

Trauma-Informed Phone Interviews: Learning from the COVID-19 Quarantine

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Abstract

The coronavirus disease (COVID-19) pandemic and associated lockdowns have significantly affected populations with prior trauma histories, as well as research studies with trauma survivors. This article describes the transition from in-person to virtual research during the first COVID-19 lockdown in Uganda in 2020. The lockdown occurred during an evaluation study of a trauma-informed yoga intervention (hartyoga.org) with survivors of human trafficking residing in shelters. We discuss strategies taken and lessons learned in conducting virtual intervention and interview sessions with trauma survivors. Approaches we found to be particularly important included preinterview calls with participants; intense active listening for changes in tone, cadence, and background noises; reacquiring informed consent at multiple points in the interview; actively engaging interviewees as partners in ensuring ethical guidelines; and ensuring support for research team members to avoid burnout or secondary trauma. We believe that these strategies have relevance for other virtual or telephone research studies with trauma survivors.

Keywords: human trafficking, pandemic, research methods, trauma, violence against women

Author Note:

At Healing and Resistance after Trauma (HaRT), Kampala, Uganda, Sylvia Namakula, BA, and Agnes Grace Nabachwa, BA, are research coordinators. Catherine Carlson, MSW, PhD, is assistant professor, University of Alabama School of Social Work, Tuscaloosa, and codirector at HaRT with Sophie Namy, MA/MPA. Violet Nkwanzu, MSW, is a PhD student at the University of Alabama School of Social Work, Tuscaloosa. Lauren Ng, PhD, is assistant professor, University of California, Los Angeles. Kelsey Galaway, BA, is executive director of Willow International, Kampala, Uganda, and a PhD student at University of California at Irvine.

Introduction

Like all research, studies with trauma survivors have faced significant barriers due to the coronavirus disease (COVID-19) pandemic. In this article, we share our experience transitioning from face-to-face to phone data collection for a study on trauma-informed yoga with survivors of human trafficking in Uganda. In early 2020, we began conducting research on the potential impact and feasibility of a trauma-informed yoga intervention (Healing and Resistance after Trauma [HaRT]; hartyoga.org) with survivors of human trafficking. This yoga intervention is group-based over twelve weeks, with each session combining breath work, physical yoga poses, guided meditations, theme-based discussion, and a brief closing circle to share experiences (Namy et al., 2021). The study was conducted with women and girls at a Kampala-based nongovernmental organization that provides residential and community-based services for survivors of human trafficking (willow.org). When first enrolled in the study, all study participants resided in one of Willow's residential shelters. Willow clients come to the organization after surviving human trafficking in addition to a range of other traumatic life events—most frequently physical and sexual violence. The study design involved a mixed-methods time series evaluation with twenty-one women and girls to assess changes in their psychological as well as physical and social well-being.

Human Trafficking and Ethical Research

Human trafficking is a pervasive human rights abuse, affecting an estimated 40.3 million people globally and resulting in significant social and psychological impacts on survivors (Altun et al., 2017; Cordisco Tsai, 2017; International Labour Organization & Walk Free Foundation, 2017; Lederer & Wetzel, 2014). The most prevalent form of human trafficking is for sexual exploitation, disproportionately affecting women and girls. In Uganda and globally, those from

economically vulnerable families are at highest risk of being trafficked, with family members in desperate situations potentially being responsible for forcing or coercing young women and girls into trafficking situations (U.S. Department of State, 2020). Alternatively, many families are unaware that their loved one has experienced human trafficking and may believe they were working voluntarily.

When returning home, individuals may face complex situations, including shame, fear that their past experiences may be discovered, community stigma, and/or expectations that they are now wealthy given their perceived work status. As a result, trusting others—including service providers and researchers—can become difficult for survivors (Contreras et al., 2017). These issues, along with the illegal nature of human trafficking, make conducting interviews with survivors in a safe, nonjudgmental, and ethical manner particularly important (Duong, 2015; Zimmerman & Watts, 2003).

