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Best Practices Model Based on Gap Analysis of the Social Services Network in Worcester, MA

Marianne Sarkis
Clark University

Annivette Fernandez-Rivera
Clark University

Yenifer Andrea Hernandez
Clark University

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BEST PRACTICES MODEL BASED ON A GAP ANALYSIS OF THE SOCIAL

SERVICES NETWORK IN WORCESTER, MASSACHUSETTS

ANNIVETTE FERNÁNDEZ RIVERA

&

YENIFER ANDREA HERNANDEZ

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Marianne Sarkis, Ph.D. Chief Instructor

ABSTRACT

BEST PRACTICES MODEL BASED ON A GAP ANALYSIS OF THE SOCIAL SERVICES NETWORK IN WORCESTER, MASSACHUSETTS

ANNIVETTE FERNÁNDEZ RIVERA & YENIFER ANDREA HERNANDEZ

Commercial sex work has been problematic in the second largest city of New England for decades. An investigation on the presence of female sex workers in Central Massachusetts has highlighted the lack of social services provided to this population. Commissioned by the Worcester Division of Public Health (DPH), and as part of a broader collaborative effort among social service organizations (SSO), this study maps out the referral network among the SSOs. By analyzing the network we identified several gaps in the services provided which led to the creation of a model of efficient services based on domestic and international best practices.

We surveyed the referral networks of 16 organizations that provide services to sex workers ranging from shelter to education. After mapping out the network, our findings suggest three main gaps that exist in the referral network: (1) lack of knowledge about available services by referents, (2) lack of communication and coordination among SSOs, and (3) insufficient capacity and services. These findings underscore the need for an ongoing alliance of SSOs, like the Worcester Alliance Against Sexual Exploitation (WAASE), to critically examine the proposed recommendations and support the development, implementation and monitoring of a coordinated county-wide response to sexual exploitation among sex workers.

_____   _____
        Marianne Sarkis, Ph.D.   Laurie Ross, Ph.D.
          Chief Instructor   Second Reader

<u>DEDICATION</u>

Dedicated to all sex workers who have survived among systems of

discrimination and stigma.

Annivette Fernández Rivera and Yenifer A. Hernandez

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INTRODUCTION

"All I need is a place to get warm, shower, sleep, be safe at night, and people like me who know what I am going through... Organizations working with prostitutes like me do not gain my trust when giving me condoms, it is about building a relationship and understanding my situation" – Main Street Worcester, Massachusetts Sex Worker

The discourse around sex work or prostitution is contentious with advocates or proponents taking diametrically opposed views. On the one hand, the Marxist discourse of some feminist activists like Christine Overall who argues that sexuality within prostitution is a commodity and it dis-empowers women (Overall, 1992. Pg.712). On the other hand, neo-abolitionist feminists led by the Coalition Against Trafficking in Women (CATW) who oppose the legalization of prostitution have argued that prostitution will collaborate on the continuous objectification of women and perpetuation of violence against women as well as their enslavement (Cornwall, 2008. Pg.164). Lastly, the feminist liberal discourse which recognizes women's agency and their liberty to enter prostitution or 'sex work' voluntarily (Kempadoo, 2005. Pg.151). Although some people are voluntarily sex workers, others are pressured into the industry. There are two different scenarios: educated and resourceful women who choose commercial sex from a broad range of possibilities, and poor uneducated women who are economically forced to do it.

In Worcester, MA the existence of sex work or prostitution has been a longtime concern for the City Council and the Division of Public Health. According to an article published in the Telegram (2012), Worcester is known as *the* place to find prostitutes. In spite of having so many resources in the city of Worcester, street level prostitution is becoming worse. The city of Worcester has addressed this issue through the criminalization of the

activity, however, the unsuccessful efforts to reduce this issue provided a new perspective to research and to tackle this matter, Councilwoman Sarai Rivera (Aherne, 2014) noted that sex work was a public safety issue and to be looked at through a public health perspective. Little is known, however, about how the community systems are currently responding to commercial sex work. It is also unclear how services are delivered and by which organizations. In 2013, the Division of Public Health commissioned a Clark University faculty to help understand the experiences and realities of the community of sex workers in Worcester, MA.

This research explores the organizations that might provide services to sex workers in Worcester, MA and it maps out the referral network of the latter. Through an in-depth study we identify the gaps within the existing network in order to generate a new model based on the best practices researched from domestic and international organizations.

The study was accomplished through the use of a survey and research on the best practices of national and international organizations that offer services to sex workers. For this study the method chosen to analyze and interpret the results of the referral network was *Social Network Analysis* (SNA). SNA is the study of dynamic relationships among actors. This method allowed us to explore the nature of the relationships, how connected the organizations in the network are, level of interaction, effectiveness and efficiency which wouldn't have shed the same light as other methodologies would have.

Our findings uncovered the inefficiency of the referral network and the gaps in crucial services that are integral to best practice models at national and international levels. With

these findings we generated a series of recommendations that could help improve the services, communication, knowledge, and collaboration of the social service organizations.

RATIONALE

This research project is the continuation of a pilot project designed for the spring 2013 course, Qualitative & Quantitative research methods IDCE 30285 at Clark University. The objectives of this pilot project were to explore the effects of sex work on the neighborhood and business in Main South, and to map out the legal process a sex worker goes through from the moment of arrest to release. Councilwoman Sarai Rivera and the Worcester Division of Public Health introduced a task force, now called the Worcester Alliance Against Sexual Exploitation (WAASE) to develop a set of recommendations that will reduce demand, expand social and treatment services, with a goal of eliminating street level prostitution in Worcester, the task force was divided into five working groups: (1) Local/Best Practices, (2) Working with Women, (3) Community Engagement, (4) Legal Aspects, and (5) Public Messaging. Over three months we worked in conjunction with both the Local/Best Practices and the Community Engagement group. We identified these groups because we wanted to explore in which ways sex work has affected the businesses around Main Street, and also to know more about best practices on addressing the needs of sex workers.

The preliminary results of our work were presented at the task force meeting. While the findings were certainly revealing of the complexity of the life/reality of a sex worker in Worcester, the director of the Department of Public Health noticed that despite the comprehensive services that were available, women still were unable to get the help they

need, and to stay off the streets. This resulted in a second commissioned project in which we were asked to map out the referral network and to assess the service gaps in the existing organizations. The findings of our project are to be shared with Derek, Director of the Department of Public Health and WAASE for the improvement of social services provided to sex workers in Worcester, MA.

RESEARCH QUESTION

Our research explores the gaps in the services in order to inform a response model that includes domestic and international best practices in servicing sex workers. The primary question regarding this research is: What are the service gaps in the existing network of social services provided to sex workers in Worcester, MA?

TERMINOLOGY

For the purpose of this study, and after much consideration, we have decided to refer to women who sell sex for money as sex workers. Other terms used to refer to this particular group are: sexually exploited women, survivors, victims, commercial sex workers, and prostitutes. We chose *sex workers* because it was a neutral term that best relates to the specific group of women who sell sex for money in comparison to certain vagueness in the conceptualization of the other terms.

BACKGROUND

Sex work is strongly linked to the history of Worcester, MA. Court reports on incarceration of sex workers and johns as well as newspaper articles date back to 30 or more years ago. The high presence of sex workers and discomfort of the community have led the city of Worcester to tackle street sex work through the creation of alliances. Sex work was seen as a threat to the health and safety of the community and the feasible forms to eradicate it only focused on the stigmatization of the sex workers and report through law enforcement.
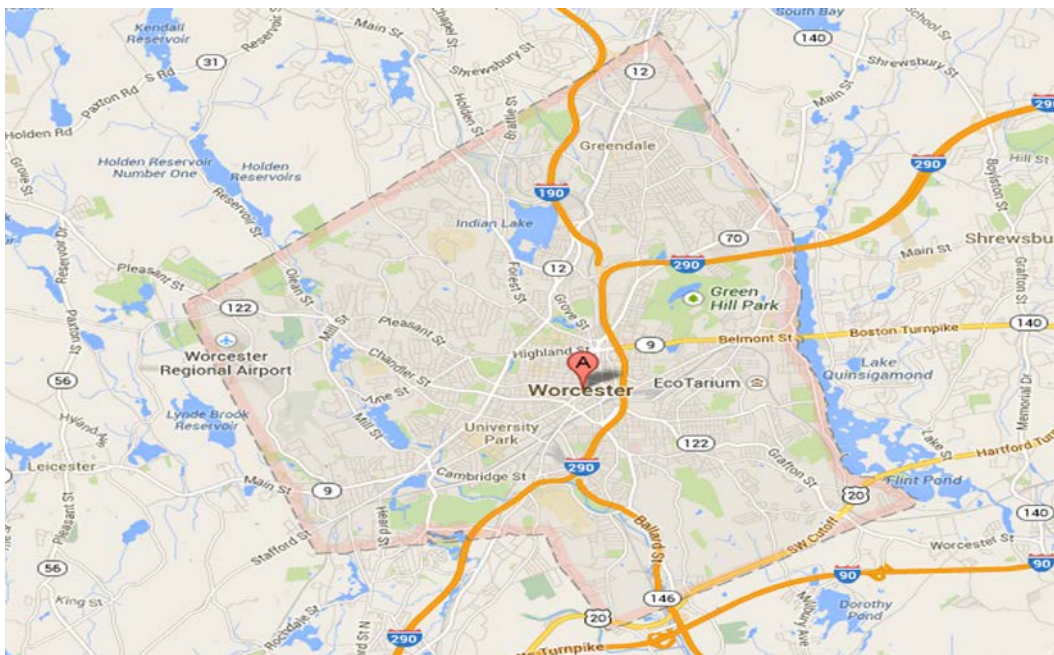
MAP 1: WORCESTER, MASSACHUSETTS

The "fight" against sex work in the city of Worcester has been like a vicious circle, a repeat set of actions from legal enforcement to community policing, but a problem that remains in the community, and that today is still a problem difficult to remove. The social

dynamics of sex work go beyond prohibition; it is a matter of addressing social services for sex workers, target demand, and raise awareness.

In 2012 Councilwoman Sarai Rivera and the Department of Public Health introduced a new task force to reduce the issue of sex work in the area "The Division of Public Health along with our community partners are committed to developing a set of recommendations that will reduce demand, expand social aid and treatment services, with a goal of eliminating street-level prostitution in Worcester," wrote Derek S. Brindisi, director of the city's Department of Public Health in a report to the City Council" (Foskett, B3). The Task Force is made up of about 30 individuals representing 10 community-based organizations and agencies in Worcester, these are: the Department of Public Health, Worcester Police Department, YWCA, YMCA, Mosaic, Community Healthlink, The Human Rights Commission, Spectrum Health Systems, UMass, and Clark University.

The *first phase* of this task force involved determining areas of the issue of sex work to be researched by core groups. The task force was divided in five groups and each one was to conduct research and report their findings on April 2013.

- Local/Best Practices: this workgroup mapped key players of community response and identified committed partner organizations.

- Working with Women: this workgroup collected information on sex workers demographics and assessed the needs of sex workers as well as obstacles to services.

- Communications: this workgroup determined the most appropriate language for talking about prostitution; they figured out how to develop a community-wide

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informational campaign and offer guidance on communication and messaging strategies.

- Legal Considerations: this workgroup identified actors and agencies in arrest processes and clarify the legal process sex workers and johns go through.

- Community Engagement: this workgroup collected data about the community, businesses concerns regarding the issue, identify methods to have the community involved by raising awareness and reporting cases of violence, and sex work activity in the area.

On April 2013 the working groups presented findings on each of the areas assigned and there was a high critique about the services provided to sex workers in Worcester, MA because of a gap in communication among organizations, resources and general services. Although there are numerous organizations that provide shelter, health, and food services there is still a lack of communication among all of these organizations making their services less efficient and effective. The hopelessness that the Worcester community feels towards the issue of sex work can in part be attributed to the inefficiency of these organizations in providing sustainable services to help, treat, and educate these women so they do not have the need to return to the streets.

In August 2013 the task force convened to the creation of a new name for the task force, it became then The Worcester Alliance Against Sexual Exploitation (WAASE) and its objectives remained the same, to develop a set of recommendations that will reduce demand, to develop social and treatment services, with a goal of eliminating street level prostitution in

Worcester; however, the target population was not only sex worker specific but victims of trafficking too.

The continuous work and team effort of this alliance has made possible a grant for $46,376 to Spectrum Health Systems to support women involved in sex trafficking. This project uses a train-the-trainer approach to develop and provides evidence-based training and key resources to members of the Worcester Alliance Against Sexual Exploitation (WAASE) in order to help them identify and respond to victims and survivors of sex trafficking in the community.

