

# Illicit Intercountry Adoptions

WHO IT

IMPACTS

AND WHAT THEY

RECOMMEND

## Participant Information

Prepared for: Intercountry Adoptees, Adoptive Families, Families of Loss

Prepared by: Lynelle Long, Founder of ICAV

7 January 2019

## INTERCOUNTRY ADOPTEE VOICES (ICAV)

### ABOUT

Are you an intercountry adoptee who has been adopted via illicit means? Are you a family of loss to an illicit intercountry adoption? Are you an intercountry adoptive family who received a child into the family adopted via illicit means?

What can be learnt from these experiences and what do we recommend for Governments and non-Governments, as a better response and support?

This project is the first of its kind to collect only the triad voices of those impacted by illicit intercountry adoptions and will be in support of and underpinned by reference to the international standards of the CRC, the Optional Protocol (Sale of Children), and the Palermo Protocol.

### WHAT YOU CAN PROVIDE

We want to hear your **lived experience** of having been adopted via illicit means, having lost your child, sibling or relative to intercountry adoption via illicit means, or finding out that the child you received in your family was adopted via illicit practices.

Your story can be in English, French or Spanish with an unlimited word length.

Your story can include:

- name(s) (pseudonym, original, adopted),
- country of birth of the person who was adopted illegally or via irregular means,
- adoptive country,
- process of adoption and/or illegality/irregularity,
- source (if any) that demonstrates illegality/irregularity,
- impact statement including your needs & rights and to generations,
- what has been the response so far from various stakeholders (agencies, governments, peer network, allied health professionals, triad members),
- and your recommendations on how various organisations (government and non government) could better respond, including services that currently exist (or don't exist).

### HOW YOU CAN BE INVOLVED

Contact your project representative who sent you this form and advise if you are willing to be involved. Fill out the Consent Form below and return to [contact@intercountryadopteevoices.com](mailto:contact@intercountryadopteevoices.com)

---

**INTERCOUNTRY ADOPTEE VOICES (ICAV)**

## INFORMED CONSENT FOR PROJECT PARTICIPATION

Participant: \_\_\_\_\_

Project Leader : \_\_\_\_\_

Project Investigator: \_\_\_\_\_

Title of Project: **Lived Experiences of Illicit Intercountry Adoption**

- I, \_\_\_\_\_ agree to voluntarily participate in the project.
- the purpose of the project is to capture personal narratives of those affected by illicit intercountry adoption practices and to provide input for solutions that could be provided by our governments and NGOs in response to those with lived experience.
- My participation will involve:  
Either writing up my experience myself (in french, english or spanish, unlimited word length);  
Or if I prefer, being interviewed by the project investigator and having some assistance to write up my story and input.  
I can refer to the Example Questions as a guide to stimulate my thinking if I don't know where to begin.
- I understand I can choose or not to participate in this research and can withdraw at any time prior to publication of the final paper.
- I understand the possible benefits to myself or others like me who choose to participate in this project are to capture the personal story, impacts and suggestions of those with lived experience of illicit intercountry adoptions to help ourselves by speaking up. We aim to provide the completed project to our governments and ask for better support services and recognition of the past wrongs done to us.
- I understand there are certain risks and discomforts that might be raised in association with sharing my experience in this project. The risks include recalling emotional events and possibly difficult memories, negative feelings or emotions. I can be provided resources if I feel I need them after sharing about these topics.
- I understand if the interview is conducted in English, Spanish or French, an interpreter might be used who is also bound by non-disclosure and confidentiality agreements.

■ I understand the results of this project may be published as a book and will contain my name, including identifiable information about me unless I choose to not be identified using the “No” option below:

■ No, I don't want to be identified. Please keep my identity anonymous and use the following pseudonym:

\_\_\_\_\_

**Note: until 31 Dec 2019, you have the option to advise us of a change in name preference.**

■ I understand that no form of compensation is available from participating in this project. It is being run by volunteers, fellow people with lived experience who are also not being compensated financially in any way for this project. If I hurt myself as a result of participating, no form of compensation is available. Medical treatment will be at my own expense.

■ I understand, to my satisfaction, the information regarding participation in this project. All my questions have been answered to my satisfaction. I have received a copy of this informed consent form which I have read and understood. I hereby consent to participate in the project.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I have explained and defined in detail the project in which the subject has consented to participate. Having explained this and answered any questions, I am co-signing this form and accepting the person's consent.

.....

Project Investigator

.....

Date