A Violation of Human Rights in AID and Social Work

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Abstract
This research aims at the protection of human rights of the children born by Artificial Insemination by Donor.

This research studied the development of legislation in Western countries regarding children's right to know about their parents, that is to say, their right to know their birth origin. Moreover, it conducted interviews with children born by Artificial Insemination by Donor both in the U.S. and Japan and obtained the following statement which can be termed "Loss of the Narrative".

1. This was carried out without my informed consent and without my permission.
2. I want to be convinced that I was born not from just sperm and mother but from father and mother. Also I wish I had a chance to meet my genetic father.

The outcomes of this research concludes that a system to guarantee the AID children's right to know their birth origin is required in order to reconstruct their lost narrative, clarification of the structure of challenges surrounding AID children, and clarification that the essence of those challenges can be deemed as "Social Abuse".

Key Words
Artificial Insemination by Donor, Narrative, Children's Right of Knowledge about their Birth, Social Abuse

Introduction

This research is aimed to protect the right of a child born through Donor Insemination (DI). Several issues on Artificial Insemination by Donor (AID) in Japan have come to light by the complaints from children born through DI.

In this research, we have examined the preparation of the law regarding the right of persons born through DI to know his genetic roots in Europe and the US by using references and interviews. We had interviews with persons born through DI in both Japan and the US. Specifically, we heard comments such as, "The practice was done without any informed consent," or, "Sperm plus the mother should not be equal to the birth of me! I want to believe firmly that there was a presence of a human being." In this research, we have referred to the narrative viewpoints of pediatricians and physiologists in order to analyze the discourse of DIs. Also, we have utilized the narrative model and found out that in order to support DI, it is indispensable to rebuild their life stories which they have once missed. Based on the interview research results, we managed to make clear that 'rebuilding a life story' of DI 'externalizes' the problems they are aware of. Therefore, it is essential to build the system for guaranteeing the DI's right to know his genetic roots.

The results of this research were to point out the necessity of building the system to protect the 'DI's right to know his genetic roots' in order to 'rebuild a life story' and that the essential problems surrounding DI are to be called a "social abuse."
1. The research trend

In December 2001, the report on accepting Assisted Reproductive Treatment (ART) by sperm egg embryo donor but excluding surrogate pregnancy was announced by a committee of experts on ART which was set up by the advisory body to the Japanese government on high technology of medical treatment. This report was required to organize the legal system and to build the managing and operating system. So in July 2002, the ART sectional meeting for the council of health, welfare and science was organized.

On the 28th of April in 2003, the report on preparation of ART system by sperm, egg and embryo went public. The report widely accepted the DI's right to know his genetic roots. In order to protect DI's right, the advisory body to the Japanese government on ART demonstrated the need to provide counseling assistance by child guidance clinic, public organization and medical centers.

However, its specific approach was unclear. Especially, the child and family welfare services’ approach such as renewing the child guidance centers were not seemed to have been discussed thoroughly.

Furthermore, the report says “In order to reassure the identity of a child, it is important for a child himself to know that he was born through Donor Insemination. This is targeted not only to persons born through DI but also who doubt or wonder they were born through DI.” Persons eligible to claim for disclosure must be at least 15 years of age since the probable identity crisis was taken into account and also because the law defined one’s appropriate age to start his decision making was 15 years old. The participants of assistance are those persons who are 15 years old or over and who doubt about their birth. In other words, this report is aimed to build the system regarding ART with a viewpoint of securing the “right to know the genetic roots” and the authors highly appreciate and supports its contents.

(1) Previous researches on AID

As for national research concerning AID, there are reports by the committee of experts and sectional meeting on ART, the research on a legal framework of life ethics laws in foreign countries by National Institute for Research and Advancement (2001) as well as research studied from a viewpoint of mothers or couples wanting to practice AID by ‘FROM ~ Fertility Rights of Mothers’, and from Yoshimura (2005).

The authors support the proposal of Japan Federation of Bar Associations (2001) of which Sato made a point, ‘A change of importance in human right.’ The author agrees with the fact that children should be a main subject when concerning the right to know his genetic roots and would like to expand this research based on such idea.

The 2002 IFSW’s recognition towards social work’s response to work on “the child’s right to know his parents” and Miyajima’s (2002) opinion giving a priority to the child’s welfare which both are closely related to the UN Convention of Child’s Right Act 7th where it mentions about the “child’s right to know his parents”.

