'Spunkles', Donors, and Fathers: Men, trans/masculine and non-binary people's accounts of sperm donors and their relationships to children

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Abstract

Across the world, growing numbers of men, trans/masculine and non-binary people are bearing children, some of whom utilise known donor sperm in order to conceive. How this diverse population understand the role of known donors, both in the lead up to conception and in terms of the lives of children conceived of their donations has, to date, received little attention. This chapter focuses on a subsample of nine individuals drawn from a larger international study of 51 men, trans/masculine or non-binary who were gestational parents. The nine participants whose narratives are examined in this chapter all used known donor sperm to conceive, and in their interviews discussed their thoughts about the role of donors in their children's lives, exploring topics such identifying potential donors, the incorporation (or not) of donors into existing kinship narratives, and the need to create opportunities for children to negotiate their own relationships with donors in the future. The findings highlight the potentially unique social scripting needs of men, trans/masculine and non-binary people who conceive using donor sperm. The chapter concludes by providing suggestions for how this diverse group of people may be assisted in developing scripts for disclosing donor conception to their children, and for negotiating the role of donors in children's lives in the context of legislatures where such disclosure is required.

Keywords: men, trans/masculine, non-binary, donor conception, social scripts, disclosure

Introduction

Over the past three decades there has been a growing swell of donor-conceived people advocating for the right to access information about their donors (Wincott & Crawshaw, 2006). Such advocacy has occurred in the face of a previously strong narrative of secrecy and shame with regards to donor conception, particularly for cisgender heterosexual parents (Allan, 2016; Cosson et al., 2021). With the increased availability of donor sperm to cisgender lesbian couples as well as cisgender single women of all sexualities, however, the predominant narrative of secrecy has shifted (Dempsey, 2005; Nordqvist, 2014). In such families the existence of a donor is likely evident to many, rendering salient the role of donors and further highlighting the need for an end to donor anonymity.

Yet despite an increased focus on disclosure to children that they are donor conceived, and the growing rights of donor-conceived people to access information about their donors, the practice of disclosure remains a marginal cultural narrative. As Nordqvist (2021) argues, while telling children about their conception is increasingly seen as important, cultural scripts for doing so are lacking. Drawing on social scripting theory (Gagnon & Smith, 1973), Nordqvist argues that "scripts operate as a kind of grammar for how people make sense of themselves and the relationships in which they are embedded" (p. 680). Social scripting occurs on three levels: 1) broader cultural narratives, 2) interpersonal interactions, and 3) intrapsychically within individuals as they take up broader cultural narratives that potentially guide their decisions and actions. In the context of donor conception, in the absence of widely available social scripts circulating as cultural narratives, individual families may find it difficult to navigate talking about donor conception.

If the above is true for cisgender heterosexual, lesbian, and/or single parents of donor-conceived children, then it is likely especially so for other groups of people. In this chapter we focus on men, trans/masculine, and non-binary people navigating relationships with

known donors. We use the term 'men, trans/masculine, and non-binary people' to refer to those who were assigned female at birth, but report their gender as, for example, male, man, trans, masculine, transmasculine, non-binary, genderqueer, and/or agender. As we explore below, gestational parenthood by this diverse group of people is framed by social scripting at all three levels described above, yet is largely lacking a positive focus on scripts about men, trans/masculine, and non-binary people and conception, including in regard to disclosure of donor conception to children. Our argument in this chapter is that the lack of such scripting likely has implications for the decisions that men, trans/masculine and non-binary people make about the disclosure of donor conception to their children, and how relationships are formed with donors subsequent to the child's birth.

