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RESEARCH AND HEALTH CARE PROVISION WITH TRAFFICKED POPULATIONS: UNDERSTANDING ETHICAL COMPLEXITIES AND MITIGATION STRATEGIES

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ANGLIA RUSKIN UNIVERSITY

ABSTRACT

FACULTY OF MEDICAL SCIENCE
DOCTOR OF PHILOSOPHY

RESEARCH AND HEALTH CARE PROVISION WITH TRAFFICKED POPULATIONS:
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Shannon Doherty

Dangerous migration pathways, such as human trafficking, increase as legal options for migration become scarce. Human trafficking carries high risk of negative health outcomes for those exploited and research is vital to understand risks and outcomes to inform public health responses. Currently, there is no ethics guidance for health research/provision with trafficked populations. The aim of this thesis was to understand ethical complexities and mitigation strategies involved in research and health care provision with trafficked populations.

The objectives of this thesis were 1) conduct a systematic review of associated health consequences of human trafficking, 2) conduct a qualitative review of ethical complexities inherent in human trafficking research, 3) utilize data collected from fifteen in-depth interviews with researchers (9) and health care providers (6) to investigate identification and interpretation of ethical challenges, and 4) make recommendations regarding application of findings to future research. Constructivism was used to reconstruct identification and interpretation of ethical challenges from the viewpoint of researchers and health care providers. Qualitative Content Analysis was used for analysis.

Six main categories of themes emerged from conducted interviews: evidence generation, equality and fairness, research procedures, autonomy, harmful practice, and environment. Emergent themes were temporally bound to stages of research and health care provision. An architectural blueprint of a house was used to visualize the research process and health care interactions.

Health research with trafficked populations carries multiple ethical challenges at all stages of research and health care provision. Human trafficking is a complex phenomenon influenced by multiple external factors that complicate ethical challenges. Understanding how researchers and health care providers identify and interpret ethical challenges, along with examples of mitigation strategies will allow health research to be conducted to a high ethical standard, and enable development of a valid and reliable evidence base that can inform needed public health responses.

Key words: human trafficking, ethics, research, public health, global health

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Abbreviations

AOR – Adjusted Odds Ratio
CASP – Critical Appraisal Skills Programme
CI – Confidence Interval
CIOMS – Council for International Organizations of Medical Sciences
DSM-IV – Diagnostic and Statistical Manual of Mental Disorders, 4th Edition
HIV/AIDS – Human Immunodeficiency Virus/Acquired Deficiency Syndrome
ILO – International Labour Organization
IOM – International Organization for Migration
IP – Internet Protocol
NGO – Non-Governmental Organization
OR – Odds Ratio
PRISMA – Preferred Reporting for Systematic Reviews and Meta-Analyses
PTSD – Post-traumatic Stress Disorder
QCA – Qualitative Content Analysis
STI – Sexually Transmitted Infection
STROBE – Strengthening the Reporting of Observational studies in Epidemiology
TB – Tuberculosis
UK – United Kingdom
UN – United Nations
UNESCO – United Nations Educational, Scientific and Cultural Organization
UNIAP – United Nations Inter-Agency Project
UNODC – United Nations Office on Drugs and Crime
USA – United States of America
WHO – World Health Organization

Chapter One: Introduction

"These are the woes of Slaves;
They glare from the abyss;
They cry, from unknown graves,
"'We are the Witnesses!'"

 (Longfellow, 1842, p.24)

1.1 Human Trafficking: Reaching a Definition

Human trafficking is a human rights violation with multiple and serious associated health risks and outcomes (Gushulak and MacPherson, 2000; Zimmerman, Hossain and Watts, 2011; Oram et al., 2012, Oram et al., 2012a, Kiss et al., 2015; Ottisova et al., 2016). Health risks can be at the individual or population level (Gushulak and MacPherson, 2000) and can occur at any stage in the trafficking process (Gushulak and MacPherson, 2000; Zimmerman, Hossain and Watts, 2011).

Human trafficking is a complex phenomenon that is difficult to define (Gushulak and MacPherson, 2000; Zimmerman, Hossain and Watts, 2011). The United Nations (UN) General Assembly created a definition of human trafficking that focused on trafficking of women and children (UN, 1951), while the Global Alliance Against Traffic in Women (GAATW, 1999) defined human trafficking more generally as a process without specific gender associations. The International Organization for Migration (IOM) defined trafficking as illicit recruitment and movement of a migrant for means of exploitation, which violates their human rights (IOM, 1999).

In 2000, the UN passed the most influential and widely used convention, the *Protocol to Prevent, Suppress, and Punish Trafficking in Persons as part of the Convention against Transnational Organized Crime* (UN, 2000). This convention, commonly known as the Palermo Protocol, was the first international instrument with a generally globally agreed upon definition of human trafficking. The Palermo Protocol (UN, 2000) defines human trafficking in the following manner:

"Trafficking in persons" shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. (UN, 2000, p.22)

While a broad definition, the Palermo Protocol (UN, 2000) is commonly accepted by most in research (Kiss et al., 2015). The definition is often broken down into three segments:

The Act	"recruitment, transportation, transfer, harbouring or receipt of persons"
The Means	"threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person"
The Purpose	"for the purpose of exploitation"*

Whereas exploitation is defined by the Palermo Protocol (UN, 2000) as follows:

"Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs" (UN, 2000, p.22)

Many also include the United States of America (USA) Department of State assertion (Kiss et al., 2015), which adds, "Human trafficking can include but does not require movement" (USADS, 2013, p.8)

A second supplement to the Convention against Transnational Organized Crime is the *Protocol against the Smuggling of Migrants by Land, Sea and Air* (UN, 2000a). This document defines human smuggling as,

"the procurement, in order to obtain directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a State Party of which the person is not a national or a permanent resident" (UN, 2000a, p.30)

Human trafficking is also often called modern slavery and takes many forms around the world. Bales (2012, p.19-20) classified what he terms 'modern slavery' as consisting of three types; chattel slavery, debt bondage, and contract slavery. Chattel slavery as explained by Bales (2012, p.19), is the closest to what most people would understand as the slavery portrayed in history texts. People are, "captured, born, or sold into permanent servitude, and ownership might be asserted" (Bales, 2012, p.19). This type of slavery represents a small portion of the global population of slaves and exists mainly in some Arab countries, and northern and western Africa (Bales, 2012). Debt bondage, on the other hand, "is the most common form of slavery in the world" (Bales, 2012, p.19). In debt bondage a person agrees to a financial loan in exchange for services however, "nature of the service are not defined and the labor does not reduce the original debt"

(Bales, 2012, p.20). People then become trapped in ever inflating debt with no control over conditions, terms, or length of service. Further, debt can be passed to the next generation if it is not settled while the original debt holder is alive. Whole generations can then be trapped in a cycle of never-ending debt and exploitative labour. This type of slavery is most commonly found on the Indian subcontinent (Bales, 2012). The last type of slavery that Bales (2012) defines is contract slavery. This occurs when a contract is offered however, when the person arrives they find working conditions intolerable and the contract is used to keep them enslaved (Bales, 2012). This is a fast growing type of slavery found in Southeast Asia, some Arab states, and Brazil (Bales, 2012). Bales (2012, p.20) also identifies subtypes of modern slavery such as war slavery, where a government enslaves people for military use, domestic service in parts of western Africa and the Caribbean, often called "restavec", and religious related slavery such as devadasi, or temple slaves, in India. In human trafficking research the most common types of slavery (as classified above by Bales, 2012) are debt bondage and contract slavery.

As a note on the definition of human trafficking for this work, I did not think it appropriate to lump all forms of modern enslavement in with the ownership-type slavery of the Transatlantic Slave Trade. Therefore, this work will use the term human trafficking instead of modern slavery for two main reasons. The first is that the academic research and health care provision discussed and analysed here names and defines the phenomenon as human trafficking. Second, and more personally, as a person raised and educated in North America, I associate the term 'slavery' with the Transatlantic Slave Trade and am uncomfortable inserting the word 'modern' before 'slavery'. This feels dismissive of the slavery I learned about in history texts, which was specific to Africans stolen from their homes and transported to the sugar cane plantations, tobacco and cotton fields, and rice paddies of the Americas. Thus, this work will use the term human trafficking in relation to the modern phenomenon of enslavement, and further, will use the definition of human trafficking set out in the Palermo Protocol (UN, 2000).

1.2 Scope of Human Trafficking

There is much debate about the numbers of people trafficked each year around the world (Tyldum, 2010; Zimmerman, Hossain and Watts, 2011; Oram et al., 2012; Kiss et al., 2015; UNODC, 2015). Bales (2012, p.xxviii) estimates 27 million people are enslaved around the world. The International Labour Organization (ILO) estimates that 21 million people are trafficked for purposes of labour exploitation, 19 million of those by private enterprises or individuals and 2 million by rebel or state groups (ILO, 2015). Of the 19 million exploited by private enterprises or individuals the ILO

estimates that 4.5 million are trafficked for sexual exploitation (ILO, 2015). On their website, the United Nations Office on Drugs and Crime (UNODC) states there is no worldwide estimate considered methodologically sound and as such, has not released any estimate of the global scope. The UNODC does state that 22,000 victims of human trafficking were identified through various national statistics in 2006 (UN, 2015). The USA-based NGO, Polaris Project, which works to combat human trafficking, estimates that 20.9 million people are trafficked for labour and sexual exploitation globally. While these are frequently cited numbers, the basis for their calculation is subject to debate. As people who are trafficked are a hidden population, the most common way to estimate global scope is to examine identified numbers and extrapolate (Picarelli, 2007; Tyldum, 2010). The issue is that it is difficult to extrapolate with statistical certainty as extrapolated numbers require accurate records at national levels, which can be difficult to ascertain (Picarelli, 2007; Tyldum, 2010). There may also be different definitions in operation at both national levels and within local or international NGOs, making statistics uncertain and difficult to compare. This has implications for research as it is impossible to define a sampling frame for a hidden population and therefore, research operates using an unknown denominator.

Conflicting global estimates on the scope of human trafficking are due in part to human trafficking existing as an undocumented and hidden issue. However, contrasting estimates are also indicative of a larger issue embedded in research undertaken in the field. Assertions based upon inaccurate and inappropriate research findings have created a flawed context, which predominates the construction and funding of current public health responses. Framing the complexities of human trafficking within narrow contextual frameworks negatively effects an especially vulnerable population.

While definitions and parameters of human trafficking and human smuggling differ in a legal sense, in reality they tend to blur and overlap (Shelley, 2010; O'Connell Davidson, 2010). Trafficking occurs within a process of migration, and people may enter into an agreement that meets the definition of human smuggling but along the way their situation evolves to better mirror the definition of trafficking (Shelley, 2010; O'Connell Davidson, 2010). This type of overlapping and blurring of boundaries often occurs in human trafficking as people enter and exit conditions of consent and coercion. A person may pay to enter into a smuggling arrangement but subsequently becomes coerced along the way thus crossing definitional thresholds and making concrete assertions about status difficult to ascertain.

1.3 Human Trafficking: A Migration Process

Often, human trafficking has been understood as sexual exploitation of women and girls and this is where the body of health research has been concentrated (Berstein, 2010; Uy, 2011; Oram et al., 2012; Snajdr, 2013; Kiss et al., 2015; Omole, 2016). There exists limited research on the exploitation of men and associated health risks and consequences (Turner-Moss et al., 2013; Kissane et al., 2014; Kiss et al., 2015; Oram et al., 2015; Omole, 2016; Oram et al., 2016) and a slowly growing body of literature of health research on labour exploitation and domestic servitude (Tsutsumi et al., 2007; Gray, Luna and Seegobin, 2012; Abas et al., 2013; Turner-Moss et al., 2013; Baldwin, Fehrenbacher and Eisenman, 2014; Kissane et al., 2014; Le, 2014; Kiss et al., 2015; Oram et al., 2015; Omole, 2016; Oram et al., 2016).

Due to the focus on the sexual exploitation of women and girls, theories of prostitution have sometimes been used to explain human trafficking (Chang and Kim, 2007). However, human trafficking as a phenomenon can be better understood as a failed migration process (Gushulak and MacPherson, 2000; Kelly, 2005; Zimmerman, Hossain and Watts, 2011). People may be kidnapped and forced into exploitation, but more often they enter into what they understand as a valid migration agreement that becomes coercive during travel or upon arrival (Gushulak and MacPherson, 2000; Kelly, 2005; Brunovskis and Surtees, 2010; Zimmerman, Hossain and Watts, 2011).

There are many different migration theories to draw from in explaining the origins of human trafficking with Lee's 1966 push/pull theory the most commonly utilized (Gushulak and MacPherson, 2000; Hagen-Zanker, 2008; Zimmerman, Hossain and Watts, 2011). Table 1 below summarizes different migration theories from work by Hagen-Zanker (2008, pp.5-6) that could be used to understand human trafficking within a migration framework.

Cause of Migration	Major Theories	Author(s)	Theory Summary
Individual beliefs, needs, prospects	Push/pull factors	Lee (1966)	Negative factors from origin country pull migrants to destination country
	Theory of social systems	Hoffmann-Novotny (1981)	Economic push factors operate in wider system of societal push factors
	Neoclassical micro-migration theory (basic)	Sjasstad (1962)	Migrants engage in a cost-benefit analysis, migration occurs if expected returns are positive
	Neoclassical micro-migration theory (advanced)	Fischer, Martin and Straubhaar (1997)	Social capital available in destination country increases probability that migration will occur
	Stress-threshold model	Wolpert (1965)	Migration occurs when a threshold for aspired utility is met
	Value-expectancy model	Crawford (1973)	Values and expectations (outside of economics) play a role in subjectively made migration decisions
	Theory of social systems	Hoffmann-Novotny (1981)	Migration occurs when structural tensions (power) and anominal tensions (prestige) are resolved

Table 1: Overview of migration theories

The migration theories presented above may explain why some people undertake a migration pathway that could result in a human trafficking experience. However, regardless of which migration theory is used to understand the origins of human trafficking, the stages of human trafficking follow the movement stages of traditional migration pathways from pre-departure, travel, and arrival (Gushulak and MacPherson, 2000; Gushulak, Weekers and MacPherson, 2010; Zimmerman, Hossain and Watts, 2011). Figure 1 below illustrates the different phases associated with migration pathways (Gushulak, Weekers and MacPherson, 2010).

Pre-departure → Travel → Arrival → Return
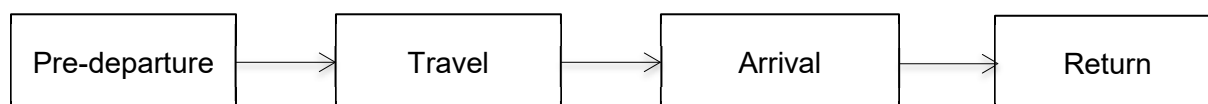
Figure 1. Phases of migration

Migration is a complex issue as it has far-reaching social and economic impacts, comprises a dynamic population, and is a constantly shifting phenomenon (Gushulak, Weekers and MacPherson, 2010; Schenker, Castañeda and Rodriguez-Lainz, 2014). People who migrate are often defined in multiple ways dependent on immigration status and national laws (Schenker, Castañeda and Rodriguez-Lainz, 2014). This can cause stigma or shame among migrant populations if definitions are applied in a derogatory way and increase isolation, which can negatively impact health risks and health-seeking behaviours (Schenker, Castañeda and Rodriguez-Lainz, 2014). Migration can also have an impact on health at the individual and population level. Gushulak, Weekers and MacPherson (2010) note there are many health risks associated with the process of migration from access and availability of care pre-departure, trauma and violence experienced in travel, occupational health risks, language and cultural isolation upon arrival, and introduction of diseases acquired while traveling upon return to the home country. Further, those who migrate are subject to various legal, immigration and health care barriers, economic and social exclusion, and can be vulnerable to exploitative working conditions (Gushulak, Weekers and MacPherson, 2010; Schenker, Castañeda and Rodriguez-Lainz, 2014).

For those who are trafficked during a migration process, the above issues become exacerbated due to the clandestine and at times, illegal, nature of travel and arrival conditions (Gushulak, Weekers and MacPherson, 2010; Oram et al., 2012; Kiss et al., 2015). Upon arrival, due to precarious immigration or legal status, trafficked individuals are vulnerable to exploitative working conditions and may not have access to health and social care programmes, thus increasing their risk of negative health consequences (Gushulak, Weekers and MacPherson, 2010; Oram et al., 2012; Kiss et al., 2015). This can impact not only trafficked individuals but also any children born in the country of arrival (Gushulak, Weekers and MacPherson, 2010; Schenker, Castañeda and Rodriguez-Lainz, 2014). Further, trafficked populations are at risk for negative health consequences at every stage of the trafficking process (Gushulak and MacPherson, 2000, Zimmerman, Hossain and Watts, 2011).

Building on migration work by Gushulak and MacPherson (2000), Zimmerman, Hossain and Watts (2011) created a conceptual framework of the stages of human trafficking [Figure 2]. These stages mirror the migration pathway developed by Gushulak and MacPherson (2000) adding in contextual factors particular to the human trafficking experience along with the health risks and consequences associated with each stage.
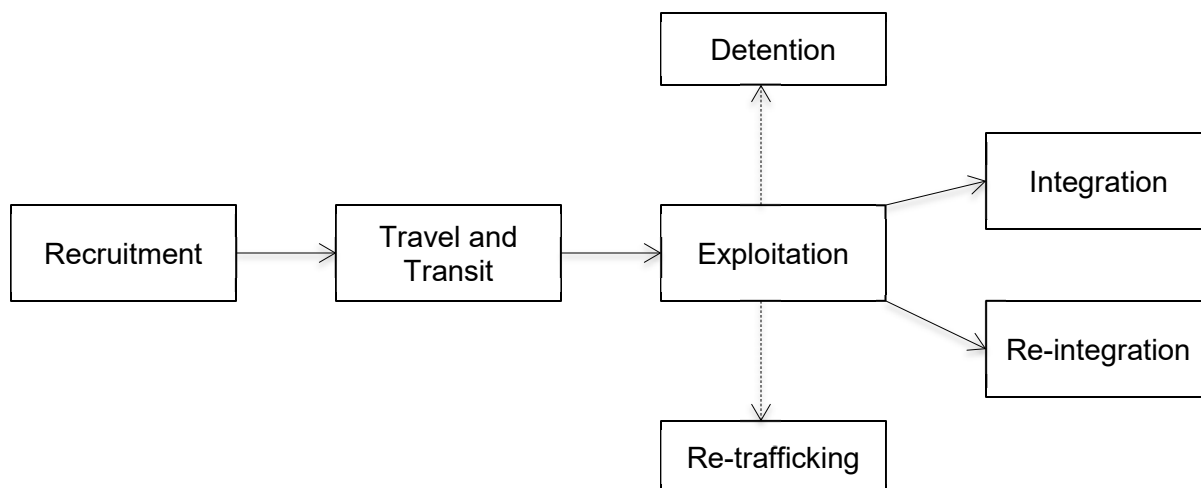
Figure 2. Conceptual framework of the stages of human trafficking

There are multiple health risks and outcomes associated with each stage of trafficking. The health of people in the recruitment stage has been linked to the health system of their origin country, social equity (Gushulak and MacPherson, 2000), history of past abuse and health behaviours (Zimmerman, Hossain and Watts, 2011). Conditions during travel and transit such as cramped and unhygienic conditions, abuse, and violence can negatively impact health (Gushulak and MacPherson, 2000; Zimmerman, Hossain and Watts, 2011). During the exploitation period, slavery-like conditions of work along with abuse, violence, lack of access to health systems, barriers to social programmes, and isolation can all increase negative health outcomes (Gushulak and MacPherson, 2000; Zimmerman, Hossain and Watts, 2011; Oram et al., 2012; Kiss et al., 2015). If a person is detained by immigration or legal authorities conditions of detention can also negatively affect health (Zimmerman, Hossain and Watts, 2011). If a person exits a period of exploitation and is integrated into the country of last exploitation health issues can be complicated by stigma, barriers to health and social programmes, uncertain immigration status, and abuse (Gushulak and MacPherson, 2000; Zimmerman, Hossain and Watts, 2011). Similarly, if a person exits exploitation and is re-integrated into their home country they could experience shame, stigma, lasting effects of abuse from exploitation, and retributive actions from traffickers; all factors which could negatively impact health (Gushulak and MacPherson, 2000; Zimmerman, Hossain and Watts, 2011).

Additionally, the health risks and consequences associated with human trafficking are not confined to the individual but can affect the community they arrive in, making this an important public health consideration (Gushulak, Weekers and MacPherson, 2010; Schenker, Castañeda

and Rodriguez-Lainz, 2014). Short-term health effects can be due to spread of infectious disease, and long-term effects can be due to non-communicable diseases such as disorders of the lung or cardiovascular system (Gushulak, Weekers and MacPherson, 2010).

Understanding human trafficking within a failed migration pathway is one of the influential contextual factors within the field; second is the slavery-like conditions within which people are exploited. Thus, to understand the complexity of human trafficking as a phenomenon, it is necessary to understand the roots of human trafficking in historical slavery.

1.4 Roots of Human Trafficking: Transatlantic Slave Trade and White Slave Trade

Throughout history, humans have captured each other for use in exploitative labour and sexual practices. Slavery was a basic social institution in Ancient Egypt, classical Rome, and Greece, where enslaved labour was used in agriculture, domestic spheres, construction, and military service (Morgan, 2007; Walvin, 2007; Drescher, 2009; Hunt, 2015). As early as 5th Century BCE Athens, slavery was an integral part of the individual household and political community (Nyqvist, 2013). In the 8th and 9th Centuries, "Vikings plundered for slaves in Iceland, Greenland Scotland, Ireland" (Morgan, 2007, p.1) and other Baltic Sea locations to be sold into Muslim and Byzantine empires. During the Middle Ages (5th to 15th Century), through the expansion of Islam, slaves could be found in many different parts of the world from the Mediterranean to Russia (Morgan, 2007; Walvin, 2007). Slavery also flourished in Africa through economic trade routes and kinship connections with slaves transported to destinations such as Libya, Morocco, Egypt and Tunisia (Morgan, 2007; Drescher, 2009). In the 15th Century Arab rulers established slave posts in East Africa where slaves were shipped onwards to India and the Persian Gulf (Morgan, 2007). Thus, slavery has been part of human history for centuries and widespread around the world.

Through the expansion of Islam, slaves were moved from and within Africa, Europe, and Asia for centuries (Morgan, 2007; Drescher, 2009). However, in the 15th Century ocean crossings opened up between the Indian, Atlantic, and Pacific Oceans through European exploration allowing for first contact between cultures. This created an opening for what would become known as the Transatlantic Slave Trade, which would last over 400 years (Drescher, 2009; Smith, 2011). The Transatlantic Slave Trade was named after the roughly triangular route ships would take from England to West Africa, across the Atlantic, in what was often called "the notorious Middle Passage" (Morgan, 2007, p.54) and then back to England [Image 1].

Image 1. Transatlantic Slave Trade triangle route

While the treatment of slaves and the operation of slave systems differed globally and across history, what united them was the concept of "the slave as a commodity, an item of trade with a value on his or her head" (Walvin, 2007, p.8). Accordingly, slaves were afforded varying degrees of kindness, brutality, and ambivalence by slaveholders contributing to differing and often negative health outcomes. As mortality rates were high due to hard labour and a "wide ranges of diseases" (Morgan, 2007, p.15) large numbers of slaves imported to places such as the Caribbean had to be constantly replenished.

The long and perilous journey on slave ships, and maltreatment and malnutrition at destination all combined to create a myriad of negative health outcomes for African slaves in the Americas and elsewhere. Along with loss of liberty and agency, negative health outcomes and associated social determinants of health are one of the strongest threads connecting historical slavery to modern slavery or human trafficking, which this thesis is concerned with.

Walvin (2007, p.230) writes, "The survival of slavery is one of the most perplexing of all aspects of the history of slavery". Part of the issue as to why slavery has persisted into modern times may be that people think exclusively of the Transatlantic Slave Trade as the whole of slavery, which was abolished in 1806 (Walvin, 2007). While slavery never really disappeared, the term modern slavery emerged from concerns raised in anti-white-slavery campaigns from the turn of the 20th

Century (Doezema, 2000). A climate of fear around white European women being abducted for sex work in Africa and South America developed into a rhetoric that had more to do with the anxieties and fears of European and American societies than with the phenomenon itself (Doezema, 2000). The white slavery movement, while well documented, has little supporting evidence beyond the very low numbers of women actually abducted and exploited (Doezema, 2000).

However, the narrative that emerged, as interpreted by Doezema (2000, p.26), was "a collective belief that simplifies reality". This acted as a powerful piece of rhetoric that still reverberates through the modern understanding of human trafficking as an overriding master narrative of the ideal victim, explored later in this Chapter. A crucial piece of the initial anti-white slavery campaign "was to create public sympathy for the victims" (Doezema, 2000, p.28). This was accomplished by painting an image of the white slave as an innocent and unwilling victim who carried no responsibility for her fate, balanced against the image of a diabolic trafficker (Doezema, 2000; Laite, 2017). Accounts of white slavery used descriptions of women lured into violent fates of sexual deviancy though deceit, force, and drugging to inflame public sympathy (Doezema, 2000). This public image is illustrated in Image 2 below which depicts the historical understanding of the white slave as an innocent, white woman imprisoned as she passively laments her fate.

"MY GOD! IF ONLY I COULD GET OUT OF HERE"
The midnight shriek of a young girl in the vice district of a large city, heard by two worthy men, started a crusade which resulted in closing up the dens of shame in that city.
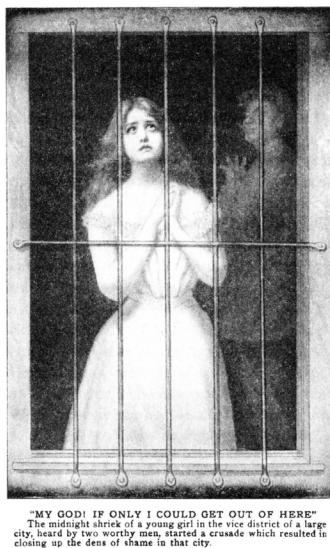
Image 2: War on the White Slave Trade: Fighting the Traffic in Young Girls (Bell, 1910)

The health of the white slave in this era was not understood as an individual with health needs, but as someone who was a "sexual deviant and spreader of disease" (Doezema, 2009, p.26). Health then, was understood exclusively within a sphere of sexual health, and prostitution was understood as a danger to public health. This understanding of white slavery and health then fed into a larger feminist debate around female agency and prostitution. Female prostitutes were understood as hapless victims in need of rescue. This can be seen clearly in Josephine Butler's campaign against state regulation and interference into prostitution to "protect individuals from the encroachment of state power as well as patriarchal oppression" (Summers, 2006, p.217).

The consequence of this rhetoric, beyond the fact that there was little evidence to support it, was two-fold. First, it created increased support for repressive actions enacted towards women in general, and second, it developed a lasting image of naive, powerless women in need of rescue and protection. Modern or white slavery re-emerged in the phrase "trafficking in women" in the latter half of the 20th Century and was once again taken up as a political issue by human rights groups, feminists, and religious orders (Doezema, 2000; Berstein, 2010; Uy, 2011; Snajdr, 2013). This then fed into the master narrative of the ideal victim of human trafficking: female, sexually exploited, passive, and in need of rescue, which still dominants the understanding of human trafficking today (Srikantiah, 2007; Berstein, 2010; Jones, 2010; Tverdova, 2010; Uy, 2011; Snajdr, 2013). This has had lasting reverberations for the entire field of human trafficking research, including issues of health that will be expanded upon later in this work.

1.5 A Note on the Role of Feminism

> "I myself have never been able to find out precisely what feminism is: I only know that people call me a feminist whenever I express sentiments that differentiate me from a doormat, or a prostitute."
> (West, 1913, p.5)

Feminist movements have grown out of debates around female agency and have become intimately linked with the discourse surrounding prostitution. In the late 20th Century, motifs of innocence, deception, and violence from the anti-white slavery campaigns were resurrected in the anti-trafficking rhetoric beginning in the late 1980s (Doezema, 2000; Berstein, 2010; Uy, 2011; Snajdr, 2013). These motifs held strong connection with the sexual exploitation of women and became a central concern for some feminists. It was also taken up by conservative religious groups who formed an unlikely alliance with feminist groups as both understood prostitution as the actions of evil men, ignoring the many political or economic underpinnings of sexual exploitation and prostitution (Srikantiah, 2007; Berstein, 2010; Uy, 2011; Snajdr, 2013). The use

of such rhetoric is troublesome as it becomes unclear if descriptions used are indicative of a small number of cases or all cases. It also ignores structural forces that may be facilitating sexual exploitation around the world (Srikantiah, 2007; Berstein, 2010; Jones, 2010; Uy, 2011; Snajdr, 2013). This also conflates the issue of those who consent to work in prostitution with those who are coerced or forced, placing them all in the same category. This discourse around agency still persists in the sexual exploitation of women through human trafficking today (Srikantiah, 2007; Berstein, 2010; Jones, 2010; Tverdova, 2010; Uy, 2011; Snajdr, 2013). Within female sexual exploitation, the removal of agency may contribute to denial of growing evidence that a majority of women who migrate for sex work "knew they are going to work in the sex industry, but are lied to about the conditions they will work under" (Doezema, 2000, p.32). Further, the narrative of an ideal victim type does not acknowledge men or boys trafficked for sexual exploitation or either gender trafficked for labour exploitation (Jones, 2010; Uy, 2011; Contreras, Kallivayalil and Herman, 2017). This is of special concern to this thesis as the ability of research to represent the overall trafficked population is of central concern to the field.

Currently, most evidence on human trafficking revolves around the sexual exploitation of women (Jones, 2010; Tverdova, 2010; Uy, 2011; Kiss et al., 2015). While other types of trafficking such as the growing and varied field of labour exploitation, domestic servitude, and the many men and boys trafficked, resides in the background of political debates, health research, and public health responses (Jones, 2010). Ignoring the untold numbers of men and women trafficked for labour exploitation or domestic servitude around the world does a disservice to the population as a whole. While feminists may argue for either abolishment or regulation of prostitution to solve or mitigate sexual exploitation, labour exploitation and domestic servitude remain without many impassioned advocates. I will not argue for one side or the other in the feminist debate on agency and prostitution as it goes beyond the scope of this thesis. However, this debate will be discussed in reference to its impact on the health research landscape, public health responses, and perception of human trafficking by researchers and health care providers. Specifically, the lack of discourse around exploitation of men has implications for public health responses, such as the lack of applicable health care provision and policy direction (Contreras, Kallivayalil and Herman, 2017).

If only one type of trafficking victim is understood to exist, then research will be concentrated on this population, and this will impact the development of public health responses. As the master narrative of human trafficking revolves around female sexual exploitation, this has consequences for women and men involved in labour exploitation, as well as men and boys trafficked for sexual

exploitation (Jones, 2010; Kiss et al., 2015). Further, it only allows women trafficked for sexual exploitation to exist as the ideal victim type, ignoring existence of agency and creating a situation that Errol Morris has called "the prison of…narrative" (Morris 2012 cited in Snajdr, 2013, p.252). People trafficked for sexual and labour exploitation have complicated and wide-ranging experiences of exploitation that can have negative and lasting impacts on their health that may not be encapsulated in the current body of evidence.

1.6 Slavery, Human Trafficking, and Social Determinants of Health

Health issues still effect current generations of former slaves in America and have clear connections to social determinants of health. James (1994, p.167) notes lower socioeconomic status has a connection to stress that affects health and Lekan (2009, p.307) notes that "unequal relationships in society" has impacted on health disparities of African American women. Further, work suggests that health risks and outcomes related to migration pathways can manifest in children of migrants born in the country of arrival (Gushulak, Weekers and MacPherson, 2010; Schenker, Castañeda and Rodriguez-Lainz, 2014). For trafficked populations, subject to both conditions of slavery and migration processes, the health of the individual, the community, and even their offspring is of central concern.

Research from Marmot (2005, p.1102) notes a World Health Organization (WHO) report that lists social determinants of health inequalities as: the social gradient, stress, early life deprivation, social exclusion, work, unemployment, social support, addiction, food, and transport. These social determinants of health were clearly active in the experience of the Transatlantic slave as slavery was a space of exploitation, abuse, and malnutrition (Schuler, 2005) and "profound disconnectedness" (Smith, 2011, p.15) through disruption of family structures and support. Similarly, factors such as social equity, poverty, social exclusion, and exploitative working conditions can negatively impact the health of migrants (Gushulak, Weekers and MacPherson, 2010; Schenker, Castañeda and Rodriguez-Lainz, 2014). Those who are trafficked within the migration process and experience slavery-like working conditions are also subject to similar social determinants of health due to exploitative conditions such as stress, stigma, social isolation, addiction, and malnourishment (Shelley, 2010; Bales, 2012; Oram et al., 2012; Kiss et al., 2015). Therefore, it may be important to understand human trafficking as a phenomenon that carries important considerations related to both slavery and migration in that there may be health conditions expressed in particular ways due to the impact of social determinants of health.

While slavery in the ancient world, the Transatlantic Slave Trade, white slavery, modern slavery and human trafficking all look slightly different in the historical record, all forms share negative health consequences. Professor of Contemporary Slavery at the University Nottingham, Kevin Bales succinctly lists these consequences as, "the damage to their bodies, through trauma and untreated disease, the theft of their lives and work, the destruction of their dignity, and the fat profits others make from their sweat" (Bales, 2012, p.viii). Further, migration also carries risks and consequences that can negatively impact health (Gushulak and MacPherson, 2004; Gushulak and MacPherson, 2006; Gushulak, Weekers and MacPherson, 2010; Schenker, Castañeda and Rodriguez-Lainz, 2014). As human trafficking exists within a migration framework and includes exploitative, slavery-like conditions, the health consequences associated with human trafficking requires rigorous research attention to provide evidence for much needed public health responses. Specific health consequences related to human trafficking and the possible role of social determinants of health are discussed in further detail in Chapter Two and Chapter Six.

1.7 Human Trafficking Health Research

Over the past two decades, human trafficking has become a vital and relevant topic of health research. While human rights violations and negative health consequences are shared links between historical slavery and human trafficking, human trafficking today differs in its wide scale operation and conceptualization of human beings as a source of cheap commodity. However, as detailed in an earlier section the general conceptualization of human trafficking today originates from rhetoric that emerged from the white slave trade. This has created an overarching master narrative of human trafficking of the ideal victim type who is female, sexually exploited, passive, and in need of rescue (Srikantiah 2007; Berstein, 2010; Jones, 2010; Tverdova, 2010; Uy, 2011; Snajdr, 2013).

Factors of globalization, economics, and political disruption have created conditions that have contributed to the increased rates of human trafficking (Gushulak and MacPherson, 2010; Shelley, 2010). While those who are at risk of becoming trafficked are heterogeneous and difficult to define, the master narrative from the white slave trade of the early 20th Century has meant the academic literature and public perception of trafficking has concentrated predominantly on women and girls trafficked for sexual exploitation (Srikantiah 2007; Berstein, 2010; Jones, 2010; Tverdova, 2010; Uy, 2011; Snajdr, 2013; Kiss et al., 2015). Some have made the argument that women and girls in some contexts may be under increased vulnerability, such as in countries where they are afforded limited rights and options for employment (Shelley, 2010; Tverdova,

2010). Shelley (2010, p.274) makes the point that in some contexts women are first to be pulled out of educational settings in times of financial crisis, and routes to employment may be limited to sectors such as domestic work and prostitution, which could create additional layers of vulnerability to exploitation. Vulnerability may also be increased if women are from minority groups or lower castes (Shelley, 2010). Yet, women are also trafficked from countries where they do have legal and education rights (Shelley, 2010; Tverdova, 2010). Nonetheless, the common thread uniting both populations of women is that they are seeking employment. Men are often at risk of being trafficked for the same employment reasons without, perhaps, the additional gender-related vulnerability factors that women may face. Bales (2012, p.11) asserts that despite ethnic differences, poverty is ultimately the driving factor in increasing some people's vulnerability to becoming trafficked as he states, "behind every assertion of ethnic difference is poverty, not color". Shelley (2010, p.28) supports this and writes that the majority of, "individuals who are trafficked are the poor, uneducated, and the most vulnerable members of society". The general message appears to be that factors of globalization, economic crises, and political disruption in all corners of the world have produced a population who can become vulnerable to exploitation through human trafficking in an attempt to migrate.

Human trafficking health research is complex as it often combines a medical approach, requiring diagnosis and treatment, and a public health approach in that its primary goal is often to inform health care provision, policy direction, and prevention programmes at a population level. Research can be quantitative, qualitative, mixed-methods, involve direct contact with participants, or review of case records. As such, it is difficult to determine a normative ethical approach that encapsulates all methodological approaches and ethical complexities involved in human trafficking research. However, as Childress et al. (2002, p.171) note, "Recognizing general moral considerations in public health ethics does not entail a commitment to any particular theory or method". This thesis will therefore, not take a formal, normative theoretical approach to analysis of ethical challenges encountered in research or health care provision with trafficked populations. This thesis is concerned with uncovering identification and interpretation of ethical challenges encountered by researchers and health care providers who interact with trafficked populations, and it would be inadequate to strictly apply any normative approach to the analysis of results. This is especially relevant in analysis of data as ethical challenges are identified and interpreted in numerous ways by researchers and health care providers of diverse backgrounds. However, in Chapter Six, approaches of utilitarianism, rights, fairness and justice, and virtue ethics will be discussed to suggest ways future research could consider how to formalize research ethics

guidelines for this type of health research. It should be also be acknowledged that I personally, am inclined towards a virtue ethics approach in my moral stance and that this may affect the way I view and approach the materials herein.

There are numerous ethical complexities related to conducting health research with trafficked populations (Cwikel and Hoban, 2005; Harrison, 2006; Brunovskis and Surtees, 2010; Tyldum, 2010; Cannon et al., 2016). Currently, there is a limited body of research exploring these ethical challenges, thus limitations and potential bias associated with human trafficking health research may affect public health responses. Ethical challenges in this field are important to understand as for health research to support development of public health responses such research must be rigorous and transparent about ethical complexities. Otherwise, research may, in fact, support public health responses that are either not appropriate or not accessible to certain segments of the trafficking population.

1.8 Research Ethics and Human Trafficking Research

Research ethics has a long history with numerous landmark moments. In the late 1800s, William Osler denounced unethical research leading to creation of the Berlin Code in 1900 (Sierra, 2011). When Walter Reed conducted research on yellow fever in the early 20th Century he explicitly addressed research ethics by including written informed consent documents available in both English and Spanish (Sierra, 2011). In 1948 the Nuremberg Code was established as a direct result of German physicians conducting medical experiments without consent during World War II (Israel and Hay, 2011; Sierra, 2011). The Nuremberg Code required participants to give informed consent to research procedures and stressed that benefits of research should outweigh risks to avoid situations of exploitation (Sierra, 2011). The Declaration of Helsinki (1964), developed by the World Medical Association further expanded ethics guidelines for research with human subjects (Sierra, 2011), and has been updated several times as new ethical issues become apparent. A highly influential declaration was The Belmont Report published in 1979 from the USA (Israel and Hay, 2011; Sierra, 2011). This framework set out three guiding principles for research with human subjects: respect for persons, beneficence, and justice (Sierra, 2011). The Council for International Organizations of Medical Sciences (CIOMS) was jointly established in 1949 by the WHO and the United Nations Educational, Scientific and Cultural Organization (UNESCO) and produced a set of guidance for medical research in developing country contexts (Sierra, 2011; CIOMS, 2002). These guidelines address, among others, issues of ethics review standards, informed consent, and participant recruitment (CIOMS, 2002). There are also

numerous professional codes of conduct and institutional regulations, which set out guidelines for ethical conduct of research. All guidelines and frameworks that relate to ethical conduct of research exist to ensure research is rigorous and to protect research participants from potential exploitation. This is relevant for all research, however ethical considerations require special attention when conducting studies with vulnerable populations.

As the concept of vulnerability is socially constructed it is difficult to define concretely (Liamputtong, 2007). This has led to a lack of clarity and variability in what is meant by vulnerability. This thesis will rely on Lange, Rogers and Dodds (2013, p.334) who state that vulnerability can be defined as either a set of universal criteria of "frailty or susceptibility to harm" or "particular persons or groups who are susceptible to specific kinds of harm or threat". Using this definition, people who are trafficked may be viewed as vulnerable. As a population, people who are trafficked are susceptible to multiple and serious health consequences and subjected to harm and threats specific to conditions of exploitation at each stage during the trafficking process. While the definition from Lange, Rogers and Dodds (2013) is used in this thesis, it does need to be acknowledged that viewing participants as vulnerable simply because they belong to a certain population may be problematic. Individuals will vary in their susceptibility to trauma and their resilience (Liamputtong, 2007a) and this needs to be taken into account as research is designed, conducted, and ethically reviewed.

At the population level, trafficked persons are also open to issues of vulnerability due to the type of research conducted and how findings are used to develop public health responses. For example, the majority of health research with this population has emphasized high prevalence of infectious diseases in those trafficked for sexual and/or labour exploitation. Studies highlight elevated rates of HIV/AIDS, tuberculosis, Hepatitis B, and syphilis, which often occur co-morbidly (Silverman et al., 2006; Silverman et al., 2008; Dharmadhikari et al., 2009). The majority of these studies are set in Southeast Asia with women trafficked for sexual exploitation and recommend action "to curb the spread of these co-occurring epidemics throughout the region" (Decker et al., 2009, p.933). This could increase risk of trafficked persons being targeted for invasive or forced medical testing, further violating their human rights.

Health research conducted with trafficked populations can be politically volatile and requires access to a hard-to-reach, vulnerable populations exploited in illegal and risky environments. This research then, may be laden with ethical challenges that should be clearly acknowledged so

research can accurately inform public health responses in a balanced and appropriate way. Further, best practice and mitigation strategies should be openly shared within the research community to promote ethical approaches to health research in this field. Additionally, there are theoretical and practical ethics concerns in human trafficking research that may require consideration of both principles of medical ethics and public health ethics concerns.

1.9 Theoretical and Practical Ethics Concerns in Human Trafficking Research

Medical or clinical ethics is concerned with ethical practice of medicine and standards for how experimentation in human subjects can be conducted in ethical ways. The central concern in medical ethics is that of the individual and individual rights (Callahan and Jennings, 2002). However, in the 1990s population health concerns and so, the field of public health, gained momentum in the discourse around ethics as it became clear that infectious disease was still a population-level threat and the "recognition that the health of populations is a function more of good public health measures and socioeconomic conditions than of biomedical advances" (Callahan and Jennings, 2002, p.169). Ethical issues in public health can be hard to reconcile as there are tensions between maximizing positive population health outcomes and ensuring the autonomy of the individual is not violated. This is further complicated as the scope of public health is broad meaning that "the range of ethical issues in the field is uncommonly wide" (Callahan and Jennings, 2002, p.170).

Public health, while it does have a wide range of definitions, can be considered as principally concerned with population-level health, rather than individual-level health (Childress et al., 2002). The authors distinguish between the field of medicine that concentrates on diagnosis and treatment, and public health as one that focuses on causes of disease and disability (Childress et al., 2002). USA physician, Jonathan Mann, wrote, "Medicine and public health are two complementary and interacting approaches for promoting and protecting health" (Mann, 1997, p.6). Mann (1997, p.6) defined the difference between medical research and public health research as the difference between instruments and goals. Medical research uses diagnostic instruments while public health uses survey data; medical research is concerned with treatment while public health is concerned with prevention (Mann, 1997).

The primary concern of this thesis, the ethical challenges encountered in research and health care provision with trafficked populations, can be considered as crossing the threshold between medicine and public health. Thus, it could be argued that while human trafficking health research

and health care provision may often be medical in its use of instruments, it is more oriented to public health in its goals. It is the intention of this thesis to argue that to understand ethical challenges in research and health care provision with trafficked populations both medical ethics and public health ethics concerns need to be considered.

Callahan and Jennings (2002) recommend four issues be considered paramount when examining ethical issues in public health: health promotion and disease prevention, risk reduction, epidemiological and other public health research, and structural and socioeconomic disparities. They further recommend four different approaches to analyse ethical issues in public health: professional ethics, applied ethics, advocacy ethics, and critical ethics (Callahan and Jennings, 2002). Professional ethics are set out for practitioners, while applied ethics is the process of identifying, applying, and balancing ethical principles in real-world situations (Callahan and Jennings, 2002). Advocacy ethics is defined as public health practitioners who advocate for reforms and social goals to enhance population-level health (Callahan and Jennings, 2002). The last type is critical ethics, defined as an approach that calls "for discussions of ethics and public health policy to be genuinely public or civic endeavours" (Callahan and Jennings, 2002, p.172). However, the above research from Callahan and Jennings (2002) on public health ethics lacks a discussion on ethics of public health research as the above approaches are discussed in relation to public health practice and policy decisions. As this thesis is concerned with ethical challenges that encapsulate both ethical concerns related to medical research and public health responses, this lack of evidence needs to be considered.

Human trafficking health research is complicated as it exists at the nexus of medically focused processes of diagnosis and treatment and results are used to inform public health responses such as health care provision, policy direction, and prevention programmes. As such, it is difficult to determine an ethical theory that encapsulates all ethical complexities involved in human trafficking health research. This thesis is concerned with uncovering, identifying, and interpreting the ethical challenges encountered by researchers and health care providers who interact with trafficked populations. As noted above, this thesis will not take a normative theoretical approach to analysis of ethical challenges encountered in research or health care provision with trafficked populations. Rather, this thesis is primarily concerned with understanding the ethical challenges involved in both research and health care provision with trafficked populations to uncover both the theoretical and practical complexities involved in this field.

1.10 Thesis Outline

The population this thesis is concerned with is adult men and women trafficked for labour and sexual exploitation and will not address trafficking in children or organ trafficking. Boundaries needed to be set as to population and types of exploitation to be included and it was decided this was the most appropriate way to set feasible confines on this thesis.

A critical analysis of health consequences of human trafficking is presented in Chapter Two, and the ethical challenges encountered in human trafficking research can be found in Chapter Three. Methodology is detailed in Chapter Four, results from interviews in Chapter Five, and critical analysis and discussion of all results in Chapter Six. Chapter Seven contains the concluding statement of the overall thesis. The aim and objectives of this work are presented below.

1.11 Aim and Objectives

1.11.1 Aim

To understand ethical complexities and mitigation strategies involved in research and health care provision with trafficked populations.

1.11.2 Objectives

1. To synthesize health research conducted with adult populations trafficked for sexual and labour exploitation.

2. To synthesize literature on ethics challenges in research with populations trafficked for sexual and labour exploitation.

3. To utilize data collected from people who work with trafficked populations to understand how ethical challenges are identified and interpreted in the research process and in health care provision.

4. To make recommendations about the application of findings to future research directions in the field of human trafficking health research and care provision.

Chapter Two: The Consequences of Trafficking on Health: A Systematic Review

2.1 Introduction

The current state of available research on human trafficking and health is limited and mainly confined to research among women and girls trafficked for sexual exploitation in Europe and Southeast Asia (Kiss et al., 2015). Four recent publications have explored the health consequences of being trafficked, albeit with limitations of scope. The first was a review by Oram et al. (2012a) on the health consequences for women and girls who had been trafficked primarily for sexual exploitation. The second, an updated review based on Oram et al. (2012) by Ottisova et al. (2016) on the prevalence and risk of violence, mental, physical, and sexual health issues for men, women, and children trafficked for labour and sexual exploitation. The third, a large cross-sectional study by Kiss et al. (2015) examined the health of men, women, and children in Southeast Asia trafficked for labour and sexual exploitation. The fourth, a review by Doherty et al. (2016) examined the validity and reliability of tools used to assess the health of adults trafficked for labour and sexual exploitation. The review presented in this chapter sought to build upon these earlier studies by examining the wider literature on broader health consequences for men and women who had been trafficked for sexual and/or labour exploitation globally. The aim was to examine all health outcomes for all types of exploitation in both adult men and women who have been trafficked with a specific focus on the following health topics: sexual and reproductive health, physical health, mental health, exposure to violence/abuse, and substance use.

2.2 Methods

2.2.1 Search Strategy

Three database searchers were run: 25 February 2015 to 28 July 2015, 16 June 2016, and 6 July to 8 July 2017. The following thirteen databases were searched: Psycinfo, Medline, PubMed, Wiley Online Library, Sage Journals, Europe PubMed Central, Elsevier's Scopus, British Nursing Index, Web of Science, Google Scholar, The Cochrane Library, Open Grey, and EThOS. The first search of all thirteen databases confirmed the absence of an existing systematic review on this topic. Once it was confirmed that no such review had been completed, databases were searched using combinations of the following search terms: "human AND traffick* AND health AND research AND sex* OR lab*r NOT child* NOT cell*." Search terms were selected to ensure only relevant search results were retrieved and to filter out extraneous medical results (e.g. membrane vesicle cell trafficking). Reference lists of all publications that met inclusion criteria were manually

searched to find any articles that did not appear in the database search.

Studies were included if they met the following criteria: population was male and/or female, over the age of 18 years, trafficked for sexual and/or labour exploitation, outcomes were related to sexual, physical, or mental health, sexual risk, exposure to violence, substance use, and well-being. Both qualitative and quantitative studies were included as some studies used quantitative health assessment tools while others used qualitative interviews to explore health issues. All design types from cross-sectional, cohort to case file review, and secondary data analysis were included. No date limit was placed on study publication and no restrictions were placed on publication language. Many studies included participants whose age ranges overlapped those of children, adolescents, and adults. However, no children-specific literature was included.

Articles were excluded if the participant population was identified in the methodology as exclusively adolescents and/or children. Adolescents and/or children were excluded as a population group as the health issues they face may be complicated by developmental factors. Further, they are often considered a separate population in the literature and in order to be clear about parameters of this thesis it was decided to exclude them. The rational for exclusion of articles was lack of examination of health consequences. The process of inclusion or exclusion of articles is detailed below in Figure 3. This review followed PRISMA guidelines (Moher et al., 2009), which can be found in Appendix 1.

Identification

Records identified through database searches
n=159,007

Additional records identified through hand searching references and grey literature
n=10

Screening

Records excluded through title screening due to irrelevance
n=158,726

Article abstracts screened for eligibility
n=291

Eligibility

Full text articles assessed for eligibility
n=64

Full text articles excluded due to lack of data on health outcomes
n=20

Included

Papers included in review
n=44

Figure 3. Process of article selection for health consequences review

After initial database and manual reference searches were completed, abstracts were screened using inclusion criteria. Selected full text articles were then reviewed and included in the full text review if they met the inclusion criteria listed above.

2.2.2 Quality Assessment

The STROBE checklist for observational studies was chosen to assess quality of cross-sectional, case file review, and secondary data analysis studies (STROBE, 2008). This checklist includes 22 questions that examine aspects of research quality covering all portions of a study from title to abstract, methods to results, and discussion. Each question has a value of 1 point for a total score of 22 on the research quality scale.

The CASP checklists for cohort, qualitative, and case control studies were chosen to assess the quality of cohort and qualitative studies (CASP, 2015; CASP, 2015a; CASP, 2015b). Each checklist contains a series of screening and detailed questions to assess quality of each study design type through all stages of the study.

The CASP checklist for cohort studies includes 12 questions: 2 screening questions and 10 detailed questions (CASP, 2015). Each study must pass both screening questions before the remaining 10 questions can be answered, and each question is valued at 1 point each for a total of 12 points.

The CASP checklist for qualitative studies includes 10 questions: 2 screening and 8 detailed questions (CASP, 2015a). Each study must pass both screening questions before the remaining 8 questions can be considered. Each question is valued at 1 point each for a total of 10 points.

The CASP checklist for case control studies includes 11 questions, 2 screening, and 9 detailed questions (CASP, 2015b). Each study must pass both screening questions before the remaining 8 questions can be considered. Each question is valued at 1 point each for a total of 11 points.

A higher score on any assessment indicates a lower risk of bias within the study.

2.2.3 Data Extraction

Five tables were created to present data on study region, study design, sample size, trafficking type, trafficking status [Table 2], author, study design, participant group, setting, participant origin [Table 3], limitations/bias reported by author(s), other limitations/bias not reported, ethics issues reported by author(s), other potential ethical issues, quality score [Table 4], health outcome, assessment tool, validity and reliability, key results, study implications [Table 5].

2.3 Results

A summary was prepared as an overview of study characteristics including study region, study design, trafficking type, trafficking status of participants, and number of qualitative and quantitative studies.

Study Characteristic	Qualitative (Total = 4)	Quantitative (Total = 40)
Study Region		
North America	3	5
Central America	0	1
South Central Asia	0	7
South East Asia	1	14
Middle East	0	2
Europe	0	11
Study Design		
Cross-sectional	0	21
Case file review	0	9
Case-control	0	1
Case narrative	1	0
Secondary data analysis	0	6
Ethnography	1	0
Longitudinal cohort	0	1
Historical cohort	0	2
Phenomenology	2	0
Sample Size		
>50	2	8
50-100	2	6
101-500	0	18
501-1000	0	3
<1000	0	5
Trafficking Type		
Sexual exploitation	3	30
Sexual exploitation/Forced marriage/Domestic Servitude	0	1
Domestic servitude/Sexual exploitation	1	0
Sexual exploitation/ Domestic servitude/Circus work	0	1
Labour exploitation/Sexual exploitation	0	2
Labour exploitation	0	2
Sexual exploitation/Labour exploitation/Domestic servitude	0	4
Trafficking Status		
Post-trafficked	1	18
Current sex workers	2	14
Incarcerated	0	1
Repatriated	1	7

Table 2. Summary of study designs

2.3.1 Socio-demographic Details

Forty-four studies were included in this review and studies were conducted with men and women originating from various parts of the world. Authors reported research settings of twenty-nine different countries (UK, USA, Mexico, Brazil, China, Bhutan, Nepal, Russia, Ukraine, Kyrgyzstan, Lithuania, Slovakia, Romania, Moldova, Bulgaria, Czech Republic, Italy, Israel, Vietnam, Thailand, Cambodia, Laos, Burma, Sri Lanka, India, Bangladesh, Cameroon, Nigeria, Jamaica), five regions (Central Asia, South Asia, Southeast Asia, Russian Asian Republics of Former Soviet Union, Eastern and Balkan countries), and five continents (Africa, Asia, Europe, North America, South America). Participants were men and women, and some populations overlapped with children and adolescents with an age range of 6-60 years. No children-specific studies were included. However, some studies reported aggregated data from child and adolescent age groups together with adult populations and these were included.

See Table 3 below for a summary of the types of study designs utilized by each study, the sex and age of participants included in the sample, the setting the study was conducted in, the origin country or region of the participants (if reported) and the intended trafficking destination for trafficked participants.

