Key Points:

• There is a positive correlation between women experiencing medical/health inequalities in accessing DI (donor insemination) via HFEA fertility clinics and their subsequent victimisation when they try to conceive with men using sperm donation websites or social networking sites (SNS)
• 1 in 2 women are abused by men using internet sperm donation websites when trying to conceive, during their pregnancy, or in the postpartum period
• Violence can be situational or systematic, i.e the incident may happen once or a pattern of violence may develop over time
• Sole or multiple perpetrators are involved
• Sexual grooming often precipitates physical sexual abuse
• Other women often assist/support the abuse
• The abuse may occur for the first time during pregnancy, or it may escalate during pregnancy
• Women are frequently confused by the language of AI (artificial insemination) and NI (natural insemination), and not least since men and some women, notably lesbian women, promote the idea that NI does not constitute sex
• Women are frequently confused by the language of ‘donation methods’ due to men linguistically creating other culturally authentic terms. These comprise AI+ (artificial insemination with sexual acts) and PI (partial insemination of penis). This blurs the lines between AI and NI, creating confusion around sexual boundaries, which can mask sexual abuse.
• Whilst some women experience financial exploitation (men illegally selling gametes), the most prevalent form of abuse is sexual in orientation
• Nearly all sperm ‘donor’ abuse incidents meet the Home Office’ definition of domestic violence and must be defined as such by the police, the criminal justice system, the family court, support agencies within the field of domestic violence and rape, and finally, primary and secondary health care

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Introduction
This research sought to investigate violence against women in the unregulated online sperm donor community outside the medico-legal structures of the HFEA. Increasingly, women are turning to unregulated websites and social networking sites (SNS) to find men prepared to ‘donate’ sperm on account of the insurmountable economic barriers to accessing DI (donor insemination) via HFEA fertility clinics. Indeed, this research has found that unregulated internet sperm donation is both fuelled and thriving due to the ‘exclusive’ costs associated with HFEA clinical DI, which is forcing women away from a safe medical environment to one riddled with serious health risks and dangers.

At the outset of this briefing, attention must be drawn to the sperm ‘donation’ methods as this underpins the high level of violence against women. The taken for granted linear distinction between AI (artificial insemination) and NI (sexual intercourse) no longer exists. Men have linguistically created superfluous culturally authentic ‘donation methods’ in a clear strategy to push or to coerce women towards sexual intercourse or sexual acts to conceive a child. To that end, ‘AI+’ comprises artificial insemination with sexual acts, such as masturbation or oral sex, and ‘PI’ comprises partial insemination of the penis, which amounts to sexual intercourse though many men refuse to describe it as such. These additional methods blur the lines between AI and NI, creating confusion around sexual boundaries and can mask sexual abuse and rape.

Men participating in the online sperm donor community go to inordinate lengths to distance their actions from connotations of ‘intimacy’ or ‘having a relationship,’ when engaging in sexual activity, including intercourse, to impregnate women. It is the firm contention of this research that the intimate nature of privately arranged sperm donation brings such relationships between men ‘donating’ sperm and women trying to conceive, under criminal and civil laws applicable to domestic violence when coercive, controlling, violent and abusive acts occur. In essence, we must see sperm donor violence as an extension of family based violence.

Background
One area of violence against women that has escaped both policy and academic scrutiny is that involving private sperm donation, mediated via the internet. In that regard, we have no evidence elucidating the causal pathways of violence and abuse between women trying to conceive with men bartering their sperm via the internet. This research readdresses the severe occlusion.

A long pedigree of research does, however, demonstrate that violence and reproduction are strongly interwoven, with women experiencing violence for the first time during pregnancy or that violence increases in quantity or severity. Indeed, over one third of domestic violence starts in pregnancy (Lewis and Drife, 2001, 2005, McWilliams and McKiernan, 1993). Violence in pregnancy is also a significant cause of miscarriage and stillbirth (Mezey, 1997). It is within this context of female victimisation and reproduction that this current research is firmly located.

