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Ethical Considerations for Social Work Research With Vulnerable Children and Their Families

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Abstract

The aim of this article is to impose solutions to the ethical dilemmas that derive from social work research involving vulnerable children. The main concern is how to balance the protection of children while progressing their participation. Several substitute mechanisms were put in place for protecting underage children. In particular, children were informed explicitly that participation was voluntary, they could pull out without risk of sanction, and their anonymity and confidentiality was guaranteed. However, anonymity did not prevent reporting the child abuse cases in line with the referral mechanism established for the current study. The MacArthur competence assessment tool for clinical research was used for measuring children's competence to consent to research study. Only children with competence participated. Finally, the study highlighted the critical importance of providing research with vulnerable children considering the best interests of children in the absence of parental care.

Keywords

informed consent, Macarthur competence assessment tool, ethical research involving children, Georgia, street-connected youth

Child Welfare Reforms in Georgia

Georgia is located at the crossroads of Western Asia and Eastern Europe. The population of the country is about 3.7 million, around 300,000 of which have been internally displaced due to the occupation of 20% of the Georgian territories. After its collapse in 1991, individual countries of the Soviet Union moved from having a tradition of "no social problems" toward facing major social and economic challenges (International Federation of Social Workers, 2014). These macro-level "large scale ecological changes" from a communist utopian social economic system to a market-oriented one and from collectivist responsibility toward individual responsibility instigated changes at meso- and microlevels (Ashley et al., 2017). Georgia engaged in diverse reform initiatives, many of which were related to child welfare system (Partskhalaladze et al., 2020.)

From 2009 to 2013, Georgia's focal targets of child welfare reforms were children in childcare institutions, victims of domestic violence, children living in the families in severe socioeconomic situation. The reform counts numerous accomplishments for child well-being such as deinstitutionalization of children from large-size care institutions, development of alternative out-of-home care services, legislation supporting establishment of various forms of alternative care services, Child Care Standards, the Government Child Welfare Action Plans, Child Protection Referral System, well-operational Child Care and Guardianship Councils, Social Work Professional Supervision and Performance Appraisal Systems, Child Care Service Monitoring and Inspection System, annually increased amount of social workers in the system, and so on (Namitcheishvili & Sadzaglishvili, 2014; Shatberashvili et al., 2012). The new wave of reforms was related to street-connected children who are estimated to be about 1,600 (Wargan & Dershem, 2009).

On September 12, 2016, the Government of Georgia (GoG) approved a New Child Protection Referral Mechanism, which has extended the list of responsible entities to refer the child violence cases. In particular, all governmental institutions and their structural units, public law legal entities subordinate to government agencies, kindergartens, general educational institutions, sports and arts schools, medical service providers of all kinds, including community physicians, as well as local municipalities have a duty to refer the possible cases of child violence to both the Social Service Agency and the police. The failure to report such cases to the relevant state bodies by persons involved in the child referral mechanism will invoke administrative liability.

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Under the Ministry of Labor, Health and Social Affairs (MoLHSA), there is a psychosocial rehabilitation and reintegration subprogram for children working and/or living in the streets (so called "miusapari bavshvi") below 18 years of age. The subprogram includes three activities:

(1) Mobile teams react on referrals, visiting reported locations. Authorized social workers from the Social Service Agency coordinate the work of the mobile teams.
(2) Day care services provide different services such as food, individual care, and medical and psychological support, in addition to trying to maintain links with biological families.
(3) Twenty-four-hour shelters include night stays and an additional meal in addition to the services offered by the day care centers.

Furthermore, in order to identify children working and/or living in the streets ("miusapari bavshvi"), mobile groups (there are only four mobile teams in Georgia) work in Tbilisi, Kutaisi, and Rustavi and are comprised of social worker, psychologist, peer educator, driver, or logistics officer. Mobile teams conduct the mapping and identify most populated and visited places of street-connected children to provide outreach service for them. If a child obeys, the mobile team senior social worker becomes authorized to assess them with the special assessment tool. After a child is identified and assessed, the child can be enrolled by an authorized State Senior Social Worker at the appropriate service (5-day care centers and five transitional/24-hr centers). Social service provider organizations (nonprofit organizations) World Vision–Georgia, Caritas Georgia, and "Child and Environment" provide services in day care centers and 24-hr shelters. They also contribute to the mobile team service. MoLHSA contributes financially to these services, but in order to provide proper quality, the organizations must contribute about the same amount as the state.