Author	Study Design	Participant Group	Setting	Participant Origin	Trafficking Destination
Raymond, Hughes and Gomez (2001)	Cross-sectional	N=40 (19 trafficked) Female 20-45 years	USA	USA (n=25) Russia, Ukraine, Brazil, Sri Lanka (n=15)	USA
Cwikel, Ilan and Chudakov (2003)	Cross-sectional	N=55 (82% trafficked) Female 18-38 years	Israel	Moldova, Ukraine, Russian Asian Republics of Former Soviet Union, Brazil, Israel	Israel
Cwikel et al. (2004)	Cross-sectional	N=49 Female 18-38 years	Israel	Moldova, Ukraine, Russian Asian Republics of Former Soviet Union, Latvia, Brazil, Israel	Israel
Silverman et al. (2006)	Case file review	N=175 Female 14-over 21 years	Mumbai, India	India	India
Silverman et al. (2007)	Case file review	N=287 Female 7-32 years	Nepal	Nepal	India
Acharya (2008)	Ethnography	N=73 Female Under 20-over 24 years	Mexico City, Mexico	Urban Mexico cities (n=12) Rural Mexico (n=48)	Mexico City, Mexico
Crawford and Kaufman (2008)	Case file review	N=20 Female 12-19 years	Nepal	Nepal	Nepal, India

Author	Study Design	Participant Group	Setting	Participant Origin	Trafficking Destination
Di Tommaso et al. (2008)	Case file review	N=4,559 Under 4-over 40 years	Balkan region	Former Soviet Union, Eastern and Balkan countries	Italy, Greece, Spain, Portugal, Lebanon, Israel, Turkey, Syria, Albania, Bosnia, Romania, Bulgaria, Croatia, Macedonia, Moldavia, Serbia, Montenegro, Slovenia, Armenia, Georgia, Kazakhstan, Kyrgyzstan, Russia, Tajikistan, Turkmenistan, Uzbekistan, Lithuania, Iran, Azerbaijan, Belarus, Ukraine
Sarkar et al. (2008)	Cross-sectional	N=580 (24% trafficked) Female Under 20-over 40 years	West Bengal, India	Nepal, Bangladesh, Bhutan, India	India
Silverman et al. (2008)	Case file review	N=246 Female 13-40 years	Nepal	Nepal	Not reported
Tsutsumi et al. (2008)	Cross-sectional	N=164 Female 11-38 years	Nepal	Nepal	India, Nepal
Zimmerman et al. (2008)	Cross-sectional	N=192 Female 15-45 years	Belgium, Bulgaria, Czech Republic, Italy, Moldova, Ukraine, UK	Moldova, Ukraine, Bulgaria, Czech Republic, Kyrgyzstan, Lithuania, Romania, Russian Federation, Slovakia, Cameroon, Nigeria, Jamaica	Belgium, Bulgaria, Czech Republic, Italy, Moldova, Ukraine, UK

Author	Study Design	Participant Group	Setting	Participant Origin	Trafficking Destination
Decker et al. (2009)	Secondary data analysis	N=92 Female Not reported	Managua, Nicaragua	Not reported	Nicaragua
Dharmadhikari et al. (2009)	Case file review	N=287 Female 7-32 years	Kathmandu, Nepal	Nepal	India
Gupta et al. (2009)	Case narratives	N=61 Female 14-30 years	Mysore, India	India	India
Falb et al. (2010)	Case file review	N=188 Female 6-over 18 years	Calcutta, India	India, Bangladesh	India
Hossain et al. (2010)	Cross-sectional	N=204 Female 15-45 years	Belgium, Bulgaria, Czech Republic, Italy, Moldova, Ukraine, UK	Moldova, Ukraine, Bulgaria, Czech Republic, Kyrgyzstan, Lithuania, Romania, Russian Federation, Slovakia, Cameroon, Nigeria, Jamaica	Belgium, Bulgaria, Czech Republic, Italy, Moldova, Ukraine, UK
McCauley, Decker and Silverman (2010)	Secondary data analysis	N=136 Female Ages not reported	Cambodia	Not reported	Cambodia
Choi (2011)	Cross-sectional	N=113 Female Under 25-over 36 years	Macau, China	China, Russia, Vietnam, Thailand	Macau, China

Author	Study Design	Participant Group	Setting	Participant Origin	Trafficking Destination
Dal Conte and Di Perri (2011)	Case file review	N=1,400 Female Ages not reported	Italy	Not reported	Italy
Decker et al. (2011)	Secondary data analysis	N=815 Female Ages not reported	Thailand	Not reported	Thailand
Gupta et al. (2011)	Cross-sectional	N=812 (157 trafficked) Female Over 18 years	Andhra Pradesh, India	India	India
Ostrovschi et al. (2011)	Longitudinal cohort	N=120 Female 18-45 years	Moldova	Moldova	Russia, Turkey, other EU countries
Silverman et al. (2011)	Cross-sectional	N=211 (41.7% trafficked) Female Median age=30	India	India, Bangladesh, Nepal, other	India
Gray, Luna and Seegobin (2012)	Cross-sectional	N=approximately 24 Female 13-22 years	Cambodia	Cambodia	Cambodia
Oram et al. (2012)	Cross-sectional	N=120 Female 18-44 years	Moldova	Moldova	Russia, Turkey, other unnamed countries
Abas et al. (2013)	Historical cohort	N=120 Female 18-44 years	Moldova	Moldova	Turkey, Russia, Bosnia, Herzegovina, Croatia, Israel, Kosovo, Serbia, Ukraine, EU, United Arab Emirates

Author	Study Design	Participant Group	Setting	Participant Origin	Trafficking Destination
Collins et al. (2013)	Phenomenology	N=24 Female Mean age=33	Tijuana, Mexico	Not reported	Tijuana, Mexico
George and Sabarwal (2013)	Secondary data analysis	N=1,137 Female 18-25 years	Andhra Pradesh, India	India	Andhra Pradesh, India
Goldenberg et al. (2013)	Cross-sectional	N=214 (31 trafficked) FSW 19-54 years	Tijuana and Ciudad Juarez, Mexico	Mexico	Mexico
Muftić and Finn (2013)	Secondary data analysis	N=38 Female 20-45 years	USA	International (n=12) Domestic (n=18)	USA
Turner-Moss et al. (2013)	Case file review	N=35 Male (n=27) Female (n=8) 18-60 years	UK	Europe, Central Asia, South Asia, South-East Asia, Africa	UK
Wirth et al. (2013)	Secondary data analysis	N=1,814 Female 25-36 years	India	Not reported	India
Baldwin, Fehrenbacher and Eisenman (2014)	Phenomenology	N=12 Female 22-63 years	Los Angeles County, USA	Africa, Asia, Europe, North America, South America	USA
Churakova (2014)	Case control	N=78 Female 15-35 years	Moscow, Russia	Not reported	Russia
Kissane et al. (2014)	Cross-sectional	N=29 (8 trafficked) Female and male Median age=32	UK	Africa, Asia, Albania, Trinidad and Tobago	UK

Author	Study Design	Participant Group	Setting	Participant Origin	Trafficking Destination
Le (2014)	Cross-sectional	N=73 Female 14-45 years	Vietnam	Vietnam	Not reported
Silverman et al. (2014)	Cross-sectional	N=211 Female Median age=30 years	India	India, Bangladesh, Nepal, other	India
Kiss et al. (2015)	Cross-sectional	N=1,102 Adult female and male, children 10-over 35 years	Cambodia, Thailand, Vietnam	Cambodia, Laos, Burma, Thailand, Vietnam, other	Cambodia, China, Malaysia, Thailand, Vietnam, Indonesia, Mauritius, South Africa, Russia, unknown
Oram et al. (2015)	Historical Cohort	N=96 Female and male 18-over 34 years	UK	Europe, Africa, Asia, Other and Unknown	UK
Servin et al. (2015)	Cross-sectional	N=20 FSW 19-44 years	Tijuana and Ciudad Juarez, Mexico	Mexico	Mexico
Omole (2016)	Cross-sectional	N=124 Female and male 14-81 years	Florida	Philippines, Guatemala, Mexico, Jamaica, Thailand, Haiti, USA, Santo Domingo, Romania, Puerto Rico, Peru, Japan, India, Costa Rica	

Author	Study Design	Participant Group	Setting	Participant Origin	Trafficking Destination
Oram et al. (2016)	Cross-sectional	N=150 Female and male	UK	Nigeria, Poland, other	UK
Rimal and Papadopoulos (2016)	Cross-sectional	N=66 Female 18-35	Nepal	Nepal	Nepal

Table 3. Summary of study characteristics

2.3.2 Quality Assessment

Studies were assessed for quality using three different quality checklists as appropriate. One case control (Churakova, 2014), three cohort studies (Ostrovschi et al., 2011; Abas et al., 2013; Oram et al., 2015), four qualitative studies (Acharya, 2008; Gupta et al., 2009; Collins et al., 2013; Baldwin, Fehrenbacher and Eisenman, 2014), twenty-one cross-sectional studies (Raymond, Hughes and Gomez 2001; Cwikel, Ilan and Chudakov, 2003; Cwikel et al., 2004; Sarkar et al., 2008; Tsutsumi et al., 2008; Zimmerman et al., 2008; Hossain et al., 2010; Choi, 2011; Gupta et al., 2011; Silverman et al., 2011; Gray, Luna and Seegobin 2012; Oram et al., 2012; Goldenberg et al., 2013; Kissane et al., 2014; Le, 2014; Silverman et al., 2014; Kiss et al., 2015; Servin et al., 2015; Omole, 2016; Oram et al., 2016; Rimal and Papadopoulos, 2016), and fourteen case file reviews or secondary data analysis studies (Silverman et al., 2006; Silverman et al., 2007; Crawford and Kaufman, 2008; Di Tommaso et al., 2008; Silverman et al., 2008; Decker et al., 2009; Dharmadhikari et al., 2009; Falb et al., 2010; McCauley, Decker and Silverman 2010; Dal Conte and Di Perri, 2011; Decker et al., 2011; George and Sabarwal, 2013; Muftić and Finn, 2013; Turner-Moss et al., 2013; Wirth et al., 2013) were identified. Each study was assessed using the appropriate checklist as described earlier.

Cohort studies scored ten to eleven points out of a possible twelve on the CASP checklist for cohort studies (CASP, 2015). Reasons for lost points were lack of generalization to the overall population and inconsistent or brief follow-up periods. Qualitative studies scored six to ten out of a possible ten on the CASP checklist for qualitative studies (CASP, 2015a). Reasons for lost points were centered on inadequate consideration of the relationship between researcher and participant, lack of discussion on ethical issues, and lack of discussion of research value to policy or practice. Scores for the cross-sectional, case file reviews, and secondary data analysis studies ranged from ten to twenty points out of a total twenty-two points on the STROBE (2008). Reasons for lost points ranged from lack of discussion about efforts to reduce potential sources of bias, not clearly describing statistical methods used, and not reporting sources of funding. Generally, studies included in this review were conducted and reported well, but important factors (as listed above) were missing.

See Table 4 below for a summary on limitations or bias reported or not by study authors, any ethics related issues reported or not by authors, and the quality score.

Author	Limitations/Bias Reported By Author(s)	Other Limitations/Bias Not Reported	Ethics Issues Reported By Author(s)	Other Potential Ethical Issues	Quality Score
Silverman et al. (2007)	Records did not distinguish between HIV-1 and HIV-2, no information on pre-trafficking HIV status, single sample from one NGO	Reliance on data collected previously, no mention of validity or reliability of previous data collection	Sample may not be representative	Used de-identified medical records and case files but no mention of ethics approval	20/22 STROBE
Acharya (2008)	None reported	No mention of possible observer bias, unknown instrument suggests unknown level of instrument bias	None reported	No mention of informed consent procedures or referral pathways, possible coercive practices used to access initial sample, no mention of ethics approval	6/10 CASP
Crawford and Kaufman (2008)	Small sample, limited to one location, shelter staff responsible for diagnoses with basic training, not based on standard diagnostic criteria	Information initially collected for NGO purposes, possible selection bias, definition of 'trafficked' unclear	NGO gatekeepers maintained confidentiality of files accessed		14/22 STROBE
Di Tommaso et al. (2008)	Self-selection bias, sample voluntarily reported or were referred	Possible recall bias, data initially collected for other purposes, possible selection bias	None reported	No mention of ethics approval	19/22 STROBE
Sarkar et al. (2008)	Convenience sampling, self-report, interviewed participants in brothels which limited confidentiality, possibility of recall bias	'Trafficked' defined through NGO specific definition	Verbal consent attained	No mention of ethics approval	17/22 STROBE

Author	Limitations/Bias Reported By Author(s)	Other Limitations/Bias Not Reported	Ethics Issues Reported By Author(s)	Other Potential Ethical Issues	Quality Score
Silverman et al. (2008)	None reported	No information provided on pre-trafficked STI rates, sample, may not be representative, unclear definition of 'trafficked'	None reported	No mention of ethics approval	14/22 STROBE
Tsutsumi et al. (2008)	Small sample size	Cross-sectional design limits causality, questionnaires not validated for trafficked populations, unclear definition of 'trafficked'	Survey administered verbally due to cultural distrust of written documents, experienced interviewers, followed Declaration of Helsinki for ethics guidance	No mention of ethics approval	18/22 STROBE
Zimmerman et al. (2008)	Sample may not be representative, instruments not validated for trafficked populations	Cross-sectional design limits causality	Followed WHO interview guidelines, interviews in secure locations with experts, emphasized study was separate from care received		17/22 STROBE
Decker et al. (2009)	Self-report data	Data collected for other purposes, possible selection bias/errors committed during initial collection, no validity or reliability measures reported for assessments	Assessment administered by health provider to overcome literacy concerns, verbal consent obtained, deemed exempt from ethics review by review board		10/22 STROBE

Author	Limitations/Bias Reported By Author(s)	Other Limitations/Bias Not Reported	Ethics Issues Reported By Author(s)	Other Potential Ethical Issues	Quality Score
Dharmadhikari et al. (2009)	Repatriated sample, participants may differ systematically from non-repatriated individuals, most were trafficked to large, urban centers, tuberculosis (TB) testing/treatment not standardized across the region	Possible selection bias, definition of 'trafficked' unclear	Noted ethics approval	Recommendation for TB surveillance increase without consideration of possible negative consequences	14/22 STROBE
Gupta et al. (2009)	Small sample size, case records from one location, data collected initially for other purposes, possible collection error or recall bias	No mention of validity or reliability of HIV testing methods, definition of 'trafficked' unclear	Verbal consent obtained, case records de-identified before study, noted ethics approval		8/10 CASP
Falb et al. (2010)	None reported	Data collected initially for other purpose, possible selection bias, no indication of validity of HIV test, small sample size, self-selecting sample	Noted study deemed exempt from ethics approval by ethics board		11/22 STROBE
Hossain et al. (2010)	Findings may not be representative, screening tools not diagnostic	Assessment instruments not validated for population, may not have captured full diversity of cultural symptoms, sample relied on intake at NGOs	Written consent obtained, referral pathways available, trained interviewers, ethics approval noted, only interviewed those determined to be emotionally well enough by service providers		18/22 STROBE

Author	Limitations/Bias Reported By Author(s)	Other Limitations/Bias Not Reported	Ethics Issues Reported By Author(s)	Other Potential Ethical Issues	Quality Score
McCauley, Decker and Silverman (2010)	None reported	Secondary data analysis limits reliability of data examined, information self-reported	Noted exempt from ethics review	No mention of how standardized data set was anonymized	12/22 STROBE
Choi (2011)	Self-report data, possible under-reporting of sensitive issues, causal links cannot be drawn	Emphasized adherence to certain ethical principles: voluntary participation, informed consent obtained, all data made anonymous	Utilized trained interviewers, ensured test results remained anonymous, detailed informed consent procedures	Provided free HIV and syphilis tests for participants only, referral pathways not detailed, no mention of ethics approval	19/22 STROBE
Dal Conte and Di Perri (2011)	Secondary data analysis limits reliability of data examined	Data collected initially for other purpose, unclear serological testing used	None reported		16/22 STROBE
Decker et al. (2011)	Small sample of ethnic minority women, interviews only in Thai, sampling relied on gatekeeper cooperation, cross-sectional so limited causality	Instruments not validated for the participant population, self-report, possible recall bias	Verbal consent obtained, all measures pilot tested, interviews done in private location with trained interviewer, noted ethics approval	Data collected with current sex workers, no mention of referral pathways	17/22 STROBE
Gupta et al. (2011)	Cross-sectional so limited causality, self-report, possible recall bias	No mention of validity or reliability of assessment instruments utilized	Noted referral pathways	No indication of amount of compensation given to participants, no mention of ethics approval	18/22 STROBE
Ostrovschi et al. (2011)	Different instruments used pre and post, results may not be generalizable	Recruitment through gatekeepers	Used WHO interview guidelines, noted ethics approval	No mention of ethics training for NGO gatekeepers who recruited sample	19/22 STROBE

Author	Limitations/Bias Reported By Author(s)	Other Limitations/Bias Not Reported	Ethics Issues Reported By Author(s)	Other Potential Ethical Issues	Quality Score
Silverman et al. (2011)	Recall bias, sample may not be representative, prevalence of trafficking defined as entry into sex work, may be inflated rates due to elevated risk of HIV associated with trafficking status	Survey used not named, no information on reliability of validity, no mention of who administered survey	Ethics review procedure detailed	No discussion of consent procedure	17/22 STROBE
Gray, Luna and Seegobin (2012)	Researchers limited in familiarity with local culture, sample was a subset that may not be generalizable	Relied on findings from data collected for other purposes, cross-sectional design limits causality	Ethics review procedure detailed		13/22 STROBE
Oram et al. (2012)	Sample may not be representative, not able to control for pre-existing symptoms	Relied on findings from data collected for other purposes	Noted ethics approval was not required		19/22 STROBE
Abas et al. (2013)	Small sample size, self-selecting, not all instruments validated		2 female interviewers with experience, followed WHO guidelines, ethics board approval noted	Gatekeeper recruitment could have biased sample	10/12 CASP
Collins et al. (2013)	Palermo Protocol definition of human trafficking not universally agreed upon/open to criticism, sample from larger parent study, possible recall bias	Possible instrument bias through use of un-named assessment tool	Written, informed consent, provided referral pathways, used trained interviewers, openly discussed research purpose with participants, noted IRB approval		8/10 CASP

Author	Limitations/Bias Reported By Author(s)	Other Limitations/Bias Not Reported	Ethics Issues Reported By Author(s)	Other Potential Ethical Issues	Quality Score
George and Sabarwal (2013)	Sample relied on one location, cross-sectional design limits causality, self-report sample	No mention of validity or reliability measures associated with measures utilized	Participants currently employed as sex workers but requirement that they also be engaged with services, verbal consent obtained, tools administered by trained interviewers, travel costs for participants reimbursed, no personal, identifying information collected	Access to participants through gatekeepers, no mention of ethics approval	17/22 STROBE
Goldenberg et al. (2013)	None reported	Cross-sectional design limits causality	Ethics approval detailed, use of trained interviewers		15/22 STROBE
Muftić and Finn (2013)	Small sample, may be unrepresentative, convenience sampling used	Reliance on data collected for a previous study, unclear definition of 'trafficked'	No mention of ethics review		17/22 STROBE
Turner-Moss et al. (2013)	Results may not be generalizable, small sample, tools used previously but not validated for the trafficked populations	Cross-sectional design limits causality	Ethics approval detailed, used WHO interviewing guidelines		16/22 STROBE
Wirth et al. (2013)	Small sample, self-report, no information on pre-trafficking HIV status, only brothel-based workers included	Used data collected for previous study	None reported	Original study collected data from those currently in a trafficking situation, no mention of ethics approval	19/22 STROBE

Author	Limitations/Bias Reported By Author(s)	Other Limitations/Bias Not Reported	Ethics Issues Reported By Author(s)	Other Potential Ethical Issues	Quality Score
Baldwin, Fehrenbacher and Eisenman (2014)	Not able to make causal links between independent and dependent variables, small sample size, gatekeeper recruitment, sample may not be representative, no men or minors included	Possible researcher bias through open-ended conversational style interview	Professional translators used, WHO interviewing guidelines followed, recruitment materials in various languages	No mention of ethics approval	10/10 CASP
Churakova (2014)	Uncertain validity of measures, convenience sample	Case control compared sexually exploited women to university students, difficult to generalize results	None reported		5/11 CASP
Kissane et al. (2014)	Small sample size increases type 1 error, convenience sample, cross-sectional design limits causality, measures not culturally validated	Unclear definition of 'trafficked'	None reported	No mention of ethics approval	14/22 STROBE
Le (2014)	Questionnaire not validated for trafficked people, small sample size, cross-sectional design, convenience sample, self-report data	Definition of 'trafficked' not made explicit	Participants recently left trafficking situation, may have over represented mental health issues	Recruitment through NGO gatekeepers, possible selection bias	17/22 STROBE
Silverman et al. (2014)	Cross-sectional design limits causality, possible recall bias	Survey not named, no mention of reliability or validity measures	Survey conducted in several local languages, informed consent procedures detailed		17/22 STROBE

Author	Limitations/Bias Reported By Author(s)	Other Limitations/Bias Not Reported	Ethics Issues Reported By Author(s)	Other Potential Ethical Issues	Quality Score
Kiss et al. (2015)	Some subgroups had small sample sizes, screening tools not diagnostic, instruments not validated for the population, participants interviewed within 2 weeks post-trafficking, may have captured acute stress, not PTSD		Trained interviewers, followed WHO interviewing guidelines, noted ethics approval		20/22 STROBE
Oram et al. (2015)	Information from medical records not recorded in a standardized way, establishing type of exploitation was not possible for entire sample	No information collected from clinicians on who filled out medical records to explore missing/incomplete data	Blanket ethics approval allowed for anonymized searching of database used	Unclear consent for use of data from patients	11/12 CASP
Servin et al. (2015)	Retrospective data collected, possible recall bias, oversampling due to recruitment from larger study	Unclear definition of 'trafficked'	Ethics approval process detailed, use of trained interviewers		14/22 STROBE
Omole (2016)	Archival data collected for medical purposes, information collected in English (2nd language for most participants)	Survey not named, no mention of reliability or validity measures, unclear definition of 'trafficked'	Institutional IRB ethics approval gained, data confidentiality methods used		19/22 STROBE
Oram et al., 2016	Small sample size, measures used not validated for trafficked populations		Ethics approval obtained, participants deemed too unwell were excluded		20/22 STROBE

Author	Limitations/Bias Reported By Author(s)	Other Limitations/Bias Not Reported	Ethics Issues Reported By Author(s)	Other Potential Ethical Issues	Quality Score
Rimal and Papadopoulos, 2016	Small sample size, non-randomized sampling	Measures used were not validated for trafficked populations	Ethics approval obtained from institution and service providers		19/22 STROBE

Table 4. Limitations, ethics, and quality assessment

2.3.3 Typology of Trafficking

Studies looked at a range of trafficking types: two studies examined both labour and sexual exploitation (Gray, Luna and Seegobin, 2012; Abas et al., 2013), two looked at labour exploitation only (Turner-Moss et al., 2013; Omole, 2016), thirty-three looked at sexual exploitation only (Raymond, Hughes and Gomez, 2001; Cwikel, Ilan and Chudakov, 2003; Cwikel et al., 2004; Silverman et al., 2006; Silverman et al., 2007; Acharya, 2008; Crawford and Kaufman, 2008; Di Tommaso et al., 2008; Sarkar et al., 2008; Silverman et al., 2008; Zimmerman et al., 2008; Dharmadhikari et al., 2009; Decker et al., 2009; Gupta et al., 2009; Hossain et al., 2010; McCauley et al., 2010; Choi, 2011; Dal Conte and Di Perri, 2011; Decker et al., 2011; Falb et al., 2011; Gupta et al., 2011; Ostrovschi et al., 2011; Silverman et al., 2011; Oram et al., 2012; Collins et al., 2013; George and Sabarwal, 2013; Goldenberg et al., 2013; Muftić and Finn, 2013; Wirth, 2013; Churakova, 2014; Silverman et al., 2014; Servin et al., 2015; Rimal and Papadopoulos, 2016) one looked at domestic servitude and sexual exploitation (Baldwin, Fehrenbacher and Eisenman, 2014), three looked at domestic servitude along with labour and sexual exploitation (Kiss et al., 2015; Oram et al., 2015; Oram et al., 2016), one looked at sexual exploitation, forced marriage, and domestic servitude (Le, 2014), one looked at sexual exploitation, domestic servitude, and exploitation within circus work (Tsutsumi et al., 2008) and one looked at various types of exploitation without detailing specific type (Kissane et al., 2014).

Twelve studies looked at participants who had been trafficked within their own country borders (Silverman et al., 2006; Silverman et al., 2007; Acharya, 2008; Gupta et al., 2009; Gupta et al., 2011; Gray, Luna and Seegobin, 2012; George and Sabarwal, 2013; Goldenberg et al., 2013; Churakova, 2014; Le, 2014; Servin et al., 2015; Rimal and Papadopoulos, 2016), nine looked at participants trafficked to other countries (Dharmadhikari et al., 2009; Ostrovschi et al., 2011; Oram et al., 2012; Abas et al., 2013; Turner-Moss et al., 2013; Kissane et al., 2014; Oram et al., 2015; Oram et al., 2016; Omole, 2016), sixteen looked at both domestically and internationally trafficked

participants (Raymond, Hughes and Gomez, 2001; Cwikel, Ilan and Chudakov, 2003; Cwikel et al., 2004; Silverman et al., 2007; Crawford and Kaufman, 2008; Di Tommaso et al., 2008; Sarkar et al., 2008; Tsutsumi et al., 2008; Zimmerman et al., 2008; Hossain et al., 2010; McCauley, Decker and Silverman, 2010; Choi, 2011; Silverman et al., 2011; Muftić and Finn, 2013; Baldwin, Fehrenbacher and Eisenman, 2014; Silverman et al., 2014), and seven did not report domestic or international status (Silverman et al., 2008; Decker et al., 2009; McCauley, Decker and Silverman, 2010; Dal Conte and Di Perri, 2011; Decker et al., 2011; Collins et al., 2013; Wirth at al., 2013).

Eight studies looked at participants who had been repatriated to their home country and were receiving services (Silverman et al., 2007; Tsutsumi et al., 2007; Silverman et al., 2008; Dharmadhikari et al., 2009; Gupta et al., 2009; Ostrovschi et al., 2011; Oram et al., 2012; Abas et al., 2013). Sixteen studies looked at participants currently employed as female sex workers (Raymond, Hughes and Gomez, 2001; Cwikel, Ilan and Chudakov, 2003; Acharya, 2008; Sarkar et al., 2008; Decker et al., 2009; Choi, 2011; Gupta et al., 2011; Decker et al., 2011; Silverman et al., 2011; Collins et al., 2013; George and Sabarwal, 2013; Goldenberg et al., 2013; Muftić and Finn, 2013; Wirth et al., 2013; Silverman et al., 2014; Servin et al., 2015), nineteen studies looked at participants who were out of the trafficking situation and either receiving services or had received services (Silverman et al., 2006; Crawford and Kaufman, 2008; Di Tommaso et al., 2008; Zimmerman et al., 2008; Hossain et al., 2010; McCauley, Decker and Silverman, 2010; Dal Conte and Di Perri, 2011; Falb et al., 2011; Gray, Luna and Seegobin, 2012; Turner-Moss et al., 2013; Baldwin, Fehrenbacher and Eisenman, 2014; Churakova, 2014; Kissane et al., 2014; Le, 2014; Kiss et al., 2015; Oram et al., 2015; Omole, 2016; Oram et al., 2016; Rimal and Papadopoulos, 2016), and one study looked at participants who were incarcerated and awaiting deportation (Cwikel et al., 2004).

See Table 5 below for a summary of the type of health outcome each study explored, (mental health, physical health, sexual health, sexual risk, exposure to violence, substance use, and well-being), the assessment tool used to investigate each health outcome, the validity and reliability of assessment tools used, key statistical results, and study implications.

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Raymond Hughes, and Gomez (2001)	Sexual health	Unnamed questionnaire	Not reported	ITV: 62% vaginal bleeding 46% treated for STIs DTV: 35% vaginal bleeding 70% treated for STIs	Differential risks for sexual and reproductive health issues dependent on citizenship status, indicates need for tailored health services and prevention programmes
	Physical health	Unnamed questionnaire	Not reported	ITV: 93% broken bones 50% bruises 93% head injuries 64% mouth and teeth injuries DTV: 65% broken bones 20% bruises 53% head injuries 47% mouth and teeth injuries	High rates of physical injuries indicates need for access to health services
	Exposure to violence	Unnamed questionnaire	Not reported	ITV: 14% exposure to at least one episode of violence 7% experienced sexual assault at least once DTV: 68% exposure to at least one episode of violence 25% experienced sexual assault at least once	Differential exposure to violence appears dependent on citizenship status and indicates need for tailored health services and prevention programmes

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Raymond Hughes, and Gomez (2001)	Mental health	Unnamed questionnaire	Not reported	ITV: 15% self-reported depression 69% self-reported suicidal thoughts 39% at least one episode of self-harm or suicide attempt DTV: 14% self-reported depression 36% self-reported suicidal thoughts 37% at least one episode of self-harm or suicide attempt	High rates of self-reported mental health distress indicates need for tailored, effective health services
Cwikel, Ilan and Chudakov (2003)	Sexual health	Constructed 7-item scale	Cronbach's alpha 0.69	Past 5 years: 43% gynecological problems 11% STIs Current: 49% vaginal pain 31% vaginal numbing 27% pelvic numbing	High rates of sexual and reproductive health issues indicates multiple health consequences from exploitation
	Mental health	PCL-17 item scale 6 Questions from CES-D	Cronbach's alpha 0.90, cut off of over 50 Cronbach's alpha 0.77, used recommended cut off point	17% PTSD symptoms 29% likely clinical symptoms of depression 41% ever had suicidal thoughts 18.5% suicide attempt at least once	High rates of mental health issues suggests trauma from trafficking experience has negative psychological consequences

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Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Cwikel et al. (2004)	Physical health	Constructed 11-item scale	Cronbach's alpha 0.69	60% headaches 40% backaches 30% shakes 55% dizziness 53% stomach ache 40% nausea 36% throat infections 57% dental problems	High rates of somatic symptoms and lack of access to care indicates high health risks
	Mental health	6 Questions from CES-D	Cronbach's alpha 0.65, used recommended cut off point, Russian translation validated in other Israeli settings	79% in depression range 47% ever considered suicide 19% at least one suicide attempt	High rates of mental health issues combined with lack of access to health care indicates negative health consequences
Silverman et al. (2006)	Sexual health	ELISA, Western blot, rapid testing for HIV-1 or HIV-2	Followed NGO standards during testing	22.9% HIV +	Increased efforts to rescue trafficked brothel workers may stem prevalence of HIV
Silverman et al. (2007)	Sexual health	ELISA, Western blot, rapid testing for HIV-1 or HIV-2	Followed NGO standards during testing	38% HIV + Girls trafficked prior to age 15 at higher risk for HIV as compared to those trafficked after 18 [AOR 3.70; 95% CI 1.32-10.34]	High HIV and risk for contraction highlights need for prevention and promotion programmes Biological vulnerability to HIV contraction at a young age combined with limited knowledge of HIV may contribute to high prevalence rates

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Acharya (2008)	Physical health	Qualitative interviews	Not reported	60% fevers 56.7% backaches 55% sleep disorders	Lack of access to healthcare and unsafe working conditions may increase health risks
	Sexual health	Qualitative interviews	Not reported	40% unwanted pregnancies 38.3% abortions 35% irregular menstruation 41.7% pain during intercourse 46.7% bleeding after intercourse 45% abnormal vaginal discharge	Lack of access to healthcare may increase sexual and reproductive health issues
	Sexual risk	Qualitative interviews	Not reported	31.7% never use condoms 46.7% sometimes use condoms	High rates of non-condom use raises public health concerns over STIs and HIV
	Exposure to violence	Qualitative interviews	Not reported	70% beaten with objects 15% intentionally burned 30% locked in a room 21.7% raped by clients 45% forced sex with multiple clients	Lack of safe working conditions, isolation and exposure to violence may increase physical health risks

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Crawford and Kaufman (2008)	Sexual health	Initial NGO assessment	Not reported	35% STIs 15% lower abdominal pain	Unsafe working conditions and lack of knowledge about STIs can increase health risk
	Physical health	Initial NGO assessment	Not reported	35% headaches 25% stomach pain 10% fatigue 20% other somatic symptoms	Trauma experienced during trafficking may be expressed as physical symptoms
	Behaviour issues	Initial NGO assessment	Not reported	15% social withdrawal 10% lack of motivation 10% aggression 15% other behaviour issues	Trauma of trafficking experience compounded by Nepali culture (rejection upon return, stigma), reintegration efforts are often hampered or impossible
Di Tommaso et al. (2008)	Well-being	Unnamed standardized questionnaire	Not reported	58.1% denied access to medical care 31.1% physical abuse 8.5% psychological abuse 17.4% sexual assault 6.5% threats	Negative consequences to states of well-being as a consequence of trafficking experience Requires increased access to health care
Sarkar et al. (2008)	Sexual health	ELISA test followed by rapid tri-dot test for HIV status	ELISA completed following national HIV testing guidelines	13.1% overall HIV seroprevalence HIV seroprevalence higher in those who experienced violence [OR 2.6; 95% CI 1.5-4.6]	High HIV prevalence and risk factors leading to higher risk of contraction of HIV indicates this is an important public health issues and requires tailored health services
	Exposure to violence	Unnamed pretested questionnaire	Not reported	57.3% exposed to physical, sexual, or psychological violence in first months after entry to sex work	High rates of violence during first months of sex work increases risk of contracting HIV and STIs and requires tailored prevention and promotion efforts as well as access to health care

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Silverman et al. (2008)	Sexual health	ELISA, rapid testing or Western blot for HIV Nontreponemal serologica test for syphilis Serologic detection of Hepatitis B virus surface antigen	Followed NGO standards during testing	30.1% HIV+ 20.4% syphilis 3.8% Hepatitis B Those HIV+ more likely to be infected with syphilis than those HIV- [OR 1.88; 95% CI 1.17-3.03] Those HIV+ more likely to be infected with either syphilis or Hepatitis B than HIV– [OR 1.78; 95% CI 1.11-2.85]	High rates of sexual health issues indicates need for screening and treatment programmes tailored for sexually trafficked women and girls
Tsutsumi et al. (2008)	Mental health	HSCL-25 for depression and anxiety PCL-C for PTSD	HSCL-25 previously validated for Nepali population, cut off point of 1.75 PCL-C cut-off point of 50 as validated in previous Nepali study Pilot study tested questionnaire, revisions made as needed	Trafficked FSW: 97.7% anxiety 100% depression 29.5% PTSD Trafficked for other exploitation: 87.5% anxiety 80.8% depression 7.5% PTSD	Trafficked FSW appear to have higher rates of depression and PTSD than people trafficked for other exploitative reasons implying experience of being trafficked for sexual exploitation may have harmful mental health consequences Highlights need for tailored health services
Zimmerman et al. (2008)	Mental health	Depression, anxiety and hostility subscales of BSI PTSD subscale of HTQ	BSI and HTQ good general reliability, has been used in cross-cultural populations and other traumatized populations HTQ cut-off 2.5 or higher	Mean scores: Depression [2.09; 95% CI 1.94-2.23] Anxiety [1.90; 95% CI 1.76-2.04] Hostility [1.21; 95% CI 1.10-1.33] 39% suicidal ideations over past 7 days 57% at or above cut-off for PTSD	High rates of mental health issues indicates need for tailored health services and access to psychiatric care

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Zimmerman et al. (2008)	Sexual health	Tool derived from MAPSAIS	Tools translated from English into various participant languages, back translated, reviewed for cultural meaning by bilingual experts	58.85% pelvic pain 69.79% vaginal discharge 25% vaginal pain 9.38% vaginal bleeding outside menstruation 58.33% gynecological infection	High levels of sexual and reproductive health issues indicates need for tailored health services and access to medical care
	Physical health	Tool derived from MAPSAIS		82.29% headaches 70.31% dizzy spells 61.98% memory difficulties 60.94% stomach pain 43.75% upset stomach, vomiting, diarrhea, constipation 17.19% urination pain 50% chest or heart pain 39.58% breathing difficulty 68.75% back pain 12.50% fractures or sprains 35.42% joint or muscle pain 57.81% tooth pain 9.38% facial injuries 32.81% eye pain 14.58% ear pain 30.21% cold, flu, sinus infection 28.13% rashes, itching, sores	High rates of physical health issues indicates need for tailored health services and access to medical care

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Decker et al. (2009)	Sexual risk	Unnamed assessment	Not reported	41% no use of condoms 'always' or 'most of the time' 61% barriers to condom use through coercion and/or threats of violence from clients	Lack of condom use along with barriers to condom use greatly increases risks of STI/HIV
	Exposure to violence	Unnamed assessment	Not reported	46% experienced physical or sexual violence over past 30 days prior to assessment	Lack of autonomy increases risk of STI/HIV contraction Lack of autonomy needs to be addressed in prevention efforts
Dharmadhikari et al. (2009)	Physical health	Sputum smear test for acid-fast bacilli, radiographs or histories as reported in medical tests/case histories	Standard test used	5.9% TB+ 70% likely pulmonary TB developed post-trafficking 88% TB and HIV co-infected	Unmet need for better TB surveillance, increased risk of developing active TB if HIV+, high risk of HIV infection in sexual exploitation
Gupta et al. (2009)	Sexual health	Case narratives recorded by NGO	Not reported	45.8% HIV+ (48/61 tested) Thematic analysis: rape as initiation tool, chronic sexual violence and inability to refuse sex, chronic sexual violence and inability to negotiate condom use, substance use, inability to access health care	Lack of autonomy increases risk of HIV through violent initiation into sex work, inability to negotiate condom use or to use condoms, lack of access to health care, increased substance use as a coping mechanism
Falb et al. (2010)	Sexual health	Medical case reports	Not reported	22.7% HIV+ (44/188 tested)	High rates of HIV indicates need for trafficking prevention efforts to support HIV prevention

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Hossain et al. (2010)	Mental health	Depression and anxiety subscales of BSI PTSD symptom subscale from HTQ	Cronbach's alpha for depression subscale 0.89, Cronbach's alpha for anxiety subscale 0.90 Cronbach's alpha for PTSD subscale 0.94 Instruments translated, cultural equivalency check	54.9% depression 48% anxiety 77% PTSD Duration of trafficking associated with higher levels of depression and anxiety [AOR 2.2; 95% CI 1.1-4.5]	High rates of unmet mental health needs requires treatment Severity and duration of trafficking experience needs to be assessed to tailor effective health services
McCauley, Decker and Silverman (2010)	Sexual health	Medical reports from case files	Not reported	65.8% STI infections	High rates of STIs indicates need for tailored health services
	Exposure to violence	Medical reports from case files	Not reported	33.1% forced to perform sex acts against their will 9.6% physically abused 30.9% sexually abused	High rates of exposure to violence increases risk of negative sexual and reproductive health outcomes
Choi (2011)	Sexual health	Semi-structured questionnaire	Questionnaires translated and back translated (Thai, Russian, Vietnamese)	Syphilis positive 3.5% (Mainland Chinese) 10.6% (Russian) 1.1% (Vietnamese) 1.7% (Thai)	Heterogeneity of population requires tailored services to meet needs of sub-populations
	Sexual risk	Semi-structured questionnaire	Questionnaires translated and back translated (Thai, Russian, Vietnamese)	Higher client violence score significantly correlated with condom failure [OR 1.32; p<0.001]	Unsafe working conditions may increase risk of STIs and HIV as well as risk of experiencing violent events
Dal Conte and Di Perri, 2011	Sexual health	Serological results from case files	Not reported	58% STI diagnosis or self-report symptoms	High rates of STIs requires appropriate interventions to address unmet needs

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Decker et al. (2011)	Sexual health	Unnamed survey	Not reported	65.5% STI symptoms reported	High rates of STIs, exposure to violence and sexual risk indicates unmet need for diagnosis, treatment, and education
	Sexual risk	Unnamed survey	Not reported	Recent condom failure [ARR 1.80; 95% CI 1.15-2.80]	
	Exposure to violence	Unnamed survey	Not reported	Sexual violence as initiation to sex work [ARR 2.29; 95% CI 1.11-4.72]	
Gupta et al. (2011)	Exposure to violence	Structured survey	Translated, back translated, administered orally in local language	53.5% experienced physical or sexual violence 11.5% experienced threats of severe violence	Sex trafficking is associated with greater risk of violence and indicates need for public health responses
Ostrovschi et al. (2011)	Mental health	SCID	Romanian validated version, pre-tested, good face validity	35.8% PTSD 4.1% panic disorder 6.6% generalized anxiety disorder 44.2% any anxiety disorder 16.7% major depression 4.1% dysthymia 24.1% any mood disorder	High rates of psychiatric illness with lasting effects (2-12 months post-trafficking) May be due to trafficking experience and/or factors relating to re-integration
	Substance use	AUDIT	Used list of commonly abused substances in Moldova	8.3% alcohol harmful use or abuse 4.2% alcohol dependence 4.2% substance use 18.3% any alcohol or substance use disorder	High co-morbidity of substance use could compound negative health issues

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Silverman et al. (2011)	Sexual health	Unnamed survey	Tool developed in English, translated to Hindi, reviewed by bilingual experts	HIV+ trafficked FSW higher odds of reporting non-condom use than HIV+ non-trafficked FSW [AOR 3.8; 95% CI 2.1-7.1] HIV+ trafficked FSW higher odds of reporting equal to, or more than, 7 clients a day than HIV+ non-trafficked FSW [AOR 3.3; 95% CI 1.8-6.1]	Indicates need for tailored HIV prevention programmes for trafficked FSW and tailored health care options
	Exposure to violence	Unnamed survey	Tool developed in English, translated to Hindi, reviewed by bilingual expert	HIV+ trafficked FSW higher odds of experiencing sexual violence in the first month of work than HIV+ non-trafficked FSW [AOR 3.1; 95% CI 1.6-6.1]	Indicates trafficked FSW may be subject to increased sexual violence as initiation into sexual exploitation
	Substance use	Unnamed survey	Tool developed in English, translated to Hindi, reviewed by bilingual expert	HIV+ trafficked FSW higher odds of frequent alcohol use than HIV+ non-trafficked FSW [AOR 1.9; 95% CI 1.0-3.4]	Indicates trafficked FSW may be at increased risk for substance use disorders
Gray, Luna and Seegobin (2012)	Mental health	HSCL-25	Translated to Cambodian, back translated	62.5% depression	Resilience to traumatic experiences could be improved with implementation of appropriate interventions

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Oram et al. (2012)	Physical health	15-item MAPSAIS	Previously adapted for use with trafficked women	61.7% headaches 60.9% stomach pain 13.3% gynecological issues 11.7% urination pain 42.5% back pain 35% tooth pain 23.3% breathing difficulties 24.2% heart/chest pain	Similar physical health outcomes to women who experienced intimate partner violence Comprehensive medical, dental, and psychological care is needed in support programmes
Abas et al. (2013)	Mental health	Initial assessment using ICD/ SCID 2-12 mos. post	SCID: translated, Romanian-non-patient version, pre-tested, good face validity	15% PTSD 12.5% Depressive disorder alone or co-morbid with substance use 54.2% Any DSM-IV mood or anxiety disorder	Mental health assessment should be part of re-integration care Recommends trauma-focused therapy
Collins et al. (2013)	Sexual risk	In-depth interviews	Interviews conducted in Spanish/English, private offices, female interviewers	Narrative analysis: Economic vulnerability, susceptibility to violence, perception of HIV risk, psychological trauma	Economic vulnerability acts as a primary driver of sex trafficking, inconsistent condom use HIV/STI prevention/intervention programmes need to account for structural forces that shape entry into sex work and trafficking

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
George and Sabarwal (2013)	Sexual risk	Unnamed survey	Not reported	Trafficked FSW higher overall HIV risk as compared to non-trafficked FSW [ARR 1.20; 95% CI 0.89-1.64]	Specific health services are needed to reduce HIV prevalence among trafficked FSW
	Exposure to violence	Unnamed survey	Not reported	Trafficked FSW increased risk of sexual violence as compared to non-trafficked FSW [ARR 2.09; 95% 1.56-3.22] Increased risk of physical and sexual violence [ARR 1.93; 95% CI 1.24-3.01]	Tailored health services are needed to reduce trauma as a consequence of exposure to violence among trafficked FSW
Goldenberg et al. (2013)	Sexual health	Results from serological tests	Not reported	4.2% HIV+ 21.4% STI/HIV	Need for structural interventions to prevent HIV infection, and programmes to reduce susceptibility to sexual exploitation
	Substance use (past 6 months)	Structured interview	Not reported	58.1% heroin use 48.3% methamphetamine use 71.0% ever injected drugs	

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Muftić and Finn (2013)	Sexual health	Unnamed questionnaire	Not reported	ITV: 50% STIs DTV: 58.8% STIs	High rates of STIs indicates need for prevention programmes and tailored health services
	Physical health	Unnamed questionnaire	Not reported	ITV: 25% physical health issues 36.4% health care deprivation DTV: 64.7% physical health issues 38.9% health care deprivation	DTV on average 10 years older, in sex work longer, involved in street prostitution cited as risk factors that could contribute to poorer health outcomes
	Mental health	Unnamed questionnaire	Not reported	ITV: 91.7% mental health issues 16.7% contemplated suicide DTV: 100% mental health issues 80% contemplated suicide	DTV reported poorest health outcomes and more reported instances of substance use and suicidal ideation
	Exposure to violence	Unnamed questionnaire	Not reported	ITV: 81.8% physical violence 63.6% sexual violence 81.8% psychological violence DTV: 88.9% physical violence 83.3% sexual violence 100% psychological violence	Significant difference in psychological violence with higher rates reported by DTV than ITV

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Turner-Moss et al. (2013)	Physical health	MAPSAIS	MAPSAIS previously used in studies with trafficked women	43.3% headaches 10% dizzy spells 13.3% memory difficulties 16.1% upset stomach, vomiting or digestive issues 13.3% chest pains or palpitations 35.5% back pain 10% joint or muscle pain 6.7% facial injuries 22.6% eye pain, injury or difficulty seeing 10% ear pain, injury or difficulty hearing 16.1% colds, sinus infections or flu 10% rashes, bumps, sores or itching 6.7% burns 22.6% toothache or mouth/gum problems	Suggests health outcomes associated with labour trafficking are serious and multi-fold Recommends assessment of physical and mental health, including forensic examinations
	Mental health	BSI HTQ	BSI previously used in studies looking at trafficked women	Males: 0.75 mean score for anxiety 0.86 mean score for depression Females: 0.75 mean score for anxiety 1.03 mean score for depression Males and Females: 57% one or more symptoms of PTSD	

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Turner-Moss et al. (2013)	Exposure to violence	Unnamed survey	Not reported	40% physical violence 23.3% witnessed violence 40% threats to family/themselves	Indicates high levels of exposure to violence which could contribute to negative physical and mental health outcomes
Wirth et al. (2013)	Sexual health	Genedia HIV 1 and HIV 2, ELISA 3.0	Not reported	34.4% HIV+ Increased odds of HIV in forced entry into FSW as compared to non-trafficked FSW [OR 2.30; 95% CI 1.08-4.90] Increased odds of HIV+ status with recent sexual violence/forced prostitution as compared to non-trafficked FSW [OR 11.13; 95% CI 2.31-51.40]	HIV risk related to recent sexual violence High HIV rates indicates a public health issue, requires services and promotion/prevention programmes
Baldwin, Fehrenbacher and Eisenman (2014)	Mental health	Semi-structured, qualitative interviews	Not reported	Thematic analysis: Isolation, monopolization of perception, inducted debility and exhaustion, threats, occasional indulgence, demonstration of omnipotence, degradation, enforcing trivial demands	Understanding health effects of psychological coercion could help tailor services Understanding how traffickers control and coerce could help design therapeutic services
Churakova (2014)	Mental health	BDI, Clinician Administered PTSD Scale	Unknown	21.8% depression 15.4% PTSD	Victimhood status may interfere with ability to socially regulate and have an impact on ability to socialize
Kissane et al. (2014)	Mental health	Structured Interview for Disorders of Extreme Stress for complex PTSD	Cronbach's alpha 0.80	20.0% complex PTSD	Undiagnosed complex PTSD may complicate treatment efficacy, need for trauma-focused psychotherapy

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Le (2014)	Mental health	SRQ-20	Previously used in studies with WHO	32% forced alcohol use 91% mental disorder criteria met (domestic servitude) 77% mental disorder criteria met (forced marriage) 63% mental disorder criteria met (sex work)	Type of trafficking experience may influence risk of mental health issues, type of trafficking experience should be considered when developing services
	Exposure to violence	SRQ-20	Previously used in studies with WHO	43% experienced physical abuse 60% experienced sexual abuse 40% experienced emotional abuse	
Silverman et al. (2014)	Sexual risk	Structured survey	Translated and back-translated	36.3% unprotected sex in past 90 days	High sexual risk factors for HIV+, trafficked FSW require education programmes to reduce transmission of HIV

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Kiss et al. (2015)	Mental health	HSCL for anxiety and depression symptoms HTQ for PTSD	Excluded item from HSCL for sensitivity issues, Cronbach's alpha 0.86 (anxiety), 0.89 (depression) Used cut-off point determined by previous study of users of post-trafficking services, Cronbach's alpha 0.89	42.8% anxiety 61.2% reported symptoms of depression 5% reported attempted suicide in month before interview 38.9% reported symptoms of PTSD	Strong association between abusive/exploitative conditions and poor mental health Restricted freedom core indicator of trafficking and key indicator of poor mental health
	Exposure to violence	Items from WHO international study on domestic violence	Tools translated, back translated, reviewed for meaning	Men: 49.1% physical violence 1.3% sexual violence 49.3% physical and/or sexual violence Women: 41.3% physical violence 43.9% sexual violence 60% physical and/or sexual violence Children: 23.8% physical violence 21.5% sexual violence 47.6% physical and/or sexual violence	Heterogeneous population but common patterns of abuse and negative health consequences

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Oram et al. (2015)	Physical health	NGO case files	Not reported	37.1% malnourishment, 28.2% skin rash 12.9% sleep deprivation	Healthcare professionals require training to recognize signs of human trafficking Clinical guidelines should be followed to ensure effective treatment
	Mental health	ICD-10 diagnosis as recorded in patient file	Not reported	28% PTSD, severe stress or adjustment disorder 34% affective disorder 15% schizophrenia 34% historic or current substance use disorders 22% one or more deliberate self-harm events	
	Substance use	As recorded in patient file	Not reported	Men: 38.9% ever substance use issue Women: 20.5% ever substance use issue	
Servin et al. (2015)	Sexual health	Results from serological tests	Not reported	30.0% STI diagnosis or self-reported symptoms	Need for interventions that reduce vulnerability to exploitation, need for prevention programmes to reduce entry into sex work
	Substance Use	Un-validated questionnaire	Not reported	25% heavy alcohol use 33% use of heroin, crack, methamphetamines in past 6 months	

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Omole (2016)	Sexual health	NGO case files	Not reported	1.6% STD	Labour trafficking associated with increased health risks as compared to sexual exploitation
	Physical health	NGO case files	Not reported	37.1% malnourishment 28.2% skin rash 12.9% sleep deprivation 11.3% scars 5.6% TB	Females reported increased health conditions as compared to males
	Mental health	NGO case files	Not reported	22.6% anxiety 18.5% depression	
Oram et al. (2016)	Sexual health	2007 English Adult Psychiatric Morbidity Survey	Validated with those who had experienced trauma and abuse	Men: 7.7% STI Women: 22.5% STI	Urgent need for psychosocial interventions for trafficked men and women
	Physical health	2007 English Adult Psychiatric Morbidity Survey	Validated with those who had experienced trauma and abuse	Men: 21.2% headaches, 9.6% memory issues, Women: 58.2% headaches, 38.8% memory issues, 20.4% chest pain	
	Mental health	2007 English Adult Psychiatric Morbidity Survey	Validated with those who had experienced trauma and abuse	Men: 23.1% depression, 19.2% anxiety, 25% PTSD, 33.3% high-risk drinking Women: 51% depression, 49% anxiety, 59.2% PTSD,	
	Exposure to violence	2007 English Adult Psychiatric Morbidity Survey	Validated with those who had experienced trauma and abuse	Men: 42.3% physical violence, 3.9% sexual violence Women: 76.5% physical violence 66.3% sexual violence	

Author	Health Outcome	Tool*	Validity and Reliability	Results**	Implications
Rimal and Papadopoulos (2016)	Mental health	HSCL-25, PCL-C	Previously translated versions used	2.5 mean HSCL anxiety score 2.41 mean HSCL depression score 29.7% above cut-off for PTSD symptoms	Interventions are needed to treat mental health issues, particularly clinical depression and anxiety

Table 5. Summary of study findings

*PCL-17 - Post Traumatic Stress Disorder Checklist 17 item version; CES-D – Center for Epidemiological Studies Depression Scale; SRQ-20 – Self-Reporting Questionnaire 20 item version; ELISA – enzyme-linked immunosorbent assay; HSCL-25 – Hopkins Symptoms Checklist 25 item version; PCL-C – Post Traumatic Stress Disorder Checklist Civilian Version; BSI-3 – Brief Symptom Inventory 3 item version; HTQ – Harvard Trauma Questionnaire; MAPSAIS – Miller Abuse Physical Symptoms and Injury Survey; SCID – Structured Clinical Interview for DSM-5; AUDIT – Alcohol Use Disorders Identification Test; ICD – International Statistical Classification of Diseases and Related Health Problems

**ITV – Internationally Trafficked Victims; STI – Sexually Transmitted Diseases; DTV – Domestically Trafficked Victims; PTSD – Post Traumatic Stress Disorder; HIV – Human Immunodeficiency Virus; AOR – Adjusted Odds Ratio; OR – Odds Ratio; CI – Confidence Interval; TB – Tuberculosis; FSW – Female Sex Workers; ARR – Adjusted Risk Ratio; DSM-IV – Diagnostic and Statistical Manual of Mental Disorders, 4th Edition

2.3.4 Sexual and Reproductive Health Outcomes

Fifteen studies screened for aspects of sexual and reproductive health among participants trafficked for sexual exploitation. Studies looked at a variety of sexual and reproductive health outcomes including: unwanted pregnancies and abortions, pain during intercourse, vaginal and pelvic pain, rates of HIV/AIDS, syphilis, Hepatitis B, and STIs.

One study found 22.7% of 44 tested women and girls trafficked for sexual exploitation were HIV+ (Falb et al., 2011) while another study with a similar sample found 45.8% of 48 females tested were HIV+ (Gupta et al., 2009). A study that examined case files of post-trafficked women trafficked for sexual exploitation noted 58.1% overall STI prevalence through diagnosis or self-report (Dal Conte and Di Perri, 2011). Another study with women trafficked for sexual exploitation found 13.1% overall HIV seroprevalence and noted HIV seroprevalence was higher in those who had experienced violence (Sarkar et al., 2008). One author conducted a series of studies in India and Nepal with women trafficked for sexual exploitation and reported rates of HIV at 22.9% (Silverman et al., 2006), 38% (Silverman et al., 2007), and 30.1% (Silverman et al., 2008) in sample sizes that ranged from 175 to 287. One in this series of studies in India and Nepal looked at associations between HIV and various factors and reported girls trafficked for sexual exploitation prior to age 15 were at higher risk for HIV as compared to those trafficked after age 18 (Silverman et al., 2007). Two studies conducted in Mexico with trafficked women currently employed as sex workers reported rates of HIV and STIs (Goldenberg et al., 2013; Servin et al., 2015). The first reported HIV+ status at 4.2% and STIs co-morbid with HIV at 21.4% (Goldenberg et al., 2013), while the second reported an overall prevalence of 30.0% STIs (either through diagnosis or self-report) from their sample (Servin et al., 2015).

One study that looked exclusively at syphilis in female sex workers from different countries found rates of 3.5% in those from Mainland China, 10.6% in those from Russia, 1.1% in those from Vietnam, and 1.7% in those from Thailand (Choi, 2011). Another study that looked at syphilis in women trafficked for sexual exploitation found 20.4% were infected (Silverman et al., 2008). The same study looked at Hepatitis B and found a rate of 3.8% in a sample of 146 women trafficked for sexual exploitation and noted those who were HIV+ were more likely to be co-infected with syphilis or Hepatitis B (Silverman et al., 2008).

Studies that reported on rates of STIs found prevalence rates of 11% (Cwikel, Ilan and Chudakov, 2003), 35% (Crawford and Kaufman, 2008), and 68% (McCauley, Decker and Silverman, 2010) in samples of women trafficked for sexual exploitation. One study found differences in STI rates between international (50%) and domestic victims (58.8%) trafficked for sexual exploitation (Muftić and Finn, 2013). Another study examining the same sample found 46% of international and 70% of domestic victims of sexual exploitation had been treated for STIs (Raymond, Hughes and Gomez, 2001).

Seven studies looked at elements of sexual risk and examined factors of condom use, barriers to condom use, and HIV knowledge. A study conducted in Mexico among sexually exploited women noted 31.7% reported 'never' using condoms and 46.7% 'sometimes' using condoms (Acharya, 2008), while another in a similar population in Nicaragua noted 41% reported not using condoms 'always' or 'most of the time', and 61% reported barriers to condom use included coercion or violence perpetrated by clients (Decker et al., 2009). A study in Thailand among sexually exploited women reported trafficked female sex workers had limited HIV knowledge as compared to non-trafficked female sex workers along with increased non-condom use and increased recent condom failure (Decker et al., 2011). A fourth study in India reported trafficked female sex workers had higher overall HIV risk as compared to non-trafficked female sex workers (George and Sabarwal, 2013). Another study in India noted HIV+ female sex workers trafficked into sex work had higher odds [AOR 3.8; 95% CI 2.1-7.1] of reporting non-condom use than HIV+ female sex workers who were not trafficked (Silverman et al., 2011). Utilizing the same sample in another study, authors reported HIV+ female sex workers trafficked before age 18 had higher odds [OR 2.0; 95% CI 1.08-3.71] of reporting unprotected sex over the past 90 days than HIV+ female sex workers trafficked after age 18 (Silverman et al., 2014). A study conducted with women trafficked for sexual exploitation in Macau reported higher client violence scores, which were significantly correlated with condom failure [OR 1.32; p<0.001] (Choi, 2011).

2.3.5 Physical Health Outcomes

Ten studies examined the impact on physical health among participants exploited for various forms of labour and sexual exploitation. Physical health issues included broken bones, head injuries, fevers, backaches, stomach pain, sleep disorders, tooth pain, memory issues, and tuberculosis.

A study with women trafficked for sexual exploitation noted 60% reported fevers, 56.7% backaches, and 55% sleep disorders in their sample (Acharya, 2008). Another study with women trafficked for sexual exploitation reported on numerous physical health concerns including 61.7% headaches, 60.9% stomach pain, 42.5% back pain, and 35% tooth pain in their sample (Oram et al., 2012). A study conducted with women trafficked for sexual exploitation noted 82.2% headaches, 61.9% memory difficulties, 60.9% stomach issues, and 57.8% tooth pain in their sample (Zimmerman et al., 2008). Another study with sexually exploited women noted 35% headaches and 25% stomach pain in their sample (Crawford and Kaufman, 2008). A study with a similar population noted 60% headaches, 40% backaches, 53% stomachaches, and 57% dental issues in their sample (Cwikel et al., 2004). A study conducted with men and women trafficked for labour exploitation noted 43.3% headaches, 13.3% memory difficulties, 16.1% stomach issues, 35.5% back pain, and 22.6% tooth or mouth/gum problems in their sample (Turner-Moss et al., 2013).

Two studies, which utilized data collected in the USA, reported on various physical health issues. The first noted 25% of internationally trafficked women reported physical health issues compared to 64.7% of domestically trafficked women (Muftić and Finn, 2013). The second noted 93% of internationally trafficked women reported previously broken bones, 50% had bruises, 93% head injuries, and 64% mouth and teeth injuries (Raymond, Hughes and Gomez, 2001). In the same study 65% of domestically trafficked women reported previously broken bones, 20% had bruises, 53% head injuries, and 47% mouth and teeth injuries (Raymond, Hughes and Gomez, 2001).

A study conducted in the UK with men and women trafficked for multiple types of exploitation found 21.2% of men and 58.2% of women reported headaches, 9.6% of men and 38.8% of women reported memory issues, 7.7% of men and 25.5% of women reported stomach pain, and 9.6% of men and 20.4% of women reported chest pains (Oram et al., 2016).

A study with women trafficked for sexual exploitation reported 5.9% were positive for tuberculosis with 88% co-infected with tuberculosis and HIV in their sample (Dharmadhikari et al., 2009).

2.3.6 Mental Health Outcomes

Ten studies looked exclusively at mental health outcomes (Tsutsumi et al., 2008; Hossain et al., 2010; Gray, Luna and Seegobin, 2012; Oram et al., 2012; Abas et al., 2013; Baldwin, Fehrenbacher and Eisenman, 2014; Churakova, 2014; Kissane et al., 2014; Oram et al., 2014;

Rimal and Papadopoulos, 2016), while nine studies looked at mental health in addition to other health outcomes (Cwikel, Ilan and Chudakov, 2003; Cwikel et al., 2004; Zimmerman et al., 2008; Muftić and Finn, 2010; Ostrovschi et al., 2011; Turner-Moss et al., 2013; Le, 2014; Omole, 2016; Oram et al., 2016). Mental health outcomes examined ranged from post-traumatic stress disorder (PTSD), complex PTSD, schizophrenia, depression, affective disorder, major depression, dysthymia, anxiety, panic disorder, generalized anxiety disorder, suicidal ideation, suicide attempts, any DSM-IV mood or anxiety disorder, and general mental disorders. All studies screened for mental health outcomes except for three studies: one used a diagnostic tool (Ostrovschi et al., 2011), one used thematic analysis to describe psychological coercion (Baldwin, Luna and Seegobin, 2014), and one looked at recorded diagnoses in psychiatric patient files (Oram et al., 2015).

<div align="center">Posttraumatic Stress Disorder (PTSD)</div>

Ten studies screened for PTSD with participants who had experienced various forms of exploitation in sample sizes that ranged from 12 (Baldwin, Luna and Seegobin, 2014) to 1,102 (Kiss et al., 2015). Prevalence of PTSD varied widely, ranging from 7.5% in a sample of trafficked female sex workers (Tsutsumi et al., 2008) to 77% in a sample of women trafficked for sexual exploitation currently receiving post-trafficking services (Hossain et al., 2010). Two studies that screened women trafficked for sexual exploitation for PTSD found rates of 15.4% (Churakova, 2014) and 29.7% (Rimal and Papadopoulos, 2016). In studies that looked at other forms of exploitation, PTSD scores ranged from 15% (Abas et al., 2013) to 28% (Oram et al., 2015) in samples of women trafficked for labour and sexual exploitation, 38.9% in a sample of women and men trafficked for labour and sexual exploitation as well as domestic servitude (Kiss et al., 2015), 59.2% PTSD symptoms in women and 25% in men who trafficked for labour and sexual exploitation and domestic servitude (Oram et al., 2016), and 29.5% in a sample of women trafficked for sexual exploitation, domestic servitude, and circus work (Tsutsumi et al., 2008). One study, which diagnosed PTSD in a sample of repatriated Moldovan women, trafficked primarily for sexual exploitation, reported PTSD at a rate of 35.8% (Ostrovschi et al., 2011). One study, which screened for complex PTSD in men and women trafficked for various forms of exploitation found a prevalence rate of 20.0% (Kissane et al., 2014).

Depression

Depression was screened for in fifteen studies with participants who had experienced various forms of trafficking with depression conceptualized in a number of different ways. Participant sample sizes ranged from 24 (Gray, Luna and Seegobin, 2012) to 1,102 (Kiss et al., 2015) and participants experienced various forms of exploitation.