Men who donate sperm are associated with the personality characteristics of altruism, generosity, selflessness, charity, and benevolence. The HFEA, the NGDT, and the multitude of fertility clinics across the UK, in their quest to recruit a new generation of sperm donors, are in large part, responsible for this cultural and linguistic construction. In this regard, The National Sperm Bank’s branded website logo comprises, ‘Very Special Men. It’s Not What You Do, It’s Who You Are!’ In a similar vein, the London Sperm Bank, state in their recruitment drive, ‘There is little that our sperm donors have in common other than a wish to help.’ Such language is a catchall; it applies to all men who ‘donate’ sperm, whether via the official or the unregulated route. Thus, the social construction of the atypical sperm donor as ‘special’ and ‘altruistic’ has removed this masculine form from the socio-cultural and psychological characteristics of the brutish abuser. It is little wonder therefore, that men who ‘donate’ sperm have escaped rigorous investigation as doers of gender violence and intimate partner violence.

Methodology
This research adopted covert netnography and in-person participant observation on account
of a) the severe hostility and dangers I encountered as a lone researcher and woman, b) the sensitive nature of unregulated sperm donation (reproduction), c) a realisation that authentic results would only emerge through covert methods, d) a swift appreciation that the male research population, in particular, fulfilled the definition of a deviant community, often engaging in criminal activity under the Sexual Offences Act 2003, Section 41 of the HFEA 1990 Act, the Offences Against the Person Act 1861, Protection from Harassment Act 1997, S. 127 of the Communications Act 2003, and the Malicious Communications Act 1988. In keeping with intimate partner violence, other coercive acts also abounded, but are not necessarily sanctioned by criminal law.

As the internet constitutes the fieldwork locus for investigating sperm donors and violence against women, netnography, a web-based research technique was adopted. I assumed online personas, both male and female, in order to gain access and acceptance in the online sperm donor community over a 33 month period. During that timeframe, thousands of hours were spent observing online interactions within the community, diffused over a host of internet interfaces; posting online, as well as liaising extensively via online chat and private message with both women and men. To increase the validity of the online-mediated observations and interactions, which painted an endemic masculinized culture of misogyny, sexual grooming, sexual coercion, violence and abuse, the research method of netnography was triangulated with in-person participant observation where I assumed the persona of a woman wishing to conceive with donor sperm.

Sample population: I liaised directly online with 198 women and 92 men respectively over the timeframe, though I observed the online interaction of a far greater number of both men and women during the investigation. Utilising in-person participant observation, I met 41 men professing to be ‘AI sperm donors.’

Owners and moderators of sperm donation websites, forums or Facebook groups were not contacted as they fall into a ‘gatekeeper’ role. Some sites are commercially run and have vested interests in promoting and protecting their reputations and profits. A clear example can be seen in the commercially driven sites of FSDW (owned by Emma Hartnell-Baker) and Pride Angel (owned by Erika Tranfield). Both women have publically declared that they possess the safest sites, yet evidence from this research indicates that such claims are compounding the already severe risks and dangers awaiting unsuspecting women wishing to conceive. To elucidate this point, the convicted sex offender, Gennedij Raivich, former Professor of Perinatal Neuroscience with University College London, used both FSDW and Pride Angel.

**Findings (A Snapshot)**

This research has found that 1 in 2 women who go online to find a sperm donor experience some form of victimisation. Thus, 99 out of 198 women in this research disclosed some form of violence or personal harm. On a continuum of violence, those harms include, sexual orientated violences, sexual grooming, physical abuse, harassment, stalking, threatening behaviour, emotional and verbal abuse, trolling, hate crime, racism, homophobia, and financial exploitation. Some women also contracted STIs and experienced other forms of controlling and coercive behaviour.

The findings from the in-person participant observation comprise: 41 men were met in public space, such as cafes, restaurants, and coffee shops. 7 men requested immediate payment for their gametes, figures ranging between £50 and £275. Of these, 4 men requested payment per AI donation produced, whilst a further 2 men requested payment per monthly cycle. Finally, 1 man requested NI (multiple times) and £120 per cycle. During the public meeting, a further 4 men stated graphically that they would only donate by AI+ (AI with sexual act).

