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ARTICLE



Applying a survival sex hierarchy to the commercial sexual exploitation of children: a trauma-informed perspective

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ABSTRACT

Commercial sexual exploitation of children (CSEC) is not a new problem. However, due to the evolution of its conceptualization, CSEC has garnered the attention of child welfare professionals and communities across the nation. Many victims tend to come from vulnerable populations with a serious history of previous abuse, suggesting a significant overlap with youth involved in the child welfare system. Furthermore, commercial sexual exploitation (CSE) results in significant psychological trauma and negatively impacts development. Child welfare agencies are tasked with addressing the problem through screening, intervention, and treatment. Due to the role that trauma plays in both predisposing youth to CSE and its significant, complex consequences, a trauma-informed approach to working with CSEC is imperative. In this article, the authors apply a survival sex hierarchy model to CSEC, discuss its goodness of fit with the tenets of trauma-informed care, and identify clear implications for trauma-informed child welfare practice and policy.

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Commercial sexual exploitation of children (CSEC) is not a new social problem. However, due in part to the evolution of its conceptualization, CSEC has garnered the attention of the child welfare professionals and communities across the nation. Research indicates the average age of entry into commercial sex in the U.S. is approximately 16 years (Middleton, Gattis, Frey, & Roe-Sepowitz, 2018) and 1 in 7 children receive an online solicitation or approach (Wolak, Finkelhor, Mitchell, & Ybarra, 2008). Victims are becoming younger, largely because exploiters are concerned about victims having HIV or AIDS (Barnitz, 2001; Friedman, 2005; Spangenberg, 2001). Many victims tend to come from vulnerable populations with a serious history of previous abuse. Risk factors that increase youths' vulnerability to commercial sexual exploitation (CSE) include sexual or physical abuse or maltreatment, being runaways or homeless, system-involvement, such as with the juvenile justice and child welfare systems, identifying as LGBTQ,

substance abuse, poverty, and early adverse experiences (Bryan 2014; Cole et al., 2016; Middleton et al., 2018). Due to the role that trauma plays in both predisposing youth to CSE as well as its significant, complex consequences, a trauma-informed approach to working with CSEC is imperative.

CSEC was first defined in the 1996 Declaration and Agenda for Action for the First World Congress Against the Commercial Sexual Exploitation of Children as “sexual abuse by the adult and remuneration in cash or kind to the child or a third person or persons” (p.1). CSEC overlaps in definition and meaning with domestic minor sex trafficking (DMST) which is the language most often used within the United States. DMST is defined in the Trafficking Victims Protection Act (TVPA) of 2000 as “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act...in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age (22 USC § 7102; 8 CFR § 214.11(a)). Importantly, the TVPA (2000) defines a commercial sex act as “any sexual act for which something of value is given or received.” Unlike other forms of human trafficking, no proof of force, fraud, or coercion is needed when the person engaged in commercial sex is under 18 because children cannot consent to commercial sex (Boxill & Richardson, 2005).

Exploitation in commercial sex results in significant psychological trauma and negatively impacts development. Prior research has found associations of CSEC with high rates of posttraumatic stress disorder, anxiety and depression, suicidal ideation, drug addiction, and a multitude of somatic symptoms among the victims (Frey, Middleton, Gattis, & Fulginiti, 2018; Middleton et al., 2018; Sprang & Cole, 2018; Zimmerman et al., 2008). Specifically, most victims experience symptoms of complex trauma, resulting from events that include entrapment; relocation; exposure to the abuse of others; and extended physical, sexual, psychological abuse (Courtois, 2008). Trafficked youth are also at increased risk for suicide (Dubois & Felner, 2016; Frey et al., 2018), which is likely exacerbated by the difficulty in accessing these youth in order to ensure accurate clinical assessment and prompt follow-up care occurs (Martinez, 2006).

Some child victims of sex trafficking are trafficked by a parent or other family member (Kennedy & Pucci, 2007; Polaris Project, 2015), also known as familial sex trafficking. Emerging research in this area suggests that familial sex trafficking is often the most common category of victim-trafficker relationship for child welfare-involved CSE cases (Cole & Sprang, 2015). Familial sex trafficking of minors may involve the intergenerational transmission of prostitution (Raphael, Reichert, & Powers, 2010), or it may involve family members selling sexual access to children to obtain money, drugs, or something else of value (Smith, Vardaman, & Snow, 2009). However, when family members or those acting as legal guardians are in the role of trafficker, violence is most perilous and the

hardest to escape (Anderson, Coyle, Johnson, & Denner, 2014; Cecchet & Thorburn, 2014; Marcus, Horning, Curtis, Sanson, & Thompson, 2014; Mones, 2011; Reid, 2012). A recent mixed methods study of child welfare-involved children suggests that familial sex trafficking cases are associated with higher rates of family members trafficking children for illicit drugs, higher severity of abuse, and higher levels of trauma and suicide (Sprang & Cole, 2018). Interestingly, although all of the cases reviewed for the study were child welfare involved, none were identified as CSE cases at the system level (Sprang & Cole, 2018). The authors note the cases were not identified as CSE most likely due to the fact that they were instead labeled as neglect-only or sexual abuse in general (Sprang & Cole, 2018).

