

Summary of Findings:

The Experiences of Recipients and Donors in an Unregulated Sperm Donation Context

The purpose of this exploratory research was to find out about incidences of ‘morally-challenging’ behaviour that might be occurring in the online sperm donation community. Three prolific sperm donors were interviewed in Study One and five recipients were interviewed in Study Two.

Study One – The Sperm Donors

This study addressed three research questions. The findings related to these are discussed in turn below.

1. What motivates donors to provide sperm to people they have met online?

On a personal level, the three donors who were interviewed in this study each gave very different reasons for donating, demonstrating that there is a range of motivations, backgrounds, and experiences that donors bring with them to donating. For one, family relationships played a central role, another took a commercial view of sperm donation, seeing the community as a free market, while the third advised that he was motivated by helping others (although his narrative also drew attention to the possible role of the ego in motivating men to donate).

On a more general level, the donors discussed their observations of why other men might seek to donate within the community. The donors highlighted the altruistic nature of their sperm donation communities, referring to donations as a ‘gift’ and emphasizing the ability of donors to stay in contact with recipient families for the potential benefit of donor children. However, the donors also referred to the prevalence of donors who were sexually motivated to donate to recipients. One claimed, for example, that ‘at least 70 to 80 percent of donors will only get you pregnant if you're going to have sex with the guy.’ They also referred to the financial motivations of some online donors who expected to be paid for their ‘services’. Despite noting a couple of the more extreme examples of men who were making a living from donating, however, they observed that this reason for donating was not particularly commonplace.

2. Have donors observed or encountered any behaviour that they have found to be undesirable, dangerous or ‘morally-challenging’ to recipients, and how have they thought through and dealt with any subsequent difficult decisions?

The donors referred to several types of behaviour that they understood as being ‘morally-challenging’ within the online sperm donation community, as represented in the table below. There was a general consensus around recipient morally-challenging behaviour, but less agreement on the morally-challenging behaviour of donors.

Recipient morally challenging behaviour	Donor morally challenging behaviour
<ul style="list-style-type: none"> ● Recipients perceived to be unsuitable (health, weight, income, lifestyle, choice of partner, relationship status, smoker, drugs & alcohol) ● Complaints about donors ● Refusing to pay donor expenses ● ‘Ghosting’ donors 	<ul style="list-style-type: none"> ● Donors contacting recipients about methods of insemination that they haven’t advertised ● Sexual motivations of donors (perceived as morally challenging in limited situations) ● Financial motivations of donors ● Ego-driven motivations of donors

When asked to discuss elements of the online sperm donation community that they found to be ‘morally-challenging’, of most concern to the three donors was the ‘quality’ of recipients seeking to conceive a child through donor conception. They each discussed their own screening processes and criteria for recipients in detail, explaining that they felt that the onus was on donors to ensure that they donated responsibly, i.e., that they did not donate to recipients who they thought might not be able to care adequately for the child.

3. In what ways do the donors support the norms and values of the sperm donation communities to which they belong and/or reject or deviate from these specific cultures?

The three donors alluded to specific community norms in their testimonies and gave a sense of what members in these communities might deem to be the ‘right’ or ‘wrong’ ways of behaving. These norms include:

1. Donors and recipients having more control over the selection and screening processes than they would in the conventional clinical route to conception. The donors concurred that this was a distinct advantage.
2. An onus on recipients to cover donor expenses. This was not something that was questioned by any of the donors, with one explicitly stating that this was the least a recipient could do.
3. An acceptance of a range of methods of insemination (including ‘NI’, ‘PI’, ‘AI+’ and so on). Whilst one donor explained that it was the norm for donors to want to do ‘natural insemination’, the three donors themselves expressed other reasons for donating.
4. A general disapproval but not total rejection of selling sperm. None of the interviewed donors reported selling sperm and generally rejected the idea as being a legitimate aspect of donating. They argued it was ‘frowned upon’ within the community, although one donor was sympathetic towards those who wanted to.
5. The tendency of donors to prefer anonymous donation (although a range of other options are available) and the common occurrence of donors using aliases when communicating with recipients. The three donors were sceptical of this tendency amongst other members of the community given that genetic testing represents a way for biological relatives to connect with one another, beyond the tracing of identity documentation. It is, however, important to flag the extent to which these particular donors may be set apart from their peers, as they each view themselves to be particularly prominent within their communities and have designated themselves advocates for the online route to conception. As such, although they rejected anonymity as a norm within the community, in this regard they cannot be seen as ‘normal’ members.

The fact that the donors supported flexibility in donation arrangements but disagreed on the legitimacy of some of the other cultural norms of the online sperm donation community demonstrates that there is a range of possible experiences that recipients may expect to have with donors they meet via the Internet. This may lead to a degree of uncertainty about donor intentions (and the possibility of ulterior motives) within the community and may represent a challenge for recipients hoping to find a donor that they can trust.

Study Two – The Recipients

This study also addressed three research questions; the findings related to these are discussed in turn below.

