



“COVID Has Taken Its Toll on Us”: The Pervasive Effects of COVID-19 on Programs Supporting Native People Who Have Experienced Human Trafficking

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Introduction

The Administration for Children and Families’ (ACF’s) Office on Trafficking in Persons (OTIP) established the Demonstration Grants to Strengthen the Response to Victims of Human Trafficking in Native Communities (VHT-NC) Program to address the significant need for supports to respond to human trafficking in Native communities. In September 2020, six projects received 3-year awards to build, expand, and sustain organizational and community capacity to deliver services to Native Americans (i.e., American Indian, Alaska Native, Native Hawaiian, and/or Pacific Islander) who have experienced human trafficking. RTI International and American Indian Development Associates conducted a formative evaluation of the VHT-NC Program, overseen by ACF’s Office of Planning, Research, and Evaluation (OPRE), in collaboration with OTIP.

VHT-NC award recipients conceptualized their program designs in early 2020, before the longevity of the COVID-19 pandemic was widely understood. Therefore, the context in which the VHT-NC recipients planned for program implementation was far from the reality of what they faced when they received VHT-NC funding and were tasked with implementing their projects.

The VHT-NC Program broadly focuses on three components:

- Participant outreach and identification
- Comprehensive case management and service provision
- Community training

Although there is some emerging understanding of the impact of the COVID-19 pandemic on victim service providers’ ability to maintain service provision,¹ this body of research applies mainly to services offered by established victim service providers in non-Native settings. This brief explores the impact of the pandemic on the implementation of programs specifically designed to address human trafficking in Native communities.

Our analysis identified the following ways that COVID-19 impacted VHT-NC program implementation: (1) staffing and organizational challenges, (2) increased vulnerability to human trafficking in the community, (3) barriers to participant identification, (4) partnership and collaboration challenges, and (5) barriers to service delivery. Each of these themes is discussed in more detail below.

Methods

The results presented in this brief are based on (1) self-reported data from award recipients’ performance progress reports (PPRs) submitted quarterly to ACF and (2) virtual and in-person interviews conducted between March 2022 and August 2023 with a variety of respondents involved in the VHT-NC projects, as outlined in **Exhibit 1**. Interviews were transcribed and uploaded into Dedoose, a qualitative coding software, and coded using deductive and inductive approaches.

Exhibit 1. VHT-NC Formative Evaluation Data Collection Activities

Data Source	Respondents	Mode	Frequency	Timeline
Performance progress reports	n/a	Document review and abstraction	Quarterly (n=12)	Oct 2020–Sep 2023
Virtual interviews	Project director (n=6)	Semi-structured virtual interview	Twice	Mar–Jun 2022
	Case manager (n=6)	Semi-structured virtual interview	Once	Oct 2022–Mar 2023
	Key partner (n=6)	Semi-structured virtual interview	Once	Nov 2022–Mar 2023
Site visits	<ul style="list-style-type: none"> • Project leadership (n=10) • Direct services staff (n=10) • Partners (n=25) • Participants (n=3) 	Semi-structured in-person interview	Once	Jun–Aug 2023

COVID-19 in VHT-NC Communities

In March 2020, COVID-19 emergency orders and restrictions (e.g., lockdowns, curfews, in-person gathering restrictions, physical distancing, mask mandates) were instituted across the United States in response to public health and safety concerns. Around this same time, the eventual VHT-NC award recipients were designing plans to develop new projects to assist Native people in their communities who had experienced human trafficking. The reality of what these award recipients encountered when it came time to implement their project designs and plans in October 2020 was unprecedented. In addition to federal, state, and local COVID-19 responses, many Tribes and Native-led organizations implemented additional containment and prevention measures that were often even more cautious because Native communities were being disproportionately impacted by COVID-19.^{2,3,4} This meant that even after federal, state, and local restrictions were eased or lifted, staff working within Native communities or in partnership with Tribal or Native organizations often remained subject to prevention measures that, although necessary, impeded activities like outreach, service delivery, and training.



