A Critical Literature Synthesis of Safety Protocols for Qualitative Researchers Working with Oppressed Populations

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Lindsay Pelcher

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This thesis was presented

by

Lindsay Pelcher

It was defended on

April 12, 2021

and approved by

Robert W.S. Coulter, Assistant Professor, Behavioral and Community Health Sciences

Carla Chugani, Assistant Professor, Pediatrics

Thesis Advisor: Mary Hawk, Associate Professor, Behavioral and Community Health Sciences

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Lindsay Pelcher, MPH

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Abstract

Background: When conducting research with populations with increased mental health vulnerability as a result of increased exposure to trauma, oppression, and other systemic issues, it is critical to be aware that sensitive information related to mental health and safety may be shared by participants. Since participants may experience distress as result of describing traumatic experiences, particularly during qualitative research, safety protocols should be in place to ensure the physical, emotional, and psychological well-being of the participants.

Purpose: This review aims to identify existing safety protocols for qualitative researchers and the extent to which qualitative researchers are trained to monitor and promote participant safety when conducting research with oppressed populations.

Methods: A literature review was conducted within PubMed and PsychInfo to identify relevant papers utilizing the PICO principle and Boolean search terminology. The search only included clinical trials if they contained a qualitative component.

Results: Fifteen articles meeting the inclusion criteria were identified and selected from the literature search. The literature revealed a dearth of published safety protocols or best practice guidelines to protect oppressed participants from potential harm during the research process.

Conclusions: Given the increasing need of research with oppressed populations to understand their health needs, these results have great public health significance, revealing a gap in published protocols and guidelines. There is a need for more research on the development and implementation of safety protocols during the conduct of qualitative research with oppressed populations. These safety protocols are essential to protect oppressed individuals while ensuring their voices are heard in research in a meaningful way.

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Preface

I wish to acknowledge the support and contributions of my thesis committee: Dr. Robert Coulter, Dr. Carla Chugani, and Dr. Mary Hawk. I extend a very special thank you to my advisor and chair, Dr. Hawk, for her encouragement throughout all of this.

My thesis and my education would not have been possible without the support from family, and I want to extend a thank you to my friends who have been there for me through this daunting process. Thank you all!

1.0 Introduction

The purpose of this literature review is to identify studies that acknowledge the importance of safety protocols and provide best practice models for their use in qualitative research. Throughout this thesis, the development and implementation of safety protocols with oppressed and vulnerable populations will be investigated.

Researchers working with human subjects are required by institutional review boards (IRBs) to provide protections for their participants, as outlined in research protocols. Additional protections should be in place when the participants are considered oppressed, marginalized, or at an increased risk for distress or re-traumatization. Although research with these populations may be discouraged by IRBs or investigators at times due to research being deemed too 'risky', the risks of research should be balanced with meaningful inclusion of these groups to better understand their experiences and health problems. If we do not understand the experiences of people who are oppressed, we continue to contribute to systems of oppression by not endeavoring to understand how to make health systems equitable. Despite the importance of this work, researchers must be aware of and prepared for the potential of re-traumatizing participants. It is critical to both find ways to amplify the voices of oppressed populations and to identify methods for doing so that are safe and sensitive to their needs.

When working with oppressed populations, especially within qualitative research, subject matter may be sensitive. Even when the focus of the research is not sensitive, it is possible that participants may disclose sensitive information in the process of sharing their lived experience with the researcher. This has the potential to lead to emotionally-charged interviews or focus groups, in which a participant may become distressed when recollecting upsetting narratives.

Whether emotional distress during qualitative research is anticipated or not, the research team must be prepared to ensure the safety of all participants. Given the increasing research need with oppressed populations, coupled with the potential for re-traumatization during data collection, these results have public health significance, revealing a gap in published evidence-based safety protocols or risk management plans.

Chapter 2 describes the background of research protections, including both IRB-defined vulnerable populations, and oppressed groups, all of whom may be at increased risk of distress during the qualitative research process. Chapter 3 discusses the literature search methodology used within this review and includes a table of PICO elements and search terms for each search engine. Chapter 4 presents the results of the literature review synthesis through an article-by-article outline and includes a table to further summarize findings. Chapter 5 discusses the general findings and major trends. This chapter also includes recommendations and limitations. Chapter 6 presents the final conclusions of this review.

2.0 Background

2.1 Research Protections

When conducting any type of research, IRBs require certain protections for human research subjects. Human research subjects who are defined as vulnerable in the research context require supplementary protections. The Council of International Organizations of Medical Sciences (CIOMS) provides a succinct definition: "Vulnerable persons are those who are relatively (or absolutely) incapable of protecting their own interests. More formally, they may have insufficient power, intelligence, education, resources, strength, or other needed attributes to protect their own interests" (Council for International Organizations of Medical Sciences, 2016, p. 57).

The Federal Policy for the Protection of Human Subjects, also known as The Common Rule (CR), provides additional protections for groups considered vulnerable such as pregnant women, fetuses, and neonates (subpart B); prisoners (subpart C); and children (subpart D). Before research begins, IRBs review research protocols provided by the research team, and then continue to monitor the research to ensure that appropriate steps are taken to protect human subject participants. (Center for Drug Evaluation & Research, 2019).

Protections are based on the principles derived from The Belmont Report, which identifies basic ethical principles that address ethical issues arising from human subject research (Office of Human Research Protections, 2020). There are three basic ethical principles: respect for persons, beneficence, and justice. Respect for persons means treating people as autonomous agents and protecting those with diminished autonomy, beneficence is minimizing potential harms and maximizing benefits of participation, and justice is distributing benefits and risks fairly. The extent

to which researchers abide by these ethical principles is reviewed by IRBs prior to conducting the research process.

2.2 Oppressed Groups in Research

The IRB defines vulnerable populations as those who are potentially incapable of protecting their own interests during research. As mentioned previously, this includes pregnant women, fetuses, neonates, children, and prisoners. However, there are other groups participating in research who are at increased risk for distress or trauma when discussing their experiences of marginalization, oppression, and inequality. These oppressed populations include elders; ethnic minorities; immigrants, refugees and internally displaced people; people experiencing homelessness or housing instability; the sexual and gender minority community; people living with a chronic illness or mental health problem; bereaved persons; survivors of interpersonal or sexual violence; people who use drugs; or people living with HIV/AIDS. Another way of identifying an oppressed group is those who experience health disparities due to their "race/ethnicity, socioeconomic status, geography, gender, age, disability status, and risk status related to sexual identity and behavior" (Rogers & Kelly, 2011, p. 401).

To better understand the disparities within marginalized groups, more research needs to be conducted with these populations. For example, the percentage of racial and ethnic minorities in this country is growing, but they are not proportionately represented in research. Racial and ethnic minorities make up about 38.7% of the population, with only an estimated 2% - 16% being included in research (Williams, 2018). Further, these numbers do not represent the full underrepresentation of other oppressed groups in research whose group affiliation may be based

on self-report and who therefore remain hidden. Unfortunately, there are both "real and perceived risks" that accompany this research, leading to understudying them and causing more harm (Iltis et al., 2013, p. 1364). There is a moral obligation to represent the experiences of groups who are typically excluded and provide a space for their voices to be heard. However, there is still an obligation to protect participants from harm without excluding them.