Child welfare agencies are tasked with addressing CSEC through screening, intervention, and treatment and are finding that very few effective programs exist to treat the complicated needs of these youth. Recognizing and understanding the variability in youths' experiences in CSE is needed to ensure proper detection and service provision for all victims.

However, current practices either do not exist or have yet to overcome significant barriers inherent in the work. For example, the TVPA has received criticism about its overarching application of the "victim" label to all youth involved in trading/selling sex in the U.S. (Lutnick, 2016, thus, impacting child welfare and juvenile justice efforts to intervene with youth identified as victims of DMST (as a result of U.S. Federal policy). Specifically, it has been argued that labeling all youth as victims is an overly simplistic assumption and is off-putting to young people when social service agencies are intervening in these youths' lives (Lutnick, 2016). Many youths who are involved in the commercial sex industry do not view themselves as needing an intervention from social services or as victims of any crime (Harris & Fallot, 2001). Thereby, often times when child welfare professionals encounter CSEC/DMST, they find these young people to be challenging to engage. Current practice suggests that CSEC be treated similarly to child victims of sexual abuse, often including a forensic interview, medical exam, and other elements indicative of a child abuse investigation wherein the child is approached and viewed as a victim. However, as previously mentioned, the youth may not view themselves as victims; thus, a well-intentioned, 'victim-centered' approach is not always effective. More specifically, narratives that construct youth as trapped and passive obscure their more complicated realities of structural factors and inequalities that preceded youth's involvement in the commercial sex industry in the first place (Lutnick, 2016).

This approach positions youth as needing 'rescuing' and fails to acknowledge their agency and self-determination. As a result, when professionals interact with youth whose lived experiences contradict the prioritized, victim-centered narrative, these youth are not compliant with treatment and often run away (Anderson et al., 2014; Cecchet & Thorburn,

2014; Marcus et al., 2014; Mones, 2011; Reid, 2013) The policy cycle moves much more quickly than the research to support that policy, therefore the evidence and evaluation of social problems tend to appear after policy implementation (Pawson, 2002). U.S. Human trafficking policy was drafted and adopted before any robust empirical work on DMST existed. This resulted in a one-dimensional framing of what commercial sex among youth looks like within the U.S. While the efforts appear well intentioned in framing intervention efforts as “victim-centered,” the current approach misrepresents many aspects of the larger social problem youths involved in DMST are experiencing (Lutnick, 2016). This is likely because DMST is often described as being perpetrated by paramours or involves survival sex (Sprang & Cole, 2018), which may impact the mental models that many people, including child welfare professionals, hold regarding the trading and selling of sex (e.g., prostitution). The current lack of successful engagement and treatment with child welfare-involved CSEC may be due, in part, to the dominant mental model that many people hold, namely that trading and selling sex is morally wrong, that it always involves manipulation and violence, and/or that it is inherently ‘bad.’ However, a trauma-informed, personalized, and child-centered approach to viewing these cases may help reduce stigma and better inform the mental models held by professionals who work with CSEC.

One such approach applies a recently developed survival sex hierarchy model (McDonald, 2018) to child welfare-involved CSEC cases. The Survival Sex Hierarchical model is to be used first as a tool to assist the child welfare professionals with overcoming their dominant mental model assumptions about CSEC. Next, it can be used as a mechanism to understand the viewpoint or individual narrative of the youth’s experience. Understanding the narrative of an individual is an essential component to any effective intervention (Herman, 1992). The MSSH model represents a novel, trauma-informed approach in the field of CSEC as it can serve to neutralize value-based interpretations of DMST by offering a concrete, fluid approach rooted in understanding the needs of the involved youth. By shifting the professional’s lens to facts and new knowledge, the model intends to improve engagement and early identification, prioritization of necessary, trauma-informed services to be included in a youth’s treatment plan, as well as direct clinical areas of focus in trauma-informed treatment. The purpose of this article is to describe the model, which is derived from Maslow’s humanistic theory, its goodness of fit with the tenets of trauma-informed care, and present clear implications for trauma-informed child welfare practice and policy.

