

Emerging ethical challenges in researching vulnerable groups during the COVID-19

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Abstract

This paper discusses the lasting impact of the Covid-19 pandemic on research ethics in social sciences by focusing on the concept of vulnerability. We unpack the current conceptualisations of vulnerability and their limitations and argue for the need to reconceptualise vulnerability as multidimensional, consisting of both universal and contextual dimensions, as well as their dynamic interplay. Multidimensional vulnerability is inspired by and relevant to social science research during the pandemic but can also be useful in other contexts such as climate change or conflict. The paper puts forwards several considerations about how this revised concept of vulnerability may be useful when evaluating ethical dimensions of social science research.

Keywords

ethics, methodology, social sciences and humanities, vulnerability, covid-19, pandemic

Introduction

Social science has recently experienced an ‘ethical turn’. Researchers, research institutions and funding bodies are paying closer attention to compliance with the ever-evolving set of ethical standards and reflections as well as new developments in data protection, notably the General Data Protection Regulation (GDPR) in the European Union (EU), and requirements for accountability. Transparency and organisational control of research (Molina and Borgatti, 2021; Shore, 2008). A core part of these developments is the standard requirement to pay particular attention to any vulnerable groups or individuals when planning, conducting and writing up research with human

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subjects. Institutional Review Boards and Ethical Committees provide a framework for researchers, check the ethical plan of the research and evaluate its feasibility in this regard. However, this procedure has been criticised for being over-institutionalized and for the lack of a nuanced approach to the particular needs and differences across scientific disciplines and sub-disciplines (Lincoln and Tierney, 2004; Marshall, 2003; Molina and Borgatti, 2021).

Enter the Covid-19 pandemic and researchers in social sciences, particularly those doing on-site fieldwork, have been faced with a long list of logistical challenges in the context of the global spread of the virus, the uneven process of vaccination, and the different types of restrictions across virtually all countries (Marzi, 2021; Servick et al., 2020). Importantly, diverse configurations of health and socio-economic background across individuals and groups have been key variables for understanding the extent to which they have been impacted by the pandemic.

This combination of more exigent ethical requirements and the Covid-19 pandemic renders it pertinent to reconsider and reconceptualize our understanding of vulnerability in social science research ethics. In the relevant literature, vulnerability is discussed in terms of the factors that are inherent to the human condition (Ries and Thomson, 2020) or caused by context-related conditions (Luna, 2019). In this paper, we question the extent to which the dichotomy between inherent (also referred to as universal) and context-dependent vulnerability is helpful for understanding vulnerability in the framework of the pandemic and beyond. How can we explain conceptually the fact that this pandemic has arguably revealed both types of vulnerability through different configurations? Instead of a dichotomic approach, we propose rethinking vulnerability as *multidimensional*. In continuation, we argue for a careful evaluation of how the research strategies emphasized during the pandemic, such as online research, may skewer the participation of vulnerable groups.

This paper is structured around three sections. The next part provides a brief overview of the recent institutionalization of criteria and procedures for research ethics in social sciences and humanities and some of the main debates contesting the implications for social science research. The subsequent section will discuss the concept of vulnerability in research ethics and show the need for redefining the concept in the context of Covid-19 and beyond. Then, the third section will reflect on how multidimensional vulnerability can be operationalized in practice, including by navigating some of the challenges raised by the pandemic-related difficulties in the actual fieldwork and the ‘onlinefication’ of research. We will conclude the paper by highlighting the main implications and recommendations for researchers.

Ethics and social science: main developments and contestation

Since the 1980s, there has been an acceleration of the institutionalisation of ethics assessments in social sciences via the increase in field-specific ethical guidelines, committees, and the corresponding literature (Gurwazska, Agatha; Benčin, 2015). Most research institutions now have a designated Institutional Review Board (IRB) or Ethical Committee assessing the ethical feasibility of research projects.

Although there is a general consensus on avoiding any negative impact on research participants, the so-called ‘Do No Harm’ principle (Hugman et al., 2011), requirements

and procedures may vary across countries and funding bodies (Doyle and Buckley, 2017; Lincoln and Tierney, 2004). The general framework for ethical assessments is usually provided by national advisory committees (Gurwazska, Agatha; Benčin, 2015) or the specific guidelines from funding bodies at the national or international level, which may incorporate international conventions such as the United Nations Declaration of Human Rights or the Charter of Fundamental Rights of the European Union (Gurwazska, Agatha; Benčin, 2015).

There are several ongoing debates in the literature regarding the implementation of ethical guidelines and review procedures in social science in general and in relation to the understanding of vulnerable groups in particular. These debates are mostly centred around the issue of how ethical codes and practices stemming from biomedical science can be extended to social science and humanities research. It has been widely noted that IRBs and ethical committees are still dominated by professional competency and ethical principles related to biomedical and experimental research and therefore are not sufficiently sensitive to the particularities of social science research (Doyle and Buckley, 2017; Schrag, 2011; Walby and Luscombe, 2018).