In this research, the author support the idea for placing ‘a child’ to be a main subject. Among ‘the child’s rights to know his parents’, we name the DI’s right to know his genetic parents as “a right to know his genetic roots.” We will examine the essential points in order to build a system to protect a child’s right to know his genetic root.

Also, when we carefully look at the situation surrounding the UN Convention of Child’s Right Act 7th and 8th and the Children’s Rights Note, we shall find out that ‘the Children’s Rights Note’ published by Osaka Prefecture specifies the child’s right to know. As with other area’s survey research on ‘Children’s Rights Note’, there are Hasegawa seminar (2004) and Nagase’s (2005) research which have focused on the “Children’s Rights Note”. But there has been no research which focuses on the ‘genetic roots.’

(2) Approaching to “the closed truth”

Before developing a discussion on the essential points about “the right to know the genetic roots,” it is necessary to secure the “child’s right to know his parents” as a top priority regarding child’s welfare issues. In other words, there is a domain to support the adoption and foster parents/adopted child and as for the child’s welfare this is considered to be the domain which has a goal to secure the child’s right to know
their parents. The central part of this support is a support to encourage ‘the telling truth’.

Saimura and Miyajima (2002 a, b) have conducted interviews with adoptees and foster parents in order to clarify the problem of “telling the truth.” Saimura and Miyajima have paid attention to the fact that a rights protection to adoptee needs continual support from everyone and concluded that DI’s support should also be practiced under the ‘social work system.’ Such a discussion shows the possibility that ‘telling the truth’ between foster parents and an adoptee have the same kind of essential points as ‘telling the truth’ to DI’s. If so, in the future when the right to know his genetic roots is institutionalized in Japan, a support towards DI’s telling the truth will be an important topic and has the best interest for this type of issue. However, the extent of research is limited because no direct interviews were done with DI’s. Also, the earlier point remains an analogy assuming that problems of telling the truth to adoptees have the same quality to that of DI’s. Hence, it remains to be an untested hypothesis.

In that sense, besides the fact that both adoptive families and DI-formed families have intrinsic similarities, we would like to point out that in both cases, the common situation that “the child is withheld from the truth” at home is apparent.

Henceforth, we would like to examine the previous research about the background of the “children actually being withheld from the ‘truth’.”

Kosawa (2003) observed the family lifecycle to form a non-blood related family, and found out there was a social stigma for ‘actual families’ to seek ‘blood relationships’. So, in non-blood related family, there is a lack of communication to both discuss and understand the problems between parents and a child. This outlook shows that foster parents face the social stigma and feels the pressure from it. Kosawa’s point that foster parents are not able to tell the adoptee because of his/her birth background, may have common points with AID couples who cannot tell the DI child about his/her birth background. Regarding this point, I would like to mention later using the feedback of DI’s discourse, and examine them thoroughly. The Ministry of Health, Labor and Welfare (2003) seem to be affirmative with Furusawa’s indication since they have mentioned that how far adoptee desires to know differ depending on both the social background and status, so there is a need for care on individual basis varying on when and how far to tell the life story of ‘birth’ that an adoptee requires.

When thinking over the issue of “the child is being withheld from the truth” as a social work issue, what kind of a social work approach will there be to support? As an approach to this question, Kihara (2000) have introduced Anna’s story as an adopted child and showed the possibility of a narrative model. According to Kihara, at first, Anna could not see the consistency and continuance in her birth and life ‘story’ as an adoptee. But with the help of a social worker’s intervention, she succeeded in building up a comprehensive story.

This approach succeeded because Anna’s story was reorganized by the social worker as a “participant”; this proved the adequacy of applying narrative approach to social work. There is an alternative story which the story DI person reorganizes and the dominant story which is the common sense in general society. The important point on a narrative model is that the society, which is organized by the latter, is considered to be the target of a social change.

Such narrative model is not applied only to the support of adoption but also to DI. One example of this is the approach of Meiji Yasuda Mental Health Foundation pointing out the secrecy and anonymity in AID which deprive the narrative of DI. They aim to make the general public and the expertise share the importance of DI having the roots of self-existence and obtain the life story of theirs.