Starting from 2013, the state senior social workers have reached about 856 children living or working in the streets in two cities, Tbilisi and Kutaisi. In total, 182 children have been enrolled in various services of subprogram (day care; 24-hr services). Social service organizations have developed to meet the complex needs of street-connected youth, many of whom are vulnerable to social, economic, and sexual exploitation and abuse.

Furthermore, a program for out-of-school children is supported by the Ministry of Education and Science, with the aim of providing "second chance education" to dropouts, linking day care services with the conventional schools. This transitional educational program provides teachers and school principals with training and provides former street-connected children with life skills training in order to enable learning (United Nations Children's Fund [UNICEF], 2018).

Street-Connected Children in Georgia

Street-connected children and youth defined hereby as young people aged 10–19 years old who spend most of their time living and/or working on the streets (Sadzaglishvili, 2018).

In 2007, the first systematic study of street-connected children in Georgia revealed that among numerous factors that are causing children to work and live on the streets are their family's economic problems (poverty, homelessness, etc.), change in the family setup, family relocation, alcoholism and violence at home, health problems in the family, insufficient social protection system in the child' surrounding, social isolation of street children's families, lack of schooling, lack of services needed for children who leave the state care, and so on (Wargan & Dershem, 2009).

Since 2007, a rise in the number of seasonal migrant street children from Azerbaijan, identified as Azerbaijani Kurds by care workers is observed (UNICEF, 2018). In a seminal UNICEF (2018) report on street-connected youth in Georgia, four different sub-categories according to parental accompaniment and contact, are identified such as (1) homeless children and youth (of the street); (2) unaccompanied children in the street, sleeping at home; (3) street children of mobile street families; and (4) children of homeless families.

Homeless children and youth are not accompanied by adults while in the street, and they do not get any protective care from parents; however, they may stay in touch with parents on occasion. *Unaccompanied children in the street* spend most of their daytime hours working and engaging in economic activities in the street. They are not accompanied by adults. But they have caregivers/parents who provide them with food and/or resources on a regular basis. This sub-category of children contributes with their own income to the family. *Street children of mobile street families* as well as *Children of homeless families* accompany or are accompanied by adults who are also street workers. The difference between these sub-categories is that *street children of mobile street families* do not sleep in the streets and they return to their slums/homes while *children of homeless families* do not return to a home at night. In fact, among the street-connected children/youth who have regular contacts with their parents and relatives, there is an overrepresentation of Roma and Azerbaijani Kurds. Networks by ethnical minorities can be characterized as "closely knit family structures" of "very closed community in which almost all members are relatives and very often live in one neighborhood" (UNICEF, 2018).

Street-connected children and youth are at particularly high risk of HIV due to the social and economic behaviors they adopt in order to survive on the streets. For example, studies have found that street-connected children and youth, which include runaway, homeless, and throwaway youth, engage in high rates of alcohol and other drug use, including injection drugs. Because clean needles are often unavailable, many youth share needles while injecting drugs, exposing them to HIV and hepatitis. In addition, studies have documented that many street-connected youth initiate sex at an early age and report high rates of condomless sex and a multiple sexual partners, in part owing to having to trade sex for money, drugs, or shelter and are victims of sexual violence (Ennett et al., 1999; Kennedy et al., 2012; Martino et al., 2011; Milburn et al., 2009; Rice & Milburn, 2005; Ryan et al., 2009; Salomonsen-Sautel

et al., 2008; Sadzaglishvili et al., 2021; Tyler, 2011; Tyler, 2008; Wenzel, et al., 2012).