HaRT Yoga Study and the COVID-19 Lockdown

When COVID-19 began spreading to East Africa in early March 2020, the Ugandan government took a number of mitigation measures to contain the virus. Until early June 2020, the country was under a mandatory lockdown, including a ban on the use of all public and private transport, the closure of all non-food businesses, and a national curfew (Kizza, 2020). Beginning in March 2020 we had to cease all in-person activities, prompting an eventual pivot to virtual methods. This transition involved difficult decisions, creative solutions, and important learning that we believe have relevance to other studies.

Data collection with the HaRT Yoga study participants (N = 21) involved six waves of administering a quantitative survey and two waves of qualitative data collection. The first two waves of quantitative data collection occurred in person before lockdown. Originally, all twenty-

one participant was intended to enroll in HaRT Yoga after the second wave of data collection. However, with the start of the lockdown happening immediately after the second wave, only the nine participants who remained in the Willow shelter were able to begin the intervention. The twelve participants who returned to their communities never began the yoga intervention, becoming a natural comparison group for our analyses.

The last four waves of quantitative data collection, along with the two waves of qualitative data collection, occurred after lockdown via telephone. In total, we conducted ninety-six quantitative surveys (forty in person, pre-lockdown, and fifty-six via telephone, post-lockdown) and twenty-five qualitative in-depth interviews (all via telephone, post-lockdown). The quantitative surveys contained standardized instruments on traumatic life events, posttraumatic stress disorder symptoms, depressive symptoms, and anxiety symptoms, as well as assessments of physical health, resilience, and social support. Qualitative interviews explored participants' perception of their own social, emotional, and physical well-being and changes, as well as how the pandemic was affecting these aspects of their well-being. All interviews were conducted by two research team members, the lead authors (SN and AGN) in either English or Luganda.

When the lockdown first started, we made the difficult decision to temporarily suspend all planned study activities while the situation stabilized in the country and for our programming and data collection teams. Not only participants but also program and research staff—along with everyone else in the country—were reorienting to their new lives on lockdown. Some study participants ($n = 12$) opted to return to their home communities for the lockdown, whereas the others remained in the shelters ($n = 9$). Given the coronavirus risks involved in the context of a group living situation and preexisting health conditions among some clients, those who remained

in the shelter were no longer able to leave for any reason (to work, attend school, visit friends, etc.).

During these first few weeks of suspended programming, we felt concerned about how HaRT Yoga participants were navigating the crisis and uncertainty, particularly the twelve women who had left the shelter. We had originally planned for only five waves of data collection and had completed two face-to-face interviews prior to the lockdown. These initial rounds of data collection created strong trust and rapport between researchers and participants. (Without these two initial in-person interviews, our decision to transition to phone interviews would have been even more difficult.)

As time moved forward without further engagement, we were concerned that participants might feel that we had abandoned them during this difficult moment, particularly given their trauma histories and the trust they had already placed in us. We also knew that COVID-19 and the lockdown were likely intensifying the mental health challenges some of the participants had been experiencing previously or even causing them to relive their past traumas. For example, restricting freedom and disrupting social connections may be particularly harmful for women and girls with a history of trafficking, where these same conditions of loss of agency and community are common. We were also concerned that women who had returned home might be experiencing family or intimate partner violence, as COVID-19 has increased rates of violence for women in Uganda and globally (Omona, 2020).

After consulting with Willow and receiving approval from ethical review boards in Uganda and the United States, we felt that, with care and sensitivity, it might be possible to safely continue our research and HaRT Yoga intervention via remote delivery. We decided that the most feasible delivery for the intervention would be prerecorded video sessions. Each week

the HaRT Yoga facilitators prerecorded the video session. Then the group of participants (n = 9) who remained at the shelter for lockdown met as a group in a communal room of the shelter to complete the one-hour yoga sessions. Willow house managers were responsible for mobilizing participants for each session, setting up and troubleshooting video technology, and providing immediate in-person support for participants. For remote research interviews, videoconferencing over platforms such as Zoom would not be feasible given the lack of access to smart phones, computers, and reliable Internet connectivity. However, most participants either had their own mobile phone or access to one that they could borrow. Participants who remained in the house were able to use the Willow house phone for remote interviews.

