



**MARICOPA COUNTY SEX
TRAFFICKING COLLABORATIVE
ANALYSIS OF THREE YEARS OF
CASES**

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Maricopa County Sex Trafficking Collaborative – Analysis of Three-Years of Cases

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Maricopa County Sex Trafficking Collaborative – Analysis of Three-Years of Cases

Arizona is a national leader in the anti-trafficking movement with innovative efforts from state and local government, non-governmental entities, and law enforcement. Arizona has a proven dedication to spreading awareness on human trafficking in communities throughout the state and working to build capacity to serve victims of all ages. Services for sex trafficked persons, including housing support, case management, and counseling services, have been steadily developed through state and federal grants and the intentional and strategic expansion of statewide partnerships. Coordination of care for child sex trafficking victims, however, has been complicated by a number of issues including; the involvement of multiple systems of care at the local and state level, the intense and comprehensive needs of child sex trafficking victims, the high cost of serving the varied and numerous needs of child victims of sex trafficking, and the challenge of there being no one entity responsible for coordination of care for any child in Arizona.

Determined to create a centralized coordination of care for child sex trafficking victims in Maricopa County, the Maricopa County Child Sex Trafficking Collaborative began in the summer of 2017 and clients were enrolled beginning in September 2017. This collaborative initially combined the efforts of the Regional Behavioral Health authority for children in the Arizona Department of Child Safety in Maricopa County-Mercy Care, and law enforcement and then expanded to include additional partners including residential treatment providers, group homes, mental and behavioral health service providers, Maricopa County Juvenile Court, survivor mentors, Court Appointed Special Advocates (CASAs), Guardian ad litem, and psychiatric stabilization providers. This innovative approach implemented a centralized coordinator to provide ongoing case oversight and to help to determine the placement and treatment approaches for children in various levels of care based on the determination of those with the most knowledge about the child, the Collaborative team.

The purpose of the Maricopa County Child Sex Trafficking Collaborative is to streamline services for identified child sex trafficking victims as well as to provide targeted and specialized supports. These unique supports include transportation by law enforcement, short term stabilization and assessment utilizing contract beds on a psychiatric unit at a local hospital, targeted placements for trained group homes, residential treatment programs, a specialty court calendar for child sex trafficking victims at Juvenile Court, and formal support and mentoring to the victims by adult survivors of sex trafficking. To build the Collaborative, the core team members, along with community groups have trained more than 12,000 partners and community members on the detection and intervention process for victims of sex trafficking since 2017.

The Collaborative

The Collaborative is led by the Human Trafficking Project Coordinator at Mercy Care with an ever-expanding group of partners serving child victims of sex trafficking. Mercy Care contracts with numerous service providers and programs that have been developed to serve child sex trafficking victims including: psychiatric stabilization programs, residential treatment programs, targeted group homes, children's hospital programs, and clinical/behavioral health programs. Other partners include sex trafficking focused law enforcement units, Arizona

Department of Child Safety, Maricopa County Juvenile Court (STRENGTH Court- Maricopa County Juvenile Court specific to child sex trafficking victims) and Arizona Juvenile Probation.

Referrals received by the Human Trafficking Project Coordinator are screened to determine the likelihood of sex trafficking victimization through collateral data collection from Arizona Department of Child Safety, Arizona Juvenile Probation, and law enforcement investigation reports. Once a child is determined to be a suspected or confirmed sex trafficking victim, services are activated including crisis psychiatric stabilization, drug detoxification, targeted placement into group homes or residential treatment programs, coordination with survivor mentors, and sex trafficking specific therapy services (group and individual).

This report explores the child sex trafficking cases referred to the Collaborative since its inception. The purpose of this report is to look at the referred child sex trafficking victim cases for patterns and trends on which to determine what services are being well utilized and what services should be added to better serve the child victims. The following report outlines the findings from child sex trafficking cases from September 1, 2017 to October 31, 2020.

This report seeks to:

1. Explore the frequency of referred child sex trafficking victims during the three years.
2. Explore changes in case information including victim characteristics of gender, race, guardian type, sexual abuse history, and running away.
3. Explore the different types of referral sources for the cases over the 3 years.
4. Identify what phone apps and online-driven transportation services were used in the trafficking of the child sex trafficking victims.
5. Explore the impact COVID-19 has had on the number of cases and victim characteristics.

Methods

Individual case data was collected by Mercy Care on each child victim of sex trafficking referred to the Collaborative from September 2017 to October 2020. This data was redacted of all identifying information and comprised information about the case including:

1. Date of first referral
2. Age of the children at first referral
3. Gender of the children
4. Sexual orientation of the male victims
5. Ethnicity of the children
6. Guardianship information
7. Runaway history
8. Sexual abuse history
9. Information about the number of children who utilized the psychiatric stabilization unit
10. Number of children receiving survivor mentoring support
11. Online applications use by traffickers to recruit and retain the child sex trafficking victims

Cases included in the study were youth who were suspected and/or confirmed to have been sex trafficked. The suspected cases were included because confirming sex trafficking in child victims is often a complex and difficult process with numerous reasons for the victims not to disclose their victimization. These reasons include feelings of shame, not being aware that their experience was actually sex trafficking, fear of getting into trouble, fear of the trafficker, and not wanting to be a snitch. In other cases, case file data from law enforcement, child welfare, or juvenile probation do not include enough detail to determine if victimization occurred. There are no standardized child sex trafficking screenings utilized by the referral organizations.

