**Supplementary Information**

1. EMBASE search strategy
2. PRISMA Checklist
3. Quality Appraisal Checklist
4. Forest plot displaying DerSimonian and Laird weighted random-effect pooled prevalence estimates for prevalence of self-reported symtoms of anxiety, depression and PTSD among trafficked women.
5. Forest plot displaying DerSimonian and Laird weighted random-effect pooled odds estimates for prevalence of HIV infection among trafficked women currently working in the sex industry in India and Mexico.
6. Forest plot displaying DerSimonian and Laird weighted random-effect pooled prevalence estimates for prevalence of HIV infection among sex trafficked women currently in contact with post-trafficking services in India and Nepal.

**EMBASE Search Strategy**

1. human trafficking.mp
2. people trafficking.mp
3. trafficking in people.mp
4. sex trafficking.mp
5. woman trafficking.mp
6. child trafficking.mp
7. trafficked people.mp
8. trafficked women.mp
9. trafficked men.mp
10. trafficked children.mp
11. trafficking in persons.mp
12. trafficking of men.mp
13. post-trafficking.mp
14. labour exploitation.mp
15. domestic workers.mp
16. forced labour.mp
17. forced labor.mp
18. forced prostitution.mp
19. sexual slavery.mp
20. 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 0R 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 19
21. health/
22. health.mp
23. well-being.mp OR wellbeing.mp
24. illness.mp
25. “Wounds and injuries/” OR wound.mp OR injur$.mp
26. disease/
27. disability.mp
28. infection/
29. symptom.mp
30. trauma.mp
31. “mental illness”/
32. “mental disorder”/
33. “mental health”/
34. (mental$ adj2 (problem$ OR difficult$ OR disorder$ OR ill$ OR health).mp.)
35. anxiety/
36. depression/
37. “posttraumatic stress”/
38. PTSD/
39. Schiz$/
40. Psychosis/
41. Psychotic/
42. Bipolar/
43. Depress$/
44. Mania OR manic/
45. Neurosis OR psychoneurosis/
46. Obsessive OR compulsive
47. “Personality disorder”/
48. “Eating disorder”/
49. ((delusional OR paranoi$ OR mood OR neurotic OR sress OR reactive OR combat OR somatoform OR somatization OR somatisation OR anxiety OR phobic OR obsessive-compulsive OR adjustment OR dissociat$) adj2 disorder$)
50. fear/
51. guilt/
52. hostility/
53. suicide/
54. “Behavioral symptom”/
55. “Self-injurious behaviour”/
56. “Reproductive behavior” OR “Risk taking”/
57. “sexual health”/
58. “Sexual behavior”/
59. “Social behavior”/
60. violence/
61. rape/
62. “sexually transmitted diseases”/
63. HIV/
64. pregnancy/
65. “abortion, induced”/
66. 16 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27 OR 28 OR 29 OR 30 OR 31 OR 32 OR 33 OR 34 OR 35 OR 36 OR 37 OR 38 OR 39 OR 40 OR 41 OR 42 OR 43 OR 44 OR 45 OR 46 OR 47 OR 48 OR 49 OR 50 OR 51 OR 52 OR 53 OR 54 OR 55 OR 56 OR 57 OR 58 OR 59 OR 60 OR 61 OR 62 OR 63 OR 64 OR 65
67. protein OR membrane OR cell
68. (20 AND 66) NOT 67

|  |  |  |  |
| --- | --- | --- | --- |
| **Section/topic** | **#** | **Checklist item** | **Reported on page #** |
| **TITLE** | | |  |
| Title | 1 | Identify the report as a systematic review, meta-analysis, or both. | 1 |
| **ABSTRACT** | | |  |
| Structured summary | 2 | Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number. | 2 |
| **INTRODUCTION** | | |  |
| Rationale | 3 | Describe the rationale for the review in the context of what is already known. | 3 |
| Objectives | 4 | Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS). | 3 |
| **METHODS** | | |  |
| Protocol and registration | 5 | Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number. | 4 |
| Eligibility criteria | 6 | Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale. | 4 |
| Information sources | 7 | Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched. | 4 |
| Search | 8 | Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated. | Supplementary Information |
| Study selection | 9 | State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis). | 4-5 |
| Data collection process | 10 | Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators. | 5 |
| Data items | 11 | List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made. | 5 |
| Risk of bias in individual studies | 12 | Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis. | 5 |
| Summary measures | 13 | State the principal summary measures (e.g., risk ratio, difference in means). | 5 |
| Synthesis of results | 14 | Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I2) for each meta-analysis. | 5 |