BEST PRACTICES EXPLORATION

The best practices exploration aims to identify best practices in providing care to sex workers, to expand awareness about sex workers' needs among social services agencies that can potentially provide social, medical, and economic services, and to provide a model that will incorporate a reliable and efficient system of services and referrals. This research draws on the review of existing literature which discusses the interconnection of sex workers' needs with services offered and on data from the website content of 12 U.S. based and 5 international organizations to assess commonalities in the initiatives and projects they offer, and to generate a "best practices" model to which we can compare existing Worcester programs.

LITERATURE

Research with female sex workers reveal that many of the women experience violence from customers, have some form of addiction to drugs or alcohol, suffer from physical and mental health, and are constantly exposed to social rejection and stigma. In this section, we present some of our findings about women's needs and challenges. The case reviews we discuss below reveal that the most important services to sex workers must include social support, health, outreach, shelter, and services network.

I. Social Support Systems, Health and Outreach Services

Weiner (1996), underscores the importance of understanding the life circumstances and needs of sex workers in order to provide appropriate social services. In a project led by a non-profit foundation for research on sexually transmitted disease, an outreach mobile van that provided

HIV testing, counseling, and distributed condoms reached out to one thousand nine hundred sixty three workers from the boroughs of New York City.

The research suggests that social stigma and financial factors make it nearly impossible for sex workers to leave the business, and at the same time the criminalization of sex work leads them to work underground and to become part of illicit activities like drug usage (Weiner 98).

From a medical standpoint drug addiction and diseases are linked to prostitution and most sex workers do not have the resources to be HIV tested. People who become prostitutes or "sell sex" become vulnerable to the loss of social services and expulsion from social support systems (Weiner, 100). The results of the study also indicate that because of the susceptibility to diseases and overall vulnerability, sex workers could benefit tremendously by having secure and permanent access to public clinics or outreach vans. Access to these services will reduce sex workers' fear from being arrested, criticized, and stigmatized. The findings also highlight the importance of social workers in establishing personal relationships and networking with sex workers to gain their trust through the provision of basic services like food, HIV tests, and clothing.

While certainly addressing the needs of women, and stressing the importance of basic health and outreach services by empathic outreach workers, Weiner missed other equally important aspects of a sex worker's needs such as legal representation and advice, support groups and education, and most importantly, shelter. These issues are the main focus of our next case study.

II. Shelter and Outreach

Surratt et al. (2005) conducted a services gap analysis among workers in Miami, FL in which they juxtaposed service needs to obstacles in accessing these services. The gaps derived on structural and individual barriers. The researchers interviewed 586 sex workers and conducted 25 focus groups. The participants were surveyed on their living conditions, including whether or not they had a permanent home, some of the needs they had, if they were ever victims of sexual abuse when they were children, and a history of their drug usage.

The findings from the survey and the focus group revealed a wide range of needs that placed women in dire circumstances and made them vulnerable on the streets. Surratt et al list, for example, that women overwhelmingly reported a need for shelter, employment, and mental or physical health care. In addition, the findings from the focus groups indicated that crisis intervention, domestic violence protection, drug treatment, physical rehabilitation, shower facilities, feminine sanitary products, and child custody/child care help within others were the most needed services (353).

The researchers in the Miami study attributed the gaps to structural barriers, provider resistance, unavailability of service, and weak structure of care systems (346). Because of stigma, providers either resisted or refused to service to sex workers. In addition, showers, hygiene products, and laundry facilities were not available and if available sex workers could not afford them. Participants agreed that many care providers lack staff with sensitive communication skills, understanding of their population, and sensitization. Shelters in Miami that provide services to sex workers do not have programs that focus on drug addictions, the

shelter hours conflict with the sex workers' work hours, and their safety is at risk in most of these shelters because male partners are allowed in the shelters.

On the other hand, the individual barriers account for vulnerability to violence, drug use, mental/emotional stability, and generalized fear. Lack of access to shelter and basic services like water and hygiene products increase the vulnerability of women to street violence and to drug use; the lack of stability lead them to get involved in practices that weaken their health, appearance, and decision making. The use of drugs is their form of survival to stay awake and to avoid being raped (356). Since sex work is such a stigmatized activity by people in general, sex workers expect marginalization and rejection and falsely assume that no help can be offered to them. The effect of the stigma is compounded by the fear they feel on a daily basis as they think they might get arrested because of their drug use or type of work.

The research highlights the isolation in which sex workers in Miami live, and suggests that organizations could make minor modifications in their programs that could have a big impact. For example, shower services and hygiene products are essential services agencies could provide, and shelters could modify some of their hours to help women. These types of modifications and individualized case management will target the various needs and address individual situations. Specialized training to social service and health care staff would increase their sensitivity and understanding of the lives of sex workers. In order to address these challenges Surratt et al. (2005) propose ways to bridge the gap between sex workers' needs and social services provided to them. They stress that organizations must provide suitable case management to empower the sex workers with the proper information about

programs they could access to ensure their continuous engagement with the social services system as well as to be able to reach out and to be reached out to.

III. Services Network

Responding to all social workers' needs is oftentimes impossible due to the limited and over-stretched resources. Bindel (2006) proposes that a partnership of service providers and coordination of resources will better assist the needs of sex workers. In an investigation project on London's service provision for sex workers, she stresses that partnership and community collaborations are cost effective ways of bridging the gaps in services.

Bindel recognizes the vulnerability of women working on the street and their high exposure to violence and drugs compared to those who work in brothels or closed establishments and points to the insufficient assistance to these women. She notes "The needs of women in the sex industry are complex and varied. Jan Macleod of the Routes Out of Prostitution Partnership in Glasgow believes that: When working with women in prostitution, service providers need to be expert in dealing with poverty, ill health, domestic violence, child care, sexual abuse, rape, mental health, then, and only then, can you start dealing with the prostitution (5)."

Bindel surveyed more than two hundred organizations/projects and identified the various needs of the sex workers and how agencies respond to them. She found significant gaps in service provision in areas that include dedicated exiting services, outreach to those working on and off street, safe temporary and long term accommodation, single-sex rehabilitation programs, outreach counseling services, mental health services/counseling,

education programs, peer support, and community safety strategies (12). These gaps were due to the lack of structure of the organizations and to the absence of policies regarding the treatment and assessment of the needs of the women. She suggests approaches to monitoring and evaluating all the services including sensitivity training of the staff.

Bindel stresses that barriers to service use create a gap of lack of data to better serve this community. On the one hand sex workers feel stigmatized and they opt for not seeking services and on the other hand a sex worker's life of drug usage and unstable times of work do not allow her to seek services or to be fully alert for appointments. Bindel emphasizes the need to develop specific guidelines, a regulatory framework, tolerance zones, initiatives to tackle demand, protocols to address trafficking, and re-education programs for the entire community, not just for sex workers. Although this study focuses on addressing the gaps in services provided and service use, it did not address the circumstances that restrain women for seeking services and does not emphasize the importance of a solid outreach program.

BEST PRACTICES PROGRAMS

The concern about the lack of coordinated services in Worcester, MA led us to generate a list of essential services to provide good care to sex workers. From the information we gathered for the best practices model we paid special attention to the organization's mission, vision, and programs developed. We reviewed 30 organizations that we identified through a Google search. For the purpose of this research we chose to include only organizations that offered direct services and provide assistance to sex workers. These organizations are also activist organizations, which participate in policy change, and laws.

The following is the exploration of programs from 17 organizations which we reviewed that have overcome structural barriers to serve sex workers in the fields of health, safety, prevention, and social integration. We evaluate their services, their main strategies and activities, and highlight some of the programs they offer. A complete list of the organizations researched is shown in Table 1.

TABLE 1: ORGANIZATIONS RESEARCHED FOR BEST PRACTICES MODEL

Organization	Location
Breaking Free	Minnesota
Catholic Charities/Community Services	Arizona
The Mary Magdalene Project	California
GEMS	NY
Safe House San Francisco	California
HIPS	DC
SAGE	California
Veronica's Voice	Missouri
The Empowerment Program	Colorado
Thistle Farms	Tennessee
Hetaira	Spain
Cabiria	France
Durbar	Bengal
Prajwala	India
AMMAR	Argentina
St. James Infirmary	California
Sex Workers Project	NY

I. Prison Outreach

In our review of best practices we identified The Empowerment Program at offering a prison outreach program through which they provide comprehensive services that include intensive outpatient substance abuse, cognitive-behavioral, and mental health/trauma services to women arrested for prostitution in Denver. The City Attorney's Office, Denver County Courts and The Empowerment Program have formed a public/private partnership and developed a strategy that addresses prostitution with an approach that looks at the multiple needs and issues of women involved in prostitution. Some of their unique strategies include:

- Women arrested for prostitution may be offered a suspended sentence in lieu of incarceration.

- All women accepted into the program are supervised through weekly court appearances and treatment progress.

- There are no fees for services

II. Street Outreach

Another form of outreach is street outreach and the organization HIPS has implemented a mobile van to reach out to sex workers and to offer services during the night and early morning times. The mobile unit (Mobile Van) has a team of cultural mediators, peer educators and social workers and they provide the following to sex workers:

- Free HIV Testing and Counseling

- Safe sex supplies and educational material

- Referrals to crisis intervention, counseling, and community resources

- Emotional support for people on the stroll
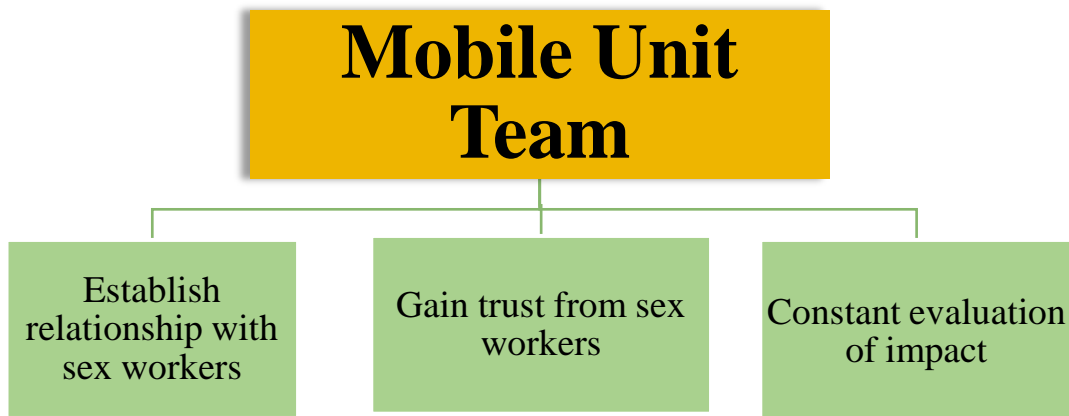
FIGURE 1: POTENTIAL BENEFITS FROM THE MOBILE VAN PROGRAM

III. Case Management, Housing, Money Management

Other findings from this study highlight the existence of organizations that design strong projects that address most of the sex workers' needs. For instance, Thistle Farms based in Tennessee offers a program that encompasses case management, permanent housing, and money management. Through their program, they offer the most basic needs of sex workers and they also provide them with the opportunity to engage in other social and work settings through vocational training and. A summary of the Thistle program is shown on Figure 13.

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Thistle Farms Program

1. Two years, we offer housing, food, medical and dental needs, therapy, education and job training

2. After four months, the women find work, return to school and/or enter Magdalene's job training program at Thistle Farms, a social enterprise.

3. Magdalene also offers a matched savings program to help residents prepare for economic independence upon graduation.

FIGURE 2: THISTLE FARMS PROGRAM

IV. Rehabilitation

From the best practices analysis the most holistic program we found is Hope International. Their programs provide business mentorship, financial support and technical assistance to local organizations around the world to support the development of programs that offer holistic, long-term care to vulnerable and exploited women and children.

Shared Hope International believes that a complete and healthy healing is only possible through restoration, not rescue alone. Their programs are integrated into the outreach efforts of local restoration centers or survivor-led shelters. Through these partnerships they successfully remove women and children from sexual exploitation and provide restorative programs. Each of these programs offers a survivor-informed model of care focused on counseling, empowerment, and healing. Their programs also address both immediate and

long-term needs including safe shelter, medical and mental health care, spiritual renewal, education, life skills, job training, and vocational programs.

Through their strategic, hands-on support and funding, local organizations are able to respond to trafficking in their community by providing Intervention, Residential Care, HIV/AIDS Clinic and Mobile Clinic, and The Women's Investment Network Training Program.