2.3 Qualitative and Sensitive Research

Qualitative research involves collecting and analyzing data through interviews, focus groups, and observations and can help investigators gain a better understanding of experiences regarding vulnerabilities and inequities of oppressed groups. Due to the nature of qualitative methodology, participants may provide information about their intimate personal experiences. Sharing personal experiences may be even more difficult when research topics focus on "highly emotional, potentially dangerous or culturally taboo areas" (Butler, Copnell, & Hall, 2019, p. 224). These topics, also defined as 'sensitive', have the potential to trigger emotional distress in the participant. Although the goal of research with these populations is to improve their lives, it creates an ethical challenge when the participants may be re-traumatized (Brown et al., 2013). To balance the potential benefits and harms of sensitive research, investigators need to be prepared in the event that participants become distressed to be able to identify and reduce risks throughout the entirety of the research process. Balancing benefits and harms of research can be accomplished through population-specific and contextual considerations when planning and implementing safety protocols.

3.0 Methods

The design of this study was a literature review. Existing literature was reviewed and data were extracted to explore the presence of safety protocols for oppressed populations participating in qualitative research.

3.1 Search Strategy

In December 2020, the author used the search engines PubMed and PsychInfo accessed via the University of Pittsburgh's Health Science Library System to explore the current literature for descriptions of ethical safety protocols developed for use in qualitative research and trainings for researchers who are working with oppressed and vulnerable populations, and sensitive topics. Relevant searches were defined using the PICO Principle, listed in Table 1, to assist the author in organizing and focusing the question into a searchable query.

Table 1 PICO Elements

Population	Qualitative health researchers; vulnerable and oppressed populations
Item of Interest	Safety protocols; risk management plans; ethical safety training; sensitive topics
Comparison	No items of interest
Outcome	Ethical research with vulnerable and oppressed populations that does not harm participants; safety protocols in place to manage participant risk

In each database, the author used relevant terms including qualitative research, vulnerable, oppressed, sensitive, protocols, and risk management. Boolean operators were utilized for the search using the [and] and [or] function to combine terms and concepts. Searches by database are listed in Table 2. The searches in each database are slightly different due to the structure of the search engines themselves.

Table 2 Search Terms Used

Database	Search Terms
PubMed	(("Vulnerable Populations"[Mesh] OR "Sensitive Populations"[Mesh] OR "Disadvantaged"[Mesh] OR "Underserved Populations" OR vulnerable populations OR oppressed populations OR sensitive populations OR disadvantaged OR underserved populations)) AND ("Qualitative Research"[Mesh] OR qualitative research))) AND ("Methods"[Mesh] OR methods OR procedures OR guidelines OR protocols OR practices OR training))) AND (safety procedure OR safety guidelines OR safety protocols OR safety training))) AND (vulnerable participant OR vulnerable individual OR oppressed participant OR oppressed individual OR sensitive participant OR sensitive individual))) AND (sensitive research OR sensitive research topic))) AND ("Ethics Committees"[Mesh] OR ethical guidelines OR ethical protocols OR ethical safety procedures))) AND ("Health Equity"[Mesh] OR health equity OR equitable practice OR equitable safety protocols OR equitable safety procedures OR equitable methods))) AND ENGLISH

PsychInfo	((all qualitative research) AND ((safety procedures) OR (safety guidelines) OR (ethical guidelines) OR (equitable protocols) OR (equitable guidelines) OR (equitable practices)) AND ((vulnerable population) OR (vulnerable participant) OR (vulnerable persons) OR (vulnerable individual) OR (sensitive population) OR (sensitive participant) OR (sensitive person) OR (sensitive individual))

The author reviewed abstracts and uploaded potentially relevant articles into the reference management system, EndNote (The EndNote Team, 2013). A bibliography screening of potentially relevant articles was conducted to supplement the literature review. After the final selection of articles (see 3.3), the author reviewed the full text of all of the included articles in detail.

3.2 Definitions

The National Institute of Health (NIH) defines *vulnerable populations* as subjects who require additional protections and include: pregnant women, human fetuses, and neonates; children; and prisoners (National Institute of Health (NIH), 2020). For the purpose of this review, the author elects to include *oppressed groups* as groups who also need research protections because of the health disparities and rates of discriminatory experiences evident in these populations. Members of oppressed groups may experience emotional distress when participating in research as a result of histories of trauma related to oppression. Anticipated events during the research process need to be acknowledged and managed accordingly. Oppressed groups include those who

experience health disparities based on their "race/ethnicity, socioeconomic status, geography, gender, age, disability status, and risk status related to sexual identity and behavior" (Rogers & Kelly, 2011, p. 401).

Sensitive research is defined as any research that has the potential to damage or harm the participant, the researcher or society. This research typically examines topics that are personal or intimate; may cause distress or discomfort when discussed; or may risk the safety or well-being of the participant or researcher (Butler, Copnell & Hall, 2019; Coyle & Wright, 1996; Shirmohammadi, Kohan, Shamsi-Gooshki & Shahriari, 2018)

Ethical considerations in research refers to a set of rules and guidelines that should be followed to avoid potential harm to participants and researchers (Shirmohammadi, Kohan, Shamsi-Gooshki, & Shahriari, 2018, p. 157).

A *safety protocol* is a step-by-step outline or other guidance, in addition to the research protocol, that addresses potential threats to the research participants and solutions (Langford, 2000). For the purpose of this review, the author also uses *ethical safety protocol* to highlight the importance of protocols that are ethically sensitive to the needs of each population it aims to serve.

A *framework* is used as a guide for researchers throughout the methodology to focus on the scope of their study (Akanbi, Amiri, & Fazeldehkordi, 2015). A *reflexivity framework* encourages investigators to reflect on issues that arose during the research process for both the participant and the investigator (Chiumento, Khan, Rahman, & Frith, 2016; Fletcher, Rice, Ingram, & Fisher, 2019; James & Platzer, 1999). This practice aims to draw attention to issues that arise, in order to help identify or manage them in the future. A *flexibility framework* is used to highlight the ability to alter methods and protocols over time and with different study populations to better meet their specific needs (Flicker & Guta, 2008). A *vulnerability framework* means researchers

should be aware and address population-specific vulnerabilities or risk factors so as to protect members of these populations during research processes (Flicker & Guta, 2008; Iltis, Wall, Lesandrini, Rangel, & Chibnall, 2009; Sharkey, et al., 2011).

3.3 Selection Criteria

The inclusion criteria for relevant articles for this review were studies that describe the use or development of safety protocols for qualitative researchers when working with oppressed and vulnerable populations, and sensitive topics. Articles were *not* excluded based on year of publication, if they were defined as a commentary, or if they were published outside of the United States. Exclusion criteria for this review were:

- Non-English language

- Abstract only

- Studies focused on clinical research, medical interventions, healthcare, and treatment with no qualitative component

- Studies focused only on recruitment of vulnerable populations

- Studies focused only on researcher safety

After applying the inclusion and exclusion criteria to all journal articles, 15 articles were identified and discussed in this literature review.

3.4 Limitations and Problems Encountered

There is a lack of published evidence-based ethical safety protocols for qualitative researchers when working with oppressed and vulnerable populations, and sensitive topics. To account for this, this author did not exclude articles conducted or published outside of the United States in hopes of discovering certain practices or elements that researchers should consider when developing all safety plans. There is also a lack of use of the term "oppressed" in the field, instead of "vulnerable", to describe socially stigmatized and marginalized groups. When running a search with the term "vulnerable" and another search with both "oppressed" and "vulnerable", there was no significant difference in search results.