Such action is a co-work of academics professionals to support DI by standing in DI’s viewpoint and Watanabe(2005), one of the promoting members, mentions that, “The child’s shock after knowing coincidentally about the fact of DI and a distrust towards parents are very serious. The agony is very deep considering the fact that there is a lack of life story especially on the birth story.”

He then suggested that, “It has become a big damage for DI people as their human right was not protected.
When ART is accepted to public as an opened system with a support and understanding of general public, then the child’s risk will be diminished.”

(3) The AID trend in other countries

This research is focused on ‘the telling truth’ to a child and child’s right to know his genetic roots and it is coherent to both research trend in social work field and international laws towards AID.

In 1984 in Sweden, AID has been put into operation and child’s right to know his genetic root was approved for the first time in the world.

Also, the Act of In Vitro Fertilization Law, modified in 2002, there is a clear stipulation for the right of a child to know his genetic roots. Namely, when a child becomes suspicious about his birth whether the AID may have been utilized, the medical centers which possess child’s birth information should disclose such information. Furthermore, the claim of disclosure is the right only of a child, meaning even parents shall not be permitted to claim for disclosure.

When a child judges the disclosed information is not good enough, he would have a right to object against it. Then, social workers will work to support their action to claim for the disclosure and objection against as a system of social service and child’s welfare service. In this disclosing information, “the child’s right to know” is given a priority to the protection of donor’s personal information. In Sweden, the principle for “top priority for child’s welfare” is accomplished by the system of social support based on In Vitro Fertilization Act as well as Act of Parentage.

In Norway, a neighboring country, in December 2003, the laws on applying biotechnology in human medicine was enforced, and this made the children who now become adults possible to know his donor. As with the trend in Australia, in 1995 the detailed report has been made about a social support system such as the infertile treatment guide, a department which organizes its system and certification for doctor in charge and certification of counselors.

The South Australian brochure 2003 shows the system for social support to DIs saying “All DIs above 16 years old have a right to access information without any limits to not to identify the donor.” In UK, the HFE law was enacted in 1990. Yet, a child became to have a right to know about donor’s information such as height, weight, eye color, hair color, occupation and hobbies. This law was modified in 2005 and children over 18 are now able to claim for disclosing donor’s name and address.

Such international trend gives significant influence on Japanese legal preparation on AID and social welfare measure on DI as well. Taking into account such international trend, the authors came to think that discussing the legal preparation to secure DI’s right to know his genetic roots will be an important occasion to make a movement to release DI from such agony.

2. Interview research to the DI people

The authors interviewed DIs in Japan and the US and analyzed paper of US DIs aiming to find out what kind of social work is needed to protect the human rights of DI and under what kind of structure are the DI’s rights and various problems on AID placed. Interviews were recorded to a tape recorder and an IC recorder. It was made in written form by an expertise and the authors verified the speech sound and letters.

(1) The DI voices in US

The authors interviewed Bill Cordray on the 13th of September in 2004 and upon an agreement, opened it to public. He was very angry about the fact that a stranger knew his father and that he did not have the right to know his father. The presence of the right to not to tell the truth seemed unfair. He also mentioned that “By the time I became a teenager, I began to realize that my father was not a biological father”, “Our characteristics and preferences were very different.”, “From the age of 12 to 19, I suspected that my mother had been unfaithful to my father”, “I was angry towards the medical professionals who placed us into such situation. Telling lies to their own child is very unhealthy and it should be opened.”, “I just want to meet my Donor so that I could identify who I am.”

Also, Bill (2004 a.b.) mentioned that “We are incomplete without our complete knowledge on our full identity.” “Adoptees think that they are isolated
from their family genetically and they are undergoing the "genealogical bewilderment". The "genealogical bewilderment" forces us to build an artificial identity to get along with our family. This makes self-recognition and integration into a family very difficult. But this may not happen to the parents. When being not told about his genetic roots, the identity confusion occurs. Actually, most of us live in a family as a stranger. We want people to understand what is like to be our root disconnected and how strong the isolated people wish 'to resonate with society' after losing the resonance with society. DI shall declare his right to know the identity as a proof to self-assurance and this right cannot be deprived by anyone."

Presently, Bill has built a network with DI people all over the world through internet and claims about the inadequacy and absurdity of AID, the hidden medical treatment, and insists it to be an open treatment.

