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"All I was Thinking About was Shattered": Women's Experiences Transitioning Out of Anti-Trafficking Shelters During the COVID-19 Lockdown in Uganda

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Abstract

Human trafficking is an egregious violation of fundamental human rights and a global challenge. The long-term harms to survivors' physical, psychological and social wellbeing are profound and well documented, and yet there are few studies exploring how to best promote resilience and holistic healing. This is especially true within shelter programs (where the majority of anti-trafficking services are provided) and during the transition out of residential shelter care, which is often a sensitive and challenging process. The current study begins to address this gap by centering the lived experiences of six women residing in a trafficking-specific shelter in Uganda as they unexpectedly transitioned back to their home communities due to the COVID-19 lockdown. We explore this pivotal moment in participants' post-trafficking journey, focusing on how these women described and interpreted their rapidly changing life circumstances—including leaving the shelter, adjusting back to the community setting, and simultaneously navigating the uncertainties of a global pandemic. Four core themes emerged from the analysis: economic insecurities as a cross-cutting hardship; intensification of emotional and physical symptoms; social disruptions; and sources of hope and resilience. By centering their personal stories of struggle and strength, we hope to elevate survivors' own accounts and draw on their insights to identify actionable considerations for future programming.

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Background

Human trafficking is an egregious violation of fundamental human rights and a global challenge. While it is difficult to accurately assess prevalence given its illegality, available data estimates that 40.3 million people worldwide are trafficked each year for sexual exploitation, forced labor, forced marriage, slavery, and other forms of human trafficking (UN WOMEN, 2020). People of all genders can be trafficked, however, women and girls comprise the majority of those affected, most often for sexual exploitation. Women and girls belonging to marginalized social groups are most at risk, reflecting how systems of patriarchal power and intersecting oppressions lie at the root of human trafficking (Caretta, 2015; Hu, 2019; Lockyer, 2020).

The long-term harms of human trafficking on survivors' physical, psychological and social well-being are profound (Doherty & Morley, 2016; Zimmerman et al., 2008). Mental health consequences include post-traumatic stress disorder (PTSD), anxiety disorders, depression, low self-esteem, flashbacks, suicidality, and dissociation (Oram et al., 2012; Zimmerman et al., 2008). Other serious consequences include social stigma and isolation, loss of income, housing and food insecurity, abusive relationships, and physical health problems (Cordisco Tsai, 2017; Doherty & Morley, 2016; Gerassi & Nichols, 2017).

More recent literature suggests that the COVID-19 pandemic amplifies both the risk factors for human trafficking and its harmful sequela. Due to COVID-19 public health measures, survivors may experience barriers in accessing healthcare services, increased financial stress/loss of livelihoods, disruptions in support programs, grief over the loss of loved ones, among other challenges —compromising their health and wellbeing and increasing the risk of re-victimization (Todres & Diaz, 2021). Moreover, transportation restrictions, quarantines, and lockdowns can trigger memories of traumatic events experienced while being trafficked, such as forced isolation and a lack of basic mobility (Cordisco Tsai et al., 2021; Jimenez et al., 2021).

While a growing literature base documents the risk factors and consequences of human trafficking, far less is understood regarding how best to promote survivors' resilience and holistic healing (Doherty & Morley, 2016; Salami et al., 2018). This is especially true within shelter programs where quality of services varies considerably. Initially, shelters operated mainly as emergency establishments to house individuals "rescued" by law enforcement during raids in areas suspected of human trafficking. However, the use of shelters has broadened substantially with both private non-governmental and public facilities operating around the world. These range from temporary shelters to provide basic needs, long term residential facilities, foster care programs, transitional housing, and more. Currently the majority of services for survivors of human trafficking are centralized within shelter programs, despite concerns around consistency, insufficient freedom in care, limited client participation, and more (Cordisco Tsai et al., 2022; Hacker et al., 2015).

Moreover few studies have examined the necessary conditions for healthy and successful transitions out of shelter care, a critical process that can be challenging for numerous reasons. For example, trafficking-specific shelters are often isolated from the community, meaning that survivors may live for years inside shelters without programs that promote social inclusion, facilitate ongoing connection with their families, or support in preparing for life outside the shelter (Dutta, 2017; Cordisco Tsai et al., 2020). Survivors have reported several difficulties when leaving shelter settings—especially when transitions are abrupt—including a sense of abandonment, conflict and disconnection when reconnecting with family, a lack of social support, difficulties completing education or obtaining

employment, and experiences of violence and stigmatization in the community (Cordisco Tsai et al., 2020; Dutta, 2017).

Survivors, practitioners, and researchers have all expressed the need to strengthen community reintegration services and better promote the conditions for sustained well-being at this critical junction in a survivor's post-trafficking experience (Dutta, 2016; Surtees, 2017). Yet designing stronger programs requires learning from those most affected, and few studies have provided space for survivors' to narrate and draw meaning from their experiences (Le, 2016; Lockyer, 2020). In particular, the process of community reintegration after leaving residential shelter care—where many survivors live and receive support for an extended period—has received scant attention in the literature (Cordisco Tsai et al., 2020).

The current study aims to address these gaps by exploring the lived experiences of six women as they unexpectedly transitioned from a trafficking-specific shelter to their home communities due to the COVID-19 lockdown in Uganda. We focus on how these women interpreted and drew meaning from their rapidly changing life circumstances—leaving the shelter, adjusting back to the community setting, and simultaneously navigating the uncertainties of a global pandemic. By centering their personal stories of struggle and resilience, we hope to elevate survivors' own accounts and draw on their insights to identify considerations for future programming. Further, survivors' reflections on the nuanced ways in which their experiences intersect with the broader context of COVID-19 deepens understanding of the potential exacerbating effects of the pandemic for women already experiencing systemic vulnerabilities.