There were 293 suspected or confirmed child sex trafficking victims reported to the Maricopa County Child Sex Trafficking Collaborative from September 1, 2017 to October 31, 2020. Two cases were removed because there was no information on the age of the child sex trafficking victims resulting in **291 child victims** included in this study over the three-year period.

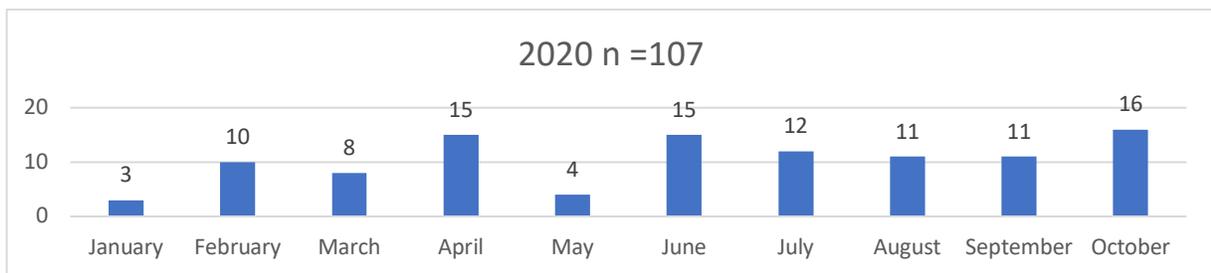
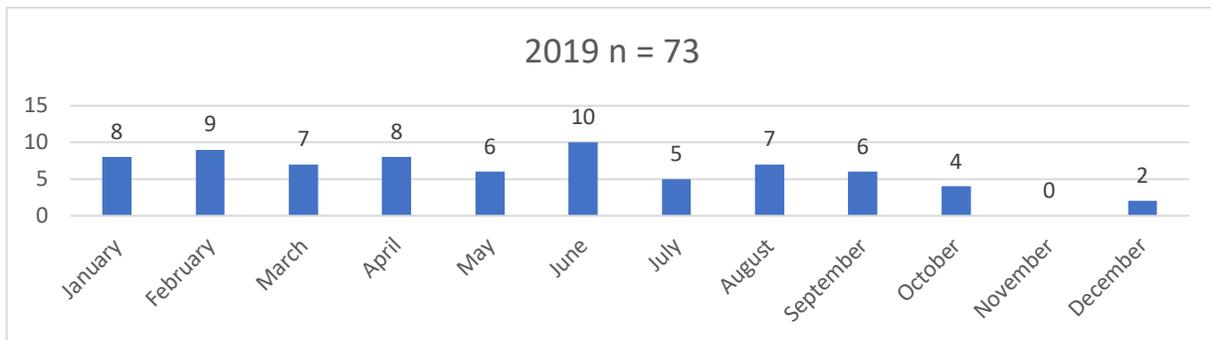
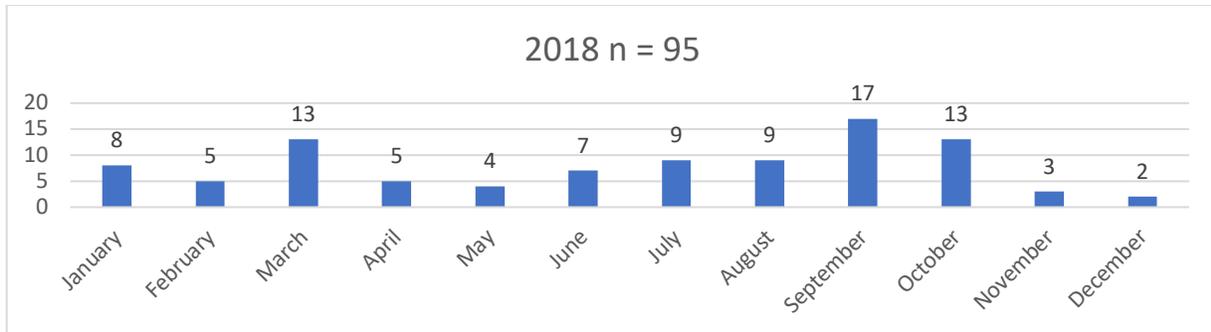
Four (1.4%) victims were from out of state including two from Oklahoma, one from California and one from Texas. One was in the guardianship of her state’s child welfare system. The Collaborative worked with the parents of three victims to get them home to their respective communities. One of the out of state victims remained in Arizona for services after a petition for dependency after efforts to find her guardian in the other state were unsuccessful.

Table 1. Maricopa County Child Sex Trafficking Collaborative Cases by Year 2017-2020.

Year	# of Cases	% of Cases
2017 (September-December)	16	5.5%
2018 (all months)	95	32.6%
2019 (all months)	73	25.1%
2020 (January-October)	107	36.8%
Total	291	100%

The distribution of the number of referred victims of child sex trafficking varied by year. It is unclear what the forces were that influenced the rates of child victims being referred but there are some known and unknown variables to consider. Known influences of influxes in cases have included: concentrated efforts by law enforcement during stings looking for child victims of sex trafficking and large sporting events or community activities drawing traffickers to bring their victims to Maricopa County. Other possible influences bringing more child victims into Maricopa County include prostitution track changes or crackdowns in neighboring cities like Los Angeles and San Diego, California and Las Vegas, Nevada.

