

Appendices

CONTENTS

APPENDIX 1: SOCIAL SCIENCE RESEARCH

- 184 TABLE 1: STUDIES OF CHILDREN RAISED BY LESBIAN AND GAY PARENTS 1986-2006
- 205 TABLE 2: STUDIES OF DONOR CONCEPTION AND FAMILIES 1995-2006

APPENDIX 2: SUBMISSIONS

- 216 CONSULTATION PAPER
- 219 POSITION PAPER ONE: ACCESS
- 223 POSITION PAPER TWO: PARENTAGE
- 227 POSITION PAPER THREE: SURROGACY

APPENDIX 3: CONSULTATIONS

Appendix 1

Table 1: Studies of Children Raised by Lesbian and Gay Parents 1986–2006

This table presents a summary of findings of recent empirical studies on children raised by lesbian and gay parents.

AUTHOR AND YEAR	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
Almack (United Kingdom, 2006) ¹	Lesbian couples' reproductive decision-making and understandings of the needs of the child	<ul style="list-style-type: none"> Qualitative study of 20 families with two lesbian parents where first child conceived using donated sperm Interviews, with analysis based on socio-legal context 	<ul style="list-style-type: none"> 13 of 20 couples chose to make private arrangements with a known donor. Two key risks identified: known donors seeking more involvement than agreed and potential claim by donor of legal rights in relation to the child. 	<ul style="list-style-type: none"> Despite different entry points into motherhood and family formation, needs of the child are the overarching priority for lesbian mothers.
Bailey, Bobrow, Wolfe & Mikach (United States, 1995) ²	Sexual orientation of adult sons of gay fathers	<ul style="list-style-type: none"> 55 gay or bisexual fathers (all earlier married, 91% separated or divorced) and 82 adult sons Sons aged 17–43 Interviews with fathers, mailed questionnaire for sons (43 replied) 	<ul style="list-style-type: none"> Of sons whose sexual orientation could be rated with confidence, 91% were heterosexual and 9% non-heterosexual. Sexual orientation was not positively correlated with the amount of time sons and fathers lived together. 	<ul style="list-style-type: none"> The large majority of sons of gay fathers were heterosexual. Any environmental influence of gay fathers on their sons' sexual orientation was minimal.
Bos, van Balen & van den Boom (The Netherlands, 2003, 2004) ³	Planned lesbian mother families: motivation to have children	<ul style="list-style-type: none"> 100 lesbian two-mother families and 100 heterosexual couple families Lesbians conceived through DI at a clinic or self-inseminated Children aged 4–8 and all born into family of origin Questionnaires 	<ul style="list-style-type: none"> Happiness more important motive for lesbian social mothers than for fathers. Well-being, identity development and social control less important motives for lesbian social mothers than for fathers. Lesbian biological mothers and social mothers spent more time reflecting on decision to have children than heterosexual mothers and fathers. 	<ul style="list-style-type: none"> Lesbian parents and heterosexual parents ranked their parenthood quite similarly. Lesbian parents especially differed from heterosexual parents in that their desire to have children was stronger. Lesbian parents have spent more time thinking about their motives for having children and their desire to have children was stronger.
	Planned lesbian mother families: experience of parenthood, couple relationship, social support and child-rearing goals		<ul style="list-style-type: none"> Lesbian parents no less competent nor more burdened than heterosexual parents. Both lesbian and heterosexual parents consider it important to develop qualities of independence in their child, but 'conformity' as a child-rearing goal is less important to lesbian mothers. Lesbian social mothers feel they must justify the quality of their parenting more often than fathers. 	<ul style="list-style-type: none"> There were few differences between lesbian couples and heterosexual couples as parents, except that lesbian mothers appear less attuned to traditional child-rearing goals and lesbian social mothers seemed to defend their position as mothers more often.
Bozett (United States, 1988) ⁴	Social control strategies of sons and daughters of gay fathers	<ul style="list-style-type: none"> 19 children aged 14–35 (13 females, 6 males), representing 14 gay fathers Unstructured in-depth interviews 	<ul style="list-style-type: none"> 16 of 19 children reported to have heterosexual preference. Children employ range of social control strategies: boundary control, nondisclosure and disclosure. Use of these strategies is influenced by perceptual, situational and maturational factors. 	<ul style="list-style-type: none"> An exploration of children's feelings as well as contact and support from other gay fathers and children of gay fathers may be a powerful way to reduce homophobia.

Abbreviations: DC = donor-conceived; DI = donor insemination; TC = traditionally conceived;

AUTHOR AND YEAR	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
Brewaeyts, Ponjaert, van Hall & Golombok (Belgium/The Netherlands, 1997) ⁵	Child development and family functioning in families with lesbian mothers	<ul style="list-style-type: none"> Comparative study: 30 DC children in families with lesbian mothers, 38 DC children in families with heterosexual parents and 30 TC children of heterosexual couples Children aged 4–8 Interviews and questionnaires to parents and psychological testing of child Participants recruited through clinics and hospitals in Brussels 	<ul style="list-style-type: none"> No significant differences in mother–child interactions, child’s perception of their parents or gender role development. Parent–child interaction with lesbian social mothers was higher than for heterosexual fathers. Social mothers were more involved with practical childcare activities and disciplining the child than heterosexual fathers. Lack of a genetic link did not influence child’s feelings for the parent (lesbian or heterosexual). 	<ul style="list-style-type: none"> The quality of couples’ relationships and the quality of mother–child interaction did not differ between families of lesbian mothers and heterosexual parents. Boys and girls raised in lesbian mother families were well adjusted in terms of emotional/behavioural development. Gender-role development did not differ between children of lesbian mother families and heterosexual parent families. Children’s own perception of parents was similar in all family types—social mothers in lesbian mother families were regarded as much as parents as fathers in heterosexual families.
Dundas & Kaufman (Canada, 2000) ⁶	Perceptions of mothers and children in lesbian parented families Toronto Lesbian Family Study, Stage 1	<ul style="list-style-type: none"> 27 lesbian mothers and 20 children (primarily conceived by DI) Children aged 0–12 Of 17 fathers, 7 known (1 donor/rest from previous heterosexual relationships) and 10 unknown Questionnaires and semi-structured interviews with mothers and verbal children Longitudinal, qualitative and quantitative data 	<ul style="list-style-type: none"> Most (25) mothers were planning to tell or had already told their children about their sexuality, as questions arose. All mothers planned to reveal all available information about donors to children at an appropriate age. 8 mothers worried about lack of male role models. Children under 5 did not suggest having two mothers made their families different. When asked, children conceived by DI said they had no father, or identified other important men in their lives as father figures. 	<ul style="list-style-type: none"> Women who had negative early homophobic memories seemed less comfortable and open about revealing their sexuality to children. These same women also had poorer current functioning and depressive symptoms. Children were content with their family make-up and did not feel stigmatised by having two mothers.
Flaks, Ficher, Masterpasqua & Joseph (United States, 1995) ⁷	Comparative study of planned lesbian mother families and heterosexual parents and children	<ul style="list-style-type: none"> 15 lesbian couples and their 3–9 year old planned DC children and 15 matched heterosexual parents and children Assessment measures to evaluate children’s cognitive functioning and behavioural adjustment; parents’ relationship quality and parenting skills 	<ul style="list-style-type: none"> Children of lesbian and heterosexual parents are remarkably similar, specifically in the areas of intellectual functioning and behavioural adjustment. No gender differences were found between the groups. Of the 24 comparisons made, 17 favoured children of lesbian parents. Lesbian parents were more aware of skills for parenting and were superior in ability to identify critical issues in childcare situations than heterosexual parents. 	<ul style="list-style-type: none"> There was no empirical support for the proposition that lesbian families should be treated differently from other families in the legal arena. Neither father presence nor parental sexuality was demonstrated to be crucial for healthy child development. Differences in parenting skills were related to parents’ gender rather than to their sexual orientation.

Abbreviations: DC = donor-conceived; DI = donor insemination; TC = traditionally conceived;

Appendix 1

Table 1: Studies of Children Raised by Lesbian and Gay Parents 1986–2006

AUTHOR AND YEAR	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
Gartrell, Hamilton & Banks et al (United States, 1996, 1999, 2000, 2005) ⁸	National Lesbian Family Study of children born into families with lesbian mothers	<ul style="list-style-type: none"> 84 families of DC children (70 lesbian couples, 14 single lesbians) 27 with known donors and 18 with possibility of meeting donor after they reached 18 Participants self-selected 	<ul style="list-style-type: none"> Stage 1 examined parental relationships, social supports, pregnancy motivations and preferences, stigmatisation and coping strategies. 47% preferred sperm donors to be unknown, 45% elected to know identity, 8% expressed no preference. Most participants did not expect children to have involved fathers. 63% believed that children need good male role models. 	<ul style="list-style-type: none"> At Stage 1, prospective children were highly desired and thoughtfully conceived. Mothers were strongly lesbian-identified, had close relationships with friends and extended family, had established flexible work schedules and were well-educated about potential difficulties of raising a child in lesbian household.
			<ul style="list-style-type: none"> Stages 2 and 3 (children aged 2 and 5) focused on health concerns, parenting, family structure, relationships, time management and concerns about discrimination. In 75% of two-mother families, mothers shared responsibilities of child rearing and considered themselves equal co-parents. 69% found that having a child enhanced their relationships with their parents. By Stage 3, 31% of couples had split up. Of 50 couples still together, 29 shared child-rearing responsibilities equally, 17 allocated more responsibility to birth mothers and 4 allocated more responsibility to co-mothers. In 43% of cases, children of separated mothers spent equal amounts of time with each mother. 	<ul style="list-style-type: none"> Those co-mothers who had become legal adoptive parents of their children felt that the adoption significantly enhanced the legitimacy of their parenting role. After children were born, some mothers regretted having used unknown donors and felt sad about the lost opportunity for their children to know their donor fathers. Children in continuous families at Stage 3 had two actively-involved parents and most were equally bonded to both mothers. By Stage 3, 63% of grandparents were 'out' about their grandchild's lesbian parents. In situations of separation, the birth mother was more likely to retain sole or primary custody if the co-mother had not officially adopted the child.
		At Stage 4 (children aged 10) interviews conducted with children and standardised tests used to assess social and psychological functioning	<ul style="list-style-type: none"> Children were uniformly positive in describing what is special about having lesbian mothers. Social competence and behaviour of children rated as normal. 85% of children did well academically, 81% relating well to peers. 57% of children reported being open about having lesbian parent families, 39% open to some, 63% open to grandparents. 27% of children with known donor had some contact. 43% of children reported they had experienced homophobia by age 10. None of the children had experienced physical abuse; 5% of girls had experienced sexual abuse. 	<ul style="list-style-type: none"> In social and psychological development, the children were comparable to children raised in heterosexual parent families. Children of unknown donors were indistinguishable from those of known donors in psychological adjustment. Prevalence of physical and sexual abuse was substantially lower than US norms.

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AUTHOR AND YEAR	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
Gartrell, Rodas, Deck, Peyser & Banks (United States, 2006) ⁹	National Lesbian Family Study of children born into families with lesbian mothers	At Stage 4, interviews conducted with birth mothers, co-mothers and single mothers	<ul style="list-style-type: none"> • 30 couples had separated, 22 continuous co-mothers had adopted their children; 9 separated co-mothers had their children; 7/9 then co-parented after separation. • 88% of birth mothers and 97% of co-mothers reported that their families of origin embraced the child. • Known donors generally not regular participants in family life. 	<ul style="list-style-type: none"> • Parenting was prioritised at the expense of other relationships and activities and mothers led very child-focused lives. • Continuous couples shared childrearing responsibilities, domestic chores and income earning. • Co-parent adoptions had legitimised the role of co-mothers, yet some mothers continued to feel jealous of the birthmother's bond with the child.
Gershon, Tschann & Jemerin (United States 1999) ¹⁰	Stigmatisation, self-esteem and coping among adolescent children of lesbian mothers	<ul style="list-style-type: none"> • 76 adolescents aged 11–18 years with lesbian mothers (67% born when in heterosexual relationship) • Interviews and questionnaires, using standardised measures of self-esteem and coping skills, and adaptation of measures of stigma and disclosure 	<ul style="list-style-type: none"> • A perception of greater stigma was related to lower scores on self-perception of social acceptance, self-worth, behavioural conduct, physical appearance and close friendships. • Scholastic competence and athletic competence were unrelated to stigma. 	<ul style="list-style-type: none"> • Adolescents who perceived high stigma had lower self-esteem even when they had more effective coping skills. • Adolescents who disclosed to more people about their mothers' lesbianism had higher self-esteem in the area of close friendship.
Golombok, Tasker & Murray (United Kingdom, 1997) ¹¹	Health and wellbeing of children in fatherless families	<ul style="list-style-type: none"> • 30 families headed by lesbian mothers (from birth), 15 currently single and 15 living with partners (10 since birth) and 42 families headed by single heterosexual mothers • Control group of 41 heterosexual couples with children • Children 3–9 years old • Structured interviews and questionnaires for mothers; ratings from school teachers; testing of children 	<ul style="list-style-type: none"> • No differences in mothers' psychological state, children's emotions, behaviour and relationships. • Mothers in father-absent households expressed greater warmth than other mothers, and lesbian mother families in particular showed greater interaction with their children. • Disputes between mother and child were more severe in father-absent families. • Children from fatherless families showed greater security of attachment but also perceived themselves to be less cognitively and physically competent than their peers. 	<ul style="list-style-type: none"> • Mothers who were raising their children without fathers were warmer and interacted more with their children, but also reported more serious disputes with children. • Absence of a father from birth does not, in itself, have negative implications for children's psychological adjustment. • Lack of differences between single and lesbian mothers suggests that sexuality does not have a negative impact on child development.

