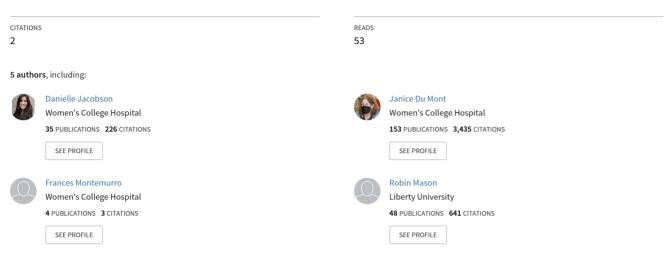
See discussions, stats, and author profiles for this publication at: https://www.researchgate.net/publication/370477346

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

Article · May 2023

DOI: 10.1016/j.ssmqr.2023.100279



Some of the authors of this publication are also working on these related projects:

Married women's intersectional locations and domestic violence in Bangladesh View project

Examining sexual assault and intimate partner violence using population-based data View project



Contents lists available at ScienceDirect

SSM - Qualitative Research in Health



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



Danielle Jacobson^a, Janice Du Mont^{a,b}, Frances Montemurro^a, Rhonelle Bruder^a, Robin Mason^{a,b,*}

^a Women's College Research Institute, Women's College Hospital, Toronto, Canada

^b Dalla Lana School of Public Health, University of Toronto, Toronto, Canada

ARTICLE INFO

Keywords: Social service providers Knowledge Canada Sex trafficking Domestic sex trafficking

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

* Corresponding author. 76 Grenville Street, Toronto, ON, M5S 1B2, Canada. E-mail address: robin.mason@wchospital.ca (R. Mason).

https://doi.org/10.1016/j.ssmqr.2023.100279

Received 20 June 2022; Received in revised form 1 May 2023; Accepted 1 May 2023 Available online 2 May 2023

2667-3215/© 2023 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

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 (Fraley 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 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 soft-ware 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 addictions 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),

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

D. Jacobson et al.

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 studyincluded, 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 so-lidified 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

able 2	(continued)
--------	-------------

ummary of themes with	-		Theme	Sub-Theme	Illustrative Quote
Theme	Sub-Theme	Illustrative Quote			turns. Like, 'well, all this
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		Remaining in Sex	stuff I [the trafficker] gave you wasn't free and now you have to pay this back." Stevie "Sex trafficked persons
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		Trafficking	feared that traffickers woul 'kill' them if they 'tried to leave' or if they said 'anything [about sex trafficking] to anyone."- Quinn
		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		Leaving Sex Trafficking	"It's important not to make promises you can't keep, likk 'we're going to take care of you, everything's gonna be fine.' It probably won't be fo a while It has to get to a point for that person where the situation that they're
	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			currently in is worse than th one that they might find themselves in [upon exiting]."-Morgan
		white It can be not full coercion all of the time, sometimes circumstantial, sometimes in between"- 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's so outdated they give the impression that
	Conflating Sex Work and Sex Trafficking	Sex trafficking is when someone "engage[s] in some illegal sex work."-Robin			she's voiceless, she doesn't know, like she's an idiot."- Kit
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		Learning about Sex Trafficking on the Job	"Whenever I graduated there was not that focus [se trafficking]. It was not whe my education was. It was ju the nature of my work that kind of led me there."-Stev
	Vulnerability Due to Stigmatization	have that unconditional love at home with parents."-Alex "People who are in minorities, whether it's		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
	-	because they have a disability or if it's a sexual or gender-based identity		Need for Sex Trafficking	people out of it [sex trafficking]."-Phoenix "[Having] education and
		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		Education and Training	tools about the services and the supports to help [sex trafficked] people I woul feel far more confident in broaching that topic, or sharing those things, or knowing what to look for
		looking for those insecurities."-Riley			If it's not something that you're aware of how do
	Vulnerability Due to	"Race plays a part in it. We			you know what to do?"- Jordan
	Societal and Individual Level Racism	know that Indigenous and Black women are more vulnerable [to sex			Joidan
		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	another place." Conversely, Kit (moderate sex trafficking expertise known number of sex trafficked clients/year, 6–10 years of experi- described the notion of someone being kidnapped and transported inaccurate trope: "It's [sex trafficking] definitely not what we see of I thought it was just you throw someone in a white van and you them around. But I've come to understand through my experience it's manipulation. It's coercion."		
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	When asked to define domestic sex trafficking, participants offered range of interpretations. Some participants with little experience wor ing with sex trafficked persons interpreted the word "domestic" to mea the trafficker was either part of or close with the survivor's family. Jorda (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

friends and their family ... And then gradually, it slowly 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

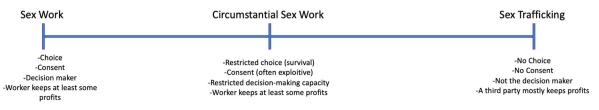


Fig. 1. The continuum of sex work and sex trafficking.

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 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; Viergever 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 practicebased 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 (Talbott 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, writingreview & editing, supervision, funding acquisition.

FM: Formal analysis, writing-review & editing.

RB: Methodology, writing-review & editing.

RM: Conceptualization, methodology, formal analysis, writingreview & editing, supervision, funding acquisition.

Declaration of competing interest

We have no conflicts of interest to declare.

Acknowledgements

We gratefully acknowledge funding support from HART foundation. The views expressed in this article do not necessarily reflect those of the funder. We would also like to thank Dr. Frances Recknor for providing feedback on an earlier draft of this manuscript and Emma Kelly for editorial review and assistance.

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, selfefficacy, 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 21st 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 antitrafficking 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.
- 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.
- Fraley, 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-saf ety-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., Boukhman Trounce, M., Graham-Lamberts, C., Bersamin, M., Martinez, J., Dotzler, J., Vanket, J., Storfer-Isser, A., Chamberlain, L. J., & Horwitz, S. M. (2014). Educating

D. Jacobson et al.

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. (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. (1995). 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 sextrafficking 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., Pougnier, 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_201 4/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).