(2) The DI voices in Japan

At the same time, there were also DIs with same circumstances in Japan and the authors carried out the interviews with them. The interviews took place on the 25th of December in 2004 and on the 11th of March in 2005. The participants of 1st interview were two females. The 2nd interview was two female persons and one male person. Two females were the same persons as the 1st one. For the interview place, meeting rooms in Tokyo were chosen for privacy. Each interview took about 3 hours.

Interviews were carried out after questions used for Bill's interview were corrected and revised. The questionnaires were mailed to the participants beforehand and they were asked to prepare notes. On the day of the interview, a semi-structure interview was carried out based on the questions sent earlier.

Still, before the second interview, the research members and 5 cooperating persons of this research added interview questions upon discussion, and another interview was done after focusing on the uncertain points of the 1st interview.

1. The outline of a research result

By two interviews in this research, the depth of agony became apparent through hearing DIs voices. The DI's discourse are shown in Tables 1 and 2. Grammatical mistakes were corrected and anonymity was kept upon the permission of interviewed persons.

To whom and to where are these voices reached? To find this out, we have categorized them by using KJ method and by referring to Saimura and Miyajima (2003)'s idea of 'Social work system (image) concerning the right protection of a child in ART' and 'A structural outline of support towards the people concerned in ART'.

As a result, we can observe that DI's discourse are released towards the 'system', 'friends', 'citizens/society', 'a person wishing AID', 'a medical staff', 'the relationship between a mother and a father', 'a father', 'a relationship between a mother and a donor', 'a mother', 'a child', 'a relationship between a father and a child', 'a child' which are shown in Table 1 and the number of key terms reached 70. Several characteristics key terms were led by each target to which the DI's discourse were released as indicated in Table 1. We found out the key terms which overlap with Bill's comments meaning 'anger', 'disbelief' and 'loss of identity'. The key terms obtained here were not only the key terms meaning 'anger', 'disbelief' and 'loss of identity' which Bill emphasized but also the key terms to show the 'kindness' to a mother or the key terms which shows the ability to see oneself objectively such as 'It just doesn't seem to be right' "Discovering of 'Me'". Also, there was a key term such as "A child should be categorized as 'a hardship',' and 'people who will be directly concerned in the next generation' which looks like a resolution or determination to their children as a person to live together with DI. In other words, the DI's key terms quoted by the authors are targeted to various directions not only to the direction which Bill emphasized.

The characteristic key terms led from Table 1, can be categorized into 7 regions as Table 2, by each different context including DI's feeling of 'anger', 'sadness', emotion of 'beliefs', 'disbelief' or the intention to accept the circumstance which they have to face. In other words, Table 1 simply describes the key terms organized by each target to which the DI's discourse is released.
Table 1  Targets and key terms to which the DI’s discourse are released

<table>
<thead>
<tr>
<th>Target</th>
<th>Key term</th>
</tr>
</thead>
<tbody>
<tr>
<td>System</td>
<td>Even a family register is a lie/Can’t be convinced by characteristics/a road to reach/Requests/when go to counseling/A framework to be treated as a human being/Securing sperm and anonymity</td>
</tr>
<tr>
<td>Friends</td>
<td>Distance that can’t be shortened/should live positively? Is that so? Don’t want to be denied</td>
</tr>
<tr>
<td>Citizen/Society</td>
<td>Can we try AID in the first place? / Can’t ask for help from anywhere/ Unacceptable comments/Denying without knowing/ Reaction of a person who experienced child birth/ Are the donors ‘people with good will?’</td>
</tr>
<tr>
<td>AID client</td>
<td>Can’t contact a friend who is under infertility treatment/Accountability and responsibility/I won’t be convinced in the written form</td>
</tr>
<tr>
<td>Medical staff</td>
<td>Don’t do it as you will suffer./A doctor’s side responsibility/ One minimum condition for practicing</td>
</tr>
<tr>
<td>Mother-Father</td>
<td>Parents become happy/Importance on blood relation and accepting AID/ Relatives happen to tell by mistake/ A right to choose and to know/ ‘Parents’ are the persons who are helpful to a child/ They can live with lies/ They don’t tell because they want to protect themselves/ Consequence of late telling/ A hardship of parents/ Excuses by parents/ The question ‘Why did you make me?’ has not been figured out/ They all sound as an excuse</td>
</tr>
<tr>
<td>Father</td>
<td>Relation of blood</td>
</tr>
<tr>
<td>Mother-Donor</td>
<td>I am made by sperm and a mother</td>
</tr>
<tr>
<td>Mother</td>
<td>Parents are human beings, too! A hardship when experiencing infertility/ Actual time passing and changes of a child/ Bonding with a mother/ I want him or her to be confident/Loss of ‘parental image’</td>
</tr>
<tr>
<td>Me</td>
<td>Go to parents at first/ The ages when I was not good at speaking up/ It takes time/ There are things I can gain and overcome when I know there was a human being/ Am I only thinking too much? Unconfident to become a parent/ Have an anger/ ‘unbelievable’/ I couldn’t go up/ Reacting surprisingly/ I want to organize myself to not to overreact anymore/ It just doesn’t seem to be right/ Hard days and relaxing days/ Discovering of ‘Me’</td>
</tr>
<tr>
<td>Husband-child</td>
<td>Not to depend on husband/ Feeling of ‘loving’/ A way to tell about AID to children/ Being dependent is hard/ Regain myself/ Live very comfortably</td>
</tr>
<tr>
<td>Child</td>
<td>In understandable words/ A child should be categorized as a ‘hardship’/ People who will be directly concerned in the next generation</td>
</tr>
</tbody>
</table>

