had not earned such a status. This finding suggests that SMCs may not always be able to control how others interpret their decision to make contact with the donor or the identity that is bestowed upon him by others. Once their child's donor is known, the mothers risk losing control of their family's story.

There is no doubt that the availability of donor linking presents new pressures for SMCs to reshape their families in ways that conform to traditional norms around gender, family and parenting. In this sense, donor linking could be understood as undermining autonomous motherhood. However, this study suggests that motivations for engaging in the practice are complex. It should not be assumed that a mother who chooses to identify her child's donor is necessarily subscribing to normative values. There is little doubt that the availability of donor linking makes it harder for SMCs to resist dominant norms. However, this study suggests that the majority of those who engage in the practice are able to shape their experience in a way that preserves their autonomy.