- *Intervention*: They respond to America's Prostituted Youth to increase accurate identification and improve effective response. Intervention using strength-based, trauma-informed identification and intervention techniques appropriate for adolescent victims of sex trafficking to help prevent unidentified or misidentified victimization.

- *Residential Care*: Provide holistic, long-term, survivor-informed care for victims of sex trafficking by supporting residential facilities where residents have access to medical and mental health care, education, job training and economic development programs.

- *HIV/AIDS Clinic, Mobile Clinic*: Bring medicine and food into the heart of the brothel district, reaching those who are not free to leave.

- *The Women's Investment Network Training Program*: Shared Hope created a program called "the Women's Investment Network (WIN)", which provides women the opportunity to engage in hands-on vocational training, leadership development and job skills courses so they can meet the demands of the

competitive global market and achieve financial independence. Providing victims with the skills and means of creating their own economic sustainability helps remove the risk of re-victimization.

BEST PRACTICE MODEL AND COMPARATIVE ANALYSIS

The best practices model we constructed contains most if not all elements from the list on Figure 14.
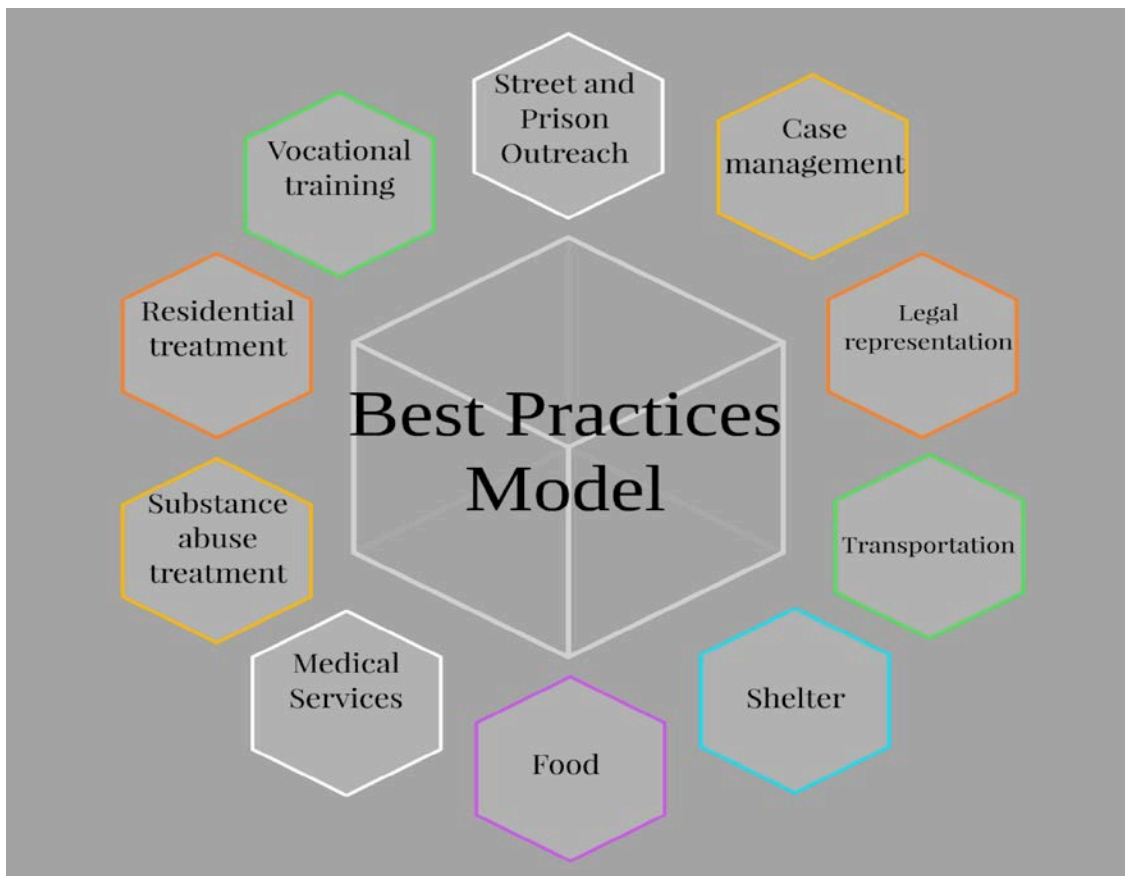
FIGURE 3: BEST PRACTICES MODEL

We performed a comparative analysis on the services offered by the organizations based in the city of Worcester and those from the model proposed. A comparative list of the

services provided by the organizations in Worcester versus the best practices model is shown on Figure 4.

From this comparative analysis, we noticed how services like legal representation, legal advice, street outreach, prison outreach, hygiene supplies, permanent housing, transportation, and money management are not present in the services provided in the city of Worcester. We understand that one organization cannot take the responsibility of providing all services but if a strong referral network is put in place, it is possible to better serve the sex workers of the area.

To test out how Worcester compared to the best practice model, we conducted a social network analysis on all services in Worcester.

Comparative Analysis of Best Practices VS. Worcester's Current Social Services for Sex Workers

Service	Worcester Services	Best Practices
Legal Representation	0%	52.9%
Legal Advice	0%	52.9%
Street Outreach	0%	76.5%
Prison Outreach	0%	35.3%
Hygiene Supplies	0%	35.3%
Permanent Housing	0%	29.4%
Money Management	0%	17.6%
Transportation	0%	11.8%
Support Groups	9.8%	82.4%
Case Management	53%	70.6%
Job Training	35%	52.9%
Medical Services	24%	52.9%
Drug Programs	18%	52.9%
Professional Counseling	38%	47.0%
Temporary Shelter	32%	35.3%
Food	35%	35.3%

■ Worcester Services ■ Best Practices

FIGURE 4: COMPARATIVE ANALYSIS OF BEST PRACTICES VS. WORCESTER'S CURRENT SOCIAL SERVICES FOR SEX WORKERS

M E T H O D O L O G Y

The aim of our project was to investigate and understand the gaps in services among the social service organizations in the Worcester area that might provide services to sexually exploited women. This project was conducted in partnership with the Worcester Division of Public Health (DPH). The purpose of our research was to provide concrete information to the Worcester Alliance Against Sexual Exploitation (WAASE) that would assist WAASE to improve existing services. After measuring the pros and cons of various methods for the analysis and interpretation of the results of this study, we ident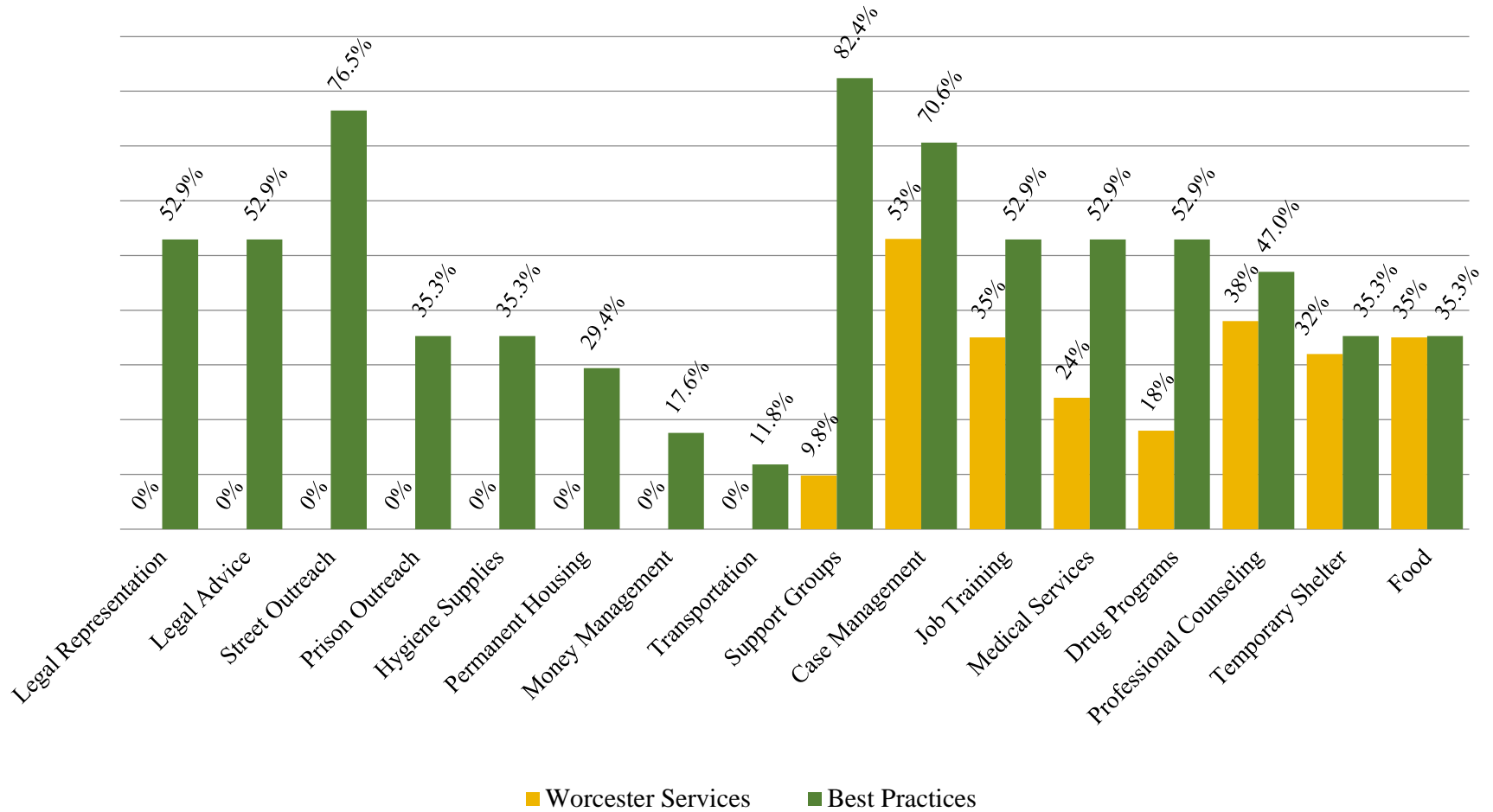ified Social Network Analysis and Gap Analysis as the best combination to get the most relevant and essential information.

SOCIAL NETWORK ANALYSIS

SNA is the study of dynamic relationships among actors. According to Barry Wellman, SNA describes social structures, patterns and behaviors[1]. The roots of SNA can be traced to three disciplines: psychology anthropology and sociology. Knocke (2008) defines a network as "[…] a structure composed of a set of actors, some of whose members are connected by a set of one or more relations" (Knoke, 2008). Knoke adds that "[…] network analysis explicitly assumes that actors participate in social systems connecting them to other actors, whose relations compromise important influences on one another's behavior."

SNA focuses on studying the relationships among networks of actors which is why the latter was the best choice to analyze the referral network of the social service organizations

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[1] Wellman, B. (1999). From little boxes to loosely bounded networks: The privatization and domestication of community. In J.L. Abu-Lughod (Ed), Sociology for the twenty-first century (pp 94-114). Chicago: University of Chicago Press.

that might provide services to sex workers. Specific indicators in social networks reveal how close actors are to each other (density), how far they are from each other (betweeness), whether relations are centralized on few individuals or distributed equally in the network (centrality), and how many connections/relationships an individual has with others in the network (degree).[2]

We began our project by identifying our population and boundary as all of the social service organizations in Worcester that *might* provide services to sex workers – we identified a total of 32 organizations. We then created a survey to gather data on (1) their services/programs and (2) their referral network; we collected data for two months in summer 2013. We encountered some limitations which were due to a lack of responses from half the organizations within the first month. During the second month, the DPH helped us contact several organizations, but there was still a great lack of collaboration and participation among the remaining organizations. Although having 50% of the organizations interviewed provided enough data to make a comprehensive analysis, we extended the timeframe we had previously established in order to continue data collection and finish gathering responses from all of the organizations identified.

The survey[3] we used for SNA is composed of two parts: the first part inquires about the programs and services provided by the organization and the second half inquires about the top ten organizations they refer cases and clients to on a regular basis. The survey was

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[2] A complete list of the SNA terms and definitions can be located on page 64
[3] The survey can be located in Appendix 1

conducted in person, over the phone, and via email; the method varied depending on the availability and accessibility of the interviewee.