On the other hand, Table 2 recategorized 70 key terms listed in Table 1 based on the key terms including a feeling, emotion or intention of DI. Remarkable key terms are selected by each section. The selected key terms will be 1 through 3 by each region category and the written form of discourse including these key terms, the direct messages of DIs, are shown in Table 2.

Followings are when I stipulate characteristics based on 7 regions categorized by such analysis. The Region I is a discourse directed to participants who tolerate the unacceptable behavior which is totally the opposite of accepting oneself from a DI’s point of view. The Region II is a discourse directed towards indifferent target group who show indifference when facing the serious problem of DI. The Region III is the discourse group which primarily should protect and affirm the persons concerned, but in reality, gives it up and escape from reality.

The Region IV is a discourse which is the opposite of III and directed to a target that DI should protect and accept when placing the DI in the center.

The Region VI is a discourse directed to an entire system which is influential to everything and the citizens or society who lead their life without knowing anything and this include from Region I through V.

The Region VII is a discourse which DI questions himself to bond Region VII and VI which needs to be discussed whether to place it in III or IV.

Specifically, the Region I key term is about the “doctor’s accountability” and “responsibility to the clients”. In other words, this is the wish of DI’s towards people who practice AID or who receive AID. The Region II is represented as “denying without knowing anything” and directed to so-called, the third persons. The Region III is represented as “live with lies” and “the reason for not telling is to protect oneself” and targeted to the AID recipient mothers and parents. In a sense, words with feelings of anger are included but this is understandable to be a characteristic voice of DI. We will say in addition that these words to mothers and parents are not only the angry voices but are the significant words that have various aspects to be categorized.
### Table 2 Feedback from DI’s discourse