Most of the youth/children are victims of violence by family members. Girls are more likely to be sexually abused than boys by family members, mostly by stepfathers (Sadzaglishvili et al., 2021). These children ran away from their homes and involved in street activities and sleep in the streets or shelters. Children who are sexually abused become involved in sexual commercial activities (Sadzaglishvili et al., 2021). Mostly ethnic minority children are involved in forced labor activities/job trafficking by parents who treat their children as important economic agents/breadwinners for their families and control their children's income regularly. On the other hand, these children have their sense of obligation to parents and siblings, and it continues for long time. Another critical issue is arranged child marriages among ethnic minority groups. It is mandatory for them to marry and have children and beg in the streets with children to make more money. Their communities do not consider child marriages as criminal activity and violation of child's rights. In general, majority of street-connected youth/children have experienced emotional and physical abuse from their parents and relatives (Sadzaglishvili et al., 2021).

Ethical Documents for Social Work Researchers of Vulnerable Children and Their Families

Human subjects' research is based on basic ethical principles of respect for persons, beneficence, and justice. The following section provides the basic guidance for the researchers who are involved in studies with children.

The Consortium for Street Children document "The Human Rights of Street and Working Children," which is a practical manual for implementing the UNICEF's Convention, added some important yet unwritten rights for children outside society and "normal" childhood (Panter-Brick, 2002). These include "the right for street children not be labeled, to be correctly researched and counted, to work and have their own support systems respected, the rights to privacy and respect for their individuality (including sexuality), and the right to be protected from exploitation by the media, activists, or fundraisers through an exaggeration of children's weaknesses and vulnerability" (Panter-Brick, 2002, p. 155). Thus the emphasis moved significantly from highlighting the needs of vulnerable children to defending their rights as citizens. Another significant shift of emphasis, grounded in the UN Convention, was "to recognize that promoting the best interests of children is not just a matter of protecting and providing for them, but of listening to them and fostering child participation" (Ennew, 2000, p. 176). The right of participation recognizes that children have agency and manifest social competency, which requires new ethics of a program for research or intervention toward necessary consultations with children and their participation. These child-centered approaches include participation of the children themselves in the research process, not just as informants but as researchers; conducting interviews; taking photographs, or shooting videos of their world and of one another.

The Ethical Research Involving Children (ERIC) document was developed in active participation of child and youth research experts. ERIC is a useful tool for research ethics committees engaged in the process of reviewing and approving projects submitted by researchers who provide research involving children. This document supports the rights and well-being of children and calls for quality research justified by ethical reasoning (Graham et al., 2013). As ERIC document states, "there are no easy answers or ready solutions to the complex issue of ethical research involving children (Graham et al., 2013, p. 5). Therefore, while discussing the complex ethical issues, it is important to consider the attitudes, values, beliefs, and assumptions of all involved stakeholders that ultimately shape the research experience much more than any checklists.

Several core ethical principles, such as respect, benefit, and justice, are broadly agreed and accepted in research involving children documents, where special attention is given to ethical issues such as harms and benefits, informed consent, privacy, confidentiality, and payment. Researcher responsibility in assessing harm and risks has an added dimension when the children involved are unaccompanied, orphaned, or separated from family (Schenk &Williamson, 2005). According to the traditional concept, minors are not allowed to participate in research study without parental consent. In other words, children's consent (assent) must always be sought, alongside parental consent, and any other requirements that are necessary for the research to proceed ethically. However, various jurisdictions authorize minors to consent to certain types of research and treatment. It depends on the extent of the child's ability to understand the issues involved and to exercise sufficient judgment (Apressyan et al., 2016). In particular, the usual requirement for parental consent is challenged when the children involved are unaccompanied, orphaned, or separated from family (Schenk & Williamson, 2005). Harm can be minimized by referral to support services. Some ethics guidance suggests that unaccompanied children, in contexts such as humanitarian emergencies, should only participate in research if it is of direct benefit to them (World Health Organization, 2007, 2011). Defining, assessing, and minimizing potential harm to children from research involvement is a difficult task as harm as well as potential benefits may be invisible and elusive, subjectively defined, and complicated by differing viewpoints and short- and long-term outcomes (Alderson & Morrow, 2011).