One study reported 12.5% depressive disorder alone or co-morbid with substance abuse in women trafficked for sexual and labour exploitation (Abas et al., 2013). Two studies reported on depression symptoms and found rates of 54.9% in a sample of men and women trafficked for sexual and labour exploitation along with domestic servitude (Kiss et al., 2015). Three studies found depression rates of 21.8% (Churakova, 2014), 61.2% (Hossain et al., 2010), and 62.5% in a sample of women trafficked for sexual exploitation (Gray, Luna and Seegobin, 2012). One study with men and women trafficked for labour and sexual exploitation along with domestic servitude showed 23.1% and 51% depression symptoms (Oram et al., 2016). One study found 29% of participants had likely clinical symptoms of depression (Cwikel, Ilan and Chudakov, 2003) while another reported 79% of participants were in the depression range (Cwikel et al., 2004), both in samples of women trafficked for sexual exploitation.

Two studies reported mean scores for depression of 2.09 [95% CI 1.94-2.23] in a sample of women trafficked for sexual exploitation (Zimmerman et al., 2008) one study reported mean depression scores for the total sample and the second mean depression scores of 1.03 for females and 0.86 for males trafficked for labour exploitation (Turner-Moss et al., 2013). One study reported a mean score for depression of 2.41 [95% CI 1.4-3.5] in women trafficked for sexual exploitation (Rimal and Papadopoulos, 2016). One study noted self-reported depression percentage rates of 15% among international victims and 14% self-reported depression rates among domestic victims trafficked for sexual exploitation (Raymond, Hughes and Gomez, 2001). One study noted 100% depression in women trafficked for sexual exploitation and 80.8% in women trafficked for other types of exploitation (Tsutsumi et al., 2008). One study found 18.5% depression in a sample of men trafficked for labour exploitation (Omole, 2016). One study diagnosed for depression and reported 16.7% had major depression, 4.1% had dysthymia, and 24.1% had any mood disorder in women trafficked primarily for sexual exploitation (Ostrovschi et al., 2011). One study found 21.8% self-blame feelings in a sample of men trafficked for labour exploitation (Omole, 2016).

Anxiety

Eight studies screened for anxiety in sample sizes ranging from 164 (Tsutsumi et al., 2008) to 1,102 (Kiss et al., 2015) with participants who had experienced various forms of exploitation. Three studies reported anxiety scores of 42.8% in a sample of men and women trafficked for sexual and labour exploitation as well as domestic servitude (Kiss et al., 2015) and 97.7% in a sample of women trafficked for sexual exploitation, domestic servitude, and circus work (Tsutsumi et al., 2008). One study reported 19.2% anxiety in men and 49% in women trafficked for labour and sexual exploitation along with domestic servitude (Oram et al., 2016). One study reported a mean anxiety score of 2.5 [95% CI 1.4-3.5] in women trafficked for sexual exploitation (Rimal and Papadopoulos, 2016). One study found 22.6% anxiety in a sample of men trafficked for labour exploitation (Omole, 2016). One study measured panic disorder at 4.1%, generalized anxiety disorder at 6.6%, and any anxiety disorder at 44.2% in a sample of 120 participants trafficked for sexual exploitation (Ostrovschi et al., 2011). Two studies reported mean scores for anxiety. The first reported a total score of 1.90 [95% CI 1.76-2.04] in a sample of women trafficked for sexual exploitation (Zimmerman et al., 2008), and the second reported mean scores of 0.75 for females and 0.75 for males in participants trafficked for labour exploitation (Turner-Moss et al., 2013).

Suicidal Ideation and Attempts

Five studies screened for suicidal ideation or suicidal attempts in participants trafficked for various types of exploitation. Two studies with samples of women trafficked for sexual exploitation found 41.7% (Cwikel, Ilan and Chudakov, 2003) and 47% (Cwikel et al., 2004) of participants reported past suicidal thoughts. The same two studies found 18.5% (Cwikel, Ilan and Chudakov, 2003) and 19% (Cwikel et al., 2004) of participants reported at least one suicide attempt. One study found 5% of men and women trafficked for sexual and labour exploitation attempted suicide in the month before conducted interviews (Kiss et al., 2015). One study with women trafficked for sexual exploitation reported 16.7% of international victims compared to 80% of domestic victims self-reported contemplation of suicide (Muftić and Finn, 2013). One study examining psychiatric case records found 22% of men and women trafficked for labour and sexual exploitation reported one or more deliberate self-harm events (Oram et al., 2015).

Substance Use, Well-Being, and Other Mental Health Outcomes

Six studies reported on substance use among participants trafficked for various forms of exploitation (Ostrovschi et al., 2011; Silverman et al., 2011; Goldenberg et al., 2013; Oram et al., 2015; Servin et al., 2015; Oram et al., 2016). The first study screened for substance use and

reported 8.3% harmful alcohol use or abuse, 4.2% alcohol dependence, 4.2% drug use, and 18.3% any alcohol or drug use in a sample of women trafficked primarily for sexual exploitation (Ostrovschi et al., 2011). The second found trafficked HIV+ female sex workers had higher odds of frequent alcohol use [AOR 1.9; 95% CI 1.0-3.4] than HIV+ non-trafficked female sex workers (Silverman et al., 2011). The third reported 58.1% heroin use, 48.3% methamphetamine use, and 71.0% ever injected illicit drugs over the past 6 months in a sample of trafficked women currently employed as sex workers (Goldenberg et al., 2013). The fourth looked at psychiatric care records and found 38.9% of men and 20.5% of women trafficked for various types of exploitation reported historic or current substance use disorders (Oram et al., 2015). The fifth study looked at a sample of trafficked women currently employed as sex workers and reported 25.0% heavy alcohol use, 33.0% use of heroin, crack cocaine, or methamphetamine use over the past six months (Servin et al., 2015). The last study found 33.3% high-risk drinking in men and 4.1% in women trafficked for labour and sexual exploitation along with domestic servitude (Oram et al., 2016).

One study looked at well-being among women trafficked for sexual exploitation and reported 58.1% were denied access to medical care, 31.1% experienced physical abuse, 8.5% psychological abuse, 17.4% sexual assault, and 6.5% experienced threats (Di Tommaso et al., 2009). Another study with women trafficked for sexual exploitation reported on specific behavioural issues and noted 15% social withdrawal, 10% lack of motivation, 10% aggression and 15% other behavioural issues among their sample (Crawford and Kaufman, 2008). One study screened for any DSM-IV mood or anxiety disorders and found a rate of 54.2% in a sample of women trafficked for labour and sexual exploitation (Abas et al., 2013). One study with a sample of women found 91% trafficked for domestic servitude, 77% trafficked for forced marriage and 63% trafficked for sexual exploitation met diagnostic criteria for mental disorders (Le, 2014). One study conducted with women trafficked for sexual exploitation reported mental health issues in 91.7% of international victims and 100% of domestic victims (Muftić and Finn, 2013). One study reported a hostility mean score of 1.21 [95% CI 1.10-1.33] in women trafficked primarily for sexual exploitation (Zimmerman et al., 2008). One study used thematic analysis of qualitative interviews with women trafficked for sexual exploitation and reported themes of isolation, monopolization of perception, induced debility and exhaustion, threats, degradation, and enforcing trivial demands as psychological coercion tactics employed by traffickers that negatively impacted health (Baldwin, Fehrenbacher and Eisenman, 2014). One study with a sample of men and women trafficked for sexual exploitation and domestic servitude reported 34% were diagnosed with affective disorder (Oram et al., 2015). The same study also found a 15% rate of schizophrenia

(Oram et al., 2015).

2.3.7 Exposure to Violence/Abuse

Thirteen studies looked at various aspects of exposure to violence and abuse ranging from client-perpetrated sexual violence, other experiences of sexual violence, physical abuse and injury, experiences of threats of violence, emotional or psychological abuse, and witnessing violent acts. One study with women and girls trafficked for sexual exploitation reported 21.7% were raped by clients and 45% forced to have sex with multiple clients (Acharya, 2008). A study with sexually exploited women reported 33.1% were forced to perform sex acts, 9.6% were physically abused, and 30.9% were sexually abused (McCauley, Decker and Silverman, 2010). A study with women and girls trafficked for sexual exploitation reported 46% had experienced physical or sexual violence over the 30 days prior to the assessment (Decker et al., 2009). A study conducted with men and women trafficked for labour and sexual exploitation and domestic servitude found 49.3% of men and 47.6% of women experienced physical and/or sexual violence (Kiss et al., 2015). A study in Vietnam with a sample of women trafficked for sexual exploitation, domestic servitude, and forced marriage reported 43% experienced physical abuse, 60% experienced sexual abuse, and 40% experienced emotional abuse (Le, 2014). A study conducted in India with a similar population reported trafficked female sex workers were at increased risk for sexual violence as compared to non-trafficked female sexual workers [AOR 2.09; 95% CI 0.89-1.64] (George and Sabarwal, 2013). Another study in India with a comparable population noted trafficked female sex workers had increased experiences of any form of violence as compared to non-trafficked sex workers [AOR 1.93; 95% CI 1.32-2.81] and increased experiences of physical or sexual violence [AOR 1.99; 95% CI 1.36-2.90] (Gupta et al., 2011).

Two articles reported on the same dataset collected from internationally and domestically trafficked women in the USA who experienced sexual exploitation. The first article reported 81.8% of internationally trafficked women experienced physical violence, 63.6% sexual violence, and 81.8% psychological violence (Muftić and Finn, 2013). The same article reported 88.9% of domestically trafficked women experienced physical violence, 83.3% sexual violence, and 100% psychological violence (Muftić and Finn, 2013). The second article reported 14% of internationally trafficked women experienced at least one episode of violence, and 7% reported at least one sexual assault (Raymond, Hughes and Gomez, 2001). Further, they found 68% of domestically trafficked women experienced at least one episode of violence and 25% experienced at least one sexual assault (Raymond, Hughes and Gomez, 2001).

A study in India with women trafficked for sexual exploitation reported 57.3% were exposed to physical, sexual, or psychological violence in the first month after entry into sex work (Sarkar et al., 2008). Another study in India with a similar population reported HIV+ trafficked female sex workers had higher odds of experiencing sexual violence in the first month of work as compared to HIV+ non-trafficked female sex workers [AOR 3.1; 95% CI 1.6-6.1] (Silverman et al., 2011). A study with men and women trafficked for labour exploitation reported 40% experienced physical violence, 23.3% witnessed violence, and 40% were threatened themselves or had their family threatened (Turner-Moss et al., 2013).

One study in the UK found 42.3% of men trafficked for multiple types of exploitation had been exposed to physical violence and 3.9% exposed to sexual violence (Oram et al., 2016). The same study found 76.5% of women trafficked for multiple types of exploitation had been exposed to physical violence and 66.3% exposed to sexual violence (Oram et al., 2016).

2.3.8 Visualization of Current Research

To visualize the current distribution of health research among trafficked populations, three maps were created depicting health research by type of exploitation experienced by participants [Figure 4], origins of research participants [Figure 5], and where research was conducted [Figure 6].
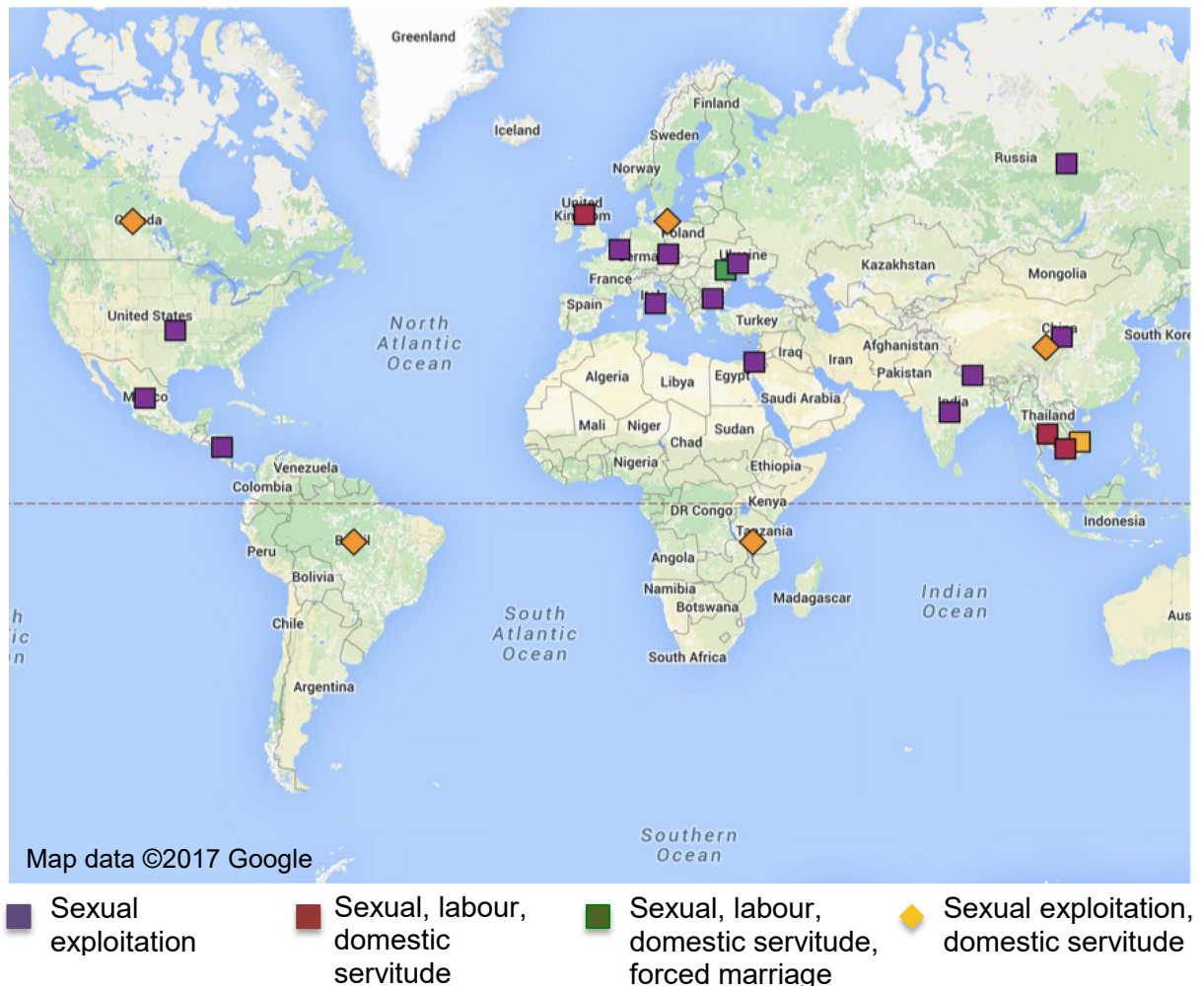
Figure 4. Review findings by exploitation type

Figure 4 indicates the majority of research was conducted with populations trafficked primarily for sexual exploitation.

■ Area of origin ◆ Country of origin
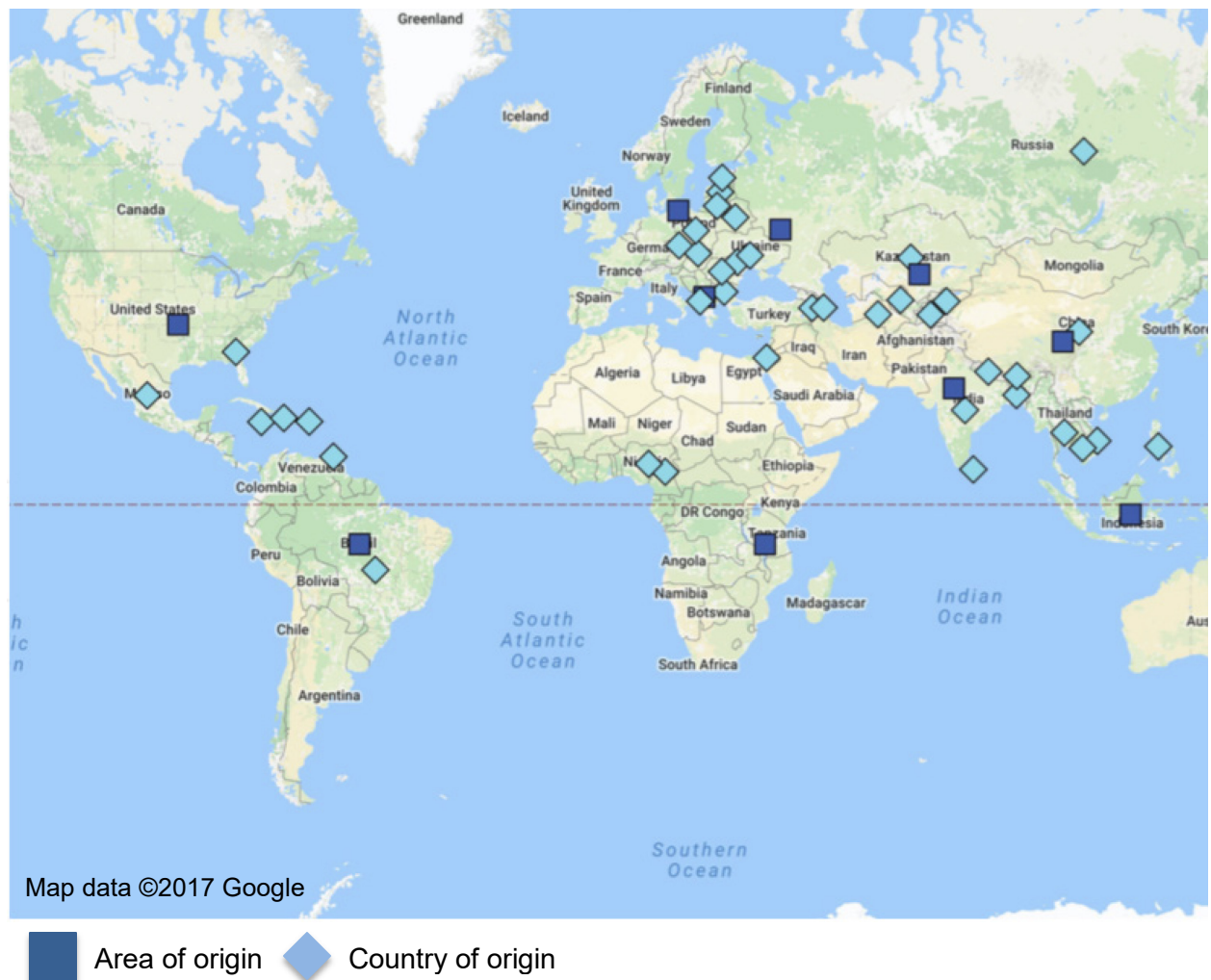
Figure 5. Review findings by participant origin

Further, Figure 5 results indicate participants originated from countries or regions in nearly all parts of the globe, although Africa had few origin points.

Figure 6. Review findings by research setting

As illustrated in Figure 6, it appears health research conducted with trafficked populations is distinctively clustered around three main geographical nodes. The first is the UK-Europe node with a lone outpost in Israel. The second is the South Asia-Southeast Asia node, distributed across a large geographical area, and the third node is located around Central America, Mexico, and in the Western USA.

2.4 Discussion

2.4.1 Summary of Findings

This review aimed to examine a broad group of health consequences for men and women trafficked for sexual and labour exploitation around the world. The health issues reported in the forty-four included studies ranged from sexual and reproductive health, physical health, mental health, exposure to violence/abuse, substance use, and well-being for people trafficked for sexual, labour, and other forms of exploitation. High rates of mental health problems appear to indicate that there are serious mental health consequences to being trafficked and that it is vital to assess mental health immediately post-trafficking and provide tailored health services.

Studies also noted exposure to physical and sexual violence (Raymond, Hughes and Gomez, 2001; Acharya, 2008; Le, 2014; Sarkar et al., 2008; Decker et al., 2009; McCauley, Decker and Silverman, 2010; Gupta et al., 2011; Silverman et al., 2011; George and Sabarwal, 2013; Muftić and Finn, 2013; Turner-Moss et al., 2013; Kiss et al., 2015; Oram et al., 2016) or physical health problems such as back pain and dental problems (Turner-Moss et al., 2013; Oram et al., 2016). High rates of reported physical health problems indicate unsafe and abusive working conditions placing people at high risk for physical injury. Studies concentrating primarily on women and girls tended to report sexual and reproductive health issues such as STIs (Raymond, Hughes and Gomez, 2001; Cwikel, Ilan and Chudakov, 2003; Silverman et al., 2006; Silverman et al., 2007; Acharya, 2008; Crawford and Kaufman, 2008; Sarkar et al., 2008; Silverman et al., 2008; Zimmerman et al., 2008; Decker et al., 2009; Gupta et al., 2009; McCauley, Decker and Silverman, 2010; Choi, 2011; Dal Conte and Di Perri, 2011; Decker et al., 2011; Falb et al., 2011; Silverman et al., 2011; Collins et al., 2013; George and Sabarwal, 2013; Muftić and Finn, 2013; Wirth et al., 2013; Le, 2014; Silverman et al., 2014; Servin et al., 2015), infectious diseases such as HIV/AIDS, tuberculosis (TB) and syphilis (Choi, 2011; Silverman et al., 2008; Dharmadhikari et al., 2009; Goldenberg et al., 2013).

The high prevalence of STIs and HIV/AIDS is underscored by studies that indicated limited or no access to condoms, limited or no ability to negotiate condom use, and limited or no access to reproductive health care (Acharya, 2008; Crawford and Kaufman, 2008; Decker et al., 2009; Gupta et al., 2009; Choi, 2011; Collins et al., 2013). This appears to indicate a lack of agency on the part of trafficked individuals to take control of their sexual and reproductive health placing them at increased risk for STIs and other infectious diseases. High prevalence of TB, especially

co-morbid with HIV (Dharmadhikari et al., 2009), indicates an unmet need for TB surveillance and targeted prevention programmes for people who have been trafficked.

Further, health consequences appear to be reliant on type of exploitation, with differing mental health rates reported for different types (Tsutsumi et al., 2008; Le, 2014). Sexual exploitation, in a perhaps self-evident way, appears to be associated with increased rates of HIV, syphilis and other STIs along with generally decreased sexual and reproductive health (Raymond, Hughes and Gomez, 2001; Cwikel, Ilan and Chudakov, 2003; Silverman et al., 2006; Silverman et al., 2007; Acharya, 2008; Crawford and Kaufman, 2008; Sarkar et al., 2008; Silverman et al., 2008; Zimmerman et al., 2008; Decker et al., 2009; Gupta et al., 2009; McCauley, Decker and Silverman, 2010; Choi, 2011; Dal Conte and Di Perri, 2011; Decker et al., 2011; Falb et al., 2011; Silverman et al., 2011; Collins et al., 2013; George and Sabarwal, 2013; Goldenberg et al., 2013; Muftić and Finn, 2013; Wirth et al., 2013; Le, 2014; Silverman et al., 2014; Servin et al., 2015).

Studies which looked at those trafficked for sexual exploitation and the connection to mental health reported serious and high rates of mental health disorders (Raymond, Hughes and Gomez, 2001; Cwikel, Ilan and Chudakov, 2003; Cwikel et al., 2004; Zimmerman et al., 2008; Hossain et al., 2010; Ostrovschi et al., 2011; Oram et al., 2012; Muftić and Finn, 2013; Churakova, 2014; Rimal and Papadopoulos, 2016).

The limited studies that included those exploited for labour, domestic, or other exploitative purposes agree the cost to mental and physical health is high due to abuse, unsafe working conditions, and occupational hazards (Tsutsumi et al., 2007; Gray, Luna and Seegobin, 2012; Abas et al., 2013; Turner-Moss et al., 2013; Baldwin, Fehrenbacher and Eisenman, 2014; Kissane et al., 2014; Le, 2014; Kiss et al., 2015; Oram et al., 2015; Omole, 2016; Oram et al., 2016). This may mean that the type of exploitation has a direct connection to the type of health services people will need.

However, despite heterogeneity in culture, gender, and type of exploitation, common patterns of abuse and subsequent negative health consequences are still apparent. Exposure to sexual and physical abuse, exposure to violence, unsafe working conditions, and limited or no access to health care all have detrimental effects on people's health regardless of type of exploitation experienced. Overall, the prevailing message is that health issues for people who have been trafficked for any form of exploitation are significant with some exploitation types associated with

specific harms. Thus, the general consensus of research reviewed is that human trafficking has varied and serious health implications, health assessments need to be completed, and evidence from research should inform public health responses through prevention and promotion programmes, health care provision, and policy-making decisions.

To illustrate the current state of health research as analysed in this review, three maps were created to understand the type of exploitation studied, where participants originate from, and where research was conducted [Figures 4-6]. The map illustrating the type of exploitation researched shows the state of current health research is heavily skewed towards trafficking for sexual exploitation with only limited research on other types of trafficking/exploitation. This is not to take attention or importance away from women who are sexually exploited, but to emphasize that the way in which human trafficking has been traditionally has been proposed to adhere to a master narrative of ideal victim type (Berstein, 2010; Uy, 2011; Snajdr, 2013). This is perhaps not capturing the full picture of global human trafficking, nor examining the full spectrum of health implications for all trafficked populations. Indeed, perhaps the emphasis needs to shift not only from women and sex trafficking to encompass men, and both genders trafficked for labour exploitation, but also capture the wider issues of globalization that contribute to the broader phenomenon of human trafficking (Alvarez and Alessi, 2012).

While the map illustrating where participants involved in research originate from [Figure 5] indicates participants originate from multiple countries of origin around the world, the map illustrating where research was conducted [Figure 6] showed a clear pattern with three main nodes, one in Europe, one in Southeast Asia and one in the North/Central America. This appears to be reflective of where trafficked populations tend to congregate as an end-of-journey destination or place of most recent exploitation. The mapping exercise did not find any health research conducted specifically in origin or transit countries. Further, although findings indicated the majority of trafficked people tend to originate from Eastern Europe, Africa, and South America; the mapping exercise did not show research originating from Africa.

These findings suggest that research is not often conducted with returnee trafficked populations in origin countries, which may be due to difficulties with access or security. While not health-related, the ILO conducted research in four origin countries with returned labour migrants and found key insights into victim recruitment and victim agency, highlighting the need for health research in similar settings (Andrees and van der Linden, 2005). The lack of current research on

returnee trafficking populations means there is little known about recruitment factors, victim agency, or socio-demographic factors that may increase vulnerability to exploitation. This limits ability to understand the entirety of the migration pathway people travel when trafficked, which in turn limits ability to provide appropriate public health responses.

2.4.4 Limitations of Current Evidence Base

Conducting health research with trafficked populations in countries of origin or destination may be difficult, and research in those settings may come with its own set of moral, ethical, methodological, and other challenges. However, it needs to be emphasized that the current state of health research often only captures one-dimensional snippets from the dynamic and multi-dimensional narrative of human trafficking, often changing with time and individual experience. This results in non-representative research doing little to build the evidence base on health research with trafficked populations. This highlights the risks of advocating and supporting the ideal victim type rather than the experience of the majority of people exploited through complicated and complex migration processes (Berstein, 2010; Uy, 2011; Snajdr, 2013). Current health research practices then, should consider complex typology of trafficking, extend focus away from trafficking for sexual exploitation, and consider emerging and evolving hubs of global trafficking. Additionally, research capacities in origin or transit countries should be strengthened to add meaningful contributions to the health research evidence base on trafficked populations.

Only six studies (Turner-Moss et al., 2013; Kissane et al., 2014; Kiss et al., 2015; Oram et al., 2015; Omole, 2016; Oram et al., 2016) included men in their participant population. As reported by other studies, this trend is indicative of the master narrative of the ideal victim type operating in human trafficking literature which tends to concentrate on health of sexually exploited women (Berstein, 2010; Uy, 2011; Oram et al., 2012; Snajdr, 2013; Kiss et al., 2015; Omole, 2016). While this is indeed an important component of global human trafficking, the ILO estimates that there are 21 million people exploited for labour purposes around the world with an estimated 4.5 million victims being sexually exploited (ILO, 2015). Further the ILO notes that sectors most affected by human trafficking are construction, manufacturing, agriculture, domestic work, and entertainment (ILO, 2015). The IOM released a report in 2015 on migration and health in Argentina, Peru, and Kazakhstan (Buller et al., 2015). This report examined migrants and trafficked people working in informal labour sectors and the consequences to their health (Buller et al., 2015). While this did not specifically examine trafficked populations, it is the only major, multi-country study examining health consequences for migrant workers, all of whom work in informal, unregulated labour

conditions, some of whom were trafficked.

2.4.3 Human Trafficking and Health Conceptual Framework

A conceptual framework was created to illuminate associations between the temporal phases of trafficking, influencing factors on health at each stage, types of trafficking and ultimate health outcomes [Figure 7]. This framework incorporates aspects of earlier frameworks that illustrate the stages of trafficking (Gushulak and MacPherson, 2000; Zimmerman, Hossain and Watts, 2011; Zimmerman, Kiss and Hossain, 2011a). Previous studies have separately examined stages of human trafficking and noted health impacts could occur at each stage (Gushulak and MacPherson, 2000; Zimmerman, Hossain and Watts, 2011; Zimmerman, Kiss and Hossain, 2011a). The framework created in this thesis is the first, to my knowledge, to present a comprehensive overview of the potential links and connections between trafficking and health encompassed within four domains: the temporal phases of trafficking, influencing factors on health at different phases, types of trafficking, and health outcomes. Visualized within the framework is how certain influencing factors could impact health during each stage of the trafficking experience and how health could be impacted by exploitation type. Influencing factors on health have time-bound interactions with successive phases of trafficking to impact various health outcomes, while health outcomes in turn vary according to trafficking type. Age is included as a special influencing factor that, according to literature included in this review, has a unique impact on sexual and reproductive health (Wirth et al., 2013), which is most closely associated with sexual exploitation. The conceptual framework can be found on the following page [Figure 7].
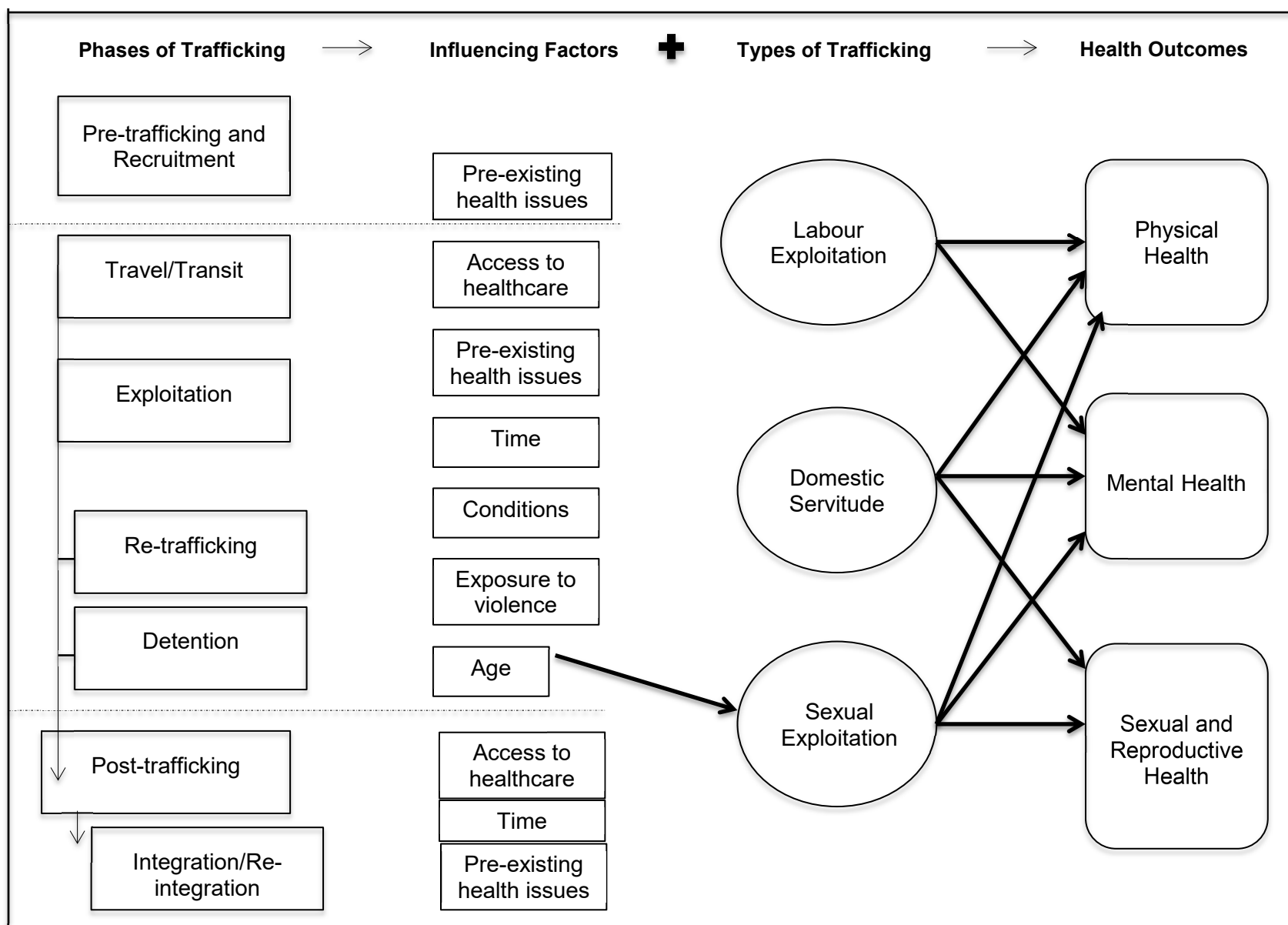
Figure 7. Human trafficking and health conceptual framework

This conceptual framework illustrates a possible way to model how health could be impacted at each stage of trafficking, influenced by key factors, and how health consequences may be disproportionately experienced by differing types of exploitation. The stages of trafficking are associated with various factors that can negatively impact health, which can in turn, be influenced by the type of trafficking experience, increasing risk of negative health outcomes. Stages of trafficking, influencing factors, and types of exploitation have not yet been combined in research with trafficked populations to understand the possible connections and associations. Use of such a framework could help future researchers design studies to explore the highly heterogeneous interactions between trafficking, exploitation, and health to help direct appropriate public health responses.

2.4.4 Limitations and Strengths

This study had three limitations. The first was the inability to cross-compare results of studies due to heterogeneity of studies included. This limits reliability of study findings and generalizability of the results. Unfortunately, heterogeneity of the studies included is indicative of research in the field of trafficking as a whole. Studies are completed with varied samples, differing methodologies and statistical tests making it difficult to cross-compare results.

The second limitation was that it was often difficult to determine how "human trafficking" was defined by studies. When definitions were given, they varied considerably. Some studies did not clarify how they defined human trafficking, or based the definition on whether a person entered the country legally or illegally, if a woman entered into sex work before the age of 18, or through the method of entry into sex work (forced, coerced, or voluntary), or through the fact that the person had entered post-trafficking services. Others used the Palermo Protocol (UN, 2000) either in part or in whole, but not all interpreted the definition the same way. One study (Collins et al., 2013) used three criteria from the Palermo Protocol (UN, 2000), and another used two of these criteria (Decker et al., 2009). This is important as how researchers define human trafficking creates boundaries regarding who is included in the population and who is not. Interpretation can vary depending on research or work experience, and by ideological beliefs about prostitution or migration held by individuals or organizations providing services or conducting research. Defining human trafficking can also be difficult in the larger context of politics and international law (Brennan, 2014). Nonetheless, without a consistent definition it can be difficult to draw reliable conclusions about who is defined as trafficked and why. This limits the ability of others to understand why and how people are defined as trafficked and the decisions made to include and

exclude in that definition. It also makes it difficult to understand parameters for populations included in studies.

The third limitation that should be noted was related to the mapping exercise as only examined health research published in academic journals was included.

A major strength of this study is that, to my knowledge, this is the first to review literature on all health consequences among populations trafficked for various forms of exploitation. This is important as it provides a comprehensive overview of the health consequences experienced by this population as a whole while also illuminating the differences in health impacts as a result of differing exploitation types. This is also the first review to model health impacts at different stages of trafficking and for different types of trafficking. This highlights that while common patterns of abuse may lead to common patterns of health consequences there are specific health impacts associated with different forms of exploitation. Given the variation within this population, public health responses should be tailored according to the specific experience of the trafficked person.

2.4.5 Recommendations

While this review is unique in that the authors included all types of health outcomes, all types of exploitation, and studies that examined both male and female participants, much more work is needed. This review highlights that the current state of health research conducted with trafficked populations is skewed towards female participants who have experienced sexual exploitation reflecting a master narrative of ideal victim type operating within the field. Studies are needed that explore the growing field of labour trafficking and domestic servitude with inclusion of both male and female participants. Without this data, public health responses including services, prevention/promotion programmes, and policies may not include a large portion of the population in need. With most health systems facing limited resource allocation, accurate and representative research is needed to ensure services and policies do not re-exploit survivors that are in need of services. As this is a hidden population, research is admittedly difficult and fraught with ethical challenges, but more must be done to illuminate the many types of exploitation within human trafficking and the differing health impacts.

This review also found there is also an over-reliance on cross-sectional, case file review, and secondary data analysis study designs in this field. Cross-sectional studies have limited ability to indicate causality or look at temporal relationships. Case file review and secondary data analysis

rely on data previously collected and are open to significant bias and are unable to examine temporal relationships. Conducting cohort studies or primary data collection may be difficult and present numerous ethical issues. However, with careful consideration of the potential ethical challenges, this type of research would add valuable information to the existing evidence base.

Development of public health responses for this population also requires further research. Health risks for this population appear to be two-fold, as they exist both at the individual and population level. Individuals require tailored health services for physical and mental health issues but as a population, people who have been trafficked represent a group subject to infectious diseases such as HIV/AIDS and tuberculosis and are vulnerable in complex ways. Those affected by sexual exploitation are often unable to negotiate condom use and lack access to healthcare increasing their risk of developing HIV/AIDS and other STIs (Acharya, 2008; Decker et al., 2009; Decker et al., 2011). Others may develop tuberculosis or scabies in cramped transit conditions and upon arrival are not able to access health services leading to exacerbation of conditions (Gushulak and MacPherson, 2000). Further, there is a lack of attention in current human trafficking health research on the social determinants of health, which could influence health risks and consequences for this population. There are numerous social determinants of health such as stress, social exclusion, work, social support, addiction, food and transport (Marmot, 2005) present in the experience of those who have been trafficked. Further research is needed to clearly understand how these determinants affect the health of trafficked people, along with exploring how social determinants may affect access to health care.

Last, as this is a hidden population with vulnerable people who move along complex and layered migration pathways, research ethics must be carefully considered to ensure participants are not further exploited during the research process. Health research must be grounded in ethical principles and ethical reflection encouraged at all stages of the project, from inception to implementation to dissemination (O'Mathúna, 2015), to aid in the creation of an ethically-robust evidence base that can appropriately direct public health responses.

2.5 Conclusion

Existing research, while limited and difficult to compare, does indicate that health consequences for trafficked populations are severe, vary relative to types of trafficking, and are influenced by factors associated with the trafficking experience. As population mobility increases globally, human trafficking is an increasingly relevant and important topic requiring urgent research attention. However, at present, use of multiple types of methodologies and an over-reliance on data from women trafficked for sexual exploitation makes it problematic to draw reliable conclusions about the health of other trafficked populations. This is the first systematic review to include studies examining all types of health outcomes, all types of exploitation, and all genders. This type of inclusive view illuminates the current skewed direction of health research conducted with trafficked populations. Health research that is expanded to all genders, includes all types of exploitation, and considers social determinants of health would contribute greatly to the growing evidence base of the health consequences of being trafficked and inform direction of public health responses.

Chapter Three: Exploring the ethical complexity in human trafficking health research: A qualitative review

3.1 Introduction

As presented in the previous Chapter, human trafficking has serious and varied health consequences and health research in this area is vital to understand these outcomes and inform public health responses. As decisions occur at both national and international levels it is imperative that research be conducted accurately and with scientific rigour. The evidence from such research is necessary to support accurate and appropriate public health responses based on the needs of the population. In addition, for health research with trafficked populations to be rigorous it must also be transparent about ethical challenges involved in the research process.

Research ethics as a movement has a long history that can be traced back to the early 1800s. The Canadian physician William Osler, criticized what he felt to be unethical medical research, which contributed to the creation of the Berlin Code of Ethics in 1900 (Sierra, 2011). The Berlin Code was "a series of ethical rules regarding human experiments to test new treatments" (Sierra, 2011, p.395). Further, in his work on yellow fever in the early 20th Century, USA Army physician Walter Reed included written informed consent in both English and Spanish. However, despite the existence of the Berlin Code and innovations by people like Walter Reed, numerous examples of unethical research practice occurred in the 19th and 20th Century. These include the 1906 study by Richard Strong of Harvard that infected Philippine prisoners with cholera to study disease progress, the 1913 USA hospital study where children were infected with syphilis, and Nazi doctor experimentations in Germany in the early to mid-1940s (Sierra, 2011). While Germany was not the only country where unethical medical practices were carried out, it was the backlash against the actions of Nazi doctors that led to the creation of the Nuremberg Code in 1947 (Israel and Hay, 2011; Sierra, 2011).

The Nuremberg Code was the first guideline to address the process of voluntary informed consent and the effect of coercion during medical research (Sierra, 2011). In 1952, the Catholic Church, headed at the time by Pope Pius XII, decreed medical research should follow three important criteria: researchers should not set aside their ethical obligations, interests related to researcher, participant, society, and science are subject to a higher moral authority, and "ethical constraints must set limits on science in order to guide it and humanize it" (Sierra, 2011, p.397). In 1947, the World Medical Association was founded in England to address issues related to disagreement

and uptake of the Nuremberg Code (Sierra, 2011). This lead to the creation of the Declaration of Helsinki in 1954, "which would become the international guidelines of reference for biomedical research" (Sierra, 2011, p.397). In Article 8 of the Declaration of Helsinki, respect for the individual is set out, and in Articles 20-22 issues around voluntary participation in research and autonomy are discussed (WMA, 2015). However, again, despite creation and international acceptance of the Declaration of Helsinki, unethical medical research practice still occurred. One of the most famous examples was the "Tuskegee Study of Untreated Syphilis in the Negro Male" in the USA, a 40-year study that began in the 1930s, which saw researchers deliberately withhold syphilis treatment from African American participants (Sierra, 2011). Another example occurred between 1956 and 1971 in the Willowbrook State School study in New York, where children with intellectual and developmental disabilities were deliberately infected with hepatitis, or the Ohio State Prison experiment that involved injection of live cancer cells into prisoners without their consent (Sierra, 2011).

As the Nazi doctor experiments lead to creation of the Nuremberg Code, *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research* was drafted in 1979 by the USA Commission for the Protection of Human Subjects of Biomedical and Behavioral Research in part, in response to the Tuskegee syphilis study (Belmont, 1979; Sierra, 2011). Another major influence was work by Henry K. Beecher (1966) from Harvard University who published a paper outlining a number of studies, which had engaged in unethical human research (Israel and Hay, 2010). This paper "laid the groundwork for current US ethical codes and ethics review committees" (Israel and Hay, 2010; p.10) and Beecher's (1966) work was also taken up internationally.

The Belmont Report set out three main ethical principles to be followed during research on human subjects: respect, beneficence, and justice (Belmont, 1979; Sierra, 2011). The principle of respect related to respecting autonomy of individuals and set out a requirement for voluntary informed consent (Belmont, 1979; Sierra, 2011). Beneficence was understood as efforts taken to maximize benefits to science and minimize risks to subjects, and justice was defined as not taking action that would exploit the subject along with ensuring procedures are completed with justified reason and proper management (Belmont, 1979; Sierra, 2011).

The not-for-profit organization, CIOMS, created their first guide for international biomedical research in 1982 to ensure ethical principles set out in previous guidelines were adhered to in

developing countries (Sierra, 2011). The guide, titled the *International Guidelines for Biomedical Research Involving Human Subjects*, addressed issues related to informed consent, participant recruitment, and ethics review standards (CIOMS, 2002). The CIOMS guidelines have been updated in 1993, 2002, and 2016, and are widely used and accepted in international biomedical research.

The Belmont Report and the CIOMS guidelines are still widely used today in medical research, however their medical focus has caused issues for social scientists who can find ethical issues encountered not always captured by current medical ethics frameworks (Israel and Hay, 2011).

Currently, a review of ethical challenges and complexities involved in health research with trafficked populations does not exist. This qualitative review aimed to address this gap in knowledge through a synthesis of existing evidence on ethical challenges specific to health research conducted with trafficked populations.

3.2 Methods

3.2.1 Databases and Search Terms

The following eleven databases were searched: PsycInfo, Medline, PubMed, British Nursing Index, Web of Science, The Cochrane Library, Open Grey, SAGE, Wiley Online Library, Elsevier Scopus, and Google Scholar. Additionally, reference lists of all included publications identified were manually searched for further relevant articles. The search terms employed combinations of the following: "traffick*" AND ["sex" OR "lab*r"] AND "ethic*" AND "research". The search was run on July 6, 2016 and again on 8 July 2017. No language or publication date restrictions were placed on search criteria.

3.2.2 Inclusion and Exclusion Criteria

Articles were included if they reviewed or commented on ethical challenges encountered in research conducted with persons over the age of 18 who were trafficked for labour and/or sexual exploitation. Articles were also included if they commented or analysed ways to address ethical challenges. Articles were excluded if they addressed ethical challenges in research with trafficked children, or addressed ethical challenges in research about organ trafficking.

3.2.3 Process of Screening, Selection and Assessment

The database searches yielded 868 articles with three additional articles added after a manual search of reference lists. A total of 856 articles were excluded after title and abstract review, as they did not meet the inclusion criteria. Twelve full-text articles were assessed for eligibility and a further three were excluded because they did not meet the inclusion criteria. No additional results were discovered in the second literature search. A total of 9 published pieces were included in the review for final in-depth analysis [Figure 8].
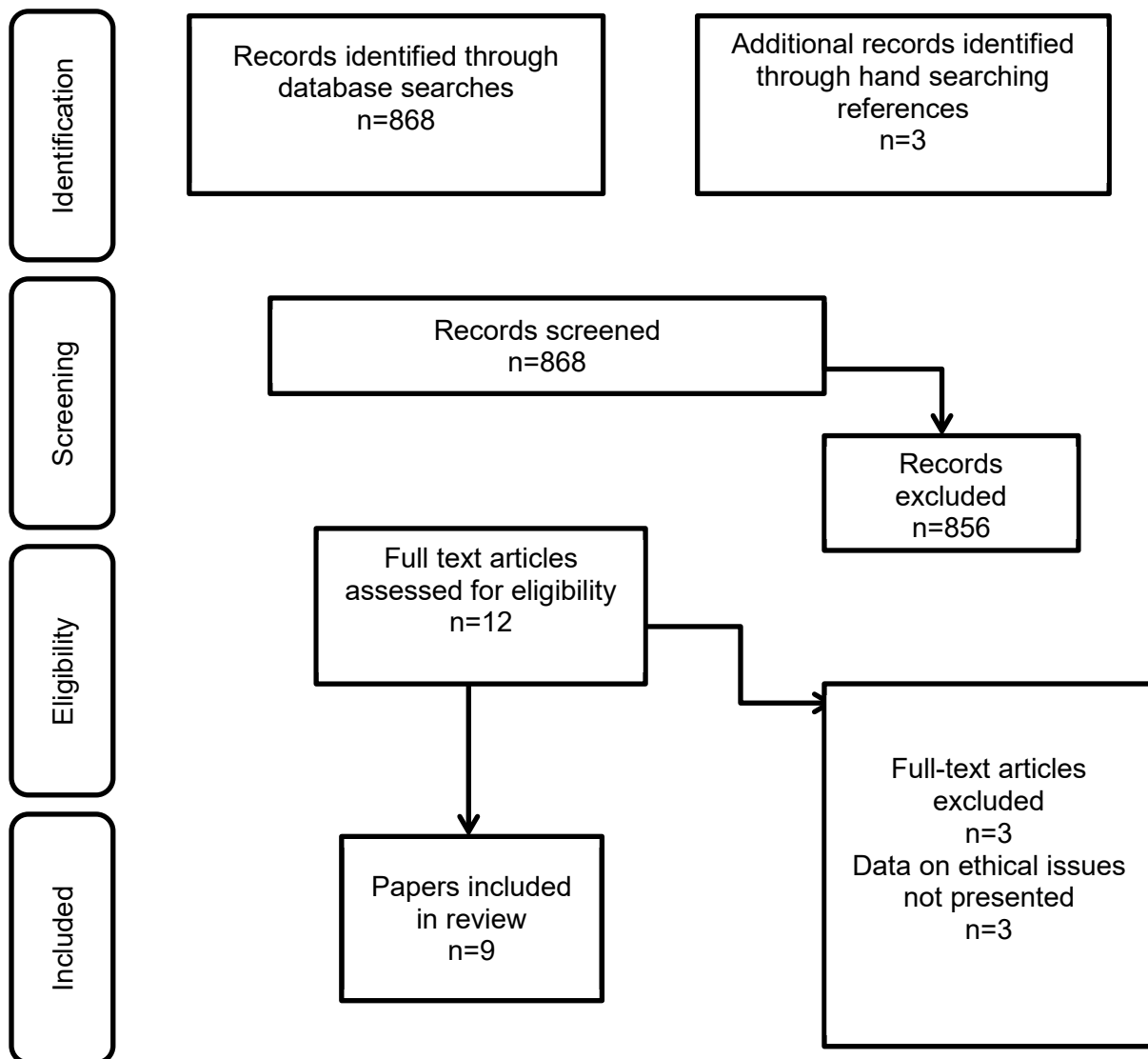
Figure 8. Process of article screening for qualitative review

3.2.4 Ethics Approach

Human trafficking health research is complicated as it exists at the nexus of medical inquiry, requiring research on diagnosis and treatment, psychosocial and mental health inquiry, and public health inquiry in that research is required to identify health threats to a population and subsequently inform public health responses and protective policies. As such, it seemed inappropriate to utilize a formal ethical theory to encapsulate the ethical complexities involved in human trafficking health research. Therefore, the approach used in this work was to structure findings according to Beauchamp and Childress's (2013) four ethical principles of autonomy, non-maleficence, beneficence, and justice. This was originally a medical ethics approach, but has been applied more widely, and is relevant to the current work as the academic research identified here primarily discusses the ethical challenges involved in medical research with trafficked persons. However, some included articles did discuss ethical complexities related to public health issues, such as how research with trafficked populations may be used to inform health care decisions and policy directions. These particular ethical complexities have been subsumed under justice, which was defined as treating others fairly and equitably (Beauchamp and Childress, 2013).

The four principles described by Beauchamp and Childress (2013) are a way to consider ethical issues and leave room for deliberation according to each specific case. For example, while the majority of themes in this work fall under non-maleficence this does not put that particular principle above the other principles, but does change the priority in which issues may be considered. At certain points in the research process, concerns related to autonomy may be prioritized and concerns related to non-maleficence may be considered of less importance. Thus, all four principles contribute in different ways and have limitations, and should not be structured in a hierarchical way, but may need to be prioritized according to case (Beauchamp and Childress, 2013).

This thesis will use Beauchamp and Childress's (2013, p.101) definition of an individual as autonomous when they are able to act "freely in accordance with a self-chosen plan". The principle of beneficence is defined in their work as, "a statement of moral obligation to act for the benefit of others" (Beauchamp and Childress, 2013, p. 203). Non-maleficence "obligates us to abstain from causing harm to others" (Beauchamp and Childress, 2013, p.150) while justice is defined as "fair, equitable, and appropriate treatment in light of what is due or owed to persons" (Beauchamp and

Childress, 2013, p.250). This is different to the definition of distributive justice, which "refers to fair, equitable, and appropriate distribution of benefits and burdens determined by norms that structure the terms of social cooperation" (Beauchamp and Childress, 2013, p.250).

3.2.5 Frequency Count

A text query was run using NVivo software to examine the frequency with which themes were mentioned in included articles. Text query words were created both directly from themes (such as translation and interpretation) and as words commonly used to discuss themes (for example, for the theme 're-traumatization' text query words 'trauma' and 'distress' were chosen as common ways authors referred to the theme 're-traumatization'). Text query words used were: translation, interpretation, participation, trauma, distress, safety, access, confidentiality, anonymity, consent, bias, power, referral, rescue, dissemination, findings, impact, sample, gatekeeper, and boundary. Stemmed word searches were conducted to ensure both root words and stems were included. For example a search run with the root word 'trauma' would also identify the stemmed words, 'traumas', 'traumatization' and 're-traumatization'. Frequency counts were summarized by theme and author and can be found in Appendix 2.

3.3 Results

3.3.1 Structure

Six academic articles, one PhD thesis, and two ethics guidance frameworks were included in this review. All included material focused on ethical challenges and recommendations for conducting research with trafficked populations. All included academic publications, the PhD thesis, and one of the frameworks focused exclusively on women trafficked for sexual exploitation. The remaining framework included guidelines for multiple forms of exploitation and recommendations for research with both male and female populations. The type and context for each included work is detailed in Table 6 below.

AUTHOR	TYPE	CONTEXT
Zimmerman and Watts (2003)	Interview guidelines	Women trafficked for sexual exploitation
Cwikel et al. (2004)	Cross-sectional study	Women trafficked for sexual exploitation
Cwikel and Hoban (2005)	Opinion	Women trafficked for sexual exploitation
Harrison (2006)	PhD Thesis	Women trafficked for sexual exploitation
UNIAP (2008)	Ethics guide	Counter-trafficking research and programming
Brunovskis and Surtees (2010)	Opinion	Qualitative human trafficking research
Tyldum (2010)	Opinion	All human trafficking research
Duong (2015)	Reflection	Women trafficked for sexual exploitation
Cannon et al. (2016)	Systematic review	All human trafficking health research

Table 6. Included research type and context

Results were organized using Beauchamp and Childress's (2013) four principles of medical ethics: autonomy, beneficence, non-maleficence, and justice. The themes placed under each of the four principles can be seen in Table 7 below. A combination of inductive and deductive reasoning was used to assign themes to Beauchamp and Childress's (2013) four principles of medical ethics. Some themes emerged directly from literature examined, while others were inferred from language used to describe ethical challenges. Themes were then assigned to principles dependent on the type of ethical risks posed. For example, if included research stated that issues of vulnerability complicated ability to gain informed consent, this theme was placed under the principle of autonomy. It should be noted that some themes fell under more than one of the principles, although with differing emphases. For example, the theme 'translation and interpretation' was analysed as both under non-maleficence (harm may arise if translation is not done properly because of the potential to produce misleading or incorrect information) and under autonomy (proper translation may help improve participants' understanding of what is being asked of them during research). Emergent themes categorized under each of the four principles are summarized below in Table 7.

PRINCIPLE	THEMES
Autonomy	Informed Consent
	Translation and Interpretation
	Reasons Behind Participation
	Blurred Boundaries
Non-maleficence	Re-Traumatization
	Safety
	Accessing Participants
	Reasons Behind Participation
	Confidentiality
	Researcher Perspective
	Power
	Blurred Boundaries
	Referrals and Rescue
	Translation and Interpretation
	Dissemination and Impact
Beneficence	Reasons Behind Participation
Justice	Sampling Strategies
	Accessing Participants
	Gatekeepers

Table 7. Emergent themes within each bioethics principle

The following sections critically analyse each emergent theme categorized within Beauchamp and Childress's (2013) medical ethical principles beginning with autonomy, and moving on to non-maleficence, beneficence, and justice.

3.3.3 Autonomy

Informed Consent

Obtaining fully informed and voluntary consent is a concern for every research project, but requires careful consideration when conducting research with a vulnerable population such as trafficked persons. As Duong (2015, p.175) explains, when working with populations that may possess limited autonomy, such as trafficked populations, it is imperative to ensure consent is voluntary and fully informed, and fully explain all risks and benefits of research participation. As Zimmerman and Watts (2003, p.25) note, "Getting truly informed consent can be a challenge because of women's well-founded suspicion of outsiders, and, in many cases, because of language, cultural and socioeconomic differences". The authors state consent must include a full explanation of aims of research, what will be discussed in interviews, all risks and benefits, and

that subject matter may be upsetting (Zimmerman and Watts, 2003, p.19).

Harrison (2006, p.86) notes obtaining informed consent with trafficked populations may be difficult due to unexpected revelations during research, unexpected events, and participants with unvoiced expectations. Harrison (2006, p.87) further notes the ability of a trafficked person to consent to research can be influenced by their emotional state, their feelings of gratitude for assistance received or expected, and their place of uncertainty in the world. Harrison (2006, p.88) further states, "freedom to consent is therefore not simply the absence of pressure to consent from researchers and/or gatekeepers". Harrison (2006, p.82) also posits that if trauma and/or abuse began at an early age and was exacerbated by exploitation in trafficking then the participant's physical age may not reflect their emotional age. Harrison (2006, p.82) explains this may mean "a fully integrated, coherent processor of complex psychological, emotional and interpersonal information" may not have developed making it uncertain if informed consent is truly voluntary or informed.

Duong (2015, p.178) suggests use of verbal or written consent may be dependent on cultural appropriateness or literacy levels. Harrison (2006, p.91) supports this noting written consent may carry concerns of translation, fear of written contracts, fear of being identified and traced back, and illiteracy. Further, as Harrison (2006, p.92) writes, people may have had contracts breached by those who exploited them or have had negative experiences with lawyers, immigration officials, or law enforcement that has caused them to mistrust written contracts. Cwikel and Hoban (2005, p.311) recommend oral consent from their experience with women trafficked for sexual exploitation due to a mistrust of written documents and an unfamiliarity with the concept of informed consent.

Process consent is suggested by Harrison (2006, p.111) as a way to increase confidence in informed consent throughout research. Harrison (2006, p.109) notes that process consent may allow the researcher to identify and assess "changes in participant competence". However this also "requires on-going researcher competence". Harrison (2006, p.115) remarks this may assist in situations where participants feel reluctant to withdraw, and researchers should be aware of changes in mood and tone to see any "unspoken expressions of reluctance to continue".

Translation and Interpretation

Cwikel and Hoban (2005, p.313) suggest translation and interpretation may also carry challenges related to autonomy. They note explanation of research in a participant's native language is important to ensure the research process is fully understood and consent is valid (Cwikel and Hoban, 2005, p.313). To further this point, Zimmerman and Watts (2003, p.20) note that regardless of whether oral or written consent is obtained, consent forms should be translated to mitigate language barriers, which could influence participants' ability to make an autonomous decision.

Reasons Behind Participation

Reasons behind participation can have implications for autonomy. If participants are currently receiving services, they may feel their continued involvement with services may be dependent on participation in research, making consent unclear (Cannon et al., 2016).

Blurred Boundaries

Brunovskis and Surtees (2010, p.25) suggest a blurring of boundaries may occur if a researcher simultaneously occupies positions of service provider and researcher, and this may compromise authenticity of informed consent. Harrison (2006, p.84) adds that inappropriate incentives given to those "in impoverished circumstances with uncertain futures" may also blur boundaries and impact autonomous decision-making.

3.3.4 Non-maleficence

Re-Traumatization

Harrison (2006, p.133) notes that asking participants to re-tell stories of exploitation can be an empowering experience or it can be harmful. Zimmerman and Watts (2003, p.23) emphasize that participants may feel shame and distress and this needs to be treated with sensitivity.

Duong (2015, p.179) asserts that to avoid potential re-traumatization, risks should be identified in each research setting to avoid reprisals and stigmatization. Duong (2015, p.179) notes if participants are new to assistance services, they may still be "in a state of emotional crisis".