Context and Methods

Human Trafficking in Uganda

Peer-reviewed literature on human trafficking in Uganda remains limited, with no official estimation of prevalence. However, existing reports indicate that Uganda is both a source and a destination country for human trafficking and that traffickers exploit both domestic and foreign victims. Ugandan government records indicate that 666 victims were identified in 2020, of which 575 were female, 497 were transnational, and 222 were children (U.S. Department of State, 2021). The government prosecuted 202 cases in 2020, the majority (140) were sex trafficking cases, 54 were labor cases, and 8 were unknown (U.S. Department of State, 2021).

As is common around the world, the true number of trafficking cases and individuals affected is likely much higher than official counts. For example, in Northern Uganda, the Lord's Resistance Army (LRA), a rebel group that fought the government for over 20 years, abducted at least 20,000 boys and girls and recruited them into its ranks as sex slaves, cooks, combatants, and other forms of servitude (Kelly et al., 2016). According to the U.S. Department of State (2021), children and young women from economically vulnerable families are most at risk, with reports of children as young as seven exploited for forced labor in agriculture, fishing, forestry, cattle herding, mining, stone quarrying, brick making, carpentry, steel manufacturing, street vending, bars, restaurants, and domestic service. Most recently, the increase in labor externalization of domestic workers from Uganda to Asia and Middle Eastern countries in search of economic opportunities has increased women and girls' risk of being exploited into forced labor, sex trafficking, and organ harvesting (U.S. Department of State, 2021). Other structural drivers are prevalent, including patriarchal gender norms that condone violence against women in some circumstances and reinforce male sexual entitlement (Namy et al., 2017).

While the government of Uganda has made recent strides in recognizing and addressing human trafficking as a major human rights issue in the country, mental health services for survivors remain limited (Namy et al., 2021). Non-governmental organizations (NGOs) provide the vast

majority of available services to trafficking victims and survivors, including shelter care, psycho-social counseling, medical treatment, family tracing, resettlement support, and vocational training (U.S. Department of State, 2017).

Setting and Participants

All participants in this study were residing in a female-only residential shelter in Kampala, Uganda prior to the COVID-19 pandemic. The shelter is run by an anti-trafficking NGO that provides holistic programming for survivors of human trafficking, predominantly for sexual exploitation. Services at the shelter include psycho-social support, individual case management, education/vocational training, and extracurricular activities.[1] The shelter allows women who were living with children at the time of enrollment into their programs, or gives birth after already being enrolled, to bring/keep their children with them at the shelter. If children were living with another guardian at the time of enrollment, the NGO provides medical and educational support for the children, but does not encourage women to bring their children to the shelter.

On March 25, 2020, Uganda entered a nation-wide lockdown immediately following the country's first confirmed case of COVID-19. The mitigation measures were swift and widespread, including a ban on the use of all public and private transport, the closure of all non-food businesses, and a national curfew. The country maintained one of the most far reaching policy responses globally, extending the lockdown several times and not fully opening the economy for nearly 2 years. Recognizing the uncertainty of the situation, the NGO gave all clients 18 years or older the option to return to their home communities before "locking down" the shelter. The six women in this study opted to leave the shelter. While the transition home was rapid and unexpected (prompted by the lockdown), the NGO provided financial support for transport home, and ongoing services such as remote case management support and an emergency cash transfer of 120,000 UGX/month (approximately 35 USD equivalent). The shelter staff continued to follow up with the six participants and they were enrolled into the NGO's Community-based Care program for 2 years, where they continued to receive psycho-social services (counseling), training in income generating activities and were provided with start-up capital.

At the time of the interviews, the women in this study were all living in their home communities in Uganda: two in rural settings and four in peri-urban settings (peri-urban areas are typically understood as rapidly evolving transitional zones situated between cities and rural areas). The socio-demographic profile of the six women is presented in Table 1, including a summary of their trauma histories (these data were collected in February 2020, just before COVID-19 was declared a global pandemic). As is common with many survivors of human trafficking, most of the women in our study have experienced multiple traumatic events, including rape, torture, lack of shelter, and witnessing violent death. Broadly speaking, in comparison to NGO clients who continued to reside in the shelter, the women who opted to leave were older, more likely to be in a relationship, and more likely to have children (Carlson et al., under review). The desire to reunite with family members during undertain times, especially young children who had previously been living with a guardian, was the most common reason shared for going home.

Data Collection

The data analyzed for this study is part of a larger research project evaluating Move with HaRT, a mind-body mental health intervention to promote healing and resilience for women and girls who have experienced trafficking and other forms of violence (Namy et al., 2021). The larger study enrolled 20 participants (14 of whom continued to reside in the shelter during the study) and involved six rounds of survey data and two rounds of in-depth interviews (IDIs). To address the research focus

Table 1. Participant Profile.

Socio-demographic characteristics	*n*	%
Age		
20–24 years	3	50
25–29 years	3	50
Partner status		
Single	3	50
In a partnership	2	33
Married	0	0
Widowed	1	17
Number of children		
0	2	33
1	3	50
2 or more	1	17
Educational attainment		
Primary or less	3	50
Secondary or tertiary	3	50
Duration of time living at the shelter		
Less than 3 months	0	0
3 to 6 months	2	33
More than 6 months	4	67
Trauma history		
Ever experienced sexual violence	4	67
Ever experienced torture	1	17
Ever witnessed a violent death	4	67
Ever experienced lack of shelter	4	67

of this manuscript, we include only one round of IDIs with the six women who left the shelter due to the COVID-19 pandemic.