First, a one-size-fits-all approach on behalf of the IRBs and ethical committees may lead to miscalculation and misinterpretation of the potential risks because medical research inherently poses different kind of risks to research participants than social sciences (Bloemraad and Menjivar, 2021; Lincoln and Tierney, 2004). In biomedical research, participants may risk death or severe injury, but research in social science does not, generally, pose equivalent risks (Doyle and Buckley, 2017). The risks and results of malpractice are not quite comparable in this regard (Molina and Borgatti, 2021, p. 15) Moreover, defining vulnerable groups and the preparation of the research plan in accordance with the ethical guidelines are not an easy task since many vulnerable groups such as children, elderly people, immigrants, refugees and sex workers can be categorized as 'risk-prone' and researchers in social sciences departments at the universities may voluntarily or involuntarily prefer working on 'risk averse' groups that can result in an important omission of social groups in the literature.

Second, the contexts of the research are different in biomedical and social sciences. Social science research usually takes place in the day-to-day setting of the participants rather than a controlled environment such as a hospital or lab. Interacting with research participants in their own setting requires sensitivity not just to their particular individual situation or wellbeing, but also their wider local and national context. It follows that the vulnerability of the participants related to partaking in the social science research heavily depends on socio-political factors in the research settings.

For instance, in authoritarian contexts, answering questions about political behaviours and attitudes can be very sensitive. Moreover, researchers may need to navigate national requirements for research permits that may serve to censor research topics or limit access to localities deemed as too controversial. In effect, the context-related vulnerability of participants and researchers alike in non-democratic settings entails a special kind of attention that has not been truly reflected by the standardized procedure of ethical committees (Glasius et al., 2017).

Third, the level of vulnerability of participants in social science research can vary depending on the legal status of the individuals. Irregular migrants and refugees may have problems due to the fragility of their legal status in the host society (Düvell et.

al., 2010). Therefore, there is an important responsibility for the researchers to protect participants even if their research topic and study are not about participants' legal status or political views.

Fourth, some of the aforementioned challenges for vulnerable groups can be addressed through informed consent procedures, particularly necessary following the introduction of GDPR. Research participants must, via written or oral consent forms, be informed about the research purposes, potential risks and receive a guarantee about the protection of their personal data. Based on that, they must give their voluntary consent to be a part of the project (Doyle and Buckley, 2017). However, the standardised procedure used in a hospital or laboratory does not always translate well into ethnographic research settings. Language, meanings, socio-cultural codes may function differently from one setting to another, with linguistic and cultural barriers potentially causing miscommunication between researchers and participants, particularly considering the translation of scientific concepts (Marshall, 2003).

In light of the above, the literature has criticised standardised ethical procedures and assessments by the IRBs and ethical committees and has instead been raising a demand for a more nuanced ethical assessment process with regard to the specificities of the sub-disciplines and methods in social sciences (Haggerty, 2004; Lincoln and Tierney, 2004; Molina and Borgatti, 2021). Arguably, the idea of vulnerability stands central to the debate on how to adapt ethical assessment reviews informed by biomedicine to the social sciences. It has even been argued that social scientists should do away with the concept of vulnerability altogether, with van den Hoonaard (2019) claiming that the power relationship between doctor/researcher and patient/participant that is characteristic of biomedical research, where the concept emerged, is not as stark in the case of social sciences. Others have put forward, instead, a more complex understanding of vulnerability that would transcend the specificities of biomedical research.

With the spread of Covid-19 pandemic, a new important question has emerged in relation to the adaptability of the vulnerability framework to research ethics in social sciences: *How should researchers approach participants in the context of health-related and other interlinked types of vulnerabilities?* Although there is a vivid discussion around the unique characteristics of vulnerability depending on socio-cultural and legal contexts, the pandemic has highlighted a gap in the literature as well as in the ethical guidelines in social sciences in terms of taking health into consideration as a risk factor and, thereby, as a universal dimension of vulnerability that may interact in complex ways with other forms of vulnerability. This, despite the fact that the Covid-19 pandemic is not the first health crisis in recent years and researchers have managed to conduct fieldwork during, for example, outbreaks of SARS and Ebola (Kim, 2018; Kodish et al., 2019). However, the global spread of the Covid-19 pandemic has affected not just logistical challenges in terms of conducting fieldwork in the face of restrictions to travelling and social contact, but also the need for understanding how the unequal impact of the pandemic across socio-economic groups and place influence our understanding of vulnerability. Drawing upon the existing accounts of vulnerability in the research ethics literature and the differences between them, the following section argues that the Covid-19 pandemic, with its simultaneously global and the uneven impact, requires us to reconsider the concept of vulnerability.

Revisiting the concept of ‘vulnerability’ in the context of COVID-19

The global Covid-19 pandemic and the various restrictions associated with it have affected so many categories of people that it arguably prompts the need to revise what we understand by and how we relate to vulnerability. In this section, we make the case that the pandemic has revealed multiple, often interlinked, dimensions of vulnerability in a way that falls outside current conceptualisations of vulnerability. Indeed, these dimensions and the ways in which they may interact with each other have arguably become more dynamic and unpredictable during the time of the pandemic, with implications on the approach to vulnerability that go beyond the Covid-19 context.