Humanistic theory

Overview

An individual's desire to reach "wholeness" is the motivation for all human behavior (Maslow, 1943, p. 1). Maslow's (1943) Humanistic theory (also known as Maslow's Hierarchy of Needs) is a motivational hierarchy used to understand human behavior and does not make any distinctions related to age of a person. Humanistic theory purports that individuals have an innate drive that motivates them to their maximum level of potential. The force to progress through life is driven through [typically] unconscious behaviors that fulfill basic human needs (Maslow, 1943). While the hierarchy initially presents as linear (Figure 2.1; Maslow, 1969), actually, the importance of needs are influenced by the individual (i.e., if self-esteem is more important than love, the positioning of these elements may change within the hierarchy for an individual; Maslow, 1943).

Maslow's hierarchy explained

Maslow's hierarchical model (Figure 1) provides a simplified graphic that intends to capture ordinary life (O'Connor & Yballe, 2007). Maslow (1943) acknowledged that behavior at any given moment may be motivated by one or many basic needs simultaneously. Humanistic theory embodies a positive approach to understanding human behavior, where individuals and their

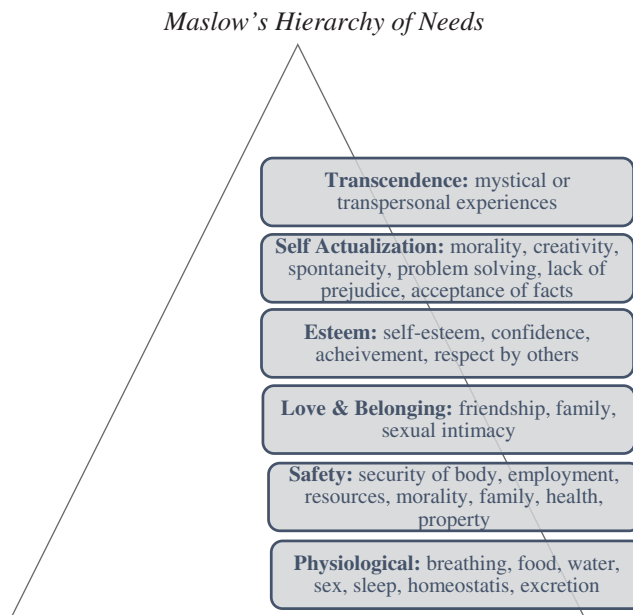


Figure 1. Maslow's hierarchy of needs.

behavior are viewed as intrinsically good (Sattler, 1998). Maslow (1943) believed that individuals were innately built to strive for optimal potential (transcendence) and exercised free will.

Maslow (1943) embraces an individualistic and malleable approach to the application of Humanistic theory. This means that the hierarchy is to be viewed more fluidly than linearly (as displayed) and allows individuals to identify their own placement on the hierarchy [as opposed to placement being determined by others]. Thereby, if an individual identifies themselves as identifying their motivational level at esteem, but an outside third-party (e.g., service provider) indicates that the individual is at the motivational level of love and belonging, Maslow acknowledges the placement of the self-assignment of the individual at esteem (1943).

Any obstructions or threats of obstructions to needs within the hierarchy are considered “psychological threats” (Maslow, 1943, p. 14). Most simply, psychological threats are the threat of, or potential threat of, preventing an individual from reaching basic human needs (Maslow, 1943). Maslow hierarchy includes six levels: Physiological, Safety, Love and belonging, Esteem, Self-actualization, and Transcendence. Physiological is the starting point for the hierarchy due to the body’s need to maintain a normal state. Individuals are dominated by physiological needs, thereby if not satisfied [in some fashion] all other needs on the hierarchy become non-existent or ignored (Maslow, 1943).

Maslow (1943) indicates that the individual is a “safety-seeking mechanism,” and in order to achieve Safety, individuals need to live in a predictable and stable world (i.e., having structure, order, and a sense of protection in their lives). Love and belonging is the most unambiguous level within Maslow’s (1943) hierarchy. This level comprises of an individual’s need to feel love, affection, and a sense of belonging (Maslow, 1943). An individual at this level will strive for a place within a group and will long for affectionate relationships with others (Maslow, 1943). Esteem is the level of the hierarchy where individuals seek to enhance relationships through the development of self-confidence and receiving respect from others (e.g., feelings of confidence, worth, capability, and feeling useful in the world; Maslow, 1943). Self-actualization is where an individual seeks fulfillment as their highest level of personal potential (Maslow, 1943) and they are able to differentiate reality and genuineness from fake or contrived, thus being able to identify and sense authenticity in others and situations (Maslow, 1971). Finally, Transcendence refers to an individual reaching the “very highest and most inclusive or holistic levels of human consciousness” (Maslow, 1971, p. 296). A more detailed description of Humanistic Theory, along with detailed descriptions of each level, is provided in Maslow (1943, 1969, 1971).

McDonald survival sex hierarchy model

Using Maslow's Humanistic Theory (hierarchy of needs) as a frame, The McDonald Survival Sex Hierarchy (MSSH) model seeks to capture the nuance and complexity of CSE, herein referred to as youth involvement in trading/selling sex, particularly from the viewpoint or experience of the young person. The model is rooted in the belief that all involvement in trading/selling sex is deeply embedded in an individual desire to fulfill their needs.