The interviews (n = 6) were carried out in June 2020 using mobile phones, since all non-essential travel was prohibited during the national lockdown (see Namakula et al., 2021 for specific steps taken to maintain a trauma-informed approach using mobile phones). Each IDI lasted for approximately 1 hour and was conducted in either English or Luganda (depending on the participant's preference). The June 2020 interviews explored the following topics: the underlying motivations for leaving the shelter, participants' experiences in their home communities during lockdown, and perceived changes in physical, emotional, and social wellbeing since the start of the COVID-19 pandemic. Findings draw on the interview data as well as observations captured during daily debriefs (for example, interviewers commented on any perceived changes in participants' wellbeing and safety since their previous interaction).

Approval for the overall research project was obtained from University of Alabama (19-10-2964) and the Uganda National Council of Science and Technology (SS420ES), with an approved amendment to use remote-based data collection after the start of the lockdown. Interviews were conducted by two research team members (SN and AGN) from Uganda, both with extensive prior experience facilitating interviews on sensitive topics such as violence, HIV, and mental health. Several steps were taken to enhance emotional and physical safety throughout; interviewers established rapport, listened to nonverbal cues, and proactively checked-in on participants' wellbeing during interviews. Daily debriefs with the research team allowed for troubleshooting emergent issues and processing emotional responses of interviewers—an important step for minimizing the risk of secondary trauma (see Billing et al., 2022 for further details of steps taken to promote researcher wellbeing

in this study). All participants were offered a voluntary referral to their case manager and mandatory referrals were made in the event of suicide risk.

Data Analysis

Audio recordings of the interviewers were transcribed verbatim and simultaneously translated into English (as needed) by the researcher who facilitated the interview. We used an interpretative phenomenological approach (IPA), characterized as "participant-oriented" and frequently used to "investigate and interpret the 'lived experiences' of people who have experienced similar (common) phenomenon" (Alase, 2017, p. 11). Consistent with IPA, the interview guides posed general questions that provided space for individuals to interpret and draw meaning from their own experiences. For example, the guide included questions that explored any perceived changes in physical, emotional, and social wellbeing since transitioning out of the shelter (which coincided with the COVID-19 lockdown).

The analytic process was iterative, and utilized several common strategies for IPA (Smith & Shinebourne, 2012) including (1) Codebook development: an initial codebook was created based on observations and preliminary themes identified during team debriefs. Subsequently, two co-authors immersed in the data made revisions and integrated inductive codes; (2) Coding: line-by-line coding in Atlas.ti (Version 8 Windows), with double coding for the first three transcripts to enhance consistent interpretation of the final codebook; (3) Analysis outputs: To help identify and refine themes within and across participants, we created a "participant wellbeing matrix" that captured key dimensions of physical, emotional, and social wellbeing for each woman in the study. In addition, six "code summaries" were developed that included detailed commentary of extracted data for all conceptually similar codes; (4) Final theme identification: All analysis outputs were reviewed and jointly discussed by the research team (CC, SN, SN, AGN) to select themes that best reflected the commonalities and unique aspects related to the transition out of shelter care during the COVID-19 lockdown, and participant-identified dimensions of physical, psychological and social wellbeing.

Findings

Overall, participants shared numerous challenges to their emotional, physical, social, and financial wellbeing as a result of their abrupt transition from the shelters to community-based living. They also described how their trafficking and trauma histories were intensified by this transition during the pandemic, dramatically altering their lives and future aspirations. Our analysis identified four core themes related to how these women described and interpreted their rapidly changing life circumstances, each described separately below. Note that all six women have been assigned a pseudonym to protect confidentiality.

Economic Insecurities as a Cross-Cutting Hardship

All six women acknowledged having experienced profound economic hardship after transitioning home, often discussing their financial situation several times in the same interview and linking this to feeling a lack of safety and wellbeing. Even with a monthly cash transfer provided by the NGO, many still struggled to meet basic daily needs—a stark contrast from life at the shelter. As Barbra explained, "they [NGO staff] cared about my life and were mindful of everything that concerned my life, whether I have eaten food, whether I am feeling well—and they would try everything possible to make sure that I am stress free." Later in the interview, she speculated on whether she would have survived during the pandemic without this financial support:

> My life would have been so bad. I cannot lie to you. If it was not for [the NGO] our lives would have been so miserable. The money we are getting is used to cater for the basic needs not luxuries, so I do not even know how we would have survived. At this moment you cannot get support from people, everyone is crying and talking about COVID, so then who would have come to our rescue? (Barbra, 26 years).

The cash transfer also enabled several of the women to provide for their household during the lockdown, some having to do this for the first time in their adult lives. For some women who had been experiencing the heavy weight of economic expectations given their "time abroad,"[2] they interpreted their newfound ability to be a source of stability and material support in their household as meaningful and validating:

> You might even laugh at me. The brightest part [since being home] is I am so happy, only that I cannot go out and say it out loud. I had never owned 100,000 UGX [approximately $28 USD] in my life! By the time I went out of the country, the maximum that I had owned was 50,000 UGX [approximately $14 USD]. I left [Uganda] hoping that I was also going to hold some good money, but that never happened. (Barbra, 26 years)

For others, the realities of multiple family members and limited (or nonexistent) options for paid work meant that the cash transfer was simply not enough to secure basic needs for their household, and sometimes personal necessities, including healthcare, were overlooked. Sarah put it succinctly, "I have never been fine [since leaving the shelter]. I have been in the hospital, if not this week then the next week. I am sick and the problem was money." Similarly, when asked about the "hardest part" of the lockdown so far, Amira recounted:

> The hardest part was sickness. The time when I fell sick, yet I did not have proper treatment… I have ulcers, so this time I fell sick and I did not have enough money to go for treatment, during that time [the NGO] had not yet started giving us some money, so it was so challenging for me. And during that time my daughter also fell sick and she also needed treatment. (Amira, 26 years)