*“The breakdown of not seeing people, people **being isolated**, and the **traumatic effect** that had on everyone. A lot of **people were sad**, and that isolation made them feel **depressed**, and the instability of the situation, the inability to ... be sure of what was going to happen ... **that instability was really anxiety provoking.**”*

As reported in the award recipients’ quarterly PPRs, COVID-19 remained a persistent challenge during project start-up, even after the states where the projects were located officially reopened, possibly due to surges in COVID-19 variants (e.g., Delta, Omicron) or the lingering effects of experiencing the trauma, isolation, and uncertainty of the pandemic. As one project reported in a PPR in their final year, “Even now that everything is open, we have clients and staff experiencing the anxiety left from the pandemic which include burnout [and] social anxiety.” A project partner reflected on their community’s experiences during the pandemic:

The pandemic has also been associated with increased vulnerability to exploitation, including human trafficking, due to factors like housing instability, economic insecurity, isolation and its effects on behavioral health, reduced identification opportunities, and reduced access to supportive services.^{1,5,6} Native communities were particularly affected by COVID-19 as the pandemic compounded existing socioeconomic disparities impacting Native peoples as a result of, for example, historical trauma, structural inequalities rooted in racism, underfunded service systems, and inadequate infrastructure.^{7,8,9} Additionally, research has shown that victim service providers faced extensive challenges during the pandemic meeting the needs of and providing services for people experiencing various forms of victimization, including human trafficking.¹ Despite the challenges, the pandemic also revealed the creativity, flexibility, and resiliency of Native communities and victim service providers as they formulated responses and shifted practices to protect the health and safety of community members.^{1,9,10}

Impact of COVID-19 on Project Implementation

Interview respondents discussed many ways in which the COVID-19 pandemic impacted VHT-NC project implementation. Key themes described by respondents included (1) staffing and organizational challenges, (2) increased vulnerability to human trafficking in the community, (3) barriers to participant identification, (4) partnership and collaboration challenges, and (5) barriers to service delivery. Respondents also described some discrete innovations that they attribute to the pandemic.

Staffing and Organizational Capacity

In line with national trends, all VHT-NC projects experienced COVID-19 pandemic-related challenges to filling project positions (particularly case management and outreach positions) and significant staff turnover. One project director described how staffing issues from the Tribal administration to the project affected their ability to get their project off the ground and had reverberating effects. The loss of their outreach worker, who had been responsible for communication and coordination with their subcontracted primary partner, was particularly impactful: “If the outreach worker position is not filled that’s a huge gap in that link between the main program project director and the subcontractor.”

Some projects experienced furloughs or restricted staffing occupancy in offices. Several respondents described shifting to remote work, at least partially, and flexible work schedules. Although this was viewed positively overall, some respondents noted that as least some components of the project (e.g., outreach) require being out in the community or working in person. The growing general acceptance for remote work and flexible schedules also impacted hiring because many job seekers came to expect these options. One project director explained, “People have gotten so accustomed [to] working from home or working remotely that, you know, going out in a community and working in an office is not something...that they prefer to do.”

In addition to hiring difficulties, project directors described important ways that the pandemic affected existing project staff who were navigating project implementation while also dealing with the direct impacts of the pandemic, including the desire to keep themselves and their families safe while still serving in their essential capacities. As one respondent described, “Staff also had concerns about COVID-19 and not wanting to be transmitters of COVID-19 to their families. It was just a whole process of being an essential worker, but still having their own reservations about safety.”