A best outcome, consequentialist approach can be applied to assessing and reducing harm and promoting benefits. In this approach, actions are considered right or wrong depending on the nature of their consequences (Gallagher, 2009). The right actions are those that result in the greatest overall good for the greatest number of people. An additional factor assessed is the harm that may occur if the research is not done at all. However, a challenge arises using this approach in the potential conflict between the "greatest good for the greatest number" and the consequences for individual children participating in the research (Graham et al., 2013)

From the rights-based perspective, the general principle is to follow the best interests of the child (United Nations Committee on the Rights of the Child, 2012, Article 3.1) and protection from all forms of violence (Article 19), the researchers have a responsibility to ensure that no harm is done to individual children participating in the research, as well as attending to the long-term and/or larger good for children as social groups.

In particular, it may be inappropriate or impossible to seek parental consent, for example, when children are "runaways" and homeless (Meade & Slesnick, 2002), living on the streets (Richter et al., 2007; Vakaoti, 2009), or emancipated minors (King & Kramer, 2008). This is particularly relevant when the children being sought for the research are older, for example, young people over 15 years of age.

Some researchers also argue that it is not appropriate to ask for parental consent while studying sensitive research topics that require confidentiality and privacy for the protection of the young people participating, for example, in studies concerning sexuality (Valentine et al., 2001) or drug use (Langhinrichsen-Rohling et al., 2006). Gaining consent poses particular challenges when seeking to engage hidden populations of young people to participate in research. Other cases are street-connected youth who stay without parents or do stay in regular contact with them but are victims of different forms of violence. Many street-connected children work for parents or older relatives in patron-client-like arrangements. Parents/relatives may therefore fill the roles of employers more than caretakers to the younger children. When informing children about the study, therefore, involvement of other caretakers to obtain consent must therefore be weighed against potential negative consequences for children (Graham et al., 2013).

Children must also be informed explicitly that participation is voluntary and that they can pull out without risk of sanction. In addition, it is reasonable to expect that the capacity of some of the children to give informed consent is lacking or impaired. It is likely as some of the affected children are substance abusers (Wargan & Dershem, 2009).

The MacArthur competence assessment tool for clinical research (MacCAT-CR) can be used for measuring children's competence to consent to clinical research. This instrument demonstrated strong psychometric properties (Hein et al., 2014). This instrument provides a child with information about the research, its risks and benefits, as well as other possible treatments and their probable consequences. During this process, this instrument prompts the researcher to ask questions that assess the respondents' understanding, appreciation, and reasoning regarding treatment decisions.

A Need for Urgent Research for Street-Connected Children in Georgia

The fact that hundreds of poor and socially excluded children are on the streets in Georgia requires an integrated and coordinated social intervention approach to address the complexity of child, family, and community-related factors that push children in Georgia to the streets or keeps them there. There are some interventions and activities undertaken by the government, local, and donor organizations. However, the health of the children and young people who live and/or work on the streets are not the primary focus of these programs.

Children who live and work on the streets are at high risk of becoming involved in teenage sexual prostitution, toxic and other forms of substance abuse that increases their vulnerability to HIV/AIDS. The main focus should be on research-based studies to develop innovative effective interventions to prevent young people embarking on substance abuse and other high-risk behaviors.

Ilia State University, Research Center for Advancing Science in Social Services and Interventions conducted research study "HIV prevention among street-connected youth" (2007–2020) that was funded by the Shota Rustaveli National Science Foundation of Georgia (FR 17_31). This article aims to introduce solutions to the challenges that are raised by conducting ethical research on the most vulnerable populations of street-connected youth aged 10–19.