To explore this topic we draw on our international study of 51 men, trans/masculine, or non-binary people who had undertaken a pregnancy. Specifically, we draw on a subsample of nine participants who had used known donor sperm. While most of our participants had conceived with a cisgender male partner, and a small number had used anonymous donor sperm from a fertility clinic, our interest in this chapter is how those who used known donor sperm navigated social scripts about disclosure and relationships with donors. To provide a framework for our data, we first briefly summarise the legislative contexts in the five countries we collected data, focusing on the regulation of donor identification. We then briefly explore the three levels of social scripting outlined above as they specifically apply to men, trans/masculine, and non-binary people who undertake a pregnancy, before then outlining our study and describing our findings. The chapter concludes by considering the types of information and support that might benefit men, trans/masculine, and non-binary people sharing information about conception with their children.

Legislative Contexts of Donor Conception

As we outline in more detail below, the study reported in this chapter involved interviews with men, trans/masculine, and non-binary people who were gestational parents living in one of five countries: Australia, Canada, Germany, the United Kingdom or the United States. In this section we briefly outline the legislative contexts in each of these countries as they apply to donor anonymity and disclosure to donor-conceived children.

In Australia, anonymous donation is no longer allowed. Further, a number of Australian states or territories now include legislative provisions for donor-conceived children to access information about their donors (in some cases retrospectively), including in some contexts via donor registers (Allan, 2016). The case in Canada, by contrast, is markedly different. In Canada, anonymous donation is still required by law, and individual cases where donor-conceived people have sought information about their donors have ultimately failed in court (Kelly, 2017).

In Germany, anonymous donation is not allowed, and legislation ensures that donor-conceived people have the right to access information about their donor. However, the implementation of such legislation in practice is somewhat less clear in terms of the responsibility of fertility clinics to ensure access to information (Klotz, 2013). By contrast, in the United Kingdom both anonymous donation is not allowed, and registers have been established for the recording of donor information and ensuring its release to donor-conceived people (Turkmendag, 2012).

Finally, in the United States there is considerable diversity across states (Vaughn, 2020). While records must be kept about donors, this does not necessarily mitigate donor anonymity. Depending on the state, sperm donation may be anonymous (in many states including compensation), or it may occur on the proviso that children conceived may access information about their donor (such as in California and Washington). Similar to Germany,

however, responsibility for maintaining and providing access to donor registers is not clearly legislated.

Social Scripting and Trans Reproduction

As noted in the introduction to this chapter, there are three levels at which social scripting operates: the broader social context, the interpersonal, and the intrapsychic. In terms of the broader social context, it is arguably the media through which scripts about trans people and reproduction are most obviously disseminated. In their analysis of media scripting about trans reproduction, Lampe et al (2019) argue that a repeated theme in media accounts of trans men and pregnancy is the idea that each account constructs such pregnancies as something 'new' or as the 'first'. As Pearce and White (2019) note, such framing involves the active production of ignorance about the long histories of trans reproduction. Further, we might suggest that for men, trans/masculine and non-binary people specifically, narratives of 'newness' may prevent people from connecting to existing narratives of trans reproduction, thus cutting them off from information that may help them to navigate conception and ways of disclosing and talking about donor conception to children.

Lampe et al (2019) further note that media representations function by centring cisgenderist accounts of trans reproduction, such that men, trans/masculine and non-binary people who undertake a pregnancy are made intelligible through recourse to pregnancies undertaken by cisgender women. This ignores the unique differences at both the level of biology (i.e., those in receipt of testosterone prior to conception are likely to have markedly different experiences of conceiving), and at the social level (i.e., men, trans/masculine and non-binary pregnancies are read in markedly different ways to pregnancies by cisgender women). In this chapter we purposively refrain from using literature on cisgender lesbian women and donor conception as a counterpoint, as we believe it would only serve to perpetuate assumptions of commensurability, and indeed foster the idea that cisgender

women's pregnancies are the normative point of comparison for men, trans/masculine and non-binary people (Riggs, 2014). At the same time, however, if we are to centre the fact that conception for men, trans/masculine and non-binary people is different to conception for cisgender women, then needed are social scripts circulating in the broader social context for how men, trans/masculine and non-binary people navigate talking about donor conception.