Zimmerman and Watts (2003, p.23) note care needs to be taken when creating interview questions to ensure they are absolutely necessary and asked in a sensitive way. They emphasize that while some stress and distress may be therapeutic, it is important to closely monitor to ensure

this does not become overwhelming for participants (Zimmerman and Watts, 2003). The United Nations Inter-Agency Project (UNIAP) Guidelines (2008, p.60) caution that questions regarding trauma and exploitation "may cause re-traumatization and are often not necessary or relevant to most counter-trafficking research or programming". Additionally, Zimmerman and Watts (2003, p.10) caution that while being open and understanding is positive, being too sympathetic can be interpreted as insulting and may increase feelings of victimization.

Harrison (2006, p.64) notes undiagnosed disorders such as dissociative disorder could lead researchers to misunderstand the full mental state of a participant and lead to unintended harm. Duong (2015, p.187) also cautions that unintended traumatization may occur if trafficked populations are videotaped as images could be misconstrued or cause reprisals to the participant.

To minimize potential harm, Zimmerman and Watts (2003, p.24) recommend offering breaks, and leaving continuation of the interview and depth of responses to the participant. Harrison (2006, p.78) recommends researchers ensure appropriate referral services are available should participants require them.

Harrison (2006, p.102) suggests appropriate completion of research is important to avoid participants experiencing research as a one-way exploitative process. Harrison (2006, p.102) explains that if research is not ended positively, participants may see researchers as abandoning them to profit from information gathered on their lives. Zimmerman and Watts (2003, p.12) echo this statement and note interviews should be ended in a positive way if at all possible, and referral services offered if available.

Safety

Duong (2015, p.188) notes that during research with trafficked populations it is vital to consider the physical and emotional safety of both researcher and participant. Cwikel and Hoban (2005, p.312) support this and note that when participants are accessed in exploitative conditions, researchers may witness illegal acts, observe physical or sexual violence, discover underage workers, or unsafe working conditions. They caution that researchers may feel compelled to intervene but may not be able to, either to maintain trust, out of safety concerns for themselves, or because it could potentially worsen the situation for the person (Cwikel and Hoban, 2005, p.312).

In their guidance, Zimmerman and Watts (2003, p.12) recommend researchers "know their subject [the participant] and assess the risks". Further, they suggest researchers be aware that women and/or their families may face reprisals from exploiters, law enforcement, and immigration officials (Zimmerman and Watts, 2003, p.6). Additionally, if participants are accessed during exploitation they may face risks from other trafficked persons who could reveal their participant status to improve their own situation or avoid punishment (Zimmerman and Watts, 2003).

When planning interviews, Zimmerman and Watts (2003, p.9) recommend understanding all potential risks such as being followed or overheard, and suggest interviews are held in private, safe locations. Additionally, expectations of interview length should be clearly discussed at the start to ensure the participant is comfortable with the time commitment to avoid long, exhausting conversations (Zimmerman and Watts, 2003). Harrison (2006, p.108) further recommends risk assessments be completed and management plans developed, to safeguard both researcher and participant.

Zimmerman and Watts (2003, p.10) recommend researchers assess safety throughout the interview process and be aware of their surroundings. The UNIAP Guidelines (2008, p.13) also recommend being aware of surroundings, and stress that it is important to "know the security and social environment" to ensure the safety of both participant and researcher.

Harrison (2006, p.100) suggests researchers need to be aware of the possibility of incurring secondary trauma from exposure to participants sharing their experiences. Zimmerman and Watts (2003) support this and caution that interviews with trafficked women can be emotionally exhausting. It is also recommended that interpreters be de-briefed after research to reduce potential for secondary trauma (Zimmerman and Watts, 2003, p.15).

Accessing Participants

Two of the included articles noted accessing trafficked populations while they are still involved in exploitation could be considered ethically problematic (Zimmerman and Watts, 2003; Tyldum, 2010). Those still exploited are considered risky to interview as they work in a hidden, illegal sector and are likely to be in a continuing situation of physical, sexual and/or psychological abuse (Zimmerman and Watts, 2003). As Tyldum (2010, p.3) states, to collect data from a person undergoing exploitation and to leave them in that situation would "be extremely difficult to defend ethically". Further, two articles suggest that involving those in situations of current exploitation is

simply ethically unacceptable (Cwikel and Hoban, 2005; Cannon et al., 2016).

In work done by Cannon et al. (2016), and Zimmerman and Watts (2003) it is suggested that offering assistance to those in a situation of exploitation may not always be possible or appropriate. Law enforcement or immigration authorities may be complicit in exploitation and an offer of assistance may lead to re-trafficking, deportation, criminal arrest, or prosecution (Cannon et al., 2016). Additionally, Cwikel and Hoban (2005, p.312) contend that dependent on local laws, researchers may expose themselves to prosecution simply by knowing a person is an illegal resident.

As noted by Cwikel et al. (2004) a limited number of studies have been conducted with participants in detention. Zimmerman and Watts (2003, p.7) caution this may be a risky undertaking as there could be pressure on participants after interviews to reveal what was said, or negative reprisals from officials or other detainees.

Cannon et al. (2016, p.12) remark that approaching participants re-integrated into their home community or integrated into their country of last exploitation may also carry negative consequences that produce ethical concerns. Zimmerman and Watts (2003, p.7) echo this and suggest that even after leaving a trafficking situation people may still suffer effects of physical, psychological, and/or sexual abuse, or feel effects of stigma. Cannon et al. (2016, p.12) add that some may not have told their family or friends about their trafficking experience, either fully or at all. Cannon et al. (2016, p.12) go on to note that as trafficked populations have lived as illegal citizens and some have committed illegal acts during exploitation, participation in research may carry serious legal or immigration consequences.

Cannon et al. (2016, p.9) assert accessing participants receiving assistance may "help to ensure that research with trafficked persons is ethical and safe for participants". They state that people in post-trafficking situations exist in a protected environment where they have access to health, legal and/or immigration services (Cannon et al., 2016, p.9). However, Harrison (2006) suggests that while researchers may assume shelters or other service provision arenas are safe spaces, police and immigration authorities may see them as places for information collection. Cannon et al. (2016, p.127) acknowledge that research with trafficked populations in services may potentially re-traumatize or additionally stigmatize an already stigmatized group. Nonetheless, Cannon et al. (2016, p.13) state, "the assistance framework is often the only site where trafficked persons can

be ethically and safely identified and accessed for interviews".

Reasons Behind Participation

The UNIAP Guidelines (2008, p.13) note researchers must "know the participant/beneficiary's expectations" of research. As Harrison (2006, p.83) notes, often there is no direct benefit or tangible return for participation in research and some participants may view participation "as a business opportunity" and request something the researchers cannot ethically provide. Participants may also decide to participate because they are happy or unhappy with services received, to voice pressing concerns such as problems with shelter or employment, or to receive tangible benefits (Cannon et al., 2016).

Duong (2015, p.185) notes a balance must be struck between valuing a participant's contribution and providing compensation that could act as a coercive force. Duong (2015, p.185) and Zimmerman and Watts (2003, p.20) both agree that in some cases supplying participants with goods such as shampoo and soap may be more appropriate than compensation in the form of cash payments.

Confidentiality

During research with trafficked populations it is important that anonymity and confidentiality are preserved (Duong, 2015). However, situations may arise where breaches occur, such as when research proceedings are subpoenaed in criminal cases, or if the participant admits they plan to harm himself/herself or another person (Harrison, 2006).

Researchers should fully explain how personal data will be protected and offer participants the ability to use a pseudonym (Zimmerman and Watts, 2003). Cwikel and Hoban (2005, p.310) state transcripts should be destroyed after completion of analysis. Both articles also recommended only authorized personnel have access to records (Zimmerman and Watts, 2003; Cwikel and Hoban, 2005). Zimmerman and Watts (2003, p.18) further caution that researchers should never discuss interviews with other participants.

Confidentiality may be complicated in countries where people who have been trafficked may be required to participate in court proceedings to access assistance (Harrison, 2006). Harrison (2006, p.97) further remarks that exploiters may pressure people to keep silent about their experiences causing participants to fear for their own, or their families', safety. Harrison (2006,

p.97) explains this may make it difficult for trafficked people to understand and believe research confidentiality procedures.

Harrison (2006, p.98) notes devices for video or audio recording may have been used during exploitation or court proceedings, and their use in research may be re-traumatizing. Harrison (2006, p.98) also cautions that video and audio recordings may be inappropriately shared with media or outside personnel, or be subpoenaed for court proceedings. Cwikel and Hoban (2005, p.310) recommend not using any sort of audio or video recordings during research to maintain confidentiality. Zimmerman and Watts (2003, p.18) recommend that if audio or video recordings are used faces should be blurred out, all identifying marks and voices excluded, and participants should sign written consent about possible risks associated with photo and video data.

Researcher Perspective

Researchers should consider their personal ideologies and moral stances when working with trafficked populations, particularly when working with women who are or were sexually exploited (Zimmerman and Watts, 2003). Not all trafficked women in situations of sexual exploitation see themselves as victims or have experienced stereotypical abuse (Cwikel and Hoban, 2005). Zimmerman and Watts (2003, p.2) note some women may not identify as trafficked; may have relationships with their traffickers and "may not take exception to the work but rather object to the relationships that are exploitative". Cwikel and Hoban (2005, p.309) further suggest that in research with those sexually exploited, some researchers may feel pressure to choose a side in the feminist debate around whether women can ever consent to work in prostitution.

Duong (2015, p.180) claims that "personal-organization conflict, inter-agency conflict, intra-agency conflict, and conflict between female participants and authorities" can cause bias and conflict within research. Duong (2015, p.180) further suggests that even if researchers themselves can overcome or mediate their biases, conflicts of interest in other areas may affect interpretation of research.

The UNIAP Guidelines (2008, p.13) state that researchers must attend to "mannerisms and responses" when interacting with participants. Zimmerman and Watts (2003, p.16) state that interviewers need to "come prepared to listen, leaving preconceived notions behind". The authors further note that if interviewers approach participants with preconceived notions about a woman's experience they "will miss important information and overlook the unique nature of each woman's

experience" (Zimmerman and Watts, 2003, p.16).

Further, some authors (Tyldum, 2010; Brunovskis and Surtees, 2010) claim that the ideal victim type of a victimized and sexually exploited female dominates the field of human trafficking research. Both articles posit this master narrative influences types of research conducted and ignores the varied experiences and types of exploitation actually experienced.

Power

Trafficked populations have often been silenced and stigmatized (Harrison, 2006). Harrison (2006, p.70) stipulates that resulting power imbalances should be acknowledged; researchers possess potentially harmful knowledge about participants who have limited control over interpretation of data about themselves.

Blurred Boundaries

Harrison (2006, p.10) notes work from Cwikel and Hoban (2005) and writes participants may "feel grateful for the opportunity" to express their feelings and this may lead to a blurring of boundaries between researcher and friend. Brunovskis and Surtees (2010, p.25) support this and remark that due to the vulnerability of trafficked people and differing cultural understandings of relationships there is a potential for blurring of boundaries between researcher and participant. If those boundaries are then crossed, for example if the researcher feels compelled to contact authorities, this can erode trust between researcher and participant (Brunovskis and Surtees, 2010).

Referrals and Rescue

In their guide on interviewing women trafficked for sexual exploitation, Zimmerman and Watts (2003, p.21) note researchers may attempt to 'rescue' women from their situation. They caution this may place both researcher and participant in danger (Zimmerman and Watts, 2003). Zimmerman and Watts (2003, p.22) also state that rescue operations, if undertaken in an unprofessional or informal manner, can be high-risk and prone to failure. The authors note possible consequences as retribution from exploiters, stigma and unwanted public recognition, deportation, debt repayment, a legal requirement to cooperate with police, arrest and criminal conviction, or non-voluntary medical testing of participants for HIV or other conditions (Zimmerman and Watts, 2003).

Zimmerman and Watts (2003, p.13) offer specific advice on provision of referral services citing that researchers should not make promises they cannot fulfill and only offer referral services that are available. They note that available options need to be discussed clearly to reduce inappropriate expectations (Zimmerman and Watts, 2003). They go on to say that before offering referral services researchers have the responsibility to ensure assistance is appropriate and legitimate, and make contact with organizations to ensure they are able to accommodate new clients (Zimmerman and Watts, 2003).

Zimmerman and Watts (2003, p.13) note when participants are in exploitative conditions, it is important to ensure referral information is given in a discreet way so as not to endanger the participant. The UNIAP Guidelines (2008, p.42) recommend if researchers see indicators that someone may need immediate assistance they should "try to assist them if possible". Indicators listed range from "looks ill or physically abused" to "asks for help returning home" to "says they were beaten, raped, or abused by the police, shelter staff, their employer, or other authorities'" (UNIAP, 2008, pp.39-42).

Zimmerman and Watts (2003, p.21), though, caution that researchers must refrain from becoming overly involved when they offer assistance. They warn that for safety reasons researchers should never tell a participant to run away from exploiters, take a participant home, escort them to their place of exploitation to gather belongings, or act as an intermediary between a participant and their exploiter (Zimmerman and Watts, 2003). Last, Zimmerman and Watts (2003, p.22) warn that researchers should only contact authorities if the participant agrees, all risks and benefits are discussed, and all known consequences of contact are discussed to avoid further victimization.

Translation and Interpretation

Cwikel and Hoban (2005, p.312) note that trained translators are essential if the researcher does not speak the participant's language so that misinterpreted or inaccurate information is not collected.

Zimmerman and Watts (2003, p.20) advise that interpreters be selected and screened carefully, and caution, "women may not trust, or may feel ashamed speaking in front of someone from their community or same cultural background". Thus, when conducting research with women who have been trafficked for sexual exploitation, interpreters should be chosen from established services and have experience with survivors of violence (Zimmerman and Watts, 2003). It is also advised

that women should be asked if they have a person in their lives they wish to interpret for them, and during the interview situations should be monitored to ensure interpretation is helpful and not causing further harm (Zimmerman and Watts, 2003).

Zimmerman and Watts (2003, p.15) also note that male interpreters may be appropriate if women trafficked for sexual exploitation feels another woman could be judgmental, but alternatively this could be harmful if the woman has been exploited by a man and associates men with that experience.

Dissemination and Impact

Zimmerman and Watts (2003, p.33) assert, "interviewing a victim of human rights abuses is not an ethically neutral undertaking". The UNIAP Guidelines (2008, p.12) suggest researchers should try to anticipate how "work might result in security, emotional, or social risks to the research participant or program beneficiary, and safeguard against these negative impacts". Duong (2015, p.183) suggests that when findings are disseminated, information should be anonymous and confidential, and researchers should avoid "over-generalization and devaluation of people". Duong (2015, p.183) further recommends against use of the word victim to avoid "unintentionally victimize or re-victimize trafficked persons" during dissemination.

Zimmerman and Watts (2003, p.20) state that findings should be shared with participants if requested, and if it is safe to do so. The UNIAP Guidelines (2008, p.44) recommend researchers consider, "informing participants of the eventual results and next steps" of the study.

Duong (2015, p.184) states accurate representation of data and dissemination of findings to a wide audience is a critically important ethical consideration. Cwikel and Hoban (2005, p.314) note intended use of data needs to be carefully thought out so information is not misused or the population misrepresented. Zimmerman and Watts (2003, p.33) state that data should be written up and released in a way that, "does not fuel prejudices or stereotypes that inflame or incite public opinion against trafficked women". Further, involvement of women's rights and advocacy groups may help lessen potential risks and increase benefits to trafficked women who participate in research (Zimmerman and Watts, 2003).

3.3.5 Beneficence

Reasons Behind Participation

Tyldum (2010, p.2) notes, "There is a strong demand for solid empirical research to counterweight the tendency to develop policies in response to activist agendas" indicating there is an ethical imperative for more research in this field. Brunovskis and Surtees (2010, p.30) support this and state there is need for human trafficking research that utilizes appropriate and ethical methodologies and approaches to understand health risks and provide services. In the Cannon et al. (2016, p.2) systematic review of health research, it is specifically stated there is a lack of needed health research with this population. However, why participants make decisions about participation in research needs to be examined to limit the possibility of coercion.

Cannon et al. (2016, p.11) note that while ethically complicated, it is vital to understand trafficked people's experiences from their own perspectives. Duong (2015, p.183) supports this and remarks that some women interviewed expressed ideas about services they wanted heard, and the author made note of these, giving them to a local women's union "with a strong hope that the women's idea can be paid attention to". Harrison (2006, p.133) also notes that sharing exploitation experiences can be empowering for some, but not all trafficked persons.

It should be noted that these were the only instances where sharing stories of trafficking experiences were considered beneficial. The majority of literature examined here considered sharing stories of trafficking experiences as potentially emotionally harmful.

Last, Harrison (2006, p.123) suggests that collaborative research practices may help trafficked people gain back power and autonomy, and can direct research in ways more appropriate for their needs. Harrison (2006, p.116) explains that research tailored to maximize the value of each individual "may enable the development of her identify as greater than a victim of trafficking".

3.3.6 Justice

Sampling Strategies

Brunovskis and Surtees (2010, p.3) note who is included and excluded as a participant may influence or direct "which perspectives and aspects are considered and even privileged". Brunovskis and Surtees (2010, p.7) also report that there are likely systematic differences between those who are and are not assisted in post-trafficking services. If participants are

selected for research within post-trafficking services this could lead to unfair and unrepresentative selection of participants (Brunovskis and Surtees, 2010).

According to Brunovskis and Surtees (2010, p.7) systematic differences may exist as not everyone will escape their exploitative situation, while those who do may or may not wish to access services for a variety of reasons. Tyldum (2010, p.5) also notes systematic differences stating some people may have their own support networks, some may not be able to access services if they do not exist in their area, while others may not have access to appropriate services (men seeking shelter, for example), while still others may not wish to access services at all.

Cannon et al. (2016, p.10) remark that researchers working with those still in exploitation may find respondent-driven sampling an effective way to reach this hidden population. They also note trafficked populations may be a non-associative population and it does not necessarily follow that trafficked people know other trafficked people. Cannon et al. (2016, p.10) further note that while purposive and snowball-sampling strategies may help access a hidden population there is a danger of missing important subpopulations.

Brunovskis and Surtees (2010, p.6) assert trafficked populations are multi-cultural and multi-lingual and experience a range of exploitive conditions over varying time lengths therefore it may be difficult to determine "what constitutes a representative sample". Further, researchers should strive to understand any inherent bias in sampling techniques used to select populations in different settings and stages of trafficking (Cwikel and Hoban, 2005).

Accessing Participants

It can be ethically complex to access trafficked people for research projects when they are still in the exploitative condition (Cannon et al., 2016). Tyldum (2010, p.5) notes ethical challenges inherent in accessing trafficking populations may result in the majority of evidence originating from post-trafficked populations currently accessing services.

Tyldum (2010, p.5) notes factors that put people at risk for trafficking are poorly understood, which makes accessing people prior to recruitment into a trafficking situation problematic. Tyldum (2010, p.3) further states that recruitment targeted at populations considered at-risk could "confirm any initial prejudice or misconception we have of the composition of victims in the general population".

Gatekeepers

Gatekeepers who provide access to those in assistance services may contribute to selection biases in research (Brunovskis and Surtees, 2010). Staff at service organizations may unintentionally bias samples by passing on recruitment information in biased ways to protect people they feel are vulnerable and may be harmed by the research process (Harrison, 2006; Cannon et al., 2016). Gatekeepers may also feel the need to protect their organizations from possible negative outcomes of researcher/participant contact by approaching participants who can act as success stories for services (Harrison, 2006; Cannon et al., 2016).

Brothel owners, pimps, overseers and managers who act as gatekeepers for those currently in exploitation may only allow access to compliant participants who are not able to give transparent and honest information (Cannon et al., 2016; Zimmerman and Watts, 2003). Zimmerman and Watts (2003, p.20) further note that participation in research may be dependent on such gatekeepers gaining access to something that benefits their business, like free health visits or condoms.

The general findings of the review will be discussed later in this Chapter, but first the results from the frequency count exercises are critically analysed.

3.3.7 Frequency Count Results

To examine the most commonly occurring words related to themes in included articles, a frequency count was run. Frequencies are noted as percentage of coverage in each work. For frequency count by theme for each included work, please see Appendix 2.

3.3.8 Frequency of Words Related to Themes

The most commonly used words in the included works were participation (Cannon et al., 2016; Duong 2015; Harrison 2006; Tyldum 2010; UNIAP Guidelines 2008; Zimmerman and Watts 2003), consent (Cwikel and Hoban, 2005; Duong 2015; Harrison 2006; UNIAP Guidelines 2008), and sample (Brunovskis and Surtees 2010; Cannon et al., 2016, Cwikel and Hoban 2005).

Using the frequency count data, individual authors emphasized different words related to the themes. Brunovskis and Surtees (2010) and Cwikel and Hoban (2005) wrote most about access, while Cannon et al. (2016) and Duong (2015) both used the word participation the most. Cwikel

and Hoban (2005) used the word trauma most often, while Harrison (2006) and the UNIAP Guidelines (2008) used the word participation most frequently. Zimmerman and Watts (2003) mentioned the word safety most often, while the word count run on the work from Tyldum (2010) showed the words participation, bias, and rescue occurring most frequently.

This may indicate that certain authors place greater importance on different ethical challenges or perhaps encountered them more often. However, it should be noted that the frequency count conducted identified words used but not how they were used, so limited conclusions can be drawn.

3.4 Discussion

3.4.1 Summary of Findings

Medical health research with trafficked populations is required to ensure health consequences are properly understood. Evidence generated from research into health consequences should then be used to develop or support public health responses. As strategies are created at both national and international levels, "research findings can have great ramifications for the group of people who are represented in the research" (Liamputtong, 2007a, p.19). Research then, must be rigorous to inform appropriate public health responses. Before this work, a synthesis of ethical challenges faced by those who conduct health research with trafficked populations did not exist. Closing this gap in knowledge is important to make transparent the encountered ethical challenges encountered and ensure research is embedded in ethical practice. This qualitative review aimed to address this by synthesizing existing evidence of ethical challenges specific to research with trafficked populations.

Six academic publications, one PhD thesis, and two ethical frameworks were included in the current review. None of the research included here commented on ethical complexities involved specifically in relation to researching labour exploitation, or noted any issues related to conducting research with men. Ethical issues identified revealed concerns in research with trafficked populations begin with decisions regarding how to select and approach participants and continue throughout the research process. Emergent themes are critically analysed in the next section using Beauchamp and Childress's (2013) four principles of autonomy, beneficence, non-maleficence, and justice.

3.4.2 Autonomy

Ensuring autonomy is respected in research is made complicated when working with a vulnerable population. Ensuring participants are able to act as autonomous agents throughout research was an ethical challenge identified by this review. Four themes related to risk of violating autonomy were identified: informed consent, translation and interpretation, reasons behind participation, and blurred boundaries.

Informed consent was identified as an area where a large potential to violate autonomy exists. Some people who have been trafficked may be influenced by the emotional consequences of experiencing trauma, and have a subsequent lack of trust in others, as well as potential feelings of uncertainty as to their place in the world (Zimmerman and Watts, 2003; Harrison, 2006). This then, may complicate their ability to give informed consent during research. Cultural differences can also make oral or written consent more or less appropriate and researchers need to be aware, as much as possible, of the research context they are operating within. Process consent may be a way to assess ongoing consent during research (Harrison, 2006). Promoting and reaffirming consent throughout the research process could allow participants autonomy to withdraw or negotiate the extent of their participation. Consent should, ideally, be viewed as a process that occurs throughout the research process, not just a once-off event before the study begins.

Another concern raised around autonomy revolves around a participant's reason for participating in research. While it is impossible for a researcher to fully know why a participant engages with a research study, it is important for the researcher to limit misunderstandings. Cannon et al. (2016, p.11) state that if participants are recruited through service provision gatekeepers some people may participate to express gratitude to service providers and this can make consent uncertain. If provision of care is not separated from research there is the possibility that participants may feel participation in research is reliant on continued care. Therefore, researchers need to be clear that participation in research is entirely separate from care and will have no positive or negative effects on care received. In order to mitigate this, perhaps researchers should not act both as a researcher and as a service provider to make the separate roles very clear. Or perhaps, data collection should take place in a third-party location, outside the service provision environment as a possible way to further separate care from research.

A final theme related to autonomy is that of blurred boundaries. It was noted that participant incentives could blur boundaries as offering incentives to those who may occupy a precarious and vulnerable position could unduly influence their decision to participate in research (Harrison, 2006). A way to mitigate possible instances of coercion may be to involve trafficked persons and key stakeholders to understand what constitutes an appropriate incentive.

3.4.3 Non-maleficence

Not causing harm to participants may seem an obvious consideration in research, but can be complicated in research with trafficked populations. This does not just include overt harm, but also subtle or unintended harmful consequences to participants. Included works identified themes of re-traumatization, safety, accessing participants, reasons behind participation, confidentiality, researcher perspective, power, blurred boundaries, referrals and rescue, translation and interpretation, and dissemination and impact as possible sources of harm.

The first ethical challenges are ways in which participants may be re-traumatized through the research process. Relating the experience of exploitation, or story-telling, was identified as a source of potential harm. While it was acknowledged that re-telling the experience of exploitation may be empowering and positive for some participants (Harrison, 2006; Duong, 2015; Cannon et al., 2016), this will not be true for all. Some may find sharing their story stigmatizing as it associates them with a negative group identity (Harrison, 2006). For example, a woman trafficked for sexual exploitation may reject being identified as a sex worker. Both Harrison (2006, p.75) and the guide developed by Zimmerman and Watts (2003, p.23) emphasize that researchers need to exercise caution during research to avoid inflicting undue stress on participants.

Harrison (2006, p.79) and Duong (2015, p.181) both note unidentified or undiagnosed mental health disorders present opportunities for potential harm to participants. Not every researcher will be an expert in mental health or psychology, and not every study will have the opportunity or funds to complete psychological evaluations for all participants. However, this is an area of possible harm and researchers should be aware that volatile behaviour or inconsistent stories may present as red flags that a participant has unmet mental health needs.

Another potential source of harm originates from types of questions posed to participants, and how they are asked. Both the guide developed by Zimmerman and Watts (2003, p.23) and the UNIAP Guidelines (2008, p.60) caution that questions asked of participants need to be considered

carefully to prevent unintentional trauma and distress. Questions should only be included if they are absolutely necessary to the research question and asked in a sensitive way. Further, researchers should pay attention to both overt and subtle verbal and physical clues to a participant's state of stress. Harrison (2006, p.98) warns that use of videotaping may be inappropriate if images are not protected to prevent reprisals to the participant or images being used in an inappropriate way. Having steps in place to protect image and video data may help mitigate this possibility.

Another ethical challenge from the included articles categorized under non-maleficence was safety. Duong (2015), Cwikel and Hoban (2005), and Zimmerman and Watts (2003) all mention issues of safety related to both researcher and participant. Researchers may face reprisals from traffickers or consequences from law enforcement and immigration officials (Zimmerman and Watts, 2003). This could place the researcher and research team in considerable physical and/or legal danger. Further, Duong (2015, p.181) and Cwikel and Hoban (2005, p.312) suggest researchers may be put into a position where they may witness illegal acts that could create a conflict of interest. Cwikel and Hoban (2005, p.312) recommend non-intervention out of safety concerns, which may be difficult to accomplish in the field if a researcher witnesses perpetration of violent acts. These authors caution that intervention, when not appropriate, may result in a loss of trust from the participant or worsen the situation for the participant (Cwikel and Hoban, 2005). Judging whether intervention is appropriate needs to be assessed on a case-by-case basis in discussion with other researchers, those involved in providing health and social care, and/or law enforcement authorities, as appropriate. This carries an additional burden for researchers who may need to inquire about legal obligations in the research context to avoid becoming embroiled in legal issues.

Zimmerman and Watts (2003, p.6) also suggest researchers assess all known or possible risks that could compromise safety of researchers and participants prior to study commencement. Additionally, Harrison (2006, p.108) recommends completion of risk assessments and management plans to mitigate safety concerns for the researcher and participants. Of course, as mentioned above, not all safety risks will be known at the outset of research, but researchers should prepare by reading through any available ethics guidelines from their institutions, human subjects research ethics guides, and work presented here. Once in the field, researchers should monitor any safety concerns that present and discuss them with appropriate stakeholders. Further, as Harrison (2006, p.123) suggests, use of participatory research methods may help

mitigate safety issues. The involvement of those who have been trafficked along with other key stakeholders (such as law enforcement or service providers) could shed light on potential safety issues that may need to be addressed. Participatory research methods were not widely discussed by the authors included in this review and ways to include trafficked participants and other key stakeholders will require further research to determine feasibility and appropriateness.

Both Harrison (2006, p.100) and Zimmerman and Watts (2003, p.16) discussed the possibility of researchers incurring secondary trauma from exposure to participants' stories. Listening to emotionally disturbing experiences recounted by potentially traumatized participants can be distressing. Zimmerman and Watts (2003, p.15) also mention interpreters can be exposed to secondary trauma and recommend a process to handle any such distress.

Another concern related to non-maleficence that emerged were ethical challenges associated with how participants were accessed for inclusion in research projects. There are generally two potential areas where trafficked populations can be accessed for research. The first is during the period of exploitation, and the second is after the period of exploitation has ended, and each area carries potential ethical concerns.

Four out of the nine articles included expressed multiple concerns about accessing trafficked populations while people are still in a period of exploitation. Accessing participants at this stage in the trafficking process is ethically difficult as people tend to be employed in exploitative working conditions in illegal and hidden sectors. It is ethically problematic to defend research with people who are living in conditions of abuse and exploitation without offering a pathway for support and assistance. Unfortunately, offers of support are not always feasible as some people may not feel able to leave due to psychological abuse or threats against their families, or assistance services may not be available (Zimmerman and Watts, 2003; Cannon et al., 2016). Further, as suggested by Harrison (2006, pp.91) immigration and/or law enforcement may be complicit in exploitation or bound by rule of law, and the good intentions of researchers to assist trafficked persons may lead to re-exploitation, deportation, or imprisonment. Further, researchers may expose themselves to legal prosecution by interacting with a known illegal resident or by witnessing illegal acts (Cwikel and Hoban 2005). These potential risks of harm to the research participant are substantial and make accessing currently exploited participants impossible or at the very least, ethically difficult to navigate. Even if they can be addressed and accessing participants in this way is deemed appropriate, issues may still persist. The representativeness of the sample may be uncertain as

traffickers manage exploited populations in different ways, and brothel owners, factory or farm managers, or other overseers may only allow access to healthy and compliant people, which could skew findings.

The second area where participants may be accessed is after the period of exploitation has ended. There are generally four points of access to recruit participants after the period of exploitation has ended. These include law enforcement or immigration detention centers, the country of last exploitation, country or origin, and in post-trafficking services.

There has been a limited amount of research on trafficked populations who are detained by immigration or law enforcement, but what does exist suggests that this access point carries potential risk of harm to participants. Any population that is incarcerated is considered vulnerable in that there is opportunity for coercion or undue influence to be exerted on them to require participation in research (Belmont, 1979). Prison or immigration officials may pressure people to participate or not, depending on whether there is any complicit involvement by authorities in trafficking practices. Prison or immigration officials, or indeed other trafficked people in detention, may also pressure people to reveal what was said during research or inflict negative reprisals for participation (Zimmerman and Watts, 2003). Conducting research with incarcerated or detained trafficked populations will require careful consideration of possible risks of harm. Such research is possible, but researchers must understand the additional complexities that accompany trafficked populations who may be made even more vulnerable through their precarious legal and immigration status.

Accessing participants re-integrated into their home country or integrated into the country of last exploitation can also produce ethical challenges. Not everyone will have disclosed their trafficked experience to friends or family, some may still be suffering from psychological or physical consequences, and some may fear negative reprisals from legal or immigration authorities for illegal acts committed during exploitation (Zimmerman and Watts, 2003; Cannon et al., 2016). If this is decided to be an appropriate access point, potential participants will need to be approached carefully and assured full anonymity and confidentiality. Further, researchers will need to understand their own legal rights to be sure they cannot be prosecuted for hearing and/or knowing about illegal acts committed by the participant during (or after) exploitation.

The last, and generally most utilized place to access participants after they have left the period of exploitation, is in post-trafficking assistance services. While researchers generally agree this is the safest and most ethical place to access people (Tyldum, 2010, p.5), this still carries potential for harm. As this is a population accessing health, psychosocial, legal, and immigration services, they are in need of direct benefits and may enter into research with the hope that they can receive some benefit that the researcher cannot offer. Further, some police or immigration authorities may see shelters or assistance services as places to gather information, which may carry consequences such as difficulty creating trust between researcher and participant. Last, as this is a population that may be receiving mental health assistance, research processes carry the potential to re-traumatize people if they are asked questions of a sensitive or disturbing nature. Despite these challenges, the post-trafficking assistance arena is generally agreed upon as the safest and most ethically acceptable place to access participants. Potential risks of harm will need to be considered carefully and referral pathways put in place to help participants to access specialist care if needed. Further, the purpose of research, all benefits, and all potential risks will need to be clearly explained to participants to help ensure they enter into research voluntarily and fully informed.

Another potential risk of harm comes from reasons behind participation in research. This is a difficult area as it is impossible to fully know why someone decides to participate in research. However, as trafficked populations are vulnerable and often in need of tangible benefits such as housing or immigration assistance, researchers must be very careful to fully explain the purpose, benefits, and risks of research to participants. Some participants may choose to enter into a study as a platform to voice their complaints (or compliments) about assistance they are receiving, or because they view participation as an opportunity to receive tangible benefits. Again, while it is impossible for researchers to fully comprehend a participant's agenda for entering research, they can minimize the risk of misunderstanding by being clear about what direct or indirect benefits are offered through participation. Along with this, participation incentives or reimbursement need to be balanced in such a way that people's time and contribution is valued but incentives do not act as a coercive force (Duong, 2015).

Confidentiality was also a theme that emerged as relating to non-maleficence. Along with standard methods of protecting confidentiality and anonymity common in most research settings, processes of confidentiality with trafficked populations may require further consideration. As trafficked populations are vulnerable and may be exposed to negative reprisals if confidentiality

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is broken, reasons for confidentiality breaches must be defined carefully and fully explained to participants before commencement of research. Video and audio recordings used during research may carry risks of re-traumatization if used in the period of exploitation or they may be subpoenaed later by a court of law. Rules regarding confidentiality of all written or oral material or images must be understood by researchers and explained to the participant along with rules for when confidentiality can be breached.

Research perspective was also identified as a factor that can carry risk of harm to participants and it is important that researchers acknowledge any ideologies or moral stances they bring with them to research. This is especially important in research conducted with sexually exploited women who may be perceived by the researcher as engaging in immoral sexual activity or as people who have undergone terrible abuse. Trafficking survivors experience varying levels or physical, psychological, or sexual abuse during exploitation and the intensity of suffering should not be assumed (Zimmerman and Watts, 2003). It is important to be aware of any personal bias and engage in research in a way that does not leave the participant feeling judged or patronized (Zimmerman and Watts, 2003; UNIAP, 2008). While this is an admittedly difficult task, it is important for researchers to be aware of any perspective or bias they bring to research to mitigate unintended harm to participants. This is especially important as multiple articles detail the master narrative of the ideal victim (a sexually exploited woman, victimized and passive) in operation within the field of human trafficking (Bernstein, 2010; Brunovskis and Surtees, 2010; Tyldum 2010; Uy, 2011; Snajdr, 2013). If the ideal victim type is understood as the only type of human trafficking victim, this could lead to findings from a minority population directing public health responses, which may bar many from accessing needed health services.

Research with trafficked populations also brings the potential for power imbalances between researchers and participants that carry risk of harm for participants. As trafficked populations are vulnerable and have often been traumatized, silenced, and stigmatized (Harrison, 2006, p.123) it is imperative that researchers, who enter into a research study in an authoritative role with greater power, acknowledge this imbalance and mitigate it as much as possible. To mitigate power imbalances it is important for researchers to ensure participants consent to research voluntarily and in a fully informed way, and are clear that participants have the ability to withdraw from research at any time. It is also important that researchers acknowledge the value and sensitive nature of participants' contributions during research.

Alongside imbalances of power come issues of potentially blurred boundaries for researchers. Trafficked populations may come from cultures with different understandings of relationships and/or researchers may wish to help or rescue people they see in need. While well intended, attempts to assist or rescue people may increase risk of harm for participants if needed services are not available, or if there are legal or immigration consequences. The roles of both researcher and participant need to be fully and clearly explained at the outset of the research. During research these roles and accompanying responsibilities may need to be reiterated to avoid misunderstandings.

Closely related to this is referral and rescue, which also carries potential for harm to participants and researchers. Rescue of a trafficked person during exploitation carries high risk of reprisals from traffickers or negative immigration and/or legal consequences. Zimmerman and Watts (2003, p.11) recommend understanding as many potential risk factors as possible in the research context and offering only specific and available assistance. This assistance, along with any limitations and risks, needs to be fully explained to participants to mitigate potential negative outcomes. It is also important that any explanations given to participants take place in a language they are most comfortable with.

Trafficked populations are heterogeneous in that they are multi-cultural and multi-lingual. It is important to give people a voice in the research process by providing access to interpretation and translation services, where at all possible. To not provide translation services carries a risk of harm for participants in that misleading or inaccurate information can be collected, or participants' voices may be excluded completely (Cwikel and Hoban, 2005). It is recommended that interpreters and translators be used wherever possible and feasible, and that they be vetted properly to ensure they translate and interpret accurately (Zimmerman and Watts, 2003). Further, the choice to utilize a translator or interpreter should be a collaborative decision between participants and researchers to ensure participants are comfortable and feel a sense of control during the research process.

Issues related to the completion of research were also identified as carrying risk of violation of non-maleficence. Harrison (2006, p.102) suggests that harm may occur if a participant feels abandoned by the researcher at the end of the study. Researchers should therefore take care to ensure, where possible, that studies are concluded in a positive way, and ensure participants understand their time and contribution was valued.

Once all data is collected, research findings should be disseminated widely. This theme emerged as a final source of potential harm. Human trafficking is widely understood as a human rights violation and research is not an ethically neutral undertaking (Zimmerman and Watts, 2003). Thus, researchers need to ensure findings from studies are reported in a way that minimizes misinterpretation or misuse by external bodies such as government or immigration services who may be seeking support for potentially harmful policies related to human trafficking. Works included in this review recommend researchers share anonymized findings with participants to ensure they are comfortable with how they are being represented (Zimmerman and Watts, 2003; UNIAP, 2008). Further, findings should be disseminated in a way that does not reinforce stereotypes or misrepresent the population (Belmont, 1979; Zimmerman and Watts, 2003; Duong, 2015). Researchers must act carefully and, where possible, in collaboration with participants and advocacy or rights groups, to ensure careful and considered dissemination acts to improve the well-being of the population and minimize potential negative impact.

Four strategies were identified in the included articles as ways to mitigate potential harm: identification of all known risks in the research setting, recognition that perceptions of trauma may change the longer a participant is out of the period of exploitation, ensuring the participant is monitored for cues that could suggest discomfort or stress, and attempting to achieve a balance between being sympathetic and impartial during contact with the participant (Zimmerman and Watts, 2003; UNIAP, 2008). Being aware of cues that may indicate possible distress and having appropriate and available referral systems in place for distressed participants may help decrease the risk of potential harm. These strategies will not eliminate all potential harms as not all risks can be foreseen, but are presented as steps to mitigate certain possible harms.

A further mitigation strategy to prevent possible harm identified by Harrison (2006, p.123) was that of participatory research. If participants are involved in research in a more direct way, for example, helping to create questionnaires, this could prevent harms associated with sensitive topics or even time length of interviews. This process of involvement may not only increase a participant's sense of empowerment but also create a multi-session space for the researcher and participant to build a trusting relationship. This type of participatory research could result in less potential for harm to the participant and increased validity of data collected.

3.4.4 Beneficence

Only one theme related to beneficence was identified in this review. Earlier, reasons behind participation were connected with possible violation of non-maleficence, but it was also identified as a theme connected to beneficence. Three authors specifically mentioned the importance of participation as a platform for participants to share their experiences in a positive and empowering environment (Harrison, 2006; Duong, 2015; Cannon et al., 2016). Researchers have the opportunity to act in the best interest of others by giving trafficked populations a space to be heard and have their experiences contribute to development of public health responses. Not everyone will find the experience empowering, and some may find it quite distressing, which is why this was also included in the section on non-maleficence. But for those who find it empowering and healing, this could be considered as a potential benefit for participants.

Overall, there was a lack of discussion on beneficence in the literature examined in this review. The majority of publications included paid particular attention to the potential ways autonomy, non-maleficence, and justice could be violated. Perhaps this is because researchers take for granted that doing research will benefit a participant population and feel it is more important to ensure possible harms are avoided. This discussion of harms without benefits is problematic as all research should ensure research ultimately benefits the population. This balance of risks against harms may have been elaborated on in research ethics applications, but was not reported on in publications. Publications included in this review concentrated on ethical challenges, and perhaps in the future it should be recommended that researchers also disseminate examples of best practice, along with what factors and procedures helped ensure benefits for the population.

3.4.5 Justice

As mentioned at the beginning of this section, justice is understood here as "fair, equitable, and appropriate treatment in light of what is due or owed to persons" (Beauchamp and Childress, 2013, p.250). Three themes related to justice were identified in this review: sampling strategies, access to participants, and gatekeepers.

Sampling strategies were identified as a theme carrying potential to violate the principle of justice. Researchers should justify who will and will not be included in their research as this can impact perspectives that are heard or privileged. For example, if only English-speaking women in post-trafficking assistance services who had been trafficked for sexual exploitation are included, this

could result in a biased sample that privileges an ideal victim type, which may not be representative of the majority of people trafficked (Brunovskis and Surtees, 2010; Tyldum 2010). This could violate justice as the minority of trafficked population may then act as the privileged voice in human trafficking discourse barring the majority from inclusion in research and public health responses. Further, research suggests there may be systematic differences between those who access and those who do not access post-trafficking assistance services (Brunovskis and Surtees, 2010; Tyldum, 2010). This could mean again, that one subset of the population is always included in research unfairly barring others who are not available for recruitment in post-trafficking services. While this does not negate all research conducted in post-trafficking services, limitations should be acknowledged and reflected on by researchers.

Including those who are currently being exploited may be a way to overcome these systematic differences, assuming ethical issues related to non-maleficence can be addressed. To ensure a more representative sample from those currently exploited, respondent-driven sampling is suggested as a viable sampling method (Cannon et al., 2016). However, as the authors caution, trafficked people may not know or have access to other trafficked people, therefore a representative sample cannot be guaranteed (Cannon et al., 2016). Snowball or purposive sampling may be viable alternatives but also carry the caveat that these strategies may still miss subpopulations. Limitations to sampling strategies could mean unfair and unequal sampling of trafficked populations excludes many from both research and health care provision, and this should be acknowledged as an ethical issue of justice.

The second theme related to justice was access to participants. This is closely related to the sampling strategies theme as it also involves how and why certain populations and sub-populations are included in or excluded from research. Where trafficked populations are accessed for the purpose of participating in research will necessarily include or exclude certain populations. Accessing participants before exploitation carries risks of stigmatizing or confirming stereotypes about who becomes a victim of trafficking (Tyldum, 2010). Accessing participants during exploitation carries so many ethical complexities and risks that most researchers access participants in post-trafficking services. However, as outlined earlier in this chapter, systematic differences may exist between those who enter or do not enter post-trafficking services. Therefore, some populations will miss the opportunity to have their voices heard in research and this could result in the creation of public health responses that do not meet people's needs.

The final theme identified as carrying possible risks to justice was that of gatekeepers. As with most vulnerable populations, gatekeepers often control researcher access to trafficked populations. In the period of exploitation these gatekeepers are brothel owners, pimps, factory managers, farm overseers, and others. These gatekeepers may only allow access to compliant and healthy participants (Zimmerman and Watts, 2003; Cannon et al., 2016), skewing findings from research and limiting development of public health responses to only those who are allowed to participate in research. If participants are recruited from post-trafficking services, gatekeepers are mostly likely health care providers or social workers. These gatekeepers may feel obligated to protect particularly vulnerable clients in their care, or wish to limit researcher exposure to particularly volatile clients. Possibly the only recourse for researchers who must engage with gatekeepers is to be clear in their dissemination that their sample may be inherently biased, and that any public health responses should take that into account. This is not a perfect strategy, but may arguably be the only way to continue research in these situations, albeit with the acknowledgment that the sample may not necessarily be representative of the trafficked population as a whole.

Overall, all three of the themes above carry risk of violation of justice as each can mean that important sub-populations are not included in research. Therefore some sub-populations will not receive the same fair and equitable treatment through being able to engage in research or being able to reap the benefits of public health responses.

3.5 A Way Forward

A myriad of ethical issues are involved in conducting research with trafficked populations with many of these issues having no clear solutions. This does not mean that research in this field should not be done, but does point to the need for frank and open discussion of ethical challenges in this field. In order for appropriate and accessible public health responses to be developed, an evidence base embedded in ethical practice must be established. Currently, these ethical challenges are not made transparent in the field of human trafficking health research. The knowledge achieved so far is based on biased and skewed samples without acknowledgement of transparency. This work reviewed all academic literature that discussed the ethical challenges encountered in the research process with trafficked populations to address this gap.

The present review presented a discussion of results utilizing Beauchamp and Childress's (2013) four medical ethics principles: autonomy, beneficence, non-maleficence, and justice. While this is

an appropriate lens through which to discuss the results of the current review, it may not be comprehensive enough to capture all ethical challenges encountered in human trafficking health research. Beauchamp and Childress's (2013) work has an emphasis on individual informed consent and regulated research with at-risk populations. While valuable, additional ethical considerations may be needed to capture the full picture of ethical challenges encountered in medical health research with trafficked populations, which has implications for development of public health responses.

ten Have et al., (2010, p.1) provided an overview of ethical frameworks available for public health and concluded that current public health ethics frameworks "lack practical guidance to address ethical conflicts in this area". What is also apparent from this article by ten Have et al., (2010) is that available public health frameworks are geared toward public health practitioners and policy makers, but not specifically public health research. The available research on public health ethics tends to concentrate on interventions, programmes, and clinical trials but not on public health research. Conversely, many books and articles address research ethics generally, and specific subsets of health research, such as mental health research or research with vulnerable populations. This review identified a dearth of work on research ethics challenges related to health research with trafficked populations. Further, as medical health research with trafficked populations can be used to inform public health responses, careful consideration has to be given to a research ethics approach that respects both fields.

A possible approach to this may be to combine the ethics principles central to medical health research provided by Beauchamp and Childress's (2013) with works that attend to ethical considerations in relation to public health concerns. The *UNESCO Ethical Guidelines for International Comparative Social Science Research in the framework of MOST* (de Guchteneire, n.d.) and work by Baum et al. (2007) may be of assistance. The UNESCO guidelines pay particular attention to issues of social justice, population-level utility, and cultural sensitivity (de Guchteneire, n.d.) while Baum et al. (2007) stress the importance of accountability, costs and efficiencies, and political feasibility. The combination of work on medical ethics from Beauchamp and Childress (2013), public health ethics from Baum et al. (2007), and the UNESCO guidelines for social science research (de Guchteneire, n.d.) may provide a more appropriate and comprehensive platform through which to understand and address the ethical challenges involved in conducting health research with trafficked populations.

3.6 Conclusion

Ethical challenges encountered when conducting health research with trafficked populations are important to understand as this research involves vulnerable populations, is politically volatile, and the evidence base is used to support or develop public health responses. Health research with trafficked populations must be transparent about its inherent ethical challenges and acknowledge the important limitations and strengths in this evidence base. At every stage of the research process ethical challenges are present and need to be approached and mitigated by researchers. A more detailed discourse on benefits and mitigation strategies could strengthen the evidence base available for this research and possibly prevent future harm. In relation to ethical challenges, how these challenges are encountered, identified, interpreted, and addressed is still poorly understood. If this process is made transparent, and best practice or mitigation strategies shared, the available evidence base could be improved. This evidence base could then more appropriately inform public health responses and increase access to services for trafficked populations in need of assistance.

Chapter Four: Methods

4.1 Overview of Methodology

The primary aim of this thesis was to understand ethical complexities and mitigation strategies involved in research and health care provision with trafficked populations. The objectives of this thesis were to synthesize both bodies of literature on human trafficking health research and ethical challenges encountered in human trafficking research, as well as utilize data collected from people who work with trafficked populations to understand the ethical challenges experienced in the research process and in health care provision.

In this work, ethical challenges are understood as types of ethical risks; people must make decisions between courses of action and chosen pathways may have unintended negative consequences. How they identify and attempt to mitigate these ethical risks is of central interest to this thesis. Currently, there is no existing ethics framework for this type of research or health care provision. As outlined in Chapter One, human trafficking health research and health care provision can be conceptualized as medically oriented with public health goals. Therefore, ethical issues in this thesis are critically analysed through the lenses of a medical ethics approach from Beauchamp and Childress's (2013) four principles: autonomy, beneficence, non-maleficence, and justice, along with public health ethics considerations of social justice, population-level utility, and cultural sensitivity found in the *UNESCO Ethical Guidelines for International Comparative Social Science Research in the framework of MOST* (de Guchteneire, n.d.) and considerations of accountability, costs and efficiencies, and political feasibility from work by Baum et al. (2007). As previously mentioned in Chapter One, no specific normative framework will be applied to the results, but the ethical approaches of utilitarianism, deontology, and virtue ethics will be used to frame the discussion of ethical challenges experienced in human trafficking health research and health care provision.

The Palermo Protocol (UN, 2000) definition of trafficking was used in this work, and specifically the understanding that the factors of force, fraud, and coercion must be in place for someone to be considered trafficked. The element of movement was understood as either within or across borders. In this work trafficked populations were defined as men and women over the age of 18, exploited for sexual and/or labour purposes.

Ethical challenges were explored from the both the perspective of researchers and those providing health care services as research and practice (should) interact and influence each other. Practice should, ideally, utilize research and research should, ideally, be informed by the needs of health care providers. Therefore, it was decided that key stakeholders in this process were not only researchers, but also health care providers and those providing health services within NGOs. It was hoped that by understanding ethical challenges experienced in both research and sectors of public health response, a more comprehensive and relevant understanding of ethical complexities in this field could be gained. Further, neither research nor health care provision operates within a vacuum, but within larger institutional frameworks. Therefore, this work also took into consideration the political, economic, and global structures that could influence the ethical complexity involved in working with trafficked people, either in research or health care provision.

A qualitative approach was used to give participants freedom to explore their views on the ethical challenges they faced in their work through intensive in-depth interviews. I then used a specific theoretical paradigm and a chosen qualitative method to explore participant dialogue. This is admittedly a singular perspective through which to understand the reality of data collected. However, careful consideration was given to the type of perspective chosen to the exclusion of others.

As the central aim of the thesis was to understand how ethical challenges were identified and interpreted within research and practice with trafficked populations, and to explore mitigation strategies, a qualitative design was selected. Qualitative methods were the most appropriate as they help interpret "the important functions in complex situations" (Stake, 2010, p.23). Thus, a qualitative design was the most appropriate approach to describe this world and the experiences of the people who inhabit it. A qualitative design was chosen as it would be difficult, or even impossible, to quantitatively measure people's feelings and attitudes of ethical challenges and mitigation strategies in the field of human trafficking and health and would not, as Blumer (1986, p.26) writes, respect the empirical world under study.

In this thesis, a mapping exercise and a semi-structured survey were undertaken. A note is required however, to be clear that the mapping exercise was a method to visualize findings from the systematic review of health consequences associated with human trafficking and the semi-structured survey was used only as a participant recruitment tool and to aid in development of the

open-ended topic guide utilized in interviews.

4.2 The Role of Researcher Considered

The research process within qualitative work contains three general facets, "theory, method, and analysis; or ontology, epistemology, and methodology" (Denzin and Lincoln, 2011, p.11). The researcher who goes through this process does not exist in a vacuum; she or he brings to the levels of theory, method and analysis a history, a personal biography, a perspective of the world shaped through her or his education and experiences. In a way, "every researcher speaks from within a distinct interpretive community" (Denzin and Lincoln, 2011, p.11), which influences their research. In contrast to quantitative research, where the researcher is expected to be objective and separate from the data, the qualitative researcher has the ability to reflect on the perspective and influences they bring to the research process. This idea of reflexivity requires the researcher to examine their choice of perspective, reflect on their feelings and thoughts during data collection and analysis, and think thoughtfully and critically on their personal history and how that may affect the research process.

I am a white woman from a high-income country who grew up in a middle-class family in Canada. Although I have not been immune to trauma or grief in my life, I knew I approached this project as an outsider to the plight of those who have been exploited through trafficking and this is expanded on later in this section. As my research question centered on ethical challenges experienced in the world of health research with trafficked populations and the ensuing public health responses, my research participants were academic researchers, health care providers, and NGO workers. In the work of academic researchers I am an insider; it is a world I live in and am comfortable navigating. As an insider I was accepted and did not need much time in the interview process to establish rapport. The disadvantage was that, quite often, researchers assumed I understood what they were trying to communicate. I often had to ask for clarification, as even if both of us knew what they meant, it was important for researchers to express their views openly and clearly and for me not to make assumptions.

The fact that my PhD is in Medical Science and Public Health and that I work as a public health researcher gave me credibility with health care providers in that they did not view me as a complete outsider. But my lack of a medical degree and my lack of experience in health care practice did place me in a position of being outside looking in. This meant I had to spend more time establishing rapport and creating a space where health care providers felt I was enough of

an insider, and had enough interest in their work to be trusted. One of the unexpected advantages of this was that, in a general sense, health care providers treated me like a student in a class; someone who needed to be educated. This meant they did not hesitate to explain what they meant by acronyms they used or to describe how health care provision operated in their world.

I considered speaking to people who had been trafficked, but ultimately decided against this. People who have been trafficked are vulnerable in complex and layered ways (Lange, Rogers and Dodds, 2013, p.335) and I decided it was self-indulgent on my part to want to interview them. If my research question had been about health outcomes, experiences of health services, or policy direction it would have made sense to speak to them. To ask about their feelings of any ethical issues they experienced participating in research or receiving health care seemed extraneous to their immediate plight of needing their health outcomes understood and their health care needs recognized. It also felt like an exercise that could unintentionally re-traumatize people if they had been subject to ethical violations in the research process or in a health care interaction. I realized this may mean I have silenced an important voice in the process, but I remain unconvinced that people with such immediate and vital needs would have received much out of participation in this thesis. I did not feel the potential harm that I could have caused overruled the potentially valuable data I may have received from trafficked people. Further, this thesis was centrally concerned with uncovering ethical challenges encountered from the perspective of those working in human trafficking health research and health care provision. This was a preliminary undertaking and boundaries needed to be delineated in a feasible way. The scope of this field is large and could, if determined, cover first responders, state bodies, international organization employees, asylum seekers or refugees who had been trafficked, and numerous others. To include everyone would be almost to include no one; a superficial understanding would be gained that would not be helpful to advance this field of research in a meaningful way. My justification is, of course, open to criticism from those who will say trafficked people should be involved in research from the ground up, but this was a decision I made and that I believe can be defended. However, if work from this thesis is used to develop future research ethics guidance, it will then be vital to include trafficked people to understand their perspective around participation in research and ethical issues.

In general, as a researcher I was as aware as I could be about the biases that I brought to my study. I am a woman and consider myself a feminist, and felt myself put in the strange position of defending the often forgotten male victims of trafficking. The trafficking movement was initially

spearheaded by feminists and due to the conflation of sex trafficking with prostitution, trafficking movements fit nicely into already mobile and resourced women's groups and well-established feminist rhetoric. This, along with political will and the relative ease with which it is to get funds to support research with women battered and abused in sexual exploitation meant that for a number of years trafficking in humans equaled women sexually exploited. This is not to take away from women who are sexually exploited, it is a part of human trafficking, but it is not the entire story. There are a growing number of men (and women) exploited in labour trafficking. This became part of my script whenever I gave a presentation on trafficking or explained my study to friends, colleagues, and family. I had to confront my own perspective as a woman passionate about women's rights and change my viewpoint to a woman passionate about human rights.

All of these biases, perspectives and understandings of the world were factors I had to consider and reflect upon during my PhD journey. I kept an online journal to record some of my thoughts and revelations, which helped me reflect back on my process throughout this study. I believe I handled these issues to the best of my ability although I maintained awareness of my limitations and bias throughout the analysis process and reflected on them in the interpretation and discussion of my results.

4.3 Theoretical Paradigm

A number of lenses with which to understand and guide the project were used as identified through research on qualitative theory. The paradigm used was constructivism, the phenomenon studied was individual people who were trafficked, and the approach was narrative in nature. The philosophical stance used in this project was also multi-level. The ontology was idealism, epistemology was experientalism, and the research perspective was subjective. In this work ontology is seen as the created reality of the participant, epistemology as critical subjectivity and co-created findings, while methodology can be understood as "use of language grounded in shared experiential context" (Denzin and Lincoln, 2011, p.100). These lenses and viewpoints are expanded upon below.

4.3.1 Constructivism

The overarching theoretical paradigm chosen for this project was constructivism. Constructivism was an appropriate theoretical paradigm as the aim of this thesis was to understand and reconstruct the experiences of ethical challenges experienced in research and health care

provision with trafficked populations, and to explore mitigation strategies. As Guba and Lincoln (1994) note how we understand and know "is a central part of how we understand ourselves, others and the world" (in Denzin and Lincoln, 2011 p.104). Further, there is an assumption within constructivism that we cannot and crucially, should not, separate our self from what we understand and know. Our environment shapes us by the experiences we live through and this emerges through both the data given by the participant and the interpretation of the researcher. The paradigm of constructivism therefore, guided my understanding of the co-constructive nature of the interviews conducted, which explored the ethical challenges experienced by researchers and health care providers who interact with trafficked populations.

As ethical issues involved in research and health care provision with trafficked populations are complex and multi-voiced, constructivism offered the "passionate participant as facilitator of multi-voice reconstruction" (Denzin and Lincoln, 2011, p.110), making it an appropriate paradigm for the research undertaken here. Constructivism was determined to be appropriate for this line of inquiry as how ethical challenges are identified and interpreted can be understood as relativist. As written by Guba (1990, p.27), constructivism does not attempt "to predict and control the "real" world nor to transform it but to reconstruct the "world" at the only point at which it exists: in the mind of constructors". Researchers and health care providers who work with trafficked populations exist within institutional structures that hold specific ethics guidance and frameworks, but may work in international contexts. Their reality of what ethics is may be the same as the local understanding where they work or it may be quite different. Regardless, researchers and health care providers have an understanding of ethics that is based on both their personal and professional history along with the setting they are based in and the environment they work in. Thus, their view is dependent on their background, education, their place of work, and setting in which they conduct research. The paradigm of constructivism then fit appropriately with this population and linked well with the ontology of idealism, which was utilized in this work.

4.3.2 Ontology

The ontology, or worldview used in this project was idealism. As defined by Savin-Baden and Major (2013, p.56) idealism is a view of reality that states, "reality is fundamentally mental, mentally constructed". This is directly connected to the research perspective of subjectivism employed in this thesis, "that reality is mentally and subjectively constructed" (Savin-Baden and Major, 2013, p.56). This thesis was subjective in that findings from data are co-created between researcher and participant (Denzin and Lincoln, 2011). The reality co-created through data

findings was constructed by participants' experience, frame of reference, and settings they found themselves in (Denzin and Lincoln, 2011). These experiences, frames of reference, and situational settings were then co-constructed through the process of in-depth interviews between participants and myself. The role of both participant and researcher were recognized as integral to the process. As Flax (1990) notes, "we cannot know the real without recognizing our own role as knowers" (in Denzin and Lincoln, 2011, p.104). The researcher is viewed as part of the creation of data, an active actor within a subjective process. As a public health researcher, I was an active actor, taking part in creation of reality concerned with ethical challenges and this reality was mentally constructed and discussed through interviews conducted with those working with trafficked populations.