<table>
<thead>
<tr>
<th>Region</th>
<th>Key term</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Doctor’s responsibility</td>
<td>It is the doctor’s responsibility that they practiced AID and created parents with no confidence. I think AID is very cruel. Born through AID is such an odd experience. Doctor should first explain that; “It is the doctor who will explain to children” “Doctors will only accept those people who are ready to become parents and they will be approved by medical facilities” The medical facility will do the after-care as needed.</td>
</tr>
<tr>
<td></td>
<td>Accountability and responsibility to the clients</td>
<td>Doctors should explain that “There are many obstacles to expand your life, but as long as you do honestly you can overcome. So don’t hesitate but be positive and open-minded.”</td>
</tr>
<tr>
<td>II</td>
<td>Denying without knowing anything</td>
<td>People who deny me are: 1. unmarried people of same generation 2. couples with no children 3. people who do desire neither to marry nor to have a child. There are certain people who pretend they have not heard what I said. When I spoke about AID for the second time. I heard someone saying “No more about that story!” I need to be understood when me being “thinking about AID”.</td>
</tr>
<tr>
<td>III</td>
<td>Live with lies</td>
<td>For example, my father saying that “I wish I were related to my wife, at least” seems not true to me. Parents live with lies in such an easy way. I want to ask my father why he agreed with accepting AID. Did he really willingly accept it? He was pleased at the time the baby was born. But soon after, he gave up child rearing, I think AID is the reason and trigger to break up.</td>
</tr>
<tr>
<td></td>
<td>Not telling is to protect herself</td>
<td>She behaved like she does not want to touch, talk, but hide. She always prolonged to tell the truth. She says she feels sorry when the child finds out the truth. But this is not true. I was shocked because she said she did not want me but wanted to keep their marriage go well so that she chose AID.</td>
</tr>
<tr>
<td>IV</td>
<td>Telling the children about the AID</td>
<td>I have been explaining to my children that; “You have to know that who you think your grand father now is not really your grand father.” “Our Grand father did not have “sperm” to create a baby so “sperm” was given by others and that is how your mother was born.” My second son said after watching the video of BIL “NO!!!” Then my daughter told him “What are you saying? That is about your mother!!!”</td>
</tr>
<tr>
<td></td>
<td>Having someone depend me too much is hard</td>
<td>I used to be very introvert and felt very surprise. Then I was suffering from my husband being too much relying on me so I stopped it. After knowing about AID I could not confirm myself that I am what I am now. Being so surprised I did not feel I am really alive, so I stopped my husband and children relying too much on me but made them to do on their own.</td>
</tr>
<tr>
<td></td>
<td>I am not a “mother” of my husband</td>
<td>I have realized that my family does not take care of themselves. My husband expects my role both as a mother and a father and he does not play a role as a father.</td>
</tr>
<tr>
<td>V</td>
<td>Reacting surprisingly</td>
<td>I react with the word “the bonding of parents and a child” Phrases such as “You are parents and children so…” “Why not live with your parents to please them?” do not make sense to me. I have other reasons not to be able to live with parents. There is a bigger gap. I can not pretend myself with a presence of lies.</td>
</tr>
<tr>
<td></td>
<td>I want to organize myself to not to overreact any more</td>
<td>I want to organize myself enough to not to overreact with these words. When I would think a lot and when people would listen to me, I feel as if I could get rid of something that has been bothering me for a long time. I guess this might be my growing to maturity.</td>
</tr>
<tr>
<td>VI</td>
<td>Requests from clients</td>
<td>There are several requests from clients. It is NO good that; 1. People don’t know about AID 2. People who need to be explained. 3. After being explained, people who still do not understand. I hope people not to be like 1-3 but want them to accept our feelings of anger.</td>
</tr>
<tr>
<td></td>
<td>When counselling</td>
<td>When go to counselling, there are cases such as; 1. being told by parents 2. happen to know by coincidence 3. being doubtful; Each case is quite different.</td>
</tr>
<tr>
<td>VII</td>
<td>Feelings of “Loving”</td>
<td>I wish I could love somebody. I don’t love my own child nor me. Sometimes I feel like denying myself being born and I don’t step forward but always feel the dilemma.</td>
</tr>
<tr>
<td></td>
<td>Blood related</td>
<td>When I knew about the fact, I thought “How lucky that I am not related to that father” I was always suffering that I was related to him and have been thinking “It’s such a shame to be related to that person.”</td>
</tr>
</tbody>
</table>
However, we will not go further on this issue to analyze such feelings since it is not the aim of this research. Rather, we analyzed only the participants whose voices were released. The Region IV is “The telling way of AID to children” and “Having someone depend me too much is hard.” They are objected to a new family which oneself has created. The Region V is “reacting surprisingly” and “organize myself enough to be calm and not reacting.” They are objected to DI themselves. The Region VI is the “requests from clients” and “when counseling”. They are targeted to the supporters. The Region VII is “the feelings of loving” and “the blood relation”. These are very philosophical and contain a major and significant theme as if they are messages to the entire society.

2. Examination
In order to gain the remarks to support DI, it is necessary to point out the composing factors of various problems DI possess. When these became obvious, the relationship between each composing factors should be focused and clarified.

When the relation between each composing factor became clear by using a narrative model, to externalize the problems, the relationship between each composing factor should be followed structurally. The entire picture needs to be revealed including the social aspects. Thus, to promote a social work from a DI’s point of view, it is necessary to clarify the entire picture of the relationship between each composing factor of the problem in a structured manner. The practice for each problem on/between each composing factor should also be clarified.