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Table 1: Studies of Children Raised by Lesbian and Gay Parents 1986–2006

AUTHOR AND YEAR	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
Chan, Raboy & Patterson (United States, 1998) ¹²	Family relationships and psychological adjustment of children conceived via donor insemination with lesbian and heterosexual mothers	<ul style="list-style-type: none"> 80 families, all conceived children via same sperm bank in California 55 families headed by lesbian parents and 25 headed by heterosexual parents; 50 couples and 30 single parents Children average age: 7 Mailed standardised questionnaires to parents and teachers; children assessed using standardised psychological tests 	<ul style="list-style-type: none"> No significant differences in biological mothers' reports of wellbeing as function of relationship status (single or coupled) or as function of sexual orientation. Parental sexual orientation or household composition was not associated with significant outcomes for children or parents. Parenting stress, love and conflict were associated with child adjustment. Generally, all reporters (biological mothers, non-biological parents and teachers) agreed that children in all family types were functioning well. 	<ul style="list-style-type: none"> Children conceived via DI developed in normal fashion and their adjustment was unrelated to parental sexual orientation or number of people in household. No significant differences in psychosocial adjustment, competence and behaviour problems between children brought up by lesbian or heterosexual parents. Children's wellbeing was more a function of parenting and relationship processes than a function of household composition or demographic factors. Parents who experienced higher levels of parenting stress, inter-parental conflict, and lower levels of love for each other had children who had more behavioural problems.
Golombok, Perry, Burston, Murray, Mooney-Somers & Stevens (United Kingdom, 2003) ¹³	Children from lesbian mother families	<ul style="list-style-type: none"> Children from 39 lesbian mothers (20 single, 19 couples) (28 children born into heterosexual families) Control group of 74 heterosexual couples and 60 single heterosexual women Based on Avon Longitudinal Study of Parents and Children Mean age of children: 7 Standardised questionnaires and interviews 	<ul style="list-style-type: none"> No significant difference in parent-child relationships, socio-emotional development, psychiatric ratings or gender development. Lesbian mothers engaged in more imaginative and domestic play and less smacking than heterosexual mothers. Children from lesbian mother families tended towards higher levels of peer problems (as reported by mothers). Children from single-parent families tended towards conduct problems (as reported by teachers). 	<ul style="list-style-type: none"> Children raised by lesbian mothers appeared to be functioning well and did not experience negative psychological consequences arising from the nature of their family environment. Findings suggest that the presence of two parents, irrespective of gender, is associated with more positive outcomes for children. Maternal sexual orientation is not a major influence on children's gender development.
Green, Mandel, Hotvedt, Gray & Smith (United States, 1986) ¹⁴	Comparative study of lesbian and heterosexual mothers and their children	<ul style="list-style-type: none"> 50 lesbian mothers with 56 children and 40 heterosexual mothers with 48 children Most children born into two parent heterosexual families Children aged 3–11 Analysis of general intelligence, sexual identity, gender-role preferences, family and peer group relationships and adjustment to single parent family Questionnaires and standard psychological tests 	<ul style="list-style-type: none"> No distinctions between groups in terms of popularity, social adjustment or self-concept as male or female. Daughters showed wider range of gender-role behaviour than sons, but not beyond normal range. Daughters of lesbian mothers were less traditionally feminine in dress, play, activity preferences and anticipated occupation. Boys in both groups were similar and quite traditionally masculine. 	<ul style="list-style-type: none"> Girls and boys raised from early childhood by a lesbian mother without an adult male in the household for about 4 years do not appear appreciably different on parameters of psychosexual and psychosocial development from children raised by heterosexual mothers, also without an adult male present.

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AUTHOR AND YEAR	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
Henrickson (New Zealand, 2005) ¹⁵	Lesbian, gay and bisexual people who are parents	<ul style="list-style-type: none"> Based on data on parenting and children taken from Lavender Islands: Portrait of the Whole Family national study of lesbian, gay and bisexual people Included people who had had children in previous heterosexual relationships, those who had children in same-sex relationships, single parents, adoption and fostering 	<ul style="list-style-type: none"> Parents were more likely to be women, over the age of 40, highly educated, and earning more than non-parents. Respondents from urban centres significantly more likely not to have children than those from non-urban areas. People from non-urban areas were significantly more likely to have given birth to at least one child than those from urban areas. 	<ul style="list-style-type: none"> About one third of respondents had some kind of parenting relationship to children. The strongest predictor of becoming a parent was whether they had a child prior to identifying as lesbian, gay or bisexual. The desire to reproduce and parent children among lesbian, gay and bisexual people may be quite separate from the desire for a fulfilling relationship with a partner.
Huggins (1989, United States) ¹⁶	Self-esteem of adolescent children of divorced lesbian and heterosexual mothers	<ul style="list-style-type: none"> 36 adolescent children aged 13–19 from 32 families with divorced mothers, lesbian and heterosexual Use of Coopersmith Self-Esteem Inventory assessment 	<ul style="list-style-type: none"> No significant statistical differences between the self-esteem scores of adolescent children in the two groups. Lower self-esteem correlated with feeling negative about mother's lesbianism. Both groups of children had a higher self-esteem score if their mothers were living with a lover or were remarried. Father's level of acceptance of mother's lesbianism appeared to have important influence on child's acceptance. 	<ul style="list-style-type: none"> The mother's sexual object choice did not appear to influence negatively the self-esteem of her adolescent children. The assumption that children of lesbian mothers are socially stigmatised by their mother's sexual choice was not supported.
MacCallum & Golombok (United Kingdom, 2004) ¹⁷	Health and wellbeing of children raised in fatherless families from infancy	<ul style="list-style-type: none"> 25 lesbian mother families and 38 single heterosexual mother families Children aged 12 Structured interviews and questionnaires for mothers and children; psychological tests for children and ratings from teachers Follow up of Golombok et al (1997) (see above) 	<ul style="list-style-type: none"> No group differences in mothers' or children's psychological state, mothers' expressed warmth, children's school adjustment or peer adjustment. Mothers in father-absent families showed higher levels of aggression during disputes (especially single mothers), and also reported more severe disputes than other mothers. Adolescent children in father-absent families perceived their mothers to interact with them more and to be more available and dependable. Boys in father-absent families expressed higher levels of femininity, but not lower levels of masculinity. 	<ul style="list-style-type: none"> Adolescent children raised in fatherless families did not suffer serious negative consequences (social and emotional development). There were very few differences found between the two groups, apart from higher levels of disciplinary aggression from single heterosexual mothers. There was no evidence that a mother's sexuality influences parent-child interaction. In the absence of financial hardship, parental conflict or maternal psychiatric disorder in their early years, there was no evidence that the absence of a father per se necessarily results in psychological disadvantages for children.

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AUTHOR AND YEAR	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
McNair, Dempsey, Wise & Perlesz (2002, Australia) ¹⁸	Report of Lesbian and Gay Families Project	<ul style="list-style-type: none"> Study focusing on lesbian parents' health and medical issues, parental relationships, social acceptance and support 136 lesbian women with 115 children (70 intending to parent, 71 with children) Children aged 1–17 Anonymous mail-back questionnaire completed by one of mothers in couples 	<ul style="list-style-type: none"> Lack of legal recognition as a parent (particularly towards non-biological mother) and lack of legal recognition as a family were reported as the most frequent problems and created the most difficulty in parenting. High level of knowledge about health, but low access to information for conception. Children raised by lesbian parents were well accepted by family and friends, and were reported as having few relationship difficulties overall as a result of their parents' sexuality. High level positive peer relationships for mothers. Challenges included fears and experiences of community prejudice and rejection by family. 	<ul style="list-style-type: none"> Legal insecurity was the leading challenge for lesbian parents, particularly the lack of access to assisted reproductive technology services in Victoria and the lack of legal recognition of the non-biological mother. Parents experienced less discrimination than prospective parents predicted, probably because they carefully chose their professional and community support networks. Lesbian parents carefully considered their children's need to access information about the biological father, safety in the conception process, optimal levels of contact between the father and children, and accessing the most supportive community and professional networks possible.
Mercier & Harold (United States, 2003) ¹⁹	Lesbian parent families and their children's schools	<ul style="list-style-type: none"> 21 women representing 15 families (all but 1 partnered), with children aged 6m–17 (6 attended preschool, 20 enrolled in kindergarten–grade 11) Families formed in variety of ways, including TC, DC, adoption, foster care and guardianship Semi-structured interviews, guided by principles of feminist epistemology 	<ul style="list-style-type: none"> Most (80%) women said they had a positive relationship with their children's schools, but nearly all interviews revealed evidence of stress. None of the negative experiences were related to the respondents' sexual orientation. Nearly everyone who mentioned diversity suggested that schools that value diversity of any type are more likely to respond well to lesbian parent families. Social invisibility, especially for non-biological parents, was a significant issue. 	<ul style="list-style-type: none"> Lesbian parents express concern about their children's experience in schools, particularly that of being different. Lesbian parents respond to these concerns by selecting schools and teachers known for multiculturalism and openness to diversity, even when such selection involved considerable effort or inconvenience. Managing disclosure about sexual orientation was a primary issue for many lesbian parents.
O'Connell (United States, 1993) ²⁰	Impact of divorced mothers' lesbianism on adolescent children	<ul style="list-style-type: none"> In-depth study of 11 children whose mothers, either prior to or post divorce, came out as lesbian Attention to adolescent developmental issues of peer affiliation and sexuality 	<ul style="list-style-type: none"> Findings indicated profound loyalty and protectiveness toward the mother, openness to diversity, and sensitivity to the effects of prejudice. Subjects reported strong needs for peer affiliation and perceived secrecy regarding mother's lesbianism as necessary for relationship maintenance. 	<ul style="list-style-type: none"> Subjects had adjustment reactions like other children of divorced parents. The loss of the original family unit was far more significant in the children's lives than the mother's change in sexual orientation.

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AUTHOR AND YEAR	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
Patterson (United States, 1994, 1996) ²¹	Child development, maternal mental health and family functioning among lesbian mothers and their children Findings of Bay Area Families Study	<ul style="list-style-type: none"> 66 lesbian mothers and their children (26 couples, 7 single mothers, 4 in joint custody between two mothers) Children aged 4–9 Standardised questionnaires completed by mothers and standardised tests for children, including Children’s Self-View Questionnaire, as well as open-ended interview of children Results compared with general population 	<ul style="list-style-type: none"> Both mothers’ and children’s adjustment fell clearly within the normative range and social and personal development among children was normal. Children reported greater reactions to stress, as well as a greater overall sense of well-being than children of heterosexual mothers. Lesbian couples reported that they divide household labour and family decision-making relatively evenly, but biological mothers reported performing more childcare and non-biological mothers reported spending more time in paid employment. 	<ul style="list-style-type: none"> Children raised by two women may have greater awareness and expression of emotional experience and increased openness to expression of negative as well as positive feelings. There were significant associations between division of labour among lesbian couples and psychosocial outcomes for mothers and their children.
Ray & Gregory (Australia, 2001) ²²	School experiences of children of lesbian and gay parents	<ul style="list-style-type: none"> 48 children, 39 with lesbian mothers, 6 with gay fathers, 3 with gay and lesbian parents Children aged 5–18 Mail-back questionnaire, interviews and focus groups with children; separate questionnaire for parents 	<ul style="list-style-type: none"> Parents were concerned that children would be teased or bullied at school, that discussion of lesbian and gay families would not be part of school or pre-school curriculum and that children would have to answer difficult questions. 41% of parents of children in primary school and 17% of parents of secondary school children reported no negative issues. Disclosure of parent’s sexuality: 90% Prep–Grade 2, 61% Grades 3–6, 64% Years 7–10, 86% Years 11–12. Presence of bullying: No bullying for Prep–Grade 2; 44% Grades 3–6, 45% Years 7–10, 14% Years 11–12 bullied. 	<ul style="list-style-type: none"> Children of gay and lesbian parents were exposed to a high level of bullying and teasing. Children chose silence in response to bullying, use of homophobic language and a general lack of understanding of gay and lesbian families. Secondary school children in particular spent a lot of time avoiding being teased or bullied and often went to great trouble to hide their parents’ sexuality. Many children felt unsafe at school and were not confident in a teacher’s ability to deal with the issues. Children affirmed the advantages of having lesbian and gay parents and enjoyed being part of the gay and lesbian community.
Sarantakos (Australia, 1996) ²³	Educational, family and social development of children of married heterosexual couples, cohabiting heterosexual couples and gay and lesbian couples	<ul style="list-style-type: none"> 174 children: 58 with heterosexual married, 58 heterosexual cohabiting and 58 homosexual (47 lesbian, 11 gay) parents All children primary school age All children living with at least one biological parent All children with homosexual parent were born into previous relationship Information collected primarily from teachers Study measured academic performance, social behaviour, personality issues, school-related family issues 	<ul style="list-style-type: none"> Achievements of children varied with family type. Children of married couples achieved highest score in language, mathematics and sport. Children of homosexual couples achieved slightly better in social studies. Children of homosexual couples were reported to be more reserved and more polite. Girls of gay fathers were more boyish and boys of lesbian mothers were more effeminate in behaviour. Heterosexual parents (esp. married) had greater ambition for their children. Children of homosexual parents had more autonomy in personal life. 	<ul style="list-style-type: none"> Children of married couples are more likely to do well at school, in academic and social terms, than children of cohabiting heterosexual and homosexual couples. Findings should be treated with caution because other factors than sexuality and marital status may cause or contribute to trends. Family environments are instrumental for development of attributes which encourage educational progress and social development.

