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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!'" (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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