More worrying, 26 men waited until we were in the private confines of a hotel room to renege on the AI agreement. Some men strove to use emotional coercion i.e ‘You won’t get pregnant doing AI.’ Or, ‘look I want something out of this.’ Or, ‘you either do NI or I’m not donating.’ Or, ‘NI is how nature/god intended babies to be made.’ Or, ‘I know you want to.’ Or, ‘do you think your kid would want to be made naturally or by a pot?’ Or, ‘don’t waste my time.’ Or,
‘hey, I’ve paid for the hotel room so you’re doing it!’ Some men tried to further escalate a sexual encounter by invading my personal space, trying to touch, blocking my way, placing a hand on a door, trying to remove my clothes. Some men also demonstrated anger when I refused to engage in NI or PI. Men frequently referred to NI and PI as not constituting sex, or explained it would be over in minutes, or how it would be more enjoyable than AI. Out of 41 men, only 4 were prepared to honor their original agreement of artificial insemination.

The findings from the in-person participant observation echoed the experiences of women I liaised with online. Women disclosed being pressurised and coerced into sex or into performing sexual acts once alone with a ‘donor.’ Other women described incidents, which were clearly rape or sexual assaults, yet they could not bring themselves to define it as such. In most cases the women returned to see the ‘sperm donor’ over subsequent months and experienced repeat victimisation. When asked why they continued to see the ‘sperm donor’, women typically responded, ‘what choice did I have, I wanted to get pregnant?’ Or, ‘all donors are the same, if it wasn’t him it would’ve been another.’ Or ‘I just want a baby.’ Or, ‘I was so sucked in, I couldn’t see what was happening to me.’ Or, ‘I think I love him.’ Or, ‘I’m desperate for a baby.’ Or, ‘I was scared of him.’

Women were not always assaulted upon first meeting a ‘sperm donor,’ which conforms to the pattern of domestic violence. For at least 18 women, the violence only occurred once they disclosed that they were pregnant. In these circumstances, women were raped, sexually assaulted, or physically assaulted, more than once during their pregnancy, and in 3 cases the violence continued into the postpartum period. It would seem that the violence experienced by the other 15 women did not straddle the postpartum period as the relationships ended once the child was born. However, it must be noted, that these men, even after the relationships had ended, continued to exert emotional control, and women frequently returned to try and conceive a second child, and upon doing so, they experienced repeat victimisation. It is important to note, that the number of women who experienced violence in pregnancy or in the postpartum period could be far higher, but it is not possible to determine this fact as some women cease to use sperm donor websites and SNS groups once pregnant or after giving birth.

It is not uncommon for women accessing online sperm donor websites and SNS to be victimised by multiple perpetrators. Typically, in these circumstances, a woman trying to conceive experiences some form of sexual exploitation and/or assault. She then strives to move away from that perpetrator to seek a ‘safer’ ‘sperm donor’ with whom to conceive and she is similarly abused, thus repeating the pattern of victimisation. One third of women disclosed that more than one perpetrator had assaulted them.

The mechanisms associated with the sexual grooming of children are readily in place within the online sperm donor community to facilitate the sexual grooming of women trying to conceive. First and foremost, women engage in the sperm donor community because there is something that men biologically possess, gametes, and women want, sometimes desperately, and not least since the majority cannot afford to access clinical DI. Men using sperm donation sites do not need to meet women in situ in order to fulfill their sexual grooming objectives. Some choose to send or even request sexually explicit images, initiate sexually explicit chat, emails, text messages, encourage participation in, or voyeurism of, online video cams of one or more parties performing sexual acts. In this situation, men can obtain images, videos, copy online chat conversations, harvest personal details, to create a personal repository of their victim and to also strengthen their armory of information, which can be utilised as a bargaining tool. The typical situation comprises, ‘you either do “this” or I’ll send the information to your family, friends, or I’ll post it online.’

Substantially more women are sexually exploited and abused, than financially exploited by men selling gametes, though there was a definite increase in men bartering their gametes for cash payments during the duration of this research. There is also evidence via SNS that men are profiteering from shipping gametes in the UK. Despite the
frank and open dialogue to be found on SNS in relation to this illegal trade, there is seemingly no apparent inclination on behalf of the authorities to criminally investigate with a view to bringing prosecutions. A case in point is Simon Watson, a man who has been donating sperm, by his own admission since 1999. Not only has he declared via SNS and the daily press that he has fathered approximately 500 children, but he has also made countless public admissions that he earns a salary from selling his gametes. As this is a clear breach of Section 41 of the HFEA Act 1990, the question must be asked, why is this matter not being investigated?