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Appendix 1

Table 1: Studies of Children Raised by Lesbian and Gay Parents 1986–2006

AUTHOR AND YEAR	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
Tasker & Golombok (United Kingdom, 1995, 1997) ²⁴	British Longitudinal Study of Lesbian Mother Families	<ul style="list-style-type: none"> Longitudinal comparative study of female-headed families: 27 lesbian mothers and 27 single heterosexual mothers Study began in 1976–77 with follow-up in 1991–92 39 children in each group at beginning; at follow-up, 25 young adults from lesbian mother families and 21 raised by single heterosexual mothers Most women had previously been in heterosexual relationship and most children had lived at least their first year in a home with a father and mother In initial study, average age of children was 9.5 years and at follow up, average age 23.5 years Semi-structured interviews 	<ul style="list-style-type: none"> Almost all young adults were over 10 at time of mother’s main lesbian relationship. Young adults who had been brought up in lesbian households described their relationship with their mother’s partner significantly more positively than did those who had been raised by heterosexual mothers. Young people from lesbian mother families who felt less accepting of their family during adolescence were more likely to believe that their mothers had been too open about their sexual identity in front of the adolescents’ peers. In adulthood, young adults brought up by lesbian mothers were significantly more positive about their mother’s non-conventional relationships than those raised by single heterosexual mothers. 23 out of 25 young adults from lesbian mother families identified as heterosexual. 	<ul style="list-style-type: none"> Negative outcomes for children should not be assumed on the basis of a mother’s sexual orientation. All children had functioned well throughout childhood and adolescence. Those raised by lesbian mothers continued to do so in adulthood and experienced no long-term detrimental effects as adults, in terms of mental health, personal relationships, or relationships with peers or partners arising from their early upbringing. No significant difference was found between young adults from lesbian and heterosexual parent backgrounds in the quality of their current relationship with their mothers and fathers. Fear of peer group stigmatisation and the experience of being teased or bullied are central elements in how children feel about being brought up in lesbian mother families. Having a lesbian mother appeared to widen the adolescent’s view of what constituted acceptable sexual behaviour to include same-gender sexual relations.
Vanfraussen, Ponjaert-Kristoffersen & Brewaeys (Belgium, 2002) ²⁵	Donor-conceived children’s views on growing up in lesbian mother families	<ul style="list-style-type: none"> 37 children of lesbian mothers conceived of anonymous donors (6 /24 families separated) and 37 children of heterosexual mothers (6 couples separated) Children aged 7–17 Standardised questionnaire to parents on child’s wellbeing; separate interview with mothers and children, and teacher’s reports Follow up of Brewaeys et al (1997) (see above) Longitudinal study 	<ul style="list-style-type: none"> 38 children had told their peers that they had two mothers; 21 said that people did not understand it. 24 children of lesbian parent families and 21 children from heterosexual parent families experienced teasing; only children from lesbian parent families mentioned family-related teasing. No significant differences in children’s competence, child behaviour, emotional/behavioural functioning. Children from heterosexual parent families scored higher on externalising, aggressive and anxiety scales. Teachers reported more attention problems amongst children from lesbian mother families. 	<ul style="list-style-type: none"> Children were very selective when choosing who to tell about their family structure. Children did not find it difficult to say that they do not have a father; revealing spontaneously that they have two mothers was considered a more private matter. Almost all children were not inclined to tell people that their mothers had a lesbian relationship. Having two mothers was not an obstacle to children inviting friends home. There is no evidence to justify a decision to exclude lesbian couples from DI programs.

Abbreviations: AR = assisted reproduction; DC = donor-conceived; DI = donor insemination; DE = donor egg; IVF = invitro fertilisation; TC = traditionally conceived;

AUTHOR AND YEAR	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
Vanfraussen, Ponjaert-Kristoffersen & Brewaeys (Belgium, 2003) ²⁶	Family functioning in lesbian parent families created by donor insemination, with attention to role of social mothers	<ul style="list-style-type: none"> • 24 lesbian parent families (6 separated couples) and 24 heterosexual parent families • Average age of children: 10 • Parent-Child Interaction Questionnaire, and interviews with both parents and children • Sample source: Brewaeys et al (1997) (see above) 	<ul style="list-style-type: none"> • Neither family type nor parental role influenced the evaluation of parent-child interaction. • All families recorded higher interaction levels with daughters; gender difference was more distinct in lesbian parent families. • Parents reported child activities were more equally shared in lesbian parent households. • In heterosexual parent families, most children discussed emotions with their mothers. 	<ul style="list-style-type: none"> • The only difference between the two types of families was found at the parental level, where parents reported that mothers in heterosexual parent families carried more parenting responsibility. • Lack of biological link between social mothers and children did not prevent them taking on equal parenting responsibility. • In comparison to fathers, social mothers were more involved in child activities and were as much a symbol of authority as fathers.
Wainwright, Russell & Patterson (United States, 2004) ²⁷	The psychosocial adjustment, school experiences and adolescent sexuality of children of same-sex parents	<ul style="list-style-type: none"> • 44 children parented by same-sex couples (38 with lesbian mothers, 6 with gay fathers) and 44 children parented by heterosexual couples • Children aged 12–18 • Standardised questionnaire data and interview with children, standardised questionnaire to parents • Source: US National Longitudinal Study of Adolescent Health, national survey 	<ul style="list-style-type: none"> • No difference in psychosocial adjustment, family and relationship processes or presences of romantic relationships. • Girls reported higher level of care from adults and peers than boys. • Adolescents with same-sex parents were more connected at school. • Adolescents showed more favourable adjustment when they perceived more care from adults and when parents described close relationships with them. 	<ul style="list-style-type: none"> • Adolescents were functioning well; adjustment was not linked with family type, but was strongly associated with qualities of relationships with parents. • Adolescents of same-sex parents had romantic lives that were much like those of other adolescents. • Adjustment was clearly linked to the quality of family relationship.

Abbreviations: DC = donor-conceived; DI = donor insemination; TC = traditionally conceived;

Appendix 1

Table 1: Studies of Children Raised by Lesbian and Gay Parents 1986–2006

ENDNOTES

- 1 Kathryn Almack, 'Seeking Sperm: Accounts of Lesbian Couples' Reproductive Decision-Making and Understandings of the Needs of the Child' (2006) 20(1) *International Journal of Law, Policy and the Family* 1.
- 2 J Michael Bailey, David Bobrow, Marilyn Wolfe and Sara Mikach, 'Sexual Orientation of Adult Sons of Gay Fathers' (1995) 31(1) *Developmental Psychology* 124.
- 3 Henny Bos, Frank van Balen and Dymphna C van den Boom, 'Planned Lesbian Families: Their Desire and Motivation to have Children' (2003) 18(10) *Human Reproduction* 2216; 'Experience of Parenthood, Couple Relationship, Social Support, and Child-Rearing Goals in Planned Lesbian Mother Families' (2004) 45(4) *Journal of Child Psychology and Psychiatry* 755.
- 4 Frederick Bozett, 'Social Control of Identity by Children of Gay Fathers' (1988) 10 (5) *Western Journal of Nursing Research* 550.
- 5 Anne Brewaeys, I Ponjaert, E V van Hall and Susan Golombok, 'Donor Insemination: Child Development and Family Functioning in Lesbian Mothers Families' (1997) 12(6) *Human Reproduction* 1349.
- 6 Susan Dundas and Miriam Kaufman, 'The Toronto Lesbian Family Study' (2000) 40 (2) *Journal of Homosexuality* 65.
- 7 David Flaks, Ilda Ficher, Frank Masterpasqua and Gregory Joseph, 'Lesbians Choosing Motherhood: A Comparative Study of Lesbian and Heterosexual Parents and Their Children' (1995) 31 (1) *Developmental Psychology* 105.
- 8 Nanette Gartrell, Jean Hamilton, Amy Banks, Dee Mosbacher, Nancy Reed, Caroline Sparks and Holly Bishop, 'Interviews with Prospective Mothers' (1996) 66(2) *American Journal of Orthopsychiatry*; Nanette Gartrell, Amy Banks, Jean Hamilton, Nancy Reed, Holly Bishop, Carla Rodas, 'Interviews with Mothers of Toddlers' (1999) 69(3) *American Journal of Orthopsychiatry*; Nanette Gartrell, Amy Banks, Nancy Reed, Jean Hamilton, Carla Rodas and Amalia Deck, 'Interviews with Mothers of Five-Year-Olds' (2000) 70(4) *American Journal of Orthopsychiatry*; Nanette Gartrell, Amalia Deck, Carla Rodas, Heidi Peyser and Amy Banks, 'The National Lesbian Family Study: 4. Interviews with the 10-Year-Old Children' (2005) 75(4) *American Journal of Orthopsychiatry* 518.
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- 10 Tamar Gershon, Jeanne Tschann and John Jemerin, 'Stigmatization, Self-Esteem, and Coping Among the Adolescent Children of Lesbian Mothers' (1999) 24(6) *Journal of Adolescent Health* 437.
- 11 Susan Golombok, Fiona Tasker and Clare Murray, 'Children Raised in Fatherless Families from Infancy: Family Relationships and the Socioemotional Development of Children of Lesbian and Single Heterosexual Mothers' (1997) 38(7) *Journal of Child Psychology and Psychiatry* 783.
- 12 Raymond Chan, Barbara Raboy and Charlotte J Patterson, 'Psychosocial Adjustment among Children Conceived via Donor Insemination by Lesbian and Heterosexual Mothers' (1998) 69(2) *Child Development* 443.
- 13 Susan Golombok, Beth Perry, Amanda Burston, Clare Murray, Julie Mooney-Somers, Madeleine Stevens and Jean Golding 'Children with Lesbian Parents: A Community Study' (2003) 39(1) *Developmental Psychology* 20.
- 14 Richard Green, Jane Barclay Mandel, Mary Hotvedt, James Gray and Laurel Smith, 'Lesbian Mothers and Their Children: A Comparison with Solo Parent Heterosexual Mothers and Their Children' (1986) 15 (2) *Archives of Sexual Behavior* 167.
- 15 Mark Henrickson, 'Lavender Parents' (2005) 26 *Social Policy Journals of New Zealand* 68.
- 16 Sharon Huggins, 'A Comparative Study of Self-Esteem of Adolescent Children of Divorced Lesbian Mothers and Divorced Heterosexual Mothers' (1989) 8(1–2) *Journal of Homosexuality* 123.
- 17 Fiona MacCallum and Susan Golombok, 'Children Raised in Fatherless Families from Infancy: A Follow-Up of Children of Lesbian and Single Heterosexual Mothers at Early Adolescence' (2004) 45(8) *Journal of Child Psychology and Psychiatry* 1407.
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- 19 Lucy Mercier and Rena Harold, 'At the Interface: Lesbian-parent Families and Their Children's Schools' (2003) 25(1) *Children & Schools* 35.
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- 21 Charlotte Patterson, 'Children of the Lesbian Baby Boom: Behavioral Adjustment, Self-Concepts, and Sex Role Identity' in Beverly Greene and Gregory Herek (eds), *Lesbian and Gay Psychology: Theory, Research and Clinical Applications* (1994); Charlotte Patterson, 'Lesbian Mothers and Their Children: Findings from the Bay Area Families Study' in Joan Laird and Robert-Jay Green (eds), *Lesbians and Gays in Couples and Families: A Handbook for Therapists* (1996).
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- 23 Sotirios Sarantakos, 'Children in Three Contexts: Family, Education and Social Development' (1996) 21(3) *Children Australia* 23.
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- 27 Jennifer Wainright, Stephen Russell and Charlotte Patterson, 'Psychosocial Adjustment, School Outcomes, and Romantic Relationships of Adolescents with Same-Sex Parents' (2004) 75(6) *Child Development* 1886.

Abbreviations: DC = donor-conceived; DI = donor insemination; TC = traditionally conceived;

Appendix 1

Table 2: Studies on Donor-conception and Families 1995–2006

This table presents a summary of findings of recent empirical studies on donor-conception, donor-conceived children and their families.

AUTHOR AND DATE	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
Parenting and Psychosocial Wellbeing				
Chan, Raboy and Patterson (Sperm Bank of California, United States, 1998) ¹	Psychosocial adjustment of donor-conceived children and family structure	<ul style="list-style-type: none"> 55 families with lesbian mothers and 25 families with heterosexual parents (50 coupled parents, 30 single parents) Children aged 7 (average) Parents, children and school teachers completed questionnaires 	<ul style="list-style-type: none"> Parents and children were well adjusted. No significant differences in child adjustment as a function of sexual orientation or number of parents. Child behaviour problems were related to family interactions such as parenting stress, inter-parental conflict and levels of love. 	<ul style="list-style-type: none"> Children conceived by DI are developing normally. Outcomes are unrelated to parental sexual orientation. Quality of relationships within families are important. The lack of difference between single and couple parent households could be a function of the particular demographics of the sampled single mothers. The idea that only heterosexual parents can raise healthy children was not supported by the findings.
Golombok, Murray, Brinsden et al (United Kingdom, 1999) ²	Family functioning and socio-emotional development of children conceived by gamete donation	<ul style="list-style-type: none"> Cross-sectional study of 45 DI, 41 IVF and 21 DE families Children aged 4–8 Interviews with mothers, questionnaires completed by parents, psychological assessment of children 	<ul style="list-style-type: none"> No differences observed in quality of parenting, although less warmth was expressed by mothers when a child was not genetically related to the social father. No difference in children's socio-emotional development across different family types. Only one set of DE parents had told their child about their conception; 82% of DI and 38% of DE parents had decided never to tell. 	<ul style="list-style-type: none"> Absence of genetic relationship does not appear to lead to difficulties between parents and children. Families without a genetic link between mother and child showed more positive outcomes, perhaps because families using infertility treatment are more committed to parenthood.
Golombok, Brewaeys, Giavazzi et al (European Study of Assisted Reproduction Families, 2002) ³	Parenting and psychological wellbeing of children conceived by assisted reproduction	<ul style="list-style-type: none"> Longitudinal study comparing 102 IVF, 94 DC, 102 adoptive and 102 TC families Children aged 11–12 Standardised interview and questionnaire with parents and children 	<ul style="list-style-type: none"> All children conceived using AR were functioning well and did not differ psychologically to TC or adopted children. No difference between groups in marital satisfaction, expressed warmth (mothers and children), frequency or severity of disputes and fathers' contribution to parenting. Observed differences showed more positive functioning in AR families and some over-involvement by AR mothers; AR fathers showed higher levels of warmth and enjoyment in parenting. 8.6% of DC, 50% of IVF and 95% of adopted families had told their child about their conception. 	<ul style="list-style-type: none"> The absence of a genetic link between father and child does not appear to interfere with their relationships. Most DC children did not know of their conception, but were not experiencing negative consequences arising with secrecy. 'Open' families reported less conflict. AR families with an early adolescent child appeared to be characterised by stable and satisfying marriages, psychologically healthy parents, a high level of warmth between parents and their children accompanied by an appropriate level of discipline and control, and well-adjusted children.