4.3.3 Epistemology

The epistemology, or way of thinking was experiential in nature in that, "knowledge develops through experience" (Savin-Baden and Major, 2013, p.56) and changes constantly. This was appropriate to this thesis as ethical challenges experienced in work with trafficked populations can be influenced by the type of research undertaken, the type of trafficked population, the type of research or health care setting, the experiences researchers and health care providers bring into the setting, and even the political and economic context. Knowledge of ethical challenges develops through experience in research, educational background, the institution one works in, and the political environment and economy research takes place in. All these factors guided the way ethical challenges were perceived by researchers and health care providers and shared with me in interviews. Themes that emerged appeared to be time bound to stages of research and were visualized as a blueprint of a house. Factors of politics and economics, along with mitigation strategies influenced identification and identification of emergent ethical challenges in each stage of research. This visualization of overall themes can be found in Chapter Five [Figure 10] and emergent themes from each room (stage) of the research process can be found in Appendix 3.

4.3.4 Approach

The approach taken in this project was narrative in that as a researcher, I was involved in co-construction of the realities experienced by researchers and health care providers. Their stories took the form of interviews and accounted for individual experience and context in which experiences took place.

Data collection was centered on individuals, and the data analysis used was Qualitative Content Analysis (QCA) as outlined by Schreier (2012). The reason for choosing QCA is expanded upon in Section 5.1.

4.4 Ethical Framework

In order to frame ethical challenges experienced in health research and health care provision with trafficked populations, which has public health oriented goals, three different sources were used. The first was Beauchamp and Childress's (2013) four principles of medical ethics: autonomy, beneficence, non-maleficence, and justice as it is a widely used and accepted framework for medical ethics. The second was the *UNESCO Ethical Guidelines for International Comparative Social Science Research in the Framework of MOST* (de Guchteneire, n.d.) and work from Baum et al. (2007) work entitled, 'Looking ahead: addressing ethical challenges in public health practice'. The UNESCO guidelines (de Guchteneire, n.d.) were selected as they incorporate elements of researcher bias and cultural sensitivity that related to the public health goals of human trafficking health research. Work from Baum et al. (2007) work was chosen as it incorporated population-level utility and political feasibility as further ethical concerns related to the public health goals of human trafficking health research. The combination of these three pieces of work enabled me to obtain a fuller understanding of emergent themes that would not have been possible using one perspective alone. As noted previously, no single normative ethics approach was used in the analysis as human trafficking health research crosses boundaries of both medical research and public health oriented goals. Therefore, it was decided that a combination of approaches was needed to fully encompass ethical challenges shared by participants. Further, no normative ethics theories were applied to avoid judging issues shared by researchers or health care providers who may be operating under differing institutional or moral normative frameworks. Additionally, an interactionist paradigm was utilized to understand how situations encountered were identified and interpreted as ethical challenges. This paradigm is outlined in the section below.

4.5 Identification and Interpretation of Ethical Challenges

Understanding how situations encountered in research and health care provision are identified and interpreted as ethical challenges is a first and vital step towards understanding how ethical decision-making operates in this field. Previous work from Trevino (1986), Jones (1991), and Schwartz (2016) concentrated on ethical decision-making behaviour in organizations. Trevino (1986) posited an interactionist model for ethical decision-making in organizations that included

both individual and situational variables to understand how people make behavioural decisions regarding ethical dilemmas. Trevino's (1986) model was created to apply to ethical (and unethical) decision-making behaviour by American business managers, however in this thesis it has been adapted here to understand how situations encountered in research and health care provision are interpreted and identified as ethical challenges. Understanding how researchers and health care providers recognize and interpret situations as ethical challenges can contribute to our understanding of what it means to be ethical when working with trafficked populations. Further, this could lay the groundwork for creation of ethics guidance for this field of research and health care provision to ensure ethical behaviour is engaged in, and protect trafficked populations from further exploitation. Figure 9 below illustrates the revised interactionist model created to understand the identification and interpretation of ethical challenges.
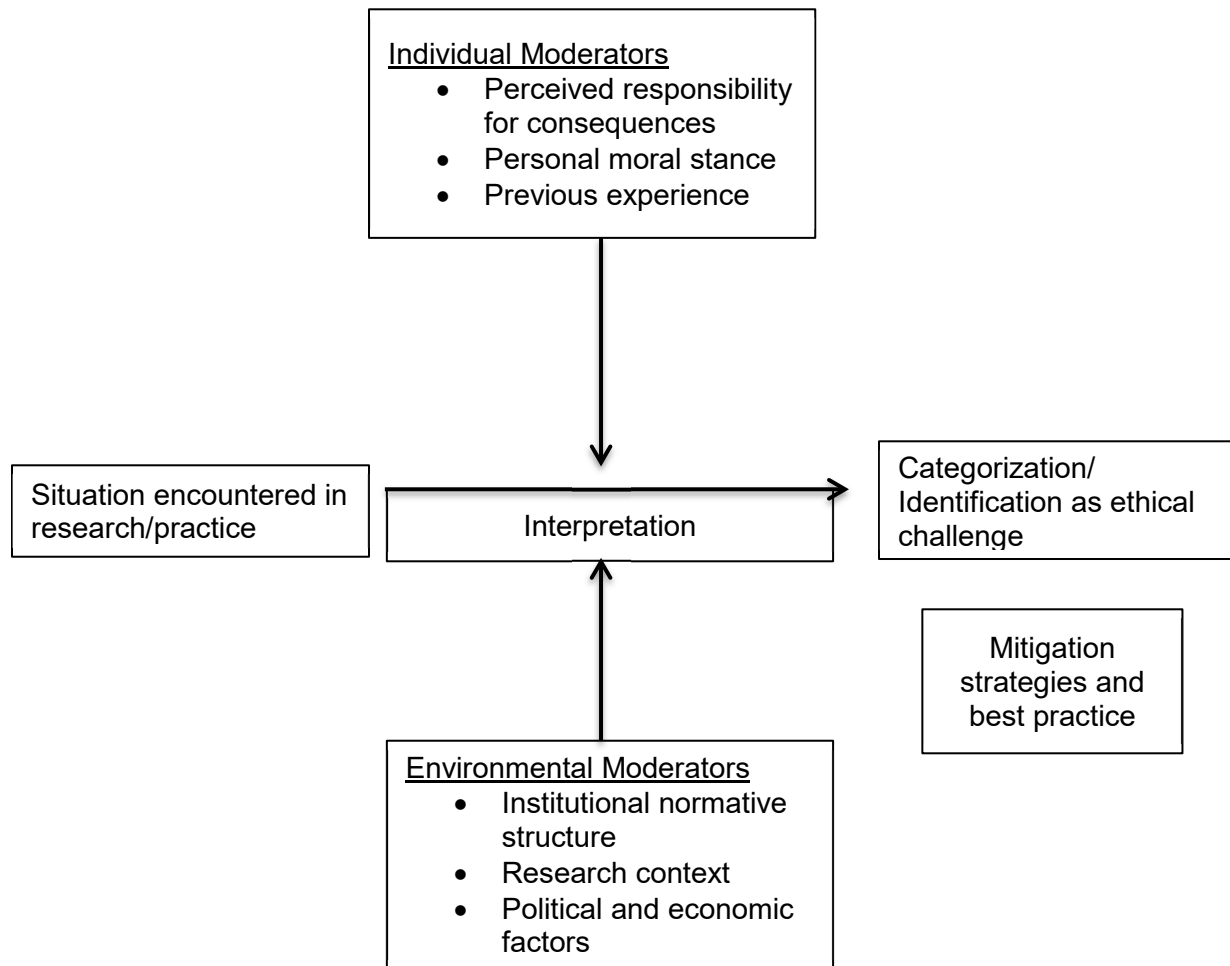
Figure 9. A model for identification and interpretation of ethical challenges in health research with trafficked populations

4.6 Research Methods: Recruitment Process

4.6.1 Recruitment Questionnaires

A structured questionnaire was used as tool to recruit possible participants for qualitative interviews and to assist in the development of the open-ended topic guide. This data was not included in analysis as it was solely utilized as a recruitment tool.

The questionnaire was split into two surveys due to question number limits on free Survey Monkey accounts. The first questionnaire collected demographic information on people who work with populations who have been trafficked. The second collected information on the possible types of ethical challenges faced during conduct of this work. The questionnaires were opened for submissions on May 10, 2015 and closed September 30, 2016. Questionnaire 1 and 2 can be found in Appendix 4.

Questionnaire 1
Investigated information about participants' research setting, type of research, type of health services, type of trafficked population, years of experience, and level of education.

Questionnaire 2
Investigated topics on ethical challenges encountered, frameworks available, language and cultural barriers, ability to gain informed consent, and ability to share ethical challenges encountered with colleagues.

At the end of the second questionnaire, a space was provided for people to indicate if they would be willing to be contacted for the qualitative interview portion of the thesis.

4.6.2 Participants

A total of 31 people completed the first questionnaire, and 27 completed the second questionnaire. As this was an anonymous survey and Internet Protocol (IP) addresses were not tracked it is impossible to say if the same people completed one or both of the surveys.

4.6.3 Sampling Design

Participants were selected by contacting all corresponding authors on papers from the systematic literature review search. All corresponding authors were contacted via email and asked to participate in the online structured questionnaires. This was a non-probability convenience sample.

4.7 Research Methods: Qualitative Data

4.7.1 Participants

A total of 15 people were interviewed. Participants were 5 researchers employed in academic institutions, 2 researchers employed with government institutions, 2 PhD students involved in research, 4 health care providers employed in clinics or hospitals, and 2 NGO employees. Participants worked in the UK, North America, Ireland, the Oceania region, and South America. Demographic data on gender, region, type of employment, and place of employment was collected. However, no other demographic factors were collected to protect the confidentiality of the participant sample. This area is a small field even in a global sense, and it was felt that to bracket participants by age or specific country could lead to their potential identification. This was supported by requests from multiple participants who asked that specific demographic information not be shared. A summary of participant characteristics can be found in Table 8 and participant sketches can be found in Appendix 5.

Interviews with participants ceased after 15 interviews, as it was determined saturation had been reached. This was evidenced by the emergence of similar themes across interviews, and it was felt that further interviews would not add further breadth or depth to the data collection process.

4.7.2 A Note on Sampling Design

Convenience sampling was used as the intention of this thesis was not to be representative of the entire population as there is no way to represent the views of all the participants involved. Collecting data from health care providers, PhD students, researchers, and NGO workers was vital to the aim of this thesis, but due to their varied backgrounds and agendas it would be impossible and inappropriate to represent them as one population. Thus, convenience sampling was considered appropriate and the cross-sectional representation achieved was considered more than adequate.

4.7.3 Interviews

A series of 15 in-depth interviews were conducted with academic researchers, health care providers, PhD students, and NGO employees. An open-ended topic guide was used to allow for free flowing conversation so as not to limit participant's answers and allow them to guide the direction and flow of conversation. The open- ended topic guide can be found in Appendix 6.

All interviews were audio taped with permission from participants and all interviews except two were conducted via Skype. These two interviews were conducted via mobile phone due to technological constraints. Skype was used as a medium for interviews as it enabled interviews to be conducted globally while limiting researcher travel. Two sets of notes were taken for each interview. The first were inscription notes or mental notes that occurred during conversation, and were written down informally as scratch notes. The second type of notes recorded were description notes, which were completed directly after the interview was completed and described observations of the interview, the interviewee and reflections on the experience of the interview.

I transcribed all interviews verbatim from audio recordings to ensure nuances of each conversation were captured. Numbers of inaudible words were recorded to be transparent about audio recording ability on transcript records. Interviews were proofed for accuracy after transcription was completed.

4.8 Data Analysis

4.8.1 The Consequences of Trafficking on Health: A Systematic Review

The systematic review (Chapter 2) examined health consequences associated with adults trafficked for sexual and/or labour exploitation. This review looked at all health research conducted to date with men and women trafficked for various forms of labour and/or sexual exploitation and examined aspects of sexual, physical, or mental health, sexual risk, or exposure to violence, substance use, and well-being.

4.8.2 Exploring the Ethical Complexity in Human Trafficking Health Research: A Qualitative Review

A qualitative review (Chapter 3) was undertaken to examine all literature to date that looked at ethics issues involved in research with people who have been trafficked for labour and/or sexual

exploitation. Academic papers, PhD theses, NGO publications, and relevant ethics guidelines were included to describe and critically analyse the current landscape of research ethics in the field.

4.9 Qualitative Methodology: Moving from Grounded Theory to Qualitative Content Analysis

As with most qualitative research analysis was an ongoing process beginning as data was gathered and continuing after all data was collected. Grounded theory was originally identified and used as the analysis method for two reasons. First, it was envisioned that a theory of the structures within which ethics operates and functions in human trafficking research and health care provision would be generated and used to inform creation of a research ethics framework. Second, there was no existing framework for coding and it was thought important for codes to emerge directly from data. Accordingly grounded theory methods were drawn from to analyze the first four interviews. However, as analysis progressed it became more difficult to justify use of grounded theory methods.

One of the cornerstones of grounded theory is theoretical sampling, "the process of collecting data for comparative analysis" (Glaser and Strauss, 1967, p.9). Participants in this study were recruited to understand "differing experiences of the phenomena so as to explore multiple dimensions of the social processes under study" (Starks and Trinidad, 2007, p.1375). However, initial data collection did not, in fact, inform subsequent data collection, but it did inform analysis. Thus, the method of theoretical sampling and constant comparative analysis outlined by Glaser and Strauss (1967) as integral to grounded theory was already becoming a tenuous connection at best.

Further, it became apparent as data was analyzed that the process used was both deductive and inductive, violating the inductive only principle of grounded theory. This thesis aimed to uncover ethical challenges encountered in human trafficking research and health care provision. The research process (and health care provision) unfolds along a timeline and challenges are experienced and negotiated at various time points. Accordingly a temporal framework of the research process (including health care provision) was used to illustrate when and how ethical challenges are encountered and explore any mitigation strategies. This temporal framework, generated through a deductive manner, is a rational and appropriate way to understand this process. Further, it became increasingly clear that while codes that emerged from interviews were inductive, they were applicable within the deductive temporal framework.

It also became apparent that theory generation would not be possible within this thesis. The research question at the outset of this thesis was broad to allow for participants to guide formulation of a concrete hypothesis. As research unfolded it became clear that what was emerging as a research question was how challenges were identified and interpreted as ethical challenges and further, how these challenges were understood in the broader context of influencing factors. There was not a defendable basis on which to generate a theory explaining the relationship between what was occurring in the research or health care provision context and how ethical challenges were influencing decision-making processes.

Therefore, sampling was not theoretical or constantly comparative, inductive as well as deductive coding and analyses processes were used, and theory generation was deemed a bridge too far for this thesis. Thus, it was decided that a more appropriate and justifiable way to continue was to use QCA as outlined by Schreier (2012).

Moving from grounded theory to QCA was an organic transition as both methods share similarities and both are rooted in naturalistic theory, involving rigorous systems of coding and identification of themes and patterns (Cho and Lee, 2014). Further, as Cho and Lee (2014, p.2) state, some researchers who believed they were using grounded theory, were actually using QCA, incorporating "some procedures of grounded theory, such as open coding or memoing". This was in fact, a perfect description of what occurred as this thesis progressed.

QCA has emerged from a philosophical background of communication and linguistics as opposed to grounded theory's lineage of social interactionism (Cho and Lee 2014). Berelson published the first textbook on QCA defining it as, "Content analysis is a research technique for the objective, systematic, and quantitative description of the manifest content of communication" (1952 cited in Schreier, 2012, p.171). Kracauer challenged Berelson's definition and argued "meaning is often complex, holistic, context dependent" (1952 cited in Schreier, 2012, p.171). Kracauer advocated for a different kind of content analysis not limited to frequency counts and became the first advocate for QCA.

While QCA yields meaning of context and lets "key categories and concepts emerge from the data" (Schreier, 2012, p.25), grounded theory yields a substantive theory. As it was determined during the research process that context meaning and identification of categories was indeed the primary intent and outcome of this research process, and not substantive theory, QCA was

determined to be the most appropriate methodology.

QCA is a process that uses both inductive and deductive approaches to discover common patterns in data. It uses a similar systematic approach to coding as grounded theory but the procedure of coding is different (Cho and Lee, 2014). QCA involves data reduction to limit analysis to the question at the center of research. As Sandelowski argues this enables researchers to "stay closer to their data and to the surface of words and events" (2000 in Cho and Lee, 2014, p. 338). QCA then, as a method, fit the emerging data and aim of this thesis and was decided to be an appropriate way to move forward. The method of QCA as outlined by Schreier (2012) was adhered to in this project.

4.10 Analysis Method

4.10.1 Deciding on a Research Question

As grounded theory was the original method used in this project, initial codes were informed exclusively by interview data. However, after four interviews were coded and the qualitative review on ethics was completed, it became clear that grounded theory was no longer an appropriate method nor was it being adhered to in a justifiable manner. At that point the final research question was revised and finalized.

4.10.2 Selecting Material

The material selected to analyse were the in-depth interviews.

4.10.3 Building a Coding Frame

The coding framework developed met the requirements set out by Schreier (2012, p.175) in that the main category was unidimensional, while the subcategories were mutually exclusive in that any code could "be coded *only once under one main category*". For example, if a participant stated they had concerns about how to assist a trafficked person with a precarious immigration status for numerous reasons, for example, because they are not qualified to give legal advice and also because the legal system itself does not provide adequate protections this would need to be named two separate sub-categories under one main category. Last, QCA requires all relevant parts of material be included in a category to meet the requirement of exhaustiveness (Schreier, 2012).

The coding frame created utilized two levels: a main category and a subcategory. The main category was the factor I wanted more information on, and the subcategories from interviews told me about the main category. The six main thematic categories that emerged were: evidence generation, equality and fairness, research procedures, autonomy, harmful practice, and environment with numerous subcategories emerging from each category. In addition, themes related to mitigation strategies that emerged were: previous experience, learning from related fields, institutional support, involvement of stakeholders, awareness of national and international guidance, and key information sharing.

The main categories were concept-driven and subcategories were data-driven. Subsumption was used to generate data-driven subcategories in that material was read until a concept relevant to the research was found, a check was performed to see if a subcategory already existed that covered the concept, if so this concept was subsumed under that category and if not a new sub-category was created (Schreier, 2012). Reading of interview transcripts continued until a new concept was found and the process was then repeated until saturation was reached and no new categories could be generated.

Once the coding frame had been developed categories were created and defined with the following components, "a category name, a description of what is meant by that name, positive examples, and decision rules" (Schreier, 2012, p.176). This enabled assurance that all subcategories were mutually exclusive. Subcategories were then examined and collapsed or expanded as needed in a revision and expansion exercise.

For the complete coding framework, please see Appendix 7. For the category definitions used in the analysis of data, please see Appendix 8.

4.10.4 Segmentation

Material was segmented according to source, in this case, interviews, and according to topic. Further, thematic criteria were used to define units as corresponding to a theme. Units of coding were then numbered, per source, in a consecutive fashion and segmentation was completed before coding began.

4.10.5 Trial Coding

The coding framework was tested on two interviews, one participant who conducted research and another who provided health care services. Coding was completed twice, over a period of 14 days. I opted to use NVivo to enter codes instead of the coding sheet recommended by Schreier (2012) as I personally found NVivo to be a more useful data management system.

4.10.6 Evaluating and Modifying the Coding Frame

Once coding was completed, results were examined to ensure validity and consistency of codes. Modifications and revisions were made where necessary.

4.10.7 Main Analysis

All interviews were coded using the final coding framework. No changes were made to the final coding framework once main analysis began, and as such double coding was not performed as consistency and validity had already been established. Please see Appendix 9 for an excerpt from an interview using the main analysis strategy.

4.11 Rigour and Validity in Qualitative Inquiry

Corbin and Strauss (2008, p.302) define quality of qualitative research as work, which is "interesting, clear, logical" and "has substance, gives insight, shows sensitivity". Quality can be shown in work that is creative in its conceptualization of the phenomenon under investigation, while at the same time, grounded in the data collected (Corbin and Strauss, 2008).

There are numerous texts and frameworks on determination of validity in qualitative research. Creswell and Miller (2000, p.124) note that existing typologies can be found in works of Maxwell, 1992; Lather, 1993; and Schwandt, 1997, among others. Generally, qualitative research is evaluated using "triangulation, thick description, peer reviews, and external audits" (Creswell and Miller, 2000, p.124). This work did undergo triangulation as data collected from interviews and literature was examined for intersections, my PhD supervisors undertook a peer review, and an external audit completed by a board of examiners.

To ensure rigour, as outlined by work from Seale and Silverman (1997, p.380), I utilized a computer programme to assist in analysis to ensure "systematic analysis of representative

instances of data" and data was recorded objectively though use of an audio recorder and verbatim interview transcriptions.

While there is not an existing framework for evaluation of QCA, Cho and Lee (2014, p.14) suggest, "overall qualitative criteria can be applicable". Specifically, the authors suggest that dependability, transferability, and credibility can be utilized (Cho and Lee, 2014).

Dependability can be increased through documentation clearly showing notes on methodology and records used to show revisions that occurred during the research process (Cho and Lee 2014). Dependability of this thesis can be shown through detailed records and notes taken throughout and on revisions undertaken in the process. As I moved from using grounded theory to QCA, detailed records were kept of how this transition occurred. Transferability can be enhanced through providing a comprehensive background and context to the phenomenon in question, and credibility can be increased through triangulation of data. In this thesis, comprehensive documentation on methodology and revision records were kept and a thorough background and context was provided to the phenomenon of the intersection of ethics and health research with human trafficking through both the systematic review, the qualitative review, and the background provided in Chapter One. To increase credibility of the work presented in this thesis, data was triangulated by examining the intersection between data collected from interviews and the bodies of literature reviewed. Using triangulation also enhanced transferability of the findings from this work - interview data were compared against both the systematic review of health consequences and the qualitative review on ethical challenges encountered in research with trafficked populations. In this way, dependability, transferability, and credibility were used to increase trustworthiness and quality of data analysed.

It should be noted that as this was a small-scale study undertaken for a PhD thesis, thus results may not be completely transferable. Participants in this work were a non-probability convenience sample and it remains to be seen through further research how findings presented here can be applied in other settings and contexts. Limitations of this work are further detailed in Chapter Six.

4.12 Data Management

For this project it was decided to analyse the first four interviews by hand. This was done to ensure the method of analysis was fully understood before utilization of an electronic information management system. Once completed NVivo was used to manage the entire interview data set.

4.13 Data Protection

Fourteen participants signed written consent forms and one participant gave recorded oral consent. All participants were assigned pseudonyms immediately after consent to ensure interview transcripts were only identifiable through the pseudonyms assigned. Consent forms were kept in a separate folder on a password-protected laptop accessible only to myself. Any identifying information was removed before quotations were used in this thesis. Further, all quotes, pseudonyms, and participant sketches used in this thesis were sent to participants for review and approval. One participant requested a full transcript of their interview for review and this request was respected. The participant then reviewed the transcript for accuracy and approved use. Please see Appendix 10 for the participant information sheet and Appendix 11 for the consent form used in this thesis.

4.14 Ethical Approval

Conditional ethics approval for the qualitative interviews was obtained from the Faculty Research Ethics Panel, in the Faculty of Medical Science at Anglia Ruskin University on 28th April 2015. The conditional approval required me to respond to concerns from the ethics review panel (Please see Appendix 12). The concerns were addressed in an amendment response, which can be found in Appendix 13. Final ethics approval was granted on 8th May 2015; please see Appendix 14 for final approval letter. No ethics approval was required for either literature review as they used information available in the public domain.

Chapter Five: Results

5.1 Outline

This chapter outlines the major themes that emerged from interviews in relation to ethical challenges encountered, and mitigation strategies utilized in the research process and health care provision. All relevant participant quotes can be found in Appendix 15. The first section introduces the participants interviewed, and the second section outlines the conceptual framework utilized to understand ethical challenges within each stage of research and health care provision. The third section details the ethical framework utilized to categorize emergent themes and the interactionist model used to understand how participants identified and interpreted situations as ethical challenges. The last section details all emergent themes in each research stage.

5.2 Participants

This sample included fifteen participants in total from a cross-section of those working with trafficked populations in research and health care provision. The advantage of this cross-section is that it enabled me to illustrate the issues from a multitude of viewpoints and both professional and personal perspectives. For a summary of participant characteristics please see Table 8 below.

Gender	
Male	2
Female	13
Region	
North America	8
United Kingdom	2
Oceania Region	3
South America	1
Ireland	1
Type of Employment	
Senior researcher	7
Junior researcher	2
Physician	4
NGO	2
Place of Employment	
University	4
Other/NGO	6
Hospital	3
Private practice/Clinic	2

Table 8. Summary of participant characteristics

5.3 Conceptual Framework

The stages of the research process (and health care interactions) are visualized as a house with seven rooms, one for each stage. Each room contains the themes that emerged from participant interviews and each room varies in size and volume of themes. The research process (and health care interactions) acts as the floor plan, or blueprint of the house but a house is more than a floor plan and similarly, research and health care provision do not exist in a vacuum; they are processes influenced by external and internal forces. Accordingly, this blueprint is visualized as existing within factors that impact the identification and interpretation of ethical challenges. These factors are two-fold, the first are macro structural factors of the political climate and economy, both locally and internationally. The second are mitigating elements of previous experience, learning from related fields, institutional support, involvement of stakeholders, awareness of national and international guidance, and key information sharing. Please see Figure 10 on the following page for the overall conceptual framework and Appendix 3 for emergent themes in each room.
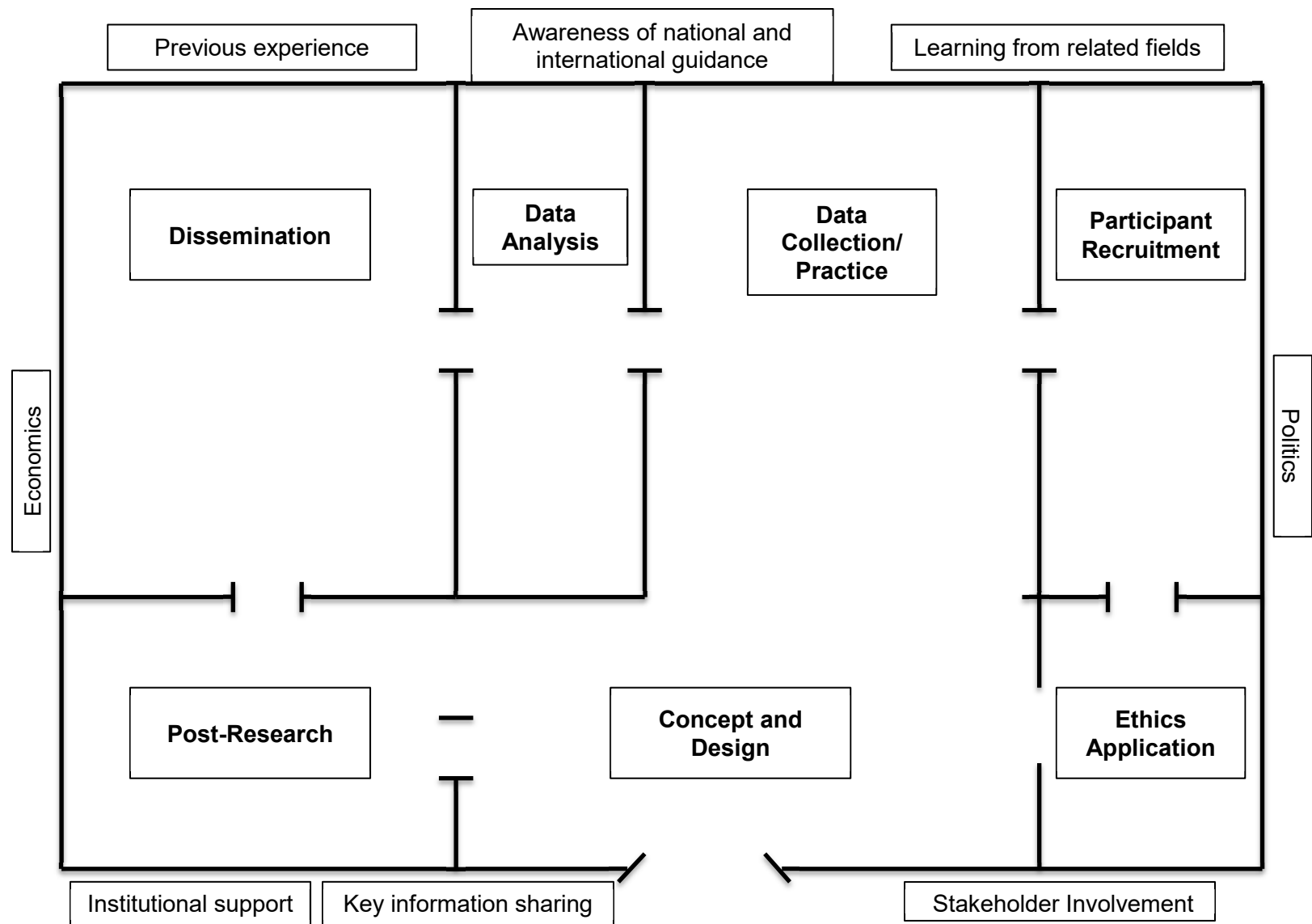
Figure 10. Conceptualization of ethical challenges within the research process

5.5 Ethical Framework for Categorizing Emergent Themes

Participants were asked to identify what they thought of as ethical challenges in their work with trafficked populations. After identification of an ethical challenge participants then elaborated on why they decided the particular situation was an ethical challenge and what caused them to make that decision. Participants identified individual moderators of responsibility for consequences as well as environmental moderators of institutional normative structures, research context, and political factors as influencing their decision-making. Both individual and environmental moderators influenced interpretation of a situation as an ethical challenge. Participants were also asked to identify any strategies utilized to mitigate potential consequences of ethical challenges. As outlined in Chapter Four, a modified interactionist model was utilized to frame identification and interpretation of situations as ethical challenges.

Each emergent theme from participant interviews is presented temporally bound to stages of the research process or health care provision, and interpreted using the modified interactionist model. Ethical challenges were framed using the four medical ethics principles from Beauchamp and Childress (2013): autonomy, beneficence, non-maleficence, and justice, along with public health ethics considerations related to cultural sensitivity, social justice, and researcher bias from the UNESCO guidelines (de Guchteneire, n.d.) and ethical considerations related to population-level utility and political feasibility from work from by Baum et al. (2007) on public health ethics. These three works were combined to ensure a comprehensive and appropriate platform to voice the ethical challenges identified by participants in this study. Please see Table 9 below for short definitions of each of the ethical principles and considerations used in this chapter.

Ethical Principle or Consideration	Definition
Autonomy	An individual is able to act freely and make informed and voluntary choices
Beneficence	The obligation to act for the benefit of others, to act in the best interest of others
Non-maleficence	The obligation to abstain from harming others
Justice	The obligation to treat others in fair, equitable and appropriate ways that are due to persons during and post-research/practice
Cultural Sensitivity	Host cultures should be respected along with local customs, laws and regulations
Social Justice	Short- and long-term effects and consequences of research/practice
Researcher Bias	The research process should be conducted without bias and researcher's personal perspective, ethical/moral stance should be transparent
Population-Level Utility	Community need and well-being should be considered and respected during and post-research/practice
Political Feasibility	Health is inherently political, thus political motivations and public/community accountability must be considered during and post-research/practice

Table 9. Ethical framework for emergent themes

5.6 Emergent Themes by Research Phase

The following sections detail emergent themes from participant interviews organized by phases of research. At the start of each stage of research, an icon of the conceptual blueprint from Figure 10 has been provided to guide readers through results.

5.7 Room 1: Concept and Design
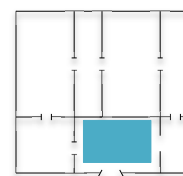
Researchers noted planning for research involved ethical challenges related to evidence generation, autonomy, environment, equality and fairness, and harmful practice. Challenges in this stage of the research process were identified and interpreted as ethical challenges using the individual moderator of a sense of perceived responsibility for negative consequences and the environmental moderator of research context. Emergent themes are detailed in Table 10.

THEMATIC CATEGORY	SUB-CATEGORY	SOURCE QUOTE
Evidence Generation	Scope	"we haven't actually done the counting exercise…if you want to do the counting exercise, how would you do it in a way that doesn't compromise your ethics as a researcher?" (ELL_009)
	Evidence Base	there are these…inherent biases in working with trafficked persons because you don't have a denominator, you work…with the population you already have so it's really different" (ANI_015)
	Justification of Research	"particularly transgender youth, that's a real disservice and we're not focusing enough attention on service provision or even identifying those cases because we associate trafficking with young girls" (REB_011)
	Bias	"I come from a psychological perspective so I guess my focus is more on what term is better for the survivor themselves" (REB_011)
	Conflation of Sex Work and Trafficking	"we have to be very careful as an institution to not come down on one side or the other of the debate about legalization versus abolition of sex work" (ANI_015)
	Useful versus Sensational Research	"I'm very curious and interested in a lot of things, but I don't know that it would necessarily be beneficial to developing a response" (LIL_013)
Autonomy	Vulnerability	"there are special considerations for a victim of that type of crime in comparison to other types" (VER_007)
Environment	Funding	"funding is tight and you really have to justify that…this is a big problem…I may not solve it but this is what I'm going to use your money to do and this is the impact I'm going to have on public health or medicine and I think you really have to make a strong case because funding is so limited (ELL_009)
	Legal Structures	"experientially they're probably…a case of human trafficking but they haven't for whatever reason met the legal condition to be prosecuted under that crime, so it's a tricky one" (VER_007)
Equality and Fairness	Sub-Population Exclusion	"you can't afford to have an interpreter, and then you have to exclude non-English…speakers from the survey and that is…really disenfranchising a lot of people from taking part in the research" (BEL_001)
Harmful Practice	Stigma	"when we were developing the survey the language that we used for some of the questions and response options you know, we certainly tried not to make um, stigmatize, like, I guess, yes, stigmatizing without meaning to" (VER_007)
	Referral Pathways	"referrals and clinical…services for trafficking survivors do not yet match the needs, the extensive, both acute and long-term needs that trafficking survivors have" (RAC_014)

Table 10. Room 1: concept and design emergent theme categories and sub-categories

5.7.1 Evidence Generation

Researchers identified their inability to discuss the scope of trafficking accurately as a primary concern of how to uncover the unknown without violating non-maleficence, social justice, or population-level utility. Researchers stated that of paramount importance during design of a research project was the ability to utilize background information and statistics to ensure community need and well-being was respected. Researchers stated that reported numbers of people who are trafficked ranged dramatically in available literature and this could impact on social justice, as they would be unable to fully reflect on effects and consequences of research due to unknown scope. Further, the limited known scope of trafficking appeared to be confined to sexual exploitation with women, creating issues for research exploring other types and genders. This appeared to create concerns related to social justice, in that research findings may not be applicable to segments of the overall population, and population-level utility in that overall community health and well-being could not be provided for if research is solely focused on sexually exploited women.

Closely linked to unknown scope of trafficking was lack of available evidence for researchers to utilize during conceptualization and design of studies. Researchers expressed concern about the general lack of research on human trafficking available, which created internal ethical tensions around how to use scant, available evidence during study design. They noted social justice could be threatened if effects and consequences of research could not be fully comprehended due to a lack of available evidence on which to build research studies. The overall evidence base on human trafficking also appeared to carry inherent bias within it due to the population being hidden. This created an ethical challenge for researchers on how to design a study in a rigorous way to ensure findings could be used to support appropriate public health decisions without violating population-level utility.

Researchers noted underlying justification for research could become an ethical issue during conceptualization and design. They noted when community need did not drive the research agenda this could carry implications for public health responses and violate population-level utility as community need and well-being would not be met. This was noted as a specific issue when needs of sub-populations were subsumed under the needs of the dominant group of sexually exploited women, where research has traditionally been concentrated.

Conflation of sex work and sex trafficking appeared to cause ethical tension. One researcher in particular noted that in their work helping establish trafficking assistance programmes it was politically necessary for their organization to separate the two phenomena.

Researchers also stated they had concerns around useful versus sensational research topics and noted the importance of ensuring information collected was necessary to further the evidence base rather than answer interesting (but unnecessary queries) to avoid violating non-maleficence. There appeared to be concerns that sensational portrayals of human trafficking could impact population-level utility of research. Researchers noted that funds should be allocated to research that is more rigorous in methodology rather than frivolous or sensational to preserve social justice.

5.7.2 Autonomy

Researchers noted potential vulnerability of participant populations should be considered in concept and design of research. Researchers expressed conflicting views on the level of vulnerability within trafficked populations, with some indicating the population carried inherent vulnerability specific to their experience. However, others compared vulnerability within trafficked populations as comparable to other vulnerable populations such as female sex workers or migrant workers.

5.7.2 Environment

Researchers noted funders' motivations or motivations from researchers applying for funding caused them ethical concerns and stated it was important to justify needed funding through goals related to public health responses to limit violations of social justice. Researchers also appeared to have concerns about exploitation of survivors, citing examples where research exploited survivors to create passion for a cause, or creation of service provision to qualify for funding. They indicated this carried the possibility of violating social justice if short- and long-term effects and consequences of research were not considered.

Researchers stated legal structures in the research environment could create barriers for inclusion of participants and impact their ability to access care. This was understood as a disconnection between participant's personal experience as a trafficked person and the legal definition of human trafficking. Researchers noted frustration at barriers presented from legal structures present in the research environment that placed an undue burden on participants, and

created an ethical challenge for researchers who aimed to design studies that involved trafficked populations. Researchers also indicated dilemmas could arise in that contact with law enforcement, while it at times, a legal obligation could create potential harm for participants.

5.7.3 Equality and Fairness

How to include sub-populations who are traditionally silent in the human trafficking narrative appeared to be related to population-level utility and social justice, and was framed as carrying implications for the individual study and for the field of research in general. Researchers noted interpreter costs should be considered during the concept and design phase or there was an ethical risk that certain sub-populations could be excluded. Researchers indicated that if segments of the population were excluded due to language barriers this could have short- and long-term consequences to the population raising concerns around social justice. Researchers also raised concerns around how to design studies that could access people in exploitative situations where conditions may be dangerous for researchers, but also cautioned that to not conduct research could silence exploited voices and bar access to needed service provision. This appeared to carry concerns around social justice in that not only would important voices be silenced but there would also be an impact on availability or development of health services.

5.7.4 Harmful Practice

Researchers indicated that as the trafficking experience itself could carry stigma, they needed to take steps during design of research to mitigate stigma that could be exacerbated through research. Researchers noted potential for stigmatization began when tools were chosen or designed for data collection use in the study, which could increase the potential for violation of non-maleficence.

Researchers also indicated lack of services or lack of appropriate services available for trafficked populations in the research context caused ethical concerns related to non-maleficence. How to plan for immediate referral pathways in emergency situations appeared to create ethical concerns for researchers who struggled with how to offer assistance to someone in urgent need of care, and noted this issue could present even if someone was already in care. Along with immediate referrals, long-term referral pathways to address unmet needs were brought up as an ethical issue that needed to be considered during the design phase.

5.8 Room 2: Ethics Application
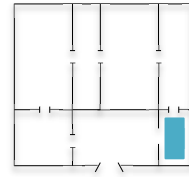
During the ethics application stage of a research project researchers identified ethical challenges related to research procedures, which are detailed in Table 11 below. These challenges appeared to be identified and interpreted through the environmental moderators of institutional normative structures and codes of conduct.

THEMATIC CATEGORY	SUB-CATEGORY	SOURCE QUOTE
Research Procedures	Written National Guidance	"certainly there is very strict and comprehensive guidelines that we have to make in order to get approval…for whatever project we wish to conduct" (VER_007)
	Written International Guidance	"general principles are very helpful and you can look at those…okay how do I sort of move those over, sort of rather generalistic setting to a research setting" (BEL_001
	Research Ethics Boards	"the idea of do no harm I think is really important and…purposes the reasons why we have IRBs" (LIL_013)

Table 11. Room 2: ethics application emergent theme categories and sub-categories

5.8.1 Research Procedures

Researchers indicated that review and use of written national and international research ethics guidance was important to ensure normative structures particular to their institution were adhered to. However, assistance appeared to be limited as researchers noted they had to take general guidelines and explore options on how to apply this to research with trafficked populations.

Researchers also shared their experience with research ethics boards during the ethics application process and discussed how they felt this was helpful (or not) in consideration of potential ethical issues that could arise during the research process. Some researchers viewed research ethics boards as normative benchmarks designed to grant permission for projects to proceed. Others stated they felt the purpose of research ethics boards was to ensure no harm was done to participants enrolled in research. Some indicated their interaction with the ethics review board helped them think through possible sources of harm, appearing to view the process as a positive way to work through potential ethical issues. One researcher noted in their particular research context, there was no functioning ethics review board available and to avoid potential exploitation of research participants, they created a research ethics board to review their project.
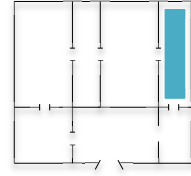
During the participant recruitment stage of a research project, researchers identified ethical challenges related to equality and fairness, research procedures, autonomy, and harmful practice. Challenges appeared to be identified and interpreted using the individual moderator of a sense of perceived responsibility for negative consequences and the environmental moderator of research context. Emergent ethical challenges are detailed in Table 12 below.

THEMATIC CATEGORY	SUB-CATEGORY	SOURCE QUOTE
Equality and Fairness	Applicability Beyond Sample	"thinking about how it may or may not be representative to the field is one of the ethical challenges" (RAC_014)
	Sub-Population Exclusion	"we really wanted to speak to some victims but we were just unable really to find any to interview so we ended up interviewing stakeholders" (CAR_010)
	Definitions	"it is a complex crime and part of the issue around collecting data on the crime is that variance in definitions both between countries but also within countries" (VER_007)
Research Procedures	Translation of Research Materials	"I had the blurb translated into different languages to make sure it was fully understood" (VAL_002)
	Explanation of Research	"You can try and prevent them but they'll happen nonetheless and it's important to recognize that they will happen and to… check whether your understanding is correct to make sure that you have some standard responses for, for misunderstandings" (JON_012)
	Explanation of Ethics	"standard things that you have to you know state…what the research ethics committee is, what the procedure is, and that isn't necessarily that familiar and it isn't necessarily that easy to put into lay language" (BEL_001)

THEMATIC CATEGORY	SUB-CATEGORY	SOURCE QUOTE
Autonomy	Gatekeepers	"you overhear somebody say…does anyone want to take part in this survey for 20 pounds…that's extremely problematic and you have to try and stamp on that very quickly" (BEL_001)
	Agency	"autonomy is threatened because people who are experiencing… these experiences come to doubt their judgment, they come to doubt their confidence, their sense of self" (JAN_004)
	Informed Consent	"you need to get informed consent, that is not a legal informed consent, it's talking it through with the person and explaining to them what's happening and making sure they understand and are okay with what's happening, that's informed consent" (ANI_015)
	Vulnerability	"these are vulnerable populations…even outside of the fact they may be a victim of human trafficking and slavery they're within a group that may already experience stigma" – (VER_007)
Harmful Practice	Mistrust of Authority	"they don't really want to talk to you, we're an authority figure… they've already had so much mistrust that they're not going to want to trust us" (VAL_002)
	Participant Incentives	"at what point do incentives become coercive in this population is really important" (LIL_013)
	Cultural Negotiation	"we need to be mindful of incentives…how much money or gift card or whatever the incentive is, what makes sense culturally as well" (LIL_013)
	Awareness of Trauma	"it's hard to know in terms in of an individual's mental health and where they're at" (RAC_014).

Table 12. Room 3: participant recruitment emergent theme categories and sub-categories

5.9.1 Equality and Fairness

Researchers noted that due to the hidden nature of trafficked populations they found it difficult at times, to locate participants for inclusion in research. Instead, they had to rely on data collection from stakeholders, which may act to silence the voices of those who had lived through exploitation with subsequent implications for social justice and population-level utility.

Researchers indicated applicability of findings beyond their particular research sample was vital to ensure recruitment was representative of the whole population. This was noted as an ethical challenge that had implications for population-level utility and social justice. Researchers stated that once sampling strategies had been decided upon, careful selection was required to ensure veracity of data collected. An emphasis on truth telling was a repeated concern in some interviews conducted. This appeared to be interpreted as an ethical concern as if populations were not

sharing truthful information, researchers were unable to determine if the data collected could support appropriate public health response, which could impact population-level utility.

Researchers also noted they faced competing definitions from international and national domains, which created complexities of how to define who will be recruited into research. This in turn, created ethical concerns around how to ensure population-level utility was respected. Researchers noted service providers and NGOs may utilize definitions that may or may not match international and federal classifications of human trafficking, further complicating not only who to recruit but also their ability to generalize study findings at population level. Researchers noted the difficulty involved in creating definitions for trafficked people as spaces between consent and coercion may have been crossed several times creating complications around how to determine when or if a person has been trafficked.

5.9.2 Research Procedures

Researchers noted a sense of responsibility to ensure research materials were translated to be culturally sensitive towards a multi-cultural and heterogeneous population. This appeared to be related to concerns around ensuring all potential participants were able to be included in recruitment to ensure justice was not violated, and to ensure research information was fully understood to reduce potential for violation of autonomy.

Researchers indicated they not only needed to ensure research materials were translated, but that research itself needed to be explained carefully. They noted trafficked people may not have taken part in research and may not understand terms used to explain research. Researchers noted they needed to take additional time to explain research procedures and that difficulties could arise if explanations were not fully understood, which could increase risk of violation of autonomy.

Researchers also noted explanation of ethical procedures was required as outlined by research ethics boards from their home institution. In practice however, the ability to explain concepts such as anonymity or informed consent could be restrained by participants' inexperience with research. This could lead to possible violations of autonomy if participants did not fully understand what they were consenting to, or violations of justice if lack of experience in research lead to participants not being treated fairly or equitably.

5.9.3 Autonomy

Researchers indicated they must often go through gatekeepers who allow or disallow access to trafficked populations. Researchers noted concerns that gatekeepers sometimes used coercive language, which could violate autonomous decision making of research participants.

Researchers also indicated that at times, they sensed a participant did not fully understand the recruitment procedure. This left them faced with the ethical challenge of either including someone who may not fully understand recruitment and consent procedures (possible violation of autonomy) or making the decision to exclude someone (possible violation of justice). Researchers appeared to indicate that possible violation of autonomy was more important in this situation and noted exclusion of potential participants if they felt they did not understand the consent process.

Researchers further noted conflict with the type of consent required. The normative structures of research ethics required informed consent be obtained but consent, as viewed by researchers, may not be legal consent, but understood consent. The ethical challenge of gaining informed consent appeared to become more difficult to navigate when populations were recruited while still in the period of exploitation. Researchers appeared to indicate the potential for coercion might simply be too high to recruit populations still in the period of exploitation, as they were unable to assure informed consent could be gained.

The vulnerability perceived to exist in those who had been trafficked appeared to drive concerns around potential violation of autonomy. Some researchers indicated they felt trafficked populations required special consideration due to vulnerability issues from exposure to exploitation that could result in possible violation of autonomy if decision-making ability was compromised due to vulnerability. This was presented as an ethical challenge for researchers who indicated they needed to be clear about benefits and risks to ensure people were not agreeing to participate in anticipation of having needs met that were out of the control of the researcher, which could violate both principles of autonomy and non-maleficence. Others noted sexually exploited trafficked populations may carry an extra layer of vulnerability due to stigma around sex work, regardless of force or coercion used during exploitation, which could raise issues around their ability to make autonomous decisions during the recruitment process. However, some researchers noted that autonomy was an issue more generally for other vulnerable groups and applicable best practice had been created to mitigate these concerns.

5.9.4 Harmful Practice

Researchers noted their position as authority figures, as perceived by participants, carried concerns of being seen as a coercive or exploitative force. This appeared to carry concerns related to autonomy as this perception could lead to participants to feel forced into recruitment. Researchers indicated a lack of trust could impede their ability to recruit participants as they were seen as a coercive, authoritative force leading to potential violation of justice. Researchers also noted actions of others could influence their ability to recruit participants. Even though this was an element out of their control, researchers stated that abuse of power from other stakeholders involved in research, health care, law enforcement, or immigration could cause trafficked populations to mistrust researchers.

Researchers indicated they felt it was important to acknowledge the time and effort of participants but were concerned about how incentives could act as a coercive force due to immediate needs. Some researchers struggled to identify when incentives went from acknowledgement of a person's time to a coercive force raising concerns around how autonomy may be violated in such a situation. However, other researchers did not share this concern and indicated that incentives offered were reasonable in response to a request to participate in what may be a sensitive and emotionally draining research process.

Closely related to the issue of participant incentives was the issue of cultural negotiation during the recruitment process, specifically the cultural appropriateness of incentives. The offer of a culturally inappropriate incentive could violate non-maleficence as participants could feel insulted and refuse to participate.

Another potential area of ethical concern was awareness of trauma as researchers indicated that it was important to be aware of possible underlying mental health issues that could affect autonomous decision-making. However, researchers noted it was difficult to fully understand a participant's state of mental health, raising concerns around both violation of autonomy and non-maleficence.

5.10 Room 4: Data Collection
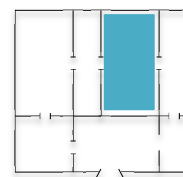
The largest set of emergent ethical challenges was connected with the data collection stage of the research process. Ethical challenges were related to themes of evidence generation, equality and fairness, autonomy, and harmful practice. Challenges appeared to be identified and interpreted as ethical challenges through individual moderators of perceived responsibility for negative consequences and personal moral stances, as well as through environmental moderators of research context, and institutional or professional normative structures. Emergent themes are detailed in Table 13 below.

THEMATIC CATEGORY	SUB-CATEGORY	SOURCE QUOTE
Evidence Generation	Assessment Tools	"we used the PHQ to screen for depression…it hadn't been validated for trafficked people, which was problematic but we felt it was a widely used, well established instrument" (BEL_001)
	Bias	"you have to…think about your own limitations in terms of your own backgrounds and…how that compares to the people that you're trying to interview…and gain information from" (BET_005)
Equality and Fairness	Sub-Population Exclusion	"it's just a self-selected sample, not just the women but also the brothel owners are in on it too, like it's a criminal enterprise…it's a very, very hidden and hard to reach population." (ELL_009)
Autonomy	Agency	"we see them as being victims and they had all survived horrible things…but then there's that weird sort of issue around their vulnerability and their agency in their survivorship" (CAR_010)
	Separation of Care from Research	"ethical issues I feel like could be if somebody that the victims are depending on for help makes them feel pressured in some way that they have to participate in their research" (VAL_002)
	Agenda Behind Research	"you can say to someone…this is going to have no bearing on your immigration case or your social services case or your accommodation and people say…I understand that, but, if at the back of their head they're still thinking but maybe it will" (BEL_001)
	Power Dynamics	"people in the trafficking community for their own reasons, want to make people do things because they think it will make their lives better, but if you take away their power, you're re-victimizing" (ANI_015)
	Vulnerability	"when I hear victim I don't think of that as being like a totalizing identity that overrides everything else that has ever happened to that person" (CAR_010)

THEMATIC CATEGORY	SUB-CATEGORY	SOURCE QUOTE
Harmful Practice	Safety	"they're a population who have experienced such high levels of violence…and continue to both feel at risk from their traffickers and…potentially at risk from their families and communities" (BEL_001)
	Confidentiality and Anonymity	"making sure that their personal information is safe if that's what you're collecting, or not collect it at all" (VER_007)
	Establishing a Trusting Relationship	"perhaps with a vulnerable population, the risk of…encouraged that trusting relationship by rapport building tactics might not be appropriate because people might divulge information that they in hindsight, would not feel comfortable with" (JON_012)
	Awareness of Trauma	"you're asking them to talk about something extremely painful for the person that they don't know, that they're probably never going to see again" (BEL_001)
	Sensitive Topics	"I don't think there's any way around it with this type of research, it's just awful to dredge up the memories, it's not ever going to be pleasant" (CAR_010)
	Story-Telling	"if people want to tell their story you're not taking away their story by listening to it. It may get complex and messy…but I don't think you're taking away their power by listening" (JAN_004)
	Labeling	"such an emotive term and…it's a big thing to be told, isn't it? That you meet the legislative criteria for trafficking so we had to be really, very conscious of that" (CAR_010)
	Stigma	"as far as the sex trafficking stuff, I mean that stigma's definitely attached" (MIN_006)
	Cultural Negotiation	"we have to think about cultural sensitivity which I think can be a little bit difficult sometimes…our team is comprised of white, young females" (BET_005)
	Referral Pathways	"people…not recognizing themselves as victims of a crime or of human rights violations and not accepting assistance" (ANI_015)
	Boundaries	"we just have to make it clear that we are researchers and that we aren't able to assist them, we can refer them…we can't really help them beyond just taking their information and making it useful for someone else." (BET_005)
	Unintended Consequences	"I think we don't think about that as much…after the researcher leaves…just by engaging in research are we putting these women in a greater risk…are we actually putting in a worse situation" (ELL_009)

Table 13. Room 4: data collection emergent theme categories and sub-categories

5.10.1 Evidence Generation

Researchers indicated the lack of assessment tools or methods available or appropriate for use with trafficked populations caused concern around possible violation of non-maleficence, social

justice, and population-level utility. There was also an acknowledgement from researchers that it is difficult to create assessment instruments that do not exploit or traumatize participants further causing concerns around violation of non-maleficence. Researchers also stated ethical concerns around the lack of voice of trafficking survivors in assessments, which appeared to cause concerns around social justice and population-level utility if results from un-validated instruments caused negative short- and long-term effects in the larger community.

Some researchers also noted they carried a set of personal biases that needed to be considered to avoid violating non-maleficence. They stated they needed to remain aware of differences in life experience and social status during data collection as unacknowledged personal bias could violate non-maleficence and cause emotional or psychological harm.

5.10.2 Equality and Fairness

Researchers noted methodological limitations presented an ethical challenge during data collection as the population they were able to sample from was inherently skewed. This could occur if accessing those who had either left exploitation or those still in exploitation, and raised issues about how findings from a self-selected sample could be applied to the general population without excluding some from accessing public health responses. Researchers also noted instances where gatekeepers in brothels moved vulnerable or non-compliant sex trafficked women before researchers arrived to present compliant and healthy participants for recruitment into a study. This carried high potential for violation of justice, as not all potential participants would be treated fairly and equitably during data collection.

5.10.3 Autonomy

Researchers noted it was imperative not to underestimate the agency of participants and that to interfere in the name of rescue could do more harm than good. Researchers cautioned that understanding of agency needed to be considered carefully and that the person involved in research needed to have their decisions respected. Researchers reflected on how and why people may have ended up in the situation of exploitation and warned that circumstances could be complex or incomprehensible, but these reasons and sense-making strategies needed to be respected. To ignore this could violate a person's autonomy and participants struggled with how to help someone who was not ready, or not wiling, to be helped.

Researchers also noted personal understandings of sex work could also (unintentionally) limit the agency of a trafficked person involved in research. Some researchers indicated that if someone was trafficked into sex work, agency was compromised, but if a person chose to enter sex work that should be considered differently. Others appeared to view all sex workers as lacking agency, regardless of whether trafficking was the entrance into sex work or not.

Researchers further noted that if care provision was not separated from research, participants could feel coerced into research leading to a violation of autonomy. Researchers indicated that service providers should not be utilized as data collectors as this could act as a coercive force on why and how participants participate in research. Researchers further stated they felt it was important for participants to understand their care would not be affected by their decision to participate in research or even how fully they participated in the research process.

Researchers also noted trafficked populations may be vulnerable for reasons such as unmet needs related to child custody, immigration status, housing, and employment, which could impact their decision to participate in research. These agendas were sometimes hidden from researchers during the consent process but emerged during data collection. This lead to ethical dilemmas for researchers who felt they had made their role and responsibility in the research process clear, but had been misinterpreted by participants (with and without intent).

Researchers indicated a tension between wanting to help, to do good for the person involved in research, while also recognizing that forcing help could take power away from a person. This could lead to a violation of autonomy and researchers expressed concern that people's vulnerable state could leave them unable to make autonomous decisions.

Researchers also struggled with ethical implications related to language used when interacting with trafficked populations during the research process. Some felt language was an important way to identify and bring awareness to the seriousness of a person's exploitation. However, other researchers disagreed and stated the word 'victim' as opposed to 'survivor' or 'victim-survivor' should not be an overriding way to assign identify to a person.

5.10.4 Harmful Practice

Researchers noted trafficked populations created income for exploiters and this caused concerns around retribution or harmful consequences during research. Researchers noted they needed to be aware of potential for harm when collecting data from participants as participation in research could place them in danger. Researchers also stated their own safety was a consideration in the data collection phases both from possible retribution from traffickers as well as from potential volatile trafficked persons themselves.

Researchers indicated they felt an ethical responsibility to ensure participant's data was kept confidential and anonymous as a breach could negatively impact a participant's safety. Researchers also noted there were ethical implications related to data even after it was anonymized as a dearth of cases could still potentially identify participants.

Researchers indicated that to collect data trafficked people needed to know it was safe for them to share sensitive information they may not otherwise share. How to create this trusting space appeared to be an ethical struggle for researchers who saw risks in traditional rapport building techniques used to establish trust in a research situation.

Researchers also appeared concerned with the ethics of asking people to reveal potentially volatile information that could leave them open to potential harm. Some researchers appeared to struggle with how to gather information on trafficked populations to formulate public health responses while protecting people from potential harm that could occur during data collection. Researchers also noted they needed to be aware of the enormity of what they were asking of their participants. Not only were they asking for people to share painful experiences that could cause them further distress, they were asking people to share this with someone they may never have contact with again. This appeared to cause an ethical struggle for researchers who grappled with the implications of collecting sensitive information from people in the absence of an ongoing relationship.

Researchers acknowledged that some topics explored in data collection could cause distress to participants, however they also noted this distress could not always be avoided. Others appeared to struggle over whether it was ever permissible to ask participants to share distressing details of their trafficking experience, or whether it was only permissible if it was necessary to the research

question. Others still appeared keen to emphasize that their research was not about exploration of sensitive topics and interpreted doing so as potentially harmful to the participant.

Closely related to the issue of exploration of sensitive topics, researchers indicated that story-telling carried ethical challenges. Some researchers indicated they felt obligated to tell participants they were more interested in certain aspects of their story than others. This was illustrated as a protective action to shield participants from trauma related to story-telling. Others disagreed with this view indicating that while hearing the story may obligate the researcher to later action in response, being able to relate a personal experience could be an empowering experience.

Researchers noted they faced an ethical struggle of how, or even if, they should reveal to a participant that they were a victim of human trafficking. This appeared to be an ethical struggle as labels carried emotional consequences for participants if they were unaware of their status. Researchers also noted service related consequences as applying or not applying labels could affect inclusion or exclusion in health and other services. Some researchers also emphasized that ethical concerns around labeling carried legal implications. These researchers noted that while applying the label 'trafficked' to someone could mean they gained entry into needed services, the legislative benchmark was often quite high and may not be met through someone's personal experience.