Vulnerability in research ethics: a contested and under-theorised concept

While ‘vulnerability’ has been from the very beginning a key concept in research ethics, there is a wide consensus that it is rather under-theorised (Bamford, 2014; Hurst, 2008; Lange et al., 2013; Levine et al., 2004; Racine and Bracken-Roche, 2019). More often than not, research ethics would merely have a ‘subpopulation focus’ (Kipnis, 2003), delineating the vulnerable groups rather than defining and classifying vulnerability itself. Indeed, such practice is an apt illustration of the aforementioned contrast between the over-institutionalisation and the under-conceptualisation of research ethics. These groups have commonly included children, young people, those with mental disability, LGBTQ + people, pregnant women, prisoners, irregular immigrants, victims of domestic violence, sex workers, HIV-positive employees, or people with dementia (see Kipnis, 2003; van den Hoonaard, 2019).

In recent years though, drawing on the work of moral philosophers such as Goodin (1986), MacIntyre (1999) or O’Neill (1996), there has been a shift towards a more analytical approach to vulnerability, with competing definitions and taxonomies, mostly in the field of bioethics.¹ In one of the more widely cited attempts to provide an analytic understanding of vulnerability, Hurst (2008, p. 195) defines it as “an identifiably increased likelihood of incurring additional or greater wrong.”

She builds on the criticisms brought by Levine et al. (2004) to the mainstream approach to vulnerability relying on pre-identified vulnerable categories of people, which “stereotypes whole categories of individuals, without distinguishing between individuals in the group who indeed might have special characteristics that need to be taken into account and those who do not” (Levine et al. 2004, p. 47). Instead, Hurst proposes an approach that starts from identifying the potential types of harm entailed by each research project and then, based on that, the categories of people that might be exposed to them. Thus, each type of harm entails a corresponding type of vulnerability. As argued below, this approach is particularly suitable in the context of the Covid-19 pandemic, which has seen the emergence of new, dynamic configurations of different types of vulnerability.

An important, underlying tension in this literature revolves around the scope of the concept of vulnerability. Some argue that vulnerability is inherently *universal* – an ontological feature of the human condition that encapsulates all individuals. For instance, Ries and Thomson (2020) build on the theory of vulnerability developed by Martha Albertson Fineman in the field of law to propose the concept of ‘universal vulnerability’ as the

starting point in research ethics, while ascertaining that particular individuals experience that vulnerability in different ways, depending on their circumstances. However, this kind of broad definition has been criticised by Levine et al. (2004, p. 46), who claim that the concept loses its meaning if everyone is deemed as vulnerable. Trying to somehow circumvent that issue, Kottow (2003, p. 462) draws on O'Neill (1996) to distinguish *vulnerability*, which all humans inherently share, from *susceptibility*, which designates the state in which “individuals suffer from some sort of deprivation that predisposes them to additional and compound forms of harm.”

At the other end, Kipnis (2003) proposes a taxonomy of vulnerability that leaves out any universal dimension. Building inductively on the case of paediatric research, he distinguishes between different types of sources of vulnerability, none of which being unique to children. Thus, he identifies seven types of vulnerability that research participants may face and which correspond to seven types of source of harm: *incapacitational* (lacking the cognitive capacity for deliberation); *juridical* (lacking full legal authority over oneself, e.g., prisoners); *deferential* (pressure to comply with other people's expectations); *social* (not enjoying equal rights or/and status in society); *situational* (lacking the time for informed deliberation and consent); *medical* (prospect of treatment of existing medical conditions through participation); *allocational* (lack of resources that puts pressure on consenting to incentive-based participation).

Luna (2019) goes even further than Kipnis and rejects any essentialist assumptions about vulnerability, arguing instead that this is always contextual and dynamic. Thus, not only that vulnerability is not an immutable feature of all humans (i.e., universal) but – in explicit disagreement with Kipnis – is not necessarily an immutable feature of all the members of those categories of people commonly labelled as vulnerable (i.e., disabled people, refugees, children). In other words, no-one is always vulnerable: one may be so in certain circumstances, but not in others. Hence, she advances the concept of ‘layered vulnerability’, according to which “We do not face ‘a solid and unique vulnerability’ that exhausts the category”. Instead, vulnerability consists of different, sometimes overlapping, layers: “some of them may be related to problems with informed consent, others to violations of human rights, to social circumstances, or to the characteristics of the person involved.” (Luna, 2019, p. 88)

Bridging the gap between these two opposite views, Lange et al. (2013, p. 336) identify three types of vulnerability: *inherent*, which is linked to “our corporeality, our neediness, our dependence on others, and our affective and social natures”; *situational*, which includes “the personal, social, political, economic or environmental situation of a person or social group”; and *pathogenic*, which “arise from dysfunctional social or personal relationships ... often characterized by prejudice, abuse, neglect or disrespect”. However, as the authors themselves admit, the latter is a subtype of situational vulnerability, which means that, in effect, there are two broad types of vulnerability – inherent/universal and situational/contextual (see also Rogers et al., 2012). This dual understanding of vulnerability can also be found, for example, in Article 8 of the UNESCO (2006) Universal Declaration on Bioethics and Human Rights from 2005, which speaks of ‘human vulnerability’ and ‘special vulnerability’.