The Aims of the Study for Street-Connected Children/Youth

The study conducted by the Research Center for Advancing Science in Social Services and Interventions of Ilia State University recognized the urgent need to scale up effective HIV responses that are tailored to the unique needs of street-connected children/youth for the global HIV agenda and especially, the former Soviet Union Countries, where "street kids" are a new phenomena. The contexts in which street-connected youth live substantially increase their vulnerability to HIV/AIDS. Important to understanding this dynamic on the streets are the characteristics of the social networks of street-connected youth, which offer unique opportunities for risk and protection (Freedman et al., 1997). For example, while social networks are a means through which street-connected youth may access social support, tangible, and/or intangible resources, these same networks also transfer social strain, influence engagement in risky behaviors through the flow of information, social norms, and sanctions (Wasserman & Faust, 1994).

Our study is focused on four factors of street-connected youth's social networks: individual characteristics of street-connected youth (gender, age, sexual orientation, etc.), network composition (i.e., what the network is composed of, such as friend, family, and social worker and the percent of alters the respondent can talk to about certain health issues, and other ego-alter relations), network structure (such as relationships between the people in the personal network—i.e., the pattern or structure of those relationships; McCarty, 2002), and youth's social support/social capital (Lin, 2005). Social support and social network situate social interactions, which have the capacity to generate social capital, which can facilitate access to a range of resources (Coleman, 1988; Granovetter, 1983). Taken together, street-connected youth's social networks can impact their vulnerability to HIV and constitute the context in which they make decisions about engaging in health risk and

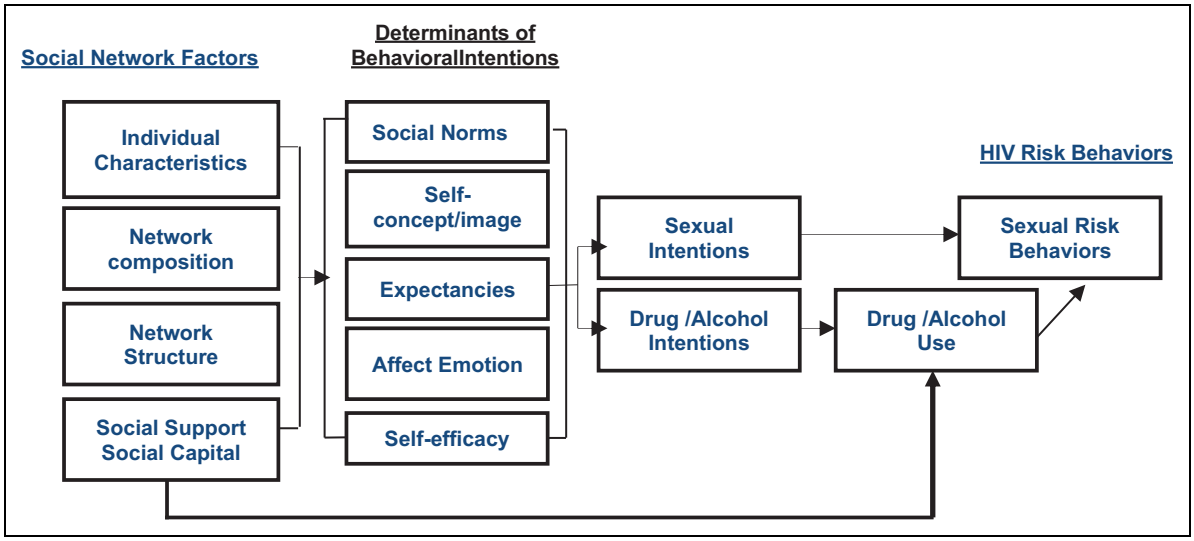

Figure 1. Social network factors, determinants of behavioral intentions, and HIV risk behaviors.

protective behaviors. Moreover, the proposed study also considered the Unified Theory of Behavior, according to which, there are five classes of variables that represent the immediate, social, and psychological determinants of behavioral intentions: (1) behavioral beliefs or expectancies, (2) normative beliefs, (3) self-concept/social images, (4) affect/emotions, and (5) self-efficacy (Fishbein et al., 2001). In fact, thousands of HIV prevention studies have affirmed the conceptual utility of these constructs, and each has a rich empirical and theoretical history in the social sciences (Ramos et al., 2011).