Some researchers noted structural factors within the service provision environment they were conducting research in maintained gender stereotypes that acted as reinforcing structures for stigma within research populations. Others noted trafficked people could enter research already stigmatized, particularly if they were sexually exploited, as moral understandings of sex workers tend to be negative.

Researchers further shared that being of a different race and/or gender from their participant group could compromise their ability to be culturally sensitive and reflected on how they could, at the very least, be aware of this in the research process. Related to this, researchers indicated the choice of interpreter was more complex than simply finding someone who spoke the same language due to the nature of small communities where potential for breach of confidentiality was high. Researchers noted concerns around ensuring participants were comfortable with the choice of interpreter, and that the interpreter was professionally qualified. This carried concerns around non-maleficence and also social justice as misinterpreted findings could have long-term negative

effects on the population as a whole.

Researchers also noted they struggled to find appropriate or available services to refer distressed participants to creating an ethical challenge as to how to conduct research without violating non-maleficence. Researchers noted ensuring participants fully understood the limits of the researcher's role during data collection was important to avoid any potential harmful consequences. There also appeared to be some conflict from researchers as to how they should interact with participants and react to their stories. Some researchers expressed an ethical struggle with how to appear both empathetic and professional while ensuring their actions did not cause any further harm. Others struggled with how to remain professional and keep emotional distance from participants while trying to establish rapport to create a relationship where they could obtain needed information.

Researchers appeared to struggle with how to self-reflect on their research processes during and after research to ensure they were not putting participants at risk simply by engaging them in research. They appeared to perceive research as carrying the potential to cause further harm to participants.

5.11 Room 4: Practice
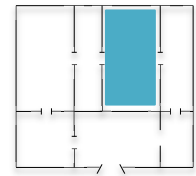
Health care providers were interviewed to determine if identification and interpretation of ethical challenges in practice was similar to researchers' experience in data collection. A number of similar themes emerged related to harmful practice and environment. Situations were identified and interpreted as ethical challenges through the individual moderator of a sense of perceived responsibility for negative consequences and the environmental moderator of the health care context. Emergent themes are detailed in Table 14 below.

THEMATIC CATEGORY	SUB-CATEGORY	SOURCE QUOTE
Harmful Practice	Mistrust of Authority	"a lot of the women or men coming in through the emergency room are really scared, they see us as an authority figure and they mistrust us, they don't think that we want to help them" (MIR_003)
	Establishing a Trusting Relationship	"I feel that health care…can really only be provided within the context of some sort of trusting relationship" (COL_008)
	Confidentiality and Anonymity	"in most of the emergency rooms for example, there's nowhere private to talk" (ANI_015)
	Safety	"people…who may have been human trafficked and may not be in a position maybe to talk about it safely, especially if there's a third party in the consultation" (COL_008)
	Cultural Negotiation	"There's…universal issues of translation…in a hospital setting, it's important that the hospital recognizes that you can't really do proper medicine without a good translation service" (COL_008)
	Awareness of Trauma	"being aware of the very, very wide and very divergent experiences that people have had before we meet them" (COL_008)
	Sensitive Topics	"my current practice is to ask enough questions so I have a sense of what level of exploitation might be going on but not get into the nitty gritty details" (RAC_014)
	Story-Telling	"ethically not having them re-tell their story ten different times to different people" (MIR_003)
	Referral Pathways	"we have huge problems with shelter for labour victims, for men in the region, it's really a problem" (ANI_015)
Environment	Age as Limiting Protection	"for sex trafficking of kids, you don't have to dig deeper right, you don't have to prove or show or ask questions around coercion…so the threshold for detecting that is like much easier" (RAC_014)
	Boundaries	"trauma was something that would be addressed by the psychiatrist specifically but wouldn't be addressed by every health care practitioner" (MIR_003)
	Unintended Consequences	"I also think the knowledge that physicians are empowered and have the knowledge about trafficking will also deter traffickers and victims from coming, seeking health care" (MIR_003)
	Health System	"we need more social resources for the victims because a lot of these victims even if we take them out of the situation have no home, they have no job, they have no place to go, we don't have enough safe houses, we don't have enough facilities to help" (MIR_003)
	Legal Structures	"the [police force]…want to reach convictions of the traffickers…the police force's aim and agenda and…maybe their protection of the victim and their care for the victim perhaps is secondary?" (COL_008).

Table 14. Room 4a: practice emergent theme categories and sub-categories

5.11.1 Harmful Practice

Health care providers noted trafficked people have often had negative contact with law enforcement or immigration. Health care providers indicated that trafficked populations sometimes perceived them as authority figures, which impacted their ability to establish a trusting relationship and provide needed care. This mistrust of authority figures also appeared to have consequences for disclosure of trafficking status and could deter people from entering health care environments to seek care.

Closely related to mistrust of authority, health care providers identified establishing a trusting relationship as an ethical imperative for them as they were otherwise unable to offer care to their patients. Involvement of law enforcement was highlighted as a potentially problematic issue that could create further negative consequences for patients and should only be undertaken carefully and inside a trusting relationship.

Health care providers noted ensuring patient identity was kept confidential while receiving treatment or medical care was an ethical issue as identification could compromise patient safety. This appeared particularly salient when trafficked people entered a health care setting with exploiters or minders who may use information overheard or behaviour witnessed as reasons to cause later physical, sexual, or emotional harm to patients. Other health care providers cautioned that in some health care settings their ability to keep conversations and treatments with trafficked people private was compromised by the context in which they worked.

Health care providers noted safety was a primary concern during delivery of care with trafficked populations and extended beyond the patient to themselves and other staff. This was noted as an ethical struggle as health care providers saw one of their primary goals as assisting people in need, but involvement without consideration of consequences could produce further harm. However, health care providers noted that at times, safety of patients was out of their control if the patient chose to go back to their trafficker and expose himself or herself to further harm. They cautioned that patients needed to be allowed autonomy to decide the safest course of action for themselves. This then had to be balanced with health care providers need to deliver medical and social assistance against patients' freedom to accept or reject care and return to a potentially harmful situation.

Health care providers noted it was important to deliver culturally appropriate care, including provision of translation services, to ensure health care options were fully explained, consent was gained, and a trusting relationship was established. Specific to translation, health care providers stated that resource limitations in health care contexts constrained their ability to deliver care to trafficked populations who may not have the language skills to consent to, or understand, treatment. Further, if a trafficked person was referred to a shelter or specialized health care service there could be issues trying to place trafficked people into a service designed for a different population.

Health care providers further stated it was important to recognize the heterogeneous experiences of trafficked people as to ignore this would mean they may not be aware of potentially traumatizing practices in their health care delivery, or could be in danger of making people feel unheard. Health care providers noted the importance of reading non-verbal cues such as body language, gestures, or facial expressions as clues to how comfortable a trafficked patient was with delivery of care, and how accepting they would be to receiving suggested care. They noted it was ethical issue for them to not only ensure patients were consenting to procedures but also ensure they were not causing further harm or traumatization through delivery of care. Health care providers shared that they felt an ethical obligation to only ask enough questions to be able to provide acceptable and appropriate treatment, but stopped short of wanting information that may not only be unnecessary to delivery of care, but could also cause additional traumatization to their patients.

Related to this, health care providers identified story-telling as a source of potential ethical concern. Health care providers noted law enforcement was often the first point of contact for trafficked populations and this was the environment appropriate to relate exploitation experiences. Once patients entered health care services they were there for medical care and should not be required to relate their experience again as this could cause them more emotional harm. However, this concern around repeated story-telling as harmful was disputed by other health care providers who noted they viewed story-telling as the patient's right to relate their experience.

Related to providing needed specialist care, health care providers noted they encountered barriers referring patients to needed services that were not available for certain sub-populations, such as those exploited for labour, or male victims of human trafficking. Health care providers appeared concerned with their inability to provide care for some patients in need and who may suffer further harm from their inability to provide needed services.

Health care providers noted that for children under the age of 18 years there were regulations and protocols around treatment and their authority to intervene on behalf of minors. Adults who had been trafficked appeared to need to reach a higher bar of evidence to prove they were trafficked and gain entry to services. With children, the evidentiary threshold was much lower and allowed health care providers to deliver health care more easily. This appeared to become an ethical issue for health care providers, as they needed to gather proof or ask more potentially sensitive questions of adults to provide needed specialized care. Further, health care providers expressed ethical concern when they felt an adult was in need of care and may not be in the best position to make decisions for themselves. This appeared to leave health care providers in a difficult position where they wanted to help someone in need, but also needed to recognize this was an adult whose decisions could not be overturned.

Health care providers further noted they felt it was an ethical imperative to be clear with trafficked patients about what their responsibilities were to avoid false or misplaced expectations that could cause further harm. They commented that many health care providers viewed their profession as one with the goal of helping people in need and this may encompass rescue from perceived dangerous situations. An act of intervention may be well intentioned but could cause further harm and violate patient's sense of autonomy if it was forced. Health care providers noted that only the trafficked person could and should make the decision to leave an exploitative situation to avoid violation of non-maleficence and autonomy.

Some health care providers noted awareness raising activities within the health care profession and in the general public could empower them to deliver appropriate care and also encourage victims of human trafficking to seek care. However, they also cautioned that awareness raising activities could also cause traffickers to refuse trafficked victims access to care.

5.12 Room 5: Data Analysis
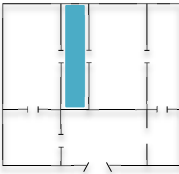
The data analysis stage was associated with ethical challenges related to harmful practice for researchers. Challenges were identified and interpreted as ethical challenges through the individual moderator of a perceived responsibility for negative consequences. Emergent ethical challenges are detailed in Table 15 below.

THEMATIC CATEGORY	SUB-CATEGORY	SOURCE QUOTE
Harmful Practice	Confidentiality and Anonymity	"I think of identifying information and being cognizant of being what do we really need to disclose about these cases" (LIL_013)
	Use of Secondary Data Sets	"the data's already collected and…in some ways not analyzing data is also a disservice to the participant" (ELL_009)

Table 15. Room 5: data analysis emergent theme categories and sub-categories

5.12.1 Harmful Practice

Researchers noted small sample sizes, samples from small communities, or samples from minority groups created ethical challenges as to what information to report and how to report it without breaching confidentiality. Researchers noted they had to reflect carefully on what was necessary to disclose during analysis to prevent further harm to participants, including repercussions in their home communities.

In regards to use of secondary data sets, one researcher utilized records from an NGO that related health information collected from women trafficked for sexual exploitation. In her exploration of the data she noticed there was a lack of health care assistance offered to the population under study. Even though this was previously collected data, the researcher identified this as an ethical challenge as the population represented in her data set had health needs that were not addressed during data collection.

5.13 Room 6: Dissemination
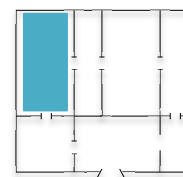
Ethical issues in the dissemination stage of the research process were related to themes of research procedures, harmful practice, evidence generation, and environment. Challenges were identified and interpreted as ethical challenges through the individual moderators of perceived responsibility for negative consequences and moral stance, and the environmental moderators of normative institutional structure and political structure. Emergent themes are detailed in Table 16 below.

THEMATIC CATEGORY	SUB-CATEGORY	SOURCE QUOTE
Research Procedures	Data Confidentiality	"when you have small numbers the way you report that is on an aggregate level, make sure there's no identifiable information in terms of those public outputs you put out" (VER_007)
Harmful Practice	Confidentiality and Anonymity	"foreign nationals that were identified in the group of victims that we had worked with…disclosing their origins…probably would have identified them because they were very small countries and they were specific to certain regions" – (LIL_013)
	Stigma	"making sure that you don't invoke any further stigma, both in how you conduct the research but also how you report on it" (VER_007)
	Labeling	"to use the word victim then suggests a perpetrator and we are trying to highlight the bad behavior of the perpetrator" (CAR_010)
	Cultural Negotiation	"I think of cultural implications…when we go into a certain community with an underground or hidden population, what impact does our research have on that population or community" (LIL_013)
	Boundaries	"if you don't then really fully disseminate it, if you don't make really practical recommendations and if you don't push those forward then I feel that that's a big betrayal of the trust that person has put in you in taking part in the research" (BEL_001)
Evidence Generation	Useful versus Sensational Research	"trying to better understand I think, what are the key pieces of information do we need to better understand this population or the needs of the population" (LIL_013)
	Scope	"we have to acknowledge that these numbers are unknown…there's a lot of uncertainty that go with these estimates… and I think when you cast them off as hard facts…it makes it less credible" (VER_007)
	Evidence Base	"if you can't give really good evidence it's difficult to push forward a sort of victim centered recommendation just on sympathetic grounds alone" (BEL_001)

THEMATIC CATEGORY	SUB-CATEGORY	SOURCE QUOTE
Environment	Impact	"when we go into a certain community with an underground or hidden population, what impact does our research have on that population or community" (LIL_013)
	Legal Structures	"could be subpoenaed and if…interviewees had given information that was different from their official story that that could be used to strike them off and send them back," (CAR_010)
	Public Perception	"when you have a gold star example of what trafficking should quote unquote look like then it keeps other variations of that from getting the attention that they deserve" (REB_011)

Table 16. Room 6: dissemination emergent theme categories and sub-categories

5.13.1 Research Procedures

Researchers noted they needed to be cautious in how information was reported to ensure trafficked persons were not exposed to further harm or repercussions as a result of participation in research. This appeared particularly salient when working with small sample sizes. Researchers indicated they felt an ethical obligation to ensure protection of participants who constituted a minority in the country they were currently hosted to ensure they were not identified. Ensuring identifying information was kept out of research findings was an important ethical concern for researchers and they appeared to take this on as a personal responsibility to avoid potential repercussions or harm to participants.

Researchers shared they felt a sense of responsibility to ensure research findings were not reported in a way that increased stigma towards trafficked populations and required careful consideration of how populations were represented in findings, and how stakeholders interpreted information to develop public health responses.

Researchers identified labeling as an ethical concern and noted that to use the term victim indicated there had been a crime committed by a perpetrator, thus the label was appropriate. However, other researchers presented a conflicting view and noted they felt uneasy with the term victim as it could be considered laden with insinuations as to the agency and vulnerability of the trafficked person.

Researchers noted ethical struggles related to potential consequences of research with communities who may feel exposed through dissemination of research findings. They appeared

to be concerned about the potential negative short- and long-term effects of research on the community as a whole. Researchers acknowledged a lack of control related to interpretation of findings, as they had to trust translations were correct and that findings shared were accurate and reliable.

Researchers noted they felt a personal responsibility to ensure findings from studies were fully disseminated to ensure effects and consequences of research were considered carefully. This appeared to be related to social justice as well as non-maleficence. Researchers appeared to feel there was potential for betrayal of the trust granted to them by participants if information was not used to help future trafficked populations. Other researchers noted normative processes within institutions dictated the extent of their responsibility to research populations during the dissemination stage and that their responsibility ended after dissemination.

Researchers noted issues connected to what evidence was disseminated created ethical tension and indicated they felt reporting of unnecessary or sensational information to be a potential pathway to violation of non-maleficence. Researchers noted they felt responsible to ensure only information pertinent to creation of needed public health responses was published or risk potential harm to participants. Researchers also expressed concern that sensational information could be used in a negative way to further political or immigration agendas, which could have harmful consequences for trafficked populations.

Reporting on the scope of trafficking emerged as an identified ethical concern and researchers noted they felt an ethical obligation to be honest and clear about limits of data produced due to the unknown global nature of human trafficking. Researchers indicated that to not address these limitations in dissemination could lead to unfounded decision-making from stakeholders or damage the credibility of research produced.

Researchers further stated they felt a responsibility to ensure evidence disseminated from research with trafficked populations was valid and reliable, and not simply sensational. This appeared to be an ethical issue as researchers noted that to advocate for public health responses and policy changes evidence needed to be reliable, valid, and rigorous to persuade stakeholders to make needed changes.

Researchers also expressed concerns about who was able to access and utilize their research findings and the impact that could have on health care provision as information they received on how research impacted health care was sparse. Researchers noted concerns related to impact at higher levels of government where decisions are made as to economic investment in public health responses. Researchers stated political structures could create difficulties if politicians take findings from a specific study in a certain context and applied that to all trafficked people. Further, researchers stated this extrapolation could create a situation where public health responses were created using limited evidence applicable only to a certain population and set of circumstances. This could then bar entry to a large number of people from protective policies or needed health services and created concerns related to social justice and population-level utility.

Researchers also appeared concerned with how results were extrapolated from one sample in a specific circumstance to be representative of all trafficked populations within the public sphere. They shared they were concerned with effects from over-generalization of results that could impact research populations in a negative way. Researchers struggled with the ethics of misrepresentation that could have negative effects and consequences on trafficked populations in general. Researchers noted that if an ideal type of human trafficking was accepted and promoted this could lead to barriers for trafficked people who may not fit this ideal type and may be denied recognition and care.

5.14 Room 7: Post-Research
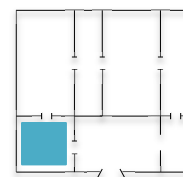
In the post-research phase, ethical challenges related to harmful practice emerged. Challenges were identified and interpreted as ethical challenges through the individual moderator of perceived responsibility for negative consequences. Emergent themes are detailed in Table 17 below.

THEMATIC CATEGORY	SUB-CATEGORY	SOURCE QUOTE
Harmful Practice	After the Researcher Leaves	"I think we don't think about that as much…after the researcher leaves…just by engaging in research are we putting these women in a greater risk for…more violence…are we actually putting in a worse situation" (ELL_009)
	Actions That May Preclude Future Research	you know need to keep the door open and not burn any bridges, you don't want them to ever say we're not letting any researchers in ever again, that's a disservice to that population" (VAL_002)

Table 17. Room 7: post-research emergent theme categories and sub-categories

5.14.1 Harmful Practice

Researchers noted they felt there was a lack of engagement around what happens after they leave the research setting. They appeared concerned about the potential harm that could befall participants once they exited the research setting. Researchers noted feeling uneasy as to the emotional state they could be leaving research populations in and appeared to feel personally uncomfortable with not knowing how participants had perceived the research process. They indicated an ethical concern with being seen as collecting data to be used for their own gain. Researchers also noted a sense of ethical concern with the knowledge that some trafficked people could be re-trafficked after they leave.

Researchers noted they felt personally responsible for their ethical conduct during research not only as a way to respect the dignity of participants, but also to ensure future research could be conducted. Researchers noted misconduct could result in trafficked populations mistrusting all researchers. Researchers appeared to feel a strong sense of personal responsibility as to the trust built between them and their participants and appeared to view participation in research as a kind of gift not to be abused or exploited.

5.15 Mitigation Strategies

Both researchers and health care providers shared mitigation strategies they utilized to prepare for, or navigate, ethical challenges encountered. These are detailed in Table 18 below.

THEMATIC CATEGORY	SUB-CATEGORY	SOURCE QUOTE
Mitigation Strategies	Previous Experience	"I think broadly you know, most of us who've been there awhile know the major issues that need, that need to be addressed and try to consider that when we're developing our projects as well as when we're applying for ethics as well" (VER_007)
	Learning from Related Fields	"I think that you can be looking at you know, what is the ethical guidance on working with victims of violence, what is ethical guidance on working with vulnerable migrants and what exists so far for trafficked people" (BEL_001)
	Institutional Support	"it's really important to make a list of the potential disadvantages and the potential advantages of both approaches and to then choose one on the basis on those lists and when the difference is not clear, to pilot it" (JON_012)
	Involvement of Stakeholders	"I think oftentimes in trafficking research the interview guides, the surveys are all written by researchers or people doing service provision but they don't really have the voice of a survivor themselves." (REB_011)
	Awareness of National and International Guidance	"I also recommend looking at the international protocols…around victim support I think they can be quite helpful even though we're in a research context, I think it's still useful to understand in an international context" (BET_005)
	Key Information Sharing	"what information is most pertinent and what things might not be necessary to publish or be out there" (LIL_013)

Table 18. Mitigation Strategies: emergent theme categories and sub-categories

5.15.1 Mitigation Strategies

Researchers noted utilization of previous research protocols as well as experience gained through previous research projects as strategies to mitigate possible ethical challenges. They also noted creation and review of study protocols helped mitigate potential issues.

Learning from fields related to, or involving, similar ethical challenges to research with trafficked populations was identified as a mitigation strategy to alleviate possible ethical challenges by both researchers and health care providers. Both groups noted research related to sexual violence and vulnerable migrants as useful sources of information on potential ethical challenges that may occur in encounters with trafficked people.

Researchers noted support from their institutions during design of research helped mitigate possible ethical challenges that could arise in the research process. This involved support to pilot portions of their research design before implementation as a way to identify possible ethical challenges that could arise. Researchers also noted institutional support in preparation for the ethics application acted as a way to prepare for potential ethical challenges. The language used by researchers indicated this was a necessary process to receive approval and was viewed as administrative, but helpful.

Researchers also noted engagement with local stakeholders in creation of study protocols could help mitigate possible ethical challenges. Both researchers and health care providers noted that a possible way to mitigate trust issues would be to involve trafficking survivors in research procedures, health care plans, and creation of assessment tools.

Researchers identified the Palermo Protocol (UN, 2000) as a useful source of information on ethical challenges and potential mitigation strategies. They stated that while the Palermo Protocol (UN, 2000) was not specifically intended for research purposes, it was a useful source of information. Researchers also recommended reviewing national guidance as a vital step to mitigate potential ethical challenges, as they were the normative frameworks required by their institutions and held potentially useful information on potential ethical challenges that could arise in research.

Finally, researchers noted that in order to mitigate any potential future harms to trafficked populations, only information needed to address the needs of the population, or to understand their needs, should be shared. This appeared to be related to concerns around sensationalizing human trafficking that could have harmful consequences if generalized to the overall population.

Chapter Six: Discussion

"Later that night, I held an atlas on my lap, ran my fingers across the whole world, and whispered, 'where does it hurt?' It answered, 'everywhere, everywhere, everywhere.'" (Shire, 2011)

6.1 Summary

Human trafficking is an ever-expanding global phenomenon that has serious and varied health consequences (Gushulak and MacPherson, 2000; Zimmerman, Hossain and Watts, 2011; Oram et al., 2012, Oram et al., 2012a, Kiss et al., 2015; Ottisova et al., 2016). Health research in this area is vital to understand the myriad of adverse health outcomes suffered by the population, and to inform public health responses. Currently, there is no specific guidance available, thus researchers and health care providers rely on institutional normative guidance along with elements from various research ethics and professional ethics frameworks to identify and approach ethical challenges. Ethical challenges are continually present in each stage of research and in health care interactions with trafficked populations who exist in precarious states of immigration and legality. Researchers and health care providers work within multiple research contexts with differing laws, stakeholders, political agendas, and economic factors. This can lead to conflicting viewpoints on what is ethical or not in both research and practice. Due to a lack of formal guidance researchers and health care providers must engage in discretionary decision-making in how they identify and interpret a situation as an ethical challenge. How this process unfolds in each research stage and in health care provision, and what moderates or influences this interpretation of an identified ethical challenge is vital to develop relevant and appropriate research ethics guidance.

The aim of this thesis was to understand ethical complexities and mitigation strategies involved in research and health care provision with trafficked populations. Fifteen qualitative interviews were conducted with researchers and health care providers to gain an understanding of what they identified and interpreted as ethical challenges. Both researchers and health care providers were included in this work to understand the ethical challenges encountered in both research and health care provision. Research should inform the evidence base available for health care provision, and health care interactions can provide a window into the ethical challenges encountered in services and if/how research is being utilized to provide care.

Six main categories of themes emerged from the qualitative interviews conducted: evidence generation, equality and fairness, research procedures, autonomy, harmful practice, and environment. Numerous sub-categories emerged within each main category illuminating varied issues identified and interpreted as ethical challenges by researchers and health care providers at each stage of research and in health care practice. The emergent themes illuminated that there are theoretical and procedural ethical challenges involved in research and health care provision with trafficked populations. Further, these ethical challenges appear to encapsulate both medical ethics principles and concerns related to public health ethics.

6.2 Analysis of Results

6.2.1 Identification and Interpretation of Ethical Challenges

As detailed in Chapter Four, this work built upon previous work from Trevino (1986), Jones (1991) and Schwartz (2016) who explored decision-making behaviour within American business organizations. To the best of my knowledge, this is the first work to apply this concept to the current field of inquiry.

The individual moderator that appeared to have most effect on interpretation of a situation as an ethical challenge was a sense of personal responsibility for consequences. Researchers and health care providers indicated a strong sense of personal responsibility for negative and positive consequences associated with interactions with trafficked populations. One reason for this may be due to personality types that are attracted to research or health care. Conduct of research or health care provision with this population may require people with empathy and compassion who traditionally occupy positions of rescue. Work from Karpman (2011) helps expand this idea and notes there are only three roles played in a drama triangle, that of persecutor, rescuer, and victim. It may be that the rescuer personality type is common amongst researchers and health care providers. This is supported by common language used in interviews of vulnerability, rescue, and lack of agency. Some researchers and health care providers indicated this was a simplistic way to understand human trafficking, however others appeared to reduce human trafficking to the drama triangle with the trafficked person as victim, the trafficker as persecutor, and the researcher or health care provider as rescuer. Further research is needed to investigate this concept to see if this has an effect on ethical challenges identified and interpreted in human trafficking research and health care provision.

The most common environmental moderator that emerged was around research context. Researchers appeared to feel restricted or confined by the context in which they worked, citing legal structures caused ethical concerns in relation to barriers created that denied access to health care and other services required by trafficked populations. This concern was echoed by health care providers who appeared concerned about their restricted ability to provide care without involvement of law enforcement or immigration services, and to deliver care within the confines of a health system that did not have appropriate or available services. Further, some researchers and health care providers indicated it was difficult to meet legislative thresholds that defined human trafficking, which are often based on the ideal victim type of female and sexually exploited. This could then mean that those who did not meet the legislative threshold would be denied access to assistance. Both researchers and health care providers struggled with how, or if, to label trafficking victims, as there appeared to be a tension between wanting people to be able to access help and avoiding the emotional harm that could be associated with labels.

This exploration of how researchers and health care providers make ethical decisions using individual and environmental moderators was one of the key findings from results. This window into what researchers and health care providers consider ethical challenges could prove vital to creation of ethics guidance for this field of research and practice. Future development of ethics guidance will require knowledge gained on how and why researchers and health care providers consider a situation encountered as an ethical challenge and could ensure developed guidance is appropriate and relates directly to concerns held by those who interact with trafficked populations. It would be valuable for future research to further explore what research ethics means to those in research and what professional ethics means to those in practice. This thesis and future evidence could then help build guidance that is relevant and takes into consideration the way researchers and health care providers identify, interpret, and approach ethical challenges in their interactions with trafficked populations.

6.2.2 Convergence of Themes

Emergent themes from interviews supported all findings from the literature review on the ethics landscape in human trafficking research detailed in Chapter Three. A summary of convergent themes can be found in the table below.

Themes from Literature Review	Themes from Interviews
Informed Consent	Informed Consent
Translation and Interpretation	Translation of Research Materials Cultural Negotiation
Reasons Behind Participation	Scope Evidence Base Separation of Care from Research Participant Incentives Cultural Negotiation Agenda Behind Participation
Blurred Boundaries	Boundaries Establishing a Trusting Relationship
Re-Traumatization	Story-Telling Awareness of Trauma Useful versus Sensational Research
Safety	Safety
Accessing Participants	Legal System Sub-Population Exclusion Safety
Referrals and Rescue	Referral Pathways
Dissemination and Impact	Applicability Beyond Sample Unintended Consequences Stigma Labeling Cultural Negotiation Boundaries Useful versus Sensational Research Scope Evidence Base Impact Legal Structures Public Perception
Sampling Strategies	Sub-Population Exclusion Applicability Beyond Sampling Scope Evidence Base Justification for Research
Gatekeepers	Gatekeepers
Confidentiality	Confidentiality and Anonymity Data Confidentiality
Researchers Perspective	Labeling Definitions Bias Conflation of Sex Work and Trafficking
Power	Power Dynamics Stigma

Table 19. Summary of convergent themes between interviews and literature

Researchers and health care providers appeared particularly concerned with how the experience of trafficking could interfere with people's autonomy in relation to their ability to make decisions during research or health care interactions. This supports themes that emerged from the qualitative review around autonomy as an ethical concern (Zimmerman and Watts, 2003; Cwikel and Hoban, 2005; Harrison, 2006; Duong, 2015). Themes of safety, establishing a trusting relationship, awareness of trauma, and stigma directly related to issues around non-maleficence, as both researchers and health care providers had numerous concerns around mitigating potential harm during their interactions with trafficked populations. Safety of the researcher and the participant (Zimmerman and Watts, 2003; Duong, 2015; Harrison, 2016), awareness of trauma (Zimmerman and Watts, 2003), and stigma related to dissemination (Zimmerman and Watts, 2003; Cwikel and Hoban, 2005; Duong, 2015) were also themes that emerged from reviewed literature. In regards to justice, themes related to sampling and applicability beyond sample indicated concerns, specifically from researchers, about how to ensure risks and benefits were shared equally and benefits from research were applicable to all trafficked people. Ethical challenges related to sampling strategies and accessing participants were similar to those that emerged from reviewed literature (Cwikel and Hoban, 2005; Brunovskis and Surtees, 2010; Tyldum, 2010; Cannon et al., 2016). Similarly, why trafficked people agree to participate in research was a common theme between examined literature and conducted interviews. In the literature this was explored as an issue of non-maleficence as there may be expectations of direct benefits that cannot be provided (UNIAP, 2008; Duong, 2015). This was supported in conducted interviews as a majority of researchers indicated that the vulnerability and immediate needs of trafficked people could create expectations that could not be met by the researcher. Further, both the reviewed literature along with researchers and health care providers interviewed indicated that participation in research could allow previously silenced and exploited people to speak about their experiences, thus respecting the principle of beneficence (Duong, 2015; Cannon et al., 2016).

Thus, medical ethics principles of autonomy, non-maleficence, justice, and beneficence, as a framework to understand ethical challenges within human trafficking health research and health care interactions appeared to support themes emergent from interviews. However, not all themes could be encapsulated within medical ethics principles as they went beyond the four principles to issues more appropriately understood as population-level concerns. At this point public health ethics concerns emerged as an appropriate way to more fully understand the ethical challenges experienced.

If research or practice ethics guidance is to be developed, public health ethics concerns should be included to augment medical principles to encompass the range of ethical concerns identified in this thesis. I posit that medical ethics could benefit from additions from work by Baum et al. (2007) and UNESCO guidelines (de Guchteneire, n.d.) as they provide guidance specific to public health concerns.

6.2.3 Additional Themes Emergent from Interviews

Mann's (1997) seminal work explored differences between medical and public health research and posited, "medical care focuses on individuals-diagnosis, treatment, relief of suffering, and rehabilitation", while public health "identifies and measures threats to health of populations, develops governmental policies in response to these concerns, and seeks to assure certain health and related services" (p. 6). Human trafficking health research blurs these boundaries as research may focus on individual diagnosis, treatment, and care but findings may be applied at population-level to develop public health responses.

Baum et al. (2007) posits there are crucial differences between issues in medical ethics and public health ethics. The authors write that issues of autonomy, informed consent, and confidentiality traditionally arise in reproductive and palliative care decision-making, clinical research, and research using emergent technologies (Baum et al., 2007). This is then contrasted with issues in public health around vulnerable populations, preparation for emergency situations, control of infectious diseases, social determinants of health, and cost-effectiveness (Baum et al., 2007). The authors further stipulate that foundational principles and values of medical ethics are beneficence, non-maleficence, justice, while public health adds values related to political feasibility, costs, accountability, evidence, and population-level utility (Baum et al., 2007). The UNESCO guidelines (de Guchteneire, n.d.) were designed for social science research and are meant to signpost researchers navigating an ethical issue. This guideline goes beyond medical ethics to include concerns around cultural sensitivity, and consideration of the researcher's own moral standpoint (de Guchteneire, n.d.).

Utilizing these works could allow for the medical research process involved in human trafficking health research, but also the public health goals and impact on health care provision. However it should be noted that this is only one approach and there are other useful works available. Work from Mann (1997), Callahan and Jennings (2002) and Kass (2001) and ten Have et al. (2011) would be useful to consider and will be discussed later in this Chapter.

There were a number of ethical challenges that emerged from interview findings not included in the reviewed literature that related to public health ethics concerns as outlined by Baum et al. 2007 and the UNESCO guidelines (de Guchteneire, n.d.). A summary of themes that emerged beyond what was reported in the literature can be found below.

Additional Themes from Interviews
Vulnerability
Funding
Written National Guidance
Written International Guidance
Research Ethics Boards
Explanation of Research
Explanation of Ethics
Agency
Mistrust of Authority
Assessment Tools
Use of Secondary Data Sets
Actions That May Preclude Future Research

Table 20. Summary of additional themes from interviews

Themes categorized in categories of evidence generation, environment, and research procedures appeared salient to public health ethics concerns. This became particularly evident as both researchers and health care providers indicated their concerns were not limited to interactions with individual trafficked persons, but applied to the general trafficked population and how findings were applied at population-level.

Both researchers and health care providers expressed concerns related to the assumption that all human trafficking is sexual in nature. They both had ethical concerns around how to produce evidence from research or health care settings that did not assume the experience of the minority was that of the majority. This experience of the minority was explained as the understanding that those who reach health care or post-trafficking services may be an unrepresentative sample. There appeared to be a concern that available evidence from both research and health care settings is skewed towards one type of trafficking victim (female and sexually exploited). The majority of researchers interviewed agreed the most feasible and ethical environment to sample trafficked populations is within post-trafficking services, supporting literature in this area (Tyldum 2010; Cannon et al., 2016). However, as indicated by researchers, this meant only a select sample of the trafficking population is ever included in research. However, as those services are primarily focused on assisting women trafficked for sexual exploitation that then becomes the population researched. Research is then used by policy-makers to develop public health

responses for women trafficked for sexual exploitation, creating a closed loop where research conducted with one population type supports specialized services that may exclude others. The majority of health care providers indicated they encountered trafficked people of both genders exploited in a variety of settings and expressed ethical concerns at not having access to appropriate services. This could be due to the domination of the ideal victim type of a female, sexually exploited victim in human trafficking discourse, which has led to an emphasis on research in this area and creation of post-trafficking services for this specific population. The majority of researchers interviewed supported the growing body of literature that explores trafficking of men and labour trafficking generally, but stated that it was difficult to access these trafficked people in order to create an evidence-base that could support creation of public health responses.

The emphasis on women in sexual exploitation, to the exclusion of men and boys, and anyone in labour trafficking has thus created a self-perpetuating problem. If only one victim type is understood to exist then only one victim type will be found. This then creates an issue for researchers who understand that trafficking is highly complex and not gender specific, as funding may not be available to undertake such research. If funding is secured, it may be difficult to find participants if they do not fit the ideal definition and are not able to access appropriate services, and so continue to remain hidden. This then creates an issue for population-level utility as public health response will not "advance the well-being of those affected" (Baum et al., 2007, pp. 661-62) as men and those exploited for labour purposes will be excluded.

As Baum et al. (2007, pp.661-62) explains, "Any proposed public health action should be useful to a community (in the present or predictably in the future) and should advance the well-being of those affected". Ethical challenges around how to produce evidence to inform public health responses that could benefit the overall trafficked population was of central concern to both researchers and health care providers. Further, both groups also expressed ethical concerns related to political feasibility as the emphasis on human trafficking research has been with women who have been sexually exploited. Public health agendas, and most certainly health research are political endeavors (Baum et al., 2007). Researchers and health care providers expressed ethical concerns on how to represent trafficked populations that exist outside the ideal victim type, as this may not fit the current political agenda in operation.

To further support for human trafficking health research as encapsulating concerns of public health, the majority of both researchers and health care providers expressed concerns over the types of assistance available to trafficked populations noting health care services alone are not enough. It was suggested that housing, employment support, legal assistance, and social support were also needed. This relates directly to social determinants of health that could produce health inequalities in trafficked populations. Work from Callahan and Jennings (2002) supports this as they note that due to factors such as social determinants of health, there is a need for public health ethics to go beyond the four principles of medical ethics. While this requires further research to determine how social determinants may affect the health of trafficked populations, it should be noted that the majority of researchers and health care providers noted social determinants of stress, social exclusion, and social support as described by Marmot (2005, p.1102) in a WHO publication exploring social determinants of health. The majority of both researchers and health care providers noted issues such as experience of abuse, isolation, lack of access to family and other social support structures, and lack of access to health care all appeared to contribute to health risks and consequences in trafficked populations. This caused ethical concerns as it contributed to issues around vulnerability, agency, and power encountered in research and health care provision. This is supported in the limited literature available that describes the effects of social equity, poverty, access to social programmes along with other factors that could negatively impact the health of trafficked people (Gushulak, Weekers and MacPherson, 2010; Schenker, Castañeda and Rodriguez-Lainz, 2014). This indicates that perhaps addressing medical issues in trafficked populations alone is not enough; improving health in this population may require addressing social and economic concerns as well.

While the majority of researchers and health care providers shared similar concerns, there was one challenge identified by health care providers that was not identified by researchers. Health care providers noted they were unable to intervene in decision-making processes of adults who were trafficked after the age of 18. They appeared to feel strongly motivated to help adults they viewed as highly vulnerable and lacking autonomy, however, legal requirements only allowed them to intervene if the trafficked person was under the age of 18. Health care providers also noted ethical challenges related to the health system they worked within as constraining their ability to provide referrals and care. Health care providers noted health did not exist in a vacuum and the people they interacted with required housing, legal and immigration assistance, as well as medical services. Similarly, researchers spoke of ethical challenges around their inability to refer trafficked people to health, housing, and employment services, however they did not

specifically note this was connected to constraints of a health system. Thus, social determinants of health were identified as ethical concerns through emergent themes of referrals (from researchers) and health systems (from health care providers). Both groups indicated this became an ethical challenge for them as they felt health was influenced by many social factors and assistance was needed to addresses these issues.

Further, a number of researchers and health care providers indicated they felt production of an accurate narrative of human trafficking might not appeal to the public understanding of human trafficking citing examples such as the popularity of Hollywood movies depicting the ideal victim type of female, passive, and victimized through sexual exploitation. Researchers expressed concerns about how to project the majority experience of human trafficking through results that appeared to represent a minority of cases and noted ethical concern with presenting a 'gold standard' or ideal victim type that could misconstrue or misrepresent the overall populations' experience in trafficking. This could not only betray trafficked populations who participated in research who may feel their stories were misrepresented, but also exclude those who do not fit this ideal victim type from public health responses and protective policies.

The ideal victim within human trafficking serves the agenda of several different groups. If law enforcement or immigration officers are also rescuers in the drama triangle, they require a clear victim and persecutor to prosecute crimes or grant visas. As Srikantiah (2007) notes, the ideal victim of a passive, abused person requiring rescue from an active, abuser, "is an effective prosecutorial story" (p.160). Some researchers noted immigration laws, in certain settings, caused ethical tensions as data could be used to negate asylum or visa applications. This appeared to reflect the possibility that trafficked persons' stories could vary between what they related to researchers and what they related to immigration officials or law enforcement. Zimmerman (2008) notes that memory difficulties can present in people who are trafficked and that "investigative and judicial procedures should be developed that are sensitive" (p.58). This may require further research to produce evidence that support Zimmerman's (2008) findings to protect trafficked populations involved in research.

Additionally, the ideal victim supports abolitionist movements from feminists and religious groups (Berstein, 2010; O'Connell Davidson, 2010; Uy, 2011; Snajdr, 2013). As O'Connell Davidson (2010, p.244) notes, the traditional trafficking narrative does not necessarily act to abolish trafficking, but instead has supported, "extremely conservative moral agendas on prostitution,

gender and sexuality and in support of more restrictive immigration policies and tighter border controls". This has contributed to the emphasis of female sexual exploitation in human trafficking research leading to gender disparities in both the evidence base and public health responses.

Related to this, both researchers and health care providers expressed conflicting views on appropriate language to use with trafficked populations. Some participants indicated they chose the word victim as it implied a perpetrator and thus created a familiar legal dichotomy of victim/perpetrator. This served a legal agenda as it made clear who was at fault and who was an injured party. However, it also played into the master narrative of the ideal victim who is victimized and passive and in need of assistance from stronger, structural powers. However, some researchers and health care providers argued the term victim was blatantly harmful as it implied weakness and vulnerability, which could take away agency and power, and deny survivorship. Others still, referenced feminist disquiet over use of the term victim as degrading, and stated that while they understood the intellectual debate and used the term survivor to avoid controversy, did not see the harm in calling someone a victim as they had indeed been a victim of exploitation.

As human trafficking health research appears to encapsulate both medical ethics and public health ethics concerns, it would be appropriate for future research to explore creation of a set of guidance that takes both fields into account. While medical ethics has a long history, the field of public health ethics is relatively new. There are many different frameworks to choose from, however there is a dearth of evidence on public health ethics frameworks that can be used in research. Callahan and Jennings's (2002) work concentrates on the practice of public health and the ethical issues that may arise, without discussion of research ethics in public health. Earlier work from Kass (2001) also proposed a code of public health ethics that went beyond medical ethics but again, this is framed in relation to public health practice, not research. ten Have et al. (2010) provides an overview of the current state of public health ethics frameworks including Kass (2001), which targets professionals, Childress et al. (2002) aiming at public health agents, the Public Health Leadership Society (2002) targeting public health institutions, Europhen (2006), Nuffield Council on Bioethics (2007) and Tannahill (2008), which all aim to reach policy and decision-makers (ten Have et al., 2010; p. 3). However, none of the frameworks covered by ten Have et al. (2010) specifically address research.

Overall, themes related to medical ethics that emerged from interviews were supported by literature, while public health concerns were only addressed explicitly by those interviewed. The

consequences to health associated with human trafficking is a public health issue (Gushulak, Weekers and MacPherson, 2010; Schenker, Castañeda and Rodriguez-Lainz, 2014) and research with this population carries multiple and complex ethical challenges. Thus, an approach that includes both medical ethics and public health ethics concerns will be essential. With further research, a combination of medical ethics and concerns from public health ethics may help encapsulate the ethical challenges inherent in encounters with trafficked populations. Further, it is important to note that possible strategies to mitigate ethical challenges encountered were also identified by those interviewed. These examples of best practice could assist in understanding how to develop future ethics guidance for human trafficking health research and health care provision.

6.2.4 Mitigation Strategies

Both researchers and health care providers noted some common mitigation strategies they employed to lessen the occurrence or impact of ethical challenges in research and practice. Emergent themes related to previous experience, learning from related fields, institutional support, involvement of stakeholders, awareness of national and international guidance, and key information sharing.

Researchers and health care providers noted previous experience conducting research and involvement in practice acted as a mitigation strategy for potential ethical challenges. Both groups posited previous experience helped them anticipate and navigate ethical challenges. Researchers and health care providers also noted that engagement with related fields of research on domestic violence and migration helped them identify issues, specifically those related to trauma, power, and vulnerability. They shared that these related populations carried characteristics that could be used to inform ethical behaviour and decision-making in stages of research and in health care provision with trafficked populations. Previous experience and related fields were also related to the mitigation strategy of using written national and international guidance as strategies to address ethical challenges by researchers. Researchers recommended searching out and finding applicable sections of both national and international guidance on ethical challenges, stating that while they were useful they were not comprehensive and required adaptation to context.

Both researchers and health care providers indicated existing institutional support helped mitigate potential ethical challenges before and during interactions with trafficked populations. Some

researchers and health care providers noted structures in place within their institutions that were helpful in assisting them to navigate and address ethical challenges. However, for researchers this assistance took the form of preparation for the ethics approval process, while health care providers discussed institutional support in relation to assistance available if adverse events occurred in practice. Researchers indicated the lack of ethics oversight during research left them to rely on previous learning applied to context-specific situations and suggested future development of ethics guidance that spanned both preparation and process of research could be helpful.

Both researchers and health care providers noted involvement of stakeholders could mitigate possible power imbalances and create more meaningful and authentic relationships during research and practice. Possible stakeholders included trafficked populations, key service providers and, where appropriate, law enforcement. Involvement of stakeholders was indicated as a way to understand possible ethical challenges that may be seen only by those who had experienced exploitation or providers involved in care and services.

Researchers in particular indicated key information sharing was a mitigation strategy in that only information necessary to creation of public health responses should be disseminated. This appeared closely related to the issue of the ideal victim type as researchers cautioned that while some information may seem curious or sensational, only that which could feasibly assist the population as a whole should be shared so as to not further stigmatize the general population or exclude people from public health responses and other services.

Overall, very little evidence emerged in this work regarding mitigation strategies from available literature or from conducted interviews. The majority of literature analysed concentrated on the negative aspects of ethical challenges without much discussion regarding evidence on best practice and sharing of lessons learnt. This was then echoed in interviews with participants who spoke freely about ethical challenges encountered but were more reticent when asked about examples of best practice or mitigation strategies. This could be due to an overarching conceptualization of ethical challenges as actions or risks that could cause harm to a research population. Perhaps researchers and health care providers interviewed were more intent on ensuring their concerns related to probable harm were emphasized and understood. However, this discussion of harms without investigation into examples of best practice or mitigation strategies is problematic. To advance the identification and interpretation of ethical challenges in

the field not only is it vital to understand the possible negative risks and courses of action, but also to understand and share examples of best practice and mitigation strategies to improve future research. It is recommended that further research be conducted with the aim of exploring specific examples of best practice and mitigation strategies in both research and health care provision with trafficked populations to address this gap in evidence.

These examples of mitigation strategies need to be investigated further to understand how they, along with ethical challenges, are identified and interpreted before guidance can be developed to assist those involved in research and practice. Additionally, as supported by work presented in this thesis, issues of social determinants of health, gender disparities, and issues around migration can make ethical-decision making even more difficult when working with trafficked populations. Therefore, it may be important for development of research or practice ethics guidance to take factors such as migration, social determinants of health, ideal victim type, and gender disparities into account.

6.2.5 Conceptual Framework

A conceptual framework of emergent themes from findings was created. This framework highlights the range of theoretical and practical ethical challenges experienced in research and health care provision with trafficked populations (Figure 11). This framework also includes factors of migration, social determinants of health, the ideal victim, and gender disparities that emerged as contextual factors. These contextual factors appear to have important influences on how ethical challenges are identified and interpreted in research and health care provision.
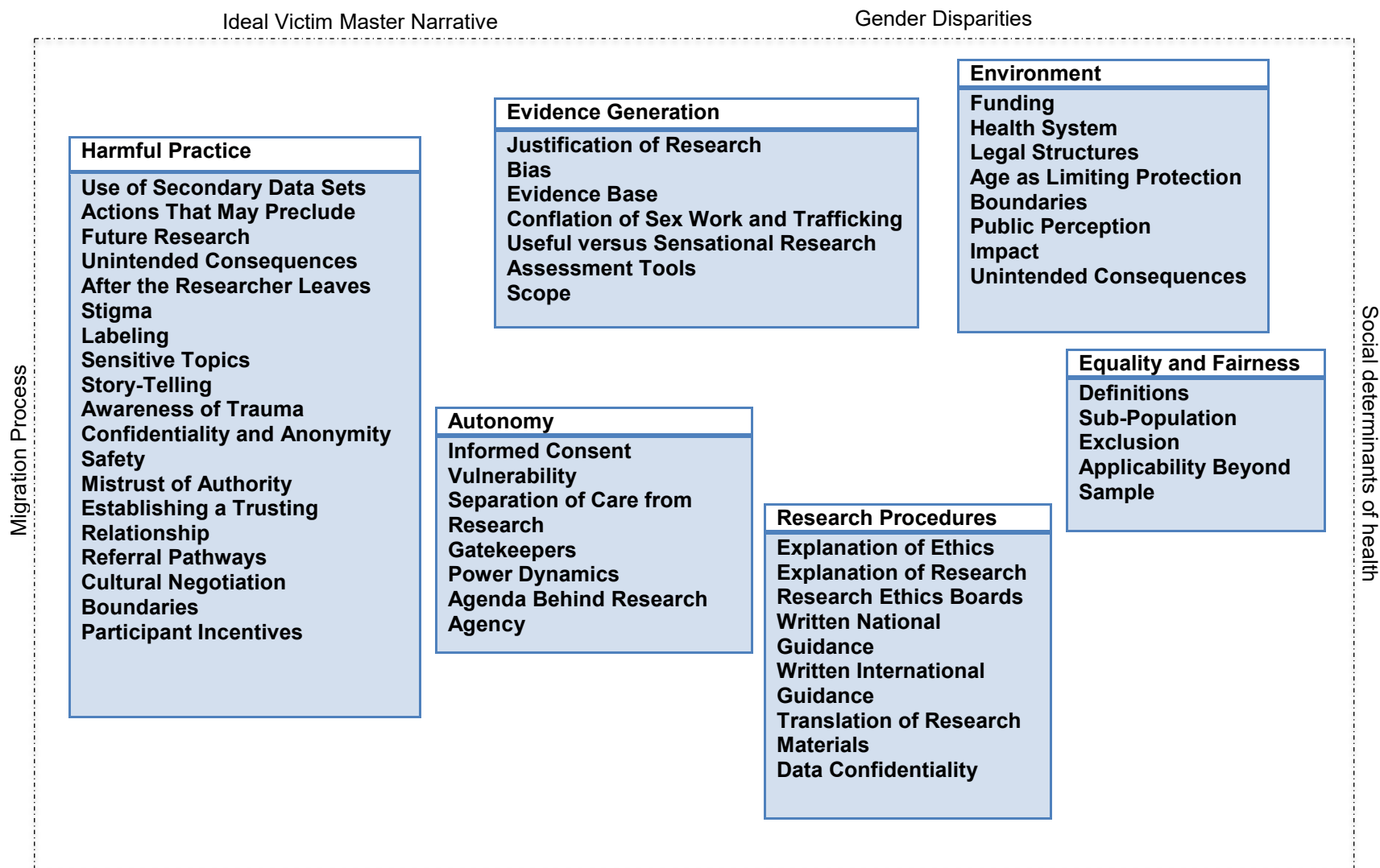
Figure 11. Conceptualization of ethical challenges and influencing factors

6.3 Study Findings in Context

Researchers and health care providers indicated they considered ethical challenges in their interactions with trafficked populations to be complex and influenced by multiple factors. The majority of people interviewed indicated they specifically appreciated the opportunity to speak about what they understood as ethical challenges in their work as they lacked a platform to share their experiences. They also appeared to understand ethics as more than just encompassing the four principles of medical ethics (autonomy, non-maleficence, beneficence, justice) but to also include concerns of public health ethics (for example, population-level utility, political feasibility). However, it was also clear that ethical challenges were influenced by a number of external factors.

Both researchers and health care providers appeared to understand ethical challenges in their work as influenced by external factors such as the migration process trafficked people undertake, social determinants of health, the ideal victim type, and gender disparities. The migration process trafficked people go through created ethical issues of vulnerability, specific to precarious immigration status. Social determinants of health created ethical challenges where researchers and health care providers saw the need for provision of more than medical care (for example, housing and employment assistance) but felt they were unable to provide needed services. The ideal victim type appeared to cause ethical tension for researchers in particular who wanted to produce findings that would be applicable to the general population, but felt constrained by the prevailing master narrative. This was closely related to the ethical challenges of justice created by the gender disparity of men not often included in research or represented in findings used to develop public health responses.

What emerged clearly from the findings was that ethical challenges experienced by researchers and health care providers were related to both medical ethics principles and public health ethics concerns. But further, these ethical challenges appeared to be understood as influenced by a number of factors such as those discussed above, which will be detailed in the following sections.

6.3.1 Human Trafficking as a Migration Pathway

Research suggests people become exploited through human trafficking as part of a failed migration strategy (Gushulak and MacPherson, 2000; Shelley, 2010; Bales, 2012). International population mobility is on the rise and linked to such global processes as economics, politics, social inequality, security, and environment (Gushulak and MacPherson, 2000; Gushulak, Weekers and MacPherson, 2010; Zimmerman, Kiss and Hossain, 2011). Within this international population movement exists several subsets of migration that have been categorized in various ways dependent on immigration and legal definitions at national level. Migrant categories include: international migrants, internal migrants, trafficked persons, irregular/undocumented/illegal migrants, international labour migrants, refugees, internally displaced persons, asylum-seekers, stateless persons, tourists, and international students (Zimmerman, Kiss and Hossain, 2011). Population movement, however categorized, carries varying health risks with increased risk associated with increased illegality of movement across or within borders. As people who are trafficked are often moved using covert and illegal pathways their health risks increase even further (Gushulak and MacPherson, 2000).

As a subset of population movement or migration, human trafficking carries increased health risks and consequences due to the "conditions associated with the clandestine movement of people" (Gushulak and MacPherson, 2000) and risks can be temporally bound to the different phases of trafficking (Gushulak and MacPherson, 2000; Zimmerman, Kiss and Hossain, 2011). The concealed flow of people between countries with "widely different health determinants and outcomes" (Gushulak, Weekers and MacPherson, 2010) carries health risks and consequences for trafficked people, which are of paramount concern to public health at both national and international levels. These health risks go beyond the negative health impact on the individual to encompass the health of the community making human trafficking an important public health issue (Gushulak, Weekers and MacPherson, 2010; Schenker, Castañeda and Rodriguez-Lainz, 2014).

The most common model used to explain human trafficking within the framework of migration is Lee's 1966 push/pull model with influences from Wallerstein's 1974 world systems theory that incorporates ideas of increasing globalization, expanding capitalism,

and the reduction of colonialism (Hagen-Zanker, 2008). Seminal work from Gushulak and MacPherson (2000) conceptualizes human trafficking within a framework of migration, positing that population movement occurs due to push factors from origin countries such as fleeing persecution, war, poverty, and environmental disaster, and pull factors from destination countries that offer better life opportunities. Gushulak and MacPherson (2000) further frame these push/pull factors within a "rapidly globalizing world" (p.67), indirectly invoking Wallerstein's 1974 world system theory. As detailed in Chapter One, Gushulak and MacPherson (2000) offer a framework to understand health risks and consequences associated with human trafficking as encompassed within the stages of the migration process from epidemiological issues associated with place of origin, the trafficking journey, and health systems of destination countries (Gushulak and MacPherson, 2000). These health risks and consequences are not only temporally bound, but also affected by larger structural factors such as social equity, poverty, violence, immigration barriers, and barriers to health and social services in both origin and destination countries (Gushulak and MacPherson, 2000). Thus, Gushulak and MacPherson's (2000) work not only places human trafficking within a framework of migration, but also details social determinants that can affect health risks and consequences associated with human trafficking as a subset of migration.

In 2011, Zimmerman, Kiss and Hossain built upon this previous work and produced a migration and health framework that conceptualized health risks and possible interventions at each stage of migration and included return to origin country as a temporal phase. While their work is about migration generally, they do include trafficked persons as a type of migrant, lending support that trafficking is both a migration and health issue (Zimmerman, Kiss and Hossain, 2011).

Understanding human trafficking as a migration process could help understand ethical challenges by acknowledging that research (and health care provision) in this field is not politically neutral. Legal migration can often be a volatile political issue, and this is further complicated in human trafficking where people enter a country illegally and work in precarious and unlawful employment. Interviewed researchers supported this as they noted concerns around interpretation of findings to support legal and immigration agendas that could cause harm to trafficked populations. Thus, political feasibility is a vital public health ethics concern that should be understood as affecting the ethics of conducting

research or providing health care practice.

Human trafficking as a subset of migration is also subject to various other factors that can carry ethical concerns such as the influence of social determinants of health, ideal victim type, and gender disparities. These ethical issues are not currently addressed in the field of human trafficking health literature, and could have negative consequences on the types of research undertaken and development of public health response.

6.3.2 Legacies of Slavery and Social Determinants of Health

"'Was it hard? I hope she didn't die hard'.
Sethe shook her head. 'Soft as cream. Being alive was the hard part'."
(Morrison, 2015, p.7)

The historical legacies of slavery live on in people who are trafficked for labour and/or sexual exploitation, as they exist as "subordinate individuals with limited claims on the society in which they lived and died" (Drescher, 2009, p.4). One of the key differences between historical slavery and human trafficking is the idea of legal ownership (Bales, 2012); while bodies are still held to be the dominion of another, legal ownership of a person who has been trafficked is not common. But dominion over another is a common thread, as Smith (2011) writes of historical slavery, "The male slave's body was not his own. The female slave's body was not her own. Male and female bodies could be and were interfered with" (p.16). This is true of people who are trafficked today, their bodies are not always their own and this loss of autonomy increases health risks and consequences (Shelley, 2010; Bales, 2012; Oram et al., 2012; Kiss et al., 2015).

In historical slavery, disruption to family structures, accumulated stress due to harsh working conditions, and abuse all contributed to negative health outcomes for African slaves in New World colonies. Schuler (2005) conducted an assessment of skeletal remains of forty-nine slaves in the Newton Plantation, located in Barbados, West Indies and discovered inadequate diet and stress may have contributed to high mortality in the population. Additionally, health effects were not contained to enslaved populations, but have continued throughout generations. As outlined in Chapter One, work from James (1994) and Lekan (2009) explores health issues that have connections to social determinants of health as a direct result of generations of enslavement in the Transatlantic Slave Trade.

These are only but the more common examples of lasting health legacies of slavery, thus as Smith (2011, pp.105) writes, "transcending the legacies of slavery is a difficult matter" as not only do racial and economic disparities continue, but heath inequalities impact generations to come. These lasting health legacies of slavery are similar to research evidence on migration, which suggests that there can be a negative impact on the health of children of migrants born in the country of arrival (Gushulak, Weekers, and MacPherson, 2010; Schenker, Castañeda, and Rodriguez-Lainz, 2014). Thus, it appears that in human trafficking, which is a combination of a failed migration process and slavery-like exploitation, social determinants of health and generational effects on health may be an important contextual factor to understand the ethical challenges encountered in research and health care provision.

Health disparities connected to slavery and migration continue to echo through the emergence of human trafficking. Research on social determinants of health such as stress, social exclusion, social support, and addiction (Marmot, 2005) was supported by the majority of researchers and health care providers as factors, which affected the health and recovery of trafficked people. Understanding social determinants that may affect the health of trafficked populations is an ethical concern as only if these determinants are understood can public health responses be appropriate and acceptable to those in need. Thus, with further supporting research, understanding the possible influences of both migration and legacies of slavery could provide vital information on development of appropriate and relevant ethics guidance.

Another important influence on how ethical challenges are understood in research and health care provision with trafficked populations is the prevailing ideal victim type present in the discourse on human trafficking.

6.3.3 Ideal Victim Type

As Snajdr (2013) writes, "From an anthropological perspective, a master narrative is an over-arching cultural message as well as a framework of knowledge and action" (p. 230). The ideal victim master narrative operating in the field of human trafficking is a crucial concern as it means research is based on what is understood to be the ideal victim type, ignoring the complexity of human trafficking. This research then supports legislation, immigration policy, and, most importantly to this thesis, public health responses, which are

not inclusive to the general population in need.

The ideal victim in human trafficking is a woman, sexually exploited, passive and in need of rescue (Berstein, 2010; O'Connell Davidson, 2010; Tverdova, 2010; Uy, 2011; Snajdr, 2013; Contreras, Kallivayalil and Lewis Herman, 2017). This ideal victim has endured as it provides prosecutors with a clear story to present at court (O'Connell Davidson, 2010), supports gender disparities through attaching inherent vulnerability to women, (Contreras, Kallivayalil and Lewis Herman, 2017), supports repression of women's bodies, (Berstein, 2010; Tverdova, 2010; Uy, 2011; Snajdr, 2013), and legitimizes restrictive immigration policies (O'Connell Davidson, 2010).