Yet another important axis has been proposed by Rogers and Ballantyne (2008), who distinguish between *intrinsic* and *extrinsic* vulnerability. The former refers to vulnerability factors related to an individual's physiological characteristics, such as age or illness,

while the latter to factors related to an individual's economic, social and political circumstances. While this distinction may be seen as overlapping with the one above, between universal and situational (indeed, the two respective articles share one co-author), it is not exactly so – for the vulnerability associated with, for example, very young age (i.e., being a toddler) is clearly intrinsic but not universal, as not all humans share that vulnerability, but it is not situational either, as age is not linked to one's extrinsic circumstances. In other words, while universal vulnerability is intrinsic, as it has to do with the ontological fact of being human, not any intrinsic vulnerability is automatically universal. Hence, this begs the question of how to adequately name the non-universal type of vulnerability, i.e., that not all people but only some of them share. In this sense, the term 'particular vulnerability' is useful, which may in turn be intrinsic or extrinsic (or situational, or contextual) vulnerability.

Despite the conceptual efforts noted above, so far there have been very few explicit attempts to discuss the adaptability of these typologies of vulnerability to research ethics in social sciences. One exception, though, comes from Santi (2015, p. 64), who aptly captures this gap in the literature: "Although much research is conducted with highly vulnerable groups, the analysis of the concept of vulnerability and its link to social research has not been sufficiently problematised." Thus, she draws on Kipnis' taxonomy to propose eight types of vulnerability relevant to social science research: cognitive, legal, deferential, physical (in place of Kipnis' narrower medical vulnerability), allocational, social, cultural (belonging to an excluded or marginalised cultural group), and contextual (related to the socio-political context of the research).

There are, however, a few issues with this adapted taxonomy. First, it is hard to see the boundaries between what Santi defines as social, cultural and contextual vulnerability. One could argue that the former two are subtypes of the latter. Second, while she agrees with Luna's critique of essentialist understandings of vulnerability as patronising, Santi (2015, p. 69) nevertheless broadly defines vulnerability as a situation where "you are not capable of looking after your welfare or interests or are not in a position to assess the risks of participating in a research project". That is hardly a non-patronising approach to vulnerability. Merely because someone faces – as per Hurst's definition – a higher likelihood of harm by participating in research, it does not mean they are not able to assess that risk or look after their wellbeing. It has long been noted that vulnerability often comes along with resilience to the sources of vulnerability (see Gallopín, 2006). Similarly, just because someone can give an informed consent to participate, it does not mean that they may not still be vulnerable for other reasons. Finally, Santi fails to consider the ways in which all these types of vulnerability may interact with and feed upon each other.

A few scholars, though, have gone further to try and make sense of that kind of interaction between the different types of vulnerability. If Luna talks of layers of vulnerability, others speak, in a similar vein, of 'intersectional vulnerability' to encapsulate how the different forms of disadvantage or discrimination that a group of people face may interact with each other to enhance that group's vulnerability in a post-disaster context (Arora, 2020; Vickery, 2018). As Vickery (2018, p. 136) puts it, "Intersectionality provides a critical lens by which to explore the interconnected, overlapping systems of disadvantage and oppression, as well as the intersecting identities of individuals and populations on the basis of race, ethnicity, gender and socioeconomic status, among other

characteristics.” In other words, both layered and intersectional vulnerability designate the overlapping of contextual or extrinsic forms of vulnerability.

Vulnerability in times of COVID-19 (and beyond)

Only a handful of scholars have so far touched upon – rather than systematically addressed – some of the ethical challenges faced by fieldwork in social sciences in the context of the pandemic (Buckle, 2021; Kara and Khoo, 2020; Marino et al., 2020; Vindrola-Padros et al., 2020). In particular, there has been limited reflection on how the pandemic might require research ethics to revisit the question of vulnerability. This is due, of course, to the pandemic being an ongoing phenomenon, still raising – at the time of writing – significant obstacles to conducting fieldwork. Also, there is arguably no substantial precedent to build on not only previous epidemic outbreaks have invited ethical reflections mostly limited to biomedical research (e.g., Calain et al., 2009), but Covid-19 is arguably the first truly global pandemic since the emergence of research ethics as a distinct field.

On the one hand, this pandemic has arguably revealed rather strikingly the universal dimension of human vulnerability as well as our inherent – indeed, inescapable – social dependency as a species (MacIntyre, 1999). As the virus can be (relatively) easily transmitted to anyone by anyone, mostly by air (ECDC, 2021), it seems that now we are all ‘inherently vulnerable’. Indeed, the power dynamics that arguably underlies standard understandings of and approaches to vulnerability (Kara and Khoo, 2020; Marino and Faas, 2020) are partly challenged when both the researcher and the participant are vulnerable. That has to do not only with the virus as such but also with the wider impact of the pandemic, including the plethora of measures associated with it, on people’s mental health, which is likely to have lasting character (Buckle, 2021). Boyraz et al. (2020) show that worries related to both Covid-19 and social isolation have led to an increase in traumatic stress. Indeed, as Torales et al. (2020, p. 319) point out, “emerging mental health issues related to this global event may evolve into long-lasting health problems, isolation and stigma”, which could virtually affect anyone. In corroboration with previous mental health trends, such as the steady rise in dementia cases worldwide as the number of cases reach to 55 million (WHO, 2022), this underlines the need for research ethics in social sciences to take mental health more into consideration as a source of vulnerability.