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Table 2: Studies on Donor-conception and Families 1995–2006

AUTHOR AND DATE	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
Golombok, Lycett, MacCallum et al (United Kingdom, 2004) ⁴	Parent–child relationships, parenting experiences and disclosure trends	<ul style="list-style-type: none"> • First phase of a longitudinal study of 50 DI, 51 DE, 80 TC families • Children aged 1 • Interview and questionnaire with mother and father separately 	<ul style="list-style-type: none"> • No significant difference in measures for quality of marriage, parent–infant interaction, feelings about parental role and parent’s psychological state. • Levels of involvement by gamete donation parents were higher, as were levels of warmth and enjoyment of gamete donation mothers. Gamete donation fathers were less confiding. • Disclosure of conception story: <ul style="list-style-type: none"> - 46% DI, 56% DE parents planned to tell - 24% DI, 22% DE parents were undecided - 30% DI, 22% DE parents had decided not to tell. 	<ul style="list-style-type: none"> • More positive relationships were identified in families with a child conceived by gamete donation, accompanied by greater overprotection among parents. • A greater proportion of parents were considering openness about conception with their child compared to earlier studies.
Golombok, Jadva, Lycett et al (United Kingdom, 2005) ⁵	Parent–child relationships and child’s psychological well-being in families with donor-conceived children	<ul style="list-style-type: none"> • Second phase of a longitudinal study of 46 DI, 48 DE, 68 TC families • Children aged 2 • Standardised interview and questionnaire of mother and father and child assessment 	<ul style="list-style-type: none"> • No difference in anxiety, depression, marital satisfaction, father’s quality of relationship or child’s socio-emotional and cognitive development. • Gamete donation mothers (especially DE mothers) showed greater pleasure in their child and more concern about their child’s vulnerability (especially DI mothers). • 54% of gamete donation parents intended to tell their children about their conception. 	<ul style="list-style-type: none"> • Use of donated gametes does not adversely affect parent–child relationships. • DI and DE mothers’ higher positive maternal feelings and concern for their children reflects their desire to have children. • The lack of genetic connection between father and child may be less injurious than thought previously.
Golombok, Murray, Jadva et al (United Kingdom, 2006) ⁶	Non-genetic and non-gestational parenthood, relationships and telling about conception	<ul style="list-style-type: none"> • Third phase of a longitudinal study of 41 DI, 41 DE, 67 TC and 34 surrogacy families • Children aged 3 • Standardised interview and questionnaire with mother and child assessment 	<ul style="list-style-type: none"> • No group differences found in parents’ psychological state or in child’s psychological adjustment. • AR families showed higher levels of warmth and interaction between mother and child than families with TC children. • 44% surrogacy parents had begun telling their child about conception; 7% DE and 5% DI had told their children about conception. 	<ul style="list-style-type: none"> • The absence of a genetic or gestational link does not appear to negatively impact on parent–child relationships. • Higher levels of interaction between surrogacy and DE mothers and their children could result from increased commitment to parenting or a desire to compensate for a lack of genetic link. • Low levels of disclosure among DE and DI families could be due to the difficulty of discussing donors, concern about family relationships and, unlike surrogacy, the presence of a pregnancy.

Abbreviations: AR = assisted reproduction DC = donor-conceived DI = donor insemination; DE = donor egg, IVF = invitro fertilisation TC = traditionally conceived

AUTHOR AND DATE	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
Golombok, MacCallum, Goodman et al (United Kingdom, 2002) ⁷	Quality of parenting and child's psychological adjustment	<ul style="list-style-type: none"> • Longitudinal study of 37 DI, 49 adoptive and 91 TC families • Children aged 12 • Parents and children participated in a standardised interview and questionnaire • Follow up of 1995 study 	<ul style="list-style-type: none"> • DI mothers showed comparatively higher levels of warmth, responsiveness and emotional over-involvement and were perceived by their children to be more dependable. DI mothers showed comparatively less aggression. • DI fathers reported significantly less severe disputes. • DI children were well adjusted socially and emotionally. • No difference in marital satisfaction across groups. 	<ul style="list-style-type: none"> • The issues that arise in parenting relationships are distinct for mothers and fathers. • Differences identified between DI and other family types reflected more positive, not necessarily negative, relationships. • The concern that DI parents are over-protective appears to be unfounded.
Murray and Golombok (United Kingdom, 2005) ⁸	Single DI mothers' and married DI mothers' psychological wellbeing and parent-child relationships	<ul style="list-style-type: none"> • 27 heterosexual single DI mothers, 50 married DI mothers • Children aged 6 months–1 year • Questionnaire and interviews with mothers 	<ul style="list-style-type: none"> • No differences in expressed warmth, enjoyment of parenting, mothers' psychological state, social support between single and coupled mothers. • Single mothers showed lower levels of mother-infant interaction and lower levels of responsiveness; married DI mothers perceived their children had more difficult temperaments. • 94% of single DI mothers intend to tell their child about DI compared to 46% of married DI mothers. 	<ul style="list-style-type: none"> • Single DI mothers in the present study made an active choice to be a single parent and have more positive outcomes than those reported in the past for single mothers. • Demographics of the group represented a particular subset of single women.
Murray and Golombok (United Kingdom, 2005) ⁹	Psychological wellbeing and relationships of single and married mothers with donor-conceived children	<ul style="list-style-type: none"> • Second phase of a longitudinal study of 21 single mothers and 46 married mothers with DI children • Children aged 2 • Standardised interviews and questionnaires with mothers and child assessment 	<ul style="list-style-type: none"> • No group differences in mothers' psychological state. • Single mothers showed greater joy in parenting, lower levels of anger and perceived their child to be less 'clingy'. • DI children of single mothers showed fewer problems and higher levels of competence than DI children of married mothers. 	<ul style="list-style-type: none"> • Mothers from both family types were functioning well. • The study found a tendency towards more positive relationships between mother and child in single parent families with DI children. • Single mothers with DI children represent a distinct subgroup of single parents.
Turner and Coyle (International, 2000) ¹⁰	Donor-conceived offsprings' identity experiences	<ul style="list-style-type: none"> • Qualitative analysis of semi-structured questionnaire completed by 16 adult donor offspring • Offspring aged 26–55 	<ul style="list-style-type: none"> • Participants reported shock at disclosure, mistrust in the family, negative feelings about being different, frustration and loss (from search for donor), lack of genetic continuity and a need to talk to a significant other. • Withholding information had negative effects on identity. 	<ul style="list-style-type: none"> • The diversity of experiences related to the manner of disclosure makes drawing conclusions difficult. • Common experiences suggest that non-disclosure to children of DI conception is damaging.

Abbreviations: AR = assisted reproduction DC = donor-conceived DI = donor insemination; DE = donor egg, IVF = invitro fertilisation TC = traditionally conceived

Appendix 1

Table 2: Studies on Donor-conception and Families 1995–2006

AUTHOR AND DATE	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
Donor Anonymity				
Adair and Purdie (New Zealand, 1996) ¹¹	Known donors' and recipient parents' views on anonymity	<ul style="list-style-type: none"> 30 recipients of sperm donations, 9 donors (and 7 donors' partners) Mail-back questionnaires, some follow-up interviews 	<ul style="list-style-type: none"> 75% of donors and recipients had developed a closer relationship following donation. Known donors were chosen for unique reasons. Where a relative was chosen as a donor, more recipient men identified wanting a donor from the same genetic pool. Where a donor was a friend, recipients said that related donors would affect extended family relationships. 78% of donors and 63% of recipients agreed to the donor being identified to any child born. 	<ul style="list-style-type: none"> For adults, knowledge about the donor and the ability to select the donor is beneficial. The 'best interests of the child' is not necessarily a ground for making decisions, especially regarding access to information. Parents' and donors' own interests are also factors in any decision.
Brewaeyns, de Bruyn, Louwe et al (The Netherlands, 2005) ¹²	Recipient parents' views on donor anonymity	<ul style="list-style-type: none"> 105 couples (64 heterosexual, 41 lesbian) who had used DI from the same clinic Study reviewed responses to a standard form and questions asked during clinic counselling sessions 	<ul style="list-style-type: none"> 63% of heterosexual and 98% of lesbian couples chose an identifiable donor. The most common reason for this choice was the child's 'right to know'. The major motive for choosing an anonymous donor was fear of interference by the donor. 93% of heterosexual couples using an identifiable donor said they would tell their child about their conception. 17% of those using an anonymous donor would tell their child about their conception. 	<ul style="list-style-type: none"> The number of people choosing identifiable donors is increasing. All couples realised that their interests differed from their child's. At this clinic, the child's interests prevailed. Choice for anonymous donors was associated with low socio-economic status, difficulty coping with infertility and secrecy towards the child.
Brewaeyns, Golombok, Naaktegobore et al, European Study of Assisted Reproduction Families (The Netherlands, 1997) ¹³	Views of parents of DI children on anonymity, and children's emotional adjustment	<ul style="list-style-type: none"> 38 DI, 30 IVF and 30 TC families Children aged 4–8 Interviews with parents at home and questionnaires returned by post 	<ul style="list-style-type: none"> 21% of parents of DI children and 94% of IVF parents of children had decided to inform their children about their conception. 74% of parents of DI children had decided not to inform their children about conception. 82% of these parents said that informing the child about DI would threaten the child's wellbeing. 50% of parents of DI children had told at least one other person. 57% of parents favoured an anonymous donor; 31% would like non-identifying information and 9% identifying information about the donor. No association between secrecy and emotional behavioural adjustment of the child. 	<ul style="list-style-type: none"> Secrecy is associated with DI but not IVF. Parents' uncertainty about using donor gametes rather than taboo around infertility drives the choice for secrecy. Different attitudes to anonymity between mothers and fathers suggests that the parent who lacks a genetic connection to the child views the donor as more threatening to his or her position.

Abbreviations: AR = assisted reproduction DC = donor-conceived DI = donor insemination; DE = donor egg, IVF = invitro fertilisation TC = traditionally conceived

AUTHOR AND DATE	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
Cook and Golombok (United Kingdom, 1995) ¹⁴	Motivations and attitudes of donors	144 sperm donors completed a standardised questionnaire. Their responses were compared with responses of 136 male students and 135 female students from London universities.	<ul style="list-style-type: none"> • Payment was an important factor for 43% of donors; the desire to help others was moderately important for 45% of donors. • A greater proportion of older donors (≥25 years) would donate without payment. • 37% of donors expressed concern that they would be contacted by their offspring. • Almost all women who said they would consider donating eggs were motivated by a wish to help others. 	<ul style="list-style-type: none"> • The large majority of semen donors in the United Kingdom are young, single students motivated by payment.
Daniels, Blyth, Crawshaw et al (United Kingdom, 2005) ¹⁵	Donors' views on anonymity and recruitment	<ul style="list-style-type: none"> • 32 sperm donors aged 27–57 who donated 1998–2002 • More than 75% of donors were living with partners and children at time of donation • Semi-structured telephone interview with donors 	<ul style="list-style-type: none"> • The major motivation for becoming a donor was the desire to help others to become parents. • 75% of donors did not believe there should be payment for donations. • At the time of donation, 37.5% agreed to being identified. 50% of donors would still donate if they were required by law to be identified, 25% would not donate, 25% were undecided. • 37.5% of donors had changed their mind about anonymity from the view they recorded at the time of donation. 	<ul style="list-style-type: none"> • It is possible to recruit identifiable donors. However, the clinic studied only permits altruistic donations and the demographics of these donors are a factor in this finding. • A longer-term view of donation should be encouraged, as more than one third of donors changed their mind about anonymity.
Ellis, Blood and Warren (Australia and New Zealand, 2005) ¹⁶	Egg donors' attitudes to telling children about their conception	<ul style="list-style-type: none"> • Study of 60 egg donors who donated eggs 1997–2000 • Women completed a 25–page mail-back questionnaire 	<ul style="list-style-type: none"> • 41 of the 60 women were known donors. • Most donors felt that the child should be told about their conception but not all donors supported telling the child. • The decision not to tell is more prevalent where there is a family relationship (eg sister) between the egg donor and the recipient. 	<ul style="list-style-type: none"> • Decisions about disclosure may impact on family dynamics. The issues are particularly significant where the recipient is the donor's sister.
Scheib, Riordan and Rubin (United States, 2003) ¹⁷	Parents' perspective on identity release donors	<ul style="list-style-type: none"> • Parents from 45 households who had used DI programs (40% lesbian, 38% single, 22% heterosexual) • Children aged 13–18 • Analysis of a mail-back questionnaire 	<ul style="list-style-type: none"> • 97% of parents chose open-identity donors to give the child the option of gaining more information. • 95% felt moderately to very positive about the upcoming release of the donor's identity. • 93% had told the child about their donor conception (including 70% of heterosexual couples); 68% of children had neutral or no response to this knowledge. • 91% of parents expected or knew their child was curious about the donor. 	<ul style="list-style-type: none"> • Disclosure did not appear to have a negative impact on families. • Families were open and positive about DI and their use of an open-identity donor.