Diagram 1 describes the structure of 7 regions showing both targets which DI’s discourse are directed to[ such as Table 1 and 2] and the feeling, emotion, a will of DI when using the method of making genogram. However, to describe Region VII in this method is difficult and is due to be discussed.

By overlapping the Table 2 and Diagram 1, we can see that DI’s have a strong feelings of anger towards Region I, and distrust to Region III.

Then, at the back of Region III, there is Region II where the dominant story—“To keep ‘houses’ or ‘blood relation’” is apparent. Also, there is a Region I which leads a corruption of a family by forcing a father and
a mother ‘to keep AID secret’. Because of Region 1 which causes the indifference towards AID, Region VI which makes DI to be socially isolated creates a big influence to all people concerned. In other words, a surrounding enviroment of DI shall become as follows:

First, by keeping a DI from the truth, the mother and father shall place a DI in a situation where they can control or manage him/her.

Second, there exists the relatives, the controller or the manager, who shall control the mother and father so they won’t tell the truth to DI.

Third, there exists medical staff who do not tell the truth to the mother and father to prevent them from telling the truth to DI.

Fourth, there exists citizens and society who agree with the idea for medical staff to control it. Therefore, it is possible to assume that DI are placed in a situation with fourfold of control.

3. New learning from the research result

Now I would like to present a new hypothesis obtained from the survey result based on the above discussion. The authors started to think that the nature of varied structure with pressure to DI can be explained with the term, “social abuse”.

For example, in the editorial of the Okinawa Times, published on the 9th of July in 2002, with the title of “Abuse towards elderly people. Society must not miss the signal” says that “There is a need to look at the social abuse. There are cases that social system triggers the abuse towards the elderly people.” This article indicates the correlation of social system and social abuse. In the Ehime Prefecture’s sexual equality regulation [draft], “the segregation in the residence” is expressed as a “social abuse” Lenoir E. Walker (1997) suggests the characteristics of social abuse as:

1. Abuser’s social status and image gap with their abuse
2. Social isolation of abused people
3. Decency and shame, loss of social status
4. Ignorance and concealment in the community

It is indicated that the composing factor of ‘Social Abuse’ includes:

1. Social system
2. Segregation
3. Isolation
4. Exclusion
5. Indifference

The authors think that a complex control or management which is equivalent to factors of Social Abuse exists within a social structure shown in the Diagram 1 surrounding DIs.

Still, a category or genre for a ‘Social Abuse’ is not stipulated in the Child Abuse Prevention Law or the Elderly Abuse Prevention Law which are the laws to define the abuses in Japan. But social abuse is considered to be one genre of child abuse because of the following reasons. An abuse which surrounds DI is an abuse found under above various control or management. And it is different from the abuse which can be mentioned by each function such as ‘physical’, ‘neglect’, ‘psychological’, ‘sexual’ and ‘economical’. Abuses possess these characteristics due to the social structure.

That is to say, ‘parents and medical staff’ choose the medical service, AID, in which people don’t tell a child about his birth origin. In other words, a structure where parents and medical professionals together deprive the child’s right to know his birth origin, exists and this structure has been approved by society as good until now.

However, social perception of ‘good’ has changed. For example, since a paternalistic service to patients in medical alienate the patients from self determination, a medical staff’s informed consent to a patient has become a social common rule as a social good. In the end, it has become a social good for medical staff to make informed consent about various problems that may occur regarding AID before trying to meet needs of mothers and couples who want a child and who wish to try AID.

At the same time, this can be said that without doing so, it will become a social evil. In this sense, practicing AID without enough informed consent may become a deed of ‘social evil’. This will make children born by this treatment to be controlled under social evil and the control itself is apparently a violation of right.

Thus, the authors consider that a violation of rights which possess such a function is one type of an abuse. Also, a responsibility of society which has neglected this medical service is very heavy. In conclusion, the
authors has come to think that practicing AID without informed consent is a Social abuse to a child.