On the other hand, particular vulnerability has also been enhanced, as certain categories of people have been particularly susceptible to catching the virus and/or to dying from it: people over 50 (Crimmins, 2020), people of a lower socio-economic status (Patel et al., 2020; Wiemers et al., 2020), healthcare workers (Smith, 2020), apparel workers (Sen et al., 2020), members of ethnic minorities (Gaynor and Wilson, 2020), or indigenous peoples (Ferrante and Fearnside, 2020). There is also evidence that financially vulnerable people and women tend to experience higher levels of mental distress due to Covid-19 (Simha et al., 2020). Thus, as Marino et al. (2020) put it, there has been “an uneven distribution of risk and suffering”. The categories bearing the brunt of the pandemic include some of the subpopulations commonly identified as vulnerable (e.g., indigenous people) but also new categories that, at least from a research ethics perspective, would normally be seen in a position of power (e.g., healthcare workers).

That ‘uneven distribution of risk and suffering’ is perhaps all the more visible in terms of the social and economic impact of the pandemic. From a gender point of view, for example, there has been a rise in domestic violence, as Covid-19 not only saw couples spending more time together indoors but has also affected potential support for victims of abuse, be it from public bodies, non-governmental organisations or extended family (see Allen-Ebrahimian, 2020; Reuters, 2020; Usher et al., 2020; Wagers, 2020). The pandemic has also exposed or fuelled racism, from the rise in anti-Asian hate crimes worldwide (Human Rights Watch, 2020) – most prominently in the United States (BBC, 2021) – to the increase in institutional racism against Roma people across Central and Eastern Europe (Matache & Bhabha, 2020). All this has to be taken into consideration by social scientists doing research on such categories of people, whose social vulnerability has only been enhanced by the pandemic.

Finally, at an international level too, while the pandemic has led to higher death rates in more developed and ageing societies (De Larochelambert et al., 2020), it looks to be having a greater and longer lasting socio-economic impact on low- and middle-income countries (Danquah et al., 2020; McCann and Matenga, 2020). Thus, as Marino et al. (2020, p. 36) sharply put it, “Colonialism, structural oppression, wealth disparity, and unequal access to knowledge and public institutions expose pre-existing structural inequalities in ways that can no longer be ignored.” The unequal access to knowledge they mention could be mirrored by an increasingly limited access to generating knowledge about these countries, as their increased health and social/structural vulnerability is likely to have been hindering the prospects for research on the ground, more so than in better-off countries.

Thus, the layered and intersectional understandings of vulnerability have been, to a large extent, vindicated by the Covid-19 pandemic (see also Maestriperi, 2021; Sasser et al., 2021). As summed up by Ho and Maddrell (2021, p. 4), “the pandemic has created new and varied experiences of vulnerability: biological, social, financial and existential”. Nevertheless, how can this be conceptually reconciled with the universal vulnerability that the pandemic has also brought to surface? In other words, how can we capture both the immutable, universal vulnerability and the layered/intersectional, contextual types of particular vulnerability, as well as the interaction between them, revealed by Covid-19?

Arguably, none of the current notions of vulnerability in research ethics seems entirely suitable to capture this complexity. At one end, Luna (2019) disputes the existence of an immutable, universal layer of vulnerability and claims instead that all layers are irreducibly contextual. While it is the context of Covid-19 that has laid bare the universal dimension of vulnerability rooted in the intrinsic frailty of our health (both physical and mental), it does not mean that this frailty will simply go away once we have overcome the pandemic. Indeed, other global challenges, the environmental one most prominently but also the recently resurrected fear of a third World War, will further emphasise the vulnerability we all share as living beings. In other words, the pandemic has only made obvious what has always been there and always will.

At the other end, an over-emphasis on universal vulnerability (Ries and Thomson, 2020) or even distinguishing very broadly between vulnerability and susceptibility (Kottow, 2003) seems to severely downplay the social and intersectional vulnerability. In particular, it fails to capture not only how the various particular types of vulnerability

interact with each other but also the ways in which they may well exacerbate the universal, health-related vulnerability in certain individuals or groups of individuals. As mentioned earlier, such groups include people of a lower socio-economic status or members of ethnic minorities, who structurally have less access to adequate healthcare, not just in relation to Covid-19 but also more generally.

Thus, we propose here the concept of ‘multidimensional vulnerability’² to capture both the universal or ontological dimension of vulnerability (related to our physical and mental health) and the plethora of particular – both intrinsic and extrinsic/contextual – dimensions of vulnerability, as well as the dynamic interaction between all these dimensions. Indeed, the term ‘multidimensional’ also has the advantage, unlike alternative terms such as ‘layered’, that it does not imply that there is a hierarchy or packing order of vulnerabilities. While the universal dimension of vulnerability ontologically precedes the others, as it is entailed by the mere fact of being human, it may itself vary substantially depending on one’s individual characteristics and social circumstances. For example, in the case of a 70-year-old person living in an overcrowded refugee camp during the pandemic, the extrinsic vulnerability entailed by being a refugee, in combination with the intrinsic vulnerability of being over 50, substantially enhances and adds to the universal vulnerability of being human.