Evidence from the literature review in Chapter Two and interview findings support the idea of an ideal victim as the majority of current health research is focused on women and girls trafficked for sexual exploitation. This gives the impression that the entirety of human trafficking is an idealized victim who is a sexually exploited woman. This ideal victim type has persisted and the roots of this master narrative can be found in the historical legacies of slavery, particularly that of the white slave trade (Agustin, 2007; Berstein, 2010).

As detailed in Chapter One, during the white slave trade in the early 20th Century, women were the focus and were portrayed as passive, innocent, abused, non-autonomous agents who were unwilling participants in forced sexual deviancy (Doezema, 2000). While this woman may certainly have existed, there is little evidence that the majority of women occupied this category. This conceptualization of females as non-autonomous agents enslaved to a dominant force was further strongly influenced by the downfall of the Soviet Union in the 1980s (Tverdova, 2010). Following the collapse of the Soviet Union, women were disproportionately negatively economically affected as "women had more difficulties transferring from the public to the private sector due to the widespread social stigma" (Tverdova, 2010, p.333). This created an ideal environment in Eastern Europe for traffickers who suddenly had access to a large population of women willing to move out of their home countries to seek employment and better lives. This was the beginning of the modern understanding of human trafficking. The ideal victim was now a woman from post-Soviet Union countries or developing countries, but still described in emotive terms as innocent, victimized, and abused (Doezema, 2000; Srikantiah, 2007; Jones, 2010). While this thesis does not deny the ideal victim may exist, the evidence does not support this as

the experience of the majority of people who are trafficked (Doezema, 2000; Kiss et al., 2015).

This understanding of the ideal victim has influenced the type of research undertaken, along with who is then included or excluded from public health responses. This connects with the public health ethics concern of population-level utility as if research is undertaken and public health responses developed on the basis of an ideal victim type, this could exclude many in need of assistance. This ethical challenge emerged clearly throughout interviews when researchers spoke of sub-population exclusion, how to apply findings to the larger population, and concerns around conflation of sex work and trafficking. Researchers appeared to have ethical concerns that research methods and conceptualization of trafficking were excluding a majority of those in need, thus findings were not being applied to public health responses at the population level.

Further, the ideal victim type is closely connected to the last factor to be discussed in relation to human trafficking health research and practice, that of gender disparities.

6.3.4 Gender Disparities

Within human trafficking, due in part to the dominance of the ideal victim type described in the previous section, there is a gender disparity operating. Women are often categorized as sexually exploited or exploited through domestic servitude, but this is separated from labour exploitation. In the interviews conducted, researchers and health care providers were not asked directly whether they considered sex work or domestic servitude as 'labour'. I, like many others in the field, had assumed human trafficking consisted of sexual exploitation, labour exploitation, and domestic servitude, as this is how they are categorized in legislation and research. But then I attended a conference presentation by Dr. Julia Laite of Birkbeck University who posed the question, why is sex work not included as women's labour?

Laite (2017, p.42) posits the splitting of work from prostitution began in the early 20th Century campaigns against the white slave trade as a way to control illegal migration and female sexuality. This split then continued in the 20th Century as groups formed to support either regulation of prostitution, regulation of migration of women, or prohibition of prostitution entirely (Laite, 2017). Some proposed that labour could be better regulated if

it took place in factories as opposed to a private homes, so perhaps prostitution could be better regulated if it existed in brothels instead of on the street (Laite, 2017). However, those who advocated for prohibition "were unequivocal about seeing prostitution as immoral and harmful" (Laite, 2017, p.50). Thus, any acknowledgement that sex work, as with other forms of labour, could exist under good and bad conditions, or that one reason women may enter prostitution was to avoid other exploitative labour was rejected (Laite, 2017).

Academic health research included in this thesis made distinct separations between labour exploitation, sexual exploitation, and domestic servitude. This approach runs the risk of gendering types of exploitation: men are exploited in labour conditions, women in domestic servitude and sex work. Berstein (2010, p.49) posits that in relation to sexual exploitation, this separation from labour has been undertaken deliberately as it has allowed anti-prostitution feminists, and religious groups to "focus on sexual violation, rather than the structural preconditions of exploited labour more generally". Uy (2011, p.211) notes that often in the discourse around human trafficking, "discussion of personal choice and agency are absent". Some researchers and health care providers interviewed for this thesis did display ambivalence as to whether those who engage in sex work can ever have agency, whether trafficked or not. This could be due to a moral understanding of sex work, but further work is needed to understand the complex issues of agency involved in entry into sex work through trafficking. Available research on domestic servitude (Baldwin, Fehrenbacher and Eisenman, 2014; Kiss et al., 2015; Oram et al., 2015; Oram et al., 2016) concentrates on health outcomes and does not discuss issues of why domestic servitude is separated from labour exploitation and was not a subject specifically explored with either researchers or health care providers during interviews.

Gender disparities have not just affected women in human trafficking health research; there is a distinct lack of health research conducted with men (Turner-Moss et al., 2013; Kiss et al., 2015; Oram et al., 2015; Omole, 2016; Oram et al., 2016; Ottisova et al., 2016). The emphasis on female sexual exploitation in human trafficking research has essentially made men "invisible" (Contreras, Kallivayalil and Lewis Herman, 2017, p.32). As noted by Uy (2011, p.208) "male victims of trafficking and victims of labour trafficking often face grave difficulties in finding shelters, legal assistance, and social services". These issues were noted as ethical concerns by both researchers and health care providers in

interviews conducted. This gender disparity within human trafficking research, in relation to sex work in particular, is not limited to human trafficking but also to research on male sex workers generally. In addition to a lack of research on men trafficked for labour or sexual exploitation, men are often relegated to the position of "heinous male predators molesting female captives, while ignoring the significant number of male victims of forced labour and sex trafficking" (Jones, 2010, p.1114). Jones (2010, p.1162) cautions that in relation to human trafficking "vulnerability to the crime is not limited to any specific gender or ethnicity".

This gendered approach in research and the implications for access to health services was a concern voiced by researchers and health care providers. Both groups noted concerns around the lack of research as excluding an important voice in human trafficking research. Further, both researchers and health care providers noted difficulties finding appropriate health and social assistance programmes for men. Again, this connects to public health ethics concerns of population-level utility. Research and provision of care should apply to the population as a whole to benefit as many people in need as possible.

Future research on men who are trafficked for both labour and sexual exploitation is needed to build an evidence base of health risks and consequences and plan appropriate public health responses. Additionally, research is needed to explore why types of trafficking have been categorized to understand any effects this may have on how and why research is undertaken.

6.4 Approaches to Move Forward

This thesis highlighted the ethical complexities of research and health care provision with trafficked populations. To the best of my knowledge, this is the first work to undertake such an investigation and while important information emerged, more research is needed to support the conclusions drawn.

This thesis was principally concerned with health research, however not all human trafficking research is health related. Research on human trafficking can encompass fields of social science, justice, or migration. Therefore, if research ethics is developed in the future, other types of research fields will need to be considered.

As detailed above, ethical challenges related to principles of medical ethics (autonomy, non-maleficence, beneficence, and justice) emerged in interviews with both researchers and health care providers. This was most likely due to the fact that the majority of researchers conduct medical research and health care providers, of course, engage in medical practice. However, issues around migration, social determinants of health, ideal victim type, and gender disparities raised ethical concerns related to population-level utility and political feasibility. These factors created ethical concerns around whom is defined as 'trafficked', what vulnerability and agency issues are associated with someone who is trafficked, and how human trafficking is perceived by immigration authorities and the public. These ethical concerns extended beyond the individual interactions between a trafficked person and researchers or health care providers to encompass population-level issues of who is able to access health or other services.

In future, it may be useful to explore different ethics approaches as ways to guide development of research or practice ethics guidance with trafficked populations. Four commonly used approaches to ethics are detailed below and critiqued in relation to their possible application to human trafficking health research or health care provision.

6.4.1 Possible Ethics Approaches

Utilitarianism

Utilitarianism is a lasting legacy in the field of public health however it runs into issues when the greatest happiness for the greatest number is achieved at great cost; freedom and happiness are not always compatible (MacIntyre, 2003). There is also an underlying issue of how happiness is defined through time and context. Further, maximizing the good does not necessarily mean that good will be distributed evenly, bringing up the concept of distributive justice (Benn, 1998). Additionally, as Kantian theorists assert, there is a failure in utilitarianism to respect a person's autonomy in that maximizing the good may mean treating people as a mere means to an end (Benn, 1998). This is a current struggle within the field of public health as researchers and health care providers attempt to balance maximization of the good of the population against the rights of the individual. This applies to health research with trafficked populations as biased and skewed sampling frames create issues of distributive justice and population-level utility related to public health responses.

Rights Approach

Immanuel Kant is often attributed as the founder of the rights approach to ethics (Velasquez et al., 2017). The rights approach to ethics is concerned with the individual right to choose; people are not mere ends but have dignity and the ability to choose freely and have those choices respected (Velasquez et al., 2017). The rights approach is often considered paramount in medical research to avoid exploitation of human subjects and as a reaction to unethical practices that lead to the creation of such documents as the Nuremberg Code and the Belmont Report (Israel and Hay, 2011; Sierra, 2011). This approach relates to human trafficking health research and health care provision as the ability of vulnerable and oftentimes, traumatized trafficked populations to truly consent appeared to be a concern shared by researchers and health care providers. How to navigate the complexities of vulnerability and trauma in this field may be difficult, however, other vulnerable populations such as prisoners and the mentally ill are included in research so perhaps learning from related fields could be applied.

Fairness or Justice Approach

The fairness or justice approach originates from works by Aristotle and is rooted in the belief that equals should be treated equally and unequals should be treated unequally (Velasquez et al., 2017). Thus, research actions should be fair, non-discriminatory, and not place undue burden on population groups or individuals. This approach is often used in medical research in developing countries or with vulnerable populations to avoid unethical or exploitative research practices. This is related to health research with trafficked populations as the most common access point is within the post-trafficking assistance environment, which may not only lead to research fatigue but is unfair to those still in conditions of exploitation who are not, or cannot, be involved in the research process. Further, as suggested by Brunovskis and Surtees (2010, p.7) there may be systematic differences between those who do and do not access post-trafficking services. Additionally, as development of post-trafficking assistance services has been traditionally designed for sexually exploited women, this access point for research may never encompass a representative sample of trafficked people.

Virtue Approach

The virtue approach, also with roots in the works of Aristotle and in the influential work, After Virtue, from Alasdair MacIntyre (1984) is principally concerned with the strive towards ideals "which provide for the full development of our humanity" (MacIntyre, 1984 cited in Velasquez et al., 2017). One of the central claims of virtue ethics is that, "an action is right if and only if it is what an agent with a virtuous character would do in the circumstances" (Oakley and Cocking, 2001, p.21). This separates the virtue approach from Kantian ideals of ethics or consequentialism as the concern is about the person, not the action (Oakley and Cocking, 2001). The virtue approach is one that Pellegrino (1995) suggests may be appropriate for health professions where the aim is a healing relationship. This relates to human trafficking research and practice as healing may indeed begin within the confines of a researcher-participant or health care provider-patient relationship and this should be considered and reflected upon carefully to avoid any potential risk of harm for both parties.

Researchers and health care providers interviewed noted that guidance for working with trafficked populations is lacking and indicated that it could be helpful. However, they cautioned that as trafficked populations are heterogeneous and many different types of research are conducted, guidance documents, rather than a normative framework, would be more appropriate. This may mean that approaches such as the ones outlined above may need to be combined and expanded on to account for diverse research and practice situations. Further, how researchers and health care providers identify and interpret ethical challenges in their interactions with trafficked populations requires further research to ensure guidance is relevant and appropriate.

The conceptual framework created for this thesis could act as a starting point for future research if supported by additional interviews with researchers, health care providers, and the inclusion of trafficked people who have participated in research or health care interactions. The conceptual framework presented here could act as a platform to start future conversations with researchers and health care providers on what they understand as ethical challenges, the complexities of research and practice, and how they apply best practice and lessons learned. Any guidance created would then need to be tested in fieldwork, then adapted and revised as feedback is collected.

6.5 Limitations

The first limitation of this thesis was the lack of prior research on ethical challenges inherent in human trafficking research. As detailed by the earlier qualitative review, there is a dearth of research on this field of inquiry. This limited my ability to draw conclusions as there is only a small existing evidence base on which to build. Therefore, conclusions drawn, while supported by evidence gathered, will need to be strengthened with future research.

A second limitation was the composition of the participant sample. First, participants were recruited by contacting corresponding authors of academic papers. Snowball sampling was then employed as potential and actual participants recommended others who could be contacted. Given this approach, researchers who had not published could have been missed. Health care providers were accessed through either academic publications or through personal networks. Therefore, both researchers and health care providers included in interviews were a convenience sample. Further, this work was limited to English-language speakers, giving a language limitation that should be addressed in future research. Thus, future research would benefit from a randomly drawn sample of researchers and health care providers, and interviews conducted in multiple language contexts.

Directly related to the composition of the participant sample, a third limitation was the construction of the sampling frame itself. In this thesis it was decided that a global approach to sampling would be undertaken, instead of an in-depth case study approach. While a case study approach could have allowed an in-depth exploration of ethical challenges within one research or health care provision setting, it would have been limited to close examination of data within a very specific context. Perhaps in future, it would be valuable to conduct a case study within a single or limited number of research or health care settings to explore the minutia of how ethical challenges are identified and interpreted within a specific context. However, the generalizability of this data would be limited as it could be confined to a certain context and set of circumstances. The strength of the global approach utilized in this thesis was that it allowed an exploration of ethical challenges across multiple contexts and within diverse settings. This approach allowed both similarities and differences to emerge across different research and health care provision settings. The emergent evidence from this thesis appears to indicate that the identification

and interpretation of ethical issues does hold similarities across different environments, which contributes valuable data to the evidence base that would not have been possible in a case study approach.

A fourth limitation was that the majority of interviews were undertaken with researchers and health care providers recalling previous research or previous health care interactions with trafficked populations. Thus, there could be recall bias implicit in this thesis. This thesis will use the definition of recall bias from Raphael (1987) who defines recall bias as "personal history by those respondents who are cases" (p.167). As all participants had conducted research or provided health services to trafficked populations, they can be considered cases (people with experience relevant to the research question). As participants were asked to self-report historical experiences, recall bias could have presented when asked to reflect on ethical challenges. For some participants, research was recently completed; others recalled one or several experiences from several years ago. This may have led to under- or over-reporting of ethical challenges and could have resulted in either suppression or exaggeration of the phenomenon in question (Raphael, 1987). As there are no unbiased records, which exist to confirm what was recalled in interviews, this work relied on the limited published work on ethical challenges in research with trafficked populations to support what emerged from interviews. There were many similarities between published work and interview data, however bias could exist and conclusions should be confirmed with further research.

A fifth limitation that could have occurred is bias related to social desirability. As Donaldson and Grant-Vallon (2002) write, "research participants want to respond in a way that makes them look as good as possible" (p. 247). Included participants may have underreported behaviours they saw as inappropriate (Donaldson and Grant-Vallon, 2002). This is particularly salient in this work as participants were asked to reflect on ethical challenges they encountered in their work. Participants may have felt uncomfortable sharing situations where they may have participated in unethical practice. As this work was concerned with uncovering the ethical complexities of working with trafficked populations, this was a principal concern. Due to the nature of the research inquiry I had some concerns before commencing that participants might provide ideal versions of the challenges they faced. However, all participants appeared to speak freely and openly about ethical challenges faced and expressed how pleased they were to have a platform through which

to speak about these issues.

6.5.1 A Note on Researcher Limitation

Along with academic and methodological limitations detailed above, as a researcher, I was not an objective observer in this process, but occupied a subjective position as a co-participant in the research process with a personal history. As Lincoln and Denzin (2011) note, researchers speak from their understanding and interpretation of the world.

While I could not, and indeed, did not want, to separate myself from the work undertaken here, I did reflect on my choices, feelings and thoughts over the process. I kept a private, online journal to record my progress, my feelings (at times uncertain or conflicted), doubts, and moments of triumph that peppered my PhD experience.

In this work I acted as a co-participant and sat both inside and outside my work. I am a feminist, not immune to trauma, and work in academia giving me a window into some of the issues that emerged in this work. However, I have never been trafficked into sexual or labour exploitation, and I have no medical training, which made me an outsider in this thesis as well. As much as I could, I tried to be aware of, and critically reflect, on the biases and personal history I bought to this work. I believe I handled this in the best way I could and maintained awareness of my limitations throughout this work. However, this background could have impacted on how I understood, analyzed, and presented the work here.

6.6 Recommendations

This work has several recommendations for future research in this area to strengthen and continue the work presented here to build the evidence base within the field. These recommendations have been discussed throughout this Chapter, but are summarized in Table 21 below, which outlines the specific recommendation, relevant stakeholders, and the possible implications of implementing the recommendation.

Recommendation	Stakeholder	Implication
Exploration of the identification and interpretation of ethical challenges involving a larger sample of researchers, health care providers, and inclusion of trafficked populations	Researchers Health care providers	Strengthen findings and contribute to the growing evidence base. Inclusion of trafficked populations could add a valuable voice and dimension to the understanding of ethical challenges in the field
Investigation into the application of the modified Interactionist model of ethical decision-making behaviour	Researchers Health care providers	To gain a fuller understanding of how ethical decision-making operates in the field, which could guide development of guidance
Exploration of examples of best practice, mitigation strategies, and lessons learnt	Researchers Health care providers Ethics boards	To explore examples of best practice, mitigation strategies, and lessons learnt to assist stakeholders in preparation for interactions with trafficked populations
Research into the application of medical ethics principles and public health ethics concerns to the field of human trafficking health research and care provision	Researchers Health care providers	To explore and expand on the conceptualization of ethics within the field of human trafficking health research and care provision to contribute to development of future ethics guidance
Conceptual framework to be piloted and revised as appropriate	Researchers Health care providers	Piloting and revision of the conceptual framework will lend support to emergent findings from this work and build the evidence base of ethical challenges in the field to help develop ethics guidance

Recommendation	Stakeholder	Implication
Research into the application of theoretical ethics approaches to the field of human trafficking health research and care provision	Researchers Health care providers	Understanding which ethics theoretical approaches, or which combinations of approaches fully encapsulate the challenges in this field could aid development of appropriate and relevant ethics guidance
Research into the conceptualization of categories of human trafficking (sex trafficking, domestic servitude, labour trafficking)	Researchers	Exploration of the ways in which 'work' is conceptualized and categorized within the field could aid in understanding effects of gender disparities and agency
Research into the possible influence of social determinants of health for trafficked populations	Researchers Health care providers	To explore how social determinants of health may impact health of trafficked populations and investigate potential impact of these factors on identification and interpretation of ethical challenges
Research into men and both genders trafficked into labour exploitation to understand possible health risks and consequences and further the evidence base	Researchers	Further evidence is vital to develop and support appropriate public health responses which are currently lacking
Investigation into possible application of Karpman's (2011) Drama Triangle	Researchers Health care providers	To understand if the rescuer role occupied by researchers and/or health care providers has an effect on identification and interpretation of ethical challenges

Table 21. Summary of recommendations for future research

6.7 Conclusion

The emergent themes from interviews with researchers and health care providers supported the scant available literature on ethical challenges inherent in encounters with trafficked populations. Both researchers and health care providers indicated that encounters with trafficked populations were laden with ethical complexity. However, what also emerged clearly from interviews is that ethical challenges appear to be influenced by external factors such as migration, legacies of slavery, social determinants of health, ideal victim type, and gender disparities. This indicates that development of a normative ethics framework that relies solely on medical ethics principles may not capture the varied and complex issues inherent in research and health care provision with trafficked populations. Issues related to public health ethics concerns of population-level utility, political feasibility, and cultural sensitivity were highlighted as important ethical challenges in conducted interviews, along with the influence of numerous external factors. Future research is needed to understand how the many complexities involved in human trafficking may influence identification and interpretation of ethical challenges in research and health care provision. Research in this area is vital to development of a reliable evidence base on which to develop and support public health responses. However, development of ethics guidance on how to approach and effectively handle ethical challenges must take into account the full range of external factors and complexities that can complicate research and health care provision with trafficked populations.

Chapter Seven: Conclusion

Human trafficking is an enormously complex and politically volatile phenomenon involving vulnerable populations at jeopardy of serious health risks and consequences. It is a subset of migration; a pathway taken when legal migration options are not available or feasible, and it carries legacies of slavery in the exploitative conditions people experience. A robust evidence base is required to develop and support public health responses at national and international levels, however conduct of such research and provision of health care with trafficked populations is rife with ethical challenges.

It is vital to understand how ethical challenges are identified and interpreted and how they may be influenced by external factors as trafficked populations carry layered vulnerability and exist in precarious states of legality. Further, to develop an evidence base that can develop or support public health responses, ethical challenges must be made transparent to acknowledge limitations and strengths of this evidence base. As researchers and health care providers work in multiple settings with various stakeholders, political, and economic agendas they can experience conflicting viewpoints on what is or is not ethical practice. As there is currently a lack of ethics guidance, researchers and health care providers must engage in discretionary decision-making in approaching, identifying, and interpreting ethical challenges they encounter. To develop needed ethics guidance it is essential to understand what moderates and influences identification and interpretation of ethical challenges in both research and health care provision. Only once ethical challenges encountered within research and practice with trafficked populations are fully understood in context with influencing factors can appropriate ethics guidance be developed. In this way development of an evidence base will include all those in need of health, social, economic, and legal assistance.

Human trafficking is a phenomenon that is influenced by external factors related to migration, legacies of slavery, social determinants of health, ideal victim type, and gender disparities. These external factors impact how ethical challenges are approached, identified, and interpreted confounding ethical decision-making in research and health care provision. Further, discourse around ethical challenges should be framed within both medical and public health ethics to fully encapsulate the ethical issues encountered in research and health care provision with trafficked populations.

Future research should consider further investigation into the complicated factors that affect how ethical challenges are approached, identified, and interpreted by researchers and health care providers. Once this is more clearly understood, this could lead to creation of ethics guidance for the field of human trafficking health research and health care provision. Additionally, future research is needed to explore different ethical approaches that may be helpful in creation of research ethics or practice guidance. Creation of such guidance would fill a vital need indicated by participants in this thesis and could contribute to more reflective and thoughtful research findings applicable to trafficked people in need.

Human trafficking health research is incredibly complex; it exists at a crossroads of medical inquiry and public health goals, involves a vulnerable population and is never politically neutral. This research is necessary to build an evidence base embedded in rigorous ethical practice that can inform much needed public health responses for the health and social consequences related to exploitation through trafficking. What emerged clearly from this thesis is that human trafficking research and health care provision involves a multitude of ethical issues, many of which do not have clear solutions. This does not mean research or health care provision with trafficked populations should cease, but does indicate the need for transparent discussions on the challenges involved in this field. As there are limited resources allocated to such public health responses, research must be ethically rigorous and mindful of external influencing factors to ensure evidence generation can effectively inform creation of public health responses to meet the needs of trafficked populations.

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Appendix 1. PRISMA 2009 Checklist

PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	22
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	N/A
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	22
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	23
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	N/A
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	23
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	22
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	22
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	22-24
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	25
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	25
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	25
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	25
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	N/A

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PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	25
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	N/A
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	24
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	27-54
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	55-64
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	70-88
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	N/A
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	69
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	N/A
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	80-82
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	82-83
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	89
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	N/A

Appendix 2. Frequency Count by Author and Theme

Author	Theme	Frequency Count	Coverage (%)
Zimmerman and Watts (2003)	Consent	15	0.06
	Translation	2	0.01
	Interpretation	30	0.20
	Participation	6	0.04
	Trauma	4	0.01
	Distress	14	0.07
	Safety	60	0.21
	Access	6	0.02
	Confidentiality	12	0.10
	Anonymity	4	0.02
	Bias	1	0.01
	Power	2	0.01
	Referral	16	0.07
	Rescue	9	0.03
	Dissemination	1	0.01
	Findings	8	0.02
	Impact	10	0.05
	Sample	3	0.01
	Gatekeeper	0	0.00
	Boundary	1	0.01
Cwikel et al. (2004)	Consent	17	0.08
	Translation	2	0.01
	Interpretation	2	0.02
	Participation	3	0.02
	Trauma	2	0.01
	Distress	2	0.01
	Safety	8	0.03
	Access	29	0.13
	Confidentiality	3	0.03
	Anonymity	4	0.03
	Bias	3	0.01
	Power	0	0.00
	Referral	2	0.01
	Rescue	4	0.02
	Dissemination	0	0.00
	Findings	14	0.06
	Impact	6	0.03
	Sample	10	0.05
	Gatekeeper	0	0.00
	Boundary	0	0.00

Author	Theme	Frequency Count	Coverage (%)
Cwikel and Hoban (2005)	Consent	2	0.02
	Translation	1	0.02
	Interpretation	1	0.02
	Participation	3	0.06
	Trauma	21	0.19
	Distress	2	0.02
	Safety	0	0.00
	Access	2	0.02
	Confidentiality	0	0.00
	Anonymity	1	0.01
	Bias	0	0.00
	Power	0	0.00
	Referral	2	0.02
	Rescue	0	0.00
	Dissemination	0	0.00
	Findings	1	0.01
	Impact	0	0.00
	Sample	46	0.44
	Gatekeeper	0	0.00
	Boundary	0	0.00
Harrison (2006)	Consent	114	0.14
	Translation	6	0.01
	Interpretation	13	0.03
	Participation	283	0.57
	Trauma	3	0.09
	Distress	26	0.04
	Safety	20	0.02
	Access	34	0.04
	Confidentiality	25	0.06
	Anonymity	9	0.01
	Bias	6	0.01
	Power	63	0.06
	Referral	1	0.01
	Rescue	5	0.01
	Dissemination	2	0.01
	Findings	18	0.02
	Impact	25	0.03
	Sample	9	0.01
	Gatekeeper	20	0.04
	Boundary	9	0.01

Author	Theme	Frequency Count	Coverage (%)
UNIAP Guidelines (2008)	Consent	43	0.22
	Translation	2	0.00
	Interpretation	18	0.16
	Participation	57	0.49
	Trauma	1	0.01
	Distress	2	0.01
	Safety	11	0.05
	Access	4	0.02
	Confidentiality	20	0.22
	Anonymity	17	0.11
	Bias	0	0.00
	Power	1	0.01
	Referral	7	0.04
	Rescue	3	0.01
	Dissemination	1	0.01
	Findings	5	0.03
	Impact	10	0.05
	Sample	2	0.01
	Gatekeeper	0	0.00
	Boundary	1	0.01
Brunovskis and Surtees (2010)	Consent	6	0.02
	Translation	1	0.01
	Interpretation	3	0.02
	Participation	30	0.18
	Trauma	0	0.00
	Distress	0	0.00
	Safety	3	0.01
	Access	51	0.19
	Confidentiality	0	0.00
	Anonymity	3	0.01
	Bias	16	0.05
	Power	1	0.01
	Referral	6	0.02
	Rescue	2	0.01
	Dissemination	0	0.00
	Findings	0	0.00
	Impact	10	0.03
	Sample	45	.017
	Gatekeeper	4	0.02
	Boundary	3	0.02

Author	Theme	Frequency Count	Coverage (%)
Tyldum (2010)	Consent	0	0.00
	Translation	0	0.00
	Interpretation	0	0.00
	Participation	2	0.04
	Trauma	0	0.00
	Distress	0	0.00
	Safety	1	0.01
	Access	3	0.03
	Confidentiality	0	0.00
	Anonymity	0	0.00
	Bias	5	0.04
	Power	1	0.01
	Referral	0	0.00
	Rescue	4	0.04
	Dissemination	0	0.00
	Findings	0	0.00
	Impact	3	0.03
	Sample	1	0.01
	Gatekeeper	0	0.00
	Boundary	0	0.00
Cannon et al. (2016)	Consent	5	0.02
	Translation	0	0.00
	Interpretation	0	0.00
	Participation	42	0.25
	Trauma	14	0.04
	Distress	0	0.00
	Safety	6	0.02
	Access	8	0.03
	Confidentiality	1	0.01
	Anonymity	0	0.00
	Bias	8	0.02
	Power	4	0.01
	Referral	0	0.00
	Rescue	1	0.01
	Dissemination	1	0.01
	Findings	26	0.10
	Impact	3	0.01
	Sample	35	0.13
	Gatekeeper	2	0.01
	Boundary	0	0.00
Duong (2015)	Consent	40	0.57
	Translation	0	0.00
	Interpretation	2	0.06
	Participation	109	2.61
	Trauma	3	0.04
	Distress	7	0.13

	Safety	27	0.32
	Access	0	0.00
	Confidentiality	18	0.54
	Anonymity	11	0.21
	Bias	2	0.02
	Power	1	0.01
	Referral	0	0.00
	Rescue	0	0.00
	Dissemination	8	0.21
	Findings	8	0.12
	Impact	4	0.05
	Sample	0	0.00
	Gatekeeper	0	0.00
	Boundary	0	0.00
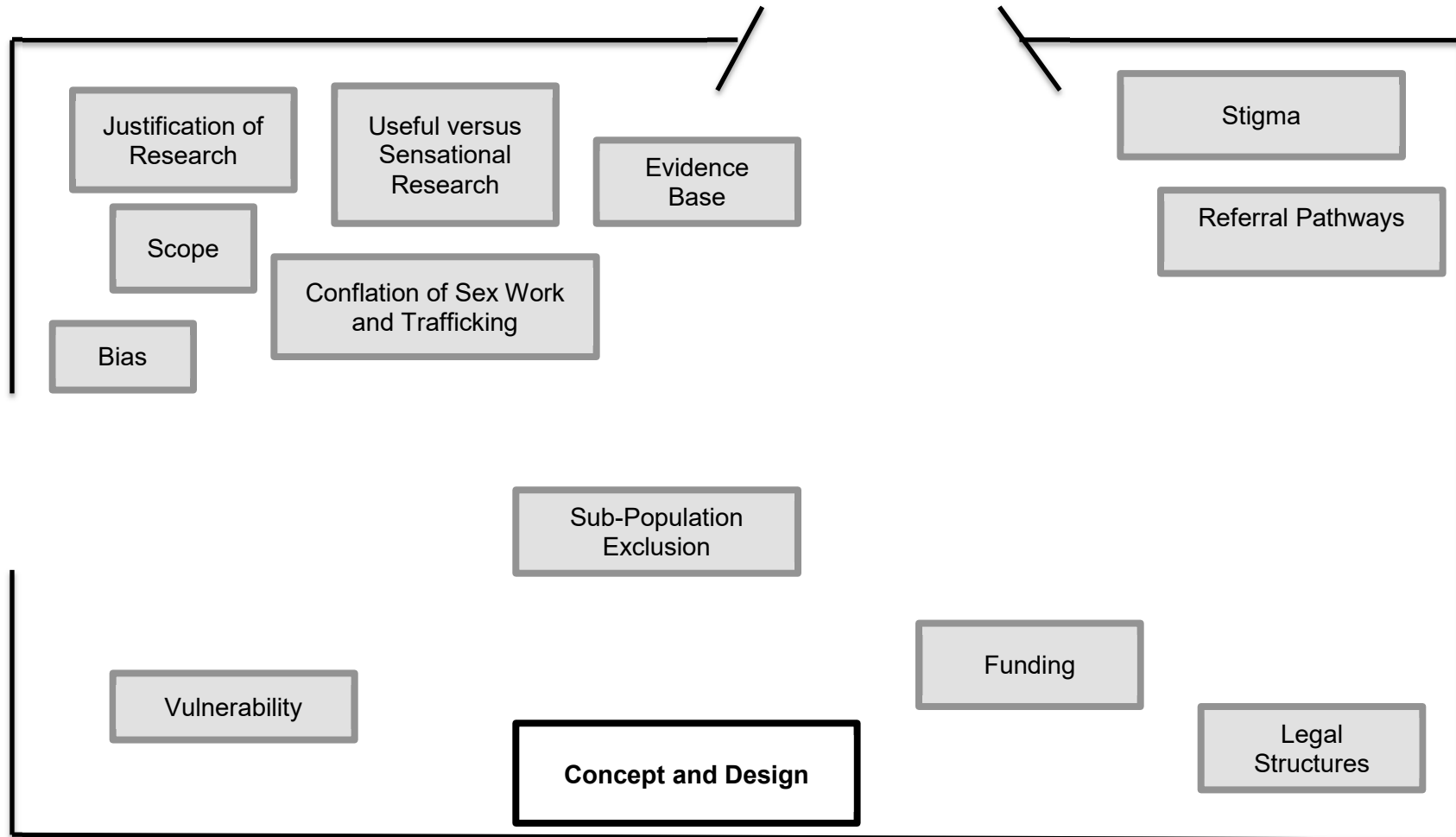
Room 1: concept and design emergent themes

Room 2: ethics application emergent themes

Participant Incentives

Awareness of Trauma

Cultural Negotiation

Mistrust of Authority

Definitions

Sub-Population Exclusion

Applicability Beyond Sample

Translation of Research Materials

Informed Consent

Agency

Participant Recruitment

Explanation of Research

Gatekeepers

Vulnerability

Explanation of Ethics
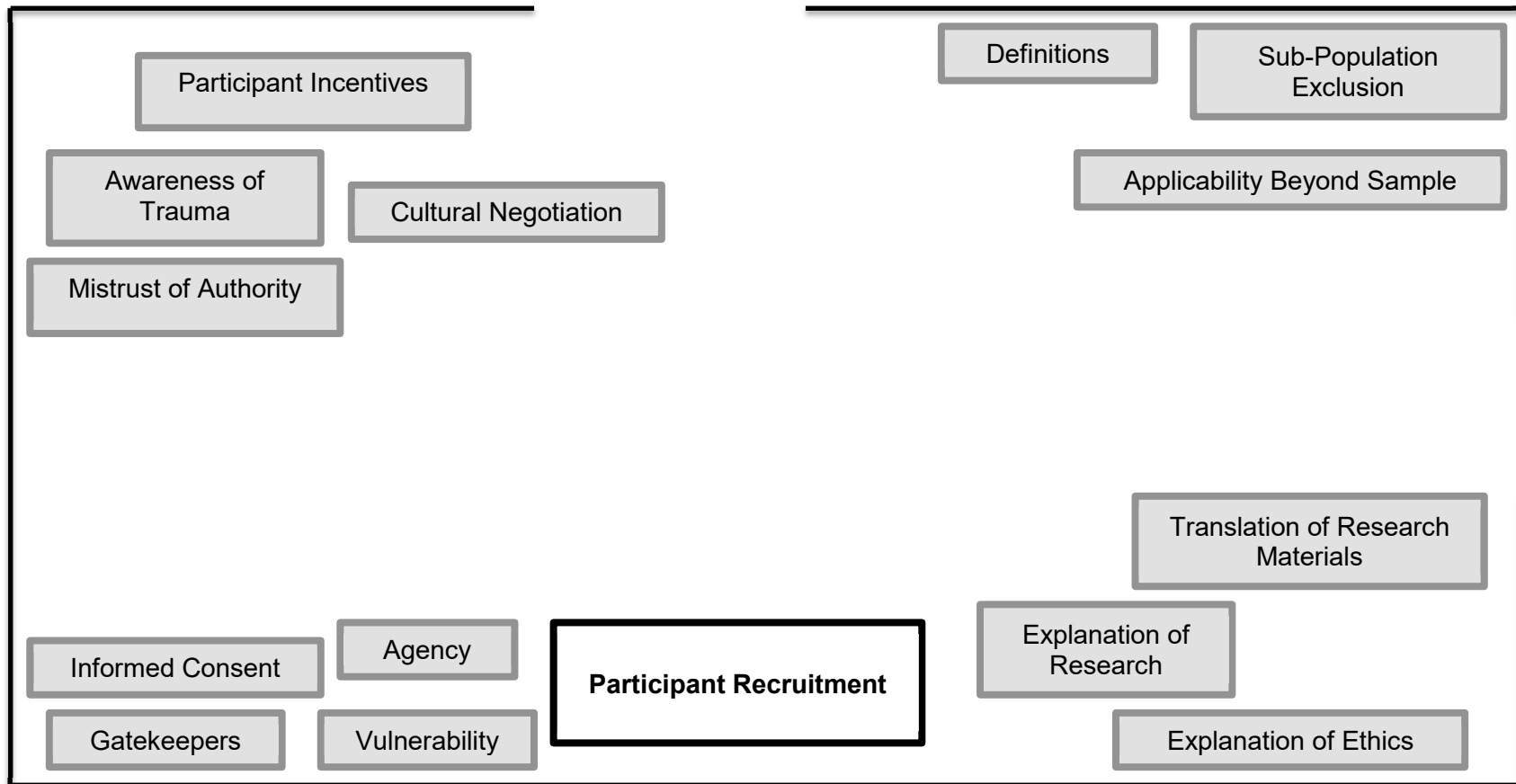
Room 3: participant recruitment emergent themes

Room 4: data collection emergent themes

Safety

Mistrust of Authority

Cultural Negotiation

Awareness of Trauma

Sensitive Topics

Confidentiality and Anonymity

Story-Telling

Establishing a Trusting Relationship

Referral Pathways

Boundaries

Age as Limiting Protection

Unintended Consequences

Health System

Practice

Legal Structures

Room 4a: practice emergent themes

Room 5: data analysis emergent themes

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Evidence Base

Useful versus Sensational Research

Scope

Data Confidentiality

Boundaries

Confidentiality and Anonymity

Labeling

Cultural Negotiation

Stigma

Legal Structures

Dissemination

Public Perception

Impact

Room 6: dissemination emergent themes

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Post-Research

Actions That May Preclude Future Research

After the Researcher Leaves

Room 7: post-research emergent themes

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Ethics in Research with Trafficked Populations: Questionnaire 1

Participant Consent Form

Project Title: Experiences of ethical issues involved in conducting research and provision of health services to trafficked populations.

Main investigator and contact details:
Shannon Doherty, MSc.
Email. shannon.doherty@student.anglia.ac.uk
Tel. 075 2212 8409

1. I agree to take part in the above research. I have read the Participant Information Sheet for the study. I understand what my role will be in this research, and all my questions have been answered to my satisfaction.

2. I understand that I am free to withdraw from the research at any time, for any reason and without prejudice.

3. I have been informed that the confidentiality of the information I provide will be safeguarded unless 1) you disclose that you are in danger of being physically harmed, will cause physical harm to yourself or another person, 2) you disclose medical malpractice, 3) you disclose any activity that falls under the British Terrorism Act. The current Act can be found at http://www.legislation.gov.uk/ukpga/2006/11/contents

4. I am free to ask any questions at any time before and during the study.

5. I have been provided with a copy of this form and the Participant Information Sheet.

Data Protection: I agree to the University[1] processing personal data which I have supplied. I agree to the processing of such data for any purposes connected with the Research Project as outlined to me*

*"The University" includes Anglia Ruskin University and its partner colleges

1. I agree to the above terms

○ Yes

○ No

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Ethics in Research with Trafficked Populations: Questionnaire 1

Questionnaire 1

In the following section you will be asked a series of questions about your work, the population you work with and some demographic information about your education and work experience. All questions have a "prefer not to say" option and at any time you may choose to leave this survey.

2. Please indicate which setting best describes where you work (Please choose all that apply.)

○ Higher Education Institution

○ NGO

○ Not-for-profit Institution

○ Hospital

○ Health Clinic

○ Prefer not to answer

In what country is your research focused?

[   ]

3. What type of research do you conduct with trafficked populations? (Please select all that apply.)

☐ Primary research

☐ Intervention research

☐ Observational research

☐ Not applicable

☐ Prefer not to say

Other (please specify)

[   ]

4. What type of health services do you provide to trafficked populations? (Please select all that apply.)

☐ Physical health

☐ Mental health

☐ Legal assistance

☐ Immigration assistance

☐ Housing assistance/Shelter

☐ Not applicable

☐ Prefer not to say

Other (please specify)

[   ]

5. What type of trafficked population do you work with? (Please select all that apply.)

☐ Sexual exploitation

☐ Labour exploitation

☐ Sexual and labour exploitation

☐ Organ removal

☐ Prefer not to say

Other (please specify)

[   ]

Ethics in Research with Trafficked Populations: Questionnaire 1

6. How many years have you worked with trafficked populations? (Please choose only one.)

◯ Under 1 year

◯ Between 1-5 years

◯ Between 5-10 years

◯ Over 10 years

◯ Prefer not to say

Other (please specify)

[   ]

7. What is the highest level of education you have completed? (Please choose only one.)

○ Primary school

○ High school

○ College

○ Undergraduate degree

○ Postgraduate degree

○ Prefer not to say

Other (please specify)

[ ]

8. I agree to the processing and use of the data I have provided as outlined in the participant consent form

○ Yes, please use my data in this study

○ No, please withdraw my data from this study

Thank you for participating in this questionnaire. If you have any questions or concerns please feel free to contact the principal investigator:
Shannon Doherty, MSc
Email: shannon.doherty@student.anglia.ac.uk
Tel: 075 2212 8409

Participant Consent Form

Project Title: Experiences of ethical issues involved in conducting research and provision of health services to trafficked populations.

Main investigator and contact details:
Shannon Doherty, MSc.
Email. shannon.doherty@student.anglia.ac.uk
Tel. 075 2212 8409

1. I agree to take part in the above research. I have read the Participant Information Sheet for the study. I understand what my role will be in this research, and all my questions have been answered to my satisfaction.

2. I understand that I am free to withdraw from the research at any time, for any reason and without prejudice.

3. I have been informed that the confidentiality of the information I provide will be safeguarded unless 1) you disclose that you are in danger of being physically harmed, will cause physical harm to yourself or another person, 2) you disclose medical malpractice, 3) you disclose any activity that falls under the British Terrorism Act. The current Act can be found at http://www.legislation.gov.uk/ukpga/2006/11/contents

4. I am free to ask any questions at any time before and during the study.

5. I have been provided with a copy of this form and the Participant Information Sheet.

Data Protection: I agree to the University[1] processing personal data which I have supplied. I agree to the processing of such data for any purposes connected with the Research Project as outlined to me*

*"The University" includes Anglia Ruskin University and its partner colleges

1. I agree to the above terms

◯ Yes

◯ No

Questionnaire 2

In the following section you will be asked a series of questions about your work experience with trafficked populations and your perception of any ethical challenges you may encounter. Please choose the answer the best applies to you. All questions have a "prefer not to say" option and at any time you may choose to leave this survey.

2. I encounter ethical challenges in my work with trafficked populations

Never	Sometimes	Don't know	Often	Always	Prefer not to say
○	○	○	○	○	○

Other (please specify)

[   ]

Ethics in Research with Trafficked Populations: Questionnaire 2

3. I feel there are adequate guidelines available to address ethical challenges I face in my work with trafficked populations

Never	Sometimes	Don't know	Often	Always	Prefer not to say
○	○	○	○	○	○

Please list any ethical guidelines you are aware of that you find useful in your work

4. Language can be a barrier in my work with trafficked populations

Never	Sometimes	Don't know	Often	Always	Prefer not to say
○	○	○	○	○	○

Other (please specify)

5. Cultural expectations/practices can be a barrier in my work with trafficked populations

Never	Sometimes	Don't know	Often	Always	Prefer not to say
○	○	○	○	○	○

Other (please specify)

6. I feel the trafficked populations I work with are able to give informed consent

Never	Sometimes	Don't know	Often	Always	Prefer not to say
○	○	○	○	○	○

Other (please specify)

7. I feel able to talk to my colleagues about ethical challenges I face in my work with trafficked populations

Never	Sometimes	Don't know	Often	Always	Prefer not to say
○	○	○	○	○	○

Other (please specify)

[   ]

8. I agree to the processing and use of the data I have provided as outlined in the participant consent form

⭕ Yes, please use my data

⭕ No, please withdraw my data from this study

9. This project also involves a detailed qualitative component that will involve taking part in a 1 hour Skype interview where you will be asked questions about your experience and perceptions of ethical challenges involved in conducting research/providing health services to trafficked populations. If you would like to take part in this please indicate your preference below including your email address. If you agree to take part, an information sheet and consent form will be emailed to you at a later date.

○ Yes

○ No

Email Address

[   ]

<u>Researchers</u>

Belinda

Belinda is a researcher who works at an academic institution in the UK. She is an experienced researcher who has worked on a range of different projects in women's health and with trafficked populations. Specific to trafficked populations Belinda has worked on projects on health needs of trafficked people in the UK, NHS response to human trafficking and information gathering projects on characteristics of trafficked populations, and health and trafficking experiences. Her experience with trafficked populations included samples of both men and women and a variety of exploitation situations.

Valerie

Valerie has a North American legal background and previously worked as an academic researcher in a shelter for trafficked victims in Western Europe. Her research was conducted as part of a PhD thesis and was with women who had been trafficked primarily for sexual exploitation.

Betty

Betty is a researcher and criminologist working in the Oceania region. She is an experienced researcher who has conducted research projects on characteristics of people who have experienced trafficking, support experiences, support needs, repatriation experiences, and criminal justice experiences of those who have been trafficked. Further, she has experience in research on the use and abuse of migration visas and forced marriage practices.

Veronica

Veronica is a researcher working in the Oceania region. She has conducted numerous research projects with people who have been trafficked and has worked to establish both a trafficking and slavery monitoring programme, and a data collection framework for human trafficking and slavery within the region.

Elle

Elle is a researcher working within an academic institution in North America who conducted secondary analysis as part of a PhD thesis. Elle's PhD data set came from an AIDS initiative in India and she examined the intersection of physical and sexual violence and trafficking and HIV infection with data from women trafficked for sexual exploitation.

Carrie

Carrie is a researcher working in the Oceania region. She has been involved in research projects exploring forced marriage and labour exploitation.

Rebecca

Rebecca is a researcher with an academic institution in North America with experience working with an NGO in Central Asia, which provided transition and health services to women who were trafficked into India for sexual exploitation. She currently works in North America with a human trafficking task force to compile statistical information on trafficking victims in an urban setting including what trauma informed services are available and accessed by trafficking survivors.

Jonathan

Jonathan is a researcher within an academic institution in the UK who completed a research project in the Netherlands as part of a PhD thesis. His project looked at quality of care related to health services provided in shelters for male and female victims of human trafficking in Europe. Specifically, his research focused on survivor conceptualization of the recovery process and challenges encountered by service providers within the shelter environment.

Lillian

Lillian is a researcher with an academic institution in North America who has conducted research projects with women involved in prostitution and youth involved in prostitution. She has also worked with North American citizens trafficked internally for sexual exploitation focusing on risk factors, specifically for youth, for entry into prostitution through trafficking. The project on youth risk factors for entry into prostitution through trafficking was conducted within a juvenile detention environment in North America.

<u>Health Care Providers</u>

Miranda

Miranda is a physician who specializes in pediatrics in North America who completed an academic project on human trafficking as part of her medical training. She has worked as part of a human trafficking task force that brought together law enforcement, social workers, NGOs and other stakeholders to create an education platform to inform stakeholders on how to handle encounters with trafficked victims.

Jane

Jane is a physician practicing in North America specializing in obstetrics and gynecology. She has an extensive background in health effects of interpersonal violence and is a medical ethicist by training.

Minnie

Minnie is a marriage and family therapist by training who has experience working within an NGO in Southeast Asia, which provided shelter and various services to girls, and young women who had been trafficked for sexual exploitation. Her work within the NGO was to de-brief various members of staff, create trainings for staff, and create educational materials for parents who were preparing to receive traumatized girls and young women back into the family environment.

Collin

Collin is a specialist medical practitioner working in Ireland. He is also an active academic in a medical school in the country. He specializes in HIV care for people referred from the main asylum seeker center, which includes trafficked people.

Anita

Anita works as a specialist in migration and human rights within an inter-governmental organization located in South America. She assists in helping countries within her region manage trafficking cases and facilitates assistance services. Anita is also involved in technical assistance to regional countries including training and development of protocols for Ministry of Health and other stakeholders providing direct assistance to male and female populations trafficked for a variety of exploitation purposes.

Rachel

Rachel is a physician who works in the emergency department of an urban hospital in North America. In her clinical work she encounters and screens high-risk populations for trafficking and provides care as needed. She has also been involved in several research projects with academic institutions, involving both primary and secondary research. The research projects she was involved in range from labour exploitation in Eastern Europe to gaps in service provision within anti-trafficking organizations in South Asia.

Rapport building – How are you today? How's your day going?

A. Daily life at work/research

B. Ethical challenges at work/research – events, perceptions, approaches
Institutional/colleague assistance/support

C. Availability of ethical guidelines/frameworks
Use of ethical guidelines/framework/theory

D. Ethics advice to others

Wrap-up - anything else, snowball sample

Thank-you, what happens next – data will be analyzed and written up

A.
Can you tell me about the type of trafficked population you work with?
Prompt: Sexually exploited? Exploited for labour? Both? Organ transplant? Men/Women?
Ages?

Tell me about the research you conduct with trafficked populations
Prompt: Primary? Intervention? Observation?

Tell me about the types of health services you provide to trafficked populations?
Prompt: Physical health checks? Mental health? What type of mental health?

Can you describe a typical day with the trafficked populations you've worked with?
Prompt: What does that day look like? Where does it take place? Who do you see/speak to?

B.
Tell me about any ethical issues that come to mind when you think of working with trafficked
populations?

Have you encountered any of those ethical challenges in your work?
Prompt: What was that like? What did you think?

What other kinds of ethical issues or challenges have you encountered in your work with
trafficked populations?

How, if at all, have your thoughts and feelings about ethical issues changed since you started
working with trafficked populations?

As you look back on your work, are there any events that stand out in your mind as particularly
difficult ethical issues? Could you describe it/them?
Prompt: What were the sources/causes of those challenges?

How did this event affect the progress of your research/health provision? How did you respond
to this event?

Prompt: What was that like? How did you feel?

Could you describe the most important lessons you've learned through experiencing and negotiating those events?

What has been the most helpful to you during those challenges? How have they been helpful? *Prompt*: Did you discuss this with your work colleagues? Informally or formally? Did you talk to your loved ones? Others?

Has your institution/organization been helpful? What did they help you with? How was it helpful?

C.
Are there any ethical guidelines/frameworks you know of to help you with ethical decisions/challenges?

Do you use ethical guidelines/frameworks/theory?

D.
What do you think are the most important ways to approach ethical challenges? How did you discover or create them? Has your previous experience affected how you handled those ethical challenges?

After having these experiences, what advice would you give someone who will undertake the same kind of work you do/did?

Is there anything that you might not have thought about before that occurred to you during this interview?

Is there anyone else you think I should speak with that might have had similar experiences and be willing to share them?

Is there anything you would like to ask me?

Data Analysis Framework	
Main Category	**Sub-Category**
Evidence Generation	Justification of Research
	Bias
	Evidence Base
	Conflation of Sex Work and Trafficking
	Useful versus Sensational Research
	Assessment Tools
	Scope
Equality and Fairness	Definitions
	Sub-Population Exclusion
	Applicability Beyond Sample
Research Procedures	Explanation of Ethics
	Explanation of Research
	Research Ethics Boards
	Written National Guidance
	Written International Guidance
	Translation of Research Materials
	Data Confidentiality
Autonomy	Informed Consent
	Vulnerability
	Separation of Care from Research
	Gatekeepers
	Power Dynamics
	Agenda Behind Research
	Agency
Harmful Practice	Use of Secondary Data Sets
	Actions That May Preclude Future Research
	Unintended Consequences
	After the Researcher Leaves
	Stigma
	Labeling
	Sensitive Topics
	Story-Telling
	Awareness of Trauma
	Confidentiality and Anonymity
	Safety
	Mistrust of Authority
	Establishing a Trusting Relationship
	Referral Pathways
	Cultural Negotiation
	Boundaries
	Participant Incentives

Main Category	Sub-Category
Environment	Funding
	Health System
	Legal Structures
	Age as Limiting Protection
	Boundaries
	Public Perception
	Impact
	Unintended Consequences
Mitigation Strategies	Previous Experience
	Learning from Related Fields
	Institutional Support
	Involvement of Stakeholders
	Awareness of National and International Guidance
	Key Information Sharing

Appendix 8. Coding Framework Category Definitions

<u>Evidence Generation: as challenges that may affect quality of evidence</u>

Justification of Research: this category applies if a participant speaks of how research can come from the bottom (community/individual need based) or how research can come from the top (driven by government and/or policy decisions).

Bias: this category applies if a participant mentions needing to be aware of, or careful of, thought processes or beliefs that could carry of risk of harm in their interactions with participants. This category also applies if this is implied in what they say without them voicing the bias explicitly.

Evidence Base: this category applies if a participant mentions lack of evidence as creating risks related to interpretation of research, provision of services, mitigation of ethical challenges, or general understanding of the field.

Conflation of Sex Work and Trafficking: this category applies if a participant notes that not distinguishing between sex work and sex trafficking carries risk. This category also applies if a participant mentions that not distinguishing between sex work and sex trafficking can cause harm to the field of research.

Useful versus Sensational Research: this category applies if a participant speaks of the difference between the dissemination of research that has particular use to the field as compared to dissemination of research that is sensational in nature or done out of a sense of curiosity without adding anything of value to the field. This category also applies if a participant notes concern about the tension involved in collecting useful data in an ethically rigorous manner.

Assessment Tools: this category applies if a participant mentions the lack of validated and/or reliable tools available to assess health of a research participant could affect the quality of evidence produced using that tool. This category also applies if a participant notes concerns over other types of assessments (I.e. Interviews).

Scope: this category applies if a participant mentions that the scope of trafficking is unknown. This category can also apply if they mention that the unknown scope of trafficking can be harmful to research.

<u>Equality and Fairness: as risks of violating justice (defined as fair selection of participants)</u>

Definitions: this category applies if the participant notes how definitions of 'human trafficking' created by the researcher or service provider can carry risk of harm for the research participant or the research in general. This category also applies if a participant speaks about how risk of harm can be associated with research participants who self-define as 'trafficked'

Sub-Population Exclusion: this category applies if a participant speaks of risks that exclusion of certain sub-populations can have for the study itself or for the field of research in general.

Applicability Beyond Sample: this category applies if a participant notes that there are limits to the applicability of research in its ability to be applied to other situations and communities. This category applies if the participant uses terms such as generalizability, representativeness, transferability, or applicability.

<u>Research Procedures: as challenges in the research procedure itself</u>
Explanations of Ethics: this category applies if a participant mentions any concerns associated with the process of explaining ethics procedures to research participants. This category also applies if participants note any difficulties or challenges in how ethics procedures are translated from academic language to lay language.

Explanations of Research: this category applies if a participant notes any concerns associated with the process of explaining the process of research to research participants. This category applies when a participant notes concerns about how they frame research to their research participants and when they speak about how intention of research is explained. This category also applies if a participant speaks of concerns around perception of research or researcher by research participants.

Research Ethics Boards: this category applies when a participant speaks of how research ethics boards informs their perception and understanding of the ethical decision making involved in research and/or service provision. This category also applies if the participant notes how the ethics approval process informs their perception and understanding of ethical decision making involved in research and/or health care provision.

Written National Guidance: this category applies when a participant speaks of how written national guidance on ethics informs their perception and understanding of the ethical decision making involved in research and/or health care provision.

Written International Guidance: this category applies when a participant speaks of how written international guidance on ethics informs their perception and understanding of the ethical decision making involved in research and/or health care provision.

Translation of Research Materials: this category applies if a participant speaks of any challenges associated with translation of consent forms or other written research materials from English to other language.

Data Confidentiality: this category applies if a participant notes any concerns associated with how research participant data is stored and accessed.

<u>Autonomy: as risks to individual's ability to make informed and voluntary decisions</u>

Informed Consent: this category applies if a participant notes any risks to participant autonomy through the informed consent procedure. This category applies if the participant mentions such concerns as lack of understanding of what consent is or lack of cultural understanding around written documents.

Vulnerability: this category applies if a participant notes risk of violation of autonomy to research participants as a result of their vulnerability. This category applies when participants speak about individual or population level vulnerability. Vulnerability could be related to not understanding their position as a trafficked person, not understanding the contracts they signed upon entry into exploitation, or general vulnerability as a population or sub-group.

Separation of Care from Research: this category applies if the participant notes concerns over how to separate provision of care services from research. This category also applies if the participant expresses concern over whether the separation of care services from research has been achieved, or is understood, by the research participant.

Gatekeepers: this category applies when a participant notes any situations where gatekeepers are seen as a mechanism that could interfere with research participant's ability to make decisions during research as a result of coercion.

Power Dynamics: this category applies if a participant notes any concerns over power dynamics between researcher and research participant. This category also applies if the participant mentions concerns over power dynamics between organizational structures such as gatekeepers within health care provision spaces and either the researcher or participant.

Agendas Behind Participation: this category applies if a participant notes concerns over agendas of research participants that are not clear when research begins but become clear and create situations where the researcher is unable to fulfill the expectations of the research participant.

Agency: this category applies if a participant notes any concerns over a participant's agency or ability to make autonomous decisions during research or concerns over actions, which may impede or take away agency from a participant. This category also applies if a participant speaks of concerns around how to respect research participant decisions as autonomous decisions when the participant feels they may know better or feels some tension over wanting to make decisions for them.

<u>Harmful Practice: as risks of violating non-maleficence (avoidance of harm)</u>

Use of Secondary Data Sets: this category applies if a participant notes risk of harm related to the use of secondary data sets. This category also applies if a participant speaks of any ethical challenge related to the use of any data set that includes data they have not collected on their own.

Actions That May Preclude Future Research: this category applies if a participant notes risk of harm to the research participant or the research population through actions of the researcher.

Unintended Consequences: this category applies if a participant notes any situations where possible unintended consequences related to research may cause harm to research participants. This category also applies when a participant speaks about how good intentions from the researcher can unintentionally cause harm to the research participant, these can be unstated or stated intentions.

After the Researcher Leaves: this category applies if a participant speaks of potential harm that can be caused after the researcher leaves. This category also applies if the participant speaks about challenges involved in ending the research process in a careful and meaningful way to avoid harming the research participant.

Stigma: this category applies if the participant notes concerns around possible harm to research participant as a result of unintentionally increasing risk of stigma. This category applies whether the participant speaks about risk to individuals or to populations.

Labeling: this category applies if a participant speaks about situations where labeling a research participant as 'trafficked' may potentially cause harm.

Sensitive Topics: this category applies if a participant expresses concern around situations where possible harm could come to a research participant or health care patient through exploration of sensitive topics.

Story-Telling: this category applies if a participant expresses concerns over potential harm occurring as a result of research participants or health care patient re-telling their experience during trafficking. This category also applies if a participant speaks of situations where potential harm can be caused to a research participant or health care patient when they have been used by an outside force to tell their story as an example or through awareness raising.

Awareness of Trauma: this category applies if a participant mentions situations where the type or severity of trauma related to the trafficking experience could cause harm to the research participant or health care patient. This could be trauma that is known about before research begins or realization of severity/type of trauma during the research process.

Confidentiality and Anonymity: this category applies if a participant notes situations where harm could be caused to a research participant or health care patient as a result of not being able to keep research participants' or health care patients' information confidential through the research process or after the research concludes. This category also applies if participants note situations where harm could be caused to a research participant health care patient as a result of not being able to keep research or health care records anonymous.

Safety: this category applies if a participant speaks about concerns or situations involving potential risks to the safety of research participant or health care patient. This category also applies if a participant notes concerns around potential risks to safety to the researcher or health care provider or anyone else involved in research or health care provision other than the research participant.