With such indication as well as the analysis of Table 1, 2 and Diagram 1, authors has come to think that 6 composing factors towards DI compose an idea which can be called as a “social abuse”. In other words, we have organized the definition of the “Social abuse” as;
1. Mothers or couples, the controllers, are convinced by doctors, the abuser, to keep ‘practicing AID’ a secret is good. This will become an obstacle for a DI to know the truth and alienate him from the ‘truth’.
2. The above mentioned obstacle will alienate a DI, the abused, and force him to be in the so-called “Social isolation”.
3. The abuser’s social status, i.e. Doctors, would affect the enhancement of ‘Social isolation’.
4. When such situation goes further, the abused will be more ‘Socially isolated’ and they look as if they are moving towards the ‘socially isolated’ direction themselves.
5. As a result, unconscious ‘social exclusion’ by citizens will occur and
6. Due to the ‘social isolation’ and ‘social exclusion’, DI, the abused, is deprived his right for ‘social participation’.

Eventually, a DI has been facing a violation of right such as ‘being withheld from the truth’, ‘social isolation’ ‘social exclusion’ ‘social non-participation’ and the ‘Social abuse’ caused by such above factors.

Conclusion

The authors suppose that for the utmost benefit of a DI, it is necessary to secure the DI’s ‘right to know his genetic roots’.

A DI is ‘cut off’ from ‘the truth’ and this occurs within a family in the same house. This should be taken seriously. This is the sense of isolation which they feel that they have been cut off from the working of nature. This is what DI has complained “there is an absence of human beings between me and my mother!”

Mothers and couples who chose AID have been told by doctors that it’d be better not to tell their child and have them live with a secret. Since the mothers and couples live in secrecy, they would miss the chance to discuss any truth. This means a family created by AID lives with a sense of ‘exclusion’ and ‘isolation’. The authors call this a “social abuse” and assumes that this is the essential concept, and the idea of a human right violation towards DI.

Further assignment of this research is to demonstrate the whole picture of “social abuse” and build the social support system through social work. To accomplish this, it is necessary to focus on the fact that a DI feels the “absence of human beings” in their genetic root when AID was practiced secretly.

Also, if a DI is to be positioned under the structure as the Diagram 1, the problems between each region and DI should definitely be discussed as well as for each problem to be solved. When each problem surrounding AID agonizes the ‘social abuse’ towards DIs in a structured way as shwon in Diagram 1, then the further assignment will be to find out the appropriate and efficient social work to liberate a DI from such agony.

Lastly, this research is a part of a result from Mitsubishi Foundation subsidy research (2004) ‘A research on a welfare education to secure a child’s right to know his genetic roots’.

Notes
1. Refer to :FROM~Fertility Rights of Mothers (http://www.japanfrom.org/concept.html)
2. Sato suggests that ‘before giving birth’, ‘after delivery’ after becoming age when he can make his own decision, are the stages where child’s human right and parent’s human right becoming heavier than child’s human right alone.
3. As a support for the child’s right to know his parent in such a region, there is a research of an incorporated association for Family Protection Association which is the group of foster parents promotion organization.
4. Furusawa distinguishes the words between ‘telling the truth’ and ‘Telling’. He states that ‘Telling is to tell a child that there is a biological parent and foster parents.’ But in this research, I did not make any distinction between these two words and just used the word ‘telling the truth’.
5. Kamo objected against the slogan of art called ‘from dominant story to alternative story’ and suggested basic idea of social structuralism support system. This research showed
the possibility that social work by a narrative model will be
the support model to DI.

6. 2005 Infant mental health course(lecture) took place by
Meiji Yasuda Mental Health Foundation with the theme of
‘rebuilding the lost narratives’ in October 2005.

7. ART in this research is the abbreviation of ‘assisted reproductive
technology’ and it is a medical treatment to attempt
fertilization or pregnancy by manipulating sperm, egg, and
gamete in vitro.

8. Refer to (=http://www.hc.keio.ac.jp/aid/)

9. According to him, the number of DIs who answered the
questionnaire reached 65 people at present September 2004.

10. The interview topic are;
“The process to know the truth and the present feeling.”
“About ‘blood relation’ and ‘houses’”
“Whose is ‘DNA information’ and how should it be
treated?”
“The similarities and differences of ‘adoption’ and ‘AID’”
“Expectation to parents and what if you can imagine the
present feeling of parents.”
“How should we tell the the truth to our children or spouse?”
“Social obstacles or problems which we had faced so far
during our activity.”
“The driving force which has supported our present
activity.”
“What supports do you want as a person concerned?”
“What do you feel when you meet with people of the same
circumstances and what impressed you most?”
“Certain things you want a medical or social welfare staff to
understand”

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