3.5 Review of Selected Studies

The author reviewed all relevant research articles using the PICO Principle and exclusion and inclusion criteria. Fifteen articles were selected as meeting the criteria and were included in the literature synthesis (Figure 1). Data extraction was conducted after full text review and organized in Table 3.

4.0 Results

Fifteen articles were included in this review. The original PubMed and PsychInfo searches produced a total of 278 records, as seen in Figure 1. Of these titles reviewed, 127 were excluded for not meeting the inclusion criteria. Examples of excluded titles include "Treatment as Usual (TAU) Control Practices in the PROSPECT Study" (Reynolds, et al., 2001). Following abstract review, 91 records were further excluded for not meeting the established criteria. An example of an eliminated article resulting from abstract review is "Ethical Issues in Including Suicidal Individuals in Clinical Research" (Fisher, Pearson, Kim, & Reynolds, 2002). This was excluded due to the focus on clinical trial research only, with no qualitative research component. Next, the author assessed the remaining 60 articles for eligibility and excluded 45, with one example title being "Researching Mental Health in Minority Ethnic Communities: Reflections on Recruitment" (Rugkasa & Canvin, 2011) due to the singular focus on recruitment of ethnic minority participants with no qualitative research component. The total research articles that met criteria for review, description, and discussion was 15. A summary of these articles can be found in Table 3.

Records identified from initial
search in PubMed, and PsychInfo

(n = 278)

Titles reviewed

(n = 278)

Records excluded

(n = 127)

Abstracts screened

(n = 151)

Records excluded

(n = 91)

Full-text articles
assessed for eligibility

(n = 60)

Full-text articles
excluded

(n = 45)

Studies included in
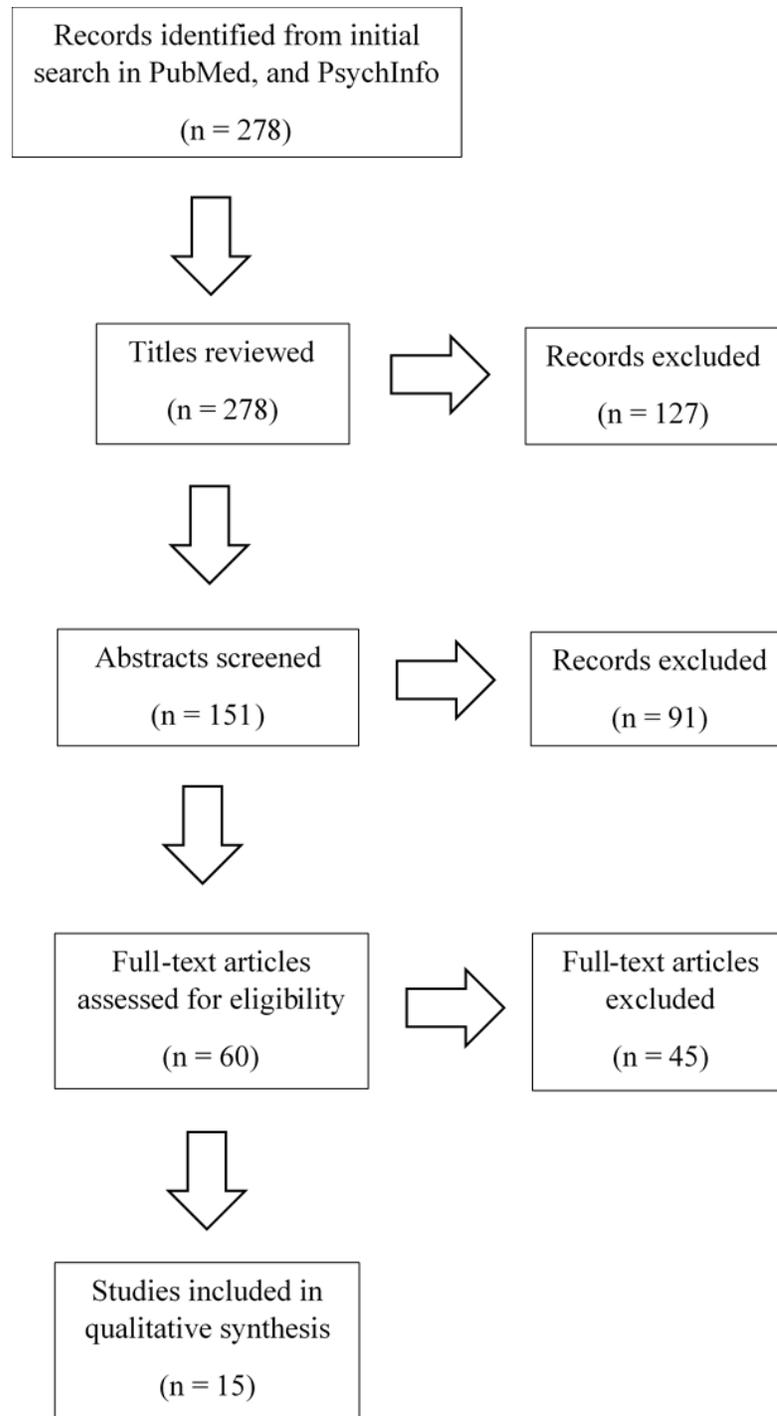qualitative synthesis

(n = 15)

Figure 1 PRISMA Search Results

Table 3 Literature Reviewed

Citation	Title	Methods	Population	Author(s) Results/Conclusions	Provide a Safety Protocol?
(Brown et al., 2013)	Acute effects of trauma-focused research procedures on participant safety and distress	Assessed participants for suicidal urges, urges to self-harm or harm others, urge to use drugs or alcohol, and levels of stress before and after study procedures.	Veterans who experienced some sort of trauma.	Participants with PTSD had increased stress, substance abuse, and self-harm urges following study procedures. Safety protocols should be part of research protocols, especially research involving traumatized individuals.	No
(Butler, Copnell, & Hall, 2019)	Researching people who are bereaved: Managing risks to participants and researchers	Conducted interviews with bereaved parents and explored researcher's experience of risk to both participants and researchers during the research process.	Bereaved families whose child died in an Australian pediatric intensive care unit (PICU).	Improperly managed risk has the potential to cause further distress and harm to the participants. Appropriate research protocols must be developed to carry out sensitive research and minimize harm.	Yes
(Chiumento, Khan, Rahman, & Frith, 2016)	Managing Ethical Challenges to Mental Health Research in Post-Conflict Settings	Used mixed-methods to study mental health and explored the ethical challenges the research team encountered and the risk management strategies they used.	Perinatal women experiencing a mental health problem in a post-conflict setting.	IRBs and investigators should move away from structured protocols and towards collaborative, population-specific protocols.	No

Citation	Title	Methods	Population	Author(s) Results/Conclusions	Provide a Safety Protocol?
(Coyle & Wright, 1996)	Using the Counseling Interview to Collect Research Data on Sensitive Topics	Used in-depth interviews to explore bereavement and provided examples from interviews where counseling techniques could be helpful when participants share sensitive topics that may cause distress.	Gay men who had lost a friend or partner to an AIDS-related illness.	Researchers should develop and implement basic counseling techniques into research in order to ensure the safety of the participants during potentially distressing information sharing.	No
(DuBois, et al., 2012)	Restoring Balance: A Consensus Statement on the Protection of Vulnerable Research Participants	Identified best practices for mental health research ethics when working with vulnerable and oppressed populations.	Individuals living with cognitive disorders or those belonging to a socially marginalized minority group.	Research teams should plan for identifying and managing risks before research starts and collaborate with the study population to identify best research methods.	No
(Fletcher, Rice, Ingram, & Fisher, 2019)	Ethical Challenges and Lessons Learned from Qualitative Research with Low-Income African American Women Living with HIV in the South	Conducted in-depth interviews to explore participant's lived experiences and further analyzed them for themes regarding risks and ethical issues.	HIV-positive African American Women living in the South.	Researchers should: collaborate with study population to ensure sensitive research methods; practice reflexivity to ensure ethical research; and practice flexibility so participants can meaningfully share their lived experiences.	No