To analyze the data we cleaned the data from the surveys into Microsoft Excel. The first half of the survey, which as previously mentioned above inquired about the services and programs, was analyzed using Microsoft Excel. The second half of the survey, which consisted of the referral network, was analyzed using NodeXL version 1.0.1.251 – an SNA software. While cleaning the data we ended up eliminating several organizations from the original list as we found out that some of them[4] either no longer existed or did not provide services to the population being studied.

GAP ANALYSIS

The SNA data collection allowed us to conduct a *gap analysis* of the services provided by the social service organizations in Worcester. A gap analysis is an effective and important method for uncovering the gaps – in this case, we are researching the gaps in the services provided by the social service organizations – that reduce the efficiency and performance of the services and programs provided by an organization. A gap analysis can serve as a tool to help an organization achieve its desired goals for improvement. "The function of a gap analysis is to identify the difference between actual performance and potential or desired performance" (CRA, n.d). The use of gap analysis allowed us to uncover the areas that need to be improved.

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[4] Organizations such as: Henry Willis Center, Crozier House, Francis Perkins Home Annex 2, Post-Acute Treatment/Pre-Residential Recovery Program, Worcester Public Inebriate Program and Worcester Triage and Assessment Center.

As with any study, there are limitations and ethical considerations to contemplate. Sex workers are considered sexually exploited women making them one of the most vulnerable groups to conduct research with. While working with numerous organizations that provided services to this population, we needed to be cautious of the terms used to refer to the women and be sensible while working with survivors. Our main limitation was time. The established time frame for data collection was very short, making it harder to collect information from each of the organizations identified. With more time we could have conducted follow-up interviews with questions that arise from the analysis and findings.

The intended sample size was of 32 organizations. Of those only 16 organizations responded, one organization was eliminated because it didn't provide services to the target population (sex workers), two organizations were eliminated because the facilities had been previously closed, and 6 organization were added during the data collection process, which gave us a total of 37 organizations analyzed in the referral network.

WORCESTER CASE STUDY

The following case study is an in depth analysis of the social service organizations in Worcester Massachusetts that might service female sex workers. This study reflects the type of organization, the services and programs it provides, and it maps out the referral network of these organizations in order to measure the effectiveness and efficiency of the referrals.

About The Organizations

In Worcester there are two types of social service organizations: parent organizations and subsidiary organizations (also known as child organizations)[5]. Of the 15 organizations, 80% are categorized as parent organizations and 20% as subsidiaries. Only 33% of the sample have special programs for and/or related to sex workers. When asked if the organization *knowingly* provided services to a female who the organization identified or the female self-identified herself as a sex worker, 80% responded yes while the remaining 20% answered no. During meetings with the Worcester Alliance Against Sexual Exploitation (WAASE), the topic of the sensitivity of the terminology used to refer to this group of women was brought up on numerous occasions. It was pointed out that terms like *prostitute* and *sex workers* were offensive to current and former sex workers. The offensive nature of the term could even cause obstacle when seeking services, seeing that the use of these terms could make these women feel marginalized and rejected. The term mainly used by the surveyed organizations to refer to women who sell sex for money is *Sexually Exploited Women*; the second most used

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[5] Firm that owns or controls other firms (called subsidiaries) which are legal entities in their own right.

term is *Prostitute,* and the least term used is *Sex Workers.* Asking this question among the organizations was very important.

Term Used by Organizations to Refer to Women who Sell Sex for Money
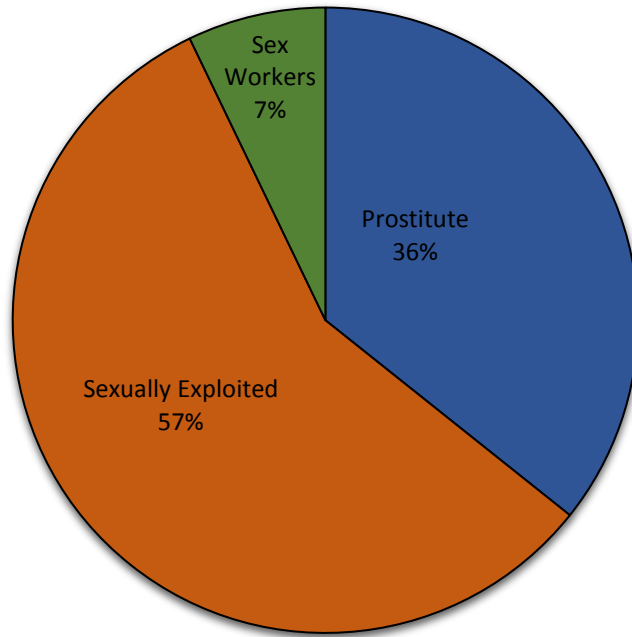
FIGURE 5: TERMS USED BY ORGANIZATIONS TO REFER TO WOMEN WHO SELL SEX FOR MONEY

The importance of documentation papers arose during several conversations in WAASE meetings noting that there are several organizations, like YMCA, that do not provide services to out-of-state individuals or foreign nationals thereby limiting the services available to women who are not natural to Massachusetts or who have been trafficked here. When women seek services, 33% of the organizations do ask for documentation papers while 60% of the sample does not ask for documentation papers, and 7% of the respondents did not know if the organization asked for the papers or not. Although no data was collected to verify

the demographics of the sex workers in Worcester, former sex workers at the WAASE table pointed out how many of the women who 'work' on the streets of Main South are from out-of-state causing significant limits in the amount of services that these women can receive.

Referral Networks

There are a total of 105 relationships amongst the social service organizations in the referral network. Out of all the organizations there is only one that self-loops, – in other words, it refers to itself – this organization is YWCA. The shortest path between one organization to another is represented by the geodesic distance. The average geodesic distance in the network is of 2.35, meaning that the level of connectedness within the network is low. The graph's density (which measure how connected the network is), on a scale of 0 – 1, has a very low value of 0.08. The organizations within the network are not very connected amongst themselves; their collaboration and communication is minimal. This is viewed as a problem since communication is key to providing effective and efficient referrals to other organizations. Lack of communication can lead to referrals being made to organization without capacity or worse, organizations that don't provide the services. Table 2 shows us the overall metrics of the referral network.

The in-degree measures the amount of referrals made to an organization, while the out-degree measures the amount of referrals an organization makes. The average referrals made and received are identical with a value of 2.84. However, the maximum referrals made and received vary with a value of 8 and 11, respectively. The organization with the highest betweenness centrality is Abby's House with a value of 290.75; this is followed by Pathways for Change with a value of 242.09. The closeness centrality measures how close an

organization is to others in the network as a whole. The top 5 organizations with the highest

closeness centrality share a value of 0.015 and are: Abby's House, Transitional Housing,

YWCA, Community HealthLink and Spectrum. From those results we can state that Abby's

House, Transitional Housing, YWCA, Community HealthLink and Spectrum are the

organizations that are more closely connected to all the other organizations in the network.

However, even though these organizations have the highest closeness centrality, their values

are very low meaning that their levels of interaction are very poor.

TABLE 2: OVERALL METRICS OF THE NETWORK OF REFERRALS OF SOCIAL SERVICE ORGANIZATIONS

Type of Measure	Value
Total Edges/Connections/Relationships	105
Average Geodesic Distance	2.35
Graph Density	0.08
Average In-Degree	2.84
Average Out-Degree	2.84
Betweenness Centrality	51.03
Closeness Centrality	0.01
Eigenvector Centrality	0.03
Clustering Coefficient	0.14

Figure 6 is a graph of the referral network among the social service organizations[6]. Although there are many organizations composing this graph, only eleven organizations are in the center leading us to note that the bulk of the referrals being made and received are among the same cluster of organizations. Although that alone does not represent a negative aspect, when we note the amount of organizations on the periphery we can determine that there *is* inefficiency in the referrals. Having the majority of the referrals concentrated among a few organizations can cause a strain on those organizations by receiving for referrals than they have capacity for.

FIGURE 6: ORGANIZATION'S REFERRAL NETWORK OF SOCIAL SERVICES IN WORCESTER, MA

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[6] A larger version of this graph is available in the Appendix 2

Figure 7 represents the referrals received by the organizations[7]. The circles represent an organization and the bigger the circle the more referrals they receive. With the relationships (which are represented by the lines connecting one organization to another), the line thickness represents the amount of referrals being received from one to another. As with our overall referral network, we can see how only a cluster of organizations seem to be receiving the bulk of referrals while other organizations barely receive any. Table 3 provides the top ten organizations that are receiving referrals within the network. Maybe no one organization has all the services and programs a person or a city may need, but every organization has numerous services and programs making a comprehensive network of services and programs provided to Worcester. If knowledge were to be facilitated of the organizations and all the services and programs they offer, there could be better use made of them which would result in a tighter more connected network.

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[7] A larger version of this graph is available in Appendix 3

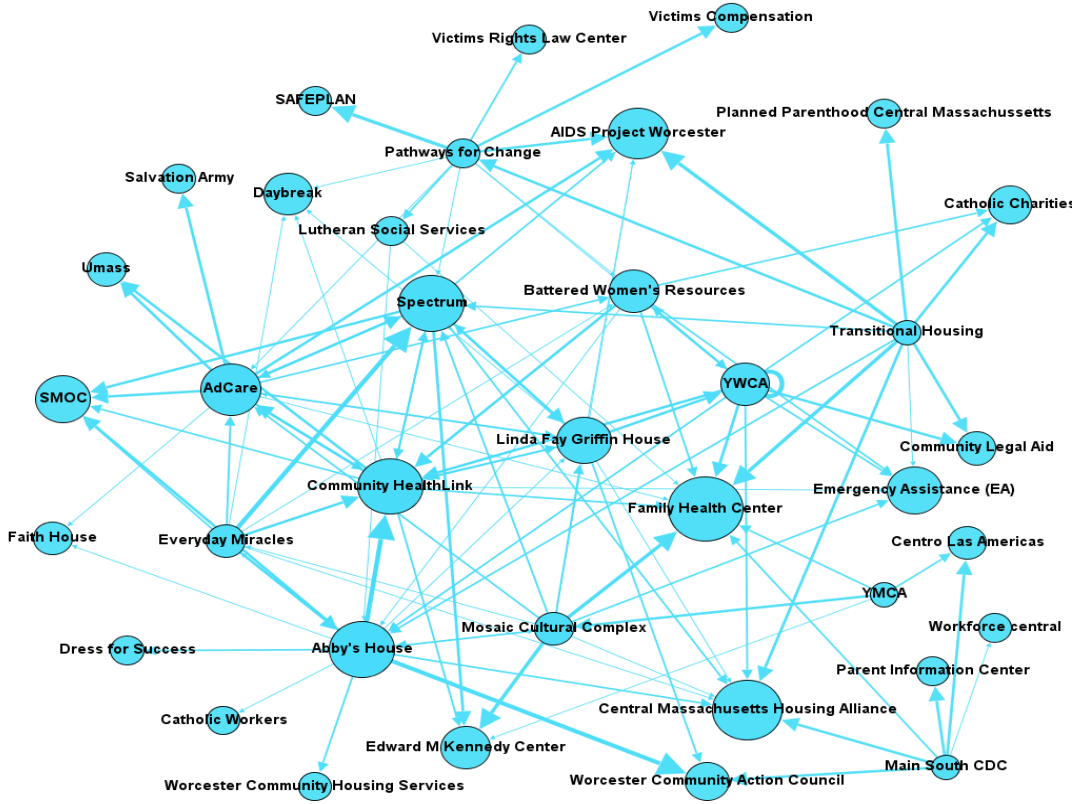*FIGURE 7: NETWORK OF REFERRALS RECEIVED (IN-DEGREE)*

TABLE 3: TOP TEN ORGANIZATIONS THAT RECEIVE REFERRALS (IN-DEGREE)

Organization	In-Degree
Central Massachusetts Housing Alliance	8
Family Health Center	8
Spectrum	7
AdCare	6
Community HealthLink	6
Abby's House	6
AIDS Project Worcester	6
Linda Fay Griffin House	5
SMOC	5
Daybreak	4

