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## Social service providers' knowledge of domestic sex trafficking in the Canadian context



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### ABSTRACT

Canadian research on the domestic sex trafficking of adolescents and adults is in its infancy with little exploration of social service providers' knowledge. This is an important gap as international research has identified that providers are well situated yet often lack the knowledge necessary to identify and help sex trafficked persons. The current study used a critical social approach to examine social service providers' knowledge about domestic sex trafficking in Canada. Fifteen in-depth, semi-structured interviews were conducted via Zoom with diverse providers from Ontario. Interviews were analyzed using Braun and Clarke's thematic analysis. Analysis revealed varying levels of knowledge among providers, sometimes inconsistent with self-rated expertise and experience. Some providers with moderate-to-high expertise conveyed detailed knowledge of sex trafficking definitions and a continuum between sex work and sex trafficking while others with the same reported expertise conflated sex work and sex trafficking, suggesting that they may have over-estimated their level of knowledge. Most discussed "vulnerabilities" perceived as increasing sex trafficking risk: lack of belonging, stigmatization, societal and individual level racism. Providers described tactics used by traffickers to lure and retain individuals in sex trafficking. Formal education about sex trafficking across regions and providers was lacking, suggesting that sex trafficked persons are subject to the "luck of the draw" when seeking help from social service providers. The development of a core curriculum could help ensure that all social service providers in Canada—and other jurisdictions in which domestic sex trafficking is an issue—have the necessary knowledge to appropriately address sex trafficked persons' needs.

### 1. Introduction

An estimated 6.3 million individuals worldwide are sexually exploited (International Labour Organization ILO, 2022). Sex trafficking has been recognized as a significant public health and human rights issue with detrimental impacts on the health and well-being of trafficked persons (Center for Disease Control and Prevention, 2022). While sex trafficking involves coercion and manipulation of recruited persons and may also entail the movement of such persons across local or international borders (Government of Canada, 2021), domestic sex trafficking describes individuals trafficked for sexual exploitation within the borders of a particular country (Macy & Graham, 2012). In Canada, police reported incidents of persons trafficked for the purpose of sexual exploitation have been increasing since 2009 (Conroy & Sutton, 2022).

Despite sexual exploitation being the most common form of

trafficking in Canada (Conroy & Sutton, 2022), there has been little Canadian focused research on the issue. Studies conducted in other countries, including the United States, Central, and South America have revealed gaps in what some health care providers *know* about trafficking, including its identification, the needs of sex trafficked persons (occupational therapists; Bekmuratova et al., 2021), misconceptions about trafficking indicators (health care providers including nurses, social workers, doctors, and more; Viergever et al., 2015), and differentiating child survivors of sex trafficking from other forms of child abuse (health care providers including nurses, social workers, doctors, and more; Beck et al., 2015). While there are some literature reviews conducted outside of Canada of health care providers' (e.g., doctors, social workers, nurses) awareness (Fralely et al., 2020) and knowledge of trafficking (Rapoza, 2022), there has been little focus on those working in social services in Canada (Hodgins et al., 2022). The research that does exist has been

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primarily quantitative and lacked consideration of how social service providers themselves characterize their knowledge and knowledge gaps. The importance of qualitative investigations that incorporate this focus was highlighted in a study of social service providers' knowledge of sex trafficking risk for LGBTQ+ individuals in the Midwest United States (Gerassi & Pederson, 2022). While an important contribution to the literature, it is necessary to understand what social service providers know about sex trafficking of all persons, supporting those at risk of or currently being sex trafficked, and the influence of social determinants on sex trafficking risk (Gerassi et al., 2021).

Education is an important and often overlooked social determinant (Lancet Public Health, 2020) with impacts on social service providers' knowledge. While not specific to social service providers, American researchers Havig and Mahapatra (2021) pointed to the importance of education to strengthen health care providers' confidence in their knowledge and readiness to care for trafficked persons. Education and training in the United States has fostered confidence among providers in identifying sex trafficking and providing services (Beck et al., 2015). Education in this context may be formal or informal and includes learning acquired through experiential or practice-based activities.

There has been little Ontario-based research on providers' education or training needs despite the province having had the highest number of documented cases of domestic sex trafficking in the country (Royal Canadian Mounted, 2013). Of the limited research, one study found that medical students lacked knowledge of, and ability to, identify trafficking (Wong et al., 2011). Earlier research by McDonald and Timoshkina (2007) found that Ontario service providers had negative attitudes about "trafficked sex workers" (p. 211). More recently, Nagy et al. (2018) reported that 58 percent of service providers surveyed in northeastern Ontario had received no training on (sex) trafficking.

To address this gap in the Ontario-based literature, the current study forms part of a larger program of research on providers' perceptions of and capacity to respond to sex trafficked persons. Here we focus our attention on social service providers' knowledge of domestic sex trafficking in the Canadian context. This study's findings may be useful in developing core curricula for social services wherever domestic sex trafficking is an issue.

## 2. Conceptual Framework

A critical-social approach with a social justice orientation informed the conceptualization of the research program and guided recruitment, participation, data collection, and dissemination in this study. Sensitivity to participants' individual characteristics and life circumstances is an element of the critical approach particularly appropriate to this study, as we uncover "sites for change" (Denzin, 2015, p. 33). The knowledge garnered from critical research on sex trafficking has been emphasized as necessary to inform needed structural and systemic change (Vollinger, 2021): the social service systems and the institutions that provide these services, along with related training programs and professional regulatory bodies, present promising potential sites.

We explored how social service providers' education and experience influenced their perceptions of, capacity to respond to, and knowledge about sex trafficking. We also considered how that knowledge was acquired. Critical-social approaches require reflexivity from researchers about their social and professional identities and privileges (Day, 2012) and viewpoints derived from their specific disciplines as they plan and carry out a study. In this instance, research team members came from different racial/ethnic backgrounds and had varying levels of employment security and education in women's health, public health, psychology, and social work. These standpoints were particularly relevant to the interviewing and analytic stages of this study.

## 3. Methods

Women's College Hospital Research Ethics Board approved this

research in December 2021 (REB# 2021-0133-E).

### 3.1. Recruitment and participants

Recruitment took place from January 12, 2022, to February 17, 2022. An email with study information was shared with staff from organizations across the seven regions of Ontario: central, central west, central east, southwest, east, northeast, and northwest. The research team also tweeted a study flyer and posted in a Facebook group used by social service providers in Canada. Eligibility to participate in the study required participants to live and practice as a social service provider in Ontario at the time of the interview. Experience providing services to a sex trafficked person was not a prerequisite; there was no exclusion to participation based on the type of social service provider.

Participants who expressed interest in the study were sent a consent form and a socio-demographic questionnaire (which re-confirmed eligibility) to be completed and emailed to the first author. The consent form outlined the study's purpose, described the risks and benefits of participation, and indicated that participation would be anonymous and confidential. The socio-demographic questionnaire included questions about participants' social identity (including age, gender identity, race, ethnicity) in addition to education and experience with sex trafficked persons. Participants were asked how long they had been working as a social service provider, how often they provided care to someone who had been sex trafficked (<1 client/year, 1–5 clients/year, 6–10 clients/year, >10 clients/year, other), and to self-rate their current overall expertise in caring for this population (none, low, moderate, high, very high; see Table 1).

Fifteen social service providers between the ages of 26 and 55 participated in interviews via Zoom (an online video-conferencing software that allows for audio-visual taping of online meetings; Zoom Video Communications Inc., 2016). Twelve participants identified as women and three as men. Twelve participants worked in urban areas, and three in suburban areas. Participants identified as white or Caucasian (7), Black (5), South-Asian (1), or "Canadian" (2). Thirteen participants had an undergraduate or master's degree. Participants included five supervisors/managers, two case workers, two social workers, one addiction worker, one support worker, one harm reduction counsellor, one child welfare worker, one child and youth care practitioner, and one who provided no job title.

Three participants had never provided services for sex trafficked persons, five had provided services to one to five sex trafficked clients per year, two six to ten clients per year, two more than ten clients per year, and three did not know. Participants rated their sex trafficking expertise as none or low (4), moderate (5), moderate/high (2), high (2), or very high (2). Participants had been working as a social service provider for between zero and five years (7), six and ten years (3), over ten years (2),

**Table 1**  
Summary of Participant's self-rated experience and expertise.

Participant	Sex Trafficking Expertise	# Sex Trafficked Clients Per Year	Years of Experience
Jaime	High	1–5	1–5
Riley	Moderate	Unknown	1–5
Robin	None	0	1–5
Kit	Moderate	Unknown	6–10
Jordan	None	Unknown	>10
Morgan	Moderate/high	>10	1–5
Remy	Moderate	0	6–10
Wren	Moderate	0	<1
Storm	Low	1–5	6–10
Alex	High	6–10	30
Phoenix	Very high	6–10	1–5
Avery	Moderate/high	>10	>10
Stevie	Moderate	1–5	>30
Quinn	Low	1–5	30
Arden	Very high	1–5	1–5

or 30 or more years (3). As a token of appreciation, participants received a \$25 CAD e-gift card.

### 3.2. Interview guide

Drawing upon gaps noted in the literature, a semi-structured interview guide was developed and utilized for the larger study on service providers' knowledge, attitudes, and practices related to sex trafficking. A team member with a background in social work helped to create the guide, phrasing questions targeted specifically toward social service providers. Our goal was to elicit meaningful and in-depth responses from participants. The interview guide was then peer-reviewed by a qualitative expert from another institution external to the team, and their feedback was incorporated. This guide helped to ensure that topics of interest were discussed during the interview while still allowing participants to determine the course of the conversation; probes were used to spark additional thoughtful responses within any particular topic area. Several questions were adapted from [Cunningham and DeMarni Cromer's \(2016\) Human Trafficking Myths Scale](#). Questions and prompts focused on social service providers' knowledge—the focus of this study—included, among other items: “In your own words, what is sex trafficking?”, “Who do you think are the usual victims of sex trafficking?”, “What does domestic sex trafficking include?”, “How is sex trafficking the same/different from sex work?”, “Are certain groups more likely to try to escape sex trafficking or seek help? Please explain.”, “What social and other circumstances do you think affect whether someone becomes sex trafficked?”, and “What formal education or training on sex trafficking have you had, if any?”

### 3.3. Data collection

Fifteen one-on-one, in-depth, semi-structured interviews were conducted with social service providers in Ontario, Canada between January 28th, 2022, and February 17th, 2022. Interviews were 1-2 hours in length. Prior to beginning the recorded interview, participants were provided with a brief overview of the study and were reminded that they could stop the interview or skip questions without consequence. All participants provided verbal consent to begin the audio and video recording. Pseudonyms were assigned by the interviewer to be used in all documentation, including this article.

After each interview, the interviewer completed memos which included initial thoughts, observations, and critical reflections ([Phillippi & Lauderdale, 2018](#)). Audio and video recordings, as well as a Zoom-generated transcript, were automatically saved on Zoom. Immediately after each interview, these data were saved to a secure OneDrive file with access limited to the research team, and the Zoom files were deleted. Interviews were conducted until no significant new information relevant to the research arose ([Caelli et al., 2003](#); [Guest et al., 2006](#)). Informational redundancy (sometimes referred to as data saturation) was reached with 15 interviews, at which point no additional changes were made to the codebook; this is consistent with the literature indicating that with sufficiently rich data and a targeted scope of the project, saturation may be reached with approximately 15 interviews ([Guest et al., 2006](#)).

### 3.4. Data analysis

Data analysis took place from February 3rd, 2022 to May 15th, 2022. The research team met bi-weekly to reflect on the interviews, to challenge each other about any implicit biases, and to consider the ways in which our social identities ([Jacobson & Mustafa, 2019](#)) might influence data interpretation. For example, during data collection, we reflected on the ways in which the interviewer's socio-economic status and race may have influenced the way that participants of similar and different backgrounds answered questions about their own social identity and about the difficulties they experienced in providing clients with appropriate

care. A reflexive journal was kept throughout the analytic process, documenting all insights and decisions ([Lincoln & Guba, 1985](#); [Nowell et al., 2017](#)).

Transcripts were de-identified (by removing proper names), checked for accuracy (by listening to the audio recording while correcting the text), and uploaded to Dedoose Management Software ([Version 9.0.46., 2022](#)). [Braun and Clarke's \(2006\)](#) six phases for thematic analysis guided the analytic approach. Two authors repeatedly read transcripts and one repeatedly listened to interviews (phase one). Initial thoughts and observations were noted and discussed during team meetings. Team meetings guided by the senior researchers with expertise in qualitative and gender-based violence research facilitated thoughtful discussion of the analytic process. Reflexive fieldnotes and these critical discussions contributed to trustworthiness and dependability of the findings ([Lincoln & Guba, 1985](#); [Nowell et al., 2017](#)).

Two authors independently coded the first transcript (phase two). Memos were developed, noting initial thoughts, justifications for codes, and reflections. The research team then discussed convergences and divergences across the codes. For example, while code names sometimes differed, there was agreement on the meaning of most of the codes with few exceptions. At this stage, disagreement on the level of a particular code (parent or child) was also resolved. Discrepancies were resolved with ease and the final naming of codes was determined through critical discussion and revisions of the codebook. This process was repeated for two additional transcripts and a preliminary codebook was formed. After the first three transcripts were coded, no new codes emerged. Instead, similar codes were merged and sub-codes were created, resulting in the generation of preliminary themes (phase three).

Independent coding continued for five additional transcripts with few disagreements indicating the reliability of the codebook ([Campbell et al., 2013](#)). The first author coded the remaining transcripts, meeting with the research team to refine emerging themes (phase four), which were solidified and organized into more nuanced sub-themes (phase five). Repetitive emerging themes and/or sub-themes were merged and renamed. Illustrative quotes from each theme were then identified and extracted (phase six).

## 4. Results

Analysis of the interview transcripts resulted in 5 knowledge-related themes (13 subthemes), including Definitions of Sex Trafficking, the Continuum of Sex Work and Sex Trafficking, Sex Trafficking: Contextual and Contributing Factors, Manipulation and Fear: Traffickers' Recruitment and Retainment Tactics, and Knowledge Sources for Learning About Sex Trafficking ([Table 2](#)). Participants' expertise and experiences are provided the first time they are quoted within a theme to highlight factors that might influence their knowledge and provide some context for their comments. Self-rated experience and expertise were collected as part of participants' socio-demographic information and are provided to share context into participants' professional backgrounds.

### 4.1. Definitions of sex trafficking

Most participants described sex trafficking using terms including “force,” “exploitation,” and/or “coercion,” and emphasized the lack of consent involved. For example, Jaime (high sex trafficking expertise, 1–5 sex trafficked clients/year, 1–5 years of experience) explained how sex trafficking happens “without their [the sex trafficked person's] agreement to do so.” Riley (moderate sex trafficking expertise, unknown number of sex trafficked clients/year, 1–5 years of experience), defined sex trafficking as “any situation ... where an individual is being forced or coerced and/or threatened in some way to engage in sexual favours.”

While most participants defined sex trafficking in similar ways, there were some exceptions. For example, Robin (no sex trafficking expertise, 0 sex trafficked clients/year, 1–5 years of experience) said sex trafficking is “like hijacking or ... kidnapping of people and transferring them to

**Table 2**  
Summary of themes with illustrative quotes.

Theme	Sub-Theme	Illustrative Quote
Definitions of Sex Trafficking		"[A]ny situation ... where an individual is being forced or coerced and/or threatened in some way to engage in sexual favours."-Riley
The Continuum of Sex Work and Sex Trafficking	Opposite Ends of the Continuum	"I talk about a continuum ... choice would be on the one side where the person is choosing to do this, is deciding when they work, who they see, what services they offer, what they charge, and they keep the funds ... trafficking is the other end of the continuum with someone tricking someone or forcing them to do something they don't want to do."-Alex
	Recognition of Fluid Status on the Continuum	"It can be hard to know sometimes where it begins and ends ... it's more of a continuum than black and white ... It can be not full coercion all of the time, sometimes circumstantial, sometimes in between"-Morgan
	Conflating Sex Work and Sex Trafficking	Sex trafficking is when someone "engage[s] in some illegal sex work."-Robin
Sex Trafficking: Contextual and Contributing Factors	Vulnerability Due to Lack of Belonging	"There's some individual factors that would make you more likely to be a target ... maybe you're struggling at home or at school, you've got low self-esteem ... you don't have that unconditional love at home with parents."-Alex
	Vulnerability Due to Stigmatization	"People who are in minorities, whether it's because they have a disability ... or if it's a sexual or gender-based identity issue, or a race thing ... they're already feeling like they can't reach out for help to begin with because they are used to that stigmatization ... [Traffickers] are used to looking for those insecurities."-Riley
	Vulnerability Due to Societal and Individual Level Racism	"Race plays a part in it. We know that Indigenous and Black women are more vulnerable [to sex trafficking] ... That comes into systemic issues around inequities in our society with pay and education, and environmental racism, how we build our neighborhoods and what resources we put in our neighborhoods, and who lives there."-Kit
Manipulation and Fear: Traffickers' Recruitment and Retainment Tactics	Entering into Sex Trafficking	"Whatever the vulnerability is, they [traffickers] hone in on that and exploit that to gain trust of the victim and bring them in. And they isolate them from their friends and their family ... And then gradually, it slowly

**Table 2 (continued)**

Theme	Sub-Theme	Illustrative Quote
		turns. Like, 'well, all this stuff I [the trafficker] gave you wasn't free ... and now you have to pay this back.'" -Stevie
	Remaining in Sex Trafficking	"Sex trafficked persons feared that traffickers would 'kill' them if they 'tried to leave' or if they said 'anything [about sex trafficking] to anyone.'" -Quinn
	Leaving Sex Trafficking	"It's important not to make promises you can't keep, like, 'we're going to take care of you, everything's gonna be fine.' It probably won't be for a while ... It has to get to a point for that person where the situation that they're currently in is worse than the one that they might find themselves in [upon exiting]." -Morgan
Knowledge Sources for Learning about Sex Trafficking	Learning about Sex Trafficking in School	"In school, the approach is very stigmatizing. I didn't like how they talked about it ... it's so outdated ... they give the impression ... that she's voiceless, she doesn't know, like she's an idiot." -Kit
	Learning about Sex Trafficking on the Job	"Whenever I graduated ... there was not that focus [sex trafficking]. It was not where my education was. It was just the nature of my work that kind of led me there." -Stevie
	Learning about Sex Trafficking from Webinars/Seminars and Social Media	"We talk and we share our interests and everything from Facebook ... we ask each other how to help people out of it [sex trafficking]." -Phoenix
	Need for Sex Trafficking Education and Training	"[Having] education and tools about the services and the supports to help [sex trafficked] people ... I would feel far more confident in broaching that topic, or sharing those things, or knowing what to look for ... If it's not something that you're aware of ... how do you know what to do?" -Jordan

another place." Conversely, Kit (moderate sex trafficking expertise, unknown number of sex trafficked clients/year, 6–10 years of experience) described the notion of someone being kidnapped and transported as an inaccurate trope: "It's [sex trafficking] definitely not what we see on TV ... I thought it was just you throw someone in a white van and you move them around. But I've come to understand through my experience that it's manipulation. It's coercion."

When asked to define domestic sex trafficking, participants offered a range of interpretations. Some participants with little experience working with sex trafficked persons interpreted the word "domestic" to mean the trafficker was either part of or close with the survivor's family. Jordan (no sex trafficking expertise, unknown number of sex trafficked clients/year, >10 years of experience) described, "It would be more of a ... family situation. Whether it would be by a family member, a friend, a known person." More experienced participants indicated that "it's

domestic because [the sex trafficked person is] not being moved across a border of any kind” (Morgan; moderate/high sex trafficking expertise, >10 sex trafficked clients/year, 1–5 years of experience). Some participants conveyed both notions. Remy (moderate sex trafficking expertise, 0 sex trafficked clients/year, 6–10 years of experience) described, “Domestic could be within your country, potentially. Or domestic meaning whether it be your father, your mother, your sister, your brother trafficking you ... I think you could look at it both ways.”

Other participants were hesitant about defining domestic sex trafficking. Wren (moderate sex trafficking expertise, 0 sex trafficked clients/year, <1 year of experience) stated, “I’m not very sure of the term domestic sex trafficking,” while Kit said, “I don’t think I’ve heard of that term,” and Riley explained, “[T]his is where it kind of gets a little more out of my element.” Participants’ familiarity with sex trafficking did not necessarily indicate knowledge of domestic sex trafficking specifically.

#### 4.2. The continuum of sex work and sex trafficking

##### 4.2.1. Opposite ends of the continuum

Participants discussed the difference between sex work and sex trafficking, often acknowledging a *continuum* between the two. The distinguishing factor was choice: “Sex work is work. People make choices to do that work. Whereas I think with sex trafficking, that’s not the case” (Storm; low sex trafficking expertise, 1–5 sex trafficked clients/year, 6–10 years of experience). The presence or absence of consent helped participants place sex work and sex trafficking at opposite ends of a continuum (see Fig. 1). Alex (high sex trafficking expertise, 6–10 sex trafficked clients/year, 30 years of experience) explained:

I talk about a continuum ... choice would be on the one side where the person is choosing to do this, is deciding when they work, who they see, what services they offer, what they charge, and they keep the funds ... trafficking is the other end of the continuum with someone tricking someone or forcing them to do something they don’t want to do.

Somewhere between choice (sex work) and coercion (sex trafficking), participants described circumstantial or survival sex work. Alex continued:

In the middle, you’ve kind of got that circumstantial sex work where we see it with homeless ... people with mental health or addictions issues. Their situations are just naturally exploit[at]ive. But a third person isn’t doing it to them ... It’s kind of that grey area.

This complex “middle” of the continuum included engaging in sex work when, for example, it was “the only way for [the person] to support their addiction” or “survive on the street” (Morgan; moderate/high sex trafficking expertise, >10 sex trafficked clients/year, 1–5 years of experience). Circumstantial or survival sex work were considered exploitative when consent was limited by an individual’s circumstances.