Using "survival" as a frame

Use of the word "survival" is intentional within this model. The words "victim" and "survivor" have different connotations and the use of each has been debated in the literature (Dunn, 2005; Hunter, 2010; Karson, 2016; Wu, 2006). The word "victim" typically implies "helplessness and pity" (Wu, 2006, para. 5) or "trapped" (Dunn, 2005, p. 2), where "survivors" are viewed as individuals who have control and agency in their lives (Dunn, 2005; Wu, 2006). Portraying someone who has experienced adversity through a survival lens is the preferred method of framing the individual's experience (Hunter, 2013). The MSSH embodies the survival frame as it embodies the belief that there is no situation, anywhere in the world, where trading/selling sex is an optimal health or career choice for children. Moreover, using survival language embodies a more client-centered approach to addressing the reality of many youth involved in CSE as opposed to the often-recommended "victim-centered" approach. Many young people deny being victims of a crime, despite Federal and State statute definitions (Lutnick, 2016), thus it is counter-intuitive to a trauma-informed approach to assume or impose a status on someone who does not identify as such. Additionally, describing the behavior as survival sex immediately acknowledges the inherent resilience of the individual, using a healing-centered harm reduction approach (Reframe Health and Justice, 2018). This is imperative as healing-centered harm reduction approaches acknowledge that individuals in the world perceive experiences differently and what may be harmful to one person may be an act of resiliency for another (Reframe Health and Justice, 2018). The approach assumes the young person is making the best decisions possible within the constraints of their situation. Finally, the use of survival language acknowledges our human need to be a part of a community and in relationship with others (Ryan & Deci, 2000). Language such as "trading/selling sex" or "commercial sex" implies a business transaction and leaves out the humanness of the behavior. Using language such as "commercial sexual exploitation of children" or "commercial sexual exploitation" fails to

acknowledge that there are often needs being met on behalf of the young person, regardless of the exploitive nature of what is occurring.

Connection to trauma-informed care

The Substance Abuse and Mental Health Services Administration (SAMHSA; 2014) has identified six guiding principles of trauma-informed care (TIC): safety, trustworthiness and transparency, peer support and mutual self-help, collaboration and mutuality, empowerment, voice, and choice, and cultural, historical, and gender issues. Column 1 of the table below (Table 1) provides a brief definition of each of SAMHSA's principles and column 2 provides a description of how this principle is captured within the MSSH. SSH is an application tool for clients and not an organizational model, therefore all guiding principles from SAMHSA are accounted for in the table apart from *Peer support and mutual self-help*. "Peer support and mutual self-help" is a principal within SAMHSA tied specifically to an organization working with individuals, thus is not relevant to the MSSH as it is a client tool (peer support and mutual self-help would be defined in an organizational policy using the MSSH, for example.)

Table 1. SAMHSA TIC and MSSH.

SAMHSA	MSSH
Safety: Throughout the organization staff and clients feel physically and psychologically safe.	Creates an openness about the sexual behavior/act that is typically seen as taboo, thus creating psychological and physical safety for youth.
Trustworthiness and transparency: Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff and clients.	Assumptions of the model are spoken (i.e., not an optimal health/career choice) and are not assumed or talked about behind closed doors.
Peer support and mutual self-help: Understood as a key vehicle for building trust, establishing safety, and empowerment within the organization.	–
Collaboration and mutuality: True partnering and leveling of differences between staff and clients. Recognition that healing happens in relationships and shared decision making. Everyone has a role to play in TIC.	Allowing youth to select their placement on the hierarchy creates mutuality, support, and provides depth to practitioner/youth relationship.
Empowerment, voice, and choice: Strengths are recognized and built upon, validated, and new skills developed throughout an organization and with clients. A commitment to client choice is harnessed and a true belief in resilience is used to heal and promote recovery.	The identification of strengths, resilience, and survival mechanisms are inherent pillars of the model.
Cultural, historical, and gender issues: Organization moves past cultural stereotypes and biases, offers gender responsive services and recognizes historical trauma.	Assists with moving past stereotypes of sex work/culture, gender, and sexuality.