More than that though, as illustrated in the diagram below, the universal dimension of vulnerability may interact with people’s social circumstances and personal views in unforeseeable ways, particularly so in the Covid-19 context. Researchers cannot predict, for example, if their potential subjects have an anti-vaccine stance, whether for deep-seated ideological reasons or due to sheer lack of adequate information. That stance, which could be deemed as a case of ‘epistemic vulnerability’ (see Sullivan et al., 2020), may in turn render them as well as the researcher more vulnerable to Covid-19. Thus, the universal dimension of vulnerability entailed by the pandemic highly diversifies the range of people who are more vulnerable due to extrinsic factors, including people who would not normally be deemed as vulnerable (e.g., middle class urban professionals from a rich city in the Global North who refuse to get vaccinated). Hence, given the myriad of ways in which universal vulnerability may interact with people’s situatedness, it is arguably all the more important to adopt, as part of research ethics, a multidimensional approach to vulnerability that acknowledges, as a starting point, the existence of this universal dimension. Indeed, while this does not mean that “we’re all in the same boat”, taking into account this frailty that we all share may help – as alluded already by Kara and Khoo (2020) – setting the researcher-participant relation on a more equal footing (Figure 1).

Operationalising ‘multidimensional vulnerability’: some practical considerations

Given the unpredictable and dynamic ways in which the universal, health-related vulnerability may interact with other types of vulnerability and in which people in general interact with each other, it would be somewhat self-defeating to propose a blueprint for the operationalisation of the concept of multidimensional vulnerability. Nevertheless, in this section, we make some broad and tentative considerations about how the concept

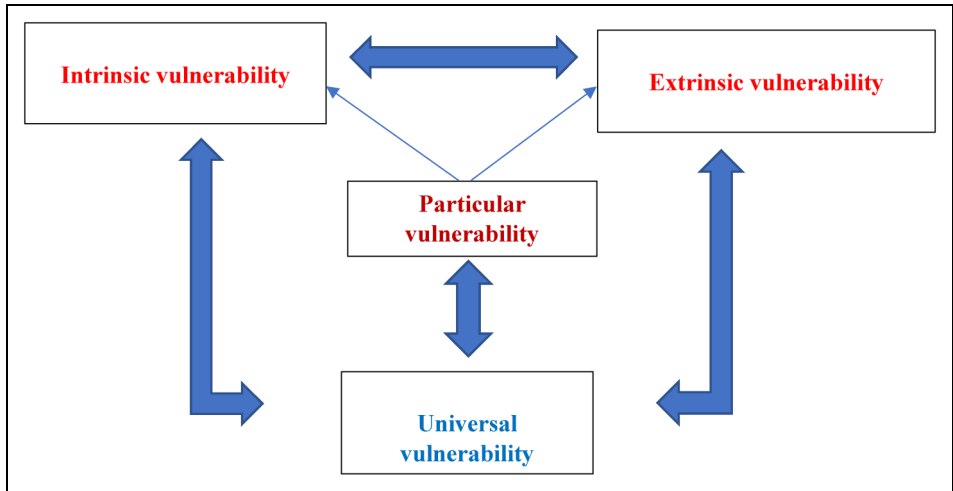


Figure 1. Note: The diagram illustrates our concept of multidimensional vulnerability, where we distinguish between universal vulnerability (physical and mental health-related), which all people share in the virtue of being human, and particular vulnerability, which is shared by some people. The latter is divided by intrinsic vulnerability, i.e., related to intrinsic physiological attributes of the person (age, disability, sex) and extrinsic vulnerability related to the external/socially determined attributes of the person (socio-economic status, ethnicity, gender, geographical location, epistemic status). The dynamic interaction and mutual influence between these types of vulnerability is captured by the two-way block arrows.

of multidimensional vulnerability can guide research ethics in practice, which will hopefully be helpful for researchers in designing and conducting their work. We will focus on the case of doing research during the Covid-19 pandemic, namely by looking at planning and conducting fieldwork but the relevance of these considerations arguably goes beyond the pandemic.

At the onset of the research, the major challenge is the identification of the vulnerable groups in the context of pandemic. As pointed out in the previous section, the class, gender and racial dimensions of the Covid-19 and health crisis are obviously intersected and draw upon pre-existing, structural inequalities. At this pre-fieldwork stage, identifying multiple and intersecting dimensions of vulnerability should be the focus of the ethical review process. However, this should not lead to a trend towards focusing mainly on ‘riskless’ (in this case ‘Covid-safe’) geographies and populations to avoid the vulnerability of research participants and researchers. Instead, the identification process should help researchers with the process of identifying not only vulnerability but strategies to improve inclusiveness and protection of such groups or individuals in so far that this aligns with scientific research objectives.

In the research design, gathering information about potential interviewees and research sites is not only necessary for the research purposes. The ethical assessment also requires detailed information about interlocutors and the location of the fieldwork. At this juncture, how the Covid-19 pandemic has affected already existent vulnerabilities and/or added new ones is important to consider. Researchers can encounter people who

want to be vaccinated but have no or limited access to the vaccine. On the other hand, potential interviewees can be antivaxxers. In both cases, despite the notable differences, we deal with groups whose vulnerability to Covid-19 is comparatively higher than for other groups. Thus, both the rates of infection and vaccination are now important factors in the design, methodology and the ethical framework of the research.

In other words, health-related vulnerability (both in terms of physical and mental health), and not just extrinsic types of vulnerability linked to various social inequalities, should become part of social scientists' concern with the wellbeing of their participants and the duties they have towards them. The researcher should not only minimise the risk of the participant to get in trouble for expressing, for example, controversial views of their government but also minimise the risk of passing them the virus. Indeed, researchers should reflect carefully of how the virus might interact with the participant's potential vulnerabilities related to race, gender, or class dimensions.