##### 4.2.2. Recognition of fluid status on the continuum

Participants reflected that individual circumstances were not always static, which made distinguishing between choice (sex work) and force (sex trafficking) difficult: “It can be hard to know sometimes where it begins and ends ... it’s more of a continuum than black and white ... It

can be not full coercion all of the time, sometimes circumstantial, sometimes in between” (Morgan). As an individual’s circumstances change, so may their status on the continuum. For example, Kit (moderate sex trafficking expertise, unknown number of sex trafficked clients/year, 6–10 years of experience) described working with a “pimp” who made “the girl believe that she’s his girlfriend,” and then got her to perform sexual acts for money. Kit had difficulty deciphering whether this *really* constituted a choice: “I had to learn how this was still sex trafficking because the misconception is ... she knows what’s happening ... she’s getting in the car and going to the hotel.” Kit elaborated on their understanding of the transformation from choice into force: “They do it [circumstantial sex work] as a choice, because you have a mouth to feed. And then ... you’re stuck because you don’t get to walk off ... It’s not like, ‘I quit!’” The inability to exit sex work was the juncture at which participants viewed a change in an individual’s status on the continuum from sex work to sex trafficking.

##### 4.2.3. Conflating sex work and sex trafficking

Some participants conflated sex work and sex trafficking or described colleagues who “confus[ed]” the two terms. For example, Robin (no sex trafficking expertise, 0 sex trafficked clients/year, 1–5 years of experience) defined sex trafficking as when someone “engag[d] in some illegal sex work.” Phoenix (very high sex trafficking expertise, 6–10 sex trafficked clients/year, 1–5 years of experience) also defined sex trafficking as when people are “sold out for sex work.” Though describing sex trafficking, the language of sex work was used, thereby blurring the line between the two. Storm described the impact of this conflation, articulating that it “can be really challenging when working on a team of people” who “confuse sex work and sex trafficking as being the same thing” as this made it difficult to “develop safety plans” for clients and to “support [their] choices.”

#### 4.3. Sex trafficking: Contextual and contributing factors

Participants discussed social identities and circumstances they thought influenced sex trafficking risk. They indicated that traffickers targeted “young” (Morgan; moderate/high sex trafficking expertise, >10 sex trafficked clients/year, 1–5 years of experience), “Indigenous and Black women” (Kit; moderate sex trafficking expertise, unknown number of sex trafficked clients/year, 6–10 years of experience), “looking for ... relational support” (Avery; moderate/high sex trafficking expertise, >10 sex trafficked clients/year, >10 years of experience), those with “low socio[economic status]-income” (Robin; no sex trafficking expertise, 0 sex trafficked clients/year, 1–5 years of experience), and “anybody who’s immigrated recently” (Riley; moderate sex trafficking expertise, unknown number of sex trafficked clients/year, 1–5 years of experience). “Vulnerability” was identified as a common concept across the social identities discussed.

##### 4.3.1. Vulnerability due to lack of belonging

Participants believed that individuals who felt they did not belong were potentially at a higher risk for sex trafficking. Alex (high sex trafficking expertise, 6–10 sex trafficked clients/year, 30 years of experience) explained, “There’s some individual factors that would make you more likely to be a target ... maybe you’re struggling at home or at school, you’ve got low self-esteem ... you don’t have that unconditional love at

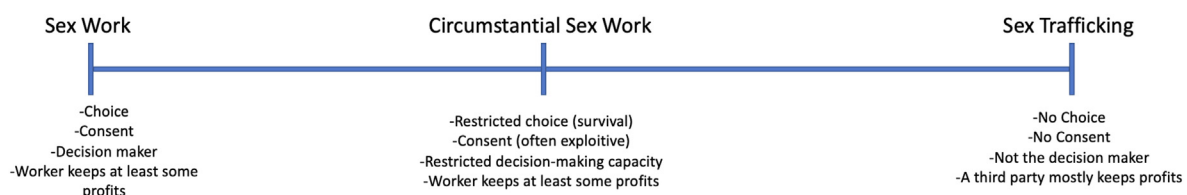


Fig. 1. The continuum of sex work and sex trafficking.

home with parents.” Vulnerability to sex trafficking was considered higher when there was a lack of familial and social connection. Avery described how “a lot of pimps kind of play on,” and “build up” these feelings of being “an outsider,” “having low self-esteem,” and the “need to feel loved”. Participants viewed traffickers as experts at identifying and targeting such insecurities.

#### 4.3.2. Vulnerability due to stigmatization

Another vulnerability described by participants was stigmatization faced by minorities:

People who are in minorities, whether it's because they have a disability ... or if it's a sexual or gender-based identity issue, or a race thing ... they're already feeling like they can't reach out for help to begin with because they are used to that stigmatization ... [Traffickers] are used to looking for those insecurities. (Riley)

Stigmatization was viewed as an impediment to a person's ability to “reach out for help”—a “vulnerability” that traffickers appeared to be experts at targeting. Participants further discussed vulnerabilities rooted in intersecting determinants of health (e.g., sexuality, social network, housing, and their influence on mental health and addiction):

That population [LGBTQ2S+] tends to have higher mental health issues, addictions, homelessness ... which then also leads to more of those vulnerabilities ... that isolation from the positive supports in your life that can happen when somebody has come out. (Morgan)

Lack of social support resulting from intersecting forms of stigmatization—in particular as experienced by the LGBTQ2S + community, homeless persons, and individuals with addictions—was seen to increase vulnerability to sex trafficking.

#### 4.3.3. Vulnerability due to societal and individual level racism

Some participants viewed more significant societal inequities rooted in racism as informing the vulnerabilities that led to an increased risk of sex trafficking. Kit explained:

Race plays a part in it. We know that Indigenous and Black women are more vulnerable [to sex trafficking] ... That comes into systemic issues around inequities in our society with pay and education, and environmental racism, how we build our neighborhoods and what resources we put in our neighborhoods, and who lives there.

The sentiment that structural racism contributed to the vulnerabilities that increased sex trafficking risk was echoed by Robin, who clarified that such individuals “don't have the kind of support as other people, like other races.” Storm (low sex trafficking expertise, 1–5 sex trafficked clients/year, 6–10 years of experience) described how the “medical system, social services, [and] police” have had a “past and current history of bringing down violence on those communities” since such institutions “were instrumental in taking children away from [Indigenous] families ... [and] often don't look for people when they're missing.” For these reasons, Storm explained that “accessing support can be really challenging and difficult and perhaps not safe for them [racialized persons].” Although participants recognized some of the many structural and institutional forms of racism that could increase vulnerability to trafficking, the lack of “safe” social and other supports was given particular emphasis.

### 4.4. Manipulation and fear: Traffickers' recruitment and retainment tactics

#### 4.4.1. Entering into sex trafficking

Most participants discussed the manipulation they thought was involved in luring an individual into sex trafficking, which included the trafficker “getting to know ... what they're [sex trafficked persons] hoping for, what their dreams are” (Alex; high sex trafficking expertise,

6–10 sex trafficked clients/year, 30 years of experience). Stevie (moderate sex trafficking expertise, 1–5 sex trafficked clients/year, >30 years of experience) described this process: “It kind of boils down to a sense of belonging and a sense of ‘finally someone understands me, someone gets me. And my family doesn't get me, but these people get me ... They're getting me the things I need.’” Traffickers were described as exploiting a sex trafficked person's lack of belonging by fulfilling their unmet needs, constructing an illusion of belonging to gain individuals' trust and drive them away from family and friends. Stevie continued:

Whatever the vulnerability is, they [traffickers] hone in on that and exploit that to gain trust of the victim and bring them in. And they isolate them from their friends and their family ... And then gradually, it slowly turns. Like, ‘well, all this stuff I [the trafficker] gave you wasn't free ... and now you have to pay this back.’

As expressed by several participants, these manipulation tactics culminate with traffickers requiring they be “pa[id] ... back” for fulfilling material needs—a stipulation not previously shared with the sex trafficked person.

Some participants also discussed trafficking by the individual's family. Riley (moderate sex trafficking expertise, unknown number of sex trafficked clients/year, 1–5 years of experience) conveyed that “some clients are born into [sex trafficking],” and Alex explained:

We had one young girl ... whose mother was involved in the trafficking [as the trafficker] ... And she [the girl] wanted to leave. And she's not the only one. We've had other ones where family is involved [as the trafficker]. If they leave, they are going to have no contact with anyone, because everyone in their life is involved in that life.

In circumstances when a family member was the trafficker, participants perceived that the lack of connection to other positive social supports reinforced vulnerabilities to sex trafficking.

#### 4.4.2. Remaining in sex trafficking

Participants described scare tactics traffickers used to prevent sex trafficked persons from (considering) leaving. For example, traffickers threatened that if sex trafficked persons left, they would end up finding “someone else who's going to rape” them (Riley) or would “be on the streets the rest of your [their] life” (Remy; moderate sex trafficking expertise, 0 sex trafficked clients/year, 6–10 years of experience). Quinn (low sex trafficking expertise, 1–5 sex trafficked clients/year, 30 years of experience) described how sex trafficked persons feared that traffickers would “kill” them if they “tried to leave” or if they said “anything [about sex trafficking] to anyone.” Traffickers not only “threatened [their] family” (Remy), but also coerced survivors to stay in sex trafficking by breaking them “down psychologically [and] mak[ing] them afraid” (Alex) of what may happen to them should they leave.

Participants also thought traffickers instilled fear that the sex trafficked person would lack support upon exiting trafficking. Riley described sex trafficked persons' apprehension that “people won't believe them, that they won't be heard.” Robin (no sex trafficking expertise, 0 sex trafficked clients/year, 1–5 years of experience) echoed this sentiment, “They're fearing maybe going back to the society [that] would start judging them.” To retain trafficked persons, traffickers not only incited fear about a lack of social support, but invoked fear of an unforgiving, judgmental society.

#### 4.4.3. Leaving sex trafficking

Some participants emphasized the difficulty in helping someone exit sex trafficking. Morgan explained how “social services agencies cannot fill all of those things that they're getting” from the trafficker, which makes it “a hard sell ... to leave [trafficking].” Especially if a person faced drug addiction, a need for which social services were unable to provide, Jordan (no sex trafficking expertise, unknown number of sex trafficked clients/year, >10 years of experience) described how it becomes “very

difficult ... to make a sound decision to ... try and leave." Some participants knew they would be unable to fully meet their client's needs, which evidenced the importance of knowing about and discussing the realities of exiting trafficking. Morgan said,

It's important not to make promises you can't keep, like, 'we're going to take care of you, everything's gonna be fine.' It probably won't be for a while ... It has to get to a point for that person where the situation that they're currently in is worse than the one that they might find themselves in [upon exiting].

Participants also described facilitators they viewed as beneficial to a person exiting sex trafficking, including familial and community support: "Whether it's family support or they have built the support within the community ... they need that support to be able to get out" (Avery; moderate/high sex trafficking expertise, >10 sex trafficked clients/year, >10 years of experience). Morgan explained how these forms of support filled the gaps presented by the absence of social service supports "outside of regular office hours," leading to more "success" in exiting trafficking for these individuals: "At 5:30 on a Saturday night, there isn't really much [formal support] ... Personal supports ... can be a huge factor in making it [exiting] a little bit easier." Having other informal familial and community support was considered essential to a person's successful efforts to leave sex trafficking.

#### 4.5. Knowledge sources for learning about sex trafficking

##### 4.5.1. Learning about sex trafficking in school

With the exception of two participants, the majority described not having learned about sex trafficking during their formal education. Kit (moderate sex trafficking expertise, unknown number of sex trafficked clients/year, 6–10 years of experience) explained that there was just one lesson in which sex trafficking was discussed and they found the content was stigmatizing and unhelpful to their practice: "In school, the approach is very stigmatizing. I didn't like how they talked about it ... it's so outdated ... they give the impression ... that she's voiceless, she doesn't know, like she's an idiot." However, most participants who discussed their schooling indicated that they had not learned anything about sex trafficking. In particular, the term "sex trafficking" may not have been introduced to participants who had been a social service provider for 10 or more years. Jordan (no sex trafficking expertise, unknown number of sex trafficked clients/year, >10 years of experience) described, "I don't even think I knew that word or that term [sex trafficking] way back then." Given their lack of formal education on sex trafficking, participants sought other sources of knowledge.

##### 4.5.2. Learning about sex trafficking on the job

Much of participants' knowledge of sex trafficking was learned on the job. Stevie (moderate sex trafficking expertise, 1–5 sex trafficked clients/year, >30 years of experience) stated, "Whenever I graduated ... there was not that focus [sex trafficking]. It was not where my education was. It was just the nature of my work that kind of led me there." Alex (high sex trafficking expertise, 6–10 sex trafficked clients/year, 30 years of experience) further explained that they "did not go to school for this" and "on the job learning was a big piece" of their sex trafficking education. Participants had to go out of their way, connect with other professionals, and undergo trial and error to learn about sex trafficking and support those who were trafficked.

##### 4.5.3. Learning about sex trafficking from webinars/seminars and social media

All participants sought out further learning on sex trafficking, whether through webinars/seminars or social media. Webinars/seminars were typically 1–3 hours long and organized by service agencies or universities. Participants noted a variety of topics presented during these sessions: survivors' stories, "what has to be involved to make it human

trafficking," "the difference between sex work and trafficking" (Remy; moderate sex trafficking expertise, 0 sex trafficked clients/year, 6–10 years of experience), geographic areas where traffickers recruit, "ways that you [the social service provider] can offer support" (Jordan), similarities to domestic violence, and "empowering male youth to speak up" (Stevie). Some participants said it was most helpful when a survivor spoke at these sessions, as hearing from survivors drew "local connections" to the educational information and to "really hit home ... just how easily it [sex trafficking] can happen to someone" (Jordan).

Some participants read news articles to learn more about sex trafficking whereas others such as Robin (no sex trafficking expertise, 0 sex trafficked clients/year, 1–5 years of experience) read articles shared by colleagues on Facebook. Phoenix (very high sex trafficking expertise, 6–10 sex trafficked clients/year, 1–5 years of experience) was also part of a group of social service providers on Facebook, where links to articles and webinars were shared: "We talk and we share our interests and everything from Facebook ... we ask each other how to help people out of it [sex trafficking]." While participants turned to YouTube, Facebook, and Twitter to learn about sex trafficking, Robin had "never seen any educative stuff on Instagram." Participants favoured some media channels over others to learn about sex trafficking.

##### 4.5.4. Need for sex trafficking education and training

Approximately half of the participants conveyed the importance of training for all social service providers since, as Quinn (low sex trafficking expertise, 1–5 sex trafficked clients/year, 30 years of experience) put it, "social service workers probably see them [sex trafficked persons] more than most." Quinn continued, "Sex trafficking should be mandatory in all training moving forward for frontline workers of any ilk, because ... there is that lack of frontline knowledge that's a big big big big piece to all of this." Participants described the need for more formalized, comprehensive, and in-depth training. Jordan explained how "listening to an hour-long presentation" was "a good start," but "people need more than that." Jordan continued:

[Having] education and tools about the services and the supports to help [sex trafficked] people ... I would feel far more confident in broaching that topic, or sharing those things, or knowing what to look for ... If it's not something that you're aware of ... how do you know what to do?

Kit shared this sentiment, explaining, "Let me know where am I supposed to go with [sex trafficked persons] once I've discovered that this is their situation ... It's frustrating because it's like, I can't help them unless ... They tell us what to do." With more comprehensive sex trafficking education, participants indicated that they would feel more confident in their capacity to provide services to this population. Existing single webinar/seminar sessions were viewed as insufficient preparation.

Often, participants themselves requested and arranged these singleton sessions, which Stevie described as "quite a lot of work ... to get approved." Other times, there was a lack of funding for such training. While supervisors were meant to pass on information they learned at seminars to frontline workers, this was not always the case. Storm (low sex trafficking expertise, 1–5 sex trafficked clients/year, 6–10 years of experience) explained, "Our management team was getting training around it [sex trafficking], but that information wasn't trickling down ... That can be often the case when there's [a] lack of funds available." Participants' ability to access webinar/seminar sessions was therefore varied and inconsistent.

## 5. Discussion

This study represents a significant contribution to the sparse literature on sex trafficking, an issue of international relevance and importance. We addressed a prominent gap in the literature by exploring social service providers' current knowledge and sources of information about



domestic sex trafficking in Canada. The gaps and inconsistencies identified may be useful for the design of formal education, a vital structural determinant (Lancet Public Health, 2020) of equitable social service provision to sex trafficked persons.

Our findings are consistent with Drury Hudson's (1997) model of five types of knowledge, which were evidenced throughout the interviews and substantiated through the analysis. These differing types of knowledge, as mapped onto social service providers' areas of knowledge on sex trafficking, has implications for the design of future formal education. For example, *theoretical knowledge* ("a set of concepts, schemes, or frames of reference", p. 38) was demonstrated by the providers who offered clear definitions of sex trafficking and the distinctions between sex trafficking, circumstantial or survival sex work, and sex work. This type of knowledge was distinct from *personal knowledge* ("intuition, cultural knowledge and common sense", p. 38), exemplified by those who recognized the many intersecting vulnerabilities that contributed to increased risk of recruitment into sex trafficking. *Practice-based knowledge* ("gained from the conduct of ... practice", p. 38) was evident among those who described traffickers' recruitment and retention tactics and challenges for individuals attempting to leave sex trafficking. Providers who understood how to support a sex trafficked person leaving the trafficking situation demonstrated *procedural knowledge* ("organizational, legislative, or policy context", p. 38). Providers did not reference sex trafficking research, which would have evidenced *empirical knowledge* ("derived from research"; p. 38); this is not surprising given the infrequency of sex trafficking education and training opportunities among this cohort. While they did not specifically reference extant scholarship, many providers acknowledged sex work and sex trafficking as different points along a continuum, which reflects published literature (De Shalit et al., 2020).

Some social service providers who indicated moderate to high expertise conveyed in-depth knowledge about sex trafficking and sex trafficking risk. For example, vulnerability to being sex trafficked was identified by some (moderate to high expertise) as associated with a lack of belonging, stigma, and structural and individual racism. Gerassi et al. (2021) reported that some social service providers in their study recognized the consequences of structural oppression leading to the "overrepresentation of women of color at risk of sex trafficking" (p. 10). While some participants in that study acknowledged the intersection of specific social determinants of health including racism and classism, providers in the current research instead alluded to the many "systemic issues" rooted in current and historical racism as they were related to sex trafficking risk. Vulnerability was also highlighted by a few providers (moderate to high expertise) with reference to stigma faced by the LGBTQ2S+ community. Similar to those in a study by De Shalit et al. (2020) who discussed the intersection between survival sex work and addiction, providers in this study acknowledged the ways in which addiction, homelessness, and isolation increased risk of sex trafficking.

By considering social service providers' differing forms of knowledge, we have begun to identify knowledge gaps and inconsistencies in what they knew about sex trafficking and the ad hoc ways by which they acquired (or did not acquire) this information. Sometimes, there were discrepancies between providers' self-rated sex trafficking expertise and the information they shared in the interviews. Some providers were overly confident; for example, while a few (moderate expertise) were unable to describe domestic sex trafficking, another participant (very high expertise) conflated sex trafficking with sex work. Perhaps an inability to differentiate sex trafficking from domestic sex trafficking or even sex work should not be surprising given that in Canada, there is often confusion in defining and distinguishing what is meant by these terms (De Shalit & van der Meulen, 2015). It is important not to conflate or mislabel sex trafficking (characterized by coercion) and sex work (characterized by choice) because the needs of each respective group can be very different.

Our finding that social service providers lacked a robust understanding of sex trafficking mirrors those of other studies, wherein some

frontline service providers (e.g., health care providers; (Beck et al., 2015; Havig & Mahapatra, 2021; Vieregger et al., 2015), medical students (Wong et al., 2011), occupational therapy students (Bekmuratova et al., 2021)) were deficient in their knowledge of trafficking. Given that, in the current study, providers' self-rated expertise and practice-based experiences were not always reflected in the knowledge they shared during the interviews, further research is needed to understand how self-assessment of expertise corresponds with actual knowledge. It might be useful to investigate whether self-rated expertise is associated with particular types of knowledge (i.e., theoretical versus practice-based) and how this may affect provider confidence and service provision. This is important as higher self-efficacy regarding trafficking knowledge may "lead to the provision of appropriate services ... in meeting the complex needs of trafficked persons" (Bekmuratova et al., 2021, p. 7). Nsonwu et al.'s (2017) Perceptions, Knowledge, and Attitudes About Human Trafficking Questionnaire and Houston-Kolnik et al.'s (2016) Sex Trafficking Attitudes Scale may be useful for future studies to quantitatively assess social service providers' knowledge regarding trafficking in the Canadian context.

The varying levels and types of knowledge exhibited by social service providers in this study may reflect their lack of formal education on sex trafficking. One provider who had obtained information about sex trafficking during their professional education only received one related lesson that stereotyped and stigmatized sex trafficked persons and was unhelpful. Most providers learned about sex trafficking through practice-based experience, by sharing and reading articles, or by attending webinars/seminars. Providers indicated that these piecemeal educational opportunities were helpful to their overall knowledge about sex trafficking but were nonetheless insufficient. Providers pointed to an urgent need for formal training for frontline service workers (beyond a single webinar session, for example) to augment their knowledge of sex trafficking and apply that knowledge in practice.

### 5.1. Recommendations

The identified gaps and inconsistencies in social service providers' knowledge are useful to inform the design and core content of formal education initiatives. Such training has the potential to significantly influence service providers' knowledge of sex trafficking and skill in identifying and caring for those who have been trafficked (Stoklosa et al., 2015). Training has been recommended for professionals including counsellors (Litam & Lam, 2021), occupational therapist doctoral students (Bekmuratova et al., 2021), medical trainees (Talbot et al., 2020; Wong et al., 2011), and other providers (Beck et al., 2015; Grace et al., 2014; Recknor et al., 2018). Suggestions for training content have included insights from survivors (e.g., "acceptable approaches to physical and psychosocial exams"; Chisolm-Straker et al., 2020, p. 410) and experts (e.g., "a multidisciplinary team response,"; Stoklosa et al., 2020, p. 405).

Recent work has also stressed the need for a "critically conscious approach" to social service provider training in order to "convey the roles of white supremacy and oppression that result in the overrepresentation of Black, Latinx, and Indigenous communities in sex trafficking" (Gerassi et al., 2021, p. 12). It is therefore important that education and training programs include content on the social, political, and historical circumstances that have led to a disproportionate number of sex trafficked persons from marginalized communities. Further, training programs must incorporate a critical lens to encourage providers to question and challenge the many assumptions and implicit biases that can permeate social service institutions and providers' practices.

Given the consistent recommendations on the need for formal training on human trafficking and what that training might include, there is little reason for social service providers to go without this essential and necessary education (Chisolm-Straker et al., 2012; Donahue et al., 2019; Miller et al., 2020). Designing the training to promote competence within each of Drury Hudson's (1997) types of knowledge will help minimize

inconsistencies in providers' knowledge and eliminate the random "luck of the draw" that currently shapes sex trafficked persons' access to providers with the requisite knowledge to appropriately help.