Finally, Lampe et al (2019) note that both sensationalist (i.e., 'first', 'new') and cisgenderist media accounts serve to marginalize experiences of discrimination among men, trans/masculine and non-binary people in the context of reproduction. While recognizing and celebrating the joys of reproduction for growing numbers of men, trans/masculine and non-binary people is important, this should not come at the expense of recognizing the significant challenges that many men, trans/masculine and non-binary people experience in seeking to conceive. Which brings us to the level of interpersonal and social scripting. The small body of literature on men, trans/masculine and non-binary people and conception suggests that fertility clinics are often experienced as enacting cisgenderism, including in terms of misgendering people's genders and bodies, failing to understand the specificities of trans people's reproductive needs, in addition to outright hostility (e.g., Charter et al., 2018; James-Abra et al., 2015). For some of our participants, seeking known donor sperm was a product of previous negative experiences with fertility clinics (Riggs et al., 2021).

Further at the interpersonal level of social scripting about trans reproduction, family members can also be a source of negative messaging about trans reproduction. In our study we found that some men, trans/masculine and non-binary people were reticent to tell family members about trying to conceive, out of concern for negative responses (Riggs et al., 2021). Feeling cut off from family members at such a crucial time can mean that some men, trans/masculine and non-binary people are cut off from opportunities to practice or discuss available social scripts for talking about donor conception.

Finally at the individual or intrapsychic level, known donor conception is framed in the few studies that focus on this for men, trans/masculine and non-binary people as 'easier' than conception through fertility clinics, but not without challenges. Charter et al (2018) found that their participants experienced known donor conception as 'easier' and 'less confronting' compared to experiences with fertility clinics. Riggs et al (2021) similarly found that negotiations with known donors in terms of the receipt of sperm were often framed through the use of jocular language, making light of the situation. Yet at the same time, some participants spoke of challenges in negotiating receipt of donor sperm, particularly when known donors sought to conceive through intercourse. Again, we would propose that the considerable emotion work experienced by many men, trans/masculine and non-binary people seeking to conceive via known donor sperm may reduce opportunities for attention to what comes next, namely disclosing donor conception to children.

All of the above would suggest that at all three levels of social scripting there are barriers to men, trans/masculine and non-binary people thinking ahead to the matter of disclosure. These barriers encompass negative media scripting that both ignores continuities in community knowledge about conception, and emphasizes comparisons to cisgender women, at the expense of considering the specificities of men, trans/masculine and non-binary people's experiences; negative clinic experiences that might otherwise provide a source about disclosure scripting; negative experiences with family that might prevent access to discussions about disclosure scripting; and challenges in the context of known donor conception that might steer focus away from looking further into the future to consider scripting about disclosure. These gaps in social scripting about disclosure are especially salient given Bonan et al (2021) found that almost all of the trans men in their study who had conceived using donor sperm intended to disclose information about the donor to their

children in the future. In other words, there is a potential gap between intending to disclose, and having the available social scripts with which to do so.

The Study

The broader international study reported in this chapter was funded by the Economic and Social Research Council (ES/N019067/1). Inclusion criteria for participants were (i) identifying as a man, trans/masculine, or non-binary, (ii) having undertaken at least one pregnancy, (iii) living in Australia, the European Union (including the United Kingdom), the United States, or Canada, (iv) being at least 18 years of age, and (v) having conceived after coming out or beginning a social and/or medical transition. Ethics approval was granted by each of the authors' universities. A purposive sampling technique was employed to obtain participants using social media and social network recruitment, including targeted recruitment distributed to groups comprised of men, trans/masculine, and non-binary people of color. Research informational and recruitment flyers were posted to social media accounts (e.g., private Facebook groups), shared at community conferences and events, and circulated via researcher and participant networks.