Figure 1: Bar Graphs of the Number of Child Sex Trafficking Victims by Year.



Victim Characteristics

Age

All of the child sex trafficking victims were referred to the Collaborative prior to turning 18 years old. The age of the 291 child sex trafficking victims ranged from five years old to 17 years old ($M = 15.7$, $SD = 1.4$). The average age of the child sex trafficking victims has steadily decreased over the past three years.

Table 2: Age range and Medians of Maricopa County Child Sex Trafficking Collaborative Cases.

Year	Minimum Age	Maximum Age	Average
2017	16	17	16.6
2018	11	18	15.9
2019	12	17	15.7
2020	5	17	15.3

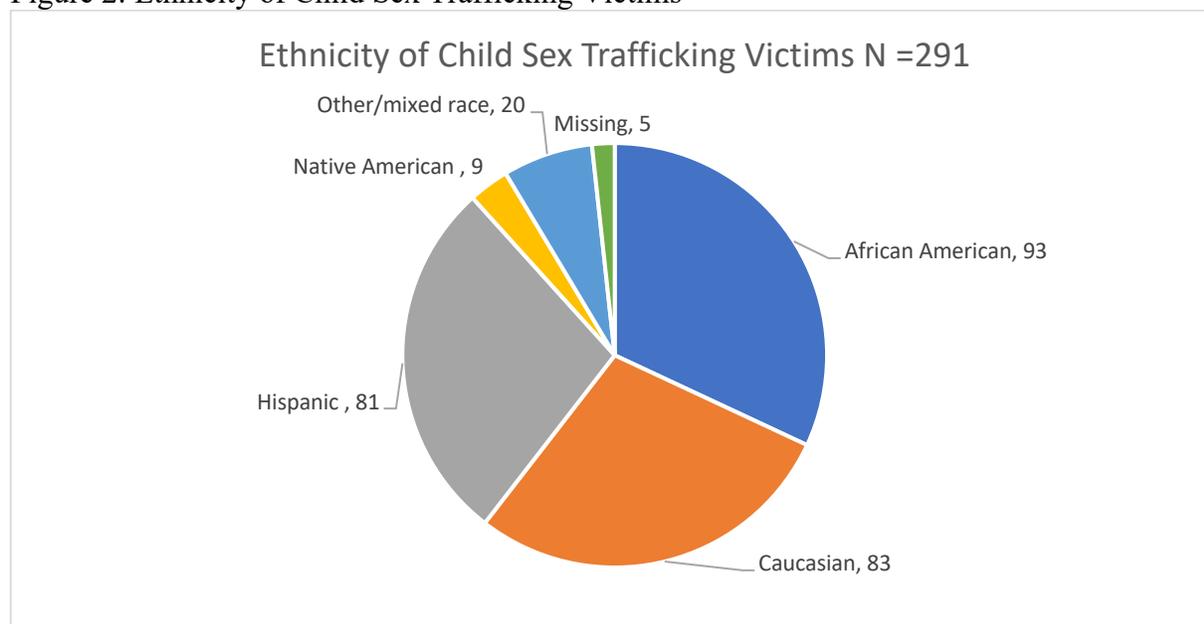
Gender

The majority of the 291 victims of child sex trafficking were female. The victims were identified as 96.6% (n =281) female, three (1%) transgender, and seven (2.4%) male. Four of the males were identified as LGBTQIA. The sexual orientation question was not asked for the female victims.

Ethnicity

The ethnicity of the child sex trafficking victims included nearly a third being African American (n =93, 32%). The other child sex trafficking victims were Caucasian (n = 83, 28.5%), Hispanic (n =81, 27.8%), other/mixed (n =20, 6.9%), Native American (n = 9, 3.1%), and missing (n =5, 1.7%).

Figure 2: Ethnicity of Child Sex Trafficking Victims



Consistently over the three years, the highest percentage of victims of child sex trafficking were identified as African American. Victims who were Hispanic and Caucasian were of similar percentages each year. Native American child sex trafficking victims ranged from none to 5.3% over the three years. All of the Native American child sex trafficking victims were involved in the Indian Child Welfare Act (ICWA) Unit at the Arizona Department of Child Safety. One Native American child sex trafficking victim’s case involved Tribal Police.