Thus, the present study examined street-connected youth's risk-taking behaviors and the social contextual factors that shape their sexual health outcomes by applying an integrated, multilevel framework to a population at great risk of HIV. This framework is novel as it combines individual-level and social network–level determinants of HIV risk behaviors. In doing so, it seeks to provide insights on how social network parameters along with individual decision-making processes impact well-established proximal determinants of HIV risk behavior (i.e., sexual intercourse, correct and consistent condom use, alcohol and drug use). Our conceptual framework relies on two theories that have strong empirical support: the Unified Theory of Behavior and Social Network Theory. In our study, we have integrated these constructs into a broader framework in order to explain HIV risk behaviors among street-connected children/youth (see Figure 1).

Ethical Considerations in the Study With Street-Connected Youth

The ethical research with street-connected youth considers issues balancing the protection of children while progressing their participation. Based on the core principles—respect, benefit, and justice highlighted by ethical research involving children—the present research elaborated methodological considerations for conducting ethical research for the most vulnerable children, street-connected children.

The proposed study was focused specifically on four research activities in Georgia, Tbilisi: (1) in-depth interviews with 22 adult experts, service providers for street-connected youth to identify locations where street-connected youth typically congregate in the community and to determine social network characteristics that may influence street-connected youth's sexual risk behaviors and substance abuse; (2) in-depth interviews with 80 street-connected youth aged 10–19 designed to determine the characteristics of their social networks, which are significantly associated with their HIV-related sexual, drug, and alcohol risk behaviors and to describe HIV risk behavior among street-connected youth in Tbilisi; (3) a cross-sectional survey of 300 street-connected youth living in Tbilisi, Rustavi, and Batumi, to identify social structural and individual-level determinants of HIV-related sexual, drug, and alcohol risk behaviors; (4) to provide HIV testing for all youth participating in the study.

For the purpose of the study, we adopted inclusive operational understanding of street youth as street-connected youth for whom the street is a reference point and has a central role in their lives and meets any of the following criteria: (1) 10–19 years old, (2) work daily on the streets, (3) live and beg daily in the streets alone or with family, and (4) self-identify as a "street youth" or a "street kid" due to spending the majority of time involved in activities associated with the "street" (begging, working on the streets daily, homeless or living on the street at least one time per month, attending school infrequently or not at all). The fourth criterion that was defined before study begun was dismissed later for the cross-sectional part, as our respondents did not identify themselves as "street kids." Equal numbers of female and male street-connected youth were selected in the study by using time and location sampling (Wargan & Dershem, 2009).

In order to obtain institutional review board approval, the research team formed a so-called advisory board from the main

stakeholders of representatives of UNICEF, World Vision, local NGOs, also the state governmental organizations. In close collaboration with the advisory board, it was decided to conduct the study without parental consent for children under 16. According to the law on patient's rights, children from 16 to 19 can participate in the research not asking permission from their parents; however, under 16 year old, participation in the study as a teaching subject is not allowed without parental/or guardian's permission.

Following the ERIC procedures, we considered that it was inappropriate to obtain parental consents for under 16 years old street-connected children to meet the best interest of the individual child. There are several factors that affected our decision not to obtain parental permissions under 16-year-olds:

- It was difficult to identify and locate parents or guardians, as they do not have documents.
- Most of the so-called "parents/guardians" have low level of literacy.
- It was necessary to ensure confidentiality and privacy for the protection of the young people participating in studies concerning sexuality and drug abuse;
- Many street-connected children are victims of abuse by their parents and work for them in patron-client-like arrangements.
- Potential benefit is higher than negative consequence by participating without parental permission. In particular, the likely benefits of the research are to better understand the HIV risk behaviors of street-connected youth in Georgia to inform the development of an efficacious HIV-prevention intervention.

It should be mentioned that this decision was made in the context in which all responsible child advocates such as an authorized State Senior Social Workers are involved in the consent process and other several substitute mechanisms were put in place for protecting underage children that are discussed below.