Some women attributed financial hardships to their emotional state. For example, Grace explained how she felt food insecurity compromised her fundamental sense of safety:

> Overall, I haven't been very safe. I have had a lot of challenges in my daily life. What I explained to you earlier, you can't be safe if you don't have food, you can't be safe if your health is not good, because all that has not being going on well for me. […] The biggest challenge I have found, is that you may want something or to do something, but you cannot get it or do it. For example food and healthcare, and where you stay … the situation has been bad, and still is. (Grace, 22 years)

Later in the same interview she circled back to her financial situation and pondered how it had shaped (and constrained) her sense of self and aspirations for the future:

> I am filled with sadness and a lot of pain in my heart. I can't do anything now because I have no money. And I have no one to help me now. I reflect about the reason why I had gone abroad which was to come back and start up life, but I instead got problems. I sit down time after time and wonder what I can do now. I can't do anything. If I had some money, I would start working and be able to better my life without any hardships, that's what I keep asking myself. That is it. (Grace, 22 years)

Intensification of Emotional and Physical Symptoms

Pronounced emotional and physical distress emerged as another shared experience, which participants frequently linked to COVID as a direct cause or an exacerbating factor. For instance, when

asked to reflect on their emotional wellbeing and what they thought was most affecting it, several participants emphasized how the pandemic had "disorganized" their plans and "shattered" their aspirations that had been taking shape at the shelter. A sense of having "failed" and feeling powerlessness to move forward because of COVID was pervasive across the interviews. As observed in the interview with Hope, this experience was at times interpreted as a sharp departure from the sense of relative wellbeing she had previously experienced in the shelter:

> My life was good, I had started feeling joy. We had hopes and each of us had programs, which were going well [before COVID] … but ever since that disease broke out, things changed so much, and we had to change priorities. So, I am here as if I am stuck. I am like a failure. It's even hard for me to explain it more. … All that I was thinking about was shattered. I no longer do the things I used to. I had different plans [before COVID] and hoped that by now I would be at my own pace, setting up my own things, but everything got stuck. That is the challenge I have right now. (Hope, 29 years)

Christine shared that the most pronounced hardship was being unproductive. For her, this was associated with a loss of agency—feeling that she was "just seated like a baby":

> The hardest part of it [lockdown], I would say, to me is that it has put me down. Put me down. I expected another thing, now I am down. And also sometimes, you know for me, I am not used to sitting without doing anything. But it has made me to be bored which is not good for me … It is not good, I made a loss for the year. It means I did a loss, because I was unable to do the things that I was supposed to do. I am just seated like a baby as if I have nothing. (Christine, 20 years)

Barbra's analysis was unique, in that she situated the desperation she was experiencing in a global perspective. To her, it was the scope of the crisis and magnitude of collective suffering that eclipsed the personal hardships she had previously been able to endure:

> At my age, I had never witnesses trying events that befall the entire country. I would say that in my life COVID is the first pandemic that has affected the entire world. We have been used to personal problems like being hungry, suffering over this and that but life would still continue. So we would plan and have dreams amidst these challenges, but then suddenly something happens that affects the entire world and disorganizes all your life dreams. (Barbra, 26 years)

Only one of the women explicitly mentioned being afraid of contracting COVID-19. However, nearly everyone suffered a continuation (or intensification) of physical health conditions that had begun before the lockdown. Amira suffered from ulcers—commonly associated with stress—and had to discontinue treatment after leaving the shelter when she was unable to access care. Sarah had been raped, and could not sleep because of chronic worry about her HIV status and a persistent leg injury also sustained during her trafficking experience. She also described generalized weakness and body pains—symptoms experienced by several other women in the study:

> Okay like now for me, I am thinking I have not yet known my HIV status, what if I am HIV positive, how will I appear? Regarding that one, I think a lot. Because I was just raped from abroad and, when they made the first test, they never told me the results. And the second thing, me, I feel weak. I don't work, I don't do anything. I just stay inside the house. I feel general body weakness and back pain. I also think, 'when will my leg be healed'? That one I also think about it. (Amira, 26 years)

Similar to Amira, Grace drew explicit connections between her physical health symptoms, emotional difficulties and past traumas. She had previously been hospitalized for fainting while at the shelter, and overall was in poor physical health. During the interview she speculated on how her experiences abroad—and inability to share them with others—was causing physical pain (headaches)

as well as emotional distress and other symptoms commonly used to describe depression in the Ugandan context ("lots of thoughts," "hating the world," etc.):

> Sometimes I would have nothing giving me headache, but I had a lot of thoughts and was uncomfortable where I was [my state of mind]. I can say it this way—inside, you feel afraid. You fear, but I couldn't give a clear explanation of what was bothering me to myself, or even to anyone who asked to know. Other times, I would get things that bother me in my heart, and I feel like I hate this world. And I would detest it so much that I ask, God why? But I would never understand it at all. Sometimes I try to avoid thinking about things that break my heart, which hurt me or bother me … You keep it at heart. There is no one to tell … Sometimes, you leave everything to yourself and say, God knows. When you can, cry. You cry alone without anyone noticing. You decide to cry to get off what is on the heart. (Grace, 22 years)

Social Disruptions

The women described how leaving the shelter during the lockdown caused both positive and negative social interactions, ranging from the elation of reconnecting with a child, to outright stigma in other situations. Many of the women had enjoyed close relationships with the staff and their housemates at the shelter, using familial language ("auntie," "mother," "sister," etc.) and referring to the constant companionship as an important source of support. The abrupt rupture of this social network was yet another important change that accompanied the transition home, triggering feelings of loss and loneliness for several women. For instance, Hope identified her emerging friendships at the shelter as a source of healing prior to the lockdown, and surmised that her current isolation caused her to "back slide:"