### 5.2. Limitations

It is important to note that given its qualitative methodology, this study is not generalizable. The small sample included, though representing a range of social service providers across multiple occupational settings, is not meant to represent the greater population and perspectives within each occupational category. A more robust sample may have brought additional considerations to the forefront. The results are therefore particular to the time, locale, and Canadian cultural context where interviews were conducted. Participants who informed this research also lived in urban and suburban areas and may therefore have had more possible encounters with sex trafficked persons than those in rural or remote locations.

### 5.3. Strengths and future research

Further work is necessary to explore potential similarities and differences in providers' knowledge across different locales, which may shape additional recommendations for education. While the range of providers included in the current study allowed for a broad scope necessary to understand various social service providers' general knowledge about sex trafficking, it may be prudent for future research to hone in on the knowledge held by providers in particular institutions (e.g., hospitals versus government assistance) to determine the unique knowledge gaps and educational needs of particular providers in specific spaces.

To the best of our knowledge, this is the first study in the Canadian context to explore and build an understanding of social service providers' knowledge and sources of information about domestic sex trafficking. However, the current research is only a first step in elucidating the current state of frontline providers' knowledge on the subject given our focus only on social service providers in Ontario. Considering the sparse literature on this topic in the Canadian context and the boundaries of this formative research, the particular ways in which educational interventions should be implemented are outside of this project's scope. Future research may focus on the appropriate application of educational interventions within various social service institutions with the goal of narrowing existing knowledge gaps. This research may include various types of social service providers and their knowledge about sex trafficking, attitudes toward survivors, and practices of care in the broader Canadian context, with the aim of ascertaining their educational and practice-based needs (Jacobson et al., 2022). Insights gained from such future work will help determine if different types of providers within varying regions of Canada have disparate knowledge gaps that could be addressed through one core curriculum.

## 6. Conclusion

Our study revealed that sex trafficked persons might face the "luck of the draw" when encountering social service providers in Ontario, Canada. We found significant gaps in sex trafficking knowledge as well as substantial variability in what was known across providers. Moreover, self-rated expertise did not always reflect the provider's comparative level of sex trafficking knowledge. Our findings strongly support the development and implementation of a core training module on sex trafficking—a training that can incorporate and reflect the varying social identities and circumstances of both providers and survivors.

### Credit author statement

DJ: Conceptualization, methodology, investigation, formal analysis, writing-original draft, writing-review & editing.

JDM: Conceptualization, methodology, formal analysis, writing-review & editing, supervision, funding acquisition.

FM: Formal analysis, writing-review & editing.

RB: Methodology, writing-review & editing.

RM: Conceptualization, methodology, formal analysis, writing-review & editing, supervision, funding acquisition.

### Declaration of competing interest

We have no conflicts of interest to declare.

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### References

- Beck, M. E., Lineer, M. M., Melzer-Lange, M., Simpson, P., Nugent, M., & Rabbitt, A. (2015). Medical providers' understanding of sex trafficking and their experience with at risk patients. *Pediatrics*, *135*(4), e895–e902.
- Bekmuratova, S., Richie-Zavaleta, A. C., & Boyle, C. (2021). Human trafficking: An evaluation of doctoral occupational therapy students' awareness, knowledge, self-efficacy, and future training. *Journal of Human Trafficking*. <https://doi.org/10.1080/23322705.2021.1980713>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101.
- Caelli, K., Ray, L., & Mill, J. (2003). "Clear as mud": Toward greater clarity in generic qualitative research. *International Journal of Qualitative Methods*, *2*(2), 1–13.
- Campbell, J. L., Quincy, C., Osserman, J., & Pedersen, O. K. (2013). Coding in-depth semistructured interviews: Problems of unitization and intercoder reliability and agreement. *Sociological Methods & Research*, *42*(3), 294–320.
- Chisolm-Straker, M., Miller, C. L., Duke, G., & Stoklosa, H. (2020). A framework for the development of healthcare provider education programs on human trafficking part two: Survivors. *Journal of Human Trafficking*, *6*(4), 410–424.
- Chisolm-Straker, M., Richardson, L. D., & Cossio, T. (2012). Combating slavery in the 21<sup>st</sup> century: The role of emergency medicine. *Journal of Health Care for the Poor and Underserved*, *23*(3), 980–987.
- Conroy, S., & Sutton, D. (2022). Trafficking in persons in Canada, 2020. *Statistics Canada*. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2022001/article/00010-eng.htm>. (Accessed 14 September 2022).
- Cunningham, K. C., & DeMarni Cromer, L. (2016). Attitudes about human trafficking: Individual differences related to belief and victim blame. *Journal of Interpersonal Violence*, *31*(2), 228–244.
- Day, S. (2012). A reflexive lens: Exploring dilemmas of qualitative methodology through the concept of reflexivity. *Qualitative Sociology Review*, *8*(1), 60–85.
- De Shalit, A., & van der Meulen, E. (2015). Critical perspectives on Canadian anti-trafficking discourse and policy. *Atlantis*, *37*(2), 2–7.
- De Shalit, A., van der Meulen, E., & Guta, A. (2020). Social service responses to human trafficking: The making of a public health problem. *Culture, Health and Sexuality*, *23*(12), 1717–1732.
- Dedoose Version 9.0.46. (2022). *Web application for managing, analyzing, and presenting qualitative and mixed method research data*. Los Angeles, CA: SocioCultural Research Consultants, LLC. [www.dedoose.com](http://www.dedoose.com).
- Denzin, N. K. (2015). What is critical qualitative inquiry? In G. S. Cannella, M. S. Pérez, & P. A. Pasque (Eds.), *Critical qualitative inquiry: Foundations and futures* (pp. 31–50). Walnut Creek, CA: Left Coast Press.
- Donahue, S., Schwien, M., & LaVallee, D. (2019). Educating emergency department staff on the identification and treatment of human trafficking victims. *Journal of Emergency Nursing*, *45*(1), 16–23.
- Drury Hudson, J. (1997). A model of professional knowledge for social work practice. *Australian Social Work*, *50*(3), 35–44.
- Fraleigh, H. E., Aronowitz, T., & Stoklosa, H. M. (2020). Systematic review of human trafficking educational interventions for health care providers. *Western Journal of Nursing Research*, *42*(2), 131–142.
- Gerassi, L. B., Klein, L. B., & del Carmen Rosales, M. (2021). Moving toward critical consciousness and anti-practice approaches with people at risk of sex trafficking: Perspectives from social service providers. *Affilia*, *XX*(X), 1–17.
- Gerassi, L. B., & Pederson, A. C. (2022). Social service providers' knowledge of and practice with LGBTQ+ people at risk of sex trafficking. *Social Work Research*, *46*(2), 101–114.
- Government of Canada. (2021). Sex trafficking. <https://www.canada.ca/en/public-safety-canada/campaigns/human-trafficking/sex-trafficking.html>. (Accessed 11 May 2022).
- Grace, A. M., Lippert, S., Collins, K., Pineda, N., Tolani, A., Walker, R., Jeong, M., Boukhaman Trounce, M., Graham-Lamberts, C., Bersamin, M., Martinez, J., Dotzler, J., Vanket, J., Storer-Isser, A., Chamberlain, L. J., & Horwitz, S. M. (2014). Educating

- health care professionals on human trafficking. *Pediatric Emergency Care*, 30(12), 856–861.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 59–82.
- Havig, K., & Mahapatra, N. (2021). Health-care providers' knowledge of human trafficking: Implications for building service capacity in a frontier state. *Journal of Human Trafficking*, 7(4), 366–383.
- Hodgins, E., Mutis, J., Mason, R., & Du Mont, J. (2022). Sex trafficking of women and girls in Canada: A scoping review of the scholarly literature. *Trauma, Violence, & Abuse*, 0(0), 1–16.
- Houston-Kolnik, J. D., Todd, N. R., & Wilson, M. (2016). Preliminary validation of the sex trafficking attitudes scale. *Violence Against Women*, 22(10), 1259–1281.
- International Labour Organization, Ilo. (2022). Global estimates of modern slavery: Forced labour and forced marriage. *International Labour Organization (ILO), Walk Free, and International Organization for Migration (IOM)*. [https://www.ilo.org/wcmsp5/groups/public/-ed\\_norm/-ipec/documents/publication/wcms\\_854733.pdf](https://www.ilo.org/wcmsp5/groups/public/-ed_norm/-ipec/documents/publication/wcms_854733.pdf). (Accessed 27 September 2022).
- Jacobson, D., Mason, R., Bruder, R., & Du Mont, J. (2022). A protocol for a qualitative study on sex trafficking: Exploring knowledge, attitudes, and practices of physicians, nurses, and social workers in Ontario, Canada. *Plos One*, 17(9), Article e0274991.
- Jacobson, D., & Mustafa, N. (2019). Social identity map: A reflexivity tool for practicing explicit positionality in critical qualitative research. *International Journal of Qualitative Methods*, 18, 1–12.
- Lancet Public Health. (2020). Education: A neglected social determinant of health. *The Lancet Public Health*, 5(7), e361.
- Lincoln, Y., & Guba, E. G. (1985). Establishing trustworthiness. In Y. Lincoln, & E. G. Guba (Eds.), *Naturalistic inquiry* (pp. 289–331). Newbury Park, CA: Sage Publications.
- Litam, S. D. A., & Lam, E. T. C. (2021). Sex trafficking beliefs in counselors: Establishing the need for human trafficking training in counselor education programs. *International Journal for the Advancement of Counselling*, 43, 1–18.
- Macy, R. J., & Graham, L. M. (2012). Identifying domestic and international sex-trafficking victims during human service provision. *Trauma, Violence, & Abuse*, 13(2), 59–76.
- McDonald, L., & Timoshkina, N. (2007). The life of trafficked sex workers from the former Eastern bloc: The Canadian dimension. *International Journal of Comparative and Applied Criminal Justice*, 31(2), 211–243.
- Miller, C. L., Chisolm-Staker, M., Duke, G., & Stoklosa, H. (2020). A framework for the development of healthcare provider education programs on human trafficking part three: Recommendations. *Journal of Human Trafficking*, 6(4), 425–434.
- Nagy, R., Snooks, G., Jodouin, K., Quenneville, B., Stevens, M., Chen, L., Debassige, D., & Timms, R. (2018). *Community service providers and human trafficking: Best practices and recommendations for northeastern Ontario*. North Bay, ON: Northeastern Ontario Research Alliance on Human Trafficking (NORAHT). <https://noraht.nipissingu.ca/wp-content/uploads/sites/70/2018/06/Best-Practices-NORAHT-Report-June-2018.pdf>. (Accessed 17 May 2022).
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1), 1–13.
- Nsonwu, M. B., Welch-Brewer, C., Heffron, L. C., Lemke, M. A., Busch-Armendariz, N., Sulley, C., Cook, S. W., Lewis, M., Watson, E., Moore, W., & Li, J. (2017). Development and validation of an instrument to assess social work students' perceptions, knowledge, and attitudes about human trafficking questionnaire (PKA-HTQ): An exploratory study. *Research on Social Work Practice*, 27(5), 561–571.
- Phillippi, J., & Lauderdale, J. (2018). A guide to field notes for qualitative research: Context and conversation. *Qualitative Health Research*, 28(3), 381–388.
- Rapoza, S. (2022). Sex trafficking: A literature review with implications for health care providers. *Advanced Emergency Nursing Journal*, 44(2), 248–261.
- Recknor, F. H., Gemeinhardt, G., & Selwyn, B. J. (2018). Health-care provider challenges to the identification of human trafficking in health-care settings: A qualitative study. *Journal of Human Trafficking*, 4(3), 213–230.
- Stoklosa, H., Grace, A., & Littenberg, N. (2015). Medical education on human trafficking. *AMA Journal of Ethics*, 17(10), 914–921.
- Stoklosa, H., Miller, C. L., Duke, G., & Chisolm-Straker, M. (2020). A framework for the development of healthcare provider education programs on human trafficking part one: Experts. *Journal of Human Trafficking*, 6(4), 388–409.
- Talbott, J. M. V., Dutcher, J. S., Pougner, C. A., Calvin, S. L., Roe-Sepowitz, D., & Kling, J. M. (2020). Review of published curriculum on sex trafficking for undergraduate medical trainees. *American Journal of Preventive Medicine*, 58(4), 604–611.
- Viergever, R. F., West, H., Borland, R., & Zimmerman, C. (2015). Health care providers and human trafficking: What do they know, what do they need to know? Findings from the Middle East, the caribbean, and Central America. *Frontiers in Public Health*, 3(6), 1–9.
- Vollinger, L. (2021). Concretizing intersectional research methods: Incorporating social justice and action into United States sex trafficking research. *Journal of Human Behavior in the Social Environment*, 31(5), 599–625.
- Wong, J. C., Hong, J., Leung, P., Yin, P., & Stewart, D. E. (2011). Human trafficking: An evaluation of Canadian medical students' awareness and attitudes. *Education and Health*, 24(1), 1–10.
- Zoom Video Communications Inc. (2016). Security guide. *Zoom Video Communications Inc.* <https://d24cgw3uvb9a9h.cloudfront.net/static/81625/doc/Zoom-Security-White-Paper.pdf>. (Accessed 21 September 2022).
- Royal Canadian Mounted Police. (2013). Domestic human trafficking for sexual exploitation in Canada. Ottawa, ON: The Human Trafficking National Coordination Centre (HTNCC). Prepared by [https://publications.gc.ca/collections/collection\\_2014/grc-rcmp/PS64-114-2014-eng.pdf](https://publications.gc.ca/collections/collection_2014/grc-rcmp/PS64-114-2014-eng.pdf). (Accessed 16 May 2022).
- Center for Disease Control and Prevention. (2022). Sex trafficking. <https://www.cdc.gov/violenceprevention/sexualviolence/trafficking.html>. (Accessed 8 June 2022).



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## Challenges to Supporting Domestically Sex Trafficked Persons: In-Depth Interviews with Service Providers

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### ABSTRACT

Domestic sex trafficking is an emergent area of study with problematic gaps in our understanding of the challenges that inhibit client recovery. As social service providers are often on the frontlines of care provision, in this study, we explored the challenges they experienced when serving domestically sex trafficked adolescents and adults. Semi-structured interviews were conducted with 15 providers in Ontario, Canada's largest province, and thematically analyzed. Our study found that providers faced systemic-, provider-, and client-related challenges, including insufficient funding, a dearth of (appropriate) shelter and/or housing, problems with healthcare and health professionals, entrenched biases within law enforcement, the weight of emotional work, fear for themselves and their clients, survivors' misgivings about the systems established to assist them, and their unresolved concurrent mental health issues. By exploring intersections among various challenges facing service providers with the goal of improving services for domestically sex trafficked persons in Canada, we contribute to discourses informing research, policy, and practice considerations in various jurisdictions, working toward achieving UN Sustainable Development Goals 5 and 16 (specifically targets 5.2, 16.1, and 16.2).

### KEYWORDS

barriers to care; Canada; domestic; Ontario; sex trafficking; service providers; social services

## Introduction

Human trafficking, a crime and human rights violation, has serious health consequences (Recknor et al., 2022). In Canada, human trafficking is defined as “recruiting, transporting, receiving, holding, concealing, or harboring a person . . . for the purpose of exploiting them” (Public Safety Canada, 2019). Sex trafficking, more specifically, is defined as exploitation that is sexual in nature, and is considered “domestic” when exclusively occurring within a country's borders (Public Safety Canada, 2019). The overwhelming majority of identified sex trafficked persons are women and girls, who may experience high rates of physical injury and concurrent physical health problems, mental illness, and/or drug use and may, as a result, frequently present at emergency departments and clinical treatment facilities (Conroy & Sutton, 2022; Lederer & Wetzel, 2014; Simkhada et al., 2018).

Due to the nature of domestic sex trafficking and the vulnerabilities trafficked persons may experience prior to, during, and after sexual exploitation, a variety of social services are generally required to comprehensively address their needs (Macy & Graham, 2012). Providers are in unique positions to assist these individuals, but such complex challenges can pose difficulties (Duncan & DeHart, 2019). However, little is known about social service providers' perceptions of providing the

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requisite supports for domestic sex trafficked persons. While a growing number of American studies have made meaningful contributions to this nascent research landscape, profound gaps in Canada can have equally profound consequences (Hodgins et al., 2022).

### **Challenges to Meeting Client Needs**

Sex trafficked persons can present with multiple and complex needs when seeking assistance, which can range from basic – food, water, shelter, and crisis services – to recondite, such as case management, longer-term and/or transitional housing, mental healthcare, substance use treatment, and legal and education/employment assistance (Duncan & DeHart, 2019; Koegler et al., 2021). Indeed, due to the extent of the psychological, physical, and/or sexual violence and subsequent trauma sex trafficked persons may have endured, their needs have been described as extensive, entrenched, and time intensive (Duncan & DeHart, 2019).

Research to date has suggested that different types of agencies and disciplines are necessary to respond to trafficked persons as this brings varied perspectives to care while increasing providers' ability to leverage resources and provide the client-centered, trauma-informed, and culturally sensitive services recommended for all trafficked individuals (Busch-Armendariz et al., 2014; Okech et al., 2018; Richie-Zavaleta et al., 2021). Such services should be well-coordinated and holistic, providing wrap-around care that utilizes a strengths-based approach (Okech et al., 2018). Trafficked persons whose needs have not been adequately and comprehensively addressed are at high risk for re-trafficking, cycling in and out of treatment, and further exploitation (Gordon et al., 2018a; Hodge, 2014; Koegler et al., 2021).

Despite the clear imperative for comprehensive services, most sex trafficked persons experience numerous barriers to care and support, as has been identified in the United States. An individual's sense of shame, fear of judgment and repercussions related to disclosure of sex trafficking, and/or generalized mistrust of, for example, law enforcement and human service providers, can inhibit them from seeking or benefitting from assistance (Duncan & DeHart, 2019; Haney et al., 2020). Further, a lack of shelter and/or available housing and the absence of needed services in one centralized location pose further challenges. For example, service providers in Missouri identified shelter as a critical need for 93% of their clients; however, only 27% were able to access these services (Koegler et al., 2021). In addition, some organizations refuse to admit substance-using individuals, thereby limiting access to accommodations as substance use may be common among persons trafficked for sex (Gerassi, 2018; Koegler et al., 2022).

Social service practices are commonly rooted in social justice values, champion the concerns of oppressed persons, and are guided by the broader contexts in which clients are situated. Social service providers are, therefore, uniquely qualified to aid sex trafficked clients with their recovery (Okech et al., 2018). However, an earlier study of service providers noted that they may not be receiving the specialized training required to address the complexities with which clients present (Jacobson et al., 2023). Additional challenges to the care of sex trafficked persons, as noted by sex trafficking scholars studying the American context, include a lack of funding and resources devoted specifically to this population and, where general human trafficking response programs do exist, services have tended to be fragmented and inaccessible (Gibbs et al., 2015; Koegler et al., 2021; Powell et al., 2018).

### **Canadian Context**

A recent scoping review of sex trafficking studies in Canada yielded only 14 scholarly articles, seven of which involved Ontario (Hodgins et al., 2022). Of these Ontario studies, three were not exclusively focused on domestic sex trafficking (McDonald & Timoshkina, 2004, 2007; Pashang, 2019). Of the other four, two did not examine challenges to service provision (Baird et al., 2020; De Shalit et al., 2021). While the remaining two studies discussed barriers to care, they focused on a subset of sex trafficked persons and/or the data from service providers was

not disaggregated from persons with lived experience (Nagy et al., 2020; Olson-Pitawanakwat & Baskin, 2021). Such scant information in the Ontario context could be particularly problematic given the province has been acknowledged as a hub for domestic sex trafficking (Vernile et al., 2015).

## **The Present Study**

This study aims to fill the critical gaps in knowledge related to barriers in caring for and meeting the needs of domestically sex trafficked adolescents and adults in Ontario, Canada. Knowledge gleaned from this research could begin to inform improvements in policies and practices, ultimately enhancing the overall health and well-being of those most affected in Canada and worldwide. This study is part of a larger research project aimed at understanding social service providers' knowledge, attitudes, and practices surrounding care provision for sex trafficked persons in Canada (Jacobson et al., 2023). Studies examining this specific geographical location may deepen our understanding of domestic sex trafficking in new contexts, expanding the relevance of existing work on this topic.

## **Method**

### **Conceptual Framework**

Critical social theory as described by Denzin (2017) framed the larger program of research. Inherently committed to social justice and anti-oppressive policies, this theory makes visible daily inequities and institutional practices that disadvantage certain people (Denzin, 2017). A qualitative research design, appropriate for exploratory studies of stakeholders' perspectives, was employed (Rendle et al., 2019).

### **Recruitment**

Recruitment began January 12, 2022 and ended February 17, 2022. Purposive sampling was used to recruit diverse providers working within social service settings in one of Ontario's seven regions (southwest, southeast, northwest, northeast, central, central east, and central west). Emails describing the study were sent to organizations for distribution to staff working in these regions. Recruitment flyers were tweeted and posted within the Ontario Social Workers and Social Service Workers Facebook group. Sociodemographic questionnaires and consent forms delineating anonymous and confidential participation, the study purpose, potential risks and benefits, and the freedom to withdraw from the study at any time and without consequence, were sent to those indicating interest, signed, and returned.

### **Interview Guide**

Our semi-structured interview guide was developed based on a review of the literature, items adapted from Cunningham and DeMarni Cromer's (2016) Human Trafficking Myths Scale, and team expertise in sex trafficking, sexual violence, and conducting sensitive research with a critical orientation. Questions explored social service provider knowledge, attitudes, and practices with clients domestically trafficked for sex. For example, questions such as: "How do you think individuals come to be sex trafficked?" and "In your own words, what is (domestic) sex trafficking," queried provider knowledge; "Why might people who are sex trafficked remain in sex trafficking," queried attitudes; and "How would you identify someone who is sex trafficked," queried support practices. Questions probing perceived challenges to providing support to domestically sex trafficked persons included, "What challenges stand in the way of you being able to provide the client with appropriate support?" and "Is

there anything that would make it easier to provide clients with the support they express needing/you think they need?”

### **Data Collection**

Interviews of one-to-two hours were conducted on Zoom between January 28, 2022 and February 17, 2022. Participants gave verbal consent to start audio and video recording and were reminded that they could stop the interview at any time without consequence. To protect privacy, pseudonyms were used throughout this research process and any associated publications. After each interview, notes with observations and initial thoughts were written. On completion of 15 interviews, no new information was revealed and interviews were discontinued (Guest et al., 2006). Following each interview, the generated transcript and audio file were saved to a secure online directory accessible only to team members and deleted from Zoom. Participants received a \$25 CAD gift card as a gesture of appreciation.