Assumptions of the model

There are a number of assumptions contained within the MSSH model that will be reviewed here. As mentioned previously, regardless of the basis of involvement, all engagement in trading/selling sex is viewed as a survival strategy (to include small children who are being forced or coerced). Similar to Maslow's (1943) model, the MSSH is to be viewed as fluid rather than hierarchical. It is believed that there are always individual, social, or systemic issues that influence a young person's involvement in trading/selling sex, to include the age of the young person. Most importantly, youth who are exercising agency through involvement in trading/selling sex [whether to pay their bills or purchase nice things] are not separate from youth who have experienced force, fraud or coercion in trading/selling sex in terms of the MSSH model. The difference is their placement within the hierarchical model. This assumption does not intend to assume that the experiences of all young people in the commercial sex industry are the same. In fact, the model hopes to bring light to the larger spectrum of experiences of those involved in the sex industry. For example, a young person trading/selling sex to purchase an expensive name-brand purse is still conceding to a larger social message of being seen as valuable through the possession of "x." Perhaps the view of the young person is that trading/selling sex is the [only or fastest or least worst, or best] mechanism for which to earn the money to purchase the item, thus does so in order to get some level of esteem or social status out of owning the purse. Similarly, a young person who is convinced or manipulated by a partner to engage in trading/selling sex may not exercise agency when involved but justify [to themselves or others] their involvement as a way to be a part of a larger community or family (i.e., love and belonging). The first example is a situation where a young person is exercising full agency in their involvement in trading/selling sex in order receive social status or esteem from somewhere else (e.g., peers, family, society). The second example is a situation where the young person is potentially experiencing force, fraud, or coercion to engage in trading/selling sex, but holds the belief that involvement is the vehicle for which they can receive love and belonging. Both examples can be tied to a hierarchical level in the MSSH model.

MSSH model overview

Figure 2 is a visual depiction of the MSSH model. Parallels between Maslow's (1943, 1964, 1969, 1971) model and the MSSH model will be covered, as well as, each level of the hierarchy will be explained.

Apart from transcendence, each level of Maslow's (1943, 1964, 1969, 1971) hierarchy is attended to in the MSSH model. The MSSH model parallels the basic tenants of Maslow's (1943, 1964) hierarchy of needs. That is, each level

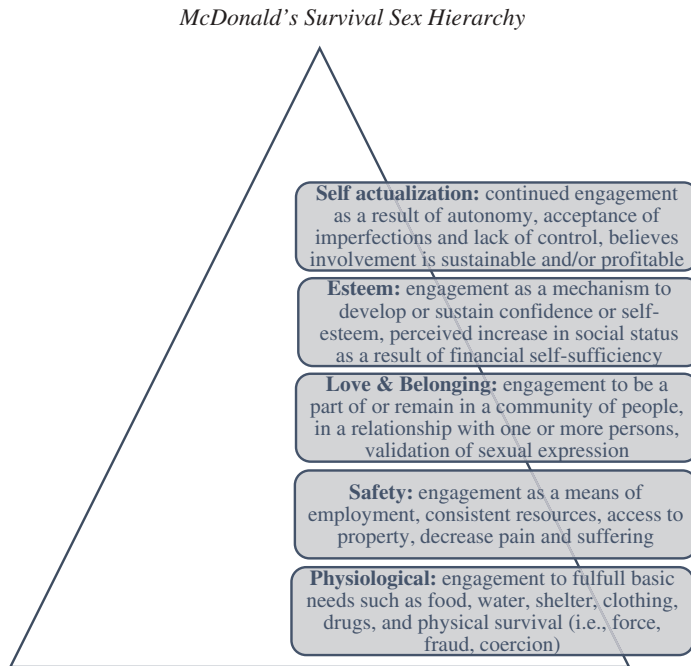


Figure 2. McDonald's survival sex hierarchy.

of the MSSH model is grounded in the belief that all motivations for involvement in survival sex are directly linked to an individual striving for “wholeness,” through meeting basic needs (Maslow, 1943, p. 1).

Similar to Maslow's (1969) model, the MSSH model presents as linear, but the importance placed on needs are self-directed by the individual (i.e., an individual involved in survival sex as a mechanism to bolster feelings of normalcy may be more important than safety, thus these elements may change within the hierarchy). Additionally, the MSSH model is built on the premise that the model believes that more than one need may motivate behavior at any given time (Maslow, 1943) and that needs may be fluid and/or change over time.

Free will and inequalities

The MSSH model acknowledges the existence of “free will” which is a caveat of Maslow's hierarchy (Maslow, 1943) amongst individuals involved in survival sex. However, the MSSH model also recognizes constraints, rational decision-making, and limitations that serve to influence one's ability to exercise decision making (i.e., age; force, fraud, or coercion). There is utility in remaining unaware of abuse when the person committing the exploitation is a person in a position of trust and the individual is very young (Freyd, 2004). For example, a young child may not make a conscious decision to submit to free will, however, may be seen as adapting and coping to the environment in

which they are exposed (see Betrayal Trauma Theory for more information; Freyd, 2004). Additionally, it is well established within the literature that there are social and systemic inequalities that effect marginalized populations' involvement in survival sex (Eckenrode, Smith, McCarthy, & Dineen, 2014; Juhnke, Granello, & Granello, 2011; Kawachi, Kennedy, Lochner, & Prothrow-Stith, 1997; Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012; Ladson-Billings, 2006; Mizock & Mueser, 2014; NAACP, 2013; Shapiro, Meschede, & Osoro, 2013; Singh, Siahpush, & Kogan, 2010) and are recognized as factors that influence involvement in survival sex.