Men were the perpetrators of sexual orientated violences as well as being responsible for the full rubric of victimising acts commonly associated with domestic violence. Perpetrators could also be female, however, and they tended to fall into a secondary role to the principal male offender. Female perpetrators tended to be involved in online harassment/trolling, bullying, stalking, and even promoting abusive ‘donors.’ Similarly, owners of sperm donor websites could also engage in criminal behaviour and defamation by targeting and victimising women and/or shielding abusive men.

There is worrying language and posts online at ‘sperm donor only’ groups on SNS referring to ‘daughters being passed around’ or ‘donor’ fathers granting permission for other sperm donors to have sex with their daughters. ‘Donor’ conceived daughters are also frequently sexualised and referred to as ‘hoers.’ Whilst further research is required, the evidence seems indicative of the sexual grooming of children and/or young adults, notably daughters. This is particularly alarming since ‘sperm donors’ often entangle themselves in the lives of mothers and their biological children, whilst other ‘sperm donors’ harness the internet and SNS to stalk mothers and biological children from afar.

Nearly all men ‘donating their sperm hid behind false names, with fictitious autobiographies of occupational details, family histories, and addresses. Indeed, it is a tacit rule within the online sperm donor community that donors can remain anonymous, but women should reveal their full names and personal details. Emma Hartnell-Baker of FSDW blatantly encourages ‘donors’ to hide behind aliases. This facilitates the terrifying mechanics of abuse and stalking of women, whilst similarly laying the bedrock for intractable child welfare issues, such as ‘anonymous donations.’ A common trick used by men is to insist upon ‘donations’ taking place at the woman’s abode, irrespective as to whether she has children present in the household. This instantly gives men a linchpin both in the mother’s life and any children he may subsequently father. Moreover, men frequently made references to using technology and the internet to stalk mothers and their biological children.

Women commonly described feeling ‘hurt,’ ‘sad,’ ‘upset,’ ‘damaged,’ ‘harmed,’ ‘fucked-up,’ ‘devastated,’ ‘traumatized,’ ‘sick with worry,’ ‘depressed,’ and even ‘suicidal,’ by discovering that the father of their child/children had deliberately told untruths about the number of children he had sired via private ‘donor’ arrangement. It is widespread for men to downplay how many children they have fathered in order to entice rather than repel prospective women wishing to conceive. Whilst such deception does not amount to a criminal offence, it is clear that it constitutes an emotional violation/abuse. Thus it is common practice for men to state that they have less than 10 children when in actual fact a more accurate figure could be closer to 50 or even 90 children, a figure that continues to increase with each live birth.

A recurrent theme in this research comprises fathers using threats to gain access to their biological children; a tactic common in domestic violence cases. In this research, it was used as a bargaining tool, usually in return for sex, or simply to exert emotionally controlling and coercive behaviour over the mother’s life. This was particularly the case when there was already a history of abuse/coercion.

All men in this research demonstrated an intimate understanding and comprehension of the psychological vulnerability and desperation of women using online sperm donation websites, which fuels exploitation and abuse. Women who tried to speak up by reporting the abuse and their abuser through online websites or SNS nearly always found themselves
silenced by hostility, harassment and threats. Other women, notably mothers of biological children sired by the alleged abuser, tended to be heavily involved in the campaigns to silence victims. Other donors were also implicated in silencing the abused and protecting the alleged abuser. Victims/survivors commented that this experience deterred them from reporting the abuse to the police as they felt that they would be disbelieved and judged. Also seeing other abused women seeking help online and being silenced/harassed/trolled, similarly acted as a silencing tool.

Women in this research often described incidents that clearly amounted to assaults under the SOA 2003, yet they themselves did not define such conduct as rape or sexual assault. However, some women, even when they recognised that they were being abused, nevertheless continued to try and conceive with the perpetrator on account of the economic barriers preventing access to DI through a fertility clinic.

References


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