Figure 8 illustrates the graph based on the referrals made by the organizations.[8] The circles represent an organization and the bigger the circle the more referrals they make. With the relationships (which are represented by the lines connecting one organization to another), the line thickness represents the amount of referrals being made from one to another. Of note in Figure 8, Pathways for Change is the 5th organization with the most amounts of referrals made to other organizations, but – as we can see in Figure 7 – Pathways for Change barely receives any referrals. This was a point also noted in a preliminary findings presentation, given to the DPH and WAASE, when many of the representatives of the organizations weren't aware of given organization's existence.
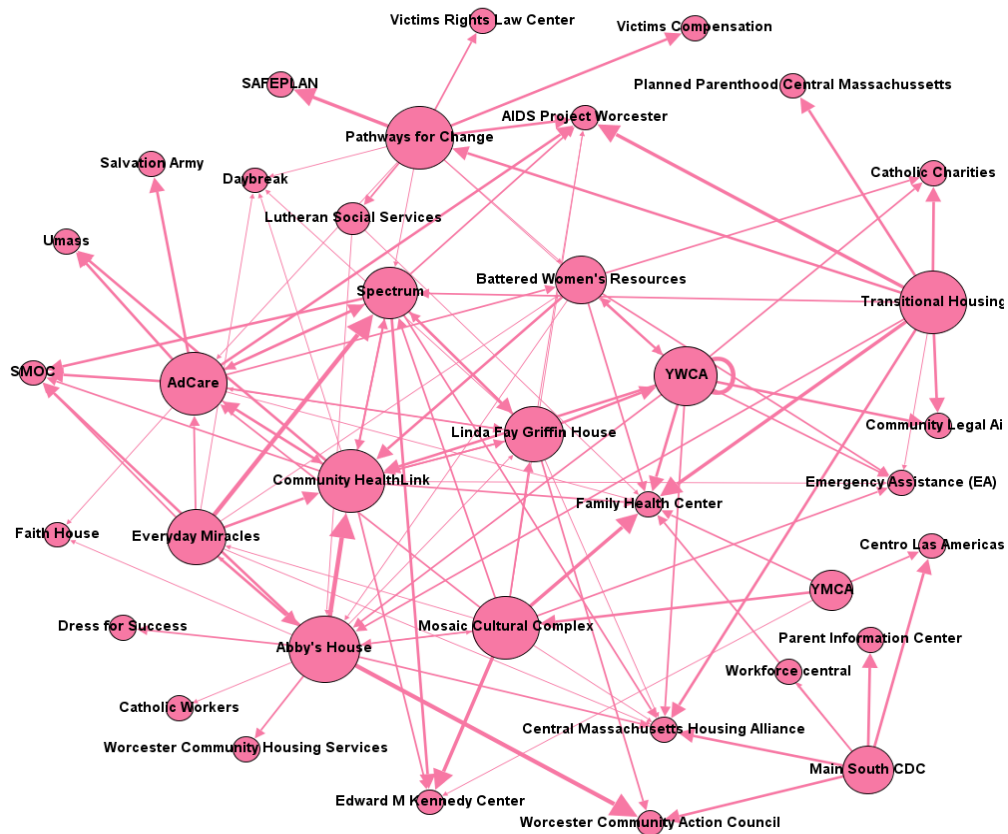

FIGURE 8: NETWORK OF ORGANIZATIONS MAKING REFERRALS (OUT-DEGREE)

[8] A larger version of this graph is available in Appendix 4

Table 4 shows the top ten organizations that are making referrals within the network.

TABLE 4: TOP TEN ORGANIZATIONS THAT MAKE REFERRALS (OUT-DEGREE)

Organization	Amount
Abby's House	11
AdCare	10
Community HealthLink	10
Mosaic Cultural Complex	10
Pathways for Change	10
Transitional Housing	10
YWCA	9
Linda Fay Griffin House	8
Everyday Miracles	8
Spectrum	7

A comparison of Table 3 and Table 4 demonstrates that out of the top ten organizations making and receiving referrals, 5 of these organizations – Abby's House, AdCare, Community HealthLink, Linda Fay Griffin House, and Spectrum – have a strong role within the network. This also supports our conclusion that the bulk of referrals are being shouldered by a small cluster of organizations.

Figure 9 illustrates the percentage of the types of cases that are referred. The top category referred is Shelter, while the organization that receives the most referrals which is Central Massachusetts Housing Alliance (CMHA). Although CMHA provides help for housing, they do not provide shelter; this represents a flaw in the referrals.

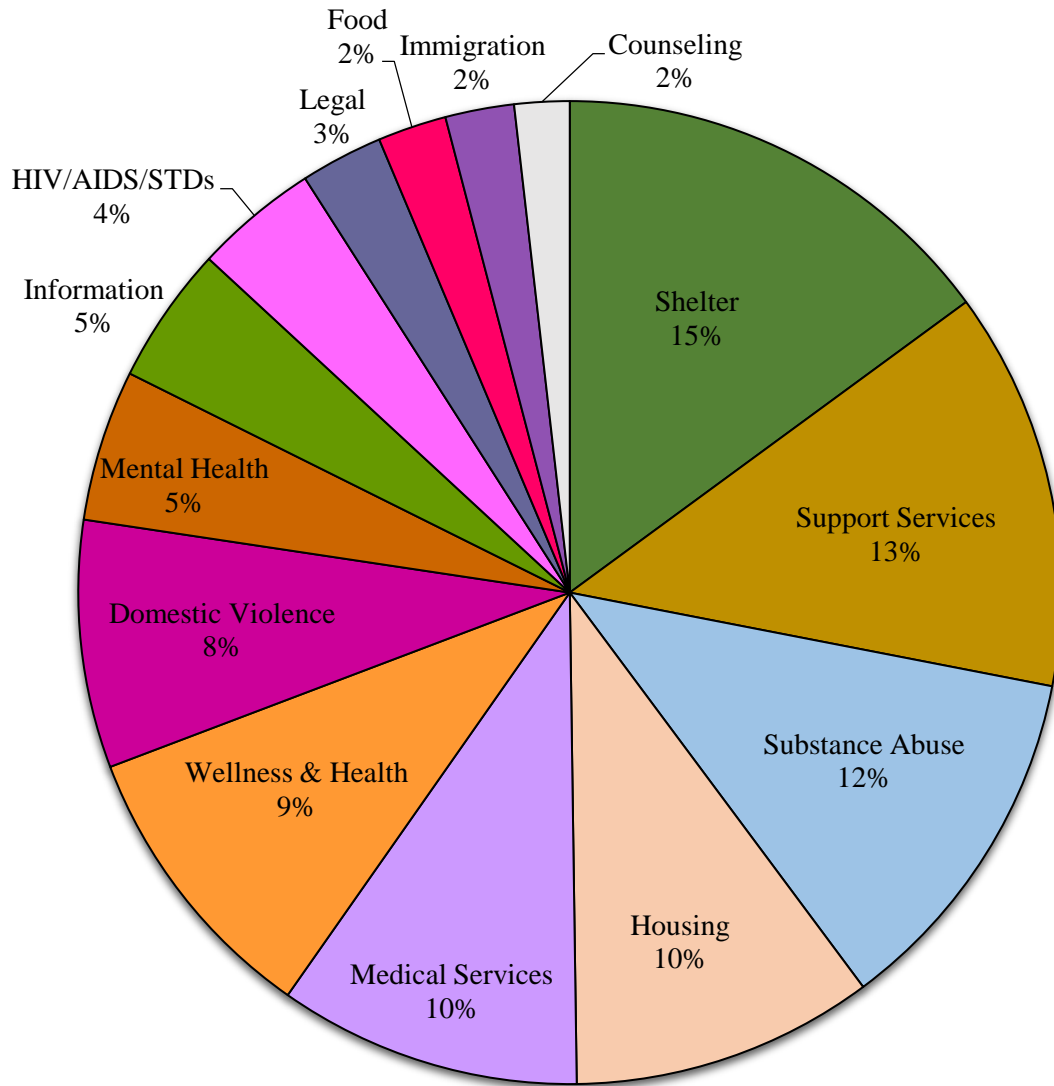# Percentage of Referrals Made to Organizations by Category

FIGURE 9: PERCENTAGE OF REFERRALS MADE TO ORGANIZATIONS BY CATEGORY

After presenting our preliminary findings to the Worcester Division of Public Health and WAASE in which representatives of organizations in our study were present, we obtained new information that contributed to the analysis of the referral network. This included concerns about: (1) how there were organizations being referred cases in which they did not provide the service, (2) how the bulk of the referrals are being concentrated among a small

cluster of organizations, which in itself isn't a negative aspect, but it demonstrates a lack of knowledge of the services that other organizations offer, (3) the mere existence of certain organizations was unknown among representatives at the table. AS further evidence of the lack of knowledge among these organizations, is the fact that the majority of the organizations within the network are located around the Main South area, as you can see in Map 2, which is the area with the highest concentration of sex workers in Worcester.
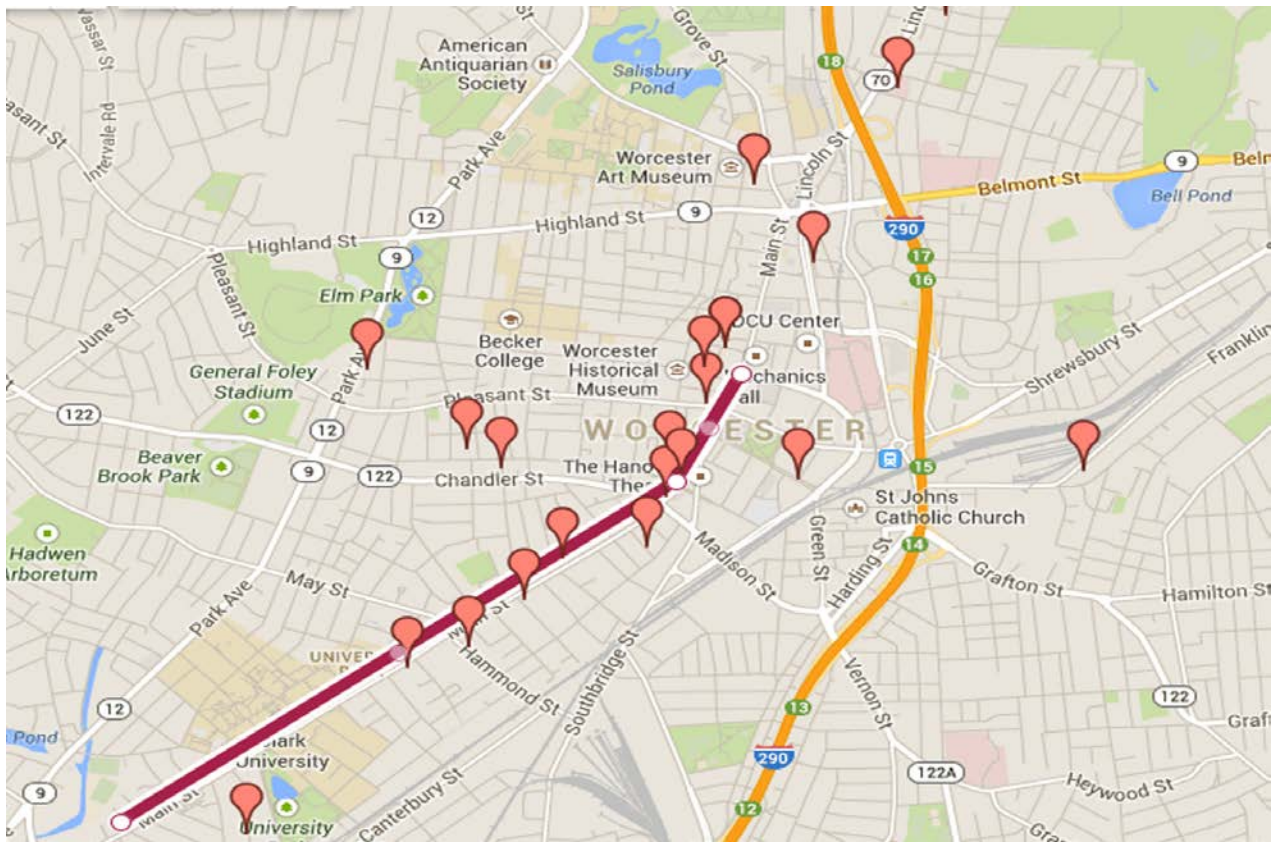
MAP 2: LOCATION OF SOCIAL SERVICE ORGANIZATIONS IN WORCESTER, MASSACHUSETTS