Following recommendations from the Ugandan National Council for Science and Technology's (2007) ethical guidelines for research, all participants received a small compensation equal approximately to 1 USD for each interview lasting more than thirty minutes. These compensations were intended to demonstrate appreciation and respect for participants' time as opposed to offering an incentive to encourage research participation that might be unintentionally coercive. According to input from Willow staff, interview participants living at the shelter received an in-kind gift approximating this amount, such as refreshments, a pen, or a notebook.

For participants who left the shelters for their home communities, we began sending small amounts of money (approximately 1 USD) via mobile money instead of an in-kind gift. We also secured a rapid response grant from Urgent Action Fund, Africa (<https://www.uaf-africa.org>) to enable emergency cash disbursements for participants who had returned to their communities and were having trouble meeting their basic needs for food and health care. All of these participants whom we were able to contact (n = 10) received emergency cash.

We were fortunate to have on-call case managers and counselors at Willow for either shelter-based or remote participants requiring psychosocial support, as Willow had already shifted to providing services remotely. Before we committed to phone interviews, we engaged in several open and honest discussions to share knowledge and ideas about how to make phone-based interviewing successful, especially given the life challenges each of us were facing during the pandemic. Because of Willow's limited staff support and competing priorities during COVID-19, it was also important to discuss logistics with Willow staff to ensure that phone conversations would be feasible and not compromise any ongoing organizational efforts.

Conducting Telephone Interviews during the COVID19 Lockdown

First, Willow case managers sought permission from clients for the HaRT team to contact them and provided us with contact information. Unfortunately, Willow was unable to reach two participants who had returned to their home communities during COVID. However, none of the remaining nineteen participants refused to be contacted by the HaRT research team for further interviews. The fact that we had previously engaged in two waves of data collection with participants made this step easier. Once we secured contact information, we made pre-calls to each participant to invite them for the interview and to set a date and time that was convenient for them. This pre-call process was very important as it gave everyone—interviewer and interviewee—time to prepare, to find a private space, and to confirm that phones were adequately charged. Through the pre-calls we could help ensure that interviews would take place at a time that was appropriate, comfortable, and safe for the participants to talk. Those of us conducting the interviews also had to ensure that we had a private space with no disturbances as we were under lockdown with our families.

We began each call by introducing ourselves again and asking the participant to reintroduce herself as well. We made an intentional decision to have the same interviewer who previously interviewed the participant conduct the phone interviews in order to build on rapport and trust already established in the first two interviews. At the beginning of the phone exchange we listened carefully to the participant's voice to ensure that this was the same individual we had spoken with previously. We also found it helpful to begin with a bit of small talk to help break the ice and feel more connected. This introduction gave participants the opportunity to get into the interviewing mood, as they had been removed from the research process for some time.

Next we obtained informed consent, ensuring that the participant understood all that was required to participate in the interview—such as a private space to talk. We revisited this several times during the interview itself, asking if it was still a good place to talk and if there was anyone listening in. We also listened attentively for any background noises that might signal some disruption or threat to continuing the interview. Because the interviews required between thirty and sixty minutes, we made sure to ask in advance “Are you sitting down?” “Are you comfortable?” “Is the volume okay?”

An important realization was that, in in-person interviews, it is usually the interviewer's responsibility to ensure that all ethical principles are followed. However, given the interviewer's inability to visually confirm that all protocols are in place, this is not the case with phone interviews. Therefore, in transitioning to phone interviews we found that the interviewees themselves must fully understand all ethical guidelines and their purpose in order to be actively engaged in ensuring that they are followed. For example, in phone interviews we had to rely on the participant to assess her space and ensure that it was private. This step involved explaining to her why having a private space is so important for her own comfort and safety. We also asked

her to check to see if the phone is on speaker, and if so, to take it off speaker so that no one could overhear. We recognized that, with the entire country on lockdown, the likelihood that another family member or housemate could walk into a private space was increased.