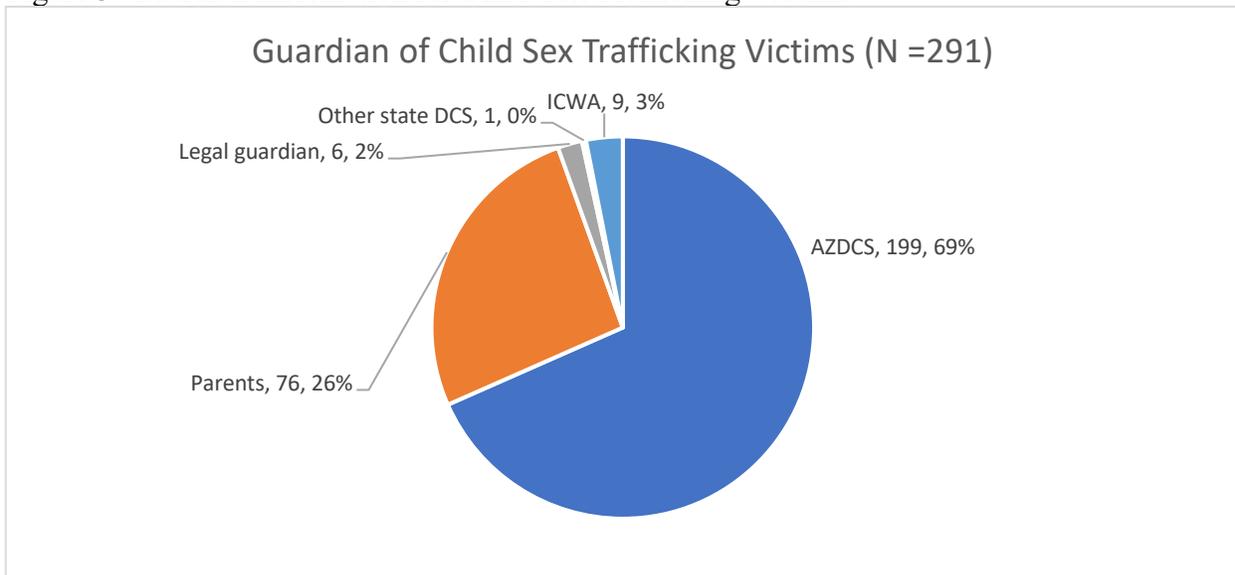
Table 3: Changes in Ethnicity of Child Sex Trafficking Victims by Year.

	2017	2018	2019	2020
African American	10 (62.5%)	30 (31.6%)	19 (26.4%)	34 (31.8%)
Hispanic	4 (25%)	21 (22.1%)	24 (32.9%)	32 (29.9%)
Caucasian	2 (12.5%)	23 (24.2%)	25 (34.2%)	33 (30.8%)
Native American	0	5 (5.3%)	2 (2.8%)	2 (1.9%)
Other/Mixed	0	16 (16.8%)	2 (2.8%)	2 (1.9%)

Guardianship

The guardianships of the child sex trafficking victims have significantly changed over the three years. Initially in 2017, 93.8% of the victims’ were in the custody of the Arizona Department of Child Safety (AZDCS). That has since decreased to 59% in 2020. Parent guardians have increased from 6.3% in 2017 to 38.1% in 2020. Overall, 71.4% (n =208) of the child victims were in AZDCS guardianship (including the 9 children in the ICWA Unit), 26.1% (n =76) in parent guardianship, 2.1% (n =6) had a legal guardian (non-parent), and one child was in the guardianship of another state’s child welfare agency.

Figure 3: Guardian Information for Child Sex Trafficking Victims.



The changes in guardianship of the child sex trafficking victims over the three years has created an increased need to provide support and resources for parents of the victims with more and more parents as guardians. Parents of the child sex trafficking victims have been found to have limited knowledge of how to navigate the health, mental health, and medical systems in Arizona and have steadily requested support from the Collaborative.

Table 4: Changes in Guardianship Type of Child Sex Trafficking Victims by Year.

Guardianship Type	2017	2018	2019	2020	Total
Parent	1 (6.3%)	16 (16.8%)	18 (24.7%)	41 (38.3%)	76
AZDCS	15 (93.8%)	76 (80%)	51 (69.8%)	65 (60.8%)	207
Legal Guardian	0	3	3	0	6
Other state DCS	0	0	0	1	1
Missing	0	0	1	0	1
Total					291

Referral Sources

The child sex trafficking victims were referred from a number of sources to Mercy Care. The most common referral source was the AZDCS (n = 89, 30.6%), followed by behavioral health providers (n = 62, 21.3%), other (including parents, judges from Maricopa County Juvenile Court) (n =57, 19.6%), Police Departments (n =46, 15.8%), Maricopa County Juvenile Probation (n =21, 7.2%), and Comprehensive Medical and Dental Plan (CMDP) (n =7, 2.4%). Below are the specific agencies and programs that have referred to the Collaborative:

Behavioral Health Programs

- Southwest Behavioral Health
- JFCS
- EMPACT/La Frontera
- Southwest Network
- Touchstone
- Devereux
- St. Luke’s Behavioral Health Hospital
- Aurora Behavioral Health Hospital
- Phoenix Children’s Hospital
- Mingus Mountain Academy

Partners and AZDCS Group Homes

- StreetlightUSA (group home)
- Family Support Resources (group home agency)
- Blessed Nest (group home)
- Divine Sisters (group home)
- Dignity Health Forensic Nurse Examiners
- Desert Lily Academy (group home)

Law Enforcement Departments and Units

- Federal Bureau of Investigation
- Phoenix Police Department Human Exploitation and Trafficking Unit and Crimes Against Children Units
- Mesa Police Department Human Exploitation & Trafficking Squad
- Glendale Police Department
- Arizona Department of Public Safety

Arizona Department of Child Safety

- Placement unit
- Ongoing units
- Investigation units
- After hours unit
- Young Adult Program

Comprehensive Medical and Dental Plan (CMDP) & Maricopa County Juvenile Probation

Figure 4: Referral Information for Child Sex Trafficking Victims.