Citation	Title	Methods	Population	Author(s) Results/Conclusions	Provide a Safety Protocol?
(Flicker & Guta, 2008)	Ethical Approaches to Adolescent Participation in Sexual Health Research	Collaborative research with youth to create strategies for identifying and managing risks in sensitive sexual health research.	Adolescents in sexual health research.	Researchers should: collaborate with the study population to ensure relevant research methods and safety protocols; practice flexibility in that methods and protocols should be altered over time and with each population; and use the vulnerability framework so researchers can address population-specific risks.	No
(Iltis, et al., 2013)	Addressing Risks to Advance Mental Health Research	A National Institute of Mental Health-funded meeting of experts to develop recommendations for identifying and managing risks in mental health research.	Participants living with mental health problems.	To minimize risk, the research team should plan for ongoing staff training and should create a risk management plan prior to fieldwork, that attends to the entirety of the research process.	Yes

Citation	Title	Methods	Population	Author(s) Results/Conclusions	Provide a Safety Protocol?
(Iltis, Wall, Lesandrini, Rangel, & Chibnall, 2009)	Federal Interpretation and Enforcement of Protections for Vulnerable Participants in Human Research	Authors collected and reviewed letters of determination issued by OHRP regarding evidence-based vulnerabilities and protection of these individuals.	Participants considered 'socially' vulnerable or belonging to a socially disadvantaged group but not listed in the Common Rule (CR).	There is a lack of guidance from OHRP about how to best protect vulnerable (oppressed) groups in research. A vulnerability framework would be useful for better understanding the specific population being studied and for protocols to be in context of the type of vulnerability the group possessed.	No
(James & Platzer, 1999)	Ethical Considerations in Qualitative Research with Vulnerable Groups: Exploring Lesbians' and Gay Men's Experiences of Health Care	Conducted interviews and focus groups with lesbian and gay men to learn about their experiences with health care and explored ethical issues that arose when conducting sensitive research with this oppressed population.	Lesbians and gay men.	There is a lack of evidence-based risk management plans from the literature and identifying and managing research risk should be considered prior to research. A reflexivity framework would be helpful for better appreciating the lived experiences of oppressed groups and not causing further harm during the research process.	No

Citation	Title	Methods	Population	Author(s) Results/Conclusions	Provide a Safety Protocol?
(Langford, 2000)	Developing a Safety Protocol in Qualitative Research Involving Battered Women	Explored issues related to the use of a safety protocol in a study with women who experience interpersonal violence.	Survivors or women experiencing interpersonal or sexual violence.	Safety protocols should include procedures for contacting participants, conducting interviews, and maintaining confidentiality.	Yes
(Rogers & Kelly, 2011)	Feminist intersectionality: Bringing social justice to health disparities research	Discussed health research ethics, particularly the ethical principle of justice.	Oppressed people based on their positions of race, class, gender, and sexuality.	The current approach to ethical research excludes oppressed populations from research, thereby exacerbating their health disparities.	No
(Sharkey, et al., 2011)	Ethical practice in internet research involving vulnerable people: lessons from a self-harm discussion forum study (SharpTalk)	Conducted Internet research using discussion forums and explored the ethical issues regarding anonymity, safety, and consent.	Young people who self-harm.	The 'ethics as process' and 'justice-as-care' approaches can attend to participant's lived experiences without causing further harm during research. Collaborating with participants for risk management strategies and using the vulnerability framework is also helpful.	No
(Siriwardhana, Adikari, Jayaweera, & Sumathipala, 2013)	Ethical challenges in mental health research among internally displaced people: ethical theory and research implementation	Conducted in-depth interviews to measure the prevalence of mental health disorders; explored the ethical issues that arose during the ethical review process, and how these issues were addressed.	Internally displaced people (IDP).	Capacity building among ethics committees and researchers to better understand population-specific needs is vital for protecting participants from harm.	No

Citation	Title	Methods	Population	Author(s) Results/Conclusions	Provide a Safety Protocol?
(Smith, 2007)	How ethical is ethical research? Recruiting marginalized, vulnerable groups into health services research	Conducted in-depth interviews to evaluate new service for women who use drugs and explored the ethical issues that arose when working with this population in health research.	Women who use drugs.	The use of an ethical framework would consider population-specific research methods and includes concept of 'responsible advocacy' which means a professional would guide the participants throughout the research process.	No

4.1 Brown et al. (2013)

Brown and colleagues (2013) aimed to observe clinical distress and potential for harm in participants before and after study procedures. They enrolled a total of 136 veterans who experienced some form of trauma in their lives and were grouped by control, lifetime PTSD and current PTSD. The control group were those who had not been diagnosed with PTSD, the lifetime PTSD were those who were diagnosed but not currently exhibiting symptoms, and the current PTSD participants were those who were experiencing PTSD symptoms at present. The study procedures included an interview and an aversive stimulus (mild electric shock to the wrist or ankle); half participants received the aversive stimulus, and the other half did not. They hypothesized that the interview would increase distress in participants, but the aversive stimulus would not. Before and after study procedures, participants were measured to indicate their suicidal urges, urges to self-harm or harm others, urge to use drugs or alcohol, and levels of stress.

Their results demonstrated that participants with PTSD (lifetime or current) had increased self-harm and substance use urges, and increased stress. They also found that the aversive stimulus did not affect stress or urges to harm, indicating the study procedure itself was enough to cause distress in participants with PTSD. The authors stressed the importance of creating and implementing safety protocols for every research protocol, especially when working with traumatized populations; however, they did not provide recommendations of what should be included in the protocol.

4.2 Butler, A., Copnell, B., Hall, H. (2019)

This study used a constructivist grounded theory (CGT) to explore bereaved parents' experiences in pediatric intensive care units (PICUs) after their child's death. The study population included 30 parents who participated in semi-structured interviews. These interviews were recorded and transcribed for further analysis. The parents in this study were grieving and were being asked to re-live traumatic experiences which had the potential to cause distress or discomfort. For that reason, it is the responsibility of the researcher to anticipate risk and plan for managing or mitigating this risk.

The article focused on the research team's experience of ethical issues and risk to both participants and researchers during "The Bereaved PICU Parent Study" and provided their risk management strategies. These included strategies for recruitment and consent; data collection and analysis; and publishing and confidentiality. Butler, Copnell and Hall (2019) urged that risk identification and management for both researchers and participants is required to ensure the integrity of the research and to ensure safety throughout the entirety of the research process.

Due to the sensitive nature of the research topic, it was anticipated that most, if not all, participants would experience emotional distress during the data collection process. For that reason, a risk management protocol was designed and included the following recommendations:

- Before beginning an interview, researchers should ask the parents about their preferred language, and if there was anything they specifically did not wish to discuss.

- If significant participant distress was noted, researchers should temporarily move on to other related, though less emotionally charged topics in order to allow the participant to regain composure.

- When managing emotional distress, researchers should recognize and support participant-initiated coping strategies.

- All interviews should be followed-up with a phone call one week later, to check on participant well-being and answer any questions that may have arisen.