- 1. Have recipients encountered any behaviour from sperm donors that they found to be negative or ‘morally challenging’, and if so, how did such behaviour impact the way that the recipients made decisions during their assisted-conception journey?**

In their interviews, the recipients identified a number of behaviours from online sperm donors that they described as being ‘morally-challenging’. These can be classified as 1) ‘problematic, abusive or dishonest behaviour’ and 2) ‘sexual issues and harm/personal and health risks’, as demonstrated in the table below.

Problematic, Abusive or Dishonest Behaviour	Sexual Issues and Harm/ Personal and Health Risks
<ul style="list-style-type: none"> ● Being ghosted by donors ● Being rejected by donors for requesting AI only ● Receiving abusive messages ● Donors misleading their own families (i.e., being dishonest with their partners about donating practices) ● Donors misrepresenting donating intentions (i.e., number of intended recipients and donor children) ● Donors demanding money ● Donors misrepresenting donation arrangement preferences (i.e. co-parenting, anonymous etc) ● Donors misrepresenting their identity ● Homophobia 	<ul style="list-style-type: none"> ● Sexual coercion/pressure ● Requests for Sex/’NI’ ● Donors failing to provide results for STI checks ● Meeting strangers from the internet ● Donors claiming ‘NI’ to be more effective than ‘AI’ ● Sexual harassment and assault

Such experiences led the recipients to be cautious in their approach to online sperm donation and to doubt the veracity of donors’ reputations as being altruistic and charitable. The recipients explained that they had a sense that donors wanted something in return for a donation and that often this was sexual. As such, in their dealings with online sperm donors, the recipients prioritised their safety and sought ways to mitigate risks, for example by requesting STI health checks, meeting donors in public or familiar places, telling friends and family where they were going, emphasizing their preference for AI only and so on.

2. How do recipients engage with and describe their sense of self, as well as their sense of being entitled to meet their own needs and the needs of those they care about?

For two of the recipients in particular, the 'morally challenging' experiences they had with their donors resulted in a significant amount of internal conflict, which had a profound impact on their sense of self. The analysis of the interviews revealed tensions between these recipients' concerns for meeting their own needs (for example, their desire to not repeat adverse sexual experiences that they had in their twenties, to not have sex, to not cross personal boundaries) and their inclination towards self-sacrifice as they justified their donor's behaviour as something other than sexual assault or coercion. A comparison between the recipients who had ongoing relationships with their donors with those of the other recipient participants who did not revealed that recipients who were less involved with the donors they had met were more likely to be critical of donor behaviour and to exhibit less internal conflict.

3. To what extent do recipients accept or resist any 'morally challenging' behaviour that they encounter from their interactions with sperm donors?

The recipients took a pragmatic approach to 'morally challenging' behaviour. On the one hand, a lack of access to other routes to conception meant that the recipients were prepared to accept some of the risks associated with online sperm donation, including the risk of STIs, the risk of meeting strangers and the risk of having a child with a donor with whom they may have an uneasy relationship, and to accept an apparent lack of recourse from connection websites and Facebook groups. They accepted 'morally challenging' behaviour from donors that they felt they were able to manage or mitigate through their own risk-assessment activities. The recipients felt this tactic to be consistent with an approach they might take (or they perceived their friends taking) to 'everyday' risks. However, inherent in such an approach to risk is the assumption that recipients should shoulder the responsibility of keeping themselves safe.

It should be noted, however, that at the point many recipients come to online sperm donation, they may have been trying to conceive for several years and have exhausted all other options. This means that they might be prepared to accept conditions that they otherwise would not, particularly given their longing to conceive. In spite of this, what was clear from the interviews was that the recipients would not accept risks (such as the risk of STIs) where other, safer options are available. The recipients also refused to accept risks where the level of threat appeared too great. This included requests for sexual forms of insemination and requests to meet donors that they didn't trust or who they felt were being 'manipulative'. In such situations, they deselected the donors as possible options for conception or disengaged with the community entirely.

Implications of the Research

One of the principal implications of this research is the need for policy reform in two key areas. Firstly, it would be wise to acknowledge that the number of people seeking to conceive via donor insemination is likely to increase to accommodate a number of cultural shifts, including an increasing tendency towards delayed childbearing and a growing social acceptance of 'alternative' families, including same-sex parent couples and single mothers. This growing demand is therefore likely to put pressure on existing regulated fertility services and may cause further delays in NHS waiting times. This, combined with the expense of private treatments and the limited choice of identity-release

donation arrangements, is likely to result in a rise in the numbers of people turning to connection websites and Facebook sperm donation groups. As such, approaches need to be taken both to improve accessibility to regulated services and also to improve safeguarding frameworks within online sperm donation settings. It is important that the HFEA and the owners of connection websites and social media work together on this, given that this research has highlighted the ability of some donors to engage in morally challenging behaviour by creating false profiles, using multiple accounts, and using different fertility clinics as known donors, and not being held accountable for these actions.

Further information

This document has provided a brief summary of the main findings from the two studies. A more detailed account of the findings, along with an analysis of these findings and an in-depth discussion of their implications will be available in the form of academic journal articles. If you would like a copy of these when they are available, please email spermdonationproject@leedsbeckett.ac.uk.