The lack of knowledge of the services and programs provided by the organizations in the network is also demonstrated in the actual referrals. We found cases – like Figure 10, 11, 12, and 13 which are explained subsequently – where there is no doubt that the organizations are not completely aware and/or informed of the actual services provided by the organizations in the network.
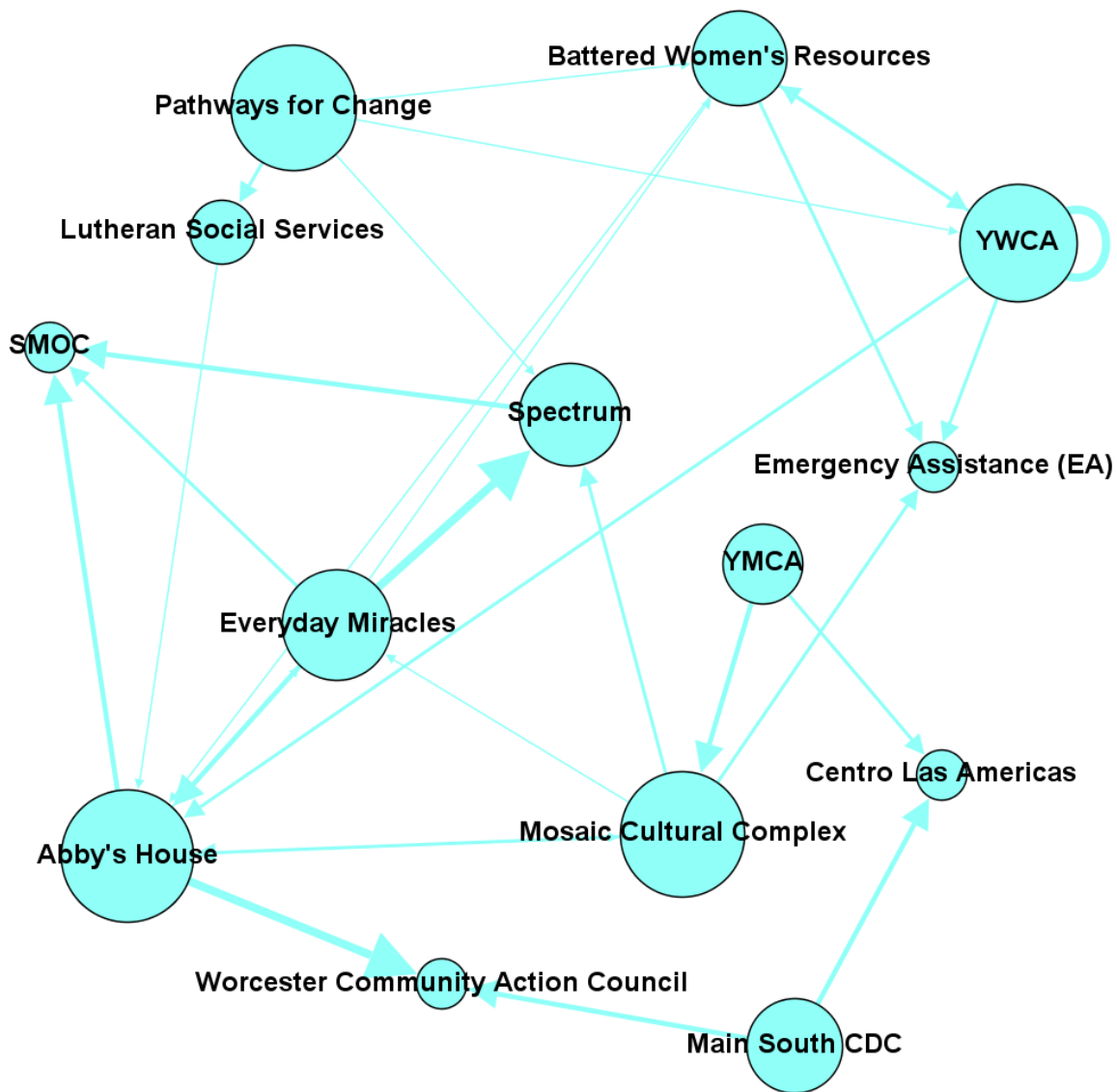

FIGURE 10: ORGANIZATION'S THAT PROVIDE ADVOCACY SERVICES

Figure 10 illustrates the organizations that provide services for advocacy services. Figure 11 shows Victims Compensation as the only organization being referred to for this service. It's interesting to note how Pathways for Change (PFC) is an organization that identified itself as providing advocacy services. What is curious about this particular case study is that Pathways for Change, an organization that identified itself as providing Advocacy services, refers to Victims Compensation – an organization not identified as providing such service, and is a program of the District Attorney's office which provides victims of violent crimes with financial compensation.
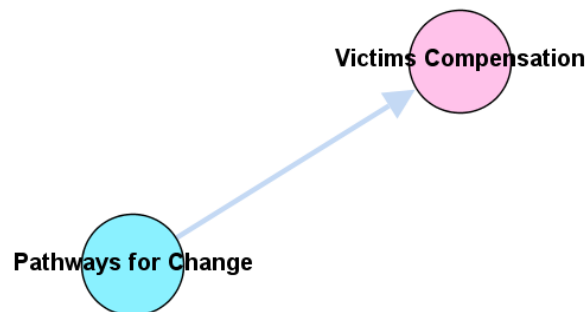

FIGURE 11: ADVOCACY REFERRAL

Figure 12 illustrates the 5 organizations – Abby's House, Battered Women's Resources, Daybreak, and YWCA – that provide domestic violence shelters, while Figure 13 illustrates the organizations that are getting referred to for domestic violence shelters.
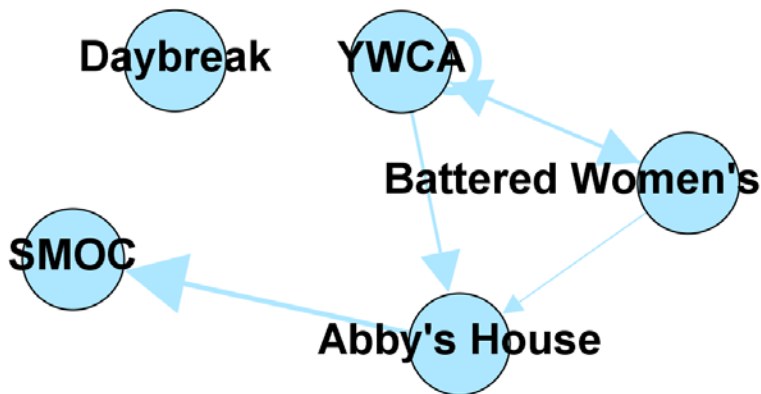
FIGURE 12: ORGANIZATIONS THAT PROVIDE DOMESTIC VIOLENCE SHELTERS

Of the two organizations identified as providing domestic violence shelters in Figure 12, only one of these organizations is receiving referrals for the latter. By referring to organizations without the services needed, a woman can fall through the existing gaps, which consequently could lead to a lack of access of services among this community.

FIGURE 13: ORGANIZATIONS RECEIVING REFERRALS FOR DOMESTIC VIOLENCE SHELTERS

CONCLUSION

Our current research and results are to be reported to the Worcester Department of Public Health and WAASE and we hope our recommendations will strengthen the social network of services provided to sex workers in the city of Worcester.

Our results reveal that there is a lack of communication and knowledge among the network of social service organizations that may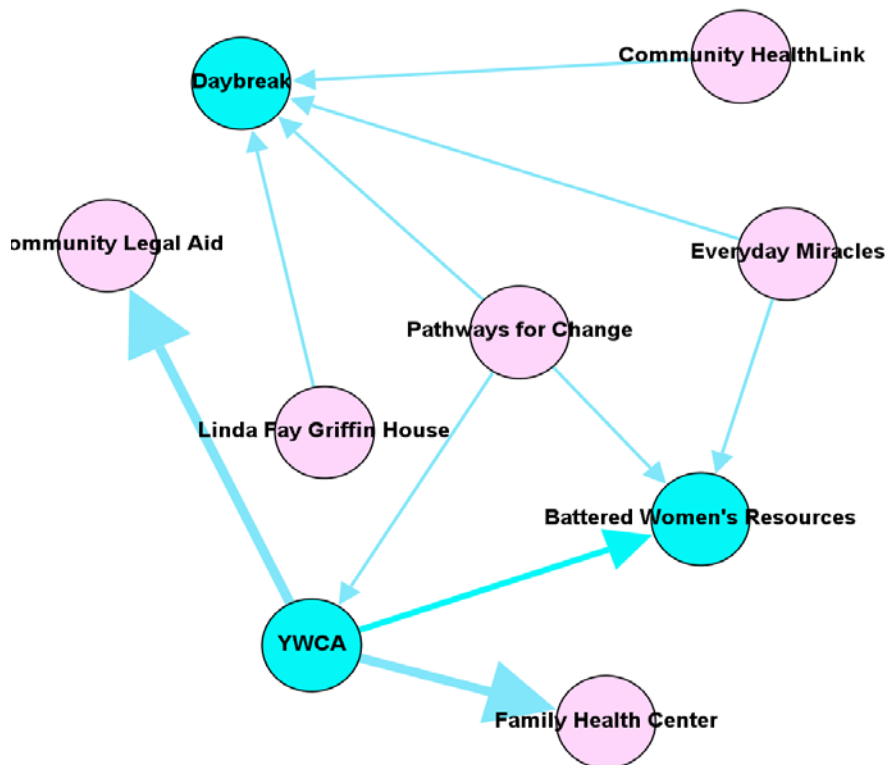 provide services to sex workers in Worcester County. The lack of communication and knowledge has created an inefficient referral network. Insufficient knowledge of the various services and programs offered by an organization and the mere knowledge of the existence of an organization has led to: (1) referrals being made to organizations that do not provide the needed service, and (2) the weight of referrals of certain types of cases falling on few organizations. The ideal situation would be to have the least connected organizations become more connected within the network in order to redistribute the referrals and make the most out of the numerous varied services provided by the organizations by increasing the overall capacity of a specific service. With increased communication, knowledge, and collaboration among the social service organizations the referral network would improve leading to:

1. Organizations taking advantage of the services and programs they do not offer but are provided by other social service organizations.

2. The weight of the referrals would be redistributed amongst numerous organizations that offer the same or similar services but had not been included previously in the referral network due to lack of knowledge of the existence of the organization, programs and/or services provided.

RECOMMENDATIONS AND FUTURE RESEARCH

RECOMMENDATIONS

After reviewing our findings, we conclude that there is a great need for certain programs and services (like money management and staff training), information, knowledge and communication. Due to these needs we suggest recommendations that can address these issues in a context that is applicable in Worcester, Massachusetts.

Training Program

Through a multi-agency framework, the research specifically aims to identify best practices in serving sex workers, and to expand awareness amongst those working with sex work/sexual exploitation issues through the development of a training program for local professionals working in the social service sector. While this studying was being completed, WAASE developed a proposal named A Ray of Light (AROL) which purpose was to train one person from each collaborating organization within WAASE. The following are recommendations for the AROL training program.

1. Develop training materials and resources drawing on agency experiences and knowledge of sex work/sexual exploitation and victim vulnerability in the city of Worcester;

2. Conduct training based on the developed materials for those involved in preventing and reducing sex work/sexual exploitation, assisting women and girls and those with a responsibility for responding to human rights violations;

3. Conduct Training the Trainers within specific organizations to support a workable multiplier effect (cascade training model);

The Best Practices identified throughout the research should serve as a guide for future capacity building and technical co-operation projects on providing services for sex workers.

Creation of a Referral Database

We identified the need to streamline communication, knowledge and collaboration among the organizations within the network in order to improve the efficiency of the referral network. Therefore, through the creation and regular maintenance of a simple database that stores all the information of capacity, contact information, and hours of operation, services and programs offered by all the social service organizations in Worcester that might service sex workers; this should be created with the goal of establishing a comprehensive database of all the social service organizations in Worcester County. In order to be effective the database should be made accessible to the organizations to use when needed.

Based on our findings we have begun to draft a template for a database using Microsoft Access that can store all the information about the organizations, any information pertinent regarding their alliance and collaboration with WAASE and any other information that could be useful in helping to improve the effectiveness and efficiency of the social services referral network.

SUGGESTIONS FOR FUTURE RESEARCH

Our research had various limitations, the main one being time and collaboration. Although our research mapped out the network for 32 organizations, we were only able to interview 16. For these reasons, we recommend a deeper study of the services and referral network by focusing on mapping out the steps and path needed to receive a service after being referred by an organization.

Now that we have studied the services need to be provided, we need to focus on what services do sex workers in Worcester really need, and which ones they access most frequently. Therefore, we express a need for a study that focuses on exploring the real needs of sex workers in Worcester through focus groups, in-depth interviews, and informal interviews. With the combination of these results of these two studies can efficiency and effectiveness truly be at its peak.