Survival threats

Obstructions or threats to meeting basic needs (Maslow, 1943) are also recognized in the MSSH model, but are referred to as survival threats, as opposed to psychological threats, as Maslow referenced them (1943). Similar to Maslow's psychological threats (1943), a survival threat is a threat that prevents an individual from meeting their basic needs. Threats to survival within the MSSH model prevent an individual from surviving at any level of the hierarchy. For example, an unwanted intervention (i.e., an arrest with mandatory treatment) may be perceived by the individual involved as a survival threat to financial self-sufficiency (esteem level), thus resulting in diminishing income generation and limitations of social support due to their criminal record.

There are many survival threats for those involved in survival sex spanning from those who wish to intervene (e.g., treatment providers, police, etc.), third-parties involved (e.g., traffickers and exploiters) buyers of sex, sex work communities, and families and children of individuals involved in survival sex. Many or all of these may pose a survival threat to a young person involved in survival sex at different times and for different reasons.

The five components

Each component within the MSSH model is reviewed in detail below. Factors pertaining to agency on behalf of individuals, age, and those who experience force, fraud, or coercion, will be explained for each level of the hierarchy. Examples provided are just an illustration and are not intended to include every experience or scenario that occurs with those involved in survival sex. Finally, the hierarchy is intended to be fluid and youth may be at multiple levels at a time. Examples of fluidity are provided later in this paper.

Physiological

Youth involved in survival sex at this level of the hierarchy are doing so as a means to fulfill their basic needs, including staying alive. At this level of the hierarchy, youth may not have the skills and/or will to attain employment outside of survival

sex and they may use the commercial sex industry to be able to access food, shelter, water, etc. Youth may also be dependent on substances, thus engage in survival sex to support their habit. Young people who are eleven years of age or under, have physical, emotional, or cognitive disabilities, or who were kidnapped, chained up or held captive and forced to engage in survival sex are at this level of hierarchy, as well. In the U.S., eleven years of age is the minimum age (and the average age) of criminal responsibility afforded to minors in federal criminal cases (The Economist, 2017). Thereby, eleven years was chosen as the benchmark for youth development and agency within this model.

This level of the MSSH model truly encapsulates the term “survival” as individuals at this level are typically profoundly impoverished or of a vulnerable population (e.g., young children <12, mentally ill, chronically homeless, members of the lesbian, gay, bisexual, transgender, queer population, immigrants, trafficked, etc.). Whenever there are threats of harm (whether physical, emotional or sexual) by a third-party as a result of a young person trying to exit, minimize, or take a break from survival sex, for any duration of time, this level of the hierarchy is activated in terms of motivation for involvement in survival sex. Note, threats may ebb and flow, therefore fear of harm on behalf of the young person involved in survival sex is also classified at this level. Threats of harm include those inflicted by buyers.

Safety

Involvement at this level of the hierarchy can be first understood as an individual possessing motivation that is slightly more elevated than at the physiological level. Youth at this level may have the know-how to obtain employment, but based on their occupational skill level, they have more income potential in the commercial sex industry. For example, a young person has the ability to obtain employment at a local fast-food restaurant but chooses to be involved in survival sex because the formal employment offer from the fast-food restaurant does not provide a livable wage. Moreover, youth at this level may find that resources available among community members involved in the sex industry may be more valuable than what a formal employer may offer. Housing, security (physical or emotional), or a vehicle may be offered to youth working in the commercial sex industry, for example.

Youth may also be categorized at the safety level of the hierarchy if they are involved in survival sex as a means to reduce their pain and suffering (current or historical). For example, youth may become involved in survival sex or remain involved in survival sex because of low self-esteem associated with a trauma history, or as a means to gain control over past traumatic experiences. More specifically, using an example involving a young person that endured prolonged sexual abuse as a young child – the objectification that occurs as a result of the ongoing abuse influences their personal identity (i.e., feeling like a sex toy; Jumper, 1995), thereby they become involved [or

are vulnerable for recruitment] in survival sex as a means to gain control over their body and/or receive compensation for the behavior.

Love and belonging

Youth who are introduced to survival sex by a friend, family member, or intimate partner, without (explicit or implicit) threats of harm may be placed at this level of the hierarchy. A young person who identifies as being involved in survival sex in order to be a part of a community (i.e., friends or family members involved) is one example of a young person who may be categorized at this level. Also, youth who are seeking to sustain a relationship (e.g., intimate partner requests involvement for “x” reason, youth acknowledges that involvement in survival sex is not desirable, but the commitment to the intimate partner and the benefits of the relationship motivate the youth to continue involvement in the sex industry) are categorized as being involved in survival sex to fulfill the needs of love and belonging as well.