### **Participant Characteristics**

Of the 15 providers who consented to participate in the study, 12 worked in urban areas and three in suburban. Two identified as “Canadian,” seven as white or Caucasian, five as Black, and one as South Asian. Ages ranged from 26 to 55 years. Three identified as men and 12 as women. Participants included managers/supervisors (5), social workers (2), case workers (2), and one each of: child and youth care practitioner, child welfare worker, harm reduction counselor, addictions worker and support worker. One did not report. Thirteen had a Master’s or undergraduate degree. Seven had worked in social services for 0–5 years, three for 6–10 years, five for more than 10 years, and three of whom indicated 30 years or more. Participants reported providing services to various number of sex trafficked clients per year: more than 10 (2), between six and ten (2), between one and five (5), and none (3). Three did not know (see Jacobson et al., 2023).

### **Data Analysis**

Several steps were taken to ensure dependability and trustworthiness of the analysis. Reflexive journals were kept to document insights, trace concepts of interest and their inter-relatedness, and contribute to an audit trail. The latter was also aided by taking notes at meetings to track discussions and decisions made (Nowell et al., 2017). Frequent team meetings and debriefings with the senior researchers experienced in gender-based and qualitative research allowed the opportunity to critically discuss ideas, observations and lessons learned, and to question how implicit biases could affect data interpretation (Bergen & Labonté, 2020; Nowell et al., 2017; Shenton, 2004).

Analysis occurred between February 2022 and May 2022. Transcripts were de-identified, checked for accuracy, and imported into Dedoose Management Software (Version 9.0.46., 2022). Data were analyzed utilizing Braun and Clarke’s (2006) six-phase approach.

In the first phase, two authors immersed themselves in the transcripts, looking for patterns and meanings as they familiarized and re-familiarized themselves with the data; one author repeatedly listened to audio recordings of the interviews. In the second phase, two authors independently coded the first transcript and engaged with other team members to generate initial codes and discuss similarities and differences between coders; there was minimal dissension on assignment of codes. Analytic memos were used to document coding-related decisions. Two additional transcripts were reviewed in this manner with no new codes identified and an initial code book was formed. The process of independent coding of data continued for five additional transcripts at which point the code book was finalized. In phase three, the remaining transcripts were coded by one author and the search for themes intensified. The team met regularly to discuss and consider emergent themes. In phase



**Table 1.** Theme: Challenges in Supporting Sex Trafficked Clients.

Sub-themes	Codes
Insufficient Funding for Resources and Support Services	Lack of specialized care Unmet training needs Additional (specialized) staff needed Overworked staff Lack of needed time for clients Long waitlists
Dearth in (Appropriate) Shelter and/or Housing	Time and resources to acquire supports Unattainable admission requirements Problematic and short-term referrals
Problems at the Interface with Healthcare and Health Professionals	Institutional overload Insufficient knowledge Ineffective communication Judgmental attitudes Frictional collaborative relationships
Entrenched Biases within Law Enforcement	Reluctance to report Avoidance of interaction Failing marginalized communities
Weight of Emotional Work	Fear, frustration Shock, triggering/trauma Upset, worried
Client Misgivings	Fear of stigma Distrust of providers Mistrust of systems Generalized wariness Interpersonal disconnections
Clients' Unresolved Issues	Resistance to being labeled sex trafficked Readiness to accept/facilitate care Co-occurring addiction and poor mental health Experiences of trauma

four, codes were distilled and themes were refined. Phase five involved naming the final themes and sub-themes (Nowell et al., 2017). Phase six involved the final analysis, selection, and extraction of illustrative quotes for the themes and article drafting (Jacobson et al., 2023; Nowell et al., 2017).

In this article, we focus on one prominent theme that emerged from the data analysis: “Challenges in Supporting Sex Trafficked Clients.” Other themes are reported elsewhere (Elliott et al., 2023; Jacobson et al., 2023; Recknor et al., 2023). Table 1 presents the most salient associated sub-themes and codes.

## Results

“Challenges in Supporting Sex Trafficked Clients” is comprised of participants’ rich and nuanced perceptions regarding challenges of serving sex trafficked clients. Quotations are used to illustrate each sub-theme below.

### *Insufficient Funding for Resources and Support Services*

Participants cited funding as one of the greatest challenges to providing appropriate, safe, and accessible resources and services to sex trafficked clients. Without sufficient funding, providers were limited in the support they could provide despite their desire to assist clients. Kit (unknown number of sex trafficked clients/year, 6–10 years of experience) said, “So, that’s where the frustration comes. . . . What do you want me to do with them if you’re not going to give me money?” Faced with sex trafficked clients in extenuating circumstances, Phoenix (6–10 sex trafficked clients/year, 1–5 years of experience) and Kit had both given their own money to clients (e.g., for food or therapy). Further, Stevie (1–5 sex trafficked clients/year, >10 years of experience) noted that the lack of funding dedicated to training and hiring additional social service providers specialized in working with sex trafficked

clients resulted in overworked staff with excessively high caseloads, less time for clients, and ultimately reduced quality of care.

Insufficient funding limited the availability of specialized services needed by sex trafficked persons, which often left these individuals attempting admission to programs designed for populations with less complex needs and with eligibility requirements sex trafficked persons often could not meet (e.g., sobriety requirements). There was also a lack of accessibility to the full range of services needed to facilitate recovery. This was particularly true with regard to mental health and/or substance use services, within which a dearth of clinicians specially trained to work with sex trafficked persons was described. These deficits impacted providers' ability to work with clients not yet stabilized. Alex (6–10 sex trafficked clients/year, >10 years of experience) reported that limited funding devoted to emergency, transitional, and/or safe and affordable long-term housing resulted in excessively long waitlists.

### ***Dearth in (Appropriate) Shelter and/or Housing***

Participants reported that connecting clients with safe and appropriate shelter was one of the most difficult facets of their job. This work required excessive amounts of time and, due to the lack of housing specifically designed for their clients' needs, often resulted in inappropriate and/or failed placements, ultimately necessitating alternate arrangements.

Finding appropriate housing in emergencies was described as particularly challenging. Alex said, "That was always my fear. . . . I need to know what to do if at four o'clock on Friday, somebody . . . is saying, 'I don't want to go back.'" Although Alex's agency could secure funding for a hotel room – sometimes for up to two weeks – this was only a temporary measure, as the provider would then need to find another placement for the client.

Participants also expressed concern about the lack of shelters and transitional housing specifically for sex trafficked persons. In the absence of these and/or in the case of an emergency, providers sometimes placed clients in domestic violence shelters. However, this option was limited, as many of these shelters did not accept sex trafficked persons and those that did had rules that were often incompatible with sex trafficked clients' needs. Alex stated the following:

They're expected to do things like contribute to chores and go to groups and talk and stuff. . . . [But] when a victim of human trafficking first leaves, they might need to sleep for a week and be on their own, right? . . . [It] just doesn't work.

Several participants reported that securing shelter for substance using clients was similarly problematic. Providers stated that programs often had sobriety requirements. Given the pervasiveness of substance use amongst sex trafficked clients and the lengthy waitlists for treatment programs and/or detox facilities, finding housing in the interim was difficult. Alex described what often occurs:

The challenge . . . is . . . getting them to where they need to be in the short-term, . . . until that bed is available. . . . We had one girl, we felt like we were doing a patchwork quilt . . . put her here for a couple of days, and then this one opens up . . . but she can only be there for this long, and then . . . we have to move her. . . . That sort of shuffling happens. And so often you see someone who wants . . . help. They want to work on their addictions and start to heal and there's nowhere for them to go or there's a big waitlist, right?

### ***Problems at the Interface with Healthcare and Health Professionals***

Participants reported that their ability to assist clients in obtaining quality healthcare was hindered by existing strains on the healthcare system that resulted in long waits in emergency rooms, a lack of beds and institutional capacity, and overburdened healthcare professionals. Alex also attributed social service providers' difficulties in supporting clients needing healthcare to an overall lack of healthcare professionals' knowledge of and ability to identify and respond to sex trafficking. "[T]hey don't know what to look for, they don't know what to do with it if they see the signs, like who to call – that sort of

thing,” Alex opined, noting that healthcare professionals often spoke to clients “on the go,” and did not seem to “have the capacity to sit with a person and have a conversation” or understand how trauma could impact a person’s ability to retain information.

Healthcare professionals’ judgmental attitudes were also identified as problematic and impacted clients’ decisions to disclose their status as sex trafficked during a medical visit. This was a particular concern for those using substances, with mental health issues, or perceived to be sex workers. Riley (unknown number of sex trafficked clients/year, 1–5 years of experience) reported clients saying, “they’re already treating me like I’m not human and they don’t know what I’ve been through.” As a result of these and institutional challenges noted earlier, it was not uncommon for clients to refuse to go to the hospital or stay at a facility to receive care; participants then had to locate alternate facilities.

The relationship between healthcare workers and social service providers was also strained, according to participants, who noted the need for better collaboration. According to Avery (>10 sex trafficked clients/year, >10 years of experience), collaborations were challenging for two reasons: healthcare professionals’ lack of understanding of the role of social service providers and devaluation of “the input of anyone outside of the medical field.” Storm (1–5 sex trafficked clients/year, 6–10 years of experience) agreed, suggesting that incorporating the input of social service providers, such as shelter workers who are with clients 24/7, could inform a strong collaborative social/medical care plan. However, as providers were frequently unable to accompany clients to their healthcare visits, clients were often left uncertain about what they were supposed to do.

### ***Entrenched Biases within Law Enforcement***

Several participants described the involvement, or potential involvement, of police in client cases as a challenge to their ability to establish trust with clients and reported on the ways in which they navigated this barrier. Storm expressed awareness that many sex trafficked clients were from communities that had historically experienced – and to this day experience – discriminatory behaviors entrenched in the very institutions to which they must turn for assistance, including the police. As such, Storm recognized how damaging filing a report to the police could be to clients’ trust, yet under certain circumstances a report was required (e.g., the person is a harm to themselves or someone else). In the early stages of interactions with clients, Storm communicated this information and assured them that if a report was needed, they would be advised.

Kit was unsure about calling the police, commenting that police “only benefited white girls,” and their involvement could bring about more harm than good:

So, what will usually happen is if the police catch you engaging in sex work, or something like that, they’ll . . . pressure . . . you to give up the pimp. And, if you don’t . . . they’ll charge you because now you’ve pissed them off.

Morgan (>10 sex trafficked clients/year, 1–5 years of experience) actively took steps to avoid interacting with the police or filing a report and ensured clients were aware of this. Emphasizing this, in Morgan’s opinion, helped to build trust with clients: “And I always preface [discussions] with like, I have absolutely no need to report anything to the police ever, unless you want me to. [It helps them feel like you] are on their team.”

### ***Weight of Emotional Work***

Participants described some of the emotional challenges they experienced in their roles that increased the difficulty of their work. They commonly reported feeling “upset,” “worried,” or “traumatized,” and experiencing fear for their clients and selves. For example, several expressed frustration at the limitations they faced in their jobs, frequently related to the lack of funding or available resources with which to assist clients, while at the same time wanting and being asked to support them. Jaime (1–5 sex trafficked clients/year, 1–5 years of experience) reported worrying about clients: “There were many nights where I would cry . . . thinking ‘Oh my God. Is tonight the night where she’s dead?’” Avery remarked, “[The work] can be

triggering and traumatic. . . . You have to be able to be with people in really dark places.” Alex said, “I get emotional sometimes talking about this, because it really hurts my heart.” When a “pimp” was outside a client’s home during a home visit, Quinn (1–5 sex trafficked clients/year, >10 years of experience) described feeling personal fear and fear for the client:

[My client] kept looking out the window. . . . [She said] “I’m scared he’s going to kill me.” . . . And I kind of just sat there. . . . I asked, “You want me to call the police?” . . . I remember leaving and not trying to look at the [pimp’s] car. . . . My car was . . . right in front of his. I’m like, “Oh my God, don’t shoot me.” And then I left. Nothing happened to her that I knew of. . . . I never saw her again.

### **Client Misgivings**

Participants reported that trust was central to a sex trafficked client’s healing process, but their tendency *not* to trust impeded the provider’s ability to care. Storm commented on clients’ general mistrust of systems: “The medical system, social services, [the] police . . . are systems people maybe don’t trust, for really valid reasons. And so, accessing support can be really challenging and difficult and like, perhaps not safe for them.” Client mistrust was thought to be due to psychologically abusive treatment by traffickers, fear of stigma, and generalized mistrust of institutions and anyone associated with them. Alex commented on traffickers’ “investment in breaking clients down psychologically,” so that by the time they presented to providers, they were already distrustful. Jaime described the time intensity of attempting to foster that trust with one client: “She was scared. . . . During the first days she really didn’t want to talk. Others can go for two weeks or [longer]. You have to be patient and . . . take it easy on them.”

Participants also noted that clients often did not trust providers because they were afraid of the stigma that could come with the label of being “trafficked.” According to Robin (0 sex trafficked clients/year, 1–5 years of experience), “[They’re afraid] the information will leak . . . and it will spread that she is a prostitute.” Avery described it as having a “fear of judgment and . . . of being held accountable or blamed for what happened to them.” Consequently, clients did not always disclose their circumstances to the provider.

Differences in social identities and experiences between clients and providers further impacted working relationships, as reported by Riley and Stevie. According to Riley, “It doesn’t work out well . . . because clients . . . they’re like, ‘you don’t know me, you can’t relate.’” Stevie elaborated:

You have to be sensitive to . . . someone’s background . . . the level of trust they have in any kind of government institution, and [one] that has a male offering the supports. . . . There would be cases where they don’t want to hear it from [a male]. . . . But . . . a female present[ing] the information . . . [would help] the client accept the information.

### **Clients’ Unresolved Issues**

Participants reported that clients were not only dealing with the challenges inherent to their experience of being trafficking but often faced concurrent issues such as trauma, mental health, and/or addiction, and frequently associated homelessness. Participants delineated some of these intersecting issues and, in some instances, attempts to serve clients that faced them. Avery, for example, described a client who was experiencing addiction and mental health issues and the difficulty in knowing how to assist her:

One thing that was difficult was her complex mental health. . . . There was a lot of delusion . . . alternative beliefs . . . hearing voices. So, sometimes it was kind of difficult to figure out what was actually happening. . . . She also used alcohol. . . . That made things difficult too.

Other participants described experiences serving clients with unresolved trauma and its complicating effects on care provision. Jordan (unknown number of sex trafficked clients/year, >10 years of

experience) described a client who did not want to receive any funding for which she qualified. Rather, the client wanted to work and put the experience behind her “like a bad dream.” However, when this client began working in a restaurant “the manager yelled at her and then she was crying, or a customer made her feel uncomfortable.” Jordan worked with this client to help her refocus her attention from job searching to first taking care of herself. Avery noted that without added staff and specialized training, clients’ intersecting addiction, mental health, and/or trauma needs would not receive the adequate care required for a full recovery.

Further obstacles included clients’ own understanding of sex trafficking. Participants described clients who did not believe that “trafficking” described their situation – despite violence characterizing many of their circumstances– and depicted some of their clients as “not ready” to leave. Avery observed, “a lot of girls [see him as her boyfriend]. . . . She feels like she’s doing it by choice . . . not realizing that you really can’t consent under coercion or manipulation.” Kit described the need to navigate the provider–client relationship with particular care in this context; if the client became offended, they may “share with the guy, and the guy catches on to what you’re doing and moves them,” obstructing any further efforts to help.

## Discussion

This study begins to address the paucity of research focused on examining barriers facing social service providers when delivering care and supports to domestically sex trafficked persons. Understanding challenges particular to providers, who are at the forefront of support and care provision, is critical to building practices that can more comprehensively address the extent and depth of sex trafficked persons’ needs. As such, the information learned from the diverse providers who participated in this study – representing a variety of ethno-racial backgrounds, ages, years and roles within social services, and geographically and culturally distinct regions of Ontario – has the potential to inform improvements in care and supports for this marginalized population in Canada and elsewhere.

Critical social theory obliges researchers to scrutinize existing structures to identify sites for change, challenge systems of oppression, and center the needs of those most oppressed (Denzin, 2017). Framing the current study through this lens compelled a critical examination of inadequacies in the systems of support available to domestically sex trafficked persons in Ontario and provided insight into the challenges facing social service providers working within these systems. As sex trafficked persons wield little power or means to ameliorate the systemic factors that shape their experiences, critical social theory dictates that it is incumbent upon those with relative privilege to examine deficits in support that perpetuate such imbalances. On the whole, study sub-themes reflected systemic-, provider-, and client-related challenges to care delivery for individuals trafficked for sex, many of which intersected to reflect broader structural inadequacies. Understanding these barriers can be a starting point for redressing inequitable systems.

One of the greatest challenges social service providers cited as inhibiting the provision of appropriate, safe, and accessible care for domestically sex trafficked clients – inadequate funding – is a systemic issue that appears to be consistent across contexts and regions and has been documented as a barrier for providers serving trafficked persons in Canada as early as 2005 (Duncan & DeHart, 2019; Gibbs et al., 2015; Koezler et al., 2021; Oxman-Martinez et al., 2005; Powell et al., 2018). Though funding specific to combating human trafficking is sometimes available, its allocation can also be problematic with criminal justice responses often being prioritized (Hodgins et al., 2022). Additional systemic challenges were a lack of available appropriate and safe shelter; inadequate access to specialized addiction, mental health, and trauma services; and negative interactions with law enforcement that laid bare the imbalance between those who design and those who interact with such structures (Duncan & DeHart, 2019; Gerassi, 2018; Gibbs et al., 2015; Koezler et al., 2021; Powell et al., 2018).

If support systems are not designed to meet the needs of individuals who are domestically trafficked for sex, these structures will continue to fail them. Without appropriate funding, for example, there are

significant limitations to social service providers' work and services remain fragmented, hampering the delivery of care (Powell et al., 2018). The practice of placing sex trafficked clients in any available shelter or housing program alongside other service populations in the absence of specialized housing options is not uncommon, yet perpetuates some of the numerous challenges that sex trafficked individuals face (Duncan & DeHart, 2019). Similar to Gerassi (2018), we found that clients simultaneously seeking shelter, substance use treatment, and/or a detox facility face enormous hurdles given sobriety requirements at most shelters, excessively long wait lists for treatment and/or detox, and the scarcity of qualified providers. At times, these individuals are forced to choose between detoxing alone in a hotel, detoxing on the streets, or remaining with the trafficker, who will likely keep them supplied with drugs.

An overburdened healthcare system was also described as largely ill-equipped to effectively respond to the needs of sex trafficked persons presenting for care. This, in combination with healthcare professionals' judgmental attitudes and lack of knowledge, precluded sex trafficked persons from disclosing their own circumstances, an unsurprising finding given existing literature that has demonstrated the impact of provider biases on interactions with persons trafficked for sex (Lederer & Wetzell, 2014; Macias-Konstantopoulos et al., 2013; Rajaram & Tidball, 2018; Richie-Zavaleta et al., 2020). Such biases may arise out of a lack of formal education on the subject; human trafficking education generally is lacking among healthcare providers, which is connected to deficits in knowledge and tools needed to effectively work with trafficked persons (Coughlin et al., 2020; McAmis et al., 2022; Ross et al., 2015; Shin et al., 2022). Specific to Canada, Mason et al. (2018) found in a sample of social service providers working in child protective services and those in mental healthcare that targeted education and training may facilitate better understanding and valuing of one another's roles and work.

Social service providers emphasized that the current system of policing reinforced the barriers that domestic sex trafficking persons otherwise faced; their need to navigate clients' worry about law enforcement involvement in their case could interfere with care provision. Providers remarked that when clients were aware that they had an obligation to make a police report under certain circumstances, the client/provider trust that they knew to be essential to the healing process was undermined. Providers had unique methods of managing this with clients and, at times, such strategies were shaped by their own negative perceptions of police. While the perspectives on policing held by providers working with sex trafficked clients are under-researched, our findings echo one study examining client perspectives which noted that clients' fear of providers calling police undermines trust and willingness to disclose (Richie-Zavaleta et al., 2020).

Provider-related challenges that emerged in this study appear to intersect with the structures under which they work. For example, limitations associated with scarce resources were a source of significant frustration, interfering with what providers wished to accomplish and impacting client care, a finding consistent with Gerassi et al. (2017) previous work. Further, fear for themselves and clients, and the emotional responses invoked by bearing witness to clients' difficult circumstances suggests the potential for vicarious trauma, a phenomenon identified among service providers working with trafficked and otherwise traumatized populations (Gordon et al., 2018a; Ramirez et al., 2020). Vicarious trauma is both harmful to the providers and the clients with whom they work, as the quality of care may suffer as a result (Gordon, et al., 2018a; Ramirez et al., 2020).

Social service providers also reported challenges to service delivery associated with their domestically sex trafficked clients; these were at times driven by inadequacies in the systems designed to serve them. For instance, clients' lack of trust in these systems and the providers working within them, often based on prior negative experiences, can impede disclosure. This, in turn, interferes with attempts to understand a client's circumstances, address their needs, and build the healing client/provider relationship considered necessary for recovery (Busch-Armendariz et al., 2014). One particularly potent source of client distrust that emerged in this study – related to the fear of being stigmatized and treated poorly by providers – is consistent with results of other studies of trafficked persons (Rajaram & Tidball, 2018; Recknor et al., 2018).

Trafficked persons can experience a “multiplicity of stigma” as they are often members of several stigmatized social groups about which providers may hold biases (Fukushima et al., 2020, p. 125). When stigma is embedded in practice, providers risk perpetuating the problems their services are intended to address, which may manifest as poor client/provider relations and negatively impact client outcomes (Fukushima et al., 2020; Recknor et al., 2018). Moreover, content within provider sex trafficking training can perpetuate negative stereotypes about sex trafficked persons, which can reinforce providers’ own biases (Jacobson et al., 2023).

Social service providers also identified that domestically sex trafficked clients contended with unresolved issues of addiction, mental health, and trauma, which is unsurprising in light of a lack of available specialized services. This finding supports existing scholarship indicating that these issues can decrease clients’ investment in recovery, while complicating treatment and providers’ ability to secure resources for their clients (Duncan & DeHart, 2019; Gordon et al., 2018a; Powell et al., 2018). Trauma, mental health, and addiction issues are well documented as sequelae often associated with sex trafficking, though knowledge on how to best treat them is still emerging (Gordon et al., 2018b). What is clear is that a lack of support for such services – financial or otherwise – has cumulative effects for sex trafficked clients who may have multiple intersecting vulnerabilities, which often requires a full cohort of services to address. However, the co-occurrence of such problems poses barriers to access as services most commonly treat each issue independently (Gordon et al., 2018b; Okech et al., 2018).