At this stage, partnerships with local institutions or universities in the fieldwork sites can be a good strategy. A closer collaboration with local colleagues in the intended fieldwork sites can give more grounded and concrete knowledge about changing vulnerabilities in the context of Covid-19. A close dialogue with local researchers is a long-standing recommendation in order to facilitate the strategies and plan meant to enforce the Do No Harm principle (Müller-Funk, 2020, p. 8). Yet, it is particularly pertinent to encourage increasing intranational and international connections between universities and researchers when navigating some of the ethical challenges related to Covid-19 too while also helping address pre-existing imbalances in the researcher-participant relation.

At the same time, the aforementioned unpredictability of the interaction between the pandemic and people's situation and situatedness, including pre-existing vulnerabilities, means that the plans devised in the pre-fieldwork stage are not bulletproof. Thus, during the stage of the fieldwork, researcher may well come across participants with a 'hidden' vulnerability – for example, a middle-class urban professional who does not seem vulnerable by any standard notion of vulnerability but who has refused to get vaccinated and therefore is particularly vulnerable to catching the virus. Similarly, a poor migrant or refugee, on top of their existing and rather obvious vulnerabilities, may be further vulnerable because of the lack of access to the vaccine. The researcher should therefore avoid relying solely on pre-given guidelines and, while on fieldwork, be flexible and responsive in order to limit the risk of rendering as more vulnerable someone who already is vulnerable.

While the precaution measures recommended by health authorities can reduce the risk of infection, they cannot completely exclude it, especially in the case of prolonged interaction, as it often happens with qualitative interviews. Moreover, measures of precaution, such as wearing a mask, may also undermine the rapport between the research and participant, particularly when the latter disagrees with such measures and may disapprove of the researcher wearing a mask. This hypothetical but perfectly plausible situation reiterates the need for researcher to consider the universal, health-related dimension of vulnerability brought to the surface by the pandemic.

Because of the Covid-19 related logistical difficulties, including travel restrictions and confinements, there has been a logical shift to online methods, including online interviews, online focus groups, digital ethnographies, or visual studies. This shift to the online comes on the background of a long-standing rising trend in online research

methods (Evans and Mathur, 2018; Farrell and Petersen, 2010), which was accompanied from early on, in the mid-1990s, by considerable debate on the research ethics around these methods (Hooley et al., 2012).

Indeed, the thought-piece by Braun et al. (2020) has been, so far, the only explicit attempt to tackle the ethical questions facing social scientists with regard to the shift to the online triggered by the pandemic. They call for an approach based on four pillars: *anticipation* of the implications of onlineification, ranging from positives such as the lower environmental costs to negatives like the potential ‘offshoring’ of research tasks from humans to machines; *inclusion*, as researchers with limited resources to travel for fieldwork may benefit from a reorientation towards online methods, while others with home care duties might find this harder to cope with; *reflection* on the deeper impact of the loss of physical closeness on the relationship between researchers and participants, including the constraints on body language; *responsiveness*, that is, devising mechanisms, such as a code of conduct, to guide researchers when doing online research.

While the benefits of online research are rather obvious, particularly within a Covid-19 context, there has been very little reflection on how the participants’ vulnerability might be, in certain cases, accentuated by participating in online research. For instance, Buckle (2021) argues that we need to take into account the housing and wider family situation of the potential participants, as those living in crowded spaces or experiencing domestic abuse may not have enough privacy to be interviewed in their homes. Such cases of particular, extrinsic dimensions of vulnerability that were enhanced due to the pandemic may be even harder to acknowledge and deal with through a virtual medium. Thus, a multi-dimensional approach to vulnerability requires the researcher to not limit the risk related to the universal, health-related dimension of vulnerability at the expense of increasing or disregarding the other, socially determined dimensions of vulnerability.

There may be creative solutions to address this challenge. For example, for her online research on the gender right to the city in Colombia, Marzi (2021) created a WhatsApp group with female participants, who were asked to film their urban experiences and send them to the group. This allowed the participants to engage in the research when their life circumstances allowed them to do so. Indeed, previous research indicates that physical distance may sometimes be a more comfortable way for people to speak about sensitive issues. By drawing on their research with critical care nurses, Mealer and Jones (2014, p.33) conclude that “qualitative telephone interviews can limit emotional distress because of the comfort experienced through virtual communication.”

Last but not least is the broader question of online accessibility, as certain categories of people, particularly in certain regions of the world, are less likely to have access to the kind of devices or lack the basic IT skills needed to participate in online research – people on lower incomes, older people, people in rural/remote areas etc. (Howlett, 2021). While this is primarily a methodological hurdle, it does entail that such, mostly structurally vulnerable, categories of people, along with their insights and experiences, will be ‘excluded’ from the scope of the research and, by extension, from its potential benefits. As researchers, we have not only the ethical responsibility to avoid doing harm to already vulnerable categories but, arguably, also to design research projects that might have a positive impact on some of these categories (Kozinets, 2015; Hine, 2000). Goodin (1986) emphasizes online methods risks hampering regarding our broader moral duty in that respect.