APPENDIX

Social Service Organizations Referral Network Survey

For the sake of this survey, we define **PROSTITUTE/SEX WORKERS** as a person who solicits and accepts payments for sexual acts. For the sole purposes of this study, we refer to **PROSTITUTES/SEX WORKERS** as only *FEMALES.*

PART 1: QUESTIONS ABOUT YOUR ORGANIZATION

1. Are you a parent organization or a subsidiary organization?

   ☐ Parent
   ☐ Subsidiary
   If answered ***Subsidiary*** in the previous question, continue onto question **2**. If answered *Parent*, continue onto question **3**.

2. What is the name of your parent organization?

   _____

3. What term does your organization use to refer to **PROSTITUTES/SEX WORKERS**?

   _____

4. How would you classify your organization?

   ☐ Direct Services
   ☐ Referral
   ☐ Direct Services & Referral
   ☐ None of the above or Other _____
   ☐ No Answer

5. Which of the following programs listed below does your organization offer? *Choose a minimum of 4.*

☐ Food   ☐ Professional Counseling
☐ Emergency Food Pantry   ☐ Peer-to-Peer Counseling
☐ Emergency Shelter   ☐ Education
☐ Family Shelter   ☐ Job Training
☐ Domestic Violence Shelter   ☐ Case Management
☐ Transitional Housing   ☐ Advocacy
☐ Long-Term Housing   ☐ Outreach
☐ Safe House   ☐ Interventions
☐ Substance Abuse Rehabilitation ☐ Other
☐ Mental Health
☐ Health Services/Medical Attention

6. Has your organization ever provided services to a **female** who your organization identified or who self identified themselves as a PROSTITUTE/SEX WORKER?

☐ Yes
☐ No
☐ Don't Know
If answered <u>**Yes**</u> in the previous question, continue to question **7**. If answered *No* or *Don't Know* continue to question **8**.

7. On an average per month, how many **PROSTITUTES/SEX WORKER** does your organization provide services for or refer?

_____ per month

8. If a person comes in, does your organization ask for documentation papers?

☐ Yes
☐ No
☐ Don't Know
If answered **Yes** in the previous question, continue onto question **9**. If answered *No or Don't Know*, continue onto question **10**.

9. If a person does not have documentation papers, what does your organization do?

    ☐ A) Provide Service
    ☐ B) Deny Service
    ☐ C) Call Authorities
    ☐ D) A & C
    ☐ E) B & C
    ☐ F) None of the Above
    ☐ E) No Answer

10. Does your organization have special programs and/or initiatives for working with

    prostitutes?

    ☐ Yes
    ☐ No
    ☐ Don't Know
    If answered *Yes* in the previous question, continue onto question **11**. If answered *No* or
    Don't Know, continue onto question **12.**

11. What is the name of the program and/or initiative that your organization has for

    PROSTITUTES/SEX WORKER?

    _____

    _____

Part 2: Referral Network

12. Of the organizations listed below, which **TEN** do you refer clients to on a regular basis?

1. Abby's House Inc
2. AdCare Hospital
3. AIDS Project Worcester
4. Battered Women's Resources
5. Catholic Workers
6. Central Massachusetts Housing Alliance
7. Community HealthLink
8. DayBreak
9. Dismas House
10. Emergency Assistance (EA)
11. Faith House
12. Friendly House
13. Linda Fay Griffin House
14. Lutheran Social Services of New England (LSSNE)
15. Mosaic Cultural Complex
16. Pathways for Change
17. Salvation Army
18. South Middlesex Opportunity Council (SMOC)
19. Spectrum
20. YMCA
21. YWCA
22. Everyday Miracles
23. Straight Ahead Ministries
24. Umass
25. Main South CDC
26. Family Health Center
27. Edward M Kennedy Center
28. Centro Las Americas
29. Worcester Community Action Council
30. Planned Parenthood Central Massachusetts
31. Dress for Success
32. *Other _____*

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Referral 1: _____

13. What type of cases does your organization refer to _____?

    _____

    _____

14. On average per month, how many people do you refer to_____?

    _____ per month

15. Does your organization refer **PROSTITUTES/SEX WORKERS** to _____?
    - ☐ Yes
    - ☐ No
    - ☐ Don't Know

16. Do you collaborate with _____?
    - ☐Yes
    - ☐ No

Referral 2: _____

17. What type of cases does your organization refer to _____?

    _____

    _____

18. On average per month, how many people do you refer to_____?

    _____ per month

19. Does your organization refer **PROSTITUTES/SEX WORKERS** to _____?
    - ☐ Yes
    - ☐ No
    - ☐ Don't Know

20. Do you collaborate with _____?
- ☐ Yes
- ☐ No

21. What type of cases does your organization refer to _____?

_____

_____

22. On average per month, how many people do you refer to_____?

_____ per month

23. Does your organization refer **PROSTITUTES/SEX WORKERS** to _____?
- ☐ Yes
- ☐ No
- ☐ Don't Know

24. Do you collaborate with _____?
- ☐ Yes
- ☐ No

25. What type of cases does your organization refer to _____?

_____

_____

26. On average per month, how many people do you refer to_____?

_____ per month

27. Does your organization refer **PROSTITUTES/SEX WORKERS** to _____?
- ☐ Yes
- ☐ No
- ☐ Don't Know

28. Do you collaborate with _____ ?
    ☐Yes
    ☐ No

29. What type of cases does your organization refer to _____ ?

    _____

    _____

30. On average per month, how many people do you refer to_____ ?

    _____ per month

31. Does your organization refer **PROSTITUTES/SEX WORKERS** to _____ ?
    ☐ Yes
    ☐ No
    ☐ Don't Know

32. Do you collaborate with _____ ?
    ☐Yes
    ☐ No

33. What type of cases does your organization refer to _____ ?

    _____

    _____

34. On average per month, how many people do you refer to_____ ?

    _____ per month

35. Does your organization refer **PROSTITUTES/SEX WORKERS** to _____?

☐ Yes
☐ No
☐ Don't Know

36. Do you collaborate with _____?
☐Yes
☐ No

Referral 7: _____

37. What type of cases does your organization refer to _____?

_____

_____

38. On average per month, how many people do you refer to_____?

_____ per month

39. Does your organization refer **PROSTITUTES/SEX WORKERS** to_____?

☐ Yes
☐ No
☐ Don't Know

40. Do you collaborate with _____?
☐Yes
☐ No

Referral 8: _____

41. What type of cases does your organization refer to _____?

_____

_____

42. On average per month, how many people do you refer to _____?

_____ per month

43. Does your organization refer **PROSTITUTES/SEX WORKERS** to _____?
- ☐ Yes
- ☐ No
- ☐ Don't Know

44. Do you collaborate with _____?
- ☐ Yes
- ☐ No

45. What type of cases does your organization refer to _____?

_____

_____

46. On average per month, how many people do you refer to _____?

_____ per month

47. Does your organization refer **PROSTITUTES/SEX WORKERS** to _____?
- ☐ Yes
- ☐ No
- ☐ Don't Know

48. Do you collaborate with _____?
- ☐ Yes
- ☐ No

49. What type of cases does your organization refer to _____ ?

_____

_____

50. On average per month, how many people do you refer to_____ ?

_____ per month

51. Does your organization refer **PROSTITUTES/SEX WORKERS** to _____ ?
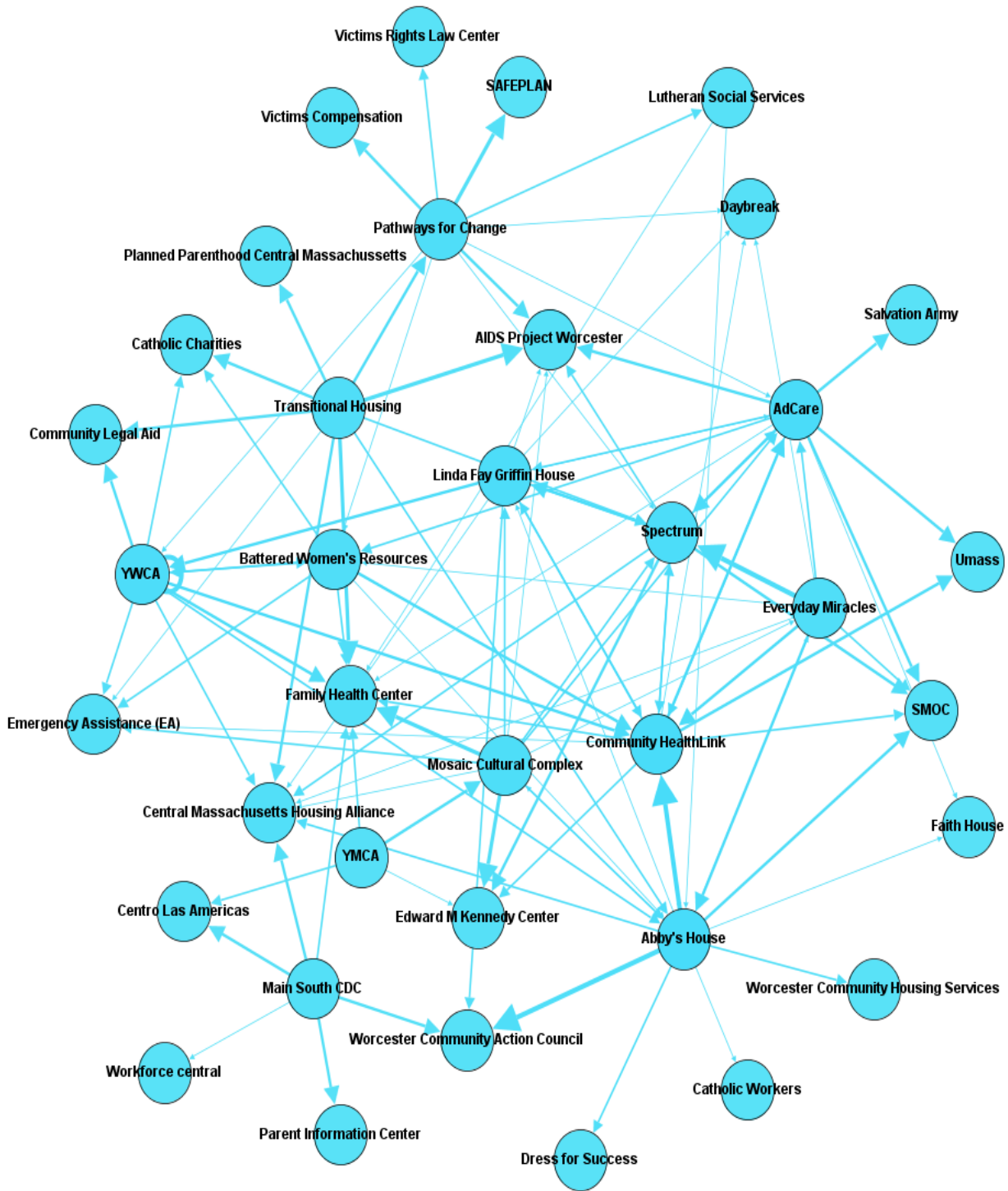 ☐ Yes
 ☐ No
 ☐ Don't Know
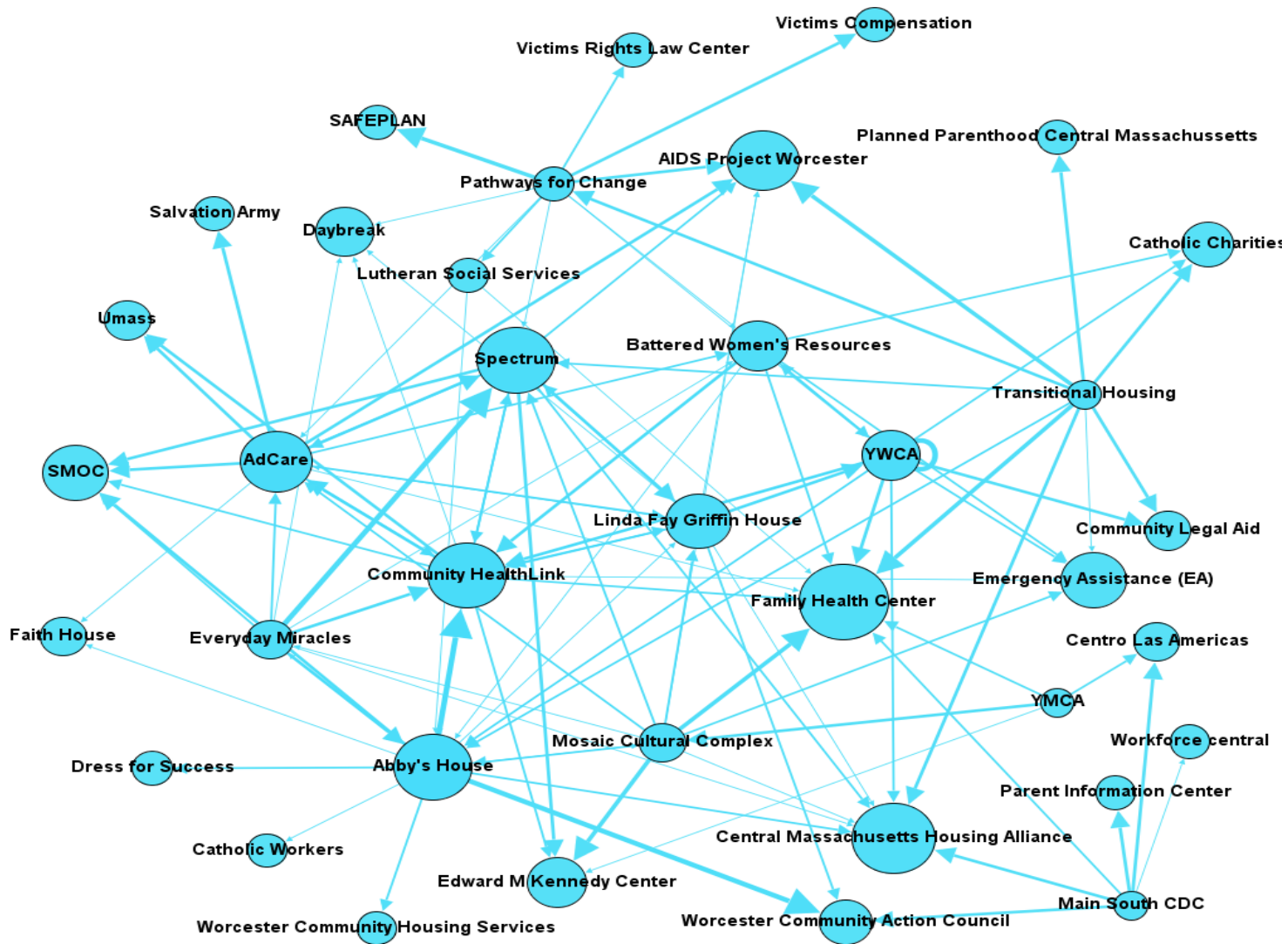
52. Do you collaborate with _____ ?
 ☐Yes
 ☐ No