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Appendix 1

Table 2: Studies on Donor-conception and Families 1995–2006

AUTHOR AND DATE	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
Scheib, Riordan and Rubin, The Sperm Bank of California ((United States, 2005) ¹⁸	Donor-conceived youths' responses to having 'open identity' sperm donors	<ul style="list-style-type: none"> Longitudinal study of 29 offspring from 12 lesbian-parented, 11 single-parented and 6 heterosexual couples with DC children Children aged 12–17 Mail-back questionnaire completed by children 	<ul style="list-style-type: none"> 75.9% of children reported always knowing they had a donor; learning and knowing had a neutral to positive impact on mother–child relationships. Most children were somewhat to very comfortable with their conception; 44% said it did not affect their life, 40% felt loved. No children had negative feelings towards donors, 86.2% were curious about him; 80% moderately likely to request donor's identity and pursue contact. Few children (6.9%) wanted a father–child relationship. 	<ul style="list-style-type: none"> Majority of children felt comfortable with their origins. Most children planned to obtain their donor's identity, but not necessarily at age 18. This wish stemmed from curiosity about the donor. Learning about DI origins at an early age and having 'open identity' donors contributed to children's positive outlook.
Van Berkel, van der Veen, Kimmel et al (The Netherlands, 1999) ¹⁹	Parents' attitudes to openness about donated gametes, 1980 and 1996	<ul style="list-style-type: none"> 107 male and 110 females who were recipients of gamete donation Results of a 1996 questionnaire were compared to 1980 results 	<ul style="list-style-type: none"> In 1996, 80% of couples had decided not to inform the child about use of a donor, compared to 77% in 1980. The number of couples who were uncertain about disclosure halved by 1996. In 1996, 10% of couples had decided to inform the child about their conception, compared to 3% in 1980. 	<ul style="list-style-type: none"> In 1996, couples who considered informing their child hesitated significantly less and showed more openness. There is a trend towards increased importance attached to the donor.
Vanfraussen, Ponjaert-Kristoffersen and Brewaeys (Belgium/The Netherlands, 2001) ²⁰	Children's and parents' attitudes to donors in lesbian parent families	<ul style="list-style-type: none"> Longitudinal study of 41 children and 45 parents Children aged 7–17 In-depth interviews with mothers and children Sample drawn from Brewaeys et al (1997)²¹ 	<ul style="list-style-type: none"> All children were aware of the donor's role in their conception. 54% of children preferred donor anonymity at this point in their life; 46% wanted to know more. Siblings in the same family unit sometimes held different views. Of 11 children who wanted to meet the donor, 9 were male. 76% of mothers preferred donor anonymity, 18% supported identity release. 	<ul style="list-style-type: none"> Mothers' and children's different views about donors may be due to their different perspectives about the genetic and parenting role of the donor. A flexible system offering different types of donors could meet the needs of each family.
Vanfraussen, Ponjaert-Kristoffersen and Brewaeys (Belgium/The Netherlands, 2003) ²²	Desire of donor-conceived children conceived with lesbian parents to know their donors	<ul style="list-style-type: none"> Longitudinal study of 41 DI children from 24 lesbian parent families Children aged 7–17 Interview and questionnaires completed by children 	<ul style="list-style-type: none"> Children's self esteem, emotional and behavioural adjustment, and quality of parent–child relationship does not differ according to a child's desire to know donors. Children who prefer anonymity express loyalty to their social (non-biological) mothers. Curiosity and identity motivates children who seek information about their donors. 	<ul style="list-style-type: none"> Irrespective of the quality of parent–child relationship, some children wish to know more about their donors. These findings might not translate well to families with heterosexual couples where a social father is present. The manner of disclosure can be fundamental to the child's well-being.

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AUTHOR AND DATE	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
Disclosure of Donor-conceived Status				
Blood, Pitt and Baker (Australia, 1998) ²³	Parents' experience of telling about donor conception	<ul style="list-style-type: none"> • 243 recipients (134 couples) who had accessed a Melbourne clinic 1976–97 • Self-administered questionnaire 	<ul style="list-style-type: none"> • 76 children from 50 of the families had been told about their conception. Of the remaining 84 families, 30 couples intend to tell, 22 were undecided, 30 had decided not to tell. • The most common reason for telling was a belief in the child's right to know their genetic origins. • The two principal reasons for deciding not to tell were a belief that there is no need to tell and concern that it would have a negative effect on children. 	<ul style="list-style-type: none"> • Parents deal with similar issues but do not always come to similar conclusions. There is a strong desire to maintain family relationships. • Parents voiced a belief that the decision they made was best for their children.
Infertility Treatment Authority (Australia, 2006) ²⁴	Disclosure patterns and strategies for telling about donor-assisted conception	<ul style="list-style-type: none"> • Qualitative study of 6 DC adults, 17 recipient mothers, 4 recipient fathers, 1 egg donor, 6 infertility counsellors • Open-ended interviews 	<ul style="list-style-type: none"> • A wide range of experiences and attitudes exist around telling about donor conception. • All participants affirmed the desirability of telling children about their conception. • Ideally, telling should occur at the outset or when the 'child can understand'. 	<ul style="list-style-type: none"> • Donor-conceived people should be told about their conception by their parents when they are young. • Resources that cater to the variety of disclosure situations are required to assist parents and their children.
Kirkman (International 2003) ²⁵	Narratives of identity for donor-conceived offspring	<ul style="list-style-type: none"> • 55 recipient parents and 12 offspring • Qualitative study of how parents narrate conception stories to their children • Interviews in person, by email and phone 	<ul style="list-style-type: none"> • Narrative accounts of donor-assisted conception exist along a continuum, from omitting any mention of a third party to talking about the donor from the time the child is born. • Parents who decide to disclose a child's donor origins grapple with the same issues as parents who decide not to include it in the story: including anxiety, confusion, language, and obstacles from internal and external sources. 	<ul style="list-style-type: none"> • Family stories and parents' narrative identities play a significant role in the construction of children's narrative identities. • Incorporating donor assisted conception into narrative of identity is a complex task. • The social and political contexts are a factor in developing narratives.
Lycett, Daniels, Curson et al (United Kingdom, 2004) ²⁶	Family relationships, child adjustment and disclosure patterns for donor conception	<ul style="list-style-type: none"> • 46 DI families (18 disclosing DC status, 28 non-disclosers) • Children aged 4–8 • Interviews and questionnaires completed by parents, teachers and psychological assessment of child 	<ul style="list-style-type: none"> • No group differences were found for parental warmth, parent-child interaction or for the incidence of psychological disorders. • Disclosing families indicated more positive child-parent relationships: disclosing mothers reported less conflict and considered themselves more competent parents. 	<ul style="list-style-type: none"> • Differences between family types reflected particularly positive relationships in disclosing families, rather than dysfunction in non-disclosing families. • Non-disclosure may have a greater impact on a mother's relationship with her child than the father's relationship.

Abbreviations: AR = assisted reproduction DC = donor-conceived DI = donor insemination; DE = donor egg, IVF = invitro fertilisation, TC = traditionally conceived

Appendix 1

Table 2: Studies on Donor-conception and Families 1995–2006

AUTHOR AND DATE	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
Lycett, Daniels, Curson et al (United Kingdom, 2005) ²⁷	Parents' disclosure patterns to donor-conceived children	<ul style="list-style-type: none"> 46 families Children aged 4–8 Interviews with parents about reasons and concerns regarding disclosure 	<ul style="list-style-type: none"> 13% of families had disclosed, 26% intended to disclose, 17% unsure, 43% not disclosing. Reasons for disclosure: to avoid accidental discovery (88%), desire for openness and honesty (88%). Reasons for non-disclosure: no reason to tell (61%), to protect family members (child and father) (66%). 	<ul style="list-style-type: none"> Accidental discovery because of medical or technological advances is perceived by disclosers to be a greater threat to child–parent relationships than a child's negative reaction to being donor-conceived. Experiences of disclosure were generally positive.
Nachtigall, Pitcher, Tschann et al (United States, 1997) ²⁸	Stigma, disclosure patterns and family functioning San Francisco Bay Area Study	<ul style="list-style-type: none"> Longitudinal study of 94 women and 82 men (all married) who had become parents by DI Children aged 6–16 Self-administered mail-back questionnaire about psychological indicators, stigma and disclosure 	<ul style="list-style-type: none"> The decision to disclose was related to younger age, reason for infertility, lower stigma scores, and having more than one child by DI. Husbands with high stigma ratings reported less parental warmth. 54% of parents did not intend to tell their children about their donor status, 30% intended to, 16% were undecided. No relationship found between disclosure and parenting quality or marital satisfaction. 	<ul style="list-style-type: none"> Types of infertility experienced by parents result in different levels of stigma, which in turn may affect disclosure. Husband's perception of stigma may affect father–child relationships. Increased likelihood of disclosure among young families may indicate a societal shift towards openness. Willingness to be interviewed related to disclosure of donor-conceived status.
Nachtigall, Becker, Quiroga et al (United States, 1998) ²⁹	Parents' disclosure decisions and concerns San Francisco Bay Area Study	<ul style="list-style-type: none"> 70 men and 86 women, married parents of children conceived by DI, completed a self-administered mail-back questionnaire Parents had used DI clinics from 1980–90 	<ul style="list-style-type: none"> 54% of parents did not plan to disclose donor treatment, 30% would disclose, 16% undecided. Reasons included: concern for the child 54%; parenting concerns 53%; couple relations 37%; family concerns 28%. 70% of 'disclosers' commented about honesty, 2% confidentiality. 74% of non-disclosers commented about confidentiality, 1% commented about honesty. 	<ul style="list-style-type: none"> Disclosers and non-disclosers have fundamentally different perceptions about the threat of disclosure. Gender, parenting and well-being of children are not associated with disclosure decisions. Wives may choose non-disclosure out of deference to a husband's wishes.
Rumball and Adair (New Zealand, 1999) ³⁰	Disclosure experiences	<ul style="list-style-type: none"> 78 heterosexual couples, (181 parents in total) completed a self-administered questionnaire and 20 telephone interviews were conducted Children aged 1 	<ul style="list-style-type: none"> 30% (54 parents) had given their child information about donor conception; 74% of these children were aged 3 or younger. 70% (120 parents) had not told their children. 77% of these parents intended to tell, 17% intend never to tell their children about their conception. 	<ul style="list-style-type: none"> There appeared to be an advantage in giving children information at a young age, allowing it to be processed in a factual, non-emotional way. Parents who don't tell are concerned about the appropriate age and children's comprehension of their conception story.
Saunders (New Zealand, 2005) ³¹	Attitudes about information sharing after egg donation	<ul style="list-style-type: none"> Longitudinal study of 17 families (10 recipient couples, 7 donors) Children aged 3 Yearly semi-structured interviews 	<ul style="list-style-type: none"> Recipients with a relationship to their donor are more likely to be open with their children and others. While most couples have followed their original intentions of telling, a small number have shifted to a more open approach. 	<ul style="list-style-type: none"> Factors which appear to influence information sharing include use of known donors, wanting to be the people who tell the child/fear of others telling, planning and organising to tell prior to birth, telling others prior to having treatment. Donors would prefer openness but leave it to recipients.

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AUTHOR AND DATE	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
Egg Donation				
Abdalla, Shenfield and Latache (United Kingdom, 1998) ³²	Information available to children born from egg donation	<ul style="list-style-type: none"> 585 egg donors from 1991–97 389 anonymous donors, 196 known donors Review of responses to clinic donation forms 	<ul style="list-style-type: none"> Characteristics of donors: Relationships: 76% married, 21% single, 3% divorced. Education: 49% secondary education qualifications, 20% higher education. Employment: 33% housewives/ mothers, 19% administrative; 16% professional, 16% nurses/ carers. 94% of donors did not answer a question seeking a brief optional description of themselves. 2/38 women who did respond were known donors. 	The majority of donors did not provide a brief description of themselves. This is a concern for offspring seeking information about their donor.
Baetens, Devroey, Camus et al (Belgium, 2000) ³³	Decision to use known or anonymous donors	<ul style="list-style-type: none"> 144 DE recipient couples Analysis of data obtained through couples' counselling with psychologists at clinics 69% of couples used known donors 	<ul style="list-style-type: none"> 43% of couples intended not to tell their child about egg donation, 44% intended to tell. Donors: 79% in a partner relationship, 76% had children, 76% did not want more children, 35% were friends of the recipient women, 28% were sisters. 67% were motivated by personal relationships. 58% of donors made a distinction between the egg donated and the child born as a result. 	<ul style="list-style-type: none"> The option of treatment with known donors was motivated by reasons related to the fear of anonymity. Couples take donors' characteristics into consideration when making decisions about known or anonymous donations, especially in the context of the choices available at this Brussels clinic.
Greenfeld and Klock (United States, 2004) ³⁴	Disclosure patterns after known and anonymous egg donation	<ul style="list-style-type: none"> 92 women and 65 men from couples who had received egg donations Self-administered mail-back questionnaire containing multiple choice questions 70 women used anonymous donors, 20 used known donors 	<ul style="list-style-type: none"> 70% of known donor recipients had an ongoing relationship with their donors. Known donors were chosen because of genetic links, physical characteristics and willingness to assist. Disclosure to child—anonymous donor recipients: 10% have told, 49% plan to tell, 31% not telling, 10% unsure. Disclosure to child—known donor recipients: 10% have told, 50% plan to tell, 30% not telling, 10% unsure. 30% of anonymous recipients and 50% of known recipients support a registry of donor information. 	<ul style="list-style-type: none"> Disclosure decisions did not seem to be influenced by use of a known or anonymous donor. Women were thoughtful about their choices and were satisfied with their decisions. Women were interested in getting help with the issue of disclosure.
Kalfoglou and Gittelsohn (United States, 2000) ³⁵	Egg donors' experiences	<ul style="list-style-type: none"> 33 egg donors aged 21–36 Qualitative analysis of demographic data and in-depth interviews conducted with donors 	<ul style="list-style-type: none"> 22 anonymous donors, 3 friends with the recipient, 3 clinic recruited, 4 internet recruited, 3 multiple donations. Approximately 50% were motivated to donate eggs primarily by financial compensation; some became more altruistic. Others were motivated to help an infertile couple. 	<ul style="list-style-type: none"> No participants regretted the experience. Satisfaction was affected by the physical process, retrieval process, side effects suffered, compensation paid, quality of medical care, level of involvement required/permitted by the recipients.