While the findings of this study may not be generalizable, they may be transferable and of use to policymakers and service providers working in similar contexts in Canada and beyond, seeking to understand and improve upon existing services for those who are domestically sex trafficked (Nowell et al., 2017). In addition, this study solely examined the perspectives of social service providers who may, through the course of their work, encounter clients trafficked for sex. Future studies could examine the perspectives of other providers, such as those working in healthcare, and/or center the voices of sex trafficked persons to more fully illuminate their recovery needs.

Informed decision-making relating to service improvement and funding allocation are difficult in light of sparse research on domestic sex trafficking. Our study was an initial step to advance the knowledge to inform change. Continual evidence generation is needed through activities such as community needs assessments, evaluations of existing services and systems of delivery, and assessments of client outcomes (Koegler et al., 2021). The proliferation of such future studies, which should be a topic of interest to funding agencies in both the health and social science fields, as well as others, holds the potential to drive positive change and promote the well-being of clients who have experienced sex trafficking while decreasing their likelihood of re-victimization (Koegler et al., 2021).

Despite the limitations inherent to the design of our study and need for a wider array of studies on domestic sex trafficking, our findings can further inform an underdeveloped but much-needed dialogue on addressing systemic-, provider-, and client-related factors that pose challenges to meeting sex trafficked individuals’ needs. Indeed, critical social theory compels researchers to examine the ways in which these issues interconnect to reflect broader norms and practices and drive change in response to any inequities or power imbalances perpetuated by existing systems (Denzin, 2017). Moreover, by contributing to global discourses that could inform research, policy, and practice considerations in the context of domestic sex trafficking of adolescents and adults, the current study aligns with United Nations Sustainable Development Goals 5 (“Achieve gender equality and empower all women and girls”) and 16 (“Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels”; United Nations General Assembly, n.d.). In particular, this research can shape the response to this largely gendered form of violence and exploitation, thereby contributing to targets 5.2 (“Eliminat[ing] all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation”), 16.1 (“Significantly reduc[ing] all forms of violence and related death rates everywhere”), and 16.2 (“End[ing] abuse, exploitation, trafficking and all forms of violence against and torture of children”) in Ontario and other regions (United Nations General Assembly, n.

d., pp. 18–25). To this end, several suggestions to remediate challenges to service provision in the domestic sex trafficking context follow.

First, it is critical to ensure that appropriate services are available for domestically sex trafficked persons, whose extensive and time intensive needs demand responsive approaches (Duncan & DeHart, 2019). The absence of appropriate services is cited by social service providers not only as a systemic issue but also a source of frustration that compounds clients' ongoing challenges related to mental health, addiction, trauma, and trust. In particular, our findings suggest the need to explore shelter options with programming tailored for or conducive to sex trafficked persons' needs, and invest in addiction and mental healthcare services and clinicians (Gerassi, 2018; Koegler et al., 2021; Oxman-Martinez et al., 2005; Powell et al., 2018). Given the centrality of these issues to client recovery and the lack of evidence-based interventions, it is essential that funding for these endeavors and research into "best practices" for serving sex trafficked clients continues (Gordon et al., 2018b, p. 83). Expert consensus thus far, within and outside of the social service sector, points to the utility of holistic, multidisciplinary, collaborative, and integrated models of wrap-around care and support that are preferably co-located (Edwards & Mika, 2017; Gordon et al., 2018b; Richie-Zavaleta et al., 2021). If these follow a strengths-based approach and are client-centered, culturally sensitive, and trauma-informed (taking into account a client's history of trauma and adapting service delivery in a way so as not to retraumatize), clients' ability to trust may follow (Edwards & Mika, 2017; Okech et al., 2018; Richie-Zavaleta et al., 2020). As these principles are implemented in practice, clients' fears of being stigmatized may be reduced, positively impacting their perceptions of extant support systems and ultimately contributing to improved client outcomes.

Training for social service providers, too, can incorporate these approaches to ensure informed, consistent service delivery and professional support while minimizing opportunity to perpetuate systemic problems. Sex trafficking education that proactively addresses these issues has previously been documented in Canada as lacking, which is problematic in light of providers' varying and sometimes erroneous knowledge of domestic sex trafficking (Jacobson et al., 2023). Providers may benefit from education on the barriers that sex trafficked clients might face – or anticipate facing – when accessing their and other social services, how this could manifest in poor client/provider relations, and creative strategies to recognize and address systemic and personal bias. In particular, training and curricula for all providers serving sex trafficked clients should encourage the examination of internalized biases and support self-reflection (Fukushima et al., 2020; Recknor et al., 2018). Providers' challenges with healthcare professionals, as well as inconsistent approaches to managing contact with law enforcement and informing their clients of the circumstances that necessitated a police report, may warrant, at a minimum, strengthened guidance to navigate these interactions in a manner that preserves client/provider trust.

Agencies assisting sex trafficked clients might also consider proactively implementing strategies to mitigate the effects of vicarious trauma on staff. Activities could include training to enhance understanding of this phenomenon, monitoring provider wellbeing, and organizational support to encourage reflection on stressors inherent to working with trafficked clients (Ramirez et al., 2020). This work requires specialized knowledge and additional time to address clients' multifaceted needs, which may warrant hiring, training, and specifically dedicating providers and/or teams to this population while assigning lighter caseloads and increasing time per client. By providing social service workers with the resources to adequately serve this client population, provider–client challenges could be mitigated (Koegler et al., 2021; Jacobson et al., 2023; Koegler et al., 2021).

## Conclusion

Findings of our research begin to highlight the key systemic-, provider-, and client-related challenges impeding providers' ability to facilitate their clients' recovery and healing as well as the ways in which we may begin to respond to this pernicious human rights and health issue. Future research could build on this information, incorporating the perspectives of other key stakeholders and employing



additional methodologies to develop a robust evidence base from which policy and institutional decisions can be made. The resulting improvements in service delivery that could eventually arise from this work can address some of the structural imbalances that inhibit provision of the appropriate care and support for sex trafficked persons both in Canada and globally. To this end, we contribute to the furtherment of United Nations Sustainable Development Goals 5 and 16.

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Conceptualization – JDM, FR, and RM; data curation – DJ; formal analysis – DJ, FM, and FR; funding acquisition – JDM and RM; interpretation – CEK, JDM, FR, RM; methodology – DJ, JDM, RB, and RM; project administration – JDM, FM, and RM; supervision – JDM and RM; writing (original and revised drafts) – CEK, JDM, FR; critical review of drafts – all authors.

## Ethical Approval

The Women's College Hospital Research Ethics Board approved the research project in December 2021 (REB# 2021–0133-E).

## Data Availability Statement

The transcripts cannot be shared due concerns of participant confidentiality; however, the data supporting the conclusions of this study are included in the manuscript.

## Informed Consent from Participants

Prior to participating in an interview, participants provided signed consent following their review of forms delineating anonymous and confidential participation, the study purpose, potential risks and benefits of participation, and the freedom to withdraw from the study at any time and without consequence. Prior to commencing interviews, participants gave verbal consent to start audio and video recording and were reminded that they could stop the interview at any time without consequence.

## References

Baird, K., McDonald, K. P., & Connolly, J. (2020). Sex trafficking of women and girls in a Southern Ontario region: Police file review exploring victim characteristics, trafficking experiences, and the intersection with child welfare. *Canadian Journal of Behavioural Science*, 52(1), 8–17. <https://doi.org/10.1037/cbs0000151>


- Bergen, N., & Labonté, R. (2020). “Everything is perfect, and we have no problems”: Detecting and limiting social desirability bias in qualitative research. *Qualitative Health Research*, 30(5), 783–792. <https://doi.org/10.1177/1049732319889354>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Busch-Armendariz, N., Nsonwu, M. B., Cook-Heffron, L., Roby, J., & Bergquist, K. (2014). A kaleidoscope: The role of the social work practitioner and the strength of social work theories and practice in meeting the complex needs of people trafficked and the professionals that work with them. *International Social Work*, 57(1), 7–18. <https://doi.org/10.1177/0020872813505630>
- Conroy, S., & Sutton, D. (2022). Trafficking in persons in Canada, 2020. *Juristat*, 85(2), 3–23. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2022001/article/00010-eng.htm>
- Coughlin, C. G., Greenbaum, J., & Titchen, K. (2020). Educating paediatric health-care providers about human trafficking. *Journal of Paediatrics and Child Health*, 56(9), 1335–1339. <https://doi.org/10.1111/jpc.15116>
- Cunningham, K. C., & DeMarni Cromer, L. (2016). Attitudes about human trafficking: Individual differences related to belief and victim blame. *Journal of Interpersonal Violence*, 31(2), 228–244. <https://doi.org/10.1177/0886260514555369>
- Denzin, N. K. (2017). Critical qualitative inquiry. *Qualitative Inquiry*, 23(1), 8–16. <https://doi.org/10.1177/1077800416681864>
- De Shalit, A., van der Meulen, E., & Guta, A. (2021). Social service responses to human trafficking: The making of a public health problem. *Culture, Health & Sexuality*, 23(12), 1717–1732. <https://doi.org/10.1080/13691058.2020.1802670>
- Duncan, A. C., & DeHart, D. (2019). Provider perspectives on sex trafficking: Victim pathways, needs, & blurred boundaries. *Victims & Offenders*, 14(4), 510–531. <https://doi.org/10.1080/15564886.2019.1595241>
- Edwards, L., & Mika, K. M. (2017). Advancing the efforts of the macro-level social work response against sex trafficking. *International Social Work*, 60(3), 695–706. <https://doi.org/10.1177/0020872815617992>
- Elliott, S., Kelly, C. E., Jacobson, D., Montemurro, F., Bruder, R., Mason, R., & Du Mont, J. (2023). *Identification of domestic sex trafficked persons in social service settings in Canada: A qualitative study*. Manuscript submitted for publication. Women’s College Research Institute.
- Fukushima, A. I., Gonzalez-Pons, K., Gezinski, L., & Clark, L. (2020). Multiplicity of stigma: Cultural barriers in anti-trafficking response. *International Journal of Human Rights in Healthcare*, 13(2), 125–142. <https://doi.org/10.1108/IJHRH-07-2019-0056>
- Gerassi, L. (2018). Barriers to accessing detox facilities, substance use treatment, and residential services among women impacted by commercial sexual exploitation and trafficking. *Behavioral Medicine*, 44(3), 199–208. <https://doi.org/10.1080/08964289.2017.1384360>
- Gerassi, L., Nichols, A., & Michelson, E. (2017). Lessons learned: Benefits and challenges in interagency coalitions addressing sex trafficking and commercial sexual exploitation. *Journal of Human Trafficking*, 3(4), 285–302. <https://doi.org/10.1080/23322705.2016.1260345>
- Gibbs, D. A., Hardison Walters, J. L., Lutnick, A., Miller, S., & Kluckman, M. (2015). Services to domestic minor victims of sex trafficking: Opportunities for engagement and support. *Children and Youth Services Review*, 54, 1–7. <https://doi.org/10.116/j.childyouth.2015.04.003>
- Gordon, M., Fang, S., Coverdale, J., & Nguyen, P. (2018a). Failure to identify a human trafficking victim. *The American Journal of Psychiatry*, 175(5), 408–409. <https://doi.org/10.1176/appi.ajp.2018.18010007>
- Gordon, M., Salami, T., Coverdale, J., & Nguyen, P. T. (2018b). Psychiatry’s role in the management of human trafficking victims: An integrated care approach. *Journal of Psychiatric Practice*, 24(2), 79–86. <https://doi.org/10.1097/PRA.0000000000000287>
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 59–82. <https://doi.org/10.1177/1525822X05279903>
- Haney, K., LeBeau, K., Bodner, S., Czizik, A., Young, M. E., & Hart, M. (2020). Sex trafficking in the United States: A scoping review. *Journal of Evidence-Based Social Work*, 17(6), 714–735. <https://doi.org/10.1080/26408066.2020.1765934>
- Hodge, D. R. (2014). Assisting victims of human trafficking: Strategies to facilitate identification, exit from trafficking, and the restoration of wellness. *Social Work*, 59(2), 111–118. <https://doi.org/10.1093/sw/swu002>
- Hodgins, E., Mutis, J., Mason, R., & Du Mont, J. (2022). Sex trafficking of women and girls in Canada: A scoping review of the scholarly literature. *Trauma, Violence & Abuse*, 0, 1–16. <https://doi.org/10.1177/2F15248380221094316>
- Jacobson, D., Du Mont, J., Montemurro, F., Bruder, R., & Mason, R. (2023). Social service providers’ knowledge of domestic sex trafficking in the Canadian context. *SSM - Qualitative Research in Health*, 3. <https://doi.org/10.1016/j.ssmqr.2023.100279>
- Koegler, E., Preble, K. M., & Tlappek, S. M. (2021). Identifying service needs and service gaps for sexually exploited/trafficked persons in Missouri. *Journal of Social Work*, 21(4), 713–729. <https://doi.org/10.1177/1468017320919377>
- Koegler, E., Wood, D. C., Bahlinger, L., & Johnson, D. S. (2022). Traffickers’ use of substances to recruit and control victims of domestic trafficking for sexual exploitation in the American Midwest. *Anti-Trafficking Review*, 18, 103–120. <https://www.antitraffickingreview.org/index.php/atrjournal/article/view/615/480>

- Lederer, L., & Wetzel, C. A. (2014). The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Annals of Health Law*, 23(1), 61–91.
- Macias-Konstantopoulos, W., Ahn, R., Alpert, E. J., Cafferty, E., McGahan, A., Williams, T. P., Castor, J. P., Wolferstan, N., Purcell, G., & Burke, T. F. (2013). An international comparative public health analysis of sex trafficking of women and girls in eight cities: Achieving a more effective health sector response. *Journal of Urban Health*, 90(6), 1194–1204. <https://doi.org/10.1007/s11524-013-9837-4>
- Macy, R. J., & Graham, L. M. (2012). Identifying domestic and international sex-trafficking victims during human service provision. *Trauma, Violence & Abuse*, 13(2). <https://doi.org/10.1017/1524838012440340>
- Mason, R., Du Mont, J., Paterson, M., & Hyman, I. (2018). Experiences of child protection workers in collaborating with adult mental health providers: An exploratory study from Ontario, Canada. *Children & Youth Services Review*, 86, 271–276. <https://doi.org/10.1016/j.childyouth.2018.02.005>
- McAmis, N. E., Mirabella, A. C., McCarthy, E. M., Cama, C. A., Fogarasi, M. C., Thomas, L. A., Feinn, R. S., & Rivera-Godrear, I. (2022). Assessing healthcare provider knowledge of human trafficking. *PLoS One*, 17(3).
- McDonald, L., & Timoshkina, N. (2004). Examining service needs of trafficked women from the former Eastern Bloc: The Canadian case. *International Journal of Offshore and Polar Engineering*, 5(2), 169–192.
- McDonald, L., & Timoshkina, N. (2007). The life of trafficked sex workers from the former Eastern Bloc: The Canadian dimension. *Journal of Social Work Research and Evaluation*, 31(2), 211–243. <https://doi.org/10.1080/01924036.2007.9678769>
- Nagy, R., Snooks, G., Quenneville, B., Chen, L., Wiggins, S., Debassige, D., Joudin, K., & Timms, R. (2020). Human trafficking in Northeastern Ontario: Collaborative responses. *First Peoples Child and Family Review*, 15(1), 80–104. <https://doi.org/10.7202/1068364ar>
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1). <https://doi.org/10.1177/1609406917733847>
- Okech, D., Choi, Y. J., Elkins, J., & Burns, A. C. (2018). Seventeen years of human trafficking research in social work: A review of the literature. *Journal of Evidence-Informed Social Work*, 15(2), 102–122. <https://doi.org/10.1080/23761407.2017.1415177>
- Olson-Pitawanakwat, B., & Baskin, C. (2021). In between the missing and murdered: The need for Indigenous-led responses to trafficking. *Feminist Inquiry in Social Work*, 36(1), 10–26. <https://doi.org/10.1177/0886109920944526>
- Oxman-Martinez, J., Lacroix, M., & Hanley, J. (2005). *Victims of trafficking in persons: Perspectives from the Canadian community sector*. Research and Statistics Division. [https://www.justice.gc.ca/eng/rp-pr/cj-jp/tp/trr06\\_3/index.html](https://www.justice.gc.ca/eng/rp-pr/cj-jp/tp/trr06_3/index.html)
- Pashang, S. (2019). Entrapped bodies: Illegal trafficked youth in Canada. *International Journal of Mental Health and Addiction*, 17(2), 370–384. <https://doi.org/10.1007/s11469-018-0027-1>
- Powell, C., Asbill, M., Louis, E., & Stoklosa, H. (2018). Identifying gaps in human trafficking mental health service provision. *Journal of Human Trafficking*, 4(3), 256–269. <https://doi.org/10.1080/23322705.2017.1362936>
- Public Safety Canada. (2019). *National strategy to combat human trafficking: 2019–2024*. <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2019-ntnl-strtyg-hmnn-trffc/2019-ntnl-strtyg-hmnn-trffc-en.pdf>
- Rajaram, S. S., & Tidball, S. (2018). Survivors' voices—Complex needs of sex trafficking survivors in the Midwest. *Behavioral Medicine*, 44(3), 189–198. <https://doi.org/10.1080/08964289.2017.1399101>
- Ramirez, J., Gordon, M., Reissinger, M., Shah, A., Coverdale, J., & Nguyen, P. T. (2020). The importance of maintaining medical professionalism while experiencing vicarious trauma when working with human trafficking victims. *Traumatology*. Advance online publication. <https://doi.org/10.1037/trm0000248>
- Recknor, F., DiRuggiero, E., & Jensen, E. (2022). Addressing human trafficking as a public health issue. *Canadian Journal of Public Health*, 113(4), 607–610. <https://doi.org/10.17269/s41997-022-00642-8>
- Recknor, F. H., Gemeinhardt, G., & Selwyn, B. J. (2018). Health-care provider challenges to the identification of human trafficking in health-care settings: A qualitative study. *Journal of Human Trafficking*, 4(3), 213–230. <https://doi.org/10.1080/23322705.2017.1348740>
- Recknor, F., Kelly, C. E., Jacobson, D., Montemurro, F., Bruder, R., Mason, R., & Du Mont, J. (2023). *Impacts of the COVID-19 public health crisis on caring for sex trafficked persons*. [Manuscript submitted for publication]. Women's College Research Institute.
- Rendle, K. A., Abramson, C. M., Garrett, S. B., Halley, M. C., & Dohan, D. (2019). Beyond exploratory: A tailored framework for designing and assessing qualitative health research. *British Medical Journal Open*, 9(8), e030123. <https://doi.org/10.1136/bmjopen-2019-030123>
- Richie-Zavaleta, A. C., Baranik, S., Mersch, S., Ataiants, J., & Rhodes, S. M. (2021). From victimization to restoration: Multi-disciplinary collaborative approaches to care and support victims and survivors of human trafficking. *Journal of Human Trafficking*, 7(3), 291–307. <https://doi.org/10.1080/23322705.2020.1730132>
- Richie-Zavaleta, A. C., Villanueva, A., Martinez-Donate, A., Turchi, R. M., Ataiants, J., & Rhodes, S. M. (2020). Sex trafficking victims at their junction with the healthcare setting—A mixed-methods inquiry. *Journal of Human Trafficking*, 6(1), 1–29. <https://doi.org/10.1080/23322705.2018.1501257>
- Ross, C., Dimitrova, S., Howard, L. M., Dewey, M., Zimmerman, C., & Oram, S. (2015). Human trafficking and health: A cross-sectional survey of NHS professionals' contact with victims of human trafficking. *British Medical Journal Open*, 5(8), e008682–e008682. <https://doi.org/10.1136/bmjopen-2015-008682>

- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63–75. <https://doi.org/10.3233/EFI-2004-22201>
- Shin, R. J., Oberlin, A. M., Rigby, F., & Chelmow, F. (2022). Educating physicians on sex trafficking: Who receives our empathy and whom do we blame? *Journal of Human Trafficking*, 8(3), 265–281. <https://doi.org/10.1080/23322705.2020.1808776>
- Simkhada, P., van Teijlingen, E., Sharma, A., Bissell, P., Poobalan, A., & Wasti, S. (2018). Health consequences of sex trafficking: A systematic review. *Journal of Manmohan Memorial Institute of Health Sciences*, 4(1), 130–150. <https://doi.org/10.3126/jmmihs.v4i1.21150>
- United Nations. (n.d.). *Transforming our world: The 2030 agenda for sustainable development*. A/RES/70/1. <https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>
- Vernile, D., Scott, L., Dong, H., Lalonde, M.F., McGarry, K., Natyshak, T., Jones, S., Malhi, H., McMahon, E., & Sattler, P. (2015, June 1). *Select committee on sexual violence and harassment: Final report*. Legislative Assembly of Ontario. <https://www.ola.org/sites/default/files/node-files/committee/report/pdf/2015-2015-12/report-1-EN-SCSVH%20Final%20Report%20English.pdf>

## Research Brief

# Impacts of the COVID-19 Public Health Crisis on Caring for Sex-Trafficked Persons

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**Background.** Sex trafficking of persons, a pervasive public health issue disproportionately affecting the most marginalized within society, often leads to health as well as social consequences. Social service provision to meet the resulting needs is critical, however, little is known about the current pandemic's impact on providers' capacity to deliver requisite care. **Method.** To examine social service providers' perspectives of care provision for domestically sex-trafficked persons in Ontario, Canada, during the COVID-19 pandemic, we conducted semi-structured interviews with 15 providers and analyzed these using Braun and Clarke's analytic framework. **Results.** Impacts of the COVID-19 pandemic on social service care provision were connected to individuals' increased vulnerability to trafficking, difficulties safely and effectively providing services to sex-trafficked persons amid pandemic restrictions, and reduction in in-person educational activities to improve providers' capacity to serve this client population. Securing safe shelter was particularly difficult and inappropriate placements could at times lead to further trafficking. **Conclusion.** The pandemic created novel barriers to supporting sex-trafficked persons; managing these sometimes led to new and complex issues. Future efforts should focus on developing constructive strategies to support sex-trafficked persons' unique needs during public health crises.