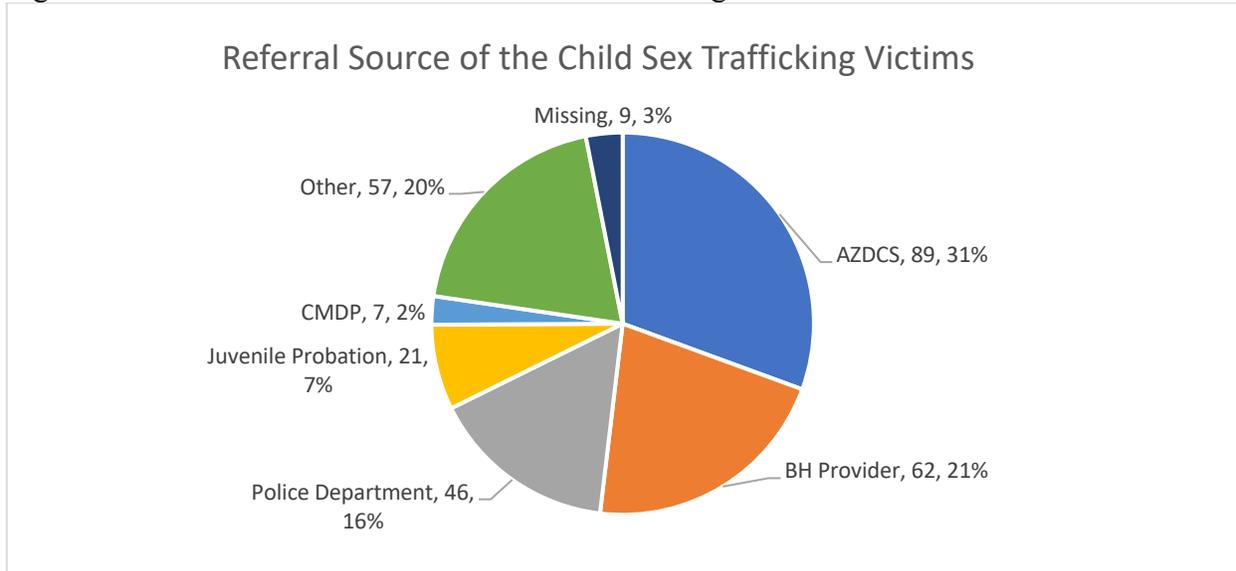


Table 5: Changes in Referral Type of Child Sex Trafficking Victims by Year.

Referral Source	2017	2018	2019	2020	Total
AZDCS	12	34	14	29	89
Law Enforcement	2	19	7	18	46
Juvenile Probation	1	12	3	5	21
Behavioral Health Providers	0	17	22	23	62
Other sources (parents/judges)	0	11	22	24	57
CMDP	1	2	1	3	7
Missing	0	0	4	5	9
Total	16	95	73	107	291

Over the three-year period, referrals from behavioral health providers and other sources (family, judges) have steadily increased. Some of the increased referrals from non-law enforcement sources can be attributed to an ongoing training program to increase awareness, detection, and collective response to child sex trafficking.

Utilization of Crisis Stabilization Short Term Placement

Mercy Care has contracted beds at St. Luke’s Hospital OSCA Unit for crisis stabilization of child sex trafficking victims. This decision was made because child victims were being brought straight to group homes or treatment centers and would in numerous cases immediately run away again. The crisis stabilization allows for the provision of medical and mental health evaluations in a safe and supervised location. Prior to any drug or alcohol detox, each client was

sent to Phoenix Children’s Hospital for medical evaluation. It also allowed the Collaborative team to work together to find the safest and most clinically appropriate place for the child to go where they would receive services. One of the unique features of the Collaborative was the involvement of Police Detectives in the transportation of the victims to OSCA and then to their placement. This transportation served to foster a strong relationship and deepen the child’s trust of the detectives building the cases against their sex traffickers.

Crisis stabilization placement was utilized by 35.7% (n = 104) of the child sex trafficking cases. The use of the crisis stabilization short term unit has varied by year. The variation of use of the psychiatric stabilization unit was due to an individual case variances including an increase in detention placement due to criminal behaviors (never for prostitution-related charges), the victim being able to return to a stable setting, the victim having been stabilized at OSCA a number of times (instead the team would then send to Phoenix Children’s Hospital for medical evaluation), the guardian declined OSCA services, or the child was sent directly to inpatient behavioral health hospitalization.

Table 6: Use of OSCA for Crisis Stabilization by Year.

	2017	2018	2019	2020	Total
OSCA Use	10	42	11	41	104

Mentoring Support

Survivor Mentors have been found to be a key element of the success of the Collaborative. Their activities include providing perspective and education to the Collaborative team members regarding sex trafficking and the mindset of a victim. Survivor Mentors have been able to create a special type of relationship with the child victims of sex trafficking including helping them to navigate the complex medical and behavioral health systems, deal with an already complex adolescence, and find commonalities with the Survivor Mentors of shared experiences and survival. Over the three years, the Collaborative engaged three survivor leaders to provide support and mentoring to child sex trafficking victims. The first year there was one mentor and then in the second year two additional mentors were hired. A quarter of the child sex trafficking victims, (n = 70, 24.3%) were assigned a mentor over the three-years.