Semi-structured interviews were undertaken either in person or via tele- and/or video conference facilitated by Skype, Whereby, or Zoom, by a research associate of the first author (for Australian interviews), by the third author (for interviews in the European Union), or by the fourth author (for interviews in the United States and Canada). Interviews were undertaken between June 2018 and October 2019. In terms of interview questions specific to the present paper, a general question was asked about experiences of undertaking a pregnancy, with a specific follow-up probe asking: "How did you become pregnant?" Interviews ranged from less than sixty minutes to over three hours, with an average length of 100 minutes. Interviews were transcribed by a professional service, and participants either chose their own pseudonym, or were allocated a pseudonym if they did not opt to choose

their own. Participants were also asked about pronouns, with most using either he/him or they/them.

Given the relatively small subsample included in this chapter, we only provide limited demographic information, and we present it collectively, rather than by individual, so as to ensure anonymity (information about the broader sample is available in Riggs et al., 2021). In the sub-sample included in this chapter, the average age was 34 (range 24-49). Participants described their gender as one of non-binary, trans male, trans man, transmasculine, or genderqueer. Participants described their sexuality as one of queer, pansexual or undefined. Most participants had one child (range 1-3). Of the sub-sample participants three were single, two were in relationships with women, and four were in relationships with men. Participants lived in Australia, Germany, Canada, the United Kingdom or the United States (almost half of the participants included in the sub-sample were from Australia). All of the participants included in the sub-sample had conceived using known donor sperm, either from a friend or an acquaintance.

Thematic Analysis of Interviews

For the purposes of this chapter, responses to the probe question: "How did you become pregnant?" were extracted for analysis. Importantly, while this question was purposively included in the interview schedule, and then purposively selected for analysis in the present chapter, the analysis itself was inductive. Having extracted interview responses in relation to becoming pregnant, the first author coded the data according to the approach to thematic analysis outlined by Braun and Clarke (2006). The first author read all of the transcripts three times, looking for repeated topics or codes. The first author then developed themes based on the codes. While codes encompass broad salient topics repeated across the data set, themes by comparison organize codes into logical and coherent sets of information. Themes

developed are indicative of topics seen as salient by researchers, rather than being exhaustive of all possible readings of the dataset. Further, codes and themes were not mutually exclusive across participants; some gave interview responses located within more than one code or theme. The first author then identified and collated representative quotations for each theme. As such, the quotations included in the results are indicative but not exhaustive of each theme. Having identified representative quotations for each theme, the first author then compiled the thematic groupings and developed the results reported below.

Theme 1: Navigating the donor's role

In this first theme, participants spoke about the role of donors, primarily in regard to coparenting. Most of the participants spoke about being very clear from the onset what they wanted from a donor, this then guiding their search for a donor. Most participants clearly stated that they did not want a co-parent, but at the same time wanted someone who could be known by the child, as Benjamin suggests:

Benjamin: I know other people for them it's less of a thing, but it felt, I don't know, this whole question of finding a sperm donor who is agreeing to be an open donor but who doesn't want to be a father, like for me if was like, I don't know, an act of rebellion but also solidarity, of queer solidarity. I always wanted to have an open donor, I find it very important for the kid to be afterwards able to at least see a face and reach out. I don't want any responsibility for the other biologically involved person, but I find it's very important for the kid to be able to at least get an impression of you.

To be an 'open donor' but not be a father is, for Benjamin, an act of queer solidarity and rebellion. This, we would suggest, references the separation of genetics from identity, such that providing sperm does not by default make one a parent. In the context of societies where

that is indeed an act of rebellion. In some respects, Benjamin's account creates a possible space for scripting disclosure: that a child could be told that their parent(s) and donor engaged in an act of solidarity and rebellion in conceiving them, acts that at the same time allow a space for the child to at least have 'an impression' of the donor. Finn, by comparison was more blunt about what he wanted from a donor, without the same focus on what a child might want:

Finn: So I was like, okay, from among friends I had asked one person who was at the time a lover of mine. But who was not interested in co-parenting. And I was not interested in having a co-parent. It was like, will you please be my sperm donor and not be a co-parent.