**Keywords:** COVID-19; health equity; public health; sex trafficking; social services

Human trafficking, including forced labor and sexual exploitation, disproportionately affects marginalized populations, especially those with intersecting vulnerabilities (International Labour Organization et al., 2022; Recknor et al., 2022). Those trafficked for sexual labor often have complex needs, which can be challenging for providers to address (Lederer & Wetzel, 2014). For example, controlling tactics used by traffickers (e.g., psychological, sexual, and/or physical violence, forced drug use, social isolation) can result in significant and sustained physical and/or mental health consequences, which together can present an insidious burden on the health care system (Lederer & Wetzel, 2014; Ottisova et al., 2016).

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Disparities in accessing services and receiving quality care to address complex needs existed pre-pandemic (Koezler et al., 2021), but emergent global data suggest such disparities may have worsened during the COVID-19 pandemic (Organization for Security and Co-operation in Europe Office for Democratic Institutions and Human Rights, & United Nations Women, 2020). Social service providers are uniquely positioned to address sex-trafficked persons' needs and connect them to requisite supports (Duncan & DeHart, 2019), yet there are prominent gaps in what is known of social service providers' experiences and challenges in delivering care to sex-trafficked persons during this time. Exploring the effect COVID-19 had on their efforts to provide care is important as the resulting insights may highlight strains to social service provision during the pandemic, while building the body of knowledge required to prepare for future public health crises.

## ► METHOD

Impacts of the COVID-19 pandemic on caring for sex-trafficked persons emerged during a larger study of social service providers' knowledge, attitudes, and practices concerning service delivery for domestically sex-trafficked persons in Ontario, Canada, which was approved by Women's College Hospital Research Ethics Board in December 2021 (REB# 2021-0133-E; for more detail, see Jacobson et al., 2023). The collective expertise of the research team, including a social worker and senior qualitative researchers, informed the development of a semi-structured interview guide.

Purposive sampling of English-speaking social service providers living and working in Ontario occurred during January and February 2022 via Twitter, Facebook, and targeted emails to staff at social service organizations across Ontario. Those interested signed and returned sociodemographic and informed consent forms. Semi-structured interviews with 15 providers (one-to-two hours) were held and recorded on Zoom. Participants were assigned a pseudonym by which they are referred in this manuscript. Interviews were discontinued after reaching saturation. Zoom-recorded audio and video files and transcriptions were saved to a secure drive and deleted from Zoom. Participants received a \$25 e-gift card as a gesture of thanks.

Interview data were analyzed using Braun and Clarke's (2006) six phases of thematic analysis in Dedoose Management Software (Version 9.0.46., 2022). After repeatedly reviewing transcripts, two authors (D.J., F.M.) independently coded one transcript, reconvened to discuss areas of concurrence and dissension, then

independently coded and compared two more. Codes were refined and a codebook was developed and used to code five more transcripts. The codebook was determined to be effective and reliable and one author (D.J.) coded the remaining transcripts. Codes were organized into descriptive themes and sub-themes and merged, as applicable (see also Jacobson et al., 2023; Recknor et al., 2023). Field notes, reflexive journals, and frequent team meetings facilitated by senior researchers with expertise in gender-based violence and qualitative research methods contributed to the trustworthiness and dependability of the analysis (Nowell et al., 2017).

## ► RESULTS

Twelve of the 15 participating providers identified as women and three as men, with an average age of 39 years. Seven identified as White or Caucasian, five as Black, two as "Canadian," and one as South Asian. Seven had been in social services for 0–5 years, three for 6–10, and five for more than 10 years. The majority had an undergraduate and/or master's degree (for more details see Jacobson et al., 2023). Four key impacts of the COVID-19 pandemic on social service provision emerged (see Table 1).

### ***Subtheme 1: Increased Vulnerability to Sex Trafficking***

Pre-existing vulnerabilities to trafficking were exacerbated by the pandemic, creating new and difficult circumstances for participants delivering services. Quinn described how social isolation wrought by COVID-19 was "breeding crime . . . and victims" and those isolated at home did "desperate things":

Usually . . . victims of sex trafficking . . . are isolated. They're already in abusive situations. Because of COVID they can't even leave those situations. . . . [I]t's easier for them, for the predators to come in because they're lonely. . . . When you're lonely right, and you have no money. . . . Loneliness breeds the victims, right? . . . And the virtual environment just allows that to happen.

While Alex had anticipated a decrease in trafficking due to fear of contracting COVID-19, sex trafficking continued and took different forms; police in Alex's locale reported an increase in online luring and sex trafficking generally. There was "[a] lot more stuff in chat rooms and social media. And also, some more camming type work and video stuff happening. . . . But still a lot of in-person."

**TABLE 1**  
**Theme: Impacts of the COVID-19 Public Health Crisis on Caring for Sex-Trafficked Persons**

Subthemes	Representative quotations
Increased vulnerability to sex trafficking	<p>Someone said something super interesting [at a meeting for service providers]. . . . It was something like “COVID is breeding crime.” . . . This is the worst, most dangerous time for breeding criminals, for creating victims, which I think is what we’re speaking to as far as sex trafficking . . . but I also think it’s COVID breeding victims and it’s hiding victims, I think it is the worst. (Quinn)</p> <p>Usually . . . victims of sex trafficking . . . are isolated. They’re already in abusive situations. Because of COVID they can’t even leave those situations. . . . [I]t’s easier for them, for the predators to come in because they’re lonely. . . . When you’re lonely right, and you have no money. . . . I’ve seen very desperate things. . . . Loneliness breeds the victims, right? . . . And the virtual environment just allows that to happen. (Quinn)</p> <p>[T]he major focus [of a sex trafficking conference Wren attended] was on the impact that COVID-19 has created on the women, on how they’ve turned out to be unemployed and desperate for social supports. . . . [During COVID-19], there was definitely a fall in the services provided by the organizations. . . . [L]ess services, and less support, and more struggle for the women. (Wren)</p>
Diminished capacity to effectively or safely provide services	<p>I wondered what would happen with . . . trafficking rates. Like would people stop going because they were worried about COVID? . . . [Regional police reported] they saw a 17% increase . . . during COVID. (Alex)</p> <p>[W]hat we saw more of was traffickers taking advantage and doing more luring online. A lot more stuff in chat rooms and social media. And also, some more camming type work and video stuff happening. . . . But still a lot of in-person, which is crazy. (Alex)</p> <p>[At] a team meeting . . . a couple of them [team members] are feeling discouraged, saying, “we don’t know our clients anymore.” . . . It’s this random voice that’s talking to another random voice on the phone. So, the interaction is not there. . . . [Now] everything’s done electronically . . . [clients are] uploading [their] information [for intake]. . . . [Y]ou’re not likely to say . . . “I’ve been sex trafficked” or “I’m a sex trafficking victim.” . . . That’s going to happen in a conversation . . . multiple conversations. . . . So, they’re [survivors] falling through . . . the cracks. (Stevie)</p> <p>Not seeing people face-to-face and feeling that energy is really challenging. . . . You don’t get to see if you vibe with somebody. . . . Energy is a very real thing that you feel between yourself and another person, and it really helps to establish trust and rapport. . . . You just don’t get that in . . . virtual interactions. (Storm)</p> <p>If it’s a new client, we really need to see them face-to-face. Even just to develop that relationship and that trust. For them to see who we are and for us to kind of assess them. . . . You’re going based on telephone, which is sometimes really hard after they make that initial contact to get in touch with them again. (Alex)</p> <p>[F]or these young girls, trust is really difficult. So, building that trust is paramount to that helping relationship. And, being able to follow through on these promises and having that face-to-face contact can really help in building that trust and providing that extra piece of support. (Avery)</p> <p>I think that virtual does not work with social services, at all. . . . I don’t think it works in any shape or form, I literally think there is absolutely no positives to it at all. . . . We need eyes on them. . . . You [need to] see the dynamic. You need to look at the person, right? Are the clothes dirty? How’s their mental health? You can’t tell that by not even looking. . . . [A] lot of times we don’t even do virtual, right? It’s just over the phone now. (Quinn)</p> <p>Honest discussions with people, honestly, is the only way. And that I think comes from relationship building, and rapport with people, and being in an environment where they feel like they can like being at [a specific in-person space], [In-person] is easier because you see it all happening, right? So you know what’s going on, sometimes. (Morgan)</p>

(continued)

TABLE 1 (CONTINUED)

Subthemes	Representative quotations
	<p>[T]here is a huge burnout. [Clients] don't want to talk virtually. They want human contact, because a lot . . . don't have [it]. . . . They don't belong to a community, their families are dysfunctional. So, they want to be able to sit down and talk about their problems face-to-face with that human contact. I find there is literally no purpose to have a virtual social services system, none. That's my opinion. (Quinn)</p> <p>It's hard to build a relationship with your client when you can't meet face-to-face. That is certainly a big challenge. So, for almost two years we've had very limited in-person opportunities. (Jordan)</p> <p>When you're communicating with someone just over the phone or via text or email, it's hard to have those sorts of conversations that you could have in our office . . . a safe private environment where you can really share information and let them know that we and other community agencies are there for them to help them. But you can't put that in an email when probably everything that they're receiving is being read and monitored and those sorts of things. . . . [W]e have to ask for verbal consent and then we have to document that. If [a client has] . . . got someone looking over their shoulder and we're doing a virtual or a phone interview or application with them, they may not give that consent. (Jordan)</p> <p>Like I speak in a way, in case I'm on speaker phone, that it doesn't sound suspicious. But I don't call at night or text at night. I always make sure that they know that they can reach out to me. [Before the pandemic], I've never met them anywhere but my office. So I try to make it so that if the guy [trafficker] asked questions it doesn't look weird. (Kit)</p> <p>I think just based on the fact that some of them [clients] don't see it [sex trafficking] themselves can make it [identifying sex trafficked persons] tricky. . . . Definitely COVID has made it much more difficult. We find that phone contact, even texting or emails, doesn't feel safe because you don't know if things are being monitored. (Alex)</p> <p>[I]f you're on social services and you don't have data . . . and your Internet is screwed up and you don't know where to go to get a free Chromebook at the library for six months, which they offer with data included, like there's stuff there's . . . resources. They're not connecting enough to the resources. And although we're reaching out, it's not the same. The referrals to programs, the attendance . . . is abysmal. (Quinn)</p> <p>People don't always have access to technology or phones to be accessing support. Offices are closed so going in and getting in-person support is really challenging. Libraries are often meeting or appointment based right now, which doesn't work for a lot of folks. And they have no space to make those appointments because they don't have access to the technology they need [which is] at the library. (Storm)</p>

(continued)



TABLE 1 (CONTINUED)

Subthemes	Representative quotations
Lack of safe housing options	<p>Because you take somebody out of a really traumatic situation, especially in COVID, and ask them to isolate in a room for two weeks by themselves, and they've been actively using . . . now they're in withdrawal in a room by themselves in the shelter. Like, it's just unreasonable, right? . . . [A]s the [service provider], I don't want to help you [Morgan put "help you" in finger quotations] in that way of putting you in a situation that's going to feel just as bad potentially. So that's a hard thing to navigate. (Morgan)</p> <p>[W]e've got some people that have been in the hotel for three or four months that we've been paying for because there just hasn't been anything else available. (Jordan)</p> <p>[D]uring the pandemic, shelters wouldn't allow drug users to access their services because they'd have to quarantine in their room. So, it wasn't safe. So, it was like, we're putting them in hotel[s] with no support? So, like really, what's better? They go from shelter and then to what housing by themselves? There needs to be this transitional piece. (Avery)</p> <p>So, all of a sudden, we see the girls. And they're going upstairs. Like, what is happening? . . . They're supposed to stay on the sixth and seventh floor. Well, their sex trafficking people, their bosses, whatever you want to call them, rented out a floor and they started bringing clients in and the girls were going up. . . . These really scary people, men, were there. And we had to call the police. And we had to put chains and padlocks on the exit doors of the [hotel] so they [the traffickers] wouldn't be able to go up or down. [T]hey figured out how to take the chains off the doors. . . . [All my] years in social services . . . and I have never seen more damage to people in my life. (Quinn)</p> <p>We've been able to develop a bit of a relationship and some of them [the hotel staff] are very sharing with their information in what they see, what they suspect. . . . They've tipped us off to a few situations where they thought something was amiss. . . . [Then a service provider] would reach out to that person . . . [but] the pandemic has made it so hard, because we have to minimize our in-person connection. And you're not touching base and putting something in an email or a text or whatever to that person saying, "hey, I hear there's some suspicious activity at the hotel that you may be involved in," or whatever. . . . Just usual business that we would have to connect with someone about. Just a reason to connect with them. That wouldn't, hopefully, raise a flag on the other end. (Jordan)</p> <p>So then we partnered with the municipality and our local police partners to hold an information evening [on sex trafficking]. And it was extremely well attended. . . . After the event, we had a number of people reach out . . . and say, "Could we plan another event? Could it be a whole day?" People wanted to learn. . . . And we were starting to . . . reach out to a number of potential speakers and what have you and then, of course, everything stopped because of the pandemic. (Jordan)</p> <p>[T]here was a time when we were in the office in person and . . . we were doing a lot more [on sex trafficking]. I want to say three or four opportunities a year to learn more about it. Since then, and then probably COVID also complicating that, I want to say one or two. (Morgan)</p> <p>[We did] a [client] engagement series around educating prevention of human trafficking and sex trafficking, right? . . . We've just started. . . 10 small groups. And it's unfortunately virtual right now. It's just making it very difficult. (Quinn)</p>
Disruptions in sex trafficking education	

### ***Subtheme 2: Diminished Capacity to Effectively or Safely Provide Services***

With the onset of the pandemic, being asked to work from home and cease meeting in-person with clients resulted in arrangements that were not always conducive to participants connecting well with clients and completing full assessments. Participants viewed support, safety, and trust as important for trafficking disclosure and recovery; needs best met within a healing relationship built over time. However, this could not readily occur over the telephone and led to sex-trafficked clients “falling through . . . the cracks,” according to Stevie, who stated,

It's this random voice that's talking to another random voice on the phone. So, the interaction is not there. . . . [Now] everything's done electronically . . . , [clients are] uploading [their] information [for intake]. . . . [Y]ou're not likely to say . . . that “I've been sex trafficked” or “I'm a sex trafficking victim.”

Not having in-person meetings made engaging and sustaining a relationship difficult, particularly with new clients. Alex stated that this led to difficulties “get[ting] in touch with them [clients] again.” Storm commented, “Energy is a very real thing that you feel between yourself and another person, and it really helps to establish trust and rapport. . . . You just don't get that in . . . virtual interactions.” Quinn added that the lack of in-person interactions made it hard to accurately assess client needs stating, “We need eyes on them. . . . You [need to] see the dynamic. You need to look at the person, right? Are the clothes dirty? How's their mental health? You can't tell that by not even looking.”

There were participants who reported taking exceptional steps to ensure client safety and privacy. As it was not always possible to know if a potential trafficker was monitoring a client's conversation or emails, they implemented elaborate strategies to send messages without endangering clients, which limited the assistance they could provide:

When you're communicating with someone just over the phone or via text or email, it's hard to have those sorts of conversations that you could have in our office . . . a safe private environment where you can really share information and let them know that we and other community agencies are there . . . to help them. But you can't put that in an email when probably everything that they're receiving is being read and monitored. (Jordan)

It was further noted that some clients lacked access to technology (e.g., phones, data plans). Storm pointed

out the irony that while libraries had computers for use, they required online bookings. Quinn elaborated, “[People are] not connecting enough to the resources. And although we're reaching out, it's not the same. The referrals to programs, the attendance . . . is abysmal.”

### ***Subtheme 3: Lack of Safe Housing Options***

Finding suitable shelter worsened with the pandemic, exacerbating existing issues inherent to a lack of space, lengthy waitlists, and sobriety requirements that many sex-trafficked clients could not meet. Social distancing required increasing space between beds, decreasing the number of available beds in shelters. Instead, hotel placements were often offered but resulted in unforeseen difficulties. Avery relayed:

[D]uring the pandemic, shelters wouldn't allow drug users to access their services because they'd have to quarantine in their room. So, it wasn't safe. So, it was like, we're putting them in hotel[s] with no support? So, like really, what's better?

Quinn described an incident at one hotel, where women housed on two floors were actively being sex trafficked:

So, all of a sudden, we see the girls. And they're going upstairs. . . . They're supposed to stay on the sixth and seventh floor. Well, their sex trafficking people, their bosses, whatever you want to call them, rented out a floor and they started bringing clients in and the girls were going up. . . . These really scary people, men, were there. And we had to call the police. And we had to put chains and padlocks on the exit doors of the [hotel] so they [the traffickers] wouldn't be able to go up or down.

Sheltering sex-trafficked women in hotels added to the demands on participants and the complexity of already difficult situations due to the involvement of law enforcement.

### ***Subtheme 4: Disruptions in Sex Trafficking Education***

In-person opportunities to learn about sex trafficking were “complicat[ed]” by COVID-19 (Morgan), impacting participants' ability to identify and serve sex-trafficked clients. Jordan described an “extremely well attended” event for professionals on sex trafficking that took place pre-pandemic:

After the event, we had a number of people reach out . . . and say, “Could we plan another event? Could it

be a whole day?” People wanted to learn. . . . And we were starting to . . . reach out to a number of potential speakers and what have you and then, of course, everything stopped because of the pandemic.

Client-facing educational events on “prevention of human trafficking and sex trafficking . . . unfortunately” had to change to a virtual format “making it very difficult,” according to Quinn.

## ► DISCUSSION

Findings from this study suggest that the COVID-19 pandemic exacerbated existing inequalities and created new vulnerabilities to trafficking, posing unique barriers to social service providers caring for sex-trafficked individuals. As traffickers exploited new opportunities brought on by the pandemic (e.g., lost employment, social distancing, increased use of online media) (Todres & Diaz, 2021; United Nations Office on Drugs and Crime [UNODC], 2021), varied forms of human trafficking appeared to increase globally (UNODC, 2021). Restricted movement and financial hardship compounded existing social and economic inequalities—already antecedents to trafficking—resulting in a confluence of factors that positioned marginalized persons at heightened risk (Todres & Diaz, 2021; UNODC, 2021). The marked increase in vulnerability to sex trafficking after the onset of the pandemic, identified by social service providers in this study, reflects this trend.

COVID-19-related restrictions inhibited a strong and timely response to this increased vulnerability; the pandemic both amplified the issue of sex trafficking and stymied attempts to address it. Providers working with varied populations faced difficulties balancing social distancing requirements, quality of care, and increased workloads, as identified in other jurisdictions (e.g., McCoyd et al., 2023). Our findings support intimate partner violence studies that have indicated clients’ difficulty accessing shelters during the pandemic (e.g., Mantler et al., 2021). Temporary hotel placements used in this context in their stead often posed unique safety concerns (Mantler et al., 2021); in our study, this led to increased exposure to sex trafficking. In the face of these challenges, providers could have benefited from additional training on sex trafficking, yet educational activities were often curtailed or offered in less desirable formats.

## Limitations

Given the qualitative nature of the study, findings may not be generalizable, although they may be transferable to jurisdictions of similar contexts. Pandemic-related

restrictions in Ontario may have differed from those in other jurisdictions, which may have impacted the results. Furthermore, findings concern one theme from a larger research project; while this emerged as salient and pressing, warranting specific consideration, additional research could further illustrate the topic.

## ► CONCLUSION AND IMPLICATIONS FOR RESEARCH AND PRACTICE

The current study supports emergent literature on COVID-19’s impact on service provision while identifying novel challenges to supporting sex-trafficked persons. While social service providers shifted service delivery to accommodate restrictive public health measures necessitated by the pandemic, working within these limitations sometimes led to new and complex issues to manage. Future efforts should focus on ensuring accessible, safe, and high-quality care for those vulnerable to inequities exacerbated by public health crises. As further evidence of the pandemic’s impact on care provision to sexually trafficked persons emerges, it is incumbent upon practitioners and policy-makers alike to take a “lessons learned” approach to avoid miscalculations of the past and better serve those in precarious situations.

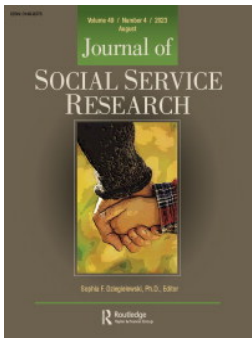
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## REFERENCES

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Duncan, A. C., & DeHart, D. (2019). Provider perspectives on sex trafficking: Victim pathways, service needs, & blurred boundaries. *Victims & Offenders, 14*(4), 510–531. <https://doi.org/10.1080/15564886.2019.1595241>
- International Labour Organization, Walk Free, & International Organization for Migration. (2022). *Global estimates of modern slavery: Forced labour and forced marriage*. [https://www.ilo.org/global/topics/forced-labour/publications/WCMS\\_854733/lang-en/index.htm](https://www.ilo.org/global/topics/forced-labour/publications/WCMS_854733/lang-en/index.htm)
- Jacobson, D., Du Mont, J., Montemurro, F., Bruder, R., & Mason, R. (2023). Social service providers’ knowledge of domestic sex trafficking in the Canadian context. *SSM—Qualitative Research in Health, 3*, Article 100279. <https://doi.org/10.1016/j.ssmqr.2023.100279>
- Koegler, E., Preble, K. M., & Tlapek, S. M. (2021). Identifying service needs and service gaps for sexually exploited/trafficked persons in Missouri. *Journal of Social Work, 21*(4), 713–729. <https://doi.org/10.1177/1468017320919377>
- Lederer, L. J., & Wetzel, C. A. (2014). The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Annals of Health Law, 23*(1), 61–91.