History of Running Away

Running away is a well-known risk factor for child sex trafficking (Reid, 2013) and 90.3% (n =263) of the child sex trafficking victims in the Collaborative were reported as having a history of running away from home/placement. The majority of the child sex trafficking victims had prior history of running away, but also ran from treatment programs, family homes, group homes, and from the cars of case workers after being referred to the Collaborative. Transportation provided by the Police Detectives, targeted services, and involvement of a Survivor Mentor have anecdotally been found to decrease the number of runaway incidents while the child is involved in the Collaborative. Information from the Human Trafficking Program Coordinator indicates that the child sex trafficking victims, although continuing to run away after they are engaged with the Collaborative services, run away less and for shorter periods of time.

Table 7: Reported History of Running Away by Year.

	2017	2018	2019	2020	Total
History of running away	16 (100%)	77 (81.1%)	66 (90.4%)	104 (97.2%)	263 (90.3%)

History of Childhood Sexual Abuse

Childhood sexual abuse is also a well-known risk factor for child sex trafficking (Cole et al. 2016). Of the child sex trafficking victims in this study, one out of every five victims (n = 80, 27.5%) was identified as a victim of childhood sexual abuse.

Online Applications and Online Transportation Types

Law enforcement reported that specific online applications and services were used to recruit and monitor victims and exchange money during the sex trafficking victimization. These include:

OnlyFans	Grindr
Discord	Tiktok
Plenty of Fish	Snapchat
Moco Space	Calculator%
Meet Me	Kik
Whatsapp	Whisper

Applications that are typically used by legitimate commercial clients for transportation needs have been exploited by sex traffickers to facilitate the sex trafficking of juveniles. Apps such as Uber and Lyft have been found to be used by child sex traffickers to both move their child sex trafficking victims and to provide a measure of insulation between them and their victims by limiting direct contact during victim movements. More traditional transportation methods, such as the use of commercial bus services such as Greyhound, continue to be used in similar ways.

Comparison: Cases during COVID-19

Compared to the same time period in 2019 (March to October) compared to 2020, there was a 29% increase in reported child sex trafficking victims to the Collaborative.

Cases

March to October 2019 = 67

March to October 2020 = 93

The percentage of the child sex trafficking victims referred to the Collaborative who were identified as runaways increased from 93.8% (n =61) in 2019 to 95% (n =90) in 2020.

Runaway Comparison:

March to October 2019 = 61(93.8% of total 65)

March to October 2020 = 90 (97% of total 93)

A number of reasons are believed to have contributed to the increase in child sex trafficking victims during March to October 2020. These include:

1. Children are online more due to virtual school. This can increase vulnerability and new access routes for sex traffickers to identify, groom, and sexually exploit the victims. Some of the applications that sex traffickers have used during this time to gain access to the victims include dating apps, social media (Snapchat, Facebook dating, Facebook, Instagram), and cash apps.
2. Some children are being supervised less. In some cases, this has been due to parents needing to work inside or outside the home.
3. Children are more accessible online due to increased use of gaming applications during COVID-19 including games and gaming systems like Fortnite, Call of Duty, and Discord.
4. Due to limited social interactions, some children are craving social activity and have been convinced by sex traffickers that they really want to be their boyfriends and they feel wanted and needed.

Case Studies

The following cases have been redacted to hide any identifying information about the child victim of sex trafficking. These cases are real and illustrate the complexity of serving these children.

Case Study 1: Allison

Allison (not her real name) was 16 years old when she was identified by staff at the Arizona Department of Child Safety Placement Unit. The Mesa Police HEAT Squad investigated this case and worked with the victim for a number of years. Allison refused to testify against her trafficker but did share details of her victimization including that she was forced to prostitute and forced to recruit and prostitute other girls. After she was identified and brought into the Collaborative services, she ran away from her assigned group home many times. On a couple of occasions, she took other girls in the group homes with her out to the Blade and introduced them to the 'life'. Sometimes she ran only for the day and would return to the group home in the night. She had a strong and consistent support team through the Collaborative including a behavioral health therapist, STRENGTH Court (Judge Svoboda), AZ Department of Child Safety worker, a behavior coach, juvenile probation officer, and a Survivor Mentor. Allison was admitted to OSCA for crisis stabilization a number of times. She was admitted to residential treatment center where she received sex trafficking specific therapeutic services and substance abuse treatment for a year. Once released she was successful at a group home with strong engagement with her Survivor Mentor until she turned 18 and she is currently living independently. Allison is stable and sober.

