Conceptual Framework A. Factors influencing physical health of trafficked fishermen

Pre-trafficking	Trafficking stage	Exit from trafficking	Post-trafficking routes	Post-trafficking physical health	
			RISK OF RETRAFFICKING	1 month	3-12 months
*Socioeconomic characteristics - age - education - income *Past physical or mental abuse exposures *Health knowledge/practices *Masculinity and health seeking behavior *Perceived health needs *Location of home/worksite, relative to HSPs & transport access - opportunity cost of accessing services *Ability to access healthcare (financial, logistical) *Self-treatment *Rights to care in home country *Social and cultural barriers or	*Occupational harm/exposures - overexposure to elements - badly maintained or no equipment - long working hours - few or no rest breaks - fatigue/sleep deprivation - repeated bending/lifting heavy objects - unstable platforms - exposure to chemicals - serious injuries *Poor living conditions - food/water deprivation - restricted space - poor hygiene - isolation at sea, inability to access care *Violence exposures - severity and frequency of physical and psychological abuse by superiors - witness of murder - forced drug taking *Duration of trafficking situation *Risky behaviours **E - condom use - alcohol/substance abuse	*Escape - high risk (jump ship/escape at port whilst docked) *Outside intervention - police / immigration raid (with/without NGO) - NGO alone *Other - paid off debt and allowed to leave - injured and let go	*Find alternative work - e.g. plantations/agriculture *Detention - risk of return to boat owner by police - poor healthcare access - unsanitary conditions - duration of detention *NGO/shelter - physical health support - mental health support - culturally appropriate services for men - types of assistance offered (e.g. training, business grant) - duration of shelter stay - ability to work whilst in shelter (restricted mobility / inability to work > risk of re-trafficking) - follow-up assistance after leaving shelter (physical health, counseling, grants) *No assistance \(\mathbb{E} \) - identified +unassisted (no assistance offered/available, identified but did not need assistance/declined assistance - unidentified and unassisted	*Masculinity and health seeking behaviour *Ability to access healthcare (financial, logistical) *Social support (family, shelter) *Anticipated stressors - financial (ability to work + earn, work opportunities, family needs, debt) - social (isolation, experience of shame, fear and stigma) - own physical or mental health - exposure to violence on return - unmet needs (above) *Future hopes - social (marriage, kids) - financial (job, income) - cultural (ability to fulfill family and social obligations) *Feelings of empowerment *Mental health	*Coping responses E - Positive and negative (e.g. substance abuse) *Recovery environment characteristics - access to health services/mental health support - work opportunities - social support *Anticipated stressors *Current perceived needs/future hopes/ feelings of empowerment *Mental health E - depression - anxiety - PTSD
facilitators	*Cash payments (frequency and amount)			- depression - anxiety	
HEALTHCARE ACCESS AS CITIZEN	POLICY AND		S OVER HEALTHCARE ACCESS FOR th-related "deservingness" - perceptions	- PTSD R MIGRANTS	HEALTHCARE ACCES

E Relevant to overall conceptual model but will not be included in analyses (due to nature of STEAM data or not feasible)

Anticipated stressors mediate relationship between trafficking exposures and mental health (examined at one time only)

Relevant to overall conceptual model but will not be included in analyses (due to nature of STEAM data or not feasible)

Conceptual Framework B. Factors influencing healthcare responses for migrant or trafficked fishermen in Thailand

Healthcare responses as citizen	HEALTH	Healthcare responses as citizen or migrant						
Pre-trafficking	Trafficking stage	Exit from	Post-trafficking routes	Post-traffick	ing health service access			
Fre-trainicking	Tranicking Stage	trafficking	RISK OF RETRAFFICKING	1 month	3-12 months			
*Perceived healthcare	*Freedom of movement	Escape,	*Perceived healthcare needs	*Perceived	*Perceived healthcare needs			
needs		outside		healthcare				
	*Fear of arrest/deportation	intervention	*Language skills/translator availability at HSP	needs	*Masculinity & health seeking			
*Rights to care in home		(NGO, police)			behaviour			
country	*Location of worksite, i.e. physical isolation at sea	or other:	*Masculinity & health seeking behaviour	*Masculinity &				
,				health seeking	*Social and cultural barriers			
*Education, gender,	*Physical proximity of public/private HSPs & access to	*Perceived	*Alternative work	behaviour	or facilitators			
culture, age, income	transport	healthcare	- location of worksite relative					
- health	· ·	needs	to HSPs & transport access	*Social and	*Ability to pay for			
knowledge/practices	*Ability to pay for care/transport to HSP		- ability to pay for care/transport	cultural barriers	care/transport to HSP			
- health seeking		*Masculinity &	- legal status & possession of	or facilitators	·			
behaviour	*Working hours, time off for sickness/HSP visits	health seeking	documents		*Recovery environment			
		behaviour		*Ability to pay	characteristics			
*Social and cultural	*Legal status & possession of documents (e.g. work		*Detention	for	- location of home/worksite,			
barriers or facilitators	permits, MHI card, passport) that enable access to care	*Injuries/illness	- restricted movement	care/transport	relative to HSPs & transport			
	, , , , , , , , , , , , , , , , , , , ,	requiring	- referral mechanisms for	to HSP	access			
*Location of	*Language skills/translator availability at HSP	immediate	health services		- mental health support			
home/worksite, relative	, , , , , , , , , , , , , , , , , , , ,	attention	- perceived deservingness for	*Language				
to HSPs & transport	*Perceived healthcare needs		care & referrals by detention	skills/translator	*Language skills/translator			
access		*Ability to travel	staff	availability at	availability at HSP			
- opportunity cost of	*Masculinity & health seeking behaviour	to/knowledge		HSP	•			
accessing services	,	of HSP location	*Post-trafficking network healthcare		*Self-treatment			
•	*Knowledge/information on how to access care		- health worker	*Self-treatment				
*Ability to pay for		*Ability to pay	expertise/capacity					
healthcare	*Healthcare knowledge of co-workers/ boss/ trafficker	for healthcare	- mental health support					
	(when care received is not from health worker), re. type		available					
*Self-treatment	of care/remedy received	*Legal status &	- services for men					
		possession of	- referral mechanisms for					
	*Irregular migrant worker health insurance entitlements	documents	specialized health services					
	– knowledge of worker and HSP		,					
		*Self-treatment	*Self-treatment					
	*Self-treatment							
	POLICY AND POLITICAL INFLUENCES OVER HEALTHCARE REPONSES TOWARDS MIGRANTS							
	- migrant healthcare access rights/ policies / legislation - illegality and health-related "deservingness" - perceptions of public health /security risk							
	POLICY AND POLITICAL INFLUENCES OVER OHS/LABOUR PROTECTION							
	- fishing sector regulation - moral worthiness of male migrant's bodies - neoliberal organization of labour							

Source: Pocock NS. Occupational risks, health needs and victim identification of trafficked fishermen in the Greater Mekong Subregion (GMS). PhD thesis [London]: London School of Hygiene and Tropical Medicine; 2017.