These fears were not unfounded. One project director described a time when all of their project advocates were out because of COVID-19 and attributed some of the challenge to the disproportionate impact of the pandemic on Native communities:



*“There were points where **all of our advocates were out because of COVID-19**, and all but maybe one of the staff at the DV/SA [domestic violence/sexual assault] agency and half of the clients had COVID-19. Our project is in some of the hardest hit areas of our state with COVID-19, and we all know that **it also impacted Native communities at a higher rate than most groups** as well. We have definitely struggled with that.”*

The pressure experienced by staff went beyond potential virus exposure and safety. Like everyone else, project staff were also trying to hold their family systems together in an ever-changing world. As one project director articulated:



*“Just people trying to **navigate through new systems at home with school**, with COVID-19, trying to work, and **everyone’s super exhausted**. This is not just internally; all of our project partners are having a tough time obtaining any type of consistent support.”*

Some respondents also emphasized that anti-trafficking service provision is already challenging work that can lead to burnout, and this was heightened by the pandemic. As one partner said:



*“Working in these positions is really **emotionally taxing**... When our pandemic hit and **people were already overwhelmed**, and now you’re feeling the stress and trauma, and now you’re working with people who have stress and trauma...**there’s been a lot of turnover**.”*

COVID-19 Increased Vulnerability to Trafficking

Many respondents provided examples of how they believed that COVID-19 increased vulnerability to human trafficking exploitation among Native community members. They cited the pandemic’s impact on related factors that may make someone more vulnerable to trafficking recruitment, such as housing instability or homelessness, job insecurity and unemployment, and substance use. One respondent observed:



*“Obviously COVID-19 has had tremendous **economic impacts**, so again another big contributor to **homelessness and high mobility** for a lot of folks, be it because they lost their job, because they lost their housing, whatever it is. No doubt every single...person we’re serving has been economically impacted by the results of the pandemic. Again, **that is a huge vulnerability to trafficking and exploitation**... We are also unfortunately seeing some of our survivors who have been housed losing that stability so that is a huge risk for revictimization. COVID-19 has come through like a tornado and left a lot of destruction in its path, but we have gotten some ARPA [American Rescue Plan Act] funding dollars to help address some of this. **Even though people are like ‘COVID-19 was 2 years ago,’ we are still seeing these impacts and collateral consequences** and no doubt if it has impacted someone’s stability or economically, those are all increased vulnerabilities.”*

Project directors contextualized the impact of the pandemic with existing health and housing disparities and vulnerabilities within their Native communities. Several respondents described trafficking of Native peoples living in encampments, connected to survival sex and substance use:



*“In our older youth population...who are experiencing that homelessness and high mobility **we are seeing a lot more survival sex and also third parties profiting off that exploitation** of individuals... Where we are seeing high concentrations of homelessness, **we do still have a lot of encampments** that pop up and get shut down repeatedly.”*

*“Addiction is a huge issue. So many human trafficking victims have **co-occurring disorders, mental health, and AODA [alcohol and drug addictions]** that it is a struggle. I believe that is probably nationwide, that is part of what makes up the victimization when you’re talking about that.”*

Respondents also spoke about the isolation of the pandemic contributing to behavioral health conditions. One partner explained that as COVID-19 restrictions subsided and they were able to conduct in-person outreach, they noticed an increase in substance use issues coupled with rising mental health concerns in the community. The intersection of these issues and the need for coordinated care across service providers—which was difficult during the pandemic—was highlighted by the realization that people who had been receiving services were recently missing:



*“**Being secluded for so long** and coming out of COVID and finding there’s a **huge correlation between mental health and substance abuse**. But there’s also that community of people that have been preying on our people... **we’ve had a few missing persons in the community** too that worked with multiple [services] departments that we realized, as we learned more about it, that this is all connected. So, **it’s important that we work together to stop it.**”*

Participant Identification

Given the heightened vulnerabilities to exploitation, it was critical for projects to utilize all available avenues to identify people who may have experienced human trafficking. However, interview respondents described several hurdles to being able to do so. Because projects were being newly developed, it was essential that (1) community members and relevant community organizations and partners knew about the existence, purpose, and program eligibility of the project, and (2) professionals and the public had a realistic and accurate understanding of human trafficking. The ongoing pandemic served as a barrier to establishing both.