> The truth is, I had started feeling well [before COVID] because I had started getting friends in the places I used to visit during our training, and learning from people's experiences. I was feeling good, however COVID had negatively changed everything. It has made me back slide [so much] that I even lost connection with some constructive people I had met. (Hope, 29 years)

During the interviews, all the women were asked about their decision to leave the shelter. Five participants explained that the primary motivation was to reunite with their young children or family members after the sustained separation while abroad and living at the shelter. Anxiety over these familial separations was also driven by uncertainties around COVID-19. For instance, Barbra recalled being afraid that she would receive a phone call at the shelter that her daughter had contracted the virus and died. Once back in their home communities, several participants experienced a positive (re)connection with family members. When asked if there was anything that had helped them to feel better, two participants--Christine and Amira—both emphasized the joy of living in the same household with their young daughters:

> I am now living with my daughter which I have always wanted, so I take on any opportunity to be with her. I feel safe and happy when I am with her. She is also happy when I am around. She is happy that mama is staying at home. She has changed, she has grown and now recognizes me as her mama. (Christine, 20 years)

> I enjoy having time with my baby, like when I am done with my work I sit and relax and have time with my baby and we play, because whenever I am busy with work I don't have time for her. So after work, that is the time we have together to play and laugh. During that time I feel so good, just like any other parent. (Amira, 26 years)

These positive social interactions were juxtaposed with several examples of interpersonal conflict, often linked to circumstances surrounding their trafficking experiences and the patriarchal general

norms existing in the community. Hope's situation was particularly challenging. She felt her family no longer cared for her and recounted how they often mocked her for not having money despite having gone abroad. She also described strong distrust following an incident involving her children. When Hope confronted a male family member about this, he threatened her directly with violence:

> Relatives can even sell off your things or property, so I don't trust them completely. So with trusting I have limits, I may trust some people or even not trust others because some people you trust may end up hurting you, like the ones you trusted before, so I have a fear. When I was abroad, I was working and would buy things for my children, but when I came back, and now that I was back in the village, I would find even the people staying with my children using the things for themselves not for my children … I asked him [male family member] that 'why would you do this to my things, yet children are even sleeping on the floor.?' … He added that 'I am freely advising you to stop saying to me words about that. If you ever talk to me about these items, I would beat you up and dump you in a swamp.' (Hope, 29 years)

Grace spoke in detail about the joy of bonding with her during the lockdown, who she had been missing. However, she also described a profound distrust of others, and felt that her inability to connect was linked to the inexplicable anger she had experienced since the pandemic:

> I usually get a lot of challenges, because these days I have a lot of anger ever since COVID started. Since we left the shelter and came back home, I have a lot of anger these days. I don't even know where it comes from. If someone does anything to me, I get so angry, though I may not show it. I feel so so angry at that person. That's my problem. (Grace, 22 years)

Outright hostility from the community was not uncommon—and most of the women related at least one example of community accusations or stigma linked to being trafficked. Sarah described these hardships in detail, as well as the emotional toll she experienced as a result:

> I have been stressed with other people, I feel uncomfortable. Some other people look at me, they know I have been in [name of shelter] and even others never knew that I went abroad, now they are just coming to know. I would become uncomfortable. Others say that 'she went abroad and came back with nothing.' Like things are being spoken by my family members, they share with other people and they start laughing at me … Sometimes when I am inside the house and I see people look at me and they laugh, and even talk about me, I fear … I feel so small and uncomfortable. I feel bad about myself when they talk about me, even if it is not true. (Sarah, 25 years)

Sources of Hope and Resilience

Despite these extremely difficult circumstances, all participants demonstrated their capacity for resilience and hope at some point during the interviews. Sarah used a portion of her cash transfer to buy a goat, and expressed a sense of pride in her investment and its potential to secure future income. Barbra found work planting crops with her mother, and reflected on how this helped her to keep busy and gave her a sense of purpose. And several other participants described personal practices that helped them better navigate COVID-related uncertainties, such as prayer, cooking, "quiet time" and positive self-talk about the future. Sarah described keeping a hopeful outlook largely rooted in her faith:

> I am a gift of God. I managed to come back [home], and up to now, I am still alive, which means I have a future ahead and there is something God has planned for me. It is just that the time has not yet reached, but there is something for me. That is what I always tell my mind. I think about the disease, I think about people working but me I am not, people getting money, but I don't. But I tell myself God gave me a

> chance to meet an organization [the NGO]. I don't know what they are planning, but I see there is future for me. That is what I always tell my mind when I am thinking. (Sarah, 25 years)

When asked to consider how they were able to sustain hope in spite of such trying circumstances, nearly all the women alluded to the relevance of emotional support, either from family members, a trusted friend, their NGO case manager (who provided remote services during the lockdown) as well as the researchers in this study. The ability to be validated and seen by someone—without judgment—emerged as particularly salient, as noted by Sarah (referring to her case manager) and Hope (referring to a member of the research team).

> When I have a problem and I share it, like, with a friend that I trust--not family, I get some confidence, I cool down. Like last week I was totally down. I contacted my case manager she called me back, but I was just crying on the phone, explaining what happened. But before the call ended, I was somehow better. I like sharing my problems and or secrets with other people. (Sarah, 25 years)

> What has made me feel good, it's you people [research team]. Whenever I hear from you I feel hopeful. I didn't know that I would ever meet such people. It makes me stronger. When I get your call, I feel energized … If someone can call and ask how I am doing, I get hope. (Hope, 29 years)

Discussion

To our knowledge, this is the first in-depth qualitative study to explore the lived experiences of survivors of human trafficking as they transitioned out of shelter care during the COVID crisis. Overwhelmingly this was a time of immense hardship, magnified by these women's histories of being trafficked and their rapidly changing life circumstances. At the same time, reconnecting with family brought moments of joy, and participants' stories highlighted compelling examples of courage and resilience.