Another protocol we added was agreeing on a diversion topic at the beginning so that if someone came within earshot the participant could change the discussion right away. Topics agreed upon included current events or the participant's education and general health. During four interviews, the participant interrupted the ongoing interview to switch to one of these diversion topics. At that time, we asked if she would like to continue or take a break, or if we should call her back at another time. We never experienced any participants hanging up suddenly; however, we did prepare for such scenarios by telling them that if we got disconnected we would wait a few minutes and then call them back. We also asked participants if they had a backup phone number where we could reach them.

During the interview process, we learned to rely heavily on the participant's tone of voice and other clues such as the length of pauses because we could not see facial expressions or body position. Therefore, when the voice tone or cadence changed, we would break from the interview to proactively inquire, "Is it okay for us to continue?" or "Is this still a good environment to talk?" Team members who conducted the interviews had significant prior interviewing experience in Uganda, making it easier to detect such nuances. Researchers with less interviewing experience and/or lack of cultural awareness may find it more difficult and/or require more training and interviewing practice prior to conducting phone interviews. Although the broader research team comprises both Ugandan and U.S. researchers, we also made an intentional decision for Ugandan researchers with common cultural background and language to conduct the interviews. Researchers not fluent in the native language of the participants or from a

different cultural background might find it harder to detect such nuances in tone of voice and speech.

At different points during the interviews we reminded participants about the conditions established at the beginning during the consent, including that they were free to skip any question. This helped to ensure that there was no breach of ethics. These additional precautions also meant that we had to plan more time for phone interviews than for in-person interviews.

Finally, the rapid response grant enabled us to include cash disbursements for emergency needs for the women and girls who had moved out of the shelters. Although this was not part of our original research protocol, we felt an ethical responsibility to have this emergency fund available given the economic stress and inability of many women to earn money during the lockdown (Masinde & Achan, 2020).

Active listening must be heightened when conducting phone interviews with a trauma-affected population (Namy & Dartnall, 2020). We made it a point to listen even more attentively than usual for nonverbal cues, especially hesitations, pauses, and background noises—so that we were better able to detect the emotional state of the participant. We anticipated that the pandemic was affecting the mental health of our clients (Serafini et al., 2020); therefore, we provided space throughout the survey for women and girls to explain their responses when desired, even during the quantitative survey. We also practiced nonjudgmental and empathetic replies (Jaffe et al., 2015), particularly using our tone of voice. These techniques—necessary for all trauma-informed research—were even more critical on the phone and during the pandemic to emphasize that we value and care about the participants' experiences and perspectives and were not solely concerned with collecting answers to our questions.

We found it quite easy to build rapport and connect with our participants during phone interviews. With our HaRT research cohort, we had previously conducted two in-person interviews. However, we worried that participants might feel distant or reserved on the phone because prior interviews had been conducted face-to-face. However, nearly all study participants, including adolescent girls, were eager to speak with us and shared freely. Indeed, we suspected that participants were yearning to talk to someone during the pandemic when they were largely isolated and experiencing significant anxiety.

Centering participants' choice and personal agency, another principle of trauma-informed research, also seemed even more important when using phone interviews during the unpredictable time of the COVID-19 lockdown. Our strategy was to let participants control as much as they could about the interview process, such as choosing the time, deciding where to have the interview, and repeating the option to opt out entirely or skip any questions. After our first few interviews, appreciating the enormous challenges facing our participants and the potential for emotionally charged conversations, we made another adaptation: adding a positive question at the end of the discussion. Before closing, we asked participants about any bright spots in their days during lockdown, with the aim of soliciting positive experiences and closing the interview with the participant being more emotionally stable.