In some respects, Finn's account runs counter to much of the literature on sperm donation, which resists the instrumentalization of sperm donors (Van den Broeck et al., 2013). Yet we would suggest that accounts such as Finn's highlight what might be some of the specific needs of men, trans/masculine and non-binary people when it comes to negotiating receipt of donor sperm, namely managing what the need for donor sperm symbolises in the context of a world where masculinity and sperm are so closely intertwined (Moore, 2008). By contrast, a small number of participants were open to donors playing more of a role:

Denver: For me, I had ... he was a donor, but he was also involved. I wanted to know the donor, and I wanted to know that I could trust them, and things like that. And I trusted him as a dad, he's a great father, and all of that, I just didn't trust him with me as he viewed me.

Denver narrated a complex series of shifts, from the donor being simply that, to being someone involved in their children's lives, to being a father. The complexities, for Denver, related to their own relationship with, and trust for, the donor, though at the forefront for them was a focus on allowing the children to determine their relationship with the donor, as we will explore in the final theme below.

Theme 2: Kinship in the Context of Donor Conception

In contrast to some of the more instrumentalising accounts included in the first theme above, or Denver's account which recognised the donor's relationship to the children without necessarily signifying a relationship between Denver and the donor, participants included in this second theme spoke about creating kinship with donors. Echoing Weston's (1997) account of families of choice, participants such as Dee developed their own language for talking about the role of both the donor, and their extended family:

Dee: We spent time contracting together, and figuring out what it is that felt important to us. And so, he's the kid's Spunkle, and in their lives as extended family. His parents are GrandSpunkle and GrandSparkle, and know the kids, and the kids know them. And that's actually been a very rich and lovely process [...]

Interviewer: If you think about your children and their grandparents. How many sets of grandparents do you consider your children to have?

Dee: I mean they would only count [partner]'s parents and my parents as their grandparents. Grandspunkle and grandsparkle are a different deal. They're not grandparents. I don't know. They're grandparent-adjacent.

Here Dee makes an interesting set of claims. First, the process of 'contracting' was reciprocal, a process of negotiation, resulting in kinship terms for the donor and his parents.

At the same time, when asked about the child's grandparents, a line is drawn between Dee and their partner's parents as grandparents, and the role of the donor's parents as 'grandparent-adjacent'. The language of 'spunkle', 'grandspunkle', and 'grandsparkle', then, brings the donor and his family into a relationship with the recipients and their child, but it is a mediated relationship. It is a relationship that is 'rich and lovely', but at the same time it is a relationship wrought by conception, rather than by kinship in the first instance. Other participants noted more traditional kinship claims between donor and child:

Interviewer: Is he ever going to be involved in her life?

Charlie: He is involved. He's uncle Michael. We made it clear from when we started that he would always be uncle and that we'd involve his family if they're interested. So she sees her Irish nana as she's called, as often as she can. So she's still gonna know where she's come from, she's gonna have all the links to any cousins and stuff. And obviously we're gonna meet her cousins. Because I don't see pretty much any of my family. [Michael has been] one of my best mates for years, so his family is kinda like my family anyway. So it was nice and it was effortless.

Here Charlie notes that he and is partner were the ones directing the relationship ('we made it clear'), designating an uncle role from the onset. Importantly here we would note that while this is a kinship designation, it is nonetheless a chosen kinship designation (i.e., uncle rather than father). This represents an interesting reworking of traditional kinship relations: the donor is genetically related to the child but is not their father, arguably because the donor is a 'best mate' and 'pretty much part of the] family' to Charlie, so akin to his brother. Emphasised here, then, is the relationship between Charlie and Michael first and foremost, even if by extension that grants a relationship to the child.