- Researchers should provide an information sheet to participants that describes feelings that they might experience during or after the interview. This helps the participant better understand and communicate their feelings/emotions. The information sheet would also ask participants to tell the interviewer if they experience any of the listed emotions.

- If participants disclose suicidal ideation, self-harm, or abuse, the interview should be gently ceased, and professional care should be immediately sought.

4.3 Chiumento, A., Khan, M., Rahman, A., Frith, L. (2016)

Chiumento, Khan, Rahman and Frith (2016) used a case study to outline the ethical challenges the research team encountered during post-conflict research. The case study used a mixed method approach with qualitative interviews and quantitative surveys to study the mental health of perinatal women in a post-conflict setting in South Asia. This population can be considered oppressed as they include refugees or internally displaced persons (IDP) who may be suffering from mental health issues or experiencing trauma, and are historically not well-studied, both due to the conflict in their surroundings.

The case study examined the management of six ethical challenges that were encountered: who conducts the research, who funds the research, ethical review, voluntary informed consent,

community mistrust, and risk to the research team. To manage these ethical challenges, the authors argued for moving away from structured protocols that aren't realistic to real world research. These rigid protocols further marginalize hidden populations and exacerbate their health disparities by basing mental health research and guidelines on "Western Liberal traditions" that may clash with non-western cultures and participants. To move towards this approach requires 'empirical ethical reflection' which includes pre-research collaboration with the study population to uncover any potential risks and to implement sensitive risk management strategies. This framework also includes post-research reflection, or reflexivity, to bring attention to any issues that arose during the research process in order to implement evidence-based safety protocols.

4.4 Coyle, A. & Wright, C. (1996)

Coyle and Wright (1996) used their bereavement study to explore the usefulness of incorporating counseling techniques into the research methods. The bereavement study included in-depth interviews with 16 participants, who were gay men who had lost a friend or partner to an AIDS-related illness. The study population can be considered oppressed due to identifying as a member of a sexual minority group and it is also reasonably anticipated that emotional distress could occur because they are experiencing loss and grief.

The authors provided examples from their interviews of useful counseling techniques, which they found to be helpful, given the participants were sharing sensitive, personal experiences in which they became distressed. These counseling techniques included paraphrasing, summarizing, empathy, unconditional positive regard, and genuineness, also known as the Rogerian framework (Rogers C. , 1995). Due to the nature of in-depth interviews, the process is

likely to cause participant distress and the authors argue that the use of counseling techniques within the research process is an effective means of responding. Coyle and Wright stress that interviewers do not need counseling training, but should know how and when to use these basic counseling techniques in order to ensure the safety of the participants. However, they noted that researchers should be aware of their limits, as it is vital to leave the participant with no support following distress associated with research procedures; this is unethical conduct and threatens the integrity of the research. The researcher's response to participant distress using this technique can be found in Appendix A.2.

4.5 DuBois et al. (2012)

A National Institute of Mental Health (NIMH) grant called for a meeting with mental health specialists to discuss ethical issues in mental health research and how to best overcome these. In June 2011, experts came together and discussed how the current protocols in place cause ethical problems. The standard protocols aim to protect IRB-defined 'vulnerable populations', but can exclude other vulnerable (oppressed) populations, such as those who experience inequities due to belonging to a socially marginalized minority group. These exclusionary protocols reinforce stigma, unjustly exclude these populations, contribute to systemic inequities, and ignore this populations' autonomy. The authors recommend (a) attempting to identify risks and management plans prior to research; (b) using evidence-based safeguards in order to leave out inherent biases and stigma or exclude populations; (c) using screening tools to assess participant risk levels regardless of capacity or diagnoses; and (d) collaborating with the study population on best research methods. The authors cite the problem of too few protections, placing vulnerable

participants at unnecessary risk, but do not go into detail on how researchers should manage risks if they arise.

4.6 Fletcher, F., Rice, W., Ingram, L., Fisher, C. (2019)

Fletcher and colleagues (2019) conducted a qualitative study with African American women living with HIV (WLWH) in the South. The researchers conducted in-depth interviews with 42 participants to explore the participant's lived experiences of being African American women and living with HIV, a highly stigmatized disease. The interviews were transcribed for further analysis in which themes of 'ethics' and 'risks' emerged. This population can be considered oppressed because they are impacted by health inequities due to stigmatized characteristics such as race/ethnicity, geography, health status, socioeconomic status, etc. The study can also be considered sensitive research as the women shared intimate information such as experiences with sexual violence, trauma, depression, isolation, stigma, and discrimination.

The authors extracted three cases/participant interviews to highlight specific ethical issues and risks that were identified during the research process. This took the form of a reflexivity framework, which they recommended in order to ensure ethical research practices. A reflexivity framework means the researchers reflect on issues that arose for both participants and researchers retrospectively, in order to build evidence-based ethical safety protocols and to become aware of the researcher's context within participant's responses. The authors also recommended collaborating with the study population to ensure culturally sensitive research methods while practicing flexibility (i.e., being flexible with research methods) as well, in order for participants to meaningfully share their lived experiences.

4.7 Flicker, S. & Guta, A. (2008)

Flicker and Guta (2008) used a case study of qualitative research with 1,200 youth participants ages 13-17 ("Toronto Teen Survey") regarding sexual health. Sexual health research can be considered sensitive research since participants are likely to share personal information that can potentially cause distress. Youth are considered vulnerable within the IRB definition, but the participants included in this research were not considered oppressed, as they did not specifically experience any known health disparities that marginalized them. Instead, the youth participants aimed to provide strategies for overcoming barriers in sensitive sexual health research with youth in general.

The authors recommended collaborating with the study population to ensure research methods and safety strategies are sensitive and relevant. They also recommended a flexibility framework in that methods and protocols can and should be altered over time and with different study populations. This means being flexible in altering methods and protocols in real time based on the participant's needs. Lastly, they highlighted the importance of using a vulnerability framework, meaning researchers should be aware and address population-specific vulnerabilities and risks. Although the authors did not present a protocol for protecting youth research participants from risk, they recommend the following:

- Work with and build on a project host's risk management policies and procedures, such as Planned Parenthood (PP) in this study.
- Hire a trained social worker to coordinate with during the research process.
- Require all research staff to undergo the host's (PP) training.

- Survey sessions all take place in youth-friendly places, with experienced staff available.

- Work with agencies that have a prior relationship with the youth participants so that staff familiar with participants are on hand to follow up or intervene should a youth become upset during a survey session.

4.8 Iltis et al. (2013)

Conducting mental health research is critical for better understanding the needs of people living with mental health issues, an oppressed group. The authors propose that IRBs do not always pay enough attention to risk management plans and either disapprove studies considered too high risk or approve studies with insufficient risk management plans; therefore, unfairly excluding oppressed individuals, or not providing sufficient protections to oppressed individuals in much needed research. Iltis et al. (2013) claim research studies can be considered 'high risk' due to the methodology; the study population being deemed high risk; or the study population's potential risky behavior, i.e., suicidality. In response to this problem, The National Institute of Mental Health (NIMH) funded a scientific meeting of experts to develop recommendations for identifying and managing risks in mental health research. To overcome these potentially ethical issues, the authors put forward protocol-like strategies for a risk management plan:

- Include detailed information on how different anticipated risks will be managed;

- How safety will be monitored;

- What will happen when a participant drops out of a study;

- The roles and responsibilities of different members of the study team with respect to risk management;

- How the effectiveness of the risk management plan will be evaluated during a study.