Case Study 2: Gia

Gia (not her real name) was referred by to the Human Trafficking Project Coordinator after she had been contacted by the Phoenix Police HEAT Unit on 27th Avenue and identified her as a 15-year-old runaway. She was from a home that permitted her to do what she wanted and had few rules except to share the money that she was making while prostituting. Gia had not been reported missing although she hadn't been home for a while when she was found, and was being trafficked by a male trafficker. Her trafficker was a friend of her family and she had known him for years before he convinced her to go out make money for him. Once identified on the street,

Gia was transported by a HEAT unit detective to OCSA for crisis stabilization. She was there for 23 hours and was returned home and although engaged in some services, Gia was still being trafficked by her trafficker. Three months later she witnessed a violent crime on the streets and was again contacted by the Phoenix Police Department HEAT unit who brought her to OSCA. She was transferred to the St. Luke's adolescent psychiatric unit for longer term stabilization. Once stable, Gia was sent to Mingus Mountain Academy for almost a year and then stepped down to Desert Lily Academy group home. At Desert Lily, along with trained staff supported services, Gia was provided with outside sex trafficking specific clinical services from Southwest Network. Gia was assigned a Survivor Mentor and participated in STRENGTH Court with Judge Gass. She testified against her sex trafficker and he was convicted and she received encouragement from Bikers Against Child Abuse (BACA) who provided her with support before and during her actual testimony. She aged out of the Collaborative and moved out of state.

Discussion

Over the three years of the Maricopa County Child Sex Trafficking Collaborative significant trends can be seen among the cases. Few child sex trafficking victims were from outside Arizona. Ninety-eight percent of children who are identified as sex trafficked in Arizona and referred to the Collaborative are from Arizona. These victims are created in our communities and the prevention of child sex trafficking in Arizona must be considered.

The age of the victims has steadily decreased with the average age changing from 16.6 years old in 2017 to 15.3 years old in 2020. The reasons for this disturbing trend are not clear but warrant additional attention and investigation. Nearly a third of the child sex trafficking victims referred to the Collaborative were identified as African American. Consistently over the three years, African American child sex trafficking victims were referred at a higher rate than all other races.

During the three years of the Collaborative, the guardianship of the child sex trafficking victims changed significantly. Initially, more than 90% of the guardians of the victims were the Arizona Department of Child Safety. By year three, guardianship by the Arizona Department of Child Safety decreased to 59% and parent guardianship increased to 38%. This change in guardianship created unique challenges for the Collaborative as parents had to be educated about the services available and had to find their own funding sources for services. Referral sources of child sex trafficking victims have diversified over the three years with increased referrals from within Arizona Department of Child Safety, behavioral health providers, and other sources like parents or juvenile court judges. As more and more parents are involved in these cases, the lack of services and supports for parents have become clear.

The majority of the referred child sex trafficking victims were identified as having a runaway history. Of the 26,300 children reported to the National Center for Missing and Exploited Children in 2019, one out of six are believed to be victims of child sex trafficking (NCMEC, 2019). Children that runaway have specific issues that increase their risk of being sex trafficked. This includes the fact that they are hiding from the authorities and their guardians and do not want to be found which allow others to recruit them into the hidden world of sex trafficking. Runaway children are vulnerable to people who recognize that they are alone and in need of things (food, place to stay, drugs).

The use of technology and phone applications for the recruitment, grooming, and trafficking of the child sex trafficking victims from the Collaborative should be of great concern to the public. Traffickers continue to use contactless and anonymous transportation of child sex

trafficking victims in our community. Social media, dating websites, and cash applications all have limited oversight and protections for child victims. More research and oversight involving online application to protect children is needed.

Limitations

This data collection was limited to only children identified as a suspected or confirmed victim of sex trafficking who were referred to the Maricopa County Child Sex Trafficking Collaborative. Referral to the Collaborative requires that the agency serving the victim (law enforcement, social service, behavioral health, medical provider or family member) is knowledgeable about the Collaborative and is familiar with the process of referrals. Dozens of trainings in Maricopa County for local agencies have been provided during the three years of the Collaborative to disperse information about identifying and recognizing possible child sex trafficking victims and the process of reporting it to the Collaborative. This report is limited only to the cases reported to the Collaborative and does not suggest that this is comprehensive of all cases of child sex trafficking in Maricopa County.

Recommendations

A number of trends and patterns were observed in the analysis of the Collaborative case data. The age of child sex trafficking victims appears to be decreasing. As we build prevention programs into Arizona's communities, beginning sex trafficking awareness skills prior to victimization should begin in 7th grade when children are age 12 or 13 years old. These awareness building prevention activities must include the involvement of schools (teachers, social workers, counseling, administrators, bus drivers) and parents.

An increase was seen over the three years of child sex trafficking victims being in the guardianship of a parent and a decrease in the guardianship of AZDCS. Without awareness and prevention campaigns, parents may not be aware of the community risks of sex trafficking for their children. Also, once a child is sex trafficked, parents often struggle to navigate all of the parts of the systems working with the child. We currently do not offer parents of child sex trafficking victims any targeted therapeutic, support, or education services. Developing community specific resources for parents of child sex trafficking victims, specifically a guide to navigating the systems and a support group using psycho-education techniques for parents to learn about trauma and their children's experiences, are recommended. Parents of the child sex trafficking victims are reporting to the Collaborative that they are struggling to supervise their children and manage their children's behaviors. Specific family support services should be created to provide direct services to these families.

The referral partners for the Collaborative that are non-law enforcement sources have high turnover of personnel and often require re-training of dozens of sites each year. A standardized, frequent, targeted training available for Collaborative partner new-hires is recommended to be developed. Community trainings should continue to build Collaborative partners including school psychologists, special educators, forensic nurse examiners, school social workers, and Family and Child Advocacy Centers.

The role of the Survivor Mentor appears to be of great importance. Only 24% of the child sex trafficking victims were able to have a Survivor Mentor due to caseload sizes for each mentor. Hiring more Survivor Mentors is intended for the Collaborative, but issues with criminal backgrounds, unresolved trauma histories, and limited applicants have created challenges.