Consistent with our methodological approach, findings are not intended to be broadly representative of any one group or demographic. Rather our aim is to elevate the experiences of six individual women and how they draw meaning from navigating several pivotal life events simultaneously: transitioning out of shelter care, readjusting to life in the community, and experiencing the COVID-19 pandemic and nation-wide lockdown. By centering women's own interpretation and perspectives, these findings address a gap in survivor-generated knowledge which is essential for informing programs and policies that speak to the lived realities of those most affected.

Overall our findings broadly align with existing literature from various disciplines. First, trauma-focused scholarship indicates that persons with past trauma histories are at heightened risk for experiencing maladaptive reactions to new traumas (Fossion et al., 2015). For survivors of human trafficking in particular, the COVID-19 lockdown may be experienced as a trauma in-and-of-itself (Lee et al., 2020), given similarities between quarantine/forced isolation and the experience of being trafficked. The profound suffering while in lockdown described by the women in our study supports this interpretation. Further, several studies have described how trauma—and sexual violence in particular—can become "embodied," causing sustained impacts on a person's physical body, physiology, and associated emotional states (Fields et al., 2020; Herman, 1992; Van der Kolk, 2014). In our research, participants' descriptions of their overall wellbeing aligns with this understanding, particularly their own analysis of the interconnections between physical ailments and emotional distress linked to their trafficking experiences.

Secondly, feminist literature frequently emphasizes the salience of women's economic independence to bolster various aspects of their agency and autonomy (Kabeer, 2008) —for example, to exit abusive relationships, claim decision making power in the household and resist other inequitable

gender norms. Research with survivors of human trafficking has similarly emphasized the importance of sustainable employment for self-worth and belonging as a critical component of recovery and protection against revictimization (Cordisco Tsai, 2017; Hacker et al., 2015). For instance, a qualitative study with survivors of human trafficking in Nepal found that women who returned to their home communities without money and were unable to pay off debts experienced social stigma and rejection from family members (Simkhada, 2008)—a finding that resonates with the experiences shared by some of the participants in our study.

Finally, while relatively few studies focus on the transition out of shelter care, available literature supports our findings, including the likelihood of experiencing community accusations, strained relationships with family members after extended separations, distress over the abrupt loss of direct support provided in the shelter environment, mental health challenges, and difficulty reestablishing a sense of purpose and meaning (Cordisco Tsai et al., 2020; Le, 2016; Surtees, 2017).

Our study makes an additional contribution to the current knowledge base by exploring how survivors' experiences intersected with the COVID-19 crisis in Uganda. Participants reflected on the nuanced ways in which the pandemic exacerbated existing difficulties, and—at times—created new challenges, for instance, intensifying physical symptoms given the difficulty in accessing care, contributing to a feeling of unproductivity and "disrupting" personal plans for the future. It is also possible that the strict lockdown policy in Uganda circumscribed the potential for positive shifts highlighted in other research, such as a "heightened sense of freedom and self-determination" described by survivors in the Philippines upon leaving the shelter (Cordisco Tsai et al., 2020, p. 12).

Several limitations should be noted. As with all in-depth qualitative research, we do not expect these findings to be generalizable beyond study participants, though their experiences may offer insight into patterns and dynamics relevant to other survivors in similar circumstances. In addition, while the qualitative researchers established strong rapport and had previously engaged with participants in-person (prior to lockdown), the remote nature of these interviews may have limited interpretation and understanding based on non-verbal cues. While most of the interviews were conducted in Luganda, data were transcribed and translated into English for analysis, and some linguistic and cultural nuances may not have been captured.

Taken as a whole, the experiences of the women participating in this research underscore the importance of creating feminist, trauma-informed programs to support reintegration and adjustment to life in the community. Such approaches must acknowledge (and attend to) the structural conditions that too often impede healing for women survivors, including patriarchal norms and behaviors that contribute to a lack of meaningful work opportunities, social stigma, and repeated experiences of systemic trauma(s). These same issues lie at the root of women and girls' vulnerability to trafficking in the first place (Cameron et al., 2020; Gacinya, 2020). As many activists, scholars and practitioners have argued, the prevention—and gradual elimination—of human trafficking requires decisive and urgent action to dismantle these structural inequalities.

Further, drawing on what we learned from the women in our study, we identify four actionable directions to better support holistic healing and wellbeing for survivors as they transition out of shelter care—an experience that affects nearly all survivors who have engaged with the residential shelter system:

1. Ensure viable livelihood opportunities and expand the definition of safety for survivors. "Exiting" human trafficking is not a one-off event, and once home women will be immersed in the same contexts that made them vulnerable to being trafficked initially (Cordisco Tsai, 2017). It is imperative for survivors to access stable employment, in sectors that are prioritized by women themselves (Richardson et al., 2009), and that economic support given to survivors is coupled with financial training. This can mitigate the risk of re-trafficking and,

as discussed by the women in our research, the ability to provide for their families is intricately bound to a sense of purpose and hope for securing a better future.