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Appendix 1

Table 2: Studies on Donor-conception and Families 1995–2006

AUTHOR AND DATE	TOPIC	METHODOLOGY	RESULTS	CONCLUSIONS
Khamsi, Endman, Lacanna et al (Canada, 1997) ³⁶	Psychological aspects of egg donation	<ul style="list-style-type: none"> 10 families who received egg donations and their donors Semi-structured interview of recipient couples and their donors 	<ul style="list-style-type: none"> Donors ranged from 21–34 years, 80% were married, 90% had at least one child. All donors were unpaid and expressed their primary motive as to help a relative or close friend. 80% of couples did not intend to disclose information about conception to their child, 20% were uncertain. 	<ul style="list-style-type: none"> Data suggests a strong trend toward privacy and confidentiality; anonymity was a primary concern for recipients and donors.
Murray and Golombok (United Kingdom, 2003) ³⁷	Parents' disclosure patterns	<ul style="list-style-type: none"> 17 DE families (14 anonymous donors, 3 known donors) Children aged 3–8 Standardised interviews with children's mothers 	<ul style="list-style-type: none"> No parents had told their child about their conception, 29% planned to tell, 24% undecided, 47% had decided not to tell. 65% of couples had told a family member, 65% had told at least one friend. Reasons for non-disclosure: protection of the child (75%), no need to tell (42%), protection of the mother (17%). Reasons for disclosure: to avoid disclosure by others (80%), child has a right to know (60%). 	<ul style="list-style-type: none"> Findings contradict previous research which showed that egg recipients are more likely to be open about donor origins. Some mothers experienced stigma about being infertile.
Murray, MacCallum and Golombok (United Kingdom, 2006) ³⁸	Quality of parenting and psychological adjustment	<ul style="list-style-type: none"> Follow up of participants from Golombok et al (1999) (see above) Comparative study of 17 DE, 35 DI, 34 IVF families (all heterosexual) Children aged 12 Questionnaires and interviews with mothers and children 	<ul style="list-style-type: none"> DE mothers demonstrated lower levels of sensitive responding than DI mothers; DI mothers were emotionally over-involved. There were no differences in a child's functioning at school; however DE children suffered less bullying. Fewer DE (35%) and DI (11%) parents had told, or planned to tell their child about conception compared with IVF parents (88%). 	<ul style="list-style-type: none"> There was no difference in the quality of parenting between DE and IVF families: a genetic link between mother and child is not essential for developing positive family relationships. Levels of over-involvement may reflect an attempt to compensate for different patterns of genetic relationships. High levels of non-disclosure suggest that DE parents also experience anxiety about their child's donor origins.
Sodestrom-Anttila, Sajaniemi, Tiitinen et al (Finland, 1998) ³⁹	Health and development of children, attitudes to disclosure	<ul style="list-style-type: none"> Comparative study of health, growth and development of 50 DE and 126 IVF children Children aged 6 months–4 years Questionnaire completed by child's mother 8 known donors, 41 anonymous donors 	<ul style="list-style-type: none"> All DE children were healthy (normal height and weight development normal, absence of eating/sleeping disorders). IVF parents expressed more concern about child's behaviour than DE parents. 38% of DE and 60% of IVF parents intended to tell the child about conception. About 55% of DE parents thought a financial reward for donors would be reasonable. 	<ul style="list-style-type: none"> DE children can develop at least as well as children born through IVF. Data reflects good parent–infant relationships and child well-being among DE parents.

Abbreviations: AR = assisted reproduction DC = donor-conceived DI = donor insemination; DE = donor egg, IVF = invitro fertilisation, TC = traditionally conceived

ENDNOTES

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Abbreviations: DE = donor egg, IVF = invitro fertilisation, TC = traditionally conceived

Appendix 2: Submissions

Consultation Paper

1	Professor Carl Wood Swinburne University Hospital
2	Jeff Robertson
3	Gloria Knell
4	Maureen Hillary
5	Confidential
6	Maureen Prowse
7	Eileen Flanagan
8	Joan Larsen
9	Confidential
10	M E Noonan
11	John R Gillespie
12	Ken McGuire
13	Confidential
14	Anonymous
15	Brian Clarke
16	Caroline Lorbach The Donor Conception Support Group of Australia Inc
17	Dr A Jago
18	Confidential
19	Associate Professor Anita Stuhmcke Faculty of Law, University of Technology Sydney
20	David Tranter
21	Susan Glover
22	Anonymous
23	Neil Harvey
24	Professor Jock Findlay Infertility Treatment Authority
25	Patricia Brown
26	David Bernard
27	Rebecca Harris
28	Elizabeth Bourke
29	Laurie Crouch
30	Faye and Colin Benjamin
31	June Smith
32	Babette Francis Endeavour Forum Inc
33	Tracey Petersen
34	Adrian Thomson
35	Patricia Coloe
36	Mary and Rachael
37	Leonie Gasper
38	Jacqueline Tomlins
39	Marie McCarthy
40	Jenny Wake
41	Sharon Phillips
42	Anonymous
43	Ian Coutts
44	Sacha Petersen and Anna Russell
45	Arthur and Margaret Comer and Kristine Grant
46	Mary Price
47	Dr Daphne Hennelly
48	John A Gill
49	Monica Clark
50	Elizabeth Edwards Adoption Origins Victoria Inc
51	Margaret Butts National Party of Australia – Victoria, Malvern-Toorak Branch
52	Helen Kane Boroondara Consulting Group
53	Thomas McCarthy
54	Joyce Stowers
55	Lynne Daniels
56	Mary Banks
57	Kate Hannah
58	Confidential
59	Ian Seal
60	Myfanwy Walker
61	Neil Ryan
62	Viv Ray Bit Bent Buddies
63	Ian Blandthorn Shop Distributive & Allied Employees' Association
64	Anna Degotardi
65	Martin Wimpole
66	J W Browne
67	Susan
68	Pat Healy
69	James Magel
70	Margaret Campi OAM
71	Simon and Adam
72	Leonie Davey
73	Lauren Andrew
74	Caitlin Coleman
75	Annette Lakey The Field Group – Legal
76	Desmond Kenneally
77	Margaret Campi OAM Victorian Standing Committee on Adoption & Alternative Families
78	Andrew McLean
79	Christopher Jones
80	Anonymous
81	Suryan Chandrasegaran
82	Anonymous
83	Tim Wright and Michael Williams University of Melbourne Sexuality Law Reform Committee
84	James and Eileen Crockett
85	Rita Carroll Australian Council for Adoption
86	R. Robinson
87	Rev Andrew Clarke Church and Nation Committee, Presbyterian Church of Victoria
88	Deb Dempsey Australian Research Centre in Sex, Health & Society, La Trobe University
89	Tony Keenan Ministerial Advisory Committee on Gay and Lesbian Health
90	Diane Blood
91	Karen

92	Dorothy Bell	137	Melinda and Lisa
93	Anonymous	138	Elizabeth Alexander Rainbow Network
94	Elizabeth Edwards	139	Confidential
95	Mandy Asseraf Adoption Information Forum	140	Anonymous
96	Vair Buchanan	141	Marianne Ball
97	Danielle Eastlake	142	Kate Just
98	Anne Green	143	Rhonda Brown and Amaryll Perlesz The Bouverie Centre, La Trobe University
99	Susan Koska	144	Jane
100	Alec Witham	145	Rev Norman Ford Caroline Chisholm Centre for Health Ethics Inc
101	Anonymous	146	Dr Paddy Moore Victorian State Committee, Royal Australian and New Zealand College of Obstetricians and Gynaecologists
102	Hannah Spanswick	147	Judy Cashmore Defence for Children International – Australia
103	Michaela	148	Ruth Oakden Melbourne Anglican Social Responsibilities Committee
104	Anonymous	149	Sarah Lowe Prospective Lesbian Parents
105	Geoff and Janet Harvey	150	Sarah Nichols
106	Susan Horsfall	151	Graham Preston Right to Life Australia
107	Kerrie and Susan	152	Patricia Boyhan Centacare Catholic Family Services
108	Anonymous	153	TangledWebs
109	Anne-Marie Quinn	154	Michael Linden
110	Lisa and Amanda	155	Jenny Blood Victorian Infertility Counsellors Group
111	Kate Walker	156	Chris Dale Law Institute of Victoria
112	A and H	157	Mary Natoli
113	Peter and Peigi Hallifax	158	Anonymous
114	Anonymous	159	Joy O'Connor Association of Relinquishing Mothers (Vic) Inc
115	Giuliana Fuscaldo Centre for the Study of Health and Society, The University of Melbourne	160	Noelle Sullivan Women's Action Alliance (Victoria) Inc
116	Joshua and Emily Acklom	161	Lyn Kinghorn
117	Wendy Gale VANISH	162	Tom Wise
118	Heather Brown	163	Carol Osborn
119	Nicholas Lock	164	Confidential
120	Dorothy Brown	165	Atala Ladd
121	Ian Brown	166	Christine Campbell
122	Mandy Asseraf Connections Adoption & Permanent Care Program	167	Victorian Gay & Lesbian Rights Lobby
123	Gemma Pinnell	168	Peter Phillips
124	Gerard Flood The Australian Family Association Isaacs Federal Electorate Group	169	Madge Fahy and Pam Stamm Social Questions Committee, Catholic Women's League of Victoria & Wagga Wagga Inc.
125	Bill Muehlenberg Australian Family Association	170	Barbara Leach
126	Confidential	171	Fertility Access Rights
127	Jenny Stokes Salt Shakers	172	Barbara Maison
128	Lia Vandersant	173	Anonymous
129	Sarah Champness	174	Professor HWG Baker Department of Obstetrics and Gynaecology, The University of Melbourne
130	Cathy Buckler	175	Jack and Nanette Blair
131	Anonymous	176	Cherylyn Harris
132	Diana Thompson Australian Infertility Support Group		
133	Melissa Afentoulis Women's Health West		
134	Anita Allen		
135	Rebecca Olsen		
136	Bernard, Esther, Shenae, Samuel, Bianca and Abbey Nicholls		

Appendix 2: Submissions

Consultation Paper

177	Simon Rice and Catherine Dixon Australian Lawyers for Human Rights	215	Helen Woodall
178	Jan and Tony Lack	216	Rhonda Avasalu
179	Lesbian Parents' Project Group	217	Paul Rosenfeldt
180	Helen Mitchard	218	Adam Hair
181	Confidential	219	Faye Gair
182	Anonymous	220	David Roberts
183	Jacinta Weston	221	Confidential
184	Anonymous	222	David Perrin
185	Anonymous	223	Confidential
186	Dimitra Tsartsaris	224	Michael Gorton AM Victorian Biotechnology Ethics Advisory Committee
187	Brenda	225	Jennifer Whately
188	Julienne Lauer	226	Barbara Roberts
189	Rosemary Neil	227	Keith and Shirley Jeans
190	Pauline Tucker	228	Kerrie Ternes
191	Matthew Carroll Equal Opportunity Commission Victoria	229	Gavin Murray
192	Sandra Dill and Debbie Jeffrey ACCESS – Australia's National Infertility Network	230	Confidential
193	Sandra Letch	231	Tony Parsons Victoria Legal Aid
194	Liz Branigan Council of Single Mothers and their Children	232	Jim Swinden Freemasons Hospital
195	Tammy Lobato MP Member for Gembrook	233	Romana Rossi
196	Thomas McCarthy	234	Christine Whipp
197	Maureen Watson	235	C Heyward
198	Dr Elizabeth Short Key Centre for Women's Health in Society, The University of Melbourne	236	Anonymous
199	Nesta Sharp	237	Professor Robert McLachlan Prince Henry's Institute of Medical Research
200	Merle Kelly	238	Dr Nick Lolatgis
201	Andrea Roberts	239	Rosalie Gaudiosi
202	Dr Philomene Tenni	240	Rhianna Crosthwaite
203	Fay Giddings Sunraysia Adoption Support Group	241	Karen Mutton
204	Jeanie Argus Mothers' Legacy Support Group, Cobram	242	Jane Saunders
205	Tracey Buzolich	243	Nicole Poustie
206	Shirley Hair	244	Tony Wood
207	Mark Berry	245	Jeremy Sayers
208	Malcolm Pryor	246	David Johnston-Bell
209	Patrick and Dianne McCarron	247	Adrian Tuazon
210	Victor and Crystal	248	Peter Usher and Dax Purvis
211	Janna Murphy	249	Confidential
212	Vivien Sharpe	250	John
213	James Hall	251	Lee Matthews
214	Carol and Robert Colman	252	Confidential
		253	Lee Holmes
		254	Katrina Harrison
		255	Narelle Grech