Theme 3: Children's Agency in Directing Relationships

In this final theme we explore how a number of participants oriented to the idea that relationships with donors should be determined by children, albeit with this requiring that parents create a space for this possibility:

Sam: There were sometimes people asking around who I was with or making assumptions of whether I was in a relationship or not, so I was quite conscious of kind of explaining that I was doing it as single person with a donor. And at that stage, I guess I wasn't explicitly including the donor in the family structure that would unfold, so it wasn't till [child] was a toddler, and donor was kind of visible in his life that we started talking about donor dad, or Dad, or the distinctions of those things.

For participants such as Sam, openness to the role of the donor as determined by the child was somewhat unintentional. Sam had been clear they were conceiving as a 'single person with a donor', with no role for the donor in the 'family structure'. But as Sam notes, the unfolding of life after the arrival of the child meant that the identity of the donor shifted as the child grew. By contrast, for participants such as Denver, there was a sense of purposiveness in ensuring from the onset that a relationship between donor and children was possible, even if the relationship was to be determined by the two in conjunction:

Denver: For me, I wanted to have him involved, because I felt that, because he was ... or, if he wanted to, I felt like his relationship with his potential children was his business, not really mine. That's how I felt about it. And I didn't feel like, for the kids, I wanted to step in the way of what they wanted either, so I just sort of left it to him if he

wanted to be involved or not, and for them to be able to establish their own relationships.

Despite some of the challenges that Denver experienced in their relationship with the donor, as indicated in the first theme, Denver was nonetheless willing to step back and leave space for the donor and the children to determine their relationships. This required that the donor be visible in their lives from the onset, while at the same time not predetermining what they all might decide about the nature of the relationship.

Conclusion

In this chapter we have explored how a sub-sample of men, trans/masculine and non-binary people talk about known donor conception, and the relationship of children to donors.

Alongside our review of the literature on social scripting for men, trans/masculine and non-binary people in regard to conception, we have identified a number of potential barriers to social scripting that require attention. The first of these are analogies made between cisgender women, and men, trans/masculine and non-binary people in terms of reproduction. As we have argued elsewhere, a more productive analogy is between cisgender men, and gestational parents who are men, trans/masculine and non-binary (e.g., Riggs et al., 2020). While we would not wish to suggest that all men, trans/masculine and non-binary people subscribe to masculinist norms, it is likely the case that many men, trans/masculine and non-binary people navigate donor conception in a way that more closely mirrors the experiences of cisgender men. Going forward, then, it will be important that research examines how men, trans/masculine and non-binary people who are gestational parents navigate masculinist norms in regard to donor conception, and how challenging such norms may help to address barriers to developing scripts about disclosing donor conception (e.g., see Barnes, 2014).

A second barrier relates to competencies among fertility clinic staff to meet the needs of men, trans/masculine and non-binary people. While not all people may choose to access donor sperm via clinics even if such clinics are trans inclusive, it is vital that this is a possibility. This is important given that fertility clinics, as part of fertility counselling offered, are typically likely to address the topic of scripting for disclosure (Goedeke & Payne, 2010). Research has identified barriers to trans inclusion in fertility clinics (e.g., see Bartholomaeus & Riggs, 2019; Epstein, 2018), outlining clear steps that clinics can undertake to ensure the inclusion of trans people seeking to access reproductive services.

Another barrier pertains to family support and its role in scripting about donor conception. While families can certainly be holders of secrets about donor conception, family relationships can also be a key context through which people navigate decisions about disclosure (Dempsey et al., 2021). Research on family therapy that aims to support trans people's families suggests a number of key avenues for undertaking this work, work that could usefully include a focus on how to best support trans people undertaking a pregnancy (e.g., Blumer et al., 2013; yon Doussa et al., 2020).

Among our participants, many spoke about undertaking purposive contracting with donors, specifically focused on their role, legal requirements, and financial responsibilities to the child. Yet despite this clear focus on contracting, often missing was a focus on scripting for disclosure to children, and how relationships between the donor and child would be navigated. In addition to addressing the barriers outlined above, then, needed are forms of social scripting about disclosure that are specific to men, trans/masculine and non-binary people who conceive using known donor sperm.