2. Create structures for survivors to maintain core social connections including with family (while living at the shelter) and with staff (after transitioning home). Continuity in positive relationships emerged as a source of resilience in our study—whereas, for some women, the experience of family betrayals and/or outright conflict was re-traumatizing. Other anti-trafficking researchers and activists have argued for the importance of avoiding abrupt social disruptions during community reintegration, particularly in light of the profound breach of trust many survivors experience when trafficked (Cordisco Tsai et al., 2020; Le, 2016; Surtees, 2017).
3. Address and mitigate challenging social dynamics likely to emerge, including financial expectations (e.g., becoming "rich" since living abroad), accusations, and/or stigma directed at survivors. As others have argued, doing so may require that shelters conduct outreach (and/or counseling) to family members and community leaders, and facilitate collaboration between families and clients in planning for their transition home (Cordisco Tsai et al., 2020). In addition, programming could consider creative ways to prepare women and equip them with practical skills to better navigate these difficulties (e.g., role playing scenarios, discussion groups, etc.), as well as a plan for crisis management should the situation become overwhelming.
4. Integrate specific programming to promote physical and emotional healing, with a particular focus on the "embodied imprint" of systemic trauma. Increasing evidence suggests that yoga and other contemplative activities can address somatic and mental health symptoms following sexual violence (Fields et al., 2020) and initiatives such as the Feminist Republic (Urgent Action Fund-Africa, 2021) explicitly links somatic and movement-based practices to their conceptualization of healing justice for marginalized communities. Providing such activities within the shelter setting could help establish a stronger foundation for sustained resilience as survivors transition out of shelter care.

To support long-term wellbeing for survivors, anti-trafficking programming must move beyond reducing immediate harm to addressing the structural impediments to healing and promoting women's agency, social support, and resilience (Clawson et al., 2007). Developing such programs requires exploring, listening to, and prioritizing the experiences of survivors—particularly during pivotal moments such as the transition out of shelter care back to life in the community.

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Notes

1. Further details of the NGO and shelter program are intentionally omitted to protect participants' confidentiality and safety.
2. Most of the women in this research were trafficked outside Uganda and frequently used the term "abroad" to refer to their trafficking experiences.

References

Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, *5*(2), 9–19. https://doi.org/10.7575/aiac.ijels.v.5n.2p.9

Billing, L., Carlson, C., Namakula, S., Namy, S., Nabachwa, A., & Gevers, A. (2022). *Researching with HaRT: promoting researcher wellbeing through self and collective care*. Sexual Violence Research Initiative.

Cameron, E. C., Cunningham, F. J., Hemingway, S. L., Tschida, S. L., & Jacquin, K. M. (2020). Indicators of gender inequality and violence against women predict number of reported human trafficking legal cases across countries. *Journal of Human Trafficking*, 1–15. https://doi.org/10.1080/23322705.2020.1852000

Caretta, M. A. (2015). Casa rut: A multilevel analysis of a "good practice" in the social assistance of sexually trafficked Nigerian women. *Affilia: Journal of Women and Social Work*, *30*(4), 546–559. https://doi.org/10.1177/0886109915572846

Clawson, H. J., Salomon, A., & Goldbatt Grace, L. (2007). *Treating the hidden wounds: Trauma treatment and mental health recovery for victims of human trafficking*. U.S. Department of Health and Human Services.

Cordisco Tsai, L. (2017). Family financial roles assumed by sex trafficking survivors upon community re-entry: Findings from a financial diaries study in the Philippines. *Journal of Human Behavior in the Social Environment*, *27*(4), 334–345. https://doi.org/10.1080/10911359.2017.1288193

Cordisco Tsai, L., Eleccion, J., & Panda, A. (2021). Impact of the COVID-19 pandemic on survivors of human trafficking in the Philippines. *Journal of Modern Slavery*, *6*(2), 231–246. https://doi.org/10.22150/jms/MIGO6786

Cordisco Tsai, L., Lim, V., & Nhanh, C. (2020). I feel like we are people who have never known each other before: The experiences of survivors of human trafficking and sexual exploitation transitioning from shelters to life in the community. *Forum: Qualitative Social Research*, *21*(1), Article 16. https://doi.org/10.17169/fqs-21.1.3259

Cordisco Tsai, L., Lim, V., & Nhanh, C. (2022). Shelter-based services for survivors of human trafficking in Cambodia: Experiences and perspectives of survivors. *Qualitative Social Work*, *21*(3), 523–541. https://doi.org/10.1177/14733250211010901

Doherty, S., & Morley, R. (2016). Promoting psychological recovery in victims of human trafficking. In M. Malloch & P. Rigby (Eds.), *Human trafficking: The complexities of exploitation* (pp. 121–135). Edinburgh University Press.

Dutta, S. (2016). Institutional care in India: Investigating processes for social reintegration. *Children and Youth Services Review*, *66*, 144–153. https://doi.org/10.1016/j.childyouth.2016.05.010

Dutta, S. (2017). Experiences of young Indian girls transiting out of residential care homes. *Asian Social Work and Policy Review*, *11*, 16–29. https://doi.org/10.1111/aswp.12107

Fields, A., Namy, S., & Dartnall, E. (2020). *SVRI Knowledge Exchange: Body-focused mental health approaches with survivors of sexual violence*. Sexual Violence Research Initiative.

Fossion, P., Leys, C., Kempenaers, C., Braun, S., Verbanck, P., & Linkowski, P. (2015). Beware of multiple traumas in PTSD assessment: The role of reactivation mechanism in intrusive and hyper-arousal symptoms. *Aging & Mental Health*, *19*(3), 258–263. https://doi.org/10.1080/13607863.2014.924901

Gacinya, J. (2020). "Gender inequality as the determinant of human trafficking in Rwanda". *Sexuality, Gender & Policy*, *3*(1), 70–84. https://doi.org/10.1002/sgp2.12018

Gerassi, L. B., & Nichols, A. J. (2017). *Sex trafficking and commercial sexual exploitation: Prevention, advocacy, and trauma-informed practice*. Springer Publishing Company.

Hacker, D., Levine-Fraiman, Y., & Halili, I. (2015). Ungendering and regendering shelters for survivors of human trafficking. *Social Inclusion*, *3*(1), 35–51. https://doi.org/10.17645/si.v3i1.173

Herman, J. (1992). *Trauma and recovery*. Basic Books.