Appendix 2: Submissions

Position Paper One: Access

1	Lee Matthews
2	Jane Saunders
3	Tony Briffa Genetic Support Network of Victoria
4	Anonymous
5	Maryse Usher
6	Andrew Forbes
7	Anonymous
8	Annette Kalkbrenner
9	Trudie Healey
10	Confidential
11	Confidential
12	Anonymous
13	Confidential
14	Chris Gill
15	Anonymous
16	Angela Neubeck
17	Gina Carlone
18	Anita Dade
19	Linda Frey
20	Rosalie Gaudiosi
21	Wendy Vaidic
22	June Smith
23	Confidential
24	Francis and Leonie Osowski
25	Jill Parris VANISH
26	Christy Jenkins
27	Margaret Canny
28	Mary McCarthy
29	M Canny
30	C Coleman
31	Margaret Gannon
32	Joan Laws
33	Mary Allman
34	Anonymous
35	Confidential
36	Anonymous
37	Anonymous
38	Michael Williams
39	Rose Woodhouse
40	David Wain
41	Jacqueline Tomlins
42	Tamara Jungwirth
43	Alison Clarke
44	Vanetia Brissenden
45	Donovan Jacka
46	Kelly Pilgrim
47	Paul Dougal
48	Madge Fahy Social Questions Committee, Catholic Women's League of Victoria & Wagga Wagga Inc.
49	Maxwell White
50	Peter Elshoug

51	Carol Harrison
52	Cedric Hately
53	Robert Greville
54	M R White Ballarat Central Church of Christ
55	Debbie Kiper
56	Stephen Taylor
57	Anonymous
58	Alison
59	Olivia Williams
60	Richard Vabre
61	Brett Collinson
62	Paul Caulfield
63	Kate
64	Darren Ray
65	Martina Eaton
66	Dr Estela Papier
67	Anonymous
68	Gerard Brody
69	Amanda Gaunt
70	Anonymous
71	Anonymous
72	Katherine Raymond
73	Caitlin
74	Janine Farrell
75	Melinda Peterson
76	Sue Xerri
77	Laura Whellum
78	Marianne Love
79	Amy Chilton
80	Liz Alexander
81	Kerry Flynn
82	Michele Allen
83	Jennifer Clark and Libby Rule
84	Dr Neil Ryan
85	Stephen Kress and Edward Crosslands QueerGreens
86	Edward Crossland
87	Gemma
88	Ryan
89	Dr Liz Conor
90	Irene
91	Anonymous
92	Jeremy
93	Heather Grace Jones
94	Justine Hyde
95	Dr Darren Cundy
96	Marie McCarthy
97	Susan
98	Gabrielle Hodson
99	Judith Simpson
100	Anonymous
101	Carolyn Blake
102	Joanne Francken

Appendix 2: Submissions

Position Paper One: Access

103	Dr Penelope Bryant	151	Anonymous
104	Nanette McGregor	152	Anonymous
105	Victoria Blakston	153	Anonymous
106	R Bent	154	Andrea Gough
107	Elizabeth Wheeler	155	John Modra
108	Tracey	156	Sunil Patel
109	Rohan Bush	157	Tracey
110	Laurie Crouch	158	Jacqueline Ford
111	Petition: Sign up here to end parenting discrimination 34 signatories	159	Victoria Evers
112	Petition: Sign up here to end parenting discrimination 29 signatories	160	Samantha
113	Emily Lyons	161	Helen
114	Pia Cerveri	162	Julie Koska
115	Confidential	163	Margot Scott
116	Jessica Smith	164	Frances Jones
117	Julia Mangan	165	Ben
118	Jemma	166	Pete Dillon Victorian Gay and Lesbian Rights Lobby
119	Helena Forsyth	167	Vicki
120	Gabrielle Alexander	168	Sarah
121	Susan Konstanty	169	Rowena
122	Dr Keri Alexander	170	Christine Whipp
123	Alice Murray	171	Viv Ray
124	Natalie Wallace	172	Diane Blood
125	Dr Deb Verhoeven	173	Confidential
126	Bill Muehlenberg National Vice President, Australian Family Association	174	Maureen van der Linden
127	Anonymous	175	Hannah Spanswick
128	Anonymous	176	Confidential
129	Janet Hall	177	Ron Thiele
130	Liz Poole	178	Michael Mardel
131	James Crockett	179	Lynne Daniels
132	Ann Raouf	180	Confidential
133	Susan Koska	181	Confidential
134	David Yates Australian Christian Lobby	182	Anonymous
135	Michael Wighton Victoria Legal Aid	183	Confidential
136	Pat Healy	184	Confidential
137	Claire Bonner Tasmanian Gay & Lesbian Rights Group	185	Confidential
138	Dr Kerrie Allan The Australian Family Association (Vic)	186	Confidential
139	Ariadne Lack	187	P Smith
140	Lisa Hanlon	188	Robin Andrews
141	Rachel U'Ren	189	Winson Lam
142	Taryn Lee-Steere	190	Leslie Backhaus
143	Vera Ray	191	Ian Ho Yan Mak
144	Robyn Hamilton	192	Cecilia Ross
145	James Magel	193	James and Valerie Studd
146	Brenton Thomas	194	Lorraine Black
147	Ian Robinson	195	Sid and Mary Young
148	Barbara Roberts	196	Confidential
149	Natasha Gilbert	197	Elizabeth Hately
150	Lindsay Greenawalt	198	Rae Brady
		199	John Harrison
		200	Karen Walker
		201	Ed Lenthall
		202	Anonymous

203	Professor Marian Pitts and Associate Professor Kerry Petersen School of Law, La Trobe University	249	Stephen
204	Confidential	250	Christina Branton
205	Alex Jewett	251	Felicity Martin Fertility Access Rights
206	Rev Samata Elia Uniting Church of Australia (with an additional 14 petition signatories)	252	Confidential
207	Dr Justin Oakley Centre for Human Bioethics, Monash University	253	Dr John Gill
208	Anonymous	254	Anonymous
209	Rev Geoff Harvey	255	Lesbian Parents' Project Group
210	Graeme Moffatt	256	Astrid Tiefholz
211	Cristina Pink	257	Dr Daphne Hennelly National Party of Australia – Victoria, Malvern-Toorak Branch
212	John Kloprogge	258	Confidential
213	Anonymous	259	Anonymous
214	Sacha Petersen and Anna Russell	260	Confidential
215	Sally Goldner	261	Confidential
216	Rowan Creedon	262	Confidential
217	Patty Holten	263	Rev Anthony Parle Church and Nation Committee, Presbyterian Church of Victoria
218	Kay Lipman	264	Mavis Baker
219	Alan Hoysted	265	Anne O'Rourke Liberty Victoria
220	Suryan Chandrasegaran	266	John O'Malley
221	Susan Costello	267	Anonymous
222	Rev Norman Ford Caroline Chisholm Centre for Health Ethics Inc.	268	Peggy Ong
223	Confidential	269	Mr and Mrs Curmi
224	Craig Deitrich	270	Dr Ruth McNair The Department of General Practice, The University of Melbourne
225	Doug Manning	271	Ann White
226	Professor HWG Baker & Dr JC McBain University of Melbourne Department of Obstetrics and Melbourne IVF	272	Jack White
227	Anonymous	273	Maureen McQuillan
228	Kevin and Anne Salmon	274	Kym Ivory
229	Jane Munro	275	Julianne Drayton
230	Dr Philomene Tenni	276	Robert McQuillan
231	Michael Linden and Lia Vandersant	277	Tom Ivory
232	Tony Keenan Ministerial Advisory Committee on Gay and Lesbian Health	278	Quentin Loke
233	Peter Coventry	279	Confidential
234	M White	280	Chris Ong
235	George and Elizabeth Read	281	Confidential
236	Anonymous	282	Confidential
237	Bill Tracey	283	Confidential
238	Ivor Briggs	284	Confidential
239	David Briggs	285	Confidential
240	Daniel Briggs	286	Confidential
241	Naomi Briggs	287	Confidential
242	Matthew Briggs	288	Confidential
243	Anne Buchan	289	Confidential
244	Sabdha and Cristi Prospective Lesbian Parents	290	Confidential
245	Melissa Shutler	291	Atala Ladd
246	Lisa Thorpy	292	Anonymous
247	Laura	293	Anonymous
248	Lauren Andrew	294	Anonymous
		295	Anonymous
		296	Confidential
		297	Confidential

Appendix 2: Submissions

Position Paper One: Access

298	Gerard Flood Isaacs Federal Electorate Group The Australian Family Association	325	Anonymous
299	Serena Cheng	326	Anonymous
300	Confidential	327	Anonymous
301	Roland Soew	328	Confidential
302	Daniel and Melissa Heinze	329	Anonymous
303	Bruce Bennett	330	Confidential
304	John Timms	331	Irene
305	Paul and Elaine Balcombe	332	Confidential
306	Ray Salmon	333	Anonymous
307	Confidential	334	Tham Fuan Lee
308	P Stevenson	335	Babette Francis Endeavour Forum Inc.
309	Church By The Bay	336	Dr Maggie Kirkman Key Centre for Women's Health in Society, The University of Melbourne
310	Anonymous	337	Louise Johnson Infertility Treatment Authority
311	Noelle Sullivan Women's Action Alliance (Victoria) Inc.	338	Dr Adrienne Pope Fertility Society of Australia
312	Ian Blandthorn Shop, Distributive & Allied Employees' Association	339	Kerry Lovering Women's Electoral Lobby Victoria
313	Dr Helen Szoke Equal Opportunity Commission Victoria	340	Confidential
314	Adam Pickvance The ALSO Foundation	341	Dr Elizabeth Short Key Centre for Women's Health in Society, The University of Melbourne
315	Hannah Robert	342	Confidential
316	Alan Barron	343	Rosemary and Malcolm Pryor
317	Sharon Isle	344	Simone Blair
318	Colin Walsh Knights of The Southern Cross (Victoria)	345	Beth Wilson Health Services Commissioner
319	Melissa Afentoulis Women's Health West	346	Anonymous
320	Anonymous	347	Rev Dr Andrew Dutney SA Council on Reproductive Technology
321	Dr David Filby Health System Improvement and Reform, Department of Health, Government of South Australia	348	Confidential
322	Diana Thompson The Australian Infertility Support Group	349	Dana Gips
323	Rhonda Brown The Bouverie Centre and School of Nursing & Midwifery, La Trobe University	350	Anonymous
324	Michael and Maria Palma	351	Dr Kimberley Tuohey

Appendix 2: Submissions

Position Paper Two: Parentage

1	Anonymous	51	Neil Ryan
2	Peter Sanko	52	Robyn Hamilton
3	Anonymous	53	Allesa Lancaster
4	Tess Hempel	54	Nathan Wilson
5	Georgina Johnson	55	Walter Lee
6	Moya and Leo Morrissey	56	Confidential
7	Paula Jackson	57	Christopher Watson
8	Associate Professor Jenni Millbank School of Law, The University of Sydney	58	Helen Kane
9	Anonymous	59	Anonymous
10	Helen Arblaster	60	Sarah Greening
11	Astrid Tiefholz	61	Heidi Yates
12	Suryan Chandrasegaran	62	Angeliza Querubin
13	Sue	63	Amy Chilton and Marika Adams
14	Brett Webb	64	Mishell Warner-Camp
15	Jane Wilson	65	Jodie, Liz and Charlotte
16	James Studd	66	Confidential
17	Confidential	67	Ursula Then
18	Confidential	68	Vivien Ray and Robin Gregory
19	Malcolm Grant	69	Confidential
20	Ian Blandthorn Shop Distributive and Allied Employees' Association	70	Betty Webster
21	June Smith	71	Confidential
22	Zully Robles	72	Dr Adrienne Pope Fertility Society of Australia
23	Confidential	73	Confidential
24	Robin Andrews	74	David Westaway
25	Matthew Briggs	75	Robert Zocchi
26	Naomi Briggs	76	Confidential
27	Ivor Briggs	77	Julie Griffiths
28	Daniel Briggs	78	Paul Balcombe
29	David Briggs	79	Confidential
30	Suzanne Bryne	80	Bruce Webster
31	Confidential	81	Trudy Brunton
32	Susan Rogers	82	Herman Gaglione
33	Jane Watkins	83	Joanna Robert
34	Peter and Catherine	84	Matt Centra
35	Kate Coghlan	85	Lynne Daniels
36	Mark Neeson	86	Julie-Anne Lilienthal
37	Margaret White	87	Anonymous
38	Babette Francis Endeavour Forum Inc.	88	Helen Thompson
39	Confidential	89	Lina
40	Confidential	90	Mirella Di Benedetto
41	Dr John Gill	91	Anne Roberts
42	Laurie Crouch	92	Tracey
43	Dr Daphne Hennelly National Party of Australia – Victoria, Malvern-Toorak Branch	93	Anonymous
44	Anonymous	94	George and Geraldine
45	Anonymous	95	Carol Daniels and Tony Brown
46	Dr Penelope Bryant	96	Brett Collinson
47	Anonymous	97	Susan
48	John and Joe	98	Nicole vander Linden and Nadine Ellery
49	Confidential	99	Janine
50	Jessica Brown	100	Anastasia Barros
		101	Scott Daniels
		102	Anonymous
		103	Michelle Cameron