Drawing on our findings, our first suggestion would be the importance of honouring and sharing the long histories of conception and gestation by men, trans/masculine and non-binary people. As Lampe et al (2019) discuss, too often Thomas Beattie is heralded as the

'first pregnant man'. Yet men, trans/masculine and non-binary people have spoken about being gestational parents in the media for far longer (e.g., see Califia, 2000). Ensuring that long-standing histories of men, trans/masculine and non-binary people navigating conception are made available, including in terms of how people have scripted disclosure, is an important aspect of ensuring that men, trans/masculine and non-binary people into the future who navigate conception do not feel like they are reinventing the wheel. Indeed, documenting these histories and making them available publicly is an important task that lies ahead for those working in the space of trans reproduction.

Second, the idea of donor conception being an act of rebellion and solidarity offers an important opportunity for scripting about disclosure, an opportunity that both celebrates the joys of conception for men, trans/masculine and non-binary people, as well as recognizing the marginalization that men, trans/masculine and non-binary people too often face in conceiving. Talking about the *need* for rebellion and solidarity offers men, trans/masculine and non-binary gestational parents opportunities to talk about cisgenderism with their children, and to frame their conception and the role of the donor as an act of resistance to cisgenderism. This offers a unique trans-specific form of social scripting that introduces children not just to their conception and their donor, but to the broader social contexts in which their conception occurred.

Finally in terms of trans-specific social scripting for disclosure, our findings suggest the importance of exploring which kinship or kinship-adjacent relationships are made salient among men, trans/masculine and non-binary people. Part of acknowledging the formative role of cisgenderism in the conception experiences of men, trans/masculine and non-binary people involves acknowledging that decisions about kinship and the role of donors are likely shaped by what is intelligible, what is expected, and how gender plays a role in this.

Particularly when it comes to cisgender men as donors, how social expectations about such

men as donors shape openness to disclosure is a topic that warrants closer attention with regards to social scripting. While research suggests that trans men in particular are very open to disclosure about conception to children (e.g., Bonan et al., 2021), whether this actually occurs in practice will likely be shaped by views on how donors relate to or impact upon cisgenderist assumptions imposed upon men, trans/masculine and non-binary people who are gestational parents. Exploring ways to script for known donors in ways that don't overwrite the role of men, trans/masculine and non-binary people in their children's lives is thus an important avenue for future research.

Beyond trans-specific social scripts for disclosure, needed is ongoing attention to what is required to ensure children can determine the nature of their relationship to their donor. While some of our participants spoke about making donors salient in terms of racial matching between donors and recipients, and others spoke about a purposive desire to create a space for relationships between donors and children, we must wonder what this means for the agency of children in determining relationships. At the very least, legislation that protects the rights of children is needed, which was not true in all of the countries in which our participants lived (e.g., Canada, see Kelly, 2017). As explored above, there are a number of barriers and potential facilitators of donor-linking in the lives of men, trans/masculine and non-binary people who are gestational parents. But beyond parents themselves, it is important that into the future avenues are created and formalized for children of men, trans/masculine and non-binary people to make agentic decisions about accessing information.

Donor registers are one obvious avenue, but as we would argue, accessing donor registers are in a sense an end point to a journey that starts well before that. Talking about donor conception by creating trans-specific social scripts is one part of that journey. Having children's picture books about donor conception that are trans-inclusive are another part of that journey. Having public stories that celebrate trans conception and recognize its long

histories are another part of that journey. And creating spaces where a diversity of kinship relationships with donors are possible and indeed intelligible are yet another part of that journey. In other words, what is needed to ensure children's agency in the context of donor-linking are a diversity of trans-specific and trans-inclusive approaches to scripting donor conception that challenge cisgenderism, and create possibilities for futures where children are able to create their own scripts about their families and all those involved in their conception.

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