Additionally, youth who are seeking to validate or explore their gender identity or sexual preferences through involvement in survival sex are at the love and belonging level of the hierarchy. For example, youth who are questioning if [or know that] they are lesbian, gay, bisexual, transgender, queer (LGBTQ), may engage in survival sex as a mechanism to live their sexual or gender identity, due to high rates of homophobia and transphobia (Chettiar, Shannon, Wood, Zhang, & Kerr, 2010; Lutnick, 2016). This does not mean that by simply identifying as LGBTQ [and involved in survival sex] automatically places a young person at this level of the hierarchy; only those who self-attest to being involved in survival sex as a mechanism to validate, explore, or express their gender and/or sexual identity may be placed at this level of the hierarchy. This pertains to youth who are not questioning their sexuality or gender, but may be simply experimenting with sex in general, as well.

Esteem

Typically, youth involved in survival sex at the esteem level are engaging as a mechanism to indulge the self. This means that a young person is engaged in survival sex to gain something extra in life. Youth at this level of the hierarchy are involved in survival sex to fulfill self-interests for themselves as opposed to fulfilling needs of the self through others (i.e., those involved in survival sex at the love and belonging level). For example, instead of engaging in survival sex for “x-person” to feel loved by him/her (love and belonging), one is involved in survival sex as a means to purchase expensive clothing or accessories or experience trips or things for oneself, which makes them feel good or contributes to feelings of value. For example, a young person may identify as being involved in survival sex through employment with an escort service, as a way to feel powerful and in control. The reason or motivation behind the need to feel powerful and in control [or why involvement in

trading/selling sex makes them feel powerful and in control] is information that is not needed for classification at this level of the hierarchy. Noting that the survival sex behavior is rooted in self-interest or elevation of the self, is all that is important to be classified at the esteem level of the MSSH model.

Self-actualization

Youth who identify at the self-actualized level in the MSSH model believe that involvement in survival sex is reaching their full potential. For example, youth at this level of the hierarchy and involved in survival sex, embrace involvement in the commercial sex industry as their destiny. Self-actualizers in the MSSH model are similar to Maslow's (1943, 1969, 1971) self-actualizers as they are also reality centered, have an uncanny ability to identify genuineness from the fake or contrived, and are able to sense authenticity in others. Youth who reach self-actualization within the MSSH model possess the ability to be reality centered and sense authenticity within others, theoretically, because of lengthy involvement in a risky and illegal work.

What separates self-actualization from other levels of the MSSH model is that youth involved in survival sex at this level possess full awareness of the risks and ramifications (i.e., health, legal, moral implications) associated with the work and defend or promote involvement to others and the community at large.

Examples of application

A theory is a set of interrelated concepts, definitions, and propositions that explains or predicts events, situations, or behaviors by specifying relations among variables. As such, when we are able to understand the foundation of a behavior, in this case CSE involvement, we can address it (e.g., design targeted, evidence-based intervention). This is critical and has practice and research implications for the field of child welfare. To display the applicability of the model, two examples are provided below. The examples were derived from a melding of stories the authors have heard while serving in the field. The first example is a fictional excerpt of a practitioners notes after meeting with a client, Serena. The second example is a fictional disclosure made by a young man named Blake.

The variability of people and their motivations for involvement in survival sex encompasses far too many examples to depict here. The two scenarios provided below are simply used as examples to illustrate how the model may be applied in different hypothetical scenarios [after obtaining information from and about the person involved in the commercial sex industry]. Please also note that there is no presumption within this model that an individual's needs or motivations within the hierarchy will or will not change (Figure 3), or that an individual will, in fact, move within the hierarchy (Figure 4).

Example of involvement in survival sex for multiple reasons

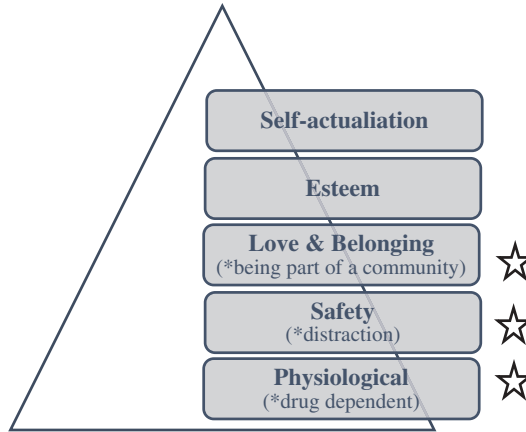


Figure 3. Example of involvement in survival sex for multiple reasons.