Another critical issue was whether to include 10-year-olds in the study. As it is indicated by the authors, adolescence (aged 10–19) is the period when the majority of people become sexually active. Moreover, studies indicated that street-connected youth start their sexual lives earlier than typical children (Aptekar & Stoecklin, 2014). Thus, the decision was made to include 10-year-olds in the main study. It was in accordance with the ERIC document to meet the principle of justice to give the right to children particularly vulnerable to participate and express their views on matters of concern to them (Powell & Smith, 2009).

In addition, two official legislations were used to confirm our decision not to obtain parental permissions for minors under 16: (1) According to the Law on Adoption and Foster care, a child older than 10 years old is eligible to give informed written agreement for making decisions (e.g., to decide whether to stay with the mother or father in the case of parental divorce). Therefore, according to the above Georgian law, the age of maturity is considered to be 10 years old; (2) According to the law on HIV/AIDS, children from 14 years can take an HIV test and treatment without parental care. Thus, it was decided to conduct research for younger children (under 16) without parental permissions and provide HIV testing only for children 14 years and older. The authors put all these arguments together to obtain approval for conducting research with street-connected youth aged 10–16 without parental consent and strictly followed the international standards to meet requirements of the ERIC document (Graham et al., 2013).

The other considerations were also undertaken:

(1) Participants were informed explicitly that participation was voluntary they could pull out without risk of sanction, and their anonymity and confidentiality was guaranteed.
(2) Prior to study enrollment, each potential participant received a detailed written consent form and oral explanation of the study that included the purpose of the study, details of procedures involved in participation, explanation of the potential risks and benefits, and explanation that participation was voluntary and that subjects could decline participation at any time with no consequence stemming from refusal to participate.
(3) Participants signed the form to consent participation either through formal signature or by placing their initials on the consent forms in those cases where literacy or writing was an issue.
(4) A project staff person co-signed as a witness and attested to having provided a description of the project consistent with the participant having adequate information to provide informed consent.
(5) A multi-disciplinary team consisting of psychologist, addiction specialist, and social worker was available to deal with the traumatic problems in cases where children had to talk about their traumatic experience and HIV testing (in the case of a positive test result).
(6) Referral procedures were established in cases where the child being tested was HIV-positive. It was agreed that in these cases, a child would be referred to the authorized state senior social worker. Interviewers underwent special training for HIV testing. Pre- and postconsultation were provided for young people 14–18 years old who were eligible for testing according to the Georgian law.
(7) Street-connected youth received Wendey's food vouchers to motivate them to participate in the research. There were different incentives for participating in the main research and for participating in HIV testing for eligible adolescents.
(8) Initially, in order to meet anonymity criteria of ethical research, it was planned to hire trained interviewers who mostly did not personally know the interviewee (street-connected youth) to complete in-depth interviews with them. However, it was learned that children prefer someone who already knew them, for example,

peer educators, ex state senior social worker. It was very hard to get street-connected youth's trust without having prior contacts with them. Thus, peer educators as well as ex state social workers participated in our study as interviewers.

Given that street-connected youth are considered a special population without a parent or primary caregiver, we put in place various substitute mechanisms for protecting children who participate in research. All consent forms were written at a second-grade reading level. Project staff received intensive training on how to obtain informed consent and administer surveys when there was low or no literacy. The training included a skills-based component on how to recognize literacy difficulties; how to ask appropriate, probing questions about literacy difficulties; how to administer consent forms in a nonbiased manner. In addition, project staff signed confidentiality statements that specified that if participant's confidentiality was breached unintentionally, personnel would follow the procedures for reporting this breach to the principal investigator. The confidentiality statement also stated that unintentional or deliberate violations of participant confidentiality might result in demotion or termination depending upon the severity of the event. Project staff also participated in training regarding data safety, confidentiality of participants, limits of confidentiality, and proper administration of the study protocol.

To protect the integrity of the participants' data, the following procedures were followed. First, all participants enrolled in the study were assigned a random code number. This code number was used on all information collected from participants, including consent forms, audio recordings, and survey instruments. Participants never were identified by name on consent forms, transcripts, and survey instruments. The in-depth interviews were audiorecorded and transcribed. After the audio files were transcribed, the recordings were deleted. Only the research team maintained a list of participants with links between identifying information and code numbers, which were kept in locked files on a password-protected computer system. All other individuals were stripped of identifiers and contained only code numbers. Within the informed consent forms, participants were notified of the above procedures.