Page 1 of 2

|  |  |  |  |
| --- | --- | --- | --- |
| **Section/topic** | **#** | **Checklist item** | **Reported on page #** |
| Risk of bias across studies | 15 | Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies). |  |
| Additional analyses | 16 | Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified. | 5 |
| **RESULTS** | | |  |
| Study selection | 17 | Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram. | 6 |
| Study characteristics | 18 | For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations. | Table 1 |
| Risk of bias within studies | 19 | Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12). | Table 1 |
| Results of individual studies | 20 | For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot. | Tables 2-6, Supplementary Information |
| Synthesis of results | 21 | Present results of each meta-analysis done, including confidence intervals and measures of consistency. | 8-10, Supplementary information |
| Risk of bias across studies | 22 | Present results of any assessment of risk of bias across studies (see Item 15). |  |
| Additional analysis | 23 | Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]). | 8-10 |
| **DISCUSSION** | | |  |
| Summary of evidence | 24 | Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers). | 10-11 |
| Limitations | 25 | Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias). | 12-13 |
| Conclusions | 26 | Provide a general interpretation of the results in the context of other evidence, and implications for future research. | 13 |
| **FUNDING** | | |  |
| Funding | 27 | Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review. | 14 |

*From:*  Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(6): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit: **www.prisma-statement.org**.

Page 2 of 2

**Quality Appraisal Checklist**

**Study:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Considerations** | **Comments** | **Score** |
| **1 – Does the study address a clearly focused question?** | -focused in terms of population of interest  -focused in terms of outcomes studied |  |  |
| **2 – Is the study design appropriate to address the research question?** |  |  |  |
| **3 – Does the study use an appropriate sampling method?** | -sampling method  -time frame  -sample size |  |  |
| **4 – Is the study sample appropriate to address the research question?** | -sample characteristics clearly described  -clear inclusion and exclusion criteria  - appropriate controls  -representativeness of sample |  |  |
| **5 – Is the level of non-participation tolerable?** | -level of non-participation  - comparison of non-participants and participants  - impact of non-participation |  |  |
| **6 – Is the exposure (trafficking) appropriately assessed?** | -definition of trafficking is provided  -suitability of the indicators used  -potential for bias |  |  |
| **7 – Are the outcomes (violence and/or health symptoms and disorders) appropriately assessed?** | -validated clinical and/or survey instruments used to assess outcomes |  |  |
| **8 – Are known confounders accounted for?** | -key confounders identified  -design and analysis addresses confounders |  |  |
| **9 – Are appropriate statistical analyses conducted?** |  |  |  |
| **10– Are prevalence/risk measures reported with confidence intervals?** |  |  |  |
| **11– How precise are the results?** |  |  |  |
| **12 - Were ethical issues appropriately considered?** | -informed consent  -safeguarding anonymity, confidentiality and safety  -availability of support and referral options  -fieldworker training |  |  |
| **13 - Do the findings support the conclusions?** |  |  |  |
| **14 - Are the findings generalisable?** |  |  |  |
| **15 - Study results fit with existing evidence** |  |  |  |

**Total score (/30):**

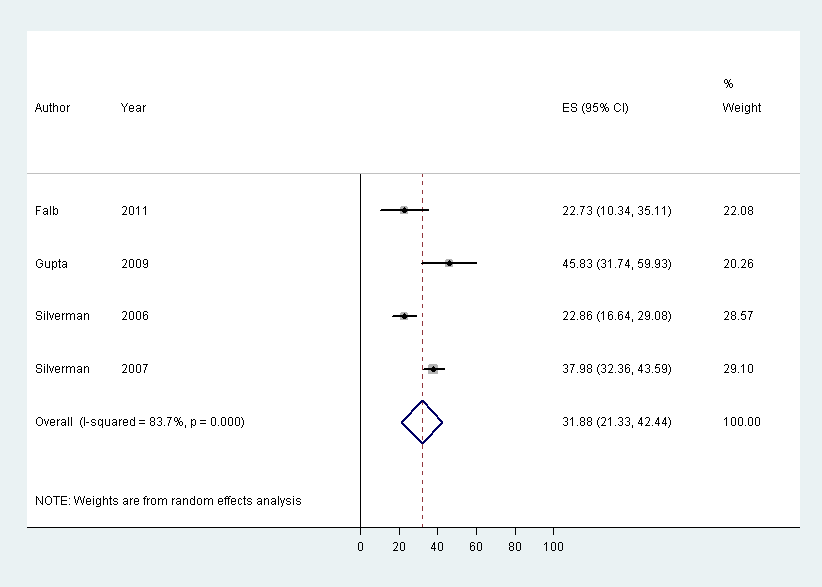
**Selection quality score (/6):**

**Measurement quality score (/6):**

**Forest plot displaying DerSimonian and Laird weighted random-effect pooled odds estimates for prevalence of HIV infection among trafficked women currently working in the sex industry in India and Mexico.**



**Forest plot displaying DerSimonian and Laird weighted random-effect pooled prevalence estimates for prevalence of HIV infection among sex trafficked women currently in contact with post-trafficking services in India and Nepal.**

****

**Forest plot displaying DerSimonian and Laird weighted random-effect pooled prevalence estimates for prevalence of self-reported symtoms of anxiety, depression and PTSD among trafficked women.**