Further exploration of the impact of having a Survivor Mentor should be conducted.

The data collected by the Collaborative was uneven for each case. This is due to a lack of standardized questions asked to children being served by different systems in our community. This is indicative of the need for a systems-wide standardized sex trafficking screening that is constructed and agreed upon by all Collaborative partners. This will decrease the ambiguity of suspected or confirmed cases and assist with improving the validity of the information being collected.

Recent Actions by the Collaborative and Collaborative Partners

In November 2020, Arizona DCS and Mercy Care partnered to create a team of Strength Court Specialists in Maricopa County. These specialists are DCS case specialists who are specially trained by the Human Trafficking Project Coordinator. There are three DCS Strength Court Specialists from the south region and three DCS Specialists from central region of Maricopa County. Training included learning about the Collaborative process, the activity of STRENGTH Court, and enhanced sex trafficking training with law enforcement. New processes include a monthly staffing of each child victim in STRENGTH Court that month or cases that require attention. This meeting is in addition to the STRENGTH Court meeting.

Since April 2020, Phoenix Children's Hospital emergency department and social work staff have become increasingly involved in the Collaborative cases. The child victims are provided with medical and substance abuse evaluation and care prior to going to OSCA. The social workers assist with evaluating the victims and supports the clinical information transfer to the Collaborative team.

Conclusion

The Maricopa County Child Sex Trafficking Collaborative has served 291 child sex trafficking victims in the past three years. These child victims' needs are complex, long-term, and must involve multiple trained service providers. The Collaborative has significantly improved the communication and coordination of care for child sex trafficking victims. This innovative program has built a foundation of best-practices of how to serve child sex trafficking victims as a community, but also has shown flexibility and the ability to be nimble to serve unique cases.

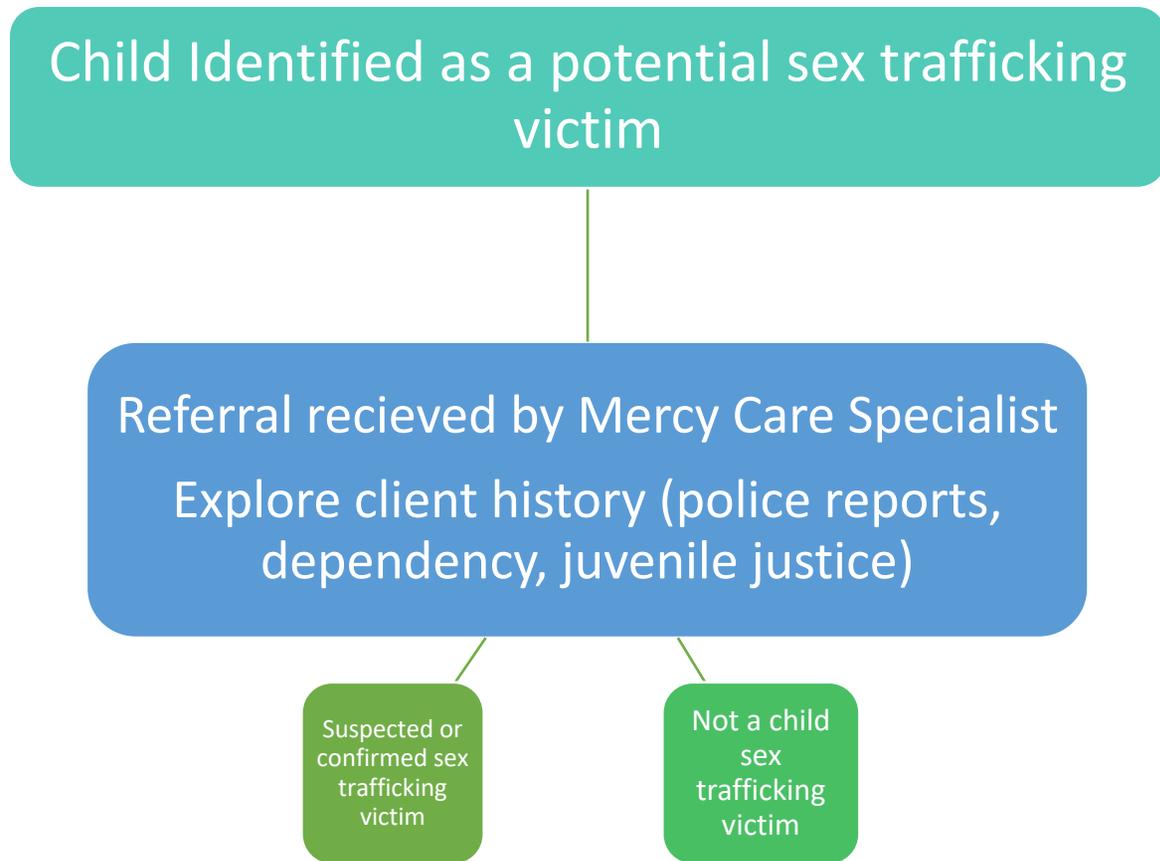
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Table 1: Maricopa County Child Sex Trafficking Collaborative



Suspected or confirmed child victim of sex trafficking