Despite this outline, the authors recognized knowledge is still lacking, including knowing how to develop and implement risk management strategies and how to train research staff to manage risk. To maintain ethical research, investigators must identify and manage risks to their participants throughout the entirety of the research process.

4.9 Iltis, A., Wall, A., Lesandrini, J., Rangel, E., Chibnall, J. (2009)

The authors collected and reviewed letters of determination issued by the Office of Human Research Protections (OHRP) regarding vulnerability and protections of individuals to assess the guidance that was provided. The OHRP is governed by The Common Rule (CR) which requires specific protections for vulnerable groups including pregnant women, fetuses, neonates (subpart B), prisoners (subpart C), and children (subpart D). For their study, the authors expanded the 'vulnerability' term by addressing subject-based vulnerabilities to determine the extent to which the OHRP provided protective guidelines to those who are not covered by subparts, B, C, or D. Subject-based vulnerabilities include cognitive, social, institutional, medical, and economic vulnerabilities.

A total of 402 cases were reviewed, with 1,436 failures cited by OHRP, 634 suggested improvements, and 81 redactions. Failures indicate that the OHRP deemed investigators did not have adequate protections for vulnerable participants in place. Of the 1,436 failures, 60 (4.2%)

addressed subject-based vulnerabilities. Of those 60, 47 (78.3%) were not covered by subparts B, C, or D. Of the 634 recommendations, 42 (6.6%) addressed subject-based vulnerabilities with 41 (97.6%) not covered by subparts B, C, or D (Iltis, Wall, Lesandrini, Rangel, Chibnall, 2009, p. 38). These findings suggest that participants who are considered oppressed are being included in research, but are likely not receiving adequate protections since they are not officially categorized as 'vulnerable' by the IRB.

The authors recommended using a vulnerability framework to better understand the specific population being studied, and for protocols to be in context of the type of vulnerability (i.e., subject-based). A vulnerability framework is focused on the aspects of persons and circumstances that can contribute to vulnerability (or oppression), rather than on membership in a population. This allows investigators to better understand individual participants and recognize differences in their potential risks. Similarly, they also called for an individualistic approach in order to not exclude a whole population based on stigma or discrimination.

Due to lack of regulatory guidance and enforcement, investigators should develop and implement practices informed by research ethics literature that address potential participant and procedural vulnerabilities. Identification of all significant vulnerabilities and efforts to reduce them requires more extensive research.

4.10 James, T. & Platzer, H. (1999)

James and Platzer (1999) conducted interviews and focus groups with "lesbians and gay men" (please note that this is James and Platzer's language, and not this author's recommended 'person-first language', i.e., individuals who identify as lesbian or gay) to better understand their

experiences of health care. Before conducting research with this socially marginalized group of people, the investigators reviewed literature on management of the ethical and emotional dimensions of conducting sensitive research. This research can be considered sensitive due to this group's higher risk of health disparities, who therefore may be more likely to recount upsetting experiences while discussing their health care. James and Platzer found that the literature regarding culturally sensitive health care or research with lesbians and gay men was absent or simplified. Additionally, they observed that ethical guidelines never made reference to lesbians and gay men specifically, which are groups that require careful thought in order to not cause further oppression or harm through negative stereotyping or misrepresentation during the research process.

Through their interviews and focus groups, they found that this group of lesbians and gay men were at risk of re-traumatization as a result of researchers' ignorance, lack of understanding, and an inability to reflect on the participants' values and beliefs. The lack of ethical and emotional guidance during sensitive topic research with vulnerable groups left participants unsafe, distressed, and powerless. The authors noted feeling unprepared to support and provide information and advice to the distressed participant during the emotionally charged interview.

After the researchers' experiences interviewing lesbians and gay men, they recognized the need for ethical accountability for researchers, ethics committees, and practitioners. They also highlighted the need for careful consideration of the design, conduct, and impact of the research on oppressed groups before and after fieldwork. However, they also noted the moral obligation to represent the experiences of the 'hidden' and marginalized population without further misrepresenting and negatively stereotyping them.

4.11 Langford (2000)

Langford (2000) reflected on his past study of women's experiences of interpersonal violence (IPV) and their perceptions of danger. This group can be considered oppressed due to their forced marginalization from society by their abusive partners, or their fear of speaking out and having their voices unheard. Additionally, since this group of women discussed personal details about their traumatic experiences, this research can also be defined as sensitive. In his study, Langford used a safety protocol specific to women who have experienced IPV, which was provided in the paper and included procedures for contacting participants, conducting interviews, and maintaining confidentiality. Langford's example of a safety protocol can be found in Appendix A.3.

Qualitative research with oppressed populations who share sensitive data, such as women who experience IPV, require the safety needs of participants being considered prior to fieldwork and research. The author stressed that standard protocols and protections may further harm research participants by not being population-specific and should be continuously reevaluated and flexible. Guidelines for safely conducting research throughout the entire process should be part of any safety protocol.

4.12 Rogers, J. & Kelly, U. (2011)

The purpose of this research by Rogers and Kelly (2011) was to explore current ethical approaches to health disparities research and provide suggestions for research with social justice considerations. This social justice lens aims to bring attention to how adverse social factors

negatively impact the health of oppressed groups, with the health problems affecting these groups often being stigmatized and stereotyped.

The authors identified different approaches and frameworks to qualitative and quantitative research with oppressed groups. They concluded that the best framework is feminist intersectionality, which is a combination of the two concepts. The idea of intersectionality is that multiple aspects of a person's identity (i.e., race/ethnicity, class, gender, sexuality) are interconnected and can lead to inequality and marginalization, consequently affecting their health. The idea of feminist ethics builds on the idea that women are not subordinate to men and revolves around social justice, which is based on the idea that health is a basic human right and is focused on deciding which health problems and populations are considered research priorities. The framework would encourage researchers to consider participants within their social context and aim to eliminate social structures that exacerbate health inequities.

The current biomedical approach violates the ethical standard of justice when societal inequities are not considered and consequently contributes to oppression and vulnerability. In view of the intersectional approach, Rogers and Kelly developed points for researchers to consider before the research process. Some of the questions include:

- Purpose of research: will the information generated contribute to the achievement of social justice for a particular oppressed group?

- Purpose of research: will the group's participation in the study facilitate fair and just representation of the problem from their perspective?

- Research Design: is there adequate representation of the individual's interpretation of the health problem and potential solutions?

- Research Design: does the sample represent people who experience the extreme of a problem?

- Interpretation: is the researcher's interpretation consistent with the participants' experiences?

The article was heavily focused on the social justice aspect of research and did not include a specific safety protocol but emphasized an intersectionality lens for researchers to consider when working with oppressed populations to bring awareness of each person's social context.

4.13 Sharkey et al. (2011)

Sharkey and colleagues (2011) conducted Internet research with young people aged 16-25 who self-harm (YPSH) and with health care professionals. The YPSH participants can be considered oppressed as they are people living with a mental health problem, who are likely to be excluded from important research due to their increased risk (i.e., risk of self-harm and/or suicidality) as well as stigma related to their challenges, which limits the inclusion of their narratives and needs in the literature. The study, also known as 'SharpTalk', created an online discussion forum to observe participants' behaviors. Discussion topics were random and discussion forums were recorded for further analysis.

This paper focused on the ethical issues the research team encountered regarding anonymity, safety and consent, and their solutions. They summarized their solutions, which can be found in Appendix A.4. As part of the 'safety' solutions, they mentioned a risk management protocol for moderators and researchers, but did not define what that entailed.