The VHT-NC projects operated in areas varied in geography, urbanicity, and size. The impact of COVID-19 on outreach and education activities understandably differed between locations. Additional factors, such as familiarity with and access to technology, also affected these activities. For one project serving a large region, including some small geographically isolated communities, COVID-19–related restrictions prohibited their ability to provide trainings to help their partners identify potential cases of trafficking. As this project director explained:



*“Outreach with COVID-19 has been really hard because **we are so dependent on bandwidth**. Initially, we were going to [travel] to the communities and provide [training], but **because of COVID-19 restrictions we may not be allowed in those areas**. So, it’s put a hindrance on outreach itself.”*

Another project director described a lack of expected referrals from law enforcement and attributed this to the project’s inability to provide them formal training due to COVID-19 restrictions.

Project directors also discussed the ways that COVID-19 restrictions impacted their ability to conduct effective outreach to help identify potential trafficking victims. One project had been conducting outreach in encampments, but this was suspended during a COVID-19 surge. Another project director described how COVID-19 shutdowns interfered with their outreach:



*“Before COVID-19, we could have had general, broad outreach services, just groups open to the public, and when that shut down **it really damaged the relationship between the providers and the community** because they had to try to find ways around making that connection with your clients.”*

One project participant emphasized the importance of raising awareness about VHT-NC services in the community and highlighted that COVID-19 protocols were a barrier:



*“Since COVID, I never knew that **this program existed, and that’s mainly because of COVID protocols**, you know what I mean? But now that COVID’s over, it seems like they’ve been doing a lot of outreaching, and I think that’s something that is a positive thing...and that should be done **so that people are aware that these services are available to them**.”*

One project was asked by local public health officials to combine COVID-19 vaccine efforts with project outreach efforts and felt conflicted. They feared that this outreach could potentially damage their trust with vaccine-hesitant community members.



*“A lot of people are **asking us to tie the vaccine and different things to the work we are doing**, and we have wanted to be clear that we provide the information but don’t want to seem like we are pushing because **we want people to be able to trust us**. If at any point they feel like we are pushing things on them, we don’t want to get in that lane. We have had internal struggles and discussions where **we are willing to provide the information if people want that**, but we’re not going to push that. So that’s another piece of not understanding. We are having to go back and provide information to leadership and other groups about why we can’t do it that way, because it seems like a natural thing to them because ‘You’re going into this community, why not do this?’ So, that has been a really hard thing for us.”*

Partnership and Collaboration

Partnerships were also affected by the pandemic. Several respondents discussed the importance of meeting in person and how it facilitates information sharing and relationship building and that this was prevented while COVID-19 restrictions were in place. One partner conveyed:



*“I would say particularly for this Tribe, it’s not just about the constant communication. **It’s really about meeting in person**, communicating at community events. The more you see each other at a community event seems **to really create that connection and create the desire to want to work together**. I see that with other departments, as well, that it’s like, ‘Hey, it’s me again. Hey, see you again’... When you do reach out and go, ‘Hey, we need this,’ it’s like, ‘Oh, I remember you, and I know you personally, and I’m going to be a little more enthusiastic about working with you’... Because you’ve created that kind of relationship, which **I think is true about most of Indian country. It’s always about building those relationships.**”*

Respondents also explained how the COVID-19 pandemic contributed to less frequent communication, which destabilized some partnerships. The breakdown in communication can be attributed to various factors, including staff turnover, restrictions on in-person activities, insufficient access to technology, or losing contact when people were dealing with competing priorities and challenges. This required efforts to reconnect or rebuild relationships, which for some was delayed almost 2 years into the project when communities began to reopen.

The pandemic also impeded efforts to identify or develop new partnerships for many of the VHT-NC projects. One project director noted that their attempts to connect with health care organizations were unsuccessful as they, understandably, had to prioritize their COVID-19 response. During the final project year, one case manager reflected on the delays driven by the pandemic, “It feels like our outreach efforts [to other organizations] right now are beginning to pay off... I think it’s really just kind of started, and definitely because of the pandemic that stopped a lot of that.”