Mistrust of Authority: this category applies if a participant notes situations where mistrust of authority can cause harm to the research participant or health care patient. This category applies when a participant speaks about how mistrust of authority can interfere with research participant approach, the data collection process or health care patient.

Establishing a Trusting Relationship: this category applies if a participant notes any concerns of potential harm to research participants or health care patient as a result of trying to establish a trusting relationship with a research participant or health care patient.

Cultural Negotiation: this category applies if a participant mentions situations where lack of cultural sensitivity or lack of knowledge around culturally specific issues may cause potential harm to research participants or health care patient.

Boundaries: this category applies when a participant notes ethical challenges related to blurring of boundaries between them and someone who has been trafficked. This relates to issues of rescue and taking on roles not appropriate or roles not deemed the responsibility of the researcher.

Participant Incentives: this category applies if a participant speaks about potential harm to research participants related to providing incentives to participate in research projects.

<u>Environment: as risks caused by the research environment</u>
Funding: this category applies when a participant notes motivations or agendas from funders as presenting ethical challenges within their research. An example of this would be research taking place simply because funding is available, not research based on needed inquiry or a service provider tailoring services only to gain funding.

Health System: this category applies when a participant speaks about situations where health system structure or barriers cause risk of harm to research participants or health care patients. This category also applies when a participant speaks of these risks in relation to the research project or health care provision. An example of this would be corruption within the health care system or a lack of referral resources available to research participants or health care patient.

Legal Structures: this category applies when a participant speaks about situations where barriers or regulations from the legal system or law enforcement can cause risk of potential harm to research participants or health care patients. This category also applies when a participant speaks of these risks in relation to the research project or health care provision. An example of this would be mandatory reporting procedures that could place a research participant at risk, or unintentional harm caused by calling the authorities leading to arrest or deportation.

Age as Limiting Protection: this category applies when a participant notes the age of someone who's been trafficked as a barrier to protection or provision of health care.

Boundaries: this category applies when a participant notes ethical challenges related to blurring of boundaries between them and someone who has been trafficked or a service provider. An example of this would be if a participant notes ethical challenges arising from tensions between the role of activism/advocacy versus the role of researcher or if they note examples where they were asked to fill roles within service provision that they feel were not their place.

Public Perception: this category applies when a participants speaks about how the public image of human trafficking by media, law enforcement, immigration and the general public creates a negative and/or incorrect image of human trafficking. This category applies when a participant notes an ethical challenge associated with the sensationalized or incorrect public image of human trafficking presented by media, law enforcement, immigration and the general public can cause harm. This category applies if the participant notes a sensationalized or incorrect image or a lack of awareness from stakeholder groups.

Impact: this category applies when a participants notes ethical concerns related to how their research findings will impact policy, health service decisions, or the trafficked population as a whole.

Unintended Consequences: this category applies if a participant speaks about potential harm that can be caused after the researcher leaves from external political forces, immigration or law enforcement. This category also applies if the participant speaks about the challenges involved in ending the research process in a careful and meaningful way to avoid harming the research participant. This category also applies if participants note possible unintended consequences that can affect a health care patient after a health care interaction has completed.

<u>Mitigation Strategies</u>

Previous Experience: this category applies when a participant notes any previous research/ health care provision experience as informing their identification and interpretation of the ethical decision making involved in research and/or health care provision.

Learning from Related Fields: this category applies when a participant notes use of learning (academic papers, NGO reports, etc.) from related fields (examples include domestic violence, gender based violence, etc.) as informing their identification and interpretation of the ethical decision making involved in research and/or health care provision.

Institutional Support: this category applies when a participant notes any institutional support that helped inform their identification and interpretation of ethical-decision making in research and/or health care provision.

Involvement of Stakeholders: this category applies when a participant speaks about the importance of involving key stakeholders with regards to health care provision and/or research as a way to increase population-level benefit and well-being. Stakeholders could be trafficked people, service providers, policy makers, general community, etc. This category also applies when a participant notes the importance of establishing and maintaining relationships with referral organizations (can be law enforcement, immigration, service providers, etc.) in order to increase population-level benefit and well-being.

Awareness of National and International Guidance: this category applies when a participant notes the importance of reviewing both national and international ethics guidance in either research or health care provision as a way to predict some ethical challenges and as a strategy to approach unexpected ethical challenges.

Key Information Sharing: this category applies when a participant notes how only information that is relevant to public health service or policy directions should be released publically as a way to mitigate stigma.

be kind of difficult. Are there any, what are the ethical issues of using an interpreter in an interview that way?

RES: Um, oh God, there's masses. Um, so I think first of all, the decision to um, to use an interpreter and to make that facility available to people is a really important ethical point. Um, because I think a lot of research, because of lack of funding really, um, the interpreter costs aren't built into the grant, and so then you can't afford to have an interpreter, and then you have to exclude non-English, say you're working in England, you would have to exclude non-English speakers from the survey, um and that is you know, really disenfranchising a lot of people from taking part in the research. We found um, people who had been out of the trafficking situation for a shorter period of time, um men in particular, um, seem to require interpretation, um so it would've, and I think the needs of the people who uh don't speak English um, and their ability to access health services are you know, are definitely different from those who do have, do have those language skills, um so I think it would skew the research, and I think it would, um you know, also exclude a lot of people who should have a voice in this research process. So I think that's one thing. Um, but then having made the decision to work with interpreters, um again, it's coming down to um, ensuring safety and a feeling of security and confidentiality, um so you need to make sure that the person is comfortable having a person in the room, that they're comfortable with the particular interpreter that you've selected. Um, so are they of, you know, the gender they would [inaudible], from the region, the dialect, is there any sort of religious sensitivities or any sort of ethnic sensitivities that you need to be aware of, um so really asking the trafficked person, um, what their preferences are and trying to meet them. Um, also, what was the other thing I wanted to say there? [pause]. Um, hmmm, can't remember what I was going to say. Um, so making sure that they're comfortable with the interpreter, making sure that the interpreter is professionally qualified, um I think you really need to have somebody who has a professional qualification, who um, has been trained, who is independent, um it's not really, I would say appropriate to use someone who is um, you know a caseworker at the organization, um because the interview should be separate from the care that they're receiving, um and you need to, they, they really need to be confident that what they're telling you won't go further and if that was being shared with a you know, a caseworker, that wouldn't really be appropriate. Um, and also really making sure that, Cathy Zimmerman talks about this No Neighbours rule? Which you know, you shouldn't have, you shouldn't have somebody from you know the same village, for example, there shouldn't be any risk that you know, obviously, you talk about confidentiality with the interpreter, um, and we ask them to sign a specific form to do you know, to say that they understood that this is confidential, we ask them to sign that in front of the trafficked person, to give the trafficked person that confidence in the confidentiality and that was obviously over and above the confidentiality agreement that they had with the agency that we found them through. Um, but we felt that was important, but you know, you really want to make it as logistically possible, you know logistically difficult as possible for any information to get back, so not having someone um, the you know from the very close area from the same community is an extra safe guard.

INT: Oh, that makes a lot of sense. Um and you were talking about how, um people come out of a trafficking situation with kind of complex mental health needs and such, do you every have concerns about their autonomy when they're sort of giving informed consent or any sort of making decisions, those kind of things? Is that something that comes up?

Handwritten annotations:

Translation as an exclusionary & inclusionary method

The post-trafficking associated w/ immigration needs

Health access dependant on language skills

Giving a voice

Safety

Factors that can influence translation

Empowerment

Separation of interview from care

Separation of participant from translator

Confidentiality procedures for translator

RES: Um, I think you, I think it's something that you have to be really aware of, um, so we didn't want to speak to people who were you know in the first couple of weeks out of a trafficking situation because you want to get you know people to sort of have a chance to get their head together, I suppose a little bit. Um, but then I mean we try to really make the participant information sheet as um, straightforward as possible. That isn't easy when you've got an NHS research ethics committee actually because you have, you know, standard things that you have to you know state, um you know you have need to talk about, you need to, what the research ethics committee is, what the [inaudible] procedure is, and that isn't necessarily that familiar and it isn't necessarily that easy to put into lay language but we tried our best to do that and we worked with um, the different trafficking support agencies and said, this is what you know, what we're putting on our information sheet and consent form um, do you, you know, how could we make this easier to understand and so that was quite a useful process. Um, and we also made sure that we had translations of those um, participant information sheets and consent forms in the participants' languages so we weren't assuming that they could read it in English and we weren't relying on an interpreter to go through the form with them, although we also went through it verbally but we made sure everybody had written information in their um, third language so that helped, um and then it really is sort of, you know, you, you can't I think with trafficked people, think right we'll sort of whistle through, the you know, information and consent process and that'll take about 5 minutes, it doesn't, it takes a lot longer, um so we'll probably leave sort of 10-15 minutes to you know go through more [inaudible] about you know what are we going to ask you, what do you want us to do if you get upset? Um, you know what's okay, what isn't okay, um making sure that people understood that they didn't have to answer all of the questions that we could you know skip questions, we could skip whole sections, we could terminate the interview, we could reschedule the interview, um and going through that really quite slowly and asking people to you know say okay, you know, I've gone through what is, do you want to repeat that back to me and can you tell me in your own words what you think this is about. Um, you know, people, I think, you know inevitably people haven't really taken part in research before so you know it's not really adequate to say you know and your information's confidential or we anonymize this, you have to say what does that mean in practice and what's the process of anonymizing and um, you know really assuring people that nobody's going to know exactly what they said um, and identify them from the information.

INT: That makes a lot of sense and you mention you go, you tend to go through a lot of gatekeepers when, uh, with the NGOs and the social services to find participants, are there any ethical issues that come up with that, with having somebody else select people or advertise for you?

RES: Um, yeah, I mean I think again it's trying to um put the time in at the start of the research project with the organizations and make sure they really understand what the research is about, um, and that they understand that you, you know, you really want, you know, these are your own patient criteria and anybody who meets them should be offered the opportunity to participate and so I think you do, you know, we did run into issues quite early in the project where because it's a health project, I think where, service users, where case workers were aware of someone who had, you know, an interesting health problem or a challenging experience with their health service, um, they would say oh you know I've got a really good person for you to talk to, so you know let's get that one booked in, well, you know that's lovely um, thank you but also please ask all of your service users as well because you know, we want to talk to everybody and

Section A: The Research Project

1.   Title: Experiences of ethical issues involved in conducting health research and provision of health services to trafficked populations

2.   Research conducted with and/or health services provided to trafficked populations involves specific ethical challenges ranging from autonomy to ensuring continuity of care. Currently, there is a lack of research on the experience and perception of ethical issues involved in conducting research with and/or providing health services to trafficked populations. In order to improve research quality, protect vulnerable participants, and improve health service provision it is important to understand how ethical issues are approached, experienced and addressed by both researchers and health service providers.

3.   We would like to hear about your perception and experience of any ethical challenges you have encountered conducting health research and/or providing health services to trafficked populations.

4.   This research is being led by Shannon Doherty, a PhD student at Anglia Ruskin University.

5.   The results of this study will be used to inform the lead investigators' PhD thesis. It is also possible that the results from this study will be published in OpenACCESS journals' after all identifying information has been anonymized.

6.   For further information please feel free to contact the principle investigator, Shannon Doherty, shannon.doherty@student.anglia.ac.uk or Dr. Chesmal Siriwardhana, chesmal.siriwardhana@anglia.ac.uk

Section B: Your Participation in the Research Project

1.   You have been invited to take part as you are someone who has previously conducted or currently conducts research with trafficked populations and/or are a health service provider for trafficked populations

2.   You are free at any time to refuse to take part in this study.

3.   You are free to withdraw from the study at any point. You are not required to give reason for withdraw and there will be no negative consequences attached to your withdrawal. To withdraw from the study simply fill out the bottom portion of the consent form, email, text, telephone, or speak to the principle researcher.

4.   If you do agree to participate in this study you will be asked to participate a 1 hour Skype interview where you will be asked questions about your experience and perceptions of ethical challenges involved in conducting research and providing health services to trafficked populations. If you agree, this interview will be audio recorded.

5.   Agreement to participate in this research should not compromise your legal rights should something go wrong

6.   There are no special precautions you need to take before, during or after the research.

7.   Any information you share will be kept strictly confidential unless 1) you disclose that you are in danger of being physically harmed, will cause physical harm to yourself or another person, 2) you disclose medical malpractice, 3) you disclose any activity that falls under the British Terrorism Act. The current Act can be found at http://www.legislation.gov.uk/ukpga/2006/11/contents

8.   All electronic data will be kept on a password-protected computer. All audio recordings will be kept in a locked filing cabinet in an office with a key card lock. All records will be completely destroyed 5 years from date of ethical approval (May 8th, 2015, Ref NS/jc/FMSFREP/15-038).

YOU WILL BE GIVEN A COPY OF THIS TO KEEP,
TOGETHER WITH A COPY OF YOUR CONSENT FORM

Appendix 11. Participant Consent Form

Title of the project: Experiences of ethical issues involved in conducting research and provision of health services to trafficked populations.

Main investigator and contact details:
Shannon Doherty, MSc.
Email. shannon.doherty@student.anglia.ac.uk
Tel. 075 2212 8409
Dr. Chesmal Siriwardhana
Email: chesmal.siriwardhana@anglia.ac.uk

1.   I agree to take part in the above research. I have read the Participant Information Sheet for the study. I understand what my role will be in this research, and all my questions have been answered to my satisfaction.

2.   I understand that I am free to withdraw from the research at any time, for any reason and without prejudice.

3.   I have been informed that the confidentiality of the information I provide will be safeguarded unless 1) you disclose that you are in danger of being physically harmed, will cause physical harm to yourself or another person, 2) you disclose medical malpractice, 3) you disclose any activity that falls under the British Terrorism Act. The current Act can be found at http://www.legislation.gov.uk/ukpga/2006/11/contents

4.   I am free to ask any questions at any time before and during the study.

5.   I have been provided with a copy of this form and the Participant Information Sheet.

Data Protection: I agree to the University[1] processing personal data, which I have supplied. I agree to the processing of such data for any purposes connected with the Research Project as outlined to me*
Name of participant (print)…………………………Signed……………….…..Date………………

YOU WILL BE GIVEN A COPY OF THIS FORM TO KEEP

If you wish to withdraw from the research, please complete the form below and return to the main investigator named above.

Title of Project:
I WISH TO WITHDRAW FROM THIS STUDY

Signed: _____   Date: _____

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[1] "The University" includes Anglia Ruskin University and its partner colleges

Appendix 12. Conditional Ethics Approval Letter

Anglia Ruskin University

Cambridge Chelmsford Peterborough

Chelmsford Campus
Bishop Hall Lane
Chelmsford
CM1 1SQ

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Int: +44 (0)1245 493131
www.anglia.ac.uk

Ref: NS/jc/FMSFREP-15/038
Enquiries: Joanne Comey
Direct Line: 01245 684779
Date: 26th April 2015

Ms Shannon Doherty

Dear Shannon

Re: Application for Ethical Approval

Principal Investigator: Shannon Doherty

FREP number: 15/038

Project Title: Experiences of ethical issues involved in conducting
research and providing health services to trafficked
populations

Thank you for your application for ethical approval from the FMS FREP.

Following discussion of your proposal, the panel decided to approve your application upon condition of the following changes being made:

- On Section B, Number 9 of your Participant Information Sheet, please can you add number 4 in that any information participants share will be kept confidential unless they disclose any illegal activity. This, along with the rest of Number 9 of your Participant Information Sheet, needs to be reflected in your Participant Consent Form.

It will not be necessary for you to resubmit the application form but you are required to provide evidence of the changes made.

Please note that under the terms of Anglia Ruskin University's ethics policy you must undertake not to commence your project until you have received full and complete ethics approval.

Please do not hesitate to contact me if you have any further queries regarding this matter.

Yours sincerely,

Dr Nigel Sansom
Director of Research
For the Faculty (of Medical Science) Research Ethics Panel

Dr. Nigel Sansom
Director of Research

Dear Nigel

Re: Conditional Ethics Approval

   Principal Investigator: Shannon Doherty

   FREP number:15/038

   Project Title: Experiences of ethical issues involved in
   conducting research and providing health
   services to trafficked populations

Thank you for your response to my ethical application (Ref: NS/jc/FMSFREP-15/038).

Following review and discussion with my supervisors, I have concerns about the requested change:

   - On Section B, Number 9 of your Participant Information Sheet, please can you add number 4 in that any information participants share will be kept confidential unless they disclose any illegal activity. This, along with the rest of Number 9 of you Participant Information Sheet, needs to be reflected in your Participant Consent Form.

My concerns are as follows:

1. Due to the nature of my study-investigating ethical challenges faced by researchers and health service providers who work with victims of human trafficking-I may indeed come across disclosure of illegal activity.

    a. This may be due to how researchers access participants (e.g. paying for a sex workers' time in order to interview them without alerting their pimp/brother owner). The very fact that researchers can only access participants through illegal activity may be an ethical concern that they will not feel comfortable discussing with me if I include the clause suggested.

    b. In a similar vein, health service providers may witness illegal activities in the course of providing outreach or other services to trafficked populations and chose to ignore it in order to provide needed health services. They may have to do this to gain the trust of their clients and if I state I will disclose this, I may be unable to gain the trust of these health service providers.

2. I am also unsure about what "any illegal activity" covers. Participants could disclose witnessing an illegal act, participating in an illegal acts in the past in their personal or work life and/or in the present in their personal or work life. I am concerned that if I include this blanket statement, participants will either not agree to be interviewed or will not be honest about the ethical difficulties they face in their work. If there could be more elaboration on the definition of "any illegal activity", what falls under that definition and if that could be

bracketed in a more concrete timeframe, then there is a possibility that this could be accommodated.

After additional discussion with my supervisors two amendments have been proposed to the approved protocol due to logistics:

Amendment 1. In the first stage, I would like to send out a short, structured questionnaire and a short, structured survey through email using Survey Monkey to a purposive sample of researchers and health service providers who work with trafficked populations. The Participant Information Sheet would be sent out at this time. The questionnaire and the survey would take approximately 10-15 minutes to complete. This differs from what was in the approved protocol as I would now send out the questionnaire and survey through Survey Monkey prior to the qualitative interview instead of at the same time point.

Amendment 2. In the second stage, I would like to re-contact the purposive sample to inquire if they would be willing to participate in a qualitative interview over Skype using an open-ended topic guide. At this point I would send out the Participant Consent Form by email and ask for their electronic signature. The interview would last 45-60 minutes. This differs from what was in the approved protocol as I would now send out the questionnaire and survey through Survey Monkey prior to this interview instead of at the same time point.

I have attached the survey, the two questionnaires (one for researchers, one for health service providers), and the open-ended topic guide.

I would be grateful if you could deliberate on these matters and inform if and when final approval will be given.

Thank you for your time and attention to this matter.

Sincerely,

Shannon Doherty, MSc
Visiting Lecturer & PhD Student
Faculty of Medical Science

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Ref: NS/jc/FMSFREP/15-038
Enquiries: Joanne Corney
Direct Line: 01245 684779
Date: 8th May 2015

Shannon Doherty

Dear Shannon

Re: Application for Ethical Approval

Principal Investigator:	Shannon Doherty
FREP number:	15/038
Project Title:	Experiences of ethical issues involved in conducting research and providing health services to trafficked populations

Thank you for your application for ethical approval which has now been considered by the Faculty (of Medical Science) Research Ethics Panel (FREP).

I am pleased to inform you that your research proposal was granted approval by the Faculty Research Ethics Panel under the terms of Anglia Ruskin University's Research Ethics Policy (Dated 23/6/14, Version 1).

Ethical approval is given for a period of 3 years from Friday 8th May 2015.

It is your responsibility to ensure that you comply with Anglia Ruskin University's Policy and Code of Practice for Research with Human Participants and specifically:

- The procedure for submitting substantial amendments to the committee, should there be any changes to your research. You cannot implement these changes until you have received approval from FREP for them.

- The procedure for reporting adverse events and incidents.

- The Data Protection Act (1998) and any other legislation relevant to your research. You must also ensure that you are aware of any emerging legislation relating to your research and make any changes to your study (which you will need to obtain ethical approval for) to comply with this.

- Obtaining any further ethical approval required from the organisation or country (if not carrying out research in the UK) where you will be carrying the research out. Please ensure that you send the FREP copies of this documentation if required, prior to starting your research.

- Any laws of the country where you are carrying the research and obtaining any other approvals or permissions that are required.

- Any professional codes of conduct relating to research or research or requirements from your funding body (please note that for externally funded research, a Project Risk Assessment must have been carried out prior to starting the research).

- Notifying the FREP Secretary when your study has ended.

Please also note that your research may be subject to random monitoring.

Should you have any queries, please do not hesitate to contact my office. May I wish you the best of luck with your research.

Yours sincerely,

Dr Nigel Sansom
Director of Research
For the Faculty (of Medical Science) Research Ethics Panel

Appendix 15. Participant Quotes

Scope: how to uncover the unknown without harm	"anywhere from hundreds of thousands to millions and some of them are completely incompatible with each other…I think that that does a disservice to the field because…you lose credibility" (ELL_009)
	"we haven't actually done the counting exercise…if you want to do the counting exercise, how would you do it in a way that doesn't compromise your ethics as a researcher?" (ELL_009).
	"the main numbers primarily in the region right now are sexual exploitation and it has to do with identification systems." (ANI_015)
	"the fact … people are becoming aware of it [labour trafficking] doesn't make sexual exploitation any less serious …we have to go beyond that and help everyone who's being trafficked" (ANI_015)

Evidence Base: how to uncover the unknown and contribute to the scant existing evidence base in a positive way without causing further harm	"I think we're trying to build our empirical research on this population, both prevalence and…risk factors and just understanding human trafficking in general" (LIL_013)
	"there are these…inherent biases in working with trafficked persons because you don't have a denominator, you work…with the population you already have so it's really different" (ANI_015)
	"there's really not a lot of research about them in [country of research]…particularly their own experiences, there's a lot of…discussion about…migrant sex workers and…the unique vulnerabilities that they might face" (VER_007)
	"we don't really know much about labour trafficking…and it's…mostly focused…on sex trafficking of girls and women, although there is some data on males and transgender youths as well." (REB_011)
	"if no research is done on trafficking then you're sort of in the same quandary…we have no idea what the scope of the problem is, we have no idea what's happening to these women so we can't even begin to think about ways to intervene or…improve, change things, so I think it's very, very difficult." (ELL_009)

Justification of research: how research topics are justified as appropriate	"particularly transgender youth, that's a real disservice and we're not focusing enough attention on service provision or even identifying those cases because we associate trafficking with young girls" (REB_011)
	"data really needs and research really needs to drive and inform the interventions that we put in place, especially around…unintended consequences" (RAC_014)
	"the trigger for the research may be because an issue is already been thought about and developed in a policy context and so the research may very often support that change but it didn't necessarily trigger that change" (VER_007)
	"they [law enforcement] specifically came with us for the request of women um, 18-25 who weren't able to get healthcare service" (MIR_003)

Bias: personal understanding or perspective	"understanding confidentiality which is a little different in a warm culture climate versus kind of North America cold culture climate" (MIN_006)
	"research has shown that traffickers target people with, I'm not sure what the English term is for this, but lower intellectual abilities or sometimes even mild mental retardation…so there's a disproportionately large percentage of the population of victims of trafficking that may suffer from that, so that's an autonomy issue" (JON_012)
	"I come from a psychological perspective so I guess my focus is more on what term is better for the survivor themselves" (REB_011)

Conflation of Sex Work and Trafficking: the politics of research	"we have to be very careful as an institution to not come down on one side or the other of the debate about legalization versus abolition of sex work" (ANI_015)

Useful versus Sensational Research: reducing exploitation to serve an agenda	"only asking as much information as needed and not getting kind of voyeuristic about it" (RAC_014)
	"as a research community take a step back to really figure it out, what is it that we need to know in order to develop appropriate responses and what things…are interesting or curious" (LIL_013)
	"I do think that instead of making documentaries…that money could be better spent…to say, okay, like, let's look at this, um, in a more methodologically rigorous way" (ELL_009)
	"I'm very curious and interested in a lot of things, but I don't know that it would necessarily be beneficial to developing a response" (LIL_013)

Vulnerability: potential for exploitation due to inherent vulnerability	"certainly there are special considerations for a victim of that type of crime in comparison to other types" (VER_007)
	"I think there are certain vulnerabilities of migrant sex workers in the sex industry that could also be considered of migrant workers in other skilled sectors as well" (VER_007)
	"I don't see human trafficking and slavery victims having like a particular vulnerability compared to any other vulnerable groups." (BET_005)

Funding: justification and motivation for funding	"funding is tight and you really have to justify that…this is a big problem…I may not solve it but this is what I'm going to use your money to do and this is the impact I'm going to have on public health or medicine and I think you really have to make a strong case because funding is so limited (ELL_009)
	"exploitation of survivors to further the cause…I don't think that ties in as much with the research aspects but more in terms of raising funds and getting support…a lot of times it comes down to money…or having a cause that somebody tries to get behind" (REB_011)
	"NGOs are kind of doing this dance where donors say, we're interested in this and so they'll tweak themselves…to do that for a population" (RAC_014)

Legal Structures: how legal systems can cause harm	"in [country of research] prostitution's illegal…so a lot of the victims were actually being further victimized and criminalized rather than getting the help that they needed" (MIR_003)
	"this political climate where you can subpoenaed to give information on your interviewees and they may or may not be permanent residents or…have been designated to be refugees…you can't be too careful around those issues" (CAR_010)
	"experientially they're probably…a case of human trafficking but they haven't for whatever reason met the legal condition to be prosecuted under that crime, so it's a tricky one" (VER_007)
	"scandalous in a word, because there's no other population of victims of violence…for whom we make care provision dependent on their collaboration with law enforcement" (JON_012)
	"for labour trafficking victims, if crimes are committed while being…forced or under coercion there not necessarily protected" (LIL_013)
	"it's this sort of subtle acknowledgement that it's not as simple as just call the police and that that can sometimes be more harm than good" (ANI_015)

Sub-Population Exclusion: how to give voice to those who remain in silence	"you can't afford to have an interpreter, and then you have to exclude non-English…speakers from the survey and that is…really disenfranchising a lot of people from taking part in the research" (BEL_001)
	"it's quite complex to see how do you intervene…how do you get inside illegal mining…in parts of a country where the police can't even go safely" (ANI_015)
	"Domestic work is complex is another way because it happens in the personal sphere, it happens behind doors in houses so it's often not detected" (ANI_015)

Stigma: potential exploitation through inherent stigma in the population and development of stigma through the research process	"when we were developing the survey the language that we used for some of the questions and response options you know, we certainly tried not to make um, stigmatize, like, I guess, yes, stigmatizing without meaning to" (VER_007)
	"just being aware of any, because these are vulnerable populations and they're very much populations that already you know, even outside of the fact they may be a victim of human trafficking and slavery they're within a group that may already um, experience stigma" (VER_007)

Referral Pathways: potential for harm related to lack of services or lack of appropriate services	"we have situations…where you can try to adapt…a domestic violence shelter for a victim of trafficking but it's not the same services necessarily and it can put the people there at risk" (ANI_015)
	"for survivors making that calculus, mental calculus… is it safe for me to get out of this situation…if we don't have those things in hand then we risk burning that bridge or them going back to their trafficker" (RAC_014)
	"referrals and clinical…services for trafficking survivors do not yet match the needs, the extensive, both acute and long-term needs that trafficking survivors have" (RAC_014)
	"what do you do if they need help in the moment, if they disclose something, they need some kind of urgent help because that happens…even if they're in care already" (ANI_015)

Written National Guidance: use of institutional or nationally based ethics guidelines	"it has chapters around specific groups that they see as being vulnerable, so that might be people from non-English speaking backgrounds, children and young people are another one, indigenous are another one" (CAR_010)
	"certainly there is very strict and comprehensive guidelines that we have to make in order to get approval…for whatever project we wish to conduct" (VER_007)

Written International Guidance: use of internationally based ethics guidelines	"general principles are very helpful and you can look at those…okay how do I sort of move those over, sort of rather generalistic setting to a research setting" (BEL_001)
	"WHO guidelines which were initially designed…for journalists…have been adapted and used within the research community" (RAC_014)
	"I also recommend looking at the international protocols…around victim support I think they can be quite helpful even though we're in a research context, I think it's still useful to understand in an international context" (BET_005)

Research Ethics Boards: uncovering possible ethical challenges	"the idea of do no harm I think is really important and…purposes the reasons why we have IRBs" (LIL_013)
	"I had to answer a lot of follow-up questions and there was an ongoing conversation, so it was almost like tailored guidelines for my own specific research" (VAL_002)
	"applying for ethics always throws up things that you might not of thought of when you were developing the initial proposal for a project" (VER_007)
	"when I did work there, there was not an ethics review board. I had to put one together of researchers from different universities in-country" (REB_011)

| Applicability Beyond Sample: inclusion of hard-to-reach populations to increase applicability of findings | "you'd have the caveats around limitations of the data, the fact that it is just…cases that are known to the criminal justice system…not necessarily representative of what may be occurring in an unreported basis" (VER_007) |
| | "I think on the designing a study and thinking about how it may or may not be representative to the field is one of the ethical challenges" (RAC_014) |

Sub-Population Exclusion: silenced voices as creating threats to validity and applicability of findings	"there's a whole range of issues around visas and…precarious visa status, although we screened those people out because that was just getting into too hard basket in terms of research ethics" (CAR_010)
	"the needs of the people who don't speak English and their ability to access health services…are definitely different from those who do have…those language skills, so I think it would skew the research, and…exclude a lot of people who should have a voice in this research process" (BEL_001)
	"our sampling strategy was…really a convenience sampling frame" (CAR_010)
	"they have been carefully selected when we've spoken to their caseworkers or some other person that knows their story that they've been selected for a reason" (BET_005)
	"we really wanted to speak to some victims but we were just unable really to find any to interview so we ended up interviewing stakeholders" (CAR_010)

Definitions: Varied and competing externally applied definitions threatens validity of findings and sets the bar for entry to services; self-definitions created an ethical struggle between allowing people freedom to name their own experience and the legal threshold determining entry into services	"it is a complex crime and part of the issue around collecting data on the crime is that variance in definitions both between countries but also within countries" (VER_007)
	"we were really using the UN definition, which…is incredibly broad and has been criticized as virtually everything sort of meets the UN definition, the [state level] legislation is much more narrowly defined" (CAR_010)
	"we were looking at what you might call the slippery slope…certainly some of the women in our study would not have identified as being trafficking victims" (CAR_010)
	"with some audiences it's very clear…who is a victim of sexual violence…whereas a woman who tries to migrate illegally and then finds herself in the trafficking situation, that's not as clear cut for some people" (REB_011)
	"also in terms of victim they might themselves not define themselves as a victim of human trafficking and slavery…that adds another complexity to it as well." (VER_007)
	"it was interesting that one or two of them who I don't think would make the legislative criteria identified as being victims of trafficking…my sense of it was that that was their way of showing how serious it had been" (CAR_010)

Translation of Research Materials: potential for harm through exclusion	"culturally sensitive so we had them translated into a few different languages" (VER_007)
	"I had the blurb translated into different languages to make sure it was fully understood" (VAL_002)

Explanation of Research: potential for harm due to lack of full understanding of research	"taking ample time for the consent procedure…preparing it well…we already made the consent form quite simple…but after one or two interviews…I made it even simpler and explained terms like quoting" (JON_012)
	"You can try and prevent them but they'll happen nonetheless and it's important to recognize that they will happen and to… check whether your understanding is correct to make sure that you have some standard responses for, for misunderstandings" (JON_012)
	"inevitably people haven't really taken part in research before so it's not really adequate to say…your information's confidential or we anonymize this, you have to say what does that mean in practice" (BEL_001)

Explanation of Ethics: tension between requirements of ethics boards and a population who has little experience of ethical principles	"standard things that you have to you know state…what the research ethics committee is, what the procedure is, and that isn't necessarily that familiar and it isn't necessarily that easy to put into lay language" (BEL_001)

Gatekeepers: unintentional and intentional bias/coercion during selection	"you overhear somebody say…does anyone want to take part in this survey for 20 pounds…that's extremely problematic and you have to try and stamp on that very quickly." (BEL_001)
	"how do you select your participants which I chose to do in collaboration with the service providers…then you might wonder …whether they point you in the direction of specific…service users and not in the direction of others." (JON_012)
	"I think not wanting me to be in a situation where I had a tricky interview…but he would've met the inclusion criteria…it doesn't really matter whether you think it's going to be a good interview or not…as long as that person wants to take part" (BEL_001)
	"stories from his community outreach workers that were helping him that essentially the brothel would say…this research team is coming…and they would literally shuffle all their underage… trafficked women to other brothels" (ELL_009)

Agency: high potential for violation of autonomy	"I did get a sense in one situation…mostly due to a language issue, the woman didn't understand everything about the consent form and at that point I decided not to do the interview with her because I didn't think she was able to understand enough information to be able to make that decision" (VAL_002)
	"autonomy is threatened because people who are experiencing… these experiences come to doubt their judgment, they come to doubt their confidence, their sense of self" (JAN_004)
	"if you're looking at human trafficking and slavery victims who may not have had much autonomy in their lives um…I would say that's definitely an issue as well" (BET_005)
	"autonomy is an issue for vulnerable groups more generally I would say" (BET_005)

Informed Consent: struggle around if informed consent is possible to gain and if so, is it traditional consent?	"ensure informed consent…that the person doesn't feel coerced into taking part in the research" (BEL_001)
	"you need to get informed consent, that is not a legal informed consent, it's talking it through with the person and explaining to them what's happening and making sure they understand and are okay with what's happening, that's informed consent" (ANI_015)
	"If you're still somewhere…against your will, then…I think, can you really get informed consent to a study in that situation" (ELL_009)

Vulnerability: inherent vulnerability due to experience and immediate needs complicates research procedures	"there are special considerations for a victim of that type of crime in comparison to other types" (VER_007)
	"these are vulnerable populations…even outside of the fact they may be a victim of human trafficking and slavery they're within a group that may already experience stigma" (VER_007)
	"I think for groups who are especially vulnerable, or more vulnerable than others that might be more reliant or dependent on individuals to provide them with basic needs, money, shelter, food" (LIL_013)

Mistrust of Authority: perceived power imbalances increasing potential of coercion	"there were some people who thought I was from…the police so…they were afraid to talk to me in the beginning" (VAL_002)
	"they don't really want to talk to you, we're an authority figure… they've already had so much mistrust that they're not going to want to trust us" (VAL_002)
	"they're just super paranoid about anybody that has any…kind of professional status…as being corrupt or…some form of exploiter" (RAC_014)
	"all it takes is one or two people in the entire institution to make no one trust the institution" (ANI_015)

Participant Incentives: tension between incentives as coercion vs. acknowledgement	"really important to acknowledge the person's time and participation, but we're working with a population that…has very little discretionary spending money and you don't know that doesn't act as…incentive to participate" (BEL_001)
	"at what point do incentives become coercive in this population is really important" (LIL_013)
	"we offered them…$250, which was on paper supposed to cover their costs…travel and transport costs and…childcare needs but in practice, it doesn't cost $250 to come to do an interview for an hour" (CAR_010)

Cultural Negotiation: awareness of cultural norms in relation to incentives	"we need to be mindful of incentives…how much money or gift card or whatever the incentive is, what makes sense culturally as well" (LIL_013)

Awareness of Trauma: high potential for harm if mental/psychological state is not understood	"it's hard to know in terms in of an individual's mental health and where they're at" (RAC_014)
	"if they're not stable enough, if they're not well enough, they shouldn't be in it" (ANI_015)
	"we didn't want to speak to people who were you know in the first couple of weeks out of a trafficking situation because you want…people to sort of have a chance to get their head together" (BEL_001)

Assessment Tools: lack of valid and reliable tools creates negative impact on evidence base	"we used the PHQ to screen for depression…it hadn't been validated for trafficked people, which was problematic but we felt it was a widely used, well established instrument" (BEL_001)
	"I think what I would like to see is you know, here's a bunch of instruments that have been validated and here's some guidance on how to use them well." (BEL_001)

Bias: Power Imbalances carry potential for harm	"we have to think about our biases" (BET_005)
	"you have to…think about your own limitations in terms of your own backgrounds and…how that compares to the people that you're trying to interview…and gain information from" (BET_005)

Sub-Population Exclusion: hidden and hard-to-reach population creates restrictions of sampling strategies that carries potential to silence voices	"it's just a self-selected sample, not just the women but also the brothel owners are in on it too, like it's a criminal enterprise…it's a very, very hidden and hard to reach population." (ELL_009)

Agency: respecting people's understanding of agency in their lives	"it doesn't matter if you think they're exploited, it doesn't matter if you know they're exploited, it is not your decision and you cannot force someone to recover from trauma, you cannot force someone to participate in a project to help them reconstruct their lives unless they choose to be part of it" (ANI_015)
	"you tell me this is against human rights or this is exploitation but in reality, I'm making more money being exploited and trafficked than I was in something else so it's really complex" (ANI_015)
	"we see them as being victims and they had all survived horrible things…but then there's that weird sort of issue around their vulnerability and their agency in their survivorship" (CAR_010)
	"if a woman is performing sex work out of necessity or because that's her chosen profession or whatever the case may be that is much different than being, tricked into that sort of occupation or guilted into it or forced into it" (REB_011)
	"I think there's a real issue with adult women who are performing sex work versus those who are trafficked, I think the tendency is to view all of those women as being under one umbrella and again it comes down to force, fraud or coercion" (REB_011)
	"I don't know if you can ever be post-trafficked if you're still in the sex trade" (ELL_009)

Separation of Care from Research: conduct of research in service environments carries risk of coercion	"ethical issues I feel like could be if somebody that the victims are depending on for help makes them feel pressured in some way that they have to participate in their research" (VAL_002)
	"it's not really, I would say appropriate to use someone who is…a caseworker at the organization, because the interview should be separate from the care that they're receiving" (BEL_001)
	"you want them never to feel like the services that they're receiving may in some way be affected by the answers that they're giving" (RAC_014)
	"you're separate from the service providers in the shelter, I think that's really important because as soon as service users start mixing that up, there's also problems" (JON_012)

Agenda Behind Research: potential for false hopes and expectations	"you can say to someone…this is going to have no bearing on your immigration case or your social services case or your accommodation and people say…I understand that, but, if at the back of their head they're still thinking but maybe it will" (BEL_001)
	"you don't want anyone to have false expectations and sometimes unless you're crystal clear just because their situations are really desperate and they might want to hear and extrapolate certain things from what you're saying even if you're not saying certain things" (VAL_002)
	"we've had people who've tried to seek employment through us as well, they thought that if they could speak to us, if they could give us the answers that we needed that we'd be able to assist them in finding employment" (BET_005)
	"always an ethical issue when you've got a population that you go along to interview them and they don't quite understand what that means and they are helpful that you can help them in some way" (CAR_010)

Power Dynamics: tension between being seen as a positive power that can help and taking away power unintentionally	"important to make it clear that you're not from the government or you don't have any power to help them with their cases" (VAL_002)
	"people in the trafficking community for their own reasons, want to make people do things because they think it will make their lives better, but if you take away their power, you're re-victimizing" (ANI_015)

Vulnerability: inherent vulnerability may be unintentionally exploited	"the women's stories strongly suggested that there had been an intention on the part of the perpetrator to traffic a woman and sometimes her children into [country of research] knowing that that would render her so incredibly vulnerable for a whole range of reasons and much more vulnerable than your average [Country B] woman" (CAR_010)
	"when I hear victim I don't think of that as being like a totalizing identity that overrides everything else that has ever happened to that person" (CAR_010)
	"we tried to take into account very specifically that this was a vulnerable population…that sensitive topics may be discussed in interviews" (JON_012)

Safety: danger of harm for both participants and researchers	"they're a population who have experienced such high levels of violence…and continue to both feel at risk from their traffickers and…potentially at risk from their families and communities" (BEL_001)
	"there were definitely threats to their safety or traffickers finding out where they were and then they would have to be moved to another shelter" (VAL_002)
	"you may have a hundred cases and of all of those only one of them is potentially dangerous for you or your beneficiary or your co-workers. But you can't know which one it is, so you have to treat every, every case of trafficking as though it was" (ANI_015)
	"one woman…had a reputation for being physical and I did not want to be alone in a room with her" (VAL_002)

Confidentiality and Anonymity: how to people's identities safe	"making sure that their personal information is safe if that's what you're collecting, or not collect it at all" (VER_007)
	"ethical implications with anonymized data depends on the caseload because if you have very few cases in a particular country they can still be identifiable by the country even if you've taken out other personal data" (ANI_015)

Establishing a Trusting Relationship: gaining information without exploitation or manipulation	"the goal being…that relationship would be trusting and they would share information with you that they would otherwise not" (JON_012)
	"perhaps with a vulnerable population, the risk of…encouraged that trusting relationship by rapport building tactics might not be appropriate because people might divulge information that they in hindsight, would not feel comfortable with" (JON_012)

Awareness of Trauma: engaging people in research and gaining information without causing harm	"certainly a research issue, asking people to volunteer information about themselves, if it increases their risk of harm" (JAN_004)
	"how do you conduct the research or collect the data in a way that does not cause them any unnecessary discomfort" (REB_011)
	"you're asking them to talk about something extremely painful for the person that they don't know, that they're probably never going to see again" (BEL_001)

Sensitive Topics: differing understandings about what is acceptable level of distress to put participants through	"people at the end of the interview almost invariably say they're pleased they took part, it is difficult at times for people they do bring up extremely upsetting memories" (BEL_001)
	"I don't think there's any way around it with this type of research, it's just awful to dredge up the memories, it's not ever going to be pleasant" (CAR_010)
	"we try not to ask any really sensitive questions either…unless we have to, we tend not to get into the nitty gritty of people's exploitation" (BET_005)
	"I just want to make clear that my research wasn't like tell me all of the ways that he violated your rights, type of thing, it was more like what were your experiences with the criminal justice institutions" (VAL_002)

Story-Telling: balancing positive and negative effects associated with sharing experiences	"I'm more interested in your thoughts…since you left that trafficking situation, which still brought up a lot of sensitive topics but I don't think it was as potentially traumatic as having them re-hash details of their abuse" (VAL_002)
	"if people want to tell their story you're not taking away their story by listening to it. It may get complex and messy…but I don't think you're taking away their power by listening" (JAN_004)
	"I immediately think of how victims are often used to, to sell the story of trafficking in a way that might not be in their best interests" (REB_011)

Labeling: emotional harm associated along with legal and health service implications	"there's a whole bunch of ethical issues associated with whether you label somebody a trafficking victim if they don't see themselves as being a trafficking victim" (CAR_010)
	"some of the people that we speak to don't necessarily know that they've been trafficked…so identification can be a real big issue for us and how we deal with talking to people who we think have been trafficked…but they may not understand that themselves" (BET_005)
	"such an emotive term and…it's a big thing to be told, isn't it? That you meet the legislative criteria for trafficking so we had to be really, very conscious of that" (CAR_010)
	"there would be a benefit in being found to be a trafficking victim but then of course, it's much harder to prove that that is what happened" (CAR_010)

Stigma: inherent within research population and in the structure of research	"feelings of stigmatization and ostraticization because of the experiences that they've had" (BEL_001)
	"gender perceptions among service providers that reinforced stigma in some cases" (RAC_014)
	"as far as the sex trafficking stuff, I mean that stigma's definitely attached" (MIN_006)

Cultural Negotiation: required to reduce power imbalances, translators can help or hinder	"we have to think about cultural sensitivity which I think can be a little bit difficult sometimes…our team is comprised of white, young females" (BET_005)
	"the region, the dialect, is there any sort of religious sensitivities or any sort of ethnic sensitivities that you need to be aware of… really asking the trafficked person what their preferences are and trying to meet them" (BEL_001)
	"making sure that they're comfortable with the interpreter, making sure that the interpreter is professionally qualified" (BEL_001)
	"victims from very small, potentially isolated immigrant communities that are potentially well connected, that everybody knows everybody, I think that's when you might come up…against some challenges" (LIL_013)

Referral Pathways: not having services at all or not having appropriate services to refer to	"people…not recognizing themselves as victims of a crime or of human rights violations and not accepting assistance" (ANI_015)

Boundaries: struggle between maintaining professional appearance and connecting as an empathetic human being	"we just have to make it clear that we are researchers and that we aren't able to assist them, we can refer them…we can't really help them beyond just taking their information and making it useful for someone else." (BET_005)
	"we didn't really know if we should cry along with them to sort of show our humanity and that we understood the magnitude of what they were talking about or whether that would actually…make things worse" (CAR_010)
	"sometimes in the name of how horrifying it is…they want to say you're victim, victim, victim and we're going to save you, save you, save you, but in reality it's not that simple" (ANI_015)

Unintended Consequences: impact of participation in research can carry potential for harm	"I think we don't think about that as much…after the researcher leaves…just by engaging in research are we putting these women in a greater risk…are we actually putting in a worse situation" (ELL_009)
	"data really needs and research really needs to drive and inform the interventions that we put in place, especially around… unintended consequences" (RAC_014)

Mistrust of Authority: ability to delivery health care is hampered if trust cannot be established	"a lot of the trafficked victims…have very high levels of distrust…of authority, of police, or of army, or of kind of government type people…I work within the publically funded government paid for health care system so people wonder then… to what extent am I working for the government and therefore disclosing all their private health information" (COL_008)
	"a lot of the women or men coming in through the emergency room are really scared, they see us as an authority figure and they mistrust us, they don't think that we want to help them" (MIR_003)
	"I think having ties with law enforcement will deter victims from coming or even disclosing their situation" (MIR_003)

Establishing a Trusting Relationship: required to deliver health care without harm	"I feel that health care…can really only be provided within the context of some sort of trusting relationship" (COL_008)
	"you need to create a situation where they trust you enough to tell you these things so you can try to get things safe enough for a police response" (ANI_015)
	"we need to focus on building relationships in situations where there may be several known and unknown obstacles to those relationships" (COL_008)

Confidentiality and Anonymity: struggle around how to find privacy during health care interactions	"were relatives or other people aware of their conversation going on around this, that might actually put the victims in more danger" (COL_008)
	"in most of the emergency rooms for example, there's nowhere private to talk" (ANI_015)
	"sometimes the counselors would share things that I felt like were …not something that some of the other people in the case management meetings needed to know" (MIN_006)

Safety: harm exists for both health care practitioners and patients	"make sure you're safe and the person is safe because it can be really hard not to try to fix everything yourself" (ANI_015)
	"being identified in an emergency room or a clinic when you haven't been previously identified by law enforcement…is the trafficker with them?" (MIR_003)
	"people…who may have been human trafficked and may not be in a position maybe to talk about it safely, especially if there's a third party in the consultation" (COL_008)
	"be very aware of the potential for doing harm to victims of human trafficking because often the people who've trafficked them may be trying to protect their livelihood, protect their wealth and…freedoms so they don't want their activities exposed..some will go to quite great lengths to avoid it and obviously the victims are very, very vulnerable to just sort of disappear off the face of the earth" (COL_008)
	"there are some individuals that will chose to go back in that moment to their exploiter, it may be just generally safer for them" (RAC_014)

| Cultural Negotiation: not being able to communicate clearly and/or offer culturally appropriate health care could increase potential for harm | "There's…universal issues of translation…in a hospital setting, it's important that the hospital recognizes that you can't really do proper medicine without a good translation service" (COL_008) |
| | "people who are in the local, domestic violence shelters are local and maybe from a…different ethnic group, they maybe a different nationality…there can be some problems of tossing a trafficked migrant into a shelter where no one speaks their language or ethnically they're just quite a different culture" (ANI_015) |

| Awareness of Trauma: potential for harm if wide-ranging experience and non-verbal cues were not recognized | "being aware of the very, very wide and very divergent experiences that people have had before we meet them" (COL_008) |
| | "being really, really sensitive to non-verbal cues" (RAC_014) |

| Sensitive Topics: High potential for harm | "my current practice is to ask enough questions so I have a sense of what level of exploitation might be going on but not get into the nitty gritty details" (RAC_014) |
| | "we've trained them to not ask how the injury occurred to not really go in detail but we do know the injuries they have" (MIR_002) |

Story-Telling: sharing experiences as harmful and helpful	"ethically not having them re-tell their story ten different times to different people" (MIR_003)
	"especially for those that are victims of forms of violence we don't want to have to put them through that repeated story-telling" (RAC_014)
	"people who are abused often suffer poor self-image and self-doubt and, or tremendous anger and hate…they have all these experiences and to be allowed to tell their story is just sort of basic human decency in my view" (JAN_004)
	"letting it be their story to tell, so when they want to tell their story, that's up to them, that's not my right as someone who happens to work with them" (MIN_006)

Referral Pathways: restrictions on the ability to provide appropriate and accessible health care	"we have huge problems with shelter for labour victims, for men in the region, it's really a problem" (ANI_015)
	"what to do once you do identify a victim and then if you identify a victim and you provide care for them what do you do, how do you provide that care" (MIR_003)

Age as Limiting Protection: burden of proof and ability to assist determined by patient age	"children, it's a very clear cut like this is what you do, but adults it's a lot harder" (MIR_003)
	"for sex trafficking of kids, you don't have to dig deeper right, you don't have to prove or show or ask questions around coercion…so the threshold for detecting that is like much easier" (RAC_014)

Boundaries: establishing the bounds of how health care is delivered	"trauma was something that would be addressed by the psychiatrist specifically but wouldn't be addressed by every health care practitioner" (MIR_003)
	"be very open about what we do and what we offer as an individual or as a department in a very sort of professional capacity. And then also perhaps open with what we don't do" (COL_008)
	"health care providers that see their role as rescuing victims, are well intended and probably see themselves as being advocates for their patients" (RAC_014)
	"for trafficking survivors, they may go back to their trafficker for a number of different reasons…it's not my job as a health care provider to rescue them" (RAC_014)

Unintended Consequences: potential for unforeseen harm during and after health care interactions	"I also think the knowledge that physicians are empowered and have the knowledge about trafficking will also deter traffickers and victims from coming, seeking health care" (MIR_003)

Health System: restrictions on health care provision from health context	"they have shelters that are dedicated only for women in situations of domestic violence…that are not adequate for trafficked persons be they women or men or, don't allow men, don't allow people with children" (ANI_015)
	"we need more social resources for the victims because a lot of these victims even if we take them out of the situation have no home, they have no job, they have no place to go, we don't have enough safe houses, we don't have enough facilities to help" (MIR_003)
	"if you're in a situation where you identify a need, you know the solution to that need, you know the thing that's going to put them back in that trafficking situation but you don't have that resource in hand then it just like, it kills you" (RAC_014)

Legal Structures: restrictions on ability to deliver health care	"the [police force]…want to reach convictions of the traffickers…the police force's aim and agenda and…maybe their protection of the victim and their care for the victim perhaps is secondary?" (COL_008)
	"we ended up putting a principle in the book that's also in the training that is you do not call the police unless you have the permission of the victim, unless it's a life or death situation" (ANI_015)
	"I don't think we've trained enough law enforcement on the issue and that's why when we do call law enforcement for anything we have to make sure that they're trained to deal with human trafficking victims" (MIR_003)

Confidentiality and Anonymity: limiting/reducing risk of exposure in small data sets	"I think of identifying information and being cognizant of being what do we really need to disclose about these cases" (LIL_013)

Use of Secondary Data Sets: exploitation of participants to capture data	"[sexually exploited women] HIV positive and…have syphilis but we're not going like do anything…it was crazy to me…I wasn't there to interview the women…but…the ethical issues are not subtle at all." (ELL_009)
	"the data's already collected and…in some ways not analyzing data is also a disservice to the participant" (ELL_009)
	"I entered the sex trade against my will, I don't want to be here and…it was just data points that were collected and I think that as a researcher you have an ethical obligation when you encounter someone in a situation like that, that you need to do something and they didn't do anything" (ELL_009)

Data Confidentiality: protecting small samples from exposure	"when you have small numbers the way you report that is on a aggregate level, make sure there's no identifiable information in terms of those public outputs you put out" (VER_007)

Confidentiality and Anonymity: protecting populations from potential exposure	"foreign nationals that were identified in the group of victims that we had worked with…disclosing their origins…probably would have identified them because they were very small countries and they were specific to certain regions" (LIL_013)
	"I'm going to make sure there's no identifying information including if they're from small village somewhere that would be very unusual for someone to be" (VAL_002)

Stigma: potential to further stigmatize	"making sure that you don't invoke any further stigma, both in how you conduct the research but also how you report on it" (VER_007)

Labeling: conflict between use of terms 'victim' and survivor'	"to use the word victim then suggests a perpetrator and we are trying to highlight the bad behavior of the perpetrator" (CAR_010)
	"if you're a victim, I think it's much easier when that terminology is attached…for them to be considered as weak or…vulnerable and prone to all sorts of negative things" (REB_011)
	"I've always felt really weird about the feminist reluctance to use the term victim. I understand the intellectual debate around that denies agency and makes women look like hapless sort of, dupes" – (CAR_010)
	"there's been so much feminist disquiet about it that we sort of have to use the term survivor" (CAR_010)

Cultural Negotiation: impact on population, involvement of stakeholders carrying potential of harm	"I think of cultural implications…when we go into a certain community with an underground or hidden population, what impact does our research have on that population or community" (LIL_013)
	"we always used local interviewers, and so we were just putting our good faith in those research assistants, or those interview facilitators that the translation of transcripts was correct" (REB_011)

Boundaries: struggle to decide where researcher responsibility to their population begins and ends	"if you don't then really fully disseminate it, if you don't make really practical recommendations and if you don't push those forward then I feel that that's a big betrayal of the trust that person has put in you in taking part in the research" (BEL_001)
	"on one hand it's not necessarily our role to do that either, I think we provide our research to government who then go out and push what kind of service provision they'd like to see" (BET_005)

Useful versus Sensational Evidence: the need to produce quality evidence that doesn't further exploit people	"trying to better understand I think, what are the key pieces of information do we need to better understand this population or the needs of the population" (LIL_013)

Scope: the need to produce supporting evidence while still acknowledging limitations of findings	"we have to acknowledge that these numbers are unknown…there's a lot of uncertainty that go with these estimates… and I think when you cast them off as hard facts…it makes it less credible" (VER_007)

Evidence Base: the need to produce supporting evidence for services/policies while limiting potential harm to participants	"it's really important to be able to point to research that says…this is the correct way to go about caring for trafficking survivors because of x, y and z data" (RAC_014)
	"if you can't give really good evidence it's difficult to push forward a sort of victim centered recommendation just on sympathetic grounds alone" (BEL_001)
	"I feel quite instinctively uncomfortable depositing survey data about trafficking… I know I've done everything right with the data, I know that they're not identifiable but somehow it still doesn't feel right to me and I think that's probably emotion rather than being rational" (BEL_001)

Impact: consideration of reach and impact of findings at a population-level	"when we go into a certain community with an underground or hidden population, what impact does our research have on that population or community" (LIL_013)
	"the information that we get about how our research is used is quite sporadic like that, we'll just hear about someone over the other side of the country has picked it up, some government agencies might have picked it up, but I can't say it's had sort of a blanket effect on all of service provision" (BET_005)
	"if I chose to tell a patient narrative based on my experience it's important for me to recognize that you know, when somebody hears that in [federal government] they may think that that's the whole story, they may like extrapolate representativeness" (RAC_014)
	"there's the danger of taking an n of one, and like an individual patient's story and trying to change policy" (RAC_014)

Legal Structures: possibility of data being extracted from researchers and used to harm participants	"could be subpoenaed and if…interviewees had given information that was different from their official story that that could be used to strike them off and send them back" (CAR_010)

Public Perception: producing a "real" narrative that may not appeal to public perception/funders, danger of having a 'gold standard' narrative	"another thing that does a disservice to the trafficking area are these Hollywood movies that make it seem like any girl could be trafficked at any time plucked from her suburban driveway or she could be kidnapped when she's traveling overseas" (REB_011)
	"it's getting the realness of it, it's moving away from the sensationalized…Taken movies, it's moving away from that image of trafficking to showing it in all of its detail because I think that's a really important educative process for the community and I know that the women I spoke to wanted their stories to educate the community" (CAR_010)
	"when you have a gold star example of what trafficking should quote unquote look like then it keeps other variations of that from getting the attention that they deserve" (REB_011)
	"a lot of these organizations and local researchers want there to be attention paid to this issue…they want to put the most attractive or sensationalized story out there" (REB_011)

After the Researcher Leaves: unknown and potentially harmful consequences to people after research ends*combine with unintended consequences	"I think we don't think about that as much…after the researcher leaves…just by engaging in research are we putting these women in a greater risk for…more violence…are we actually putting in a worse situation" (ELL_009)
	"after those one or two or three interviews that you conduct, then you leave and you take their data" (JON_012)
	"there's always going to be that percentage who fall in that category of getting re-trafficked um, probably one of the most helpful things that someone told me was that, not everybody wants to be saved" (MIN_006)
	"trafficked women participating in a research, I think could have unintended consequences that we don't always know about" (ELL_009)

Actions that may Preclude Future Research: acknowledgement of participant contribution and engagement in research to ensure future research is allowed	"you know need to keep the door open and not burn any bridges, you don't want them to ever say we're not letting any researchers in ever again, that's a disservice to that population" (VAL_002)
	"it's a huge gift to be trusted to interact with these populations and you don't want to disrespect it and you also want to keep the door open for future research" (VAL_002)

Previous Experience	"I think I've been doing this for you know, a few years now, so I've learned along the way what's really important and uh, what I need to do to ensure that my research is ethical" (BEL_001)
	"I think broadly you know, most of us who've been there awhile know the major issues that need, that need to be addressed and try to consider that when we're developing our projects as well as when we're applying for ethics as well" (VER_007)
	"we created um, a draft protocol, sort of based on what we've done over all these years and then we sat down with the local teams" (ANI_015)

Learning from Related Fields: applying learning from populations that share similar characteristics	"we've done a lot of the different domestic and sexual violence projects and a lot of the ethical principles and challenges that we've you know encountered there I think…more generally relevant to trafficking" (BEL_001)
	"I think that you can be looking at you know, what is the ethical guidance on working with victims of violence, what is ethical guidance on working with vulnerable migrants and what exists so far for trafficked people" (BEL_001)
	"this population is a bit of amalgam of victims of violence and…refugees…because they're foreign and also traumatized often" (JON_012)

Institutional Support: structural support as a mitigation tool	"it's really important to make a list of the potential disadvantages and the potential advantages of both approaches and to then choose one on the basis on those lists and when the difference is not clear, to pilot it" (JON_012)
	"we have an ethics secretary at work as well so we would sit down…and discuss any issues to make sure…we've satisfied all our ethical requirements before we submit the form" (BET_005)

Involvement of Stakeholders: including silenced voices	"I think oftentimes in trafficking research the interview guides, the surveys are all written by researchers or people doing service provision but they don't really have the voice of a survivor themselves." (REB_011)

Awareness of National and International Guidance: ways to prepare and navigate challenges	"I also recommend looking at the international protocols…around victim support I think they can be quite helpful even though we're in a research context, I think it's still useful to understand in an international context" (BET_005)
	"read the national guidelines because they're really the bible on obtaining informed consent, ensuring privacy and confidentiality so they would be the guidelines that I would go to" (BET_005)

Key Information Sharing: only disseminating what is useful for service provision	"what information is most pertinent and what things might not be necessary to publish or be out there" (LIL_013)