The authors recommended two approaches: 'ethics as process' and 'justice-as-care'. The former emphasizes that ethical considerations should be in context to the participant's perspective and lived experiences; the latter emphasizes that it is the researcher's moral obligation to alleviate risks to participants during the research process. They also noted the usefulness of a vulnerability framework and collaborating with participants to identify risks and risk management strategies during the research process, which they all (research team, youth, and health care professionals) found to be beneficial.

4.14 Siriwardhana, C., Adikari, A., Jayaweera, K., Sumathipala, A. (2013)

The authors conducted a cross-sectional study with in-depth interviews to measure the prevalence of mental health disorders in a population of Muslims who were internally displaced in Sri Lanka due to conflict. This paper highlighted the ethical issues that arose during the Common Mental Disorders and Resilience Among Internally Displaced (COMRAID) study's ethical review process and how they were addressed by the research team. Immigrants, refugees, and internally displaced persons (IDPs) can be considered oppressed due to their not having a wider platform to effectively voice their views, opinions, or needs. They are also vulnerable to risk/harm during the research process because of their traumatic experiences and discussing such a sensitive topic may cause distress in participants.

The researchers encountered various ethical issues during all phases of the research, including those related to autonomy, non-maleficence, beneficence, confidentiality, and informed consent. The authors presented their solutions, which can be found in Appendix A.5. Overall, Siriwardhana and colleagues (2013) claimed ethical guidelines on IDP research risk management

were lacking, which can lead to unethical research being conducted. Ethics review committees also lacked understanding which translated into unnecessary hindrance to the research or inappropriate recommendations. To overcome these issues, the authors urged for capacity building among ethics committees and researchers to better understand population-specific needs and therefore population-specific safety protocols.

4.15 Smith, L. (2007)

Smith (2007) explored the ethical issues that arose in a study working with oppressed/marginalized populations in health research. The study was an evaluation of a newly implemented service, a specialist health visitor for postnatal support in women who use drugs, which conducted in-depth interviews with nine participants. Women who use drugs can be considered an oppressed population as they are marginalized by society due to their drug-use and are more likely to have health problems that are negatively stereotyped, thereby contributing to health disparities. The author primarily discussed ethical issues with sampling, recruitment, and consent, but did not delve into data collection issues or strategies.

Smith (2007) argues that standard guidelines are more harmful as they unjustly exclude populations and are not population-specific. Although the author did not provide a safety protocol or risk management strategies, she recommended an ethical framework, which would consider marginalized population-specific research methods. This would also include the concept of 'responsible advocacy' which means a professional would guide the participant throughout the research process to ensure they have capacity to give consent, they understand the research and

what is being asked of them, and understand they can opt-out at any time. This means not employing 'paternalism' and avoiding exclusion and discrimination of oppressed groups.

5.0 Discussion

5.1 General Findings

The objective of this literature review was to synthesize the results of the literature on ethical safety protocols for qualitative researchers who are working with vulnerable and oppressed populations or conducting sensitive research (i.e., interviews and bereaved individuals). However, this author observed a lack of use of the term "oppressed" in the field, instead of "vulnerable", to describe socially stigmatized and marginalized groups. This label of vulnerability is inequitable, as oppressed groups have full capacity to make decisions for themselves, but are unjustly excluded from research or not adequately protected from research risks because of this.

Of the articles reviewed, only three provided safety protocols or risk management plans: Butler, Copnell and Hall (2019), Iltis et al. (2013), and Langford (2000). All articles and authors acknowledged research involving oppressed groups has the potential to harm them through sensitive qualitative research processes. They noted it is the researcher's obligation to identify how and when the research methods might harm participants and to implement safety and risk management plans. Butler, Copnell and Hall (2019) discussed managing risks during initial contact, risk management when obtaining consent, managing emotional distress in participants during data collection, risk management in the researcher-participant relationship, and managing confidentiality when publishing results. Iltis and colleagues (2013) outlined strategies for identifying, communicating, and managing risks during all parts of the research process. Langford (2000) provided an example of a safety protocol that included detailed safety procedures for contacting participants, conducting interviews, and maintaining confidentiality. Some of the other

authors included in this review highlighted the need for investigators to protect oppressed participants during the research process, but had no safety protocols in place, while others did not even mention the importance of this issue.

The lack of evidence-based safety protocols or risk management plans provided in the literature is cause for concern. It is the obligation of researchers to work with vulnerable and oppressed groups to better understand their specific health problems and overall life experiences, but they are at increased risk for harm during this research. It is also the obligation of the researcher to identify where distress may arise during the research process and develop and implement appropriate plans to ensure the participants' safety and well-being. More safety protocols or risk managements plans need to be a part of research protocols and provided in the literature for others to implement or adapt to meet the needs of specific groups.

While eight articles did not discuss training researchers for risk management, five articles did include general researcher training in their recommendation, although specific details were not provided. Coyle and Wright (1996), and Butler, Copnell and Hall (2019) claimed that counseling skills, that should be used during in-depth interviews, can be developed through workshops. These counseling skills, such as empathetic listening, can teach interviewers how to remain with the participant in their distress and foster rapport between interviewer and interviewee. However, they did not delve deeper into how these skills should be obtained or the potential risks to training people who are not clinicians or counselors to use these counseling techniques. Flicker and Guta (2008), Sharkey et al. (2011), and Chiumento, Khan, Rahman and Frith (2016) recommended research training of all research staff, but did not include specific training requirements. However, Iltis et al. (2013) mentioned the need to plan for continuous staff training for managing risks and distressing situations using role-play (p. 1372). Siriwardhana and colleagues (2013) trained their

research team through a World Health Organization bioethics expert on ethics, confidentiality, mental health issues and identifying mental health problems in the field. The absence of evidence-based training programs is apparent in this literature review. Without this training, qualitative health researchers may not be equipped to handle emotional dilemmas or risks to participants that may arise during the conduct of research.

There were various frameworks and concepts used and/or recommended in the literature described in this review. For example, Chiumento and colleagues (2016) suggested researchers' practice "empirical evidence reflection" to reflect on the research experience and induce thoughtful considerations on ethical decisions related to research conduct. Similarly, Fletcher and colleagues (2019) recommended the reflexivity framework to document investigator interactions and decision-making processes. Both Flicker and Guta (2008), and Iltis, Wall, Lesandrini, Rangel and Chibnall (2009) recommended the vulnerability framework, which would require investigators to address potential participant and study context vulnerabilities and their efforts to reduce those vulnerabilities. By following this framework, investigators would be attending to the health and well-being of the participant during the research process. Similar in idea, Rogers and Kelly (2011) urged for an intersectional approach to bring focus and awareness of each participant's social context into research. They believe this shift could strip health problems of their inequities and empower those who are historically marginalized. Another approach is the "ethics-as-process" approach, which Sharkey and colleagues (2011) used. This includes being aware of the participant's emotional, social, and physical perspective throughout the research process. All previously mentioned frameworks are unique, which highlights the lack of consistency in approaches to ethical and safe qualitative health research with oppressed populations.

5.2 Public Health Significance

In consideration of the results from this literature review, it is apparent there is a lack of widely accepted, key ethical and safety components that researchers should consider in the development of safety protocols tailored to their study and population of focus. This author also suggests that there is a lack of *expectations* to develop population-specific safety protocols, by both IRBs and research teams. There is also a clear gap in the literature in that there is little discussion of the potential of research participants to be re-traumatized when discussing sensitive topics, and how to best identify and manage these risks.