Appendix 2: Submissions

Position Paper Two: Parentage

104	Dr Jacqueline Johnston	154	Confidential
105	Anonymous	155	Dr Zoë McCallum
106	David Johnston-Bell	156	Patricia Bodsworth
107	Donna Carrington	157	Marianne Love
108	Colin Walsh Knights of the Southern Cross, Victoria	158	Vaughn Barker and David Bryant
109	Janet Hall	159	Lynne Hyett
110	Helen Sparks	160	Liana Freeman
111	Ian and Jan Glascott	161	Kate Bride
112	Confidential	162	Emma
113	Nicole Hayes	163	Christine Whipp
114	Liz Olle	164	Anonymous
115	Margot Scott	165	Hillary Conway
116	Confidential	166	Clare Brown
117	Dr Maggie Kirkman Key Centre for Women's Health in Society, The University of Melbourne	167	Lisa Coffa and Meghan Lawson
118	Dr Elizabeth Branigan	168	Anonymous
119	Sue	169	Anonymous
120	Anonymous	170	Margaret Campi OAM Victorian Standing Committee on Adoption and Alternative Families
121	Warren and Brenda McGregor	171	Thomas Park
122	Travis McGregor	172	Dallas Ambry
123	Ron Daniels	173	Tammy Napier
124	Doug and Jan McKenzie	174	Alyena Mohummadally
125	Zelda Grimshaw	175	Anne Mitchell Gay and Lesbian Health Victoria
126	Mary-Jo O'Rourke	176	Anonymous
127	Anonymous	177	Confidential
128	Leonie Davey	178	Hannah Spanswick
129	Elle Morrell	179	Kelly Pilgrim Australian Coalition for Equality
130	Anonymous	180	Anonymous
131	Mary Danckert	181	Confidential
132	Confidential	182	Margaret Locarnini
133	Astrid Tiefholz Women's Health Victoria	183	Anonymous
134	Glenn Campbell	184	Stephen Kress
135	Robyn Deed	185	Bernie Brown
136	Nathan Niessen	186	Confidential
137	Samuel MacGeorge	187	Confidential
138	Irene Perkoulidis	188	Confidential
139	Confidential	189	Jenny Stokes Salt Shakers
140	Kerry Flynn	190	Pete Dillon
141	Laura Binks	191	John Kloprogge
142	Rebecca Harris	192	Donna Zander
143	James Lascelles	193	Susanne Prosser and Caroline Jordan
144	Anonymous	194	Anonymous
145	Georgina Dawson	195	Simon Scoggins
146	Jacqueline Davis	196	Felicity Martin Fertility Access Rights and Victorian Gay & Lesbian Rights Lobby
147	Prue Walker	197	Confidential
148	Greg McCourt	198	Kat Pinder and Lianda Gibson
149	Heather Stewart	199	Christopher Plumridge
150	Confidential	200	Felicity Hopkins
151	Anna McKellar	201	Stephen Cooper
152	Leesa Womersley and Janet Patterson	202	Confidential
153	Nadine Davidoff		

203	Anonymous
204	Sarah Nichols
205	Anonymous
206	Andrew McLean The Victorian Committee and the National Committee, Donor Conception Support Group
207	Jacqueline Tomlins
208	Jane Gibson
209	Confidential
210	Anonymous
211	Chris Burns Rainbow Male Survivors Network
212	Amy Pinner
213	Sophie Anderson
214	Narelle Grech
215	Cristina Pink and Sabdha Charlton
216	Christopher White
217	Andrea and Peter Turner
218	Anonymous
219	Anonymous
220	Louise Sensi
221	Dr Aron Paul Igai
222	Jonathon Cameron
223	Pauline Brown
224	Anonymous
225	Cath Smith
226	Anonymous
227	Anonymous
228	Karina Quinn
229	Anonymous
230	Jacqui Brown
231	Anonymous
232	Lee Matthews
233	Diana Thompson Australian Infertility Support Group
234	Felicity Martin
235	Vincent Docherty
236	Susan
237	Anne Runting
238	John Kalogridis
239	Dr Megan Turner
240	Danielle McKeown
241	Ciara O'Flanagan
242	Michael and Jan Chilton
243	Confidential
244	Lauren Andrew and Narelle Frazer
245	Dr Ruth McNair The Department of General Practice, The University of Melbourne
246	Vanessa McMillan
247	Rosemary and Ron Webster
248	Hannah Robert
249	Melissa Gangemi
250	Stephen Kress and Edward Crosslands QueerGreens

251	Edward Crossland
252	Ms Hall Lesbian Parents Project Group
253	Louise
254	Gerard Brody
255	Confidential
256	Confidential
257	Confidential
258	Rhonda Brown and Amaryll Perlesz The Bouverie Centre, La Trobe University
259	Nevil and Gloria Knell
260	Mary Natoli Adoption Information Services Forum
261	Confidential
262	Anonymous
263	Tony Parsons Victoria Legal Aid
264	Dr Wei Leng Kwok Women's Health in the North
265	Myfanwy Walker
266	Confidential
267	Karen Sait Women's Health West
268	Anonymous
269	Dr Philomene Tenni
270	Louise Johnson Infertility Treatment Authority
271	Kate Foord
272	Anonymous
273	Anonymous
274	Hannah Leaver
275	Anonymous
276	Anonymous
277	Jessie Bell
278	Confidential
279	Jenny Cox
280	Confidential
281	Confidential
282	Confidential
283	Confidential
284	Confidential
285	Confidential
286	Confidential
287	Rita O'Brien
288	Luke Lethbridge
289	Jennifer Lethbridge
290	Alan Gray
291	Confidential
292	Confidential
293	Confidential
294	Confidential
295	Louise Veenstra
296	Bauke Veenstra
297	Bruno Mezger
298	Confidential

Appendix 2: Submissions

Position Paper Two: Parentage

299	Confidential
300	Cherryl Amery
301	Geoff Amery
302	Rod Gear
303	Confidential
304	Eunice Clay
305	Frederick Clay
306	Confidential
307	Ian Lethbridge
308	Confidential
309	Confidential
310	Confidential
311	Bernadette Heinze
312	Muriel Heffernan
313	Jenny Furniss
314	Jeannette Sell
315	Confidential
316	Confidential
317	Confidential
318	Carol Duncan
319	Confidential
320	Confidential
321	Confidential
322	Confidential
323	Confidential
324	Michelle Scott
325	Craig Scott
326	Allan Duncan
327	Justin Lethbridge
328	Kevin O'Brien
329	Confidential

330	Confidential
331	Kathy Bako
332	Confidential
333	Confidential
334	Robert Cox
335	Confidential
336	Confidential
337	Michael Edwards
338	D Hill
339	Selwyn Ellemor
340	Ulrich Dolderer
341	Anonymous
342	Terry Woodcroft
343	Jane Woodcroft
344	Confidential
345	Confidential
346	Confidential
347	Amy Glynn
348	Marie McCarthy
349	Rev Alan Nichols Director of the Centre for Applied Christian Ethics, Ridley College, The University of Melbourne
350	Rev Dr Andrew Dutney SA Council on Reproductive Technology
351	Dr Elizabeth Short Key Centre for Women's Health in Society, The University of Melbourne
352	Simon and Shelley Thomas

Appendix 2: Submissions

Position Paper Three: Surrogacy

1	Katherine Raymond
2	Anonymous
3	Johaen Ernest
4	Robyn Hamilton
5	Heidi Yates
6	Dr Norman Ford Caroline Chisholm Centre for Health Ethics Inc
7	Anonymous
8	Jill Parris VANISH
9	Adrian Perillo
10	Jaye Monroe
11	Judith Bond
12	Peter Berry Berry & Associates Family Lawyers
13	Margaret White
14	James Christoffelsz
15	Gina Goble
16	Peter Murray
17	David Perrin
18	Dr Adrienne Pope Fertility Society of Australia
19	Jane Munro
20	Dr John Gill
21	Doug Weller and Brett Jenkin
22	Dr D Clarnette
23	Confidential
24	Katrina Harrison
25	Adam Pickvance The ALSO Foundation
26	Pat Healy
27	Katherine Harding
28	Dr Ruth McNair, The Department of General Practice, The University of Melbourne
29	Margaret Campi OAM Victorian Standing Committee on Adoption and Alternative Families
30	David Johnston-Bell
31	Robert Rushford
32	Anonymous

33	Fiona Rushford
34	Lynne Daniels
35	Dr Maggie Kirkman Key Centre for Women's Health in Society, The University of Melbourne
36	Bill Muehlenberg
37	Julia Mangan
38	Atala Ladd
39	Rhonda Brown, The Bouverie Centre and School of Nursing & Midwifery, La Trobe University
40	Anonymous
41	Gerard Brody
42	Anonymous
43	Anonymous
44	Diana Thompson Australian Infertility Support Group
45	Anonymous
46	Dr John Gill
47	Babette Francis Endeavour Forum Inc.
48	Melissa Afentoulis Women's Health West
49	Jenny Stokes Salt Shakers
50	Peter Phillips
51	Laura Clark and Dominic Dillon
52	Louise Johnson Infertility Treatment Authority
53	Rev Geoff Harvey Antiochian Orthodox Church
54	Frances McAloon Adoption Information Services Forum
55	Felicity Martin Fertility Access Rights
56	Gina Goble and Kay Oke Melbourne IVF Counselling Service
57	Beth Wilson Health Services Commissioner
58	Hannah Spanswick
59	Dr Peter Woolcock SA Council on Reproductive Technology
60	Anonymous

Appendix 3: Consultations

CONSULTATION SESSION

Creating New Families: Access to ART and Adoption in Victoria

18 May 2004

Participants: approximately 60 stakeholders (invitation only)

PUBLIC FORUM

Assisted Reproduction: The Rights of the Child

Research Paper Launch and Public Forum

8 September 2004

Participants: approximately 150 stakeholders and members of the public

CONSULTATION PAPER ROUNDTABLES

Parentage

4 October 2004

Facilitator: Moira Rayner

Participants: Associate Professor Kristen Walker, Leigh Johns, David Edney, Lynne Morgain, Helen Trihas, Ian Bowler, Deborah Dempsey, Dr Helen Szoke, Margaret Coady, Helen Kane, Rita Alesi, Adiva Sifris

Access

14 October 2004

Facilitator: Felicity Hampel SC

Participants: Professor Gordon Baker, Jenny Blood, Jacqui Tomlins, Dr Fiona Haines, Dr Lynn Gillam, Dr Ruth McNair, Dr Diane Sisely, Felicity Martin

Surrogacy

20 October 2004

Facilitator: Professor Marcia Neave

Participants: Associate Professor Margaret Otlowski, Dr Maggie Kirkman, Alice Kirkman, Linda Kirkman (by phone), Dr Roger Cook, Gina Goble, Dr Kate Stern, Judy Small, Professor John Leeton, Dr Leslie Cannold

Technological change working group

21 October 2004

Facilitator: Professor Marcia Neave

Participants: Professor Jock Findlay, Dr John McBain, Professor Ingrid Winship, Professor Don Chalmers, Associate Professor Agnes Bankier, Dr Chris Bayly.

POSITION PAPER ROUNDTABLES

PARENTAGE

6 February 2006

Facilitator: Professor Marcia Neave

Participants: Justice Linda Dessau, Maureen Cleary, Narelle Grech, Dr Ruth McNair, Helen Brain, Catherine Burnett, Louise Johnson, Helen Kane, Andrew McLean, David Edney, Fahna Ammet, Ian Bowler

ACCESS

9 February 2006

Facilitator: Professor Marcia Neave

Participants: The Honourable Alastair Nicholson, Dr Sandra Hacker, Professor Gordon Baker, Felicity Martin, Michael Gorton, Matthew Carroll, Debbie Jeffrey, Kay Oke, Myfanwy Walker, Dr Ray Cleary, Gill Callister

SURROGACY

21 February 2006

Facilitator: Professor Marcia Neave

Participants: Justice Sally Brown, Justice Nahum Mushin, Moira Rayner, Lee Matthews, Fiona Rushford, Laura Clark, Peter Berry, Louise Johnson, Lexi Neame, Dr Roger Cook, Gina Goble, Dr Maggie Kirkman, Alice Kirkman

MEETINGS AND FORUMS

28 April 2004	Helen Szoke, Infertility Treatment Authority
30 April 2004	Felicity Martin
7 May 2004	Attorney-General's Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex issues
20 May 2004	Prospective Lesbian Parents, at Victorian AIDS Council
24 May 2004	Helen Trihas and Ian Bowler, Registry of Births, Deaths and Marriages
10 June 2004	Registry of Births, Deaths and Marriages
21 June 2004	Rainbow Parents Playgroup, Bentleigh
6 July 2004	Louis Waller Lecture, delivered by Dr Sally Cockburn
5 July 2004	VLRC Advisory Committee for ART & Adoption reference
26 August 2004	West of Docklands Lesbians
6 September 2004	Melbourne IVF, tour with Dr John McBain
25 October 2004	Infertility Treatment Authority, presentation by Angela McNab, CEO of Human Fertilisation and Embryology Authority (UK)
26 October 2004	Infertility Treatment Authority, presentation by Professor Ken Daniels
27 October 2004	Infertility Treatment Authority Symposium (Melbourne Museum)

Bibliography

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- Assisted Human Reproduction Implementation Office, *Issues Related to the Regulation of Pre-Implantation Genetic Diagnosis under the Assisted Human Reproduction Act* (2005).
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- Australian Domestic & Family Violence Clearinghouse, *Domestic Violence in the Context of Child Abuse and Neglect*, Topic Paper (2003).
- Australian Institute of Criminology, *Child Sexual Abuse: Offender Characteristics and Modus Operandi* 193 (2001).
- Australian Institute of Criminology, *Recidivism of Sexual Assault Offenders: Rates, Risk Factors and Treatment Efficacy* (2004).
- Australian Institute of Family Studies, *Introducing the Longitudinal Study of Australian Children*, LSAC Discussion Paper (No 1) (2002).
- Australian Research Centre in Sex, Health and Society, La Trobe University, *Private Lives: a Report on the Health and Wellbeing of GLBTI Australians* (2006).
- Baker, H W Gordon, 'Problems with the Regulation of Assisted Reproductive Technology: A Clinician's Perspective' (2002) 9(4) *Journal of Law and Medicine* 457.
- Baldwin, T, 'Reproductive Liberty and Elitist Contempt: reply to John Harris' (2005) 31 *Journal of Medical Ethics* 288.
- Baruch, Susannah, Kaufman, David and Hudson, Kathy, 'Genetic Testing of Embryos: Practices and perspectives of U.S. IVF Clinics' (2006) *Fertility and Sterility* 5.
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