- Mantler, T., Veenendaal, J., & Wathen, C. N. (2021). Exploring the use of hotels as alternative housing by domestic violence shelters during COVID-19. *International Journal on Homelessness, 1*(1), 32–49. <https://doi.org/10.5206/ijoh.2021.1.13642>
- McCoyd, J. L., Curran, L., Candelario, E., Findley, P. A., & Hennessey, K. (2023). Social service providers under COVID-19 duress: Adaptation, burnout, and resilience. *Journal of Social Work, 23*(1), 85–102. <https://doi.org/10.1177/14680173221109414>
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods, 16*(1), 1–13. <https://doi.org/10.1177/1609406917733847>
- Organization for Security and Co-operation in Europe Office for Democratic Institutions and Human Rights, & United Nations Women. (2020). *Addressing emerging human trafficking trends and consequences of the COVID-19 pandemic*. <https://www.unwomen.org/en/digital-library/publications/2020/07/guidance-addressing-emerging-human-trafficking-trends-and-consequences-of-the-covid-19-pandemic>
- Ottisova, L., Hemmings, S., Howard, L. M., Zimmerman, C., & Oram, S. (2016). Prevalence and risk of violence and the mental, physical and sexual health problems associated with human trafficking: An updated systematic review. *Epidemiology and Psychiatric Sciences, 25*(4), 317–341. <https://doi.org/10.1017/S2045796016000135>
- Recknor, F., Di Ruggiero, E., & Jensen, E. (2022). Addressing human trafficking as a public health issue. *Canadian Journal of Public Health, 113*(4), 607–610. <https://doi.org/10.17269/s41997-022-00642-8>
- Recknor, F., Mason, R., Jacobson, D., Kelly, C. E., Montemurro, F., Bruder, R., & Du Mont, J. (2023). Challenges to supporting domestically sex trafficked persons: In-depth interviews with service providers. *Journal of Human Trafficking*. <https://doi.org/10.1080/23322705.2023.2219224>
- 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 Office on Drugs and Crime. (2021). *The effects of the COVID-19 pandemic on trafficking in persons and responses to the challenges: A global study of emerging evidence*. [https://www.unodc.org/documents/human-trafficking/2021/The\\_effects\\_of\\_the\\_COVID-19\\_pandemic\\_on\\_trafficking\\_in\\_persons.pdf](https://www.unodc.org/documents/human-trafficking/2021/The_effects_of_the_COVID-19_pandemic_on_trafficking_in_persons.pdf)



## Identification of Domestically Sex Trafficked Persons in Social Service Settings in Canada: A Qualitative Study

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## Identification of Domestically Sex Trafficked Persons in Social Service Settings in Canada: A Qualitative Study

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### ABSTRACT

Social service providers are critical in supporting domestically sex trafficked persons. However, little is known about how these providers identify sex trafficked persons. This study aimed to explore this vital but poorly understood first step to addressing sex trafficked clients' needs, asking: How do social service providers in Ontario, Canada identify domestically sex trafficked adolescents and adults? Fifteen semi-structured interviews were conducted with diverse social service providers from across Ontario. Participants' responses to open-ended questions were then analyzed thematically. Findings revealed that providers recognize sex trafficked persons using both commonly reported as well as unique indicators suggestive of sex trafficking, drawing on existing tools and skills developed through or adapted from work with other service populations. However, few had access to formalized practices or resources within their workplace to aid in identifying sex trafficked persons specifically and, as such, many relied on ad hoc processes. While resourceful, this approach can unintentionally perpetuate myths and stereotypes about sex trafficked persons and contribute to missed opportunities for identification. To better support sex trafficked persons, it is recommended that social service providers are provided with tailored training and resources related to identification while adopting and using reflexivity in their everyday practice to combat unconscious biases, beliefs, and attitudes. The work undertaken by social service providers could also be enhanced by knowledge gained from future research designed to evaluate the utility of the sex trafficking indicators and processes for identification described.

### KEYWORDS

Human trafficking; identification; indicators; sexual exploitation; sex trafficking; social services


### Introduction

Human trafficking is among the fastest growing and most lucrative crimes worldwide (Public Safety Canada, 2012, 2019). According to the Office of the High Commissioner for Human Rights (2022), international human rights law prohibits numerous associated practices stemming from various forms of trafficking, such as sex trafficking, labor trafficking, and debt bondage. As such, trafficking has been the focus of international and domestic policy efforts and governments have begun to dedicate significant resources to combating human trafficking by protecting and assisting those who have been trafficked

(Hodgins et al., 2022; United Nations General Assembly, 2000).

According to Conroy and Sutton (2022), over the past ten years, the number of incidents of human trafficking reported to Canadian police has increased and the majority of these have been related to sexual exploitation. In Canada, sex trafficking is defined as “recruiting, moving, or holding victims for sexual exploitation” and often includes the use of coercive tactics, such as intimidation or force, to compel victims to “provid[e] sexual services” (Public Safety Canada, 2021). Sex trafficking is “domestic” when the entirety of the crime occurs within Canada (Government of

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British Columbia, n.d.). Of 515 police-reported incidents of human trafficking in Canada in 2020, two-thirds (336) took place in the province of Ontario (Conroy & Sutton, 2022), a hub for domestic sex trafficking (Government of Ontario, 2020). However, the exact prevalence of domestic sex trafficking in Canada is difficult to determine and likely underestimated due to the coercive and covert tactics employed by traffickers who conceal the crime while eroding survivors' and witnesses' willingness to report. This inhibits providers' and authorities' capacity to identify sex trafficked persons (Public Safety Canada, 2019).

Recognizing the severity of the phenomenon, the Canadian government recently released the "National Strategy to Combat Human Trafficking, 2019-2024" to strengthen the country's response to domestic and international trafficking (Public Safety Canada, 2019). The following year, the Government of Ontario (2020) released a five-year strategy to combat human trafficking in the province. These strategies share the goal of bolstering prevention, identification, intervention, and prosecution practices to reduce the prevalence of human trafficking and specifically focus on improving the ability of service providers who work in key sectors (e.g., hospitality, transportation, health care, sexual assault/domestic violence) to identify those who may be sex trafficked (Government of Ontario, 2020; Public Safety Canada, 2019). Social service providers, in particular, are likely to encounter persons who are being sex trafficked across the diverse roles they fill in a variety of settings, from child welfare, domestic violence services, victim services, homeless shelters, mental health care to the education system (Clawson et al., 2009; Macy & Graham, 2012).

Identification of sex trafficked persons is an especially critical point of intervention. Since many persons may be hesitant to self-identify or disclose that they are being sex trafficked (Noble et al., 2020; Rapoza, 2022), social service providers must possess the capacity to recognize indicators suggestive of sex trafficking. With this information, providers can begin to address sex trafficked persons' particular circumstances, meet their unique needs, and connect them with requisite services and supports.

To date, the literature on identifying sex trafficked persons has primarily focused on strategies used by or applicable to healthcare providers, as previous research has suggested they are likely to come into contact with trafficked persons (Chisolm-Straker et al., 2016; Ross et al., 2015). Such studies have found that many healthcare providers and trainees lack the requisite knowledge to identify and support persons experiencing sex trafficking and do not have a basic understanding of relevant indicators (Chisolm-Straker et al., 2012; Ross et al., 2015; Wong et al., 2011). Further, these providers may hold biases and stereotypical beliefs about the nature of sex trafficking and the characteristics of persons who may be sex trafficked, further inhibiting identification efforts (Pederson & Gerassi, 2022; Recknor et al., 2018). As a result, there have been several calls to educate and train healthcare providers on human trafficking (e.g., by the U.S. Office of Trafficking in Persons) and, in response, many healthcare organizations in the United States have developed related protocols (Stoklosa, Dawson, et al., 2017).

Some research has also attempted to identify and synthesize commonly reported indicators and strategies used by healthcare and human service providers (Hemmings et al., 2016; Macy & Graham, 2012; Stoklosa, Dawson, et al., 2017) and evaluate their salience, relevance, and utility (Gerassi et al., 2021; Nichols & Cox, 2023; Pederson & Gerassi, 2022). However, the overall evidence base on indicators and identification practices is sparse and still emerging, hampering identification efforts and limiting understanding of how providers working in different contexts, including social services, recognize sex trafficked persons.

The aim of this study, conducted as part of a larger study focused on understanding providers' knowledge, attitudes, and practices (Jacobson et al., 2023; Recknor, Kelly, et al., 2023; Recknor, Mason, et al., 2023), was to gain insight into how social service providers recognize those who are being sexually exploited. Understanding this could foster the development of improved supports for these underserved and acutely marginalized individuals. This study posed the following research question: How do social service

providers in Ontario, Canada identify domestically sex trafficked adolescents and adults?

## Methods

A qualitative research design using semi-structured interviews explored social service providers' knowledge, attitudes, and practices.

## Sample

Fifteen social service providers working in Ontario, Canada were interviewed between January and February 2022, twelve of whom were women and three men. Participants ranged in age from 26 to 55; the average age was 39 years. Seven participants self-identified as white, five as Black, one as South Asian, and two as Canadian. Most participants (13) had a graduate or undergraduate university degree and worked in diverse roles. Five reported working as supervisors/managers, four of whom worked in social welfare programs and one on a municipal youth team; two each as caseworkers and social workers; and the remainder worked as either a child welfare worker (1), child and youth practitioner (1), support worker (1), addictions worker (1), harm reduction counselor (1), or in an undisclosed role (1). Twelve participants reported that they had directly cared for domestically sex trafficked persons. Four indicated they had high or very high expertise in sex trafficking, seven reported moderate or moderate-high expertise, and four reported low or no expertise (see Jacobson et al., 2023 for further details).

## Instrument

An interview guide was developed by members of the interdisciplinary research team with extensive collective experience in gender-based violence and qualitative research and backgrounds in psychology, social work, public health, and women's health. The guide included 14 open-ended questions and associated prompts, some of which were adapted from the Human Trafficking Myths Scale developed by Cunningham and DeMarni Cromer (2016). Questions and prompts included:

“Who do you think are the usual victims of sex trafficking?”, “What social and other circumstances do you think affect whether someone becomes sex trafficked?”, “What were the presenting problems/issues of the (suspected) sex trafficked client/patient?”, “What guidelines or protocols, if any, do you follow when caring for clients who have been sex trafficked?”

## Procedure

Ethics approval for this research was received in December 2021. Participant recruitment began in January 2022 and concluded when no new information emerged from the interviews (Guest et al., 2006). Participants were recruited through email and social media. Emails were sent to the researcher's networks and social service organizations across Ontario, a list of which was compiled through a systematic Google search and added to by members of the research team. The email contained information about the ethics approval, purpose of the research, and participation details, including inclusion criteria. Prospective participants had to be fluent in English and live and work as a social service provider in Ontario. There were no exclusion criteria concerning the type of social service work or past experience working with domestically sex trafficked persons. A study flyer containing similar information was shared by the research team on Twitter and in a Facebook group for social service providers in Ontario.

Individuals interested in participating in the study were asked to contact the research team for more information. They were subsequently sent a consent form to sign detailing the study and their rights as participants and, once any questions were addressed, asked to complete a sociodemographic questionnaire to confirm their eligibility. A virtual interview was then scheduled and took place over Zoom. Interviews lasted one-to-two hours. Following an interview, participants received a \$25 CAD e-gift card. The interviews were audio or video-recorded and an automated transcript of the audio recording was generated. These records were immediately saved under a pseudonym to a secure OneDrive folder, accessible only to research team members, and removed



from Zoom. Audio and video recordings will be destroyed five years post publication; participants were informed of this during the consent process.

### **Data Analysis**

In preparation for analysis, interview transcripts were de-identified and checked for accuracy through comparison with the audio and video recordings (DJ, FM). Once the transcripts were de-identified and verified, they were uploaded to Dedoose Management Software (Version 9.0.46), which facilitated deductive, as well as inductive, analysis. The inductive analysis was guided by Braun and Clarke (2006) six phases: (a) familiarization with the data, (b) generation of initial codes, (c) refinement and sorting of codes into emerging themes, (d) refinement of themes, (e) definition of themes and determination of sub-themes, and (f) selection of illustrative quotes for each theme. Between February and May 2022, two members of the research team (DJ, FM) read and re-read the transcripts and one (DJ) repeatedly listened to the audio recordings; both documented and discussed their initial impressions of the data with one another and the wider research team. They then independently coded and compared three transcripts. After each, they discussed similarities and differences, refined their codes to achieve intercoder agreement (Campbell et al., 2013), and created a clearly-defined code book. Using the code book, another five transcripts were independently coded and compared. Due to a significant overlap in coded content and an absence of substantive conflict, a single team member (DJ) coded the remaining seven transcripts. The codes were then organized to identify patterns in and across the data and develop initial themes and subthemes relevant to the knowledge, attitudes, and practices of social service providers related to domestic sex trafficking with some of the data within themes and sub-themes undergoing further analysis (CEK, JDM, SE). Findings concerning providers' knowledge of sex trafficking (Jacobson et al., 2023), challenges to providing care (Recknor, Mason, et al., 2023), and the impact of COVID-19 on care provision (Recknor, Kelly, et al., 2023) have been explored elsewhere.

Throughout coding, development of themes, and analytic writing, regular team meetings were held to enable peer debriefing and vetting, which increased the trustworthiness of the results (Lincoln & Guba, 1985; Nowell et al., 2017). Detailed notes of all discussions were kept to maintain clear records, documenting decisions and their rationale (Koch, 1994; Nowell et al., 2017).

## **Results**

### **Thematic Overview**

The theme, 'Practices of identification of sex trafficking' captured how social service providers in Ontario, Canada participating in the current study identified domestically sex trafficked adolescents and adults and consisted of two broad sub-themes that were identified following the coding of the interviews: 'Indicators suggestive of sex trafficking' and 'Processes of identifying sex trafficked persons'. Findings within subthemes clustered under the following code categories: Intuition; Physical and socioemotional presentation; Surveillance, control, or restriction; Living situation, movements; Unusual financial circumstances; Use of existing intake and assessment tools; and Use of soft skills (see [Supplemental Table 1](#) for supporting quotations, descriptive codes, code categories, and sub-themes). Illustrative quotations relevant to each subtheme are also presented below.

#### **Indicators Suggestive of Sex Trafficking**

Participants described identifying sex trafficked clients by relying on various indicators, which ranged from instinctive feelings to visible signs. The majority of participants described tangible indicators, such as observable characteristics or actions, and often described that a combination of multiple indicators contributed to their suspicion of sex trafficking.

**Intuition.** Certain participants described having the "feeling" that a client was sex trafficked, whether or not there was tangible evidence to support their inclination. For example, a social assistance manager discussed that "sometimes you can just pick up a

bit of a vibe on somebody” (Participant 1). Another social assistance supervisor noted how “it’s very instinctual ... it’s like your spider sense is tingling”; it’s a “piece in [a] puzzle ... one piece on its own doesn’t mean anything. But a bunch together do” (Participant 2). The multiple pieces of the “puzzle” included not only instinct but also other often subtle signs of trafficking such as “lack of information they [clients] provide or lack of answers” (Participant 1). This information, or lack thereof, could guide providers’ next steps in attempting to identify sex trafficked clients.

**Physical and Emotional Presentation.** For some participants, clients presenting with physical or sexual health concerns served as a potential indicator of sex trafficking. An addictions worker with previous relevant experience as a crisis worker explained that an “obvious” sign was “if they’re coming in with random bruises and stuff like that, and they’re somebody who every other day they’re [claiming to be] falling down a set of stairs” (Participant 3). Others described clients who alluded to or explicitly shared that they were forced to engage in sexual acts (Participant 4) or abort an unintended additional pregnancy shortly after giving birth (Participant 5), as alerting them to the possibility of sex trafficking. A provider of child welfare services in healthcare and school settings described a client who was “rushed to the hospital” as a result of sexual molestation and how that, in combination with “her mood,” contributed to “susp[icion] that she must have been a victim of sex trafficking ... [as] she was sorrowful and crying” (Participant 6).

Participants noted other socioemotional and behavioral indicators suggestive of sex trafficking. One social worker described how sex trafficked persons may present as “scared,” and in “a lot of stress,” including being “pale,” “shaking,” and not wanting to “be touched” (Participant 7). A second social worker similarly noted the importance of paying attention to body language, emphasizing that “you will see it [sex trafficking] based on the kind of actions, or maybe the kind of behavior, eye movements ... any kind of body language that will show you” (Participant 8). Similarly, a supervisor of a youth-focused social service team

communicated that “fidgeting, [having] no eye contact,” and appearing to be “in a rush, like they want to get out of there as quickly as possible” suggested a client’s particular discomfort (Participant 9).

Clients’ capacity or failure to share information also served as an indicator of sex trafficking for several participants, including two social workers, one of whom discussed a client who was “scared to a point where even communicating [was] a problem” (Participant 7). Another explained that sex trafficked clients may be “trying to hide something,” “come up with some excuses,” or be “uncomfortable speaking about” topics associated with sex trafficking (Participant 8). The addictions worker elaborated:

Another one [indicator] is if they kind of really shut down a lot as soon as you ask about sexual partners or anything like that. That’s a thing where it kind of piques some curiosity because either they’re just really shy about it or there’s something else going on. (Participant 3)

**Surveillance, Control, or Restriction.** Restricted phone access (Participant 2) or, conversely, several phones (Participant 10), could also be an indicator of sex trafficking, according to several participants. As noted by a social assistance supervisor: “every time they come in, they’ve got a different phone, sometimes the screens are cracked, things like that are red flags” (Participant 10). Two caseworkers, both with foci on trafficking, homelessness, and/or mental health, similarly noted that their clients were “constantly changing their phone number” (Participants 11, 12). Others described situations in which different people answered the phone each time they called (Participant 10), or they heard someone in the background telling the client what to say (Participant 9, 11):

Sometimes there’s a person ... when we’re interviewing on the phone, that’s behind them, and you can hear them guiding a conversation. It’s almost like they’re being told what to say. (Participant 9)

A similar situation was described by the social assistance manager, wherein a staff member had a client they thought might be sex trafficked:

They [the client] would set appointments up and then they wouldn’t show, they wouldn’t get a ride. When

she [a service provider] had talked to her [the client] on the phone a couple of times, there was a male in the background sort of barking orders about, yes she could come, no she couldn't, he wouldn't bring her there. Those sorts of things. (Participant 1)

In this particular situation, a controlling male restricted the client's movement and the client missed appointments as a result, a circumstance also described by one of the caseworkers (Participant 12).

When clients did attend appointments, participants explained that the presence of someone accompanying the client could be a sign of sex trafficking (Participant 11), particularly when the person was not related (Participant 3) or acted aggressively (Participant 12). It was noted:

Somebody waiting for someone in an appointment and being really aggressive about that, and like waiting, asking for them ... those kinds of things can sometimes be a sign [of sex trafficking] as well. ... We might be in for a meeting and the front desk is like, "this man has come in three times and is asking for this person." (Participant 12)

Not possessing any identification was also considered an indicator (Participants 10, 12). "These girls often don't have their ID because someone's holding it for them," explained one of the social assistance supervisors (Participant 10). Asking questions such as, "have you ever had ID?" and, "does someone have it for you?" were considered helpful to determining whether the lack of ID is related to sex trafficking (Participant 10).

**Living Situation, Movements.** Paying attention to a client's address could be important, according to several participants, as in some cases, the absence of such information alerted them to the possibility of sex trafficking. Some clients didn't "want to disclose where they live, where they stay," (Participant 7) lacked the "ability to tell [providers] where they've been," (Participant 12) or were unable to present their "address history" (Participant 10). Other participants identified living arrangements that aroused their suspicion (Participants 1, 9, 11). For example, a client who was "'homeless' [in finger quotations]," was in fact "living in the local hotel out by [a national highway]" (Participant 1). "Looking at who's living in [the client's] house" was also described sometimes as revealing (Participant 9).

Frequent movement and address changes could also be a sign of sex trafficking (Participants 5, 10, 11). "[A] lot of movement, that they're moving, they're constantly transferring their file ... constantly changing their address" was among the "red flags" one provider relied upon as an identifier (Participant 11). A child and youth practitioner described harboring suspicion of sex trafficking when a particular client was involved in other social services where she was flagged for "mov[ing] away too much" (Participant 5).

**Unusual Financial Circumstances.** Clients' expensive possessions could further indicate sex trafficking, especially when such items appeared suddenly or were outside the clients' known or suspected financial means: "watch out for those things that you're seeing. Are they coming up with new and shiny items? Did their lifestyle just drastically change?" (Participant 5). This was reiterated by others:

We used to go into the homes to do the visits. ... There's just a bunch of cues, right? ... [S]ometimes they've got flashy TVs all of a sudden. You're on welfare, but you have a 3,000 dollar TV, you have a brand new cell phone, you have 10 million tattoos. Well, where are you getting the money for this? (Participant 9)

Participants whose roles included reviewing clients' finances shared several related financial signs that they saw as potential indicators of sex trafficking, including substantial deposits and withdrawals as well as frequent e-transfers (Participants 1, 11, 12, 14). One explained:

Always at a minimum, we look at the last three months of activity on that bank account. And I'm just thinking of one incident where there were some large deposits into the bank account. And then, some large withdrawals. And they couldn't be accounted for. ... [A]nd the story maybe doesn't make sense. (Participant 1)

This was echoed by a social assistance supervisor, who described a similar experience during intake: "A young girl came in ... and [social assistance workers] were looking at her bank statements. There were all kinds of e-transfers back and forth, all kinds of cab rides. ... I was like, 'ding ding ding ding ding!'" (Participant 14).

In this situation, it was not only the e-transfers but also certain charges documented on the client's bank statement that alerted the provider to the possibility of sex trafficking. "Airbnb and hotel charges on a consistent basis" were also noted to be potentially problematic (Participant 12).

Finally, participants described clients' movement in and out of social assistance or having others manage their money as indicative of sex trafficking. For example, "falling off of assistance and coming back on, and then not being able to really give [a] reasonable explanation that makes sense" was a possible sign (Participant 12), as was a third party involved in clients' finances:

Another signal for youth is [when they say], "no, I don't want a trustee to pay for my rent. It'll go through this person [who] will be my trustee." Well, who the hell is this person, right? Then you'll see there's an issue, because the trustee ... a lot of times they'll try and align, "oh, just give my portion of this check to this person." Well, why would we do that, right? There's all these little signs. (Participant 9)

A new or unknown individual involved in the management of a client's money could therefore evoke suspicion.

### *Processes of Identifying Sex Trafficked Persons*

Participants described relying on limited or no specific processes to identify sex trafficked persons. They often indicated their reliance on their employer's standard intake and assessment tools (i.e., tools used with all clients to determine their needs and/or eligibility for services) or their soft skills (i.e., interpersonal and interviewing abilities) to listen to and converse with clients.