Therefore, we would argue in favour of a hybrid approach, that combines fieldwork with online research, not on the basis of any precise formula, but depending on the specific objectives of the research, the category of participants it seeks to engage with, the interplay between their various dimensions of vulnerability in the Covid-19 context, the current circumstances in the chosen locations in terms of the medical, social, economic and political situation, including internet coverage and other similar infrastructure indicators. While the dynamic and unpredictable configuration of multiple dimensions of vulnerability may indicate, especially in places identified as high-risk location of Covid-19, that online methods are the safer option for both the researcher and the participants, we always need to keep in mind that they are not bulletproof in terms of protecting vulnerable individuals and groups.

In all these processes, a constant dialog between researchers, participants and ethical committees is necessary to construct and reconstruct an effective ethical framework. As Covid-19 pandemic showed, vulnerabilities of people may shift with time and the changes in various external factors. A more fluid and dynamic approach to the ethical plans adopted by researchers, ethical committees and participants is necessary to identify multidimensional vulnerabilities. However, we should emphasize here that this constant dialog should not add to even more bureaucratic layers to the over-institutionalisation of research ethics, which has already been criticized in the literature (Molina and Borgatti, 2021). Our suggestion is rather to allow for a more proactive, flexible and critically conscious ethical process in the field.

Conclusion

This article makes a conceptual contribution to the emerging literature on research ethics in social sciences by rethinking the concept of vulnerability in the context of the Covid-19 pandemic but with implications that go beyond that. We have discussed how researchers should develop their ethical agendas during and in the aftermath of pandemic periods and how the guidelines of IRBs and ethical committees should consider the particularities of social science research. The main challenge arising from this discussion is the impact of the Covid-19 pandemic on our understanding of and approach to vulnerability. This comes from the background of a pre-existing tension between the over-institutionalisation and under-conceptualisation of research ethics in social sciences. Thus, building on a critical review of the current conceptualisations of vulnerability in the literature, we argued that the pandemic has laid bare both a universal dimension of vulnerability, related to the physical and mental health of all people, and a variety of particular types of vulnerability, most of them rooted in the socio-political context of individuals.

In migration studies, assessing the vulnerability of researchers and research participants requires meticulous work (Krause, 2017; Müller-Funk, 2020), in particular in the case of irregular migrants (Düvell et al., p. 232). For instance, during the 2008 malaria outbreak in Greece, discrimination, social vulnerability and disease were identified as mutually reinforcing phenomena in the case of undocumented farm workers. They were more vulnerable due to lack of access to health care and were subsequently also blamed for the outbreak (Kotsila and Kallis, 2019). Such dynamics echo more recent experiences during Covid-19 pandemic, where in some countries the diaspora or historically marginalised ethnic groups were blamed for the spread of the virus (Bortun et al.,

2020). Pandemic related concerns may also have implications for understanding the broader overlapping vulnerabilities derived from mental and physical conditions as well as social factors in other contexts. For example, the rights of people with dementia, are protected under the Mental Capacity Act law (2005) which aims to help people make their own decisions by stipulating that all relevant information be provided in a way that facilitates their understanding (NHS, 2021). This approach is helpful for ensuring the proper exchange of information in order to secure consent. At this juncture, the concept of ‘multidimensional vulnerability’ is useful for capturing both particular and universal and context-related dimensions of vulnerability, as well as the dynamic and often-unpredictable ways in which they may interact with and feed upon each other.

The practical implication of the lessons from the Covid-19 pandemic is that research designs should take into account the ways in which the pandemic has made everyone vulnerable and, at the same time, certain categories of people more than others. This has implications for IRB/ethical committees and researchers alike. In terms of ethical review procedures, more dialogue between disciplines and sub-disciplines could help provide a more nuanced understanding of multi-dimensional vulnerability and an understanding of how health – both physical and mental – can be a relevant factor even when it is not the object of the research. Moreover, scientific associations can be helpful by playing more proactive role in this process (Molina and Borgatti, 2021, p. 17). For researchers, more than ever, an important pre-requisite is a stronger focus on establishing ongoing dialogue with colleagues and other stakeholders in the locations chosen for fieldwork.

Nevertheless, the very dynamic and unpredictable interplay of universal and particular (either intrinsic or extrinsic) dimensions of vulnerability renders any blueprint rather futile, thus reinforcing the case for researchers to keep a flexible and responsive approach to the potential vulnerabilities of the research participants, both during the fieldwork and in its aftermath. Furthermore, while the resorting to online methods may indeed mitigate health-related risks to the participants and researchers alike, that also entails its own set of risks, as it may render certain categories as more vulnerable by excluding them from online-based research.

Finally, we argue that this multidimensional understanding of vulnerability is relevant beyond the pandemic, particularly in the face of global challenges, such as climate change and war, which reveal our shared, universal vulnerability while clearly bearing, at the same time, a disproportionate impact on people with additional, context-related vulnerabilities. A path for future research could, therefore, explore how this concept of multidimensional vulnerability may be operationalised in the context of other challenges than Covid-19.

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Notes

1. The term has been used before outside of research ethics, but mostly in reference to the different and co-existing types of social vulnerability (see Assa & Meddeb, 2021; Ranci & Migliavacca, 2010) rather than in the sense proposed here.

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