Example of survival sex when needs are fluid or changing

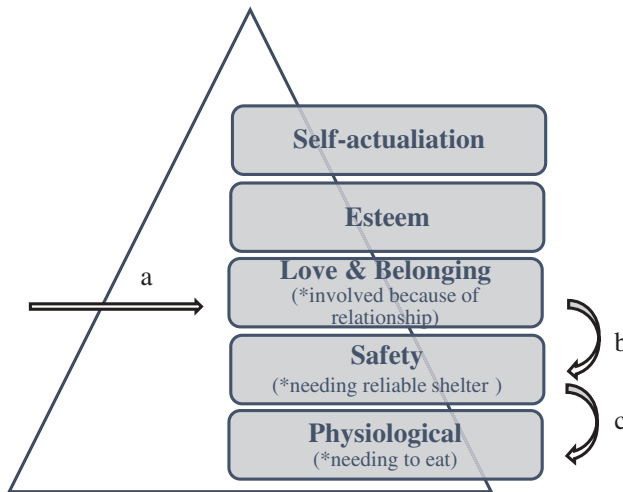


Figure 4. Example of survival sex when needs are fluid or changing.

The scenario below depicts Serena, a 17-year-old, bi-racial, cisgender young woman. She is involved in survival sex for multiple reasons: drug dependency (physiological), it serves as a distraction from profound grief (safety), and it provides an opportunity to be a part of a community (love and belonging; [Figure 3](#)). The following is a summary of Serena’s disclosure:

Serena describes trading and sometimes selling sex as an easy way to get drugs (physiological). She shares that her mother passed away a few years

prior, and her involvement on the street, particularly, selling sex, spending time with men and using drugs helps distract her from her grief of her mother passing (safety). Additionally, she said she's met some "really good people" whom she feels take care of her and keep her safe (love and belonging).

The next scenario involves Blake, a 16-year-old, white, transgender young man. Blake is an example of someone whose involvement "reasons" change over a period of time. For example, he is introduced to survival sex through a romantic relationship with someone (love and belonging; a), remains involved when the relationship becomes tumultuous because of consistency in housing (safety; b), and when Blake and his partner break up he remains involved because of a lack of skills, arrest records, and fear of transphobia (literally needs a way to feed himself; physiological; c). Below are his words:

Stevie and I met when I was on the run. It was back in October and he immediately invited me to his house to stay the night. It was cold back then, you know, so I went. I only was gonna stay a night or 2, but then I started liking him and he started liking me too, so I stayed longer. I was lookin' for jobs and was having a hard time finding one. Stevie told me it was likely because people could tell, well you know... and that no one was gonna hire a dude that looked like a girl. I thought so too because my dad told me that people don't hire fags. Anyway, Stevie said I needed to find a hustle. He knew a few other guys like me that he was helping out with work and they could show me what to do. The way he described it, I was super excited. When I got in to it, he was so proud of me and how good I was doing that it totally made our relationship better. That was before it got bad. He eventually threw me out of his house and I just kept hustlin' so I could throw some bread [money] at my friends for letting me stay at their house. I ain't got a high school diploma, have some stuff on my record, and no one's gonna hire me because of how I look. What else am I supposed to do?

To restate, these examples are not all encompassing and are not intended to over simplify the complexity of assessing or uncovering youth involved in CSE. Rather, they are intended to expand the breadth of child welfare worker's knowledge on the continuum and fluidity of involvement in CSE.

Conclusion

Youth involvement in CSE, regardless of agency or circumstance, is dangerous both physically and emotionally (Rekart, 2006). The MSSH model offers the field of public child welfare a trauma-informed tool for assessing youth involved in CSE. It is a client-centered (versus 'victim-centered,' which implies a 'youth-in-need-of-rescuing' bias), trauma-informed, resilience-based framework that seeks to understand the youths' CSE experiences based on needs and survival. The model represents a novel, trauma-informed approach in the field of CSEC as it can serve to neutralize dominant narratives and value-based interpretations

of CSEC by offering a concrete, flexible approach based on understanding the needs of the involved youth. Implementation of the model is feasible, as it requires that child welfare professionals participate in a brief training to understand the underpinnings of the model and to practice its application with ‘real life’ DMST cases, accompanied by ongoing case review and supervision. However, optimal use of the model should occur within a trauma-responsive organizational culture in order to sustain best practice. When successfully implemented, the model intends to improve engagement and early identification of DMST, prioritization of necessary, trauma-informed services to be included in a youth’s treatment plan, as well as direct clinical areas of focus in trauma-informed treatment. In conclusion, public child welfare workers are increasingly seeing more youth involved in CSE due to the unique risk factors present for children with maltreatment histories, as well as the increased risk for CSE involvement because of out-of-home placement (Child Welfare Information Gateway, 2017). The MSSH model offers a multi-dimensional framework for child welfare professionals to rely upon when engaging and working with youth whom they suspect are involved in CSE.

Notes on contributors

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