### *Use of Existing Intake and Assessment Tools*

Although two participants noted that they had used a toolkit (Participant 10) and/or had received some training (Participant 12) specific to helping them identify sex trafficked clients; others indicated that they were able to identify sex trafficked persons during routine intake and assessment processes when clients answered formalized questions or information was reviewed. For example, indicators suggestive of sex trafficking could emerge through the completion of a standard assessment that explored social determinants of

health to identify clients' training and employment needs:

In that assessment tool I think they do ask certain questions. ... "[A]re you safe right now?" ... "Are you being coerced?" There's something around safety in those questions. That's another tell if they're not too scared to answer that. (Participant 9)

Similarly, another participant remarked that "[q]uite often ... in this role ... in the application sometimes, we'll identify red flags" (Participant 11). Detailing a client's history could also be particularly helpful to identifying sex trafficking:

[W]e always take kind of a year-long history of where they've been residing, what they've been doing for income, how they've been supporting themselves if they haven't been on [social assistance]. (Participant 2)

General assessment tools were identified as holding the potential to identify clients who may be sex trafficked if further adapted:

[R]eally taking a look at the social service system and the application process and trying to figure out within that application process, what can we do, what questions can we put in that would, kind of, signal something like [sex trafficking]? (Participant 9)

*Use of Soft Skills.* Participants expressed that they could identify sex trafficked clients by using their soft skills and capacity to listen and converse during the provision of regular or routine services (e.g., case management, counseling) and casual interactions. One commented:

There's lots of signs that I think can be present in a meeting with a client, especially when we're doing an update where it's just sort of, "how are you doing?", "what things are you working on right now?", "what goals do you have?", "how can I support you?" (Participant 12)

The importance of patience, active listening and, as needed, asking exploratory questions in a supportive manner to obtain more information were also emphasized (Participants 1, 12). For example:

You have to listen to them [clients]. And that's going to take time. You have to be patient, you have to listen to how they describe it and piece things, ... I'll be honest, I knew they were involved in sex work the first day, but it wasn't until they continued to talk where I'm, "no, no, no, no, this is not a collaboration

between you and him,” right? You have to continue to listen and have those conversations. (Participant 5)

Another participant described a similar approach:

[S]ome people experience so much [in their past] ... it's really hard for some of them to come open and talk to you about it. So, it's not really that easy [to identify sex trafficked persons], I'll say. You just have to listen to them, and talk to them, look at them, and then help them out. (Participant 15)

Importantly, participants' frontline experience seemed to relate to their ability to identify sex trafficked persons. A social service supervisor communicated that the years spent providing front-line services helped with “learn[ing] those [sex trafficking] cues” (Participant 9). Conversely, a harm reduction counselor with fewer years of experience noted that they were not yet enough:

I would not be able to do that on the fly [identify sex trafficked persons]. Like that's something that I'd have to look up and just look what are some of the things [indicators]. Because it's not work that I'm doing often enough for it to be quick. (Participant 4)

In the absence of frequent contact with sex trafficked clients, more information on indicators of sex trafficking was needed to better inform the counselor's practice.

## Discussion

The present study illuminates the ways in which social service providers in Ontario, Canada identify domestically sex trafficked adolescents and adults. The results of this study expand the knowledge base on social service providers' previously poorly understood practices of identification and knowledge of sex trafficking indicators, specifically, information which can be used to inform strategies to respond to this pernicious social and public health issue. It is imperative to understand social service providers' capacity to identify domestically sex trafficked persons, as this diverse group of professionals is among those likely to interact with trafficked individuals.

Indicators suggestive of sex trafficking as described by social service providers in this study largely align with commonly reported indicators of sex and human trafficking more broadly, as

found in reviews of human service and health-care organizations (Hemmings et al., 2016; Macy & Graham, 2012; Stoklosa, Dawson, et al., 2017). Providers in this study reported that (suspected) sex trafficked clients presented with physical and sexual health problems and socioemotional presentations that were concerning (e.g., sorrowful, stressed, fearful), mirroring others' findings, wherein signs or a history of physical or sexual abuse (Hemmings et al., 2016; Macy & Graham, 2012; Stoklosa, Dawson, et al., 2017) and fearful or depressed appearances (Macy & Graham, 2012) constituted common indicators among healthcare and human service professionals. Similarly, the particularities of clients' communication identified by Hemmings et al. (2016) and Stoklosa, Dawson, et al. (2017) (e.g., inconsistencies in a patient's story about their medical condition, dates, addresses) are reflected by providers in this sample, who reported that their sex trafficked clients faced challenges in sharing information (e.g., excuses, uncomfortable with certain topics, ability to recall address history). Other identifiers that aligned with the literature included signs of control with phone use, appointment attendance (Hemmings et al., 2016; Macy & Graham, 2012; Stoklosa, Dawson, et al., 2017), and absence of or frequent changes in documentation and personal information (Hemmings et al., 2016).

Despite the alignment of social service providers in the current study with healthcare and human service providers in the literature, it is important to note that commonly reported indicators may not be universal, empirically based, or evaluated (Gerassi et al., 2021; Rapoza, 2022); they may simply reflect a shared set of biases or assumptions. Emerging research suggests that some of the frequently reported indicators are not, in fact, salient in practice (Gerassi et al., 2021; Nichols & Cox, 2023). Indeed, provider perceptions can be shaped by dominant narratives buttressed by over-sensationalized media reporting about sex trafficking that fails to acknowledge the complex personal and systemic factors that heighten individuals' vulnerability to this type of exploitation (Litam & Lam, 2021; Pederson & Gerassi, 2022; Rodriguez-Lopez, 2018). Beliefs and attitudes toward sex trafficked

persons may also vary based on facets of providers' personal identity, particularly with respect to sex and gender (Cunningham & DeMarni Cromer, 2016; Litam & Lam, 2021). These internal biases may have underpinned indicators that social service providers perceived as markers of sex trafficking, reinforcing stigmatizing beliefs about sex trafficking and contributing to missed opportunities for identification, as has been reported by healthcare professionals in the United States (Recknor et al., 2018).

While the potential indicators of sex trafficking identified by Canadian social service providers in this sample were largely consistent with existing literature, the findings diverged in several instances. Notably, these providers identified more empirically-based indicators than did health, social service, and justice system professionals who work with sex trafficked persons in the United States who were included in a pilot study by Gerassi et al. (2021) and further analyzed by Nichols and Cox (2023); the authors found that validated indicators related to severe physical harm, restricted movement/communication, and restricted personal possessions were among the least commonly cited. Conversely, social service providers in the sample did not identify clients' inability to exit a job or move from their living space as a trafficking indicator as did human service providers in the research reviewed by Macy and Graham (2012), despite similarities in their professions. Providers in this study offered unique observations on the unusual financial circumstances that could serve as indicators of sex trafficking, constituting a new contribution to the literature.

Indicators emerging from this research may be attributable to participants' professional identities, roles, and responsibilities, which have rarely been captured in sex trafficking research. For example, professionals responsible for reviewing clients' banking records were uniquely capable of identifying unusual financial circumstances. While differences between other studies and the results presented herein suggest a particular degree of competency in identifying sex trafficked persons among participants, the findings should not be interpreted as underscoring social service providers' relative capacity to do so without further

investigation. This finding instead underscores the importance of studying a variety of professionals to better understand and adapt their practices.

### **Recommendations for Identification of Domestically Sex Trafficked Persons**

While social service providers offered numerous insights into their existing identification practices, they conceded that they contended with limited resources and training to aid in identifying sex trafficked persons. This led providers in the current study to rely on standard intake and assessment processes and existing skills. For example, they highlighted that extant assessment processes present an opportunity to embed questions that could help to identify sex trafficked persons. Haney et al. (2020) support this notion; they found in a scoping review that long sex trafficking screening tools may not be necessary to identify sex trafficked persons. Rather, a few "key questions," similar to those included in validated assessment tools (e.g., the Vera Institute of Justice, [2014] Trafficking Victims Identification Tool, which has 16 core questions in its shortened form) may be sufficient. For instance, asking survivors about their living situation and work has demonstrated potential to aid in identifying trafficked persons within healthcare settings (Chisholm-Straker et al., 2016). Browne-James et al. (2021) work on children and youth also supports embedding validated questions within counselors' existing structured or semi-structured intake processes to assess for possible sex trafficking (e.g., "Tell me about a time when you feel scared or unsafe?"; p. 117); positive results to these preliminary questions could then warrant the introduction of further sex trafficking assessment/tools that are often more extensive and serve as a subsequent step in sex trafficking protocols (Donahue et al., 2019; Haney et al., 2020; Stoklosa, Showalter, et al., 2017).

The soft skills used by some, but not all, social service providers in this study exemplify some professionals' attempts to apply a trauma-informed and client-centred approach to working with clients, as they describe being patient, engaging in active listening, supporting clients to meet their

needs, and prompting them for more information where needed. These approaches are supported by Hunt et al. (2020), who noted the importance of posing trauma-informed questions to facilitate sex trafficking identification. Providers must be mindful of potential harms their client may have experienced, convey compassion and respect when interacting with them, and ask sensitive questions. Identifying trafficking and facilitating voluntary disclosure requires a non-confrontational interaction, patience, and a trusting relationship (Hunt et al., 2020). This approach is also aligned with qualities on which sex trafficking survivors themselves place value when seeking help from providers (Gonzalez et al., 2019).

While many providers participating in this study demonstrated resourcefulness by devising strategies to identify domestically sex trafficked persons, in the absence of any one approach, such informal strategies may contribute to a high degree of variability and inconsistency between organizations and individual practitioners. These findings illuminate a foundation on which to build while also underscoring the importance of developing/adopting evidence-based standards for identification. As such, strategies to support the development of soft skills, in particular as providers engage with resources and/or tools to aid in identifying sex trafficked persons, must be more systematically integrated into training.

In the meantime, the findings from this research support the uptake of several interim strategies, which can lay the foundation for a more comprehensive restructuring of practices. First, these findings point to the need for consistent engagement in exercises of critical self-reflection to increase providers' awareness of and capacity to account for previously unconscious biases, beliefs, and attitudes. These could be supported by workplace programming and have the potential to positively impact providers' existing practices (Litam & Lam, 2021). Identification processes and indicators for which to look could also be tailored to different contexts and provider groups to leverage their unique and varied contributions to identifying this vulnerable population (Gerassi et al., 2021; Timoshkina, 2019). This work could be paired with the adaptation of existing intake tools in

various social service contexts to identify sex trafficked persons prior to, or in lieu of, a demanding process of developing and/or restructuring procedures to better serve sex trafficked clients (Haney et al., 2020).

### Limitations

This qualitative study begins to explore the processes through which social service providers identify domestic sex trafficked persons in Ontario, Canada. However, while participants in the study had diverse backgrounds, employment, knowledge, and experiences, they may not be representative of all social service providers. Findings may also not be generalizable to all of Ontario or other regions of Canada. The majority of social service providers who participated in this study were from the Greater Toronto Area, which is urban, populous, and diverse (Statistics Canada, 2022). Their experiences identifying and providing services to sex trafficked persons may therefore differ from those in other geographic locations working with other populations. Nonetheless, the study offers insight into an under-researched topic area and lays the foundation for future work.

### Conclusions

Social service providers in this study identified sex trafficked persons through commonly reported and unique indicators suggestive of sex trafficking detected in their everyday practices. Using soft skills and existing intake and assessment tools, providers reported detecting indicators that clustered within several groups: intuition; physical and socioemotional presentation; surveillance, control, or restriction; living situation, movements; and unusual financial circumstances. The findings of this study begin to inform academic and professional understanding of current identification efforts in Ontario, Canada, and beyond. However, further research is needed to evaluate the utility of these and other sex trafficking indicators and processes for identification, as described in this study and across the literature, both broadly and within the social service context. This work suggests that social service

providers may possess a particular capacity to identify sex trafficked persons, while also revealing inconsistencies in their approaches, pointing to the need for tailored but standardized identification processes and reflexivity activities to help manage their attitudes, beliefs, and biases. The results of this work also signal the potential utility of exploring the adaptation of existing practices and skills to facilitate identification efforts. Ultimately, by employing standardized processes and tools, providers may increase their capacity to offer sex trafficked persons the resources and supports they most need, regardless of the provider or agency from which these clients seek assistance; the present work is an important step toward this equity-informed goal.

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### References

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Browne-James, L., Litam, S. D. A., & McRae, L. (2021). Child sex trafficking: Strategies for identification, counseling, and advocacy. *International Journal for the Advancement of Counselling*, 43(2), 113–125. <https://doi.org/10.1007/s10447-020-09420-y>
- Campbell, J. L., Quincy, C., Osserman, J., & Pedersen, O. K. (2013). Coding in-depth semistructured interviews: Problems of unitization and intercoder reliability and agreement. *Sociological Methods & Research*, 42(3), 294–320. <https://doi.org/10.1177/0049124113500475>
- Chisolm-Straker, M., Baldwin, S., Gaigbé-Togbé, B., Ndukwe, N., Johnson, P. N., & Richardson, L. D. (2016). Health care and human trafficking: We are seeing the unseen. *Journal of Health Care for the Poor and Underserved*, 27(3), 1220–1233. <https://doi.org/10.1353/hpu.2016.0131>
- Chisolm-Straker, M., Richardson, L. D., & Cossio, T. (2012). Combating slavery in the 21st century: The role of emergency medicine. *Journal of Health Care for the Poor and Underserved*, 23(3), 980–987. <https://doi.org/10.1353/hpu.2012.0091>
- Clawson, H. J., Dutch, N., Solomon, A., & Goldblatt Grace, L. (2009). *Human trafficking into and within the United States. A review of the literature*. United States Department of Health and Human Services. <https://aspe.hhs.gov/reports/human-trafficking-within-united-states-review-literature-0>
- Conroy, S., & Sutton, D. (2022). Trafficking in persons in Canada, 2020. *Juristat*, 85(2), 3–23. <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2022001/article/00010-eng.pdf?st=yk3eYrTH>
- Cunningham, K. C., & DeMarni Cromer, L. (2016). Attitudes about human trafficking: Individual differences related to belief and victim blame. *Journal of Interpersonal Violence*, 31(2), 228–244. <https://doi.org/10.1177/0886260514555369>
- Donahue, S., Schwien, M., & LaVallee, D. (2019). Educating emergency department staff on the identification and treatment of human trafficking victims. *Journal of Emergency Nursing*, 45(1), 16–23. <https://doi.org/10.1016/j.jen.2018.03.021>
- Gerassi, L. B., Nichols, A. J., Cox, A., Goldberg, K. K., & Tang, C. (2021). Examining commonly reported sex trafficking indicators from practitioners' perspectives: Findings from a pilot study. *Journal of Interpersonal Violence*, 36(11-12), NP6281–NP6303. <https://doi.org/10.1177/0886260518812813>
- Gonzalez, N., Spencer, C., & Stith, S. (2019). Moving to restoration: The experiences of women exiting sex trafficking. *Journal of Human Trafficking*, 5(1), 60–73. <https://doi.org/10.1080/23322705.2017.1413856>
- Government of British Columbia. (n.d). *What is human trafficking?* <https://www2.gov.bc.ca/gov/content/justice/criminal-justice/victims-of-crime/human-trafficking/what-is-it>
- Government of Ontario. (2020). Ontario's anti-human trafficking strategy 2020-2025. <https://www.ontario.ca/page/ontarios-anti-human-trafficking-strategy-2020-2025>
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 59–82. <https://doi.org/10.1177/1525822X05279903>
- Haney, K., LeBeau, K., Bodner, S., Czizik, A., Young, M. E., & Hart, M. (2020). Sex trafficking in the United States: A scoping review. *Journal of Evidence-Based Social Work*, 17(6), 714–748. <https://doi.org/10.1080/26408066.2020.1765934>
- Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L. M., Stanley, N., Zimmerman, C., & Oram, S. (2016). Responding to the health needs of survivors of human trafficking: A systematic review. *BMC Health Services Research*, 16(1), 1–9. <https://doi.org/10.1186/s12913-016-1538-8>



- Hodgins, E., Mutis, J., Mason, R., & Du Mont, J. (2022). Sex trafficking of women and girls in Canada: A scoping review of the scholarly literature. *Trauma, Violence, & Abuse, 0*, 1–16. <https://doi.org/10.1177/15248380221094316>
- Hunt, J., Witkin, R., & Katona, C. (2020). Identifying human trafficking in adults. *BMJ, 371*, m4683. <https://doi.org/10.1136/bmj.m4683>
- Jacobson, D., Du Mont, J., Montemurro, F., Bruder, R., & Mason, R. (2023). Social service providers' knowledge of domestic sex trafficking in the Canadian context. *SSM - Qualitative Research in Health, 3*, 100279. <https://doi.org/10.1016/j.ssmqr.2023.100279>
- Koch, T. (1994). Establishing rigour in qualitative research: The decision trail. *Journal of Advanced Nursing, 19*(5), 976–986. <https://doi.org/10.1111/j.1365-2648.1994.tb01177.x>
- Lincoln, Y., & Guba, E. G. (1985). Establishing trustworthiness. In Y. Lincoln & E. G. Guba (Eds.), *Naturalistic inquiry* (pp. 289–331). SAGE.
- Litam, S. D. A., & Lam, E. T. C. (2021). Sex trafficking beliefs in counselors: Establishing the need for human trafficking training in counselor education programs. *International Journal for the Advancement of Counselling, 43*(1), 1–18. <https://doi.org/10.1007/s10447-020-09408-8>
- Macy, R. J., & Graham, L. M. (2012). Identifying domestic and international sex-trafficking victims during human service provision. *Trauma, Violence & Abuse, 13*(2), 59–76. <https://doi.org/10.1177/1524838012440340>
- Nichols, A. J., & Cox, A. (2023). A pilot study comparing sex trafficking indicators exhibited by adult and minor service populations. *Journal of Human Trafficking, 9*(2), 194–211. <https://doi.org/10.1080/23322705.2021.1898173>
- Noble, A., Coplan, I., Neal, J., Suleiman, A., & McIntyre, S. (2020). *Getting out: A national framework for exiting human trafficking for sexual exploitation in Canada*. Covenant House Toronto & The Hindsight Group. [https://covenanthousetoronto.ca/wp-content/uploads/2020/01/Covenant\\_House\\_Research\\_Report\\_FINAL.pdf](https://covenanthousetoronto.ca/wp-content/uploads/2020/01/Covenant_House_Research_Report_FINAL.pdf)
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods, 16*(1), 160940691773384. <https://doi.org/10.1177/1609406917733847>
- Office of the High Commissioner for Human Rights. (2022). *OHCHR and trafficking in persons*. United Nations. <https://www.ohchr.org/en/trafficking-in-persons>
- Pederson, A. C., & Gerassi, L. B. (2022). Healthcare providers' perspectives on the relevance and utility of recommended sex trafficking indicators: A qualitative study. *Journal of Advanced Nursing, 78*(2), 458–470. <https://doi.org/10.1111/jan.15019>
- Public Safety Canada. (2012). *National action plan to combat human trafficking*. Government of Canada. <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/ntnl-ctn-pln-cmbt/index-en.aspx>
- Public Safety Canada. (2019). *National strategy to combat human trafficking 2019–2024*. <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2019-ntnl-strtyg-hmnn-trffc/2019-ntnl-strtyg-hmnn-trffc-en.pdf>
- Public Safety Canada. (2021). *Sex trafficking*. <https://www.canada.ca/en/public-safety-canada/campaigns/human-trafficking/sex-trafficking.html>
- Rapoza, S. (2022). Sex trafficking: A literature review with implications for health care providers. *Advanced Emergency Nursing Journal, 44*(3), 248–261. <https://doi.org/10.1097/TME.0000000000000419>
- Recknor, F. H., Gemeinhardt, G., & Selwyn, B. J. (2018). Health-care provider challenges to the identification of human trafficking in health-care settings: A qualitative study. *Journal of Human Trafficking, 4*(3), 213–230. <https://doi.org/10.1080/23322705.2017.1348740>
- Recknor, F., Kelly, C. E., Jacobson, D., Mason, R., Montemurro, F., Bruder, R., Mason, R., & Du Mont, J. (2023). Impacts of the COVID-19 public health crisis on caring for sex trafficked persons. *Health Promotion Practice*. Advance online publication. <https://doi.org/10.1177/15248399231186639>
- Recknor, F., Mason, R., Jacobson, D., Kelly, C. E., Montemurro, F., Bruder, R., & Du Mont, J. (2023). Challenges to supporting domestically sex trafficked persons: In-depth interviews with service providers. *Journal of Human Trafficking*. Advance online publication. <https://doi.org/10.1080/23322705.2023.2219224>
- Rodríguez-López, S. (2018). (De)constructing stereotypes: Media representations, social perceptions, and legal responses to human trafficking. *Journal of Human Trafficking, 4*(1), 61–72. <https://doi.org/10.1080/23322705.2018.1423447>
- Ross, C., Dimitrova, S., Howard, L. M., Dewey, M., Zimmerman, C., & Oram, S. (2015). Human trafficking and health: A cross-sectional survey of NHS professionals' contact with victims of human trafficking. *BMJ Open, 5*(8), e008682. <https://doi.org/10.1136/bmjopen-2015-008682>
- Statistics Canada. (2022). *Census profile, 2021 census of population* (No. 98-316-X2021001). <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E>
- Stoklosa, H., Dawson, M. B., Williams-Oni, F., & Rothman, E. F. (2017). A review of U.S. health care institution protocols for the identification and treatment of victims of human trafficking. *Journal of Human Trafficking, 3*(2), 116–124. <https://doi.org/10.1080/23322705.2016.1187965>
- Stoklosa, H., Showalter, E., Melnick, A., & Rothman, E. F. (2017). Health care providers' experience with a protocol for the identification, treatment, and referral of human-trafficking victims. *Journal of Human Trafficking, 3*(3), 182–192. <https://doi.org/10.1080/23322705.2016.1194668>
- Timoshkina, N. (2019). Health and social service-based human trafficking response models. In J. Winterdyk, & J. Jones (Eds.), *The Palgrave international handbook of human trafficking* (pp. 673–706). Springer International Publishing. [https://doi.org/10.1007/978-3-319-63192-9\\_42-1](https://doi.org/10.1007/978-3-319-63192-9_42-1)
- United Nations General Assembly. (2000). *Protocol to prevent, suppress, and punish trafficking in persons, especially in women and children, supplementing the United Nations*

*convention against transnational organized crime.* [https://www.unodc.org/res/human-trafficking/2021the-protocol-tip\\_html/TIP.pdf](https://www.unodc.org/res/human-trafficking/2021the-protocol-tip_html/TIP.pdf)

Vera Institute of Justice. (2014, June). *Screening for human trafficking: Guidelines for administering the trafficking victim identification tool (TVIT).* <https://www.vera.org/downloads/>

[publications/human-trafficking-identification-tool-and-user-guidelines.pdf](https://www.vera.org/downloads/publications/human-trafficking-identification-tool-and-user-guidelines.pdf)

Wong, J. C., Hong, J., Leung, P., Yin, P., & Stewart, D. E. (2011). Human trafficking: An evaluation of Canadian medical students' awareness and attitudes. *Education for Health, 24*(1), 501. <https://doi.org/10.4103/1357-6283.101457>