We used MacCAT-CR that measured children's competence to consent to research study. Only children who demonstrated competence participated. It measured the understanding of harms and benefits, the ability to decline and withdraw participation, and reasoning regarding to express a choice. Only participants who collected from 6 to 12 scores participated in the study.

For all participants, staff answered questions and ensured that all participants understood the nature of the project and their participation. No individual participated in any research activity if informed consent was not obtained. Adolescents who declined participation were thanked and proceeded with their normal routine. Project staff collected refusal bias information from all eligible participants that opted not to participate. This enable us to formally document a refusal-to-participate rate as well as to determine whether there were any differences between eligible adults who agreed to participate and those who did not. As it was revealed from recruited 398 street-connected youth, 67 recruits (about 17%) refused to participate in the study. There are different reasons for refusal such as they were busy (27), not interested (25), parent did not give permission (4), the interview was long (4), already participated in this study (2), was afraid to take an HIV test (1). Four recruited participants refused to answer this question.

In total, 31 potential participants (about 8%) were denied participation by researchers. They did not fit into the selection criteria for age 10–19 (25) or did not speak the Georgian language at all (5), and one was under the influence of alcohol (1).

Several challenges were identified during the fieldwork. For instance, parents/adults being together with children prohibited children to participate in the research. Parents did not want their children to waste their time. They interrupted children's privacy and listened their answers. Moreover, in some cases, parents/adults warned the interviewers not to ask certain kind of questions. They were staring at their children and did not let interviewers to use "special cards" (special schematic cards were made and used to visualize different sexual acts such as anal, vaginal, and oral sexual positions) regarding question about sexual experience. Furthermore, children who were with their parents/adults and friends refused to take an HIV test. In fact, it was impossible to prove whether an accompanying person was really child's parent or relative. In total, 155 were tested and were all negative, and 71 (about 31% of all youth eligible to take a test in the project) participants refused to take an HIV test. The main reason for refusal was fear about being positive on the test.

Discussion

The study highlighted the critical importance of providing research with vulnerable children considering the best interests of children in the absence of parental care. In fact, street-connected youth have the right to be correctly researched and counted (Panter-Brick, 2002). In our study, the most sensitive topics were researched among street-connected youth while considering the main principles of ERIC document (Graham et al., 2013).

This study tried to emphasize the rights of the children to be listened to by others (Ennew, 2000). The children were put in the position where they could inform other "important decision makers" about their lives without getting stigmatized attitudes from the researchers, respecting their individuality (including sexuality) and privacy (Panter- Brick, 2002).

Ethical reasoning was used to justify that providing research with young children under 16 without parental permission would bring more benefits than not doing research at all. While collaborating with all stakeholders, their attitudes, values, beliefs, and assumptions were considered to meet core ethical principles defined by the ERIC (Graham et al., 2013), such as respect, benefit, and justice. In our study, children's experiences, capabilities, and perspectives were respected, as well

as the study was inclusive and involved 10-year-olds in the main study to meet the principle of justice as 10year-old children have something to say and express their views on matters of concern to them (Powell & Smith, 2009). Ten-year-olds who are emancipated in the streets have the right to participate. The principle of benefit put the research team in the responsible position to be obliged to improve street-connected youth's status, rights, and/or well-being of children. In fact, outcomes of this research can lead toward better understanding of the HIV risk behaviors of street-connected youth to develop an efficacious HIV-prevention intervention for bigger groups of children in the street situations.

Potential harms to children from research involvement were minimized by using various actions. Formation of advisory board of research project as well as usage of local laws are great resources for the formation of argumentation for implementing HIV research for street-connected youth. In addition, compensatory mechanisms were set up in order not to harm minors on an individual basis. In the proposed study, this mechanism was MacCAT-CR questionnaire, in addition to the regular cautious procedures regarding protection of anonymity and confidentiality of human subjects.

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