Comprehensive Service Delivery

All the VHT-NC projects were confronted with pandemic-related disruptions to project implementation. COVID-19 created challenges both within and beyond the projects in ways that were important for understanding implementation. One respondent described how their staffing challenges impacted the ability to implement key components of the project and that these challenges also extended to a key partner and throughout “the Tribal structure” generally.



*“I believe [COVID-19] has impacted implementation. Filling the positions seems to be the hardest, **making sure those key positions are filled to do the case management and the outreach.** That is really huge because **if your community’s perception of your programming isn’t there, you’re not going to get the referrals** and people aren’t going to know about your services; that outreach piece is really huge. There was not only **turnaround within the Tribal structure**, but there was also **turnaround in our subcontract**—the whole way that subcontract was going to deliver their services kind of turned around.”*

One project partner described how concerns about spreading COVID-19 to Native communities hindered dissemination of project information and services in these regions, which caused them to reassess their service delivery plans:



*“It wasn’t safe, for the Tribal community or these advocates, to go in because there was a low vaccination rate. They didn’t want to get them sick and they didn’t want to get sick themselves. So, **they were limited to how much exposure they could have.** They weren’t necessarily going into places where you might find victims to disseminate to, that’s to start with—they didn’t have that kind of access.”*

Relatedly, another partner stated that COVID-19 halted travel plans to rural communities and that having to postpone or completely cancel these plans “really set us back.”

Some respondents shared concerns about virtual service provision approaches. For example, accessibility was a barrier for some participants who did not have the required technology or equipment (e.g., phone, computer). One project director worried about service accessibility among other relevant community agencies that shifted to virtual service delivery and might otherwise be a primary contact for people who have experienced human trafficking:



*“We have been doing in-person services. We never stopped doing in-person services. I know a lot of other **agencies have stopped or have adapted their in-person services, so what worries me is accessibility for [people] who are experiencing trafficking or exploitation or are at high risk**, that capacity or availability of services has maybe diminished or changed. Or the fact that they now have to meet over Zoom versus being able to drop into a physical location, that might impact services.”*

According to one project director, the decrease in personal interactions negatively affected case manager-participant relationships and project engagement:



*“I think part of that is also a shift that happened during COVID when, for safety reasons, it was better to give out a gift card. I think that **helped change things into more of a transactional nature and it caused...less engagement into the actual programming** and engagement part, where [participants] weren’t wanting to engage and participate in things like working on goals.”*

Respondents noted that staff turnover could also harm participant relationships. As one person stated:



*“There’s been a lot of turnover, and that’s not good for clientele. **They make a connection, and then the person leaves...** There’s the relationship building, and for the **client having to re-establish and tell their story again.**”*

This respondent advocated for a team-based approach, where multiple staff members get to know and form relationships with a participant, to mitigate this challenge.

The projects’ service array was also impacted as their attempts to build out their resource networks were hampered by their partnership-building challenges. One project director explained, in the final project year:



*“**We’re just starting to figure out all our support from different counties.** Now that the pandemic has ended and we’re all starting to come back in person and do our meetings together in person, we’re discovering, ‘Hey, they can assist, and they have a trafficking program now. Or these people can assist.’ Yeah, **it’s coming together now that the pandemic has ended.**”*

Respondents also conveyed that existing service gaps, like housing, were exacerbated by the pandemic. For example, shelters and other congregate living facilities had to decrease the number of clients they could accommodate at one time in order to comply with public health mandates. Additionally, one project director explained how plans to build a housing development were terminated: “During COVID, there was a possible resource of housing our [participants], and that just kind of went to the wayside, unfortunately.”