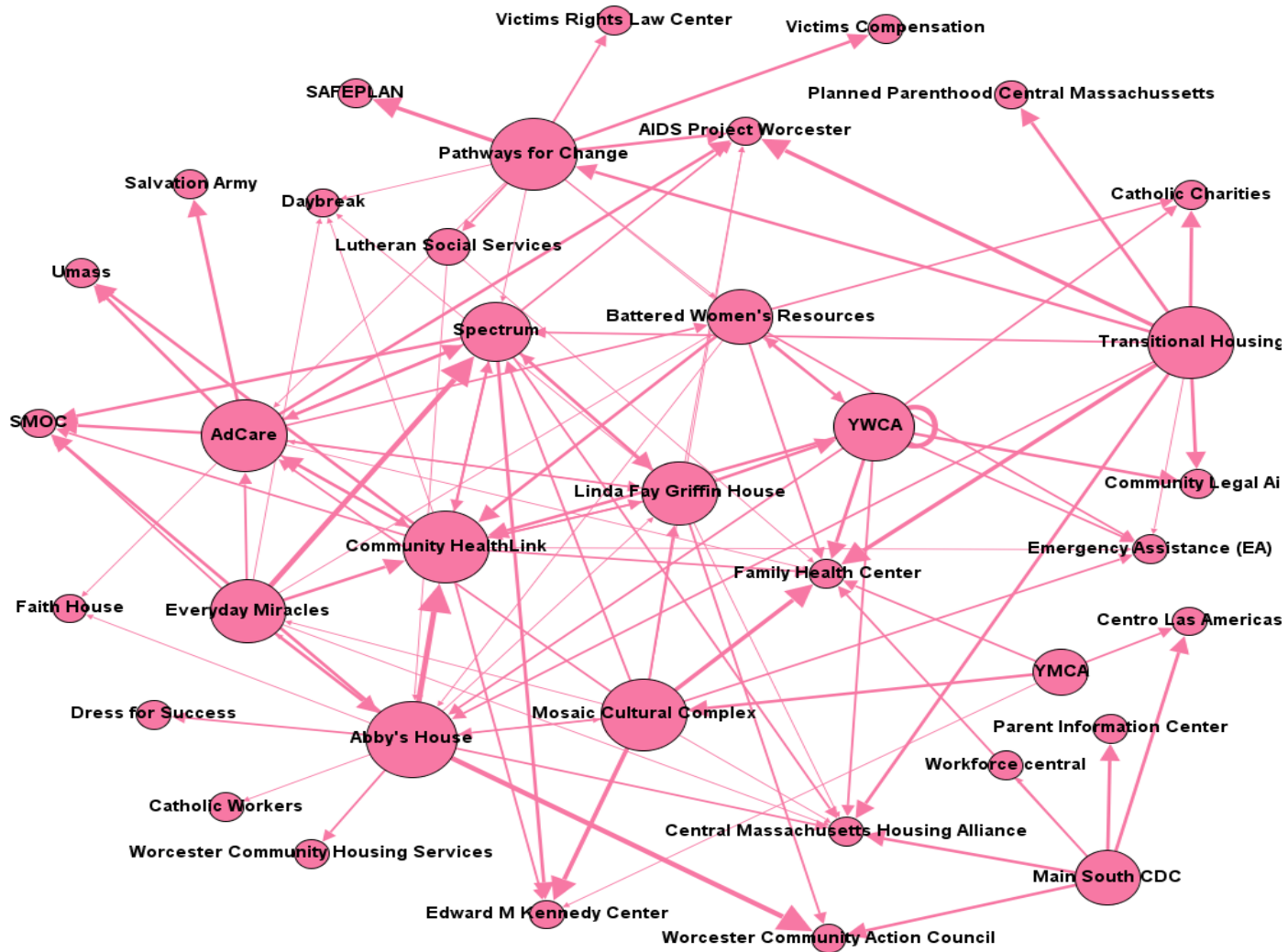## YOU HAVE REACHED THE END OF THE SURVEY.
Thank You for Participating.

APPENDIX 3: ORGANIZATIONS THAT RECEIVE REFERRALS (IN-DEGREE)

APPENDIX 5: PERCENTAGE OF REFERRALS BY TYPE OF SERVICE

Referral Category	Percentage of Referrals
Shelter	14.22
Support Services	12.50
Substance Abuse	11.21
Housing	9.48
Medical Services	9.48
Wellness & Health	9.05
Domestic Violence	7.76
Mental Health	4.74
Information	4.31
HIV/AIDS/STDs	3.88
Legal	2.59
Immigration	2.16
Food	2.16
Counseling	1.72
Harassment/Stalking	1.72
Sexual Assault	1.72
Latin/Hispanic	0.86
Advocacy	0.43

Referral Category	Organization	Percentage of Cases Referred
Shelter	Abby's House	16
	SMOC	13
	Central Massachusetts Housing Alliance	13
Medical Services	Edward M. Kennedy Center	27
	Spectrum	15
	Umass	15
Substance Abuse	Spectrum	55
	AdCare	18
	Community HealthLink	14
Support Services	Worcester Community Action Council	18
	Mosaic Cultural Complex	9
	Parent Information Center	9
Housing	Central Massachusetts Housing Alliance	40
	SMOC	15
	Worcester Community Housing Services	10
Wellness & Health	Family Health Center	33
	Edward M. Kennedy Center	11
	Community HealthLink	11
Domestic Violence	Daybreak	36
	Battered Woman Resources	21

	Pathways for Change	7
HIV/AIDS/STDs	Aids Project Worcester	100
Mental Health	Spectrum	20
	AdCare	20
	Umass	20
Information	Catholic Charities	40
	Battered Woman Resources	20
	Lutheran Social Services	20
Food	Mosaic Cultural Complex	20
	Aids Project Worcester	20
	Worcester Community Action Council	20
Counseling	Community HealthLink	50
	Worcester Community Action Council	25
	AdCare	25
Legal	Victim's Rights Law Center	50
	Community Legal Aid	50
Harassment/Stalking	SAFEPLAN	75
	Pathways for Change	25
Latin/Hispanic	Centro Las Americas	100
Health Information	Planned Parenthood Central Massachusetts	50
	Family Health Center	50
Sexual Assault	Victims Compensation	33
	SAFEPLAN	33
	Pathways for Change	33
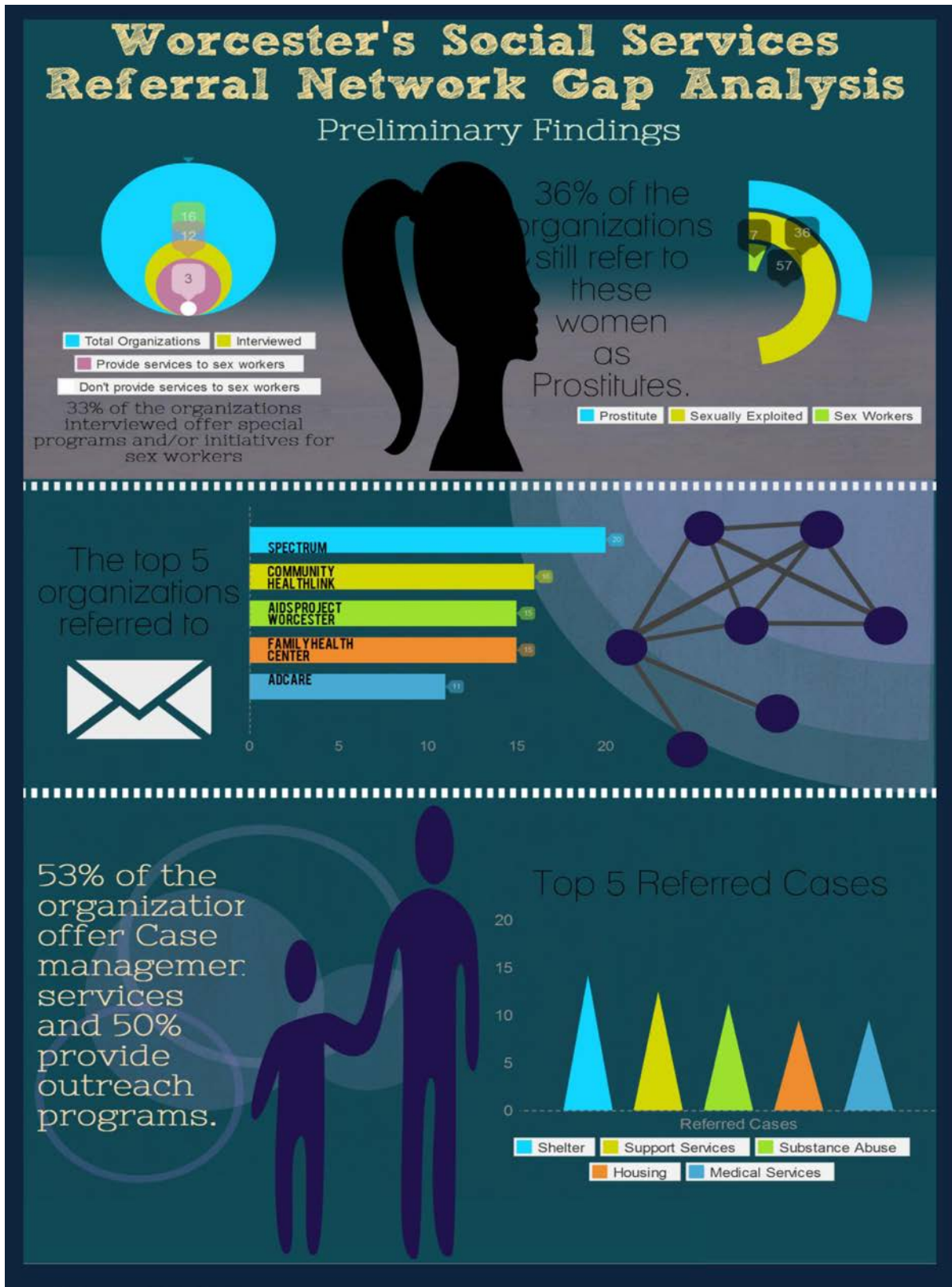
APPENDIX 8: FLOW CHART OF THE PATH A SEX WORKER TAKES IN THE WORCESTER LEGAL SYSTEM AFTER BEING ARRESTED