5.3 Recommendations

Since there is a lack of safety protocols in studies with oppressed populations, researchers need to focus on this area for their future work. This will be beneficial so that research participants who engage in qualitative research are protected before, during, and after their participation in the research. Although majority of the literature reviewed mentions the need for such safety protocols, there are few outlines, examples, or substantial evidence-based results found in the literature. To address the need for developing and implementing safety protocols during qualitative research with oppressed participants and sensitive topics, the author makes the following recommendations:

1. Have IRBs require all research protocols to include supplementary safety protocols in the chance that participants become distressed at any point. Safety protocols should be developed specifically for the target population, and be as detailed as

possible, for all parts of the research process (initial contact, obtaining consent, data collection, and publishing results).

2. Require qualitative research training for all research staff engaged in this method of inquiry, which includes: principles of bioethics, specifically pertaining to oppressed participants as well as information about how to identify areas in research that may present risks to the participant and developing procedures for mitigating all identifiable risks; how to identify distress, discomfort or changes in well-being of the participant; and how to help a distressed participant.

3. Issue a call to the field urging research teams to reflect on and publish sensitive research experiences, ethical issues that arise during research, and successful or unsuccessful interventions in order to build a more robust body of literature on this topic.

4. Train investigators to use and implement counseling techniques, such as the Rogerian approach, to the qualitative research interviews; advisory boards to better understand the local context in order for the research team to develop appropriate protocols; and responsible advocacy approaches or 'gatekeepers' to help and guide participants during the research process.

5. Increase the capacity of ethics review committees regarding oppressed groups, in order to: increase participation of oppressed groups in research by not unfairly excluding them due to perceived risk; and not cause further harm during the research process.

5.4 Limitations

There are several limitations to this review. First, only one person screened for articles. This can introduce bias into the literature synthesis and selection process, limiting results of articles. Second, a limitation of this review is the absence of specific oppressed or vulnerable populations and sensitive research topics in the Boolean search. This may have limited the number of applicable articles synthesized. This review is also limited in that it only includes publications in two databases and may be missing important or relevant articles on this topic.

Despite the limitations of this review, this author contextualizes the general lack of risk management expectations and published safety protocols when working with vulnerable or oppressed populations with research topics that may lead to increased risk and distress of participants.

6.0 Conclusion

The reduction of health disparities necessitates the inclusion of oppressed groups of people in research to better understand their health and experiences. When conducting qualitative research with these populations, sensitive topics may arise and cause distress for participants or potential for harm. It is the duty of the researcher to prevent harm to study participants or safely manage these risks.

Current literature on qualitative research with oppressed populations regarding sensitive topics shows that traditional guidelines are lacking and that acknowledgement of effects of re-telling potentially traumatic experiences is needed. While the author only found 15 articles related to this topic, this paper reveals that while some researchers have developed and implemented safety protocols or risk management plans, many others have not. This puts oppressed research participants at an increased risk of experiencing trauma when sharing emotionally distressing data, often with no clear plans for support in place.

In conclusion, while research with oppressed populations grows, the need remains for safety protocols for proper and ethical protection during the entire research process. However, further research is needed to determine the best methods of developing and implementing these safety protocols.

Appendix A Additional Tables

Appendix A.1

Appendix Table 1 Empirical Ethical Reflection Model (Chiumento, Khan, Rahman, & Frith, 2016, p. 27)

	Pre-research planning	**During research conduct**
Activity	Ethical reflection upon proposed study	Documentation of researcher experiences
Aim	To unmask and plan for in-practice management of potential ethical issues	To consider in-practice management of ethical issues against procedural statements outline in research protocol
Reflection	Researcher training	Additional researcher training, deviation from protocol

Appendix A.2

Appendix Table 2 Counseling Skills (Coyle & Wright, 1996, p. 433)

Counseling Attribute	**Definition**	**Potential Interviewee Reaction**	**Interviewer Reaction with Counseling Skills**
Paraphrasing	Restating the interviewee's response with different words.	Express emotional distress.	Respond with acceptance and empathy by remaining with the interviewee in their distress rather than seeking to minimize or inhibit its expression. Interviewer can also move to less sensitive topic on the interview schedule. The
Summarizing	Giving a brief statement of the interviewee's main points.		
Empathy	Capacity of interviewer to place themselves in interviewee's position.		

Unconditional Positive Regard	Basic acceptance and support of the interviewee, regardless of what they share.		interviewer could then encourage the person to elaborate the thoughts and feelings associated with their distress. This process can help to strip those events of their power to threaten and/or help them understand their experiences more.
Genuineness	Being authentic with the interviewee.		

Appendix A.3

Appendix Table 3 Example Safety Protocol for Women Experiencing IPV (Langford, 2000, p. 136)

	Procedures
Participant conduct	• Participants interested in joining study are asked to leave a telephone number and time when it was safe to return their calls • Participants should only attend 1 interview to reduce risk of discovery
Interviews	• Investigators should define the conditions under which the researcher should end or terminate the interview • Investigators should consider the ability to summon help or leave the site prior to the interview • Investigator should not leave the interview site with any of the participants • Interviews should be held in public places • Interviews should not exceed 2 hours • Interviews should take place in small groups to provide a sense of security for women meeting with a male investigator
Confidentiality	• Consent form should be an unsigned information page and read to the participants at the beginning of the interview • Cash should be given to each participant so that no social security numbers or checks can be traced to the participant • Participants will be informed prior to the beginning of the interview of the investigator's duty to report child abuse

Appendix A.4

Appendix Table 4 Solutions to Ethical Issues in Self-Harm Study (Sharkey et al., 2011, p. 756)

Ethical Issues	Solutions
Anonymity	• Acknowledge the lived experiences and expectations of the participants • Balance safety considerations and risk of needed research not being carried out • Clearly display discussion forum ground rules • Provide direct confidential contact with named researcher from research team • Clearly display online support links • Provide a private messaging facility observable by research team
Safety	• Provide appropriate moderator • Risk management protocol for moderators and researchers • Provide report button for participants to report online abuse/concerns to moderators • Provide private messaging facility • Provide a support page, including a distraction page and web links to other sources of support • Provide direct email contact with named researcher
Verification and Consent-Taking	• Practice phased consent-taking to give time and increase understanding • Provide opportunities for participants to discuss principles and boundaries of ethics particular to the study procedures

Appendix A.5

Appendix Table 5 Solutions to Ethical Issues in IDP Research (Siriwardhana, Adikari, Jayaweera, & Sumathipala, 2013, pp. 4-5)

Ethical Issues	Solutions
Autonomy	The research team was required to assess the characteristics of the IDPs, their experience of displacement due to conflict, duration of the displacement and their relationships with the various stakeholders in charge of serving them to then take steps to minimize coercion and maximize autonomy

Non-maleficence and beneficence	To minimize re-traumatization in the quantitative part of the study, the research team removed sections of extreme sensitiveness. For the qualitative part of the study, they reduced the duration of the interview process, and changed the study design to one-on-one interviews instead of focus groups
Confidentiality	To ensure maximum confidentiality, researchers were trained on gathering information and was enforced through a supervision process. They also included a medically-qualified investigator to minimize disturbance.
Informed consent	To better understand ethics involved in research, researchers were trained by a World Health Organization (WHO) certified expert in bioethics. The researchers were also trained on mental health, mental disorders, and identifying mental illness in the community.

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