Pandemic-Related Strengths

Although conversations generally focused on the challenges that COVID-19 posed to projects, some respondents discussed ways that COVID-19–related service changes may be helpful. One respondent discussed how the ability to provide virtual service provision can be useful if a client is located elsewhere. Even if they believe face-to-face service delivery is preferable, respondents noted that it is helpful for staff and clients to be familiar with the technology required for virtual service delivery. The flexibility offered by the option of a virtual modality was described well by one project director:



*“I think **this pandemic gave us more resources, like teleworking**. Now we can do that. One of our grants provided Visa gift cards, we can now take a picture of it and send it to the client who needs it and digitally sign for it. **We have to embrace technology** but also know the dangers of it.”*

Along the same lines, one project partner described how COVID-19 restrictions enabled better access to trainings because of the increased availability of webinars and other learning opportunities offered in virtual modalities, which even service providers located in very rural or remote locations could access.

Importantly, the projects’ responses to the many challenges they encountered while starting new programs during the chaos of a pandemic highlighted their resilience and commitment to developing services in support of Native people who have experienced human trafficking in their communities. Two project directors reflected on their main successes:



*“**Actually getting the trafficking program started and the growth we have seen over the past couple of years is mind-blowing**. Personally, I feel like the pandemic slowed us down, but we have been growing. And this gave us time to build our policy. To actually go slow motion to see what works and what doesn’t work, revise it... **Having the staff with the heart is the biggest thing, that’s what we need.**”*

*“**I think we did a great job**. I mean, we got this and then the pandemic hit. And we’ve maneuvered and **we’ve pivoted so many different times to meet the needs**, and I think that’s something to really just step back and realize all the hurdles that kind of happened. And through that, **we were still able to provide really intentional services to [participants] and instill hope and optimism.**”*

Conclusion

The VHT-NC projects started amid the COVID-19 pandemic and faced all the limitations and challenges that the pandemic encompassed. The projects had many staffing challenges, including hiring and retention, which limited their capacity to carry out VHT-NC activities and maintain communication with partners. Projects were further limited when many award recipients and partner agencies were constrained to remote work for significant time periods. Although this helped to support their workforce during the pandemic, it hampered activities typically conducted in person, like outreach and service delivery. However, project directors and their leadership recognized the importance of supporting their staff, as they knew they were also feeling the pandemic's impacts, which intensified the normal job stressors often experienced by staff.

In line with national trends, project staff and partners observed vulnerabilities (e.g., housing instability, economic concerns, increased substance use) within their communities that elevated risk for exploitation. Normally they would respond by increasing outreach and identification efforts, but there were many obstacles to contend with, like understaffed projects, restrictions on in-person training, health concerns, and physical distancing requirements.

In Native communities, personal interactions and time spent in the community are important to building the trust that facilitates strong partnerships. During the pandemic, all the VHT-NC award recipients faced difficulties maintaining or newly building relationships with other organizations. This not only affected partnerships but also the projects' ability to expand their resource networks. Projects encountered other service delivery barriers, such as lack of project awareness, limitations on in-person delivery, and decreases in service availability and accessibility. The VHT-NC projects did their best to continue providing virtual services, some for the first time.

This ability to adapt to challenging circumstances was a hallmark of the projects' implementation during the pandemic. Although progress may have been delayed, all recipients made incredible strides building out their projects. Through the health risks, uncertainty, and frustrations, the VHT-NC projects persevered, leaving them well-positioned to continue growing their programs and addressing human trafficking within Native communities.

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This brief was developed as part of the formative evaluation of the VHT-NC Program. Broadly, the goals of the evaluation are to understand the context in which the VHT-NC projects are implemented, the projects’ goals, and the paths they take to achieve their goals, using a participatory and culturally responsive approach.

The VHT-NC formative evaluation is part of the [Human Trafficking Policy and Research Analyses Project](#), which aims to advance the scope of knowledge and data around human trafficking by identifying priority areas for learning, and conducting a series of studies that can immediately impact practice. All studies are overseen by the ACF Office of Planning, Research, and Evaluation (OPRE) in collaboration with OTIP, and conducted by RTI International. The VHT-NC formative evaluation is also conducted in partnership with American Indian Development Associates, LLC.

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