Supporting Research Team Members

The well-being of the team facilitating the interviews was particularly important during the COVID-19 lockdown, as each of us was attending to our own challenges and anxieties. However, the initial interviews helped us to understand that participants were going through even more uncertainty and difficulties and that they expressed appreciation for being called. Still, the experience of conducting these interviews, in which we listened to person after person essentially

pour their hearts out, was emotionally intense. To avoid the very real potential for secondary trauma from conducting interviews with trauma survivors (van der Merwe & Hunt, 2019), we supported each other and held daily team debriefs to share challenges that emerged and to release any anxious feelings. Holding these debriefs was an important reminder that we are not alone, and after collectively processing our own emotions, we could more easily transition to the rest of the day with our families. Living through the global pandemic, our entire research team was also experiencing greater stress, making these debriefs particularly important. This process was important not only for our own well-being but also for being better interviewers and more effectively regulating our own emotions during subsequent interviews.

Another thing we learned is the utility of our own self-talk as researchers. Saying to ourselves, “Yes, it is not about me; I am not the cause” can help, particularly when listening to a traumatic experience or significant suffering. This self-talk can help remind us that there is a boundary between us, that we are not the cause of this difficult situation, and that we cannot fix it for the participant. Silently acknowledging this was an incredibly useful strategy: “This is her life. I am here to listen to what she is saying and connect her to further support when necessary. Even when the situation is hard, in the end we are supporting this person by connecting them to a case manager.” Then as a team we could follow up and confirm that the referral took place. Referring participants, we believe, also gave them the trust and confidence to speak with us.

We also integrated short relaxation, breathing, and stretching exercises for ourselves. We shared them on WhatsApp and used them to refocus and relax between interviews. Finally, considering the potential for secondary trauma and as suggested by other trauma researchers (van der Merwe & Hunt, 2019), we scheduled sessions (paid for by the research budget) with a clinical psychologist to further process our own reactions to the interviews.

We found that, when conducted with careful planning and execution, phone interviews with a trauma-affected population were safe and useful during the COVID-19 pandemic. Phone interviews require adopting new skills and sensitivities, as the interpersonal dynamics and logistics differ from those in in-person research. Using a phone, we learned to depend even more on active listening, tone of voice, and pauses in speaking, as well as to pay careful attention to background noises. For example, we relied on the participant's tone of voice and verbal cues to determine her emotional well-being throughout the interview. Given the sensitive experiences discussed in our interviews, we found it even more important to use verbal cues to let the respondents know that we were listening to them and valued their participation. This meant that we had to allow additional time for each interview. By giving each participant sufficient time and verbal responses, we hoped to emphasize our care for her well-being, which ultimately helped us obtain better data.

We found another key difference in phone interviews with a trauma-affected population was the need for participants to play an even more active role in understanding and observing ethical protocols. Given the nuanced skills needed for such research, we would recommend specialized training for phone interviews with trauma-affected women and girls. This should include, for example, role playing interviews over the phone or without being able to see one another and increased training on how to ensure that participants understand ethical protocols.

Conclusion and Next Steps

When we were deciding to do phone interviews, we worried about our ability to have the same connection and depth as we achieved with in-person discussions. Looking back, we feel confident that our phone interviews were as connected as our face-to-face interviews with participants and that it was possible to ensure trust and openness. Nearly all of our participants

expressed gratitude that we were checking in on them during this difficult time and seemed eager to find time to conduct the interview. Results from forthcoming qualitative study findings reveal that the interview process provided its own sense of catharsis and healing for our participants during these unprecedented times. Other than shifting to remote interviews and intervention delivery, the study aims were successfully completed as planned.

Additional articles detailing qualitative and quantitative findings of the largely positive effects of HaRT Yoga on participants' psychological, physical, and social well-being are forthcoming. Study findings and feasibility also motivated Willow to continue offering HaRT Yoga to clients. Transitioning to remote interviews during the lockdown required significant care and effort, but resulted in a meaningful experience for participants and the research team and important study findings for the field of mental health.

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