Hu, R. (2019). Examining social service providers' representation of trafficking victims: A. Feminist postcolonial lens. *Affilia: Journal of Women and Social Work*, *34*(4), 421–438. https://doi.org/10.1177/0886109919868832

Jimenez, E., Bravo-Balsa, L., Brotherton, V., Dang, M., Gardner, A., Gul, M., Lucas, B., Such, L., & Wright, N. (2021). *Risks and Impacts of COVID-19 for Modern Slavery Survivors in the UK and the USA: Rapid Evidence Review*. Rights Lab.

Kabeer, N. (2008). *Paid work, women's empowerment and gender justice: critical pathways of social change. Pathways of Women's Empowerment working paper 3*. Institute of Development Studies.

Kelly, J. T., Branham, L., & Decker, M. R. (2016). Abducted children and youth in Lord's resistance army in Northeastern Democratic Republic of the Congo (DRC): Mechanisms of indoctrination and control. *Conflict and Health*, *10*(1), 1–11. https://doi.org/10.1186/s13031-016-0078-5

Le, P. D. (2016). Reconstructing a sense of self: Trauma and coping among returned women survivors of human trafficking in Vietnam. *Qualitative Health Research*, *27*(4), 509–519. https://doi.org/10.1177/1049732316646157

Lee, S. A., Mathis, A. A., Jobe, M. C., & Pappalardo, E. A. (2020). Clinically significant fear and anxiety of COVID-19: A psychometric examination of the coronavirus anxiety scale. *Psychiatry Research*, *290*(113112), 1–7. https://doi.org/10.1016/j.psychres.2020.113112

Lockyer, S. (2020). Beyond inclusion: Survivor-leader voice in anti-human trafficking organizations. *Journal of Human Trafficking*, *8*(2), 135–156. https://doi.org/10.1080/23322705.2020.1756122

Namakula, S., Nabachwa, A., Namy, S., Carlson, C., Nkwanzi, V., Ng, L., & Galaway, K. (2021). Trauma-informed phone interviews: Learning from the COVID-19 quarantine. *Best Practices in Mental Health*, *17*(1), 18–27.

Namy, S., Carlson, C., Morgan, K., Nkwanzi, V., & Neese, J. (2021). Healing and resilience after trauma (HaRT) yoga: Programming with survivors of human trafficking in Uganda. *Journal of Social Work Practice*, *36*(1), 87–100. https://doi.org/10.1080/02650533.2021.1934819

Namy, S., Carlson, C., O'Hara, K., Nakuti, J., Bukuluki, P., Lwanyaaga, J., Namakula, S., Nanyunja, B., Wainberg, M. L., Naker, D., & Michau, L. (2017). Towards a feminist understanding of intersecting violence against women and children in the family. *Social Science & Medicine*, *184*, 40–48. https://doi.org/10.1016/j.socscimed.2017.04.042

Oram, S., Stöckl, H., Busza, J., Howard, L. M., & Zimmerman, C. (2012). Prevalence and risk of violence and the physical, mental, and sexual health problems associated with human trafficking: Systematic review. *PLoS Medicine*, *9*(5), e1001224. https://doi.org/10.1371/journal.pmed.1001224

Richardson, D., Poudel, M., & Laurie, N. (2009). Sexual trafficking in Nepal: Constructing citizenship and livelihoods. *Gender, Place and Culture*, *16*(3), 259–278. https://doi.org/10.1080/09663690902836300

Salami, T., Gordon, M., Coverdale, J., & Nguyen, P. T. (2018). What therapies are favored in the treatment of the psychological sequelae of trauma in human trafficking victims? *Journal of Psychiatric Practice*, *24*(2), 87–96. https://doi.org/10.1097/PRA.0000000000000288

Simkhada, P. (2008). Life histories and survival strategies amongst sexually trafficked girls in Nepal. *Children & Society*, *22*(3), 235–248. https://doi.org/10.1111/j.1099-0860.2008.00154.x

Smith, J. A., & Shinebourne, P. (2012). Interpretative phenomenological analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA Handbook of research methods in psychology, volume 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 73–82). American Psychological Association.

Surtees, R. (2017). *Moving on. Family and community reintegration among Indonesian trafficking victims*. Nexus Institute.

Todres, J., & Diaz, A. (2021). COVID-19 and human trafficking-the amplified impact on vulnerable populations. *JAMA Pediatrics*, *175*(2), 123–124. https://doi.org/10.1001/jamapediatrics.2020.3610

United Nations Women (UN Women) (2020). COVID-19 and enabling violence against women and girls. [online: brief]. Available at: https://www.unwomen.org/- /media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19- and-ending-violence-against-women-and-girls-en.pdf?la = en&vs = 5006 (Accessed 10 February 2021).

Urgent Action Fund Africa (2021). Fostering Cultures of Care. [online: brief]. Available at: https://www.uaf-africa.org/fostering-cultures-of-care/ (Accessed 5 August 2021).

U. S. Department of State (June 2017). "Trafficking in persons report", available at: https://www.state.gov/trafficking-in-persons-report/ (accessed 12 March 2021).

U. S. Department of State (June 2021). "Trafficking in persons report", available at: https://www.state.gov/reports/2021-trafficking-in-persons-report/uganda/ (accessed 3 July 2022).

Van der Kolk, B. A. (2014). *The body keeps the score: brain, mind and body in the healing of trauma*. Viking Press.

Zimmerman, C., Hossain, M., Yun, K., Gajdadziev, V., Guzun, N., Tchomarova, M., & Watts, C. (2008). The health of trafficked women: A survey of women entering post trafficking services in Europe. *American Journal of Public Health*, *98*(1), 55–59. https://doi.org/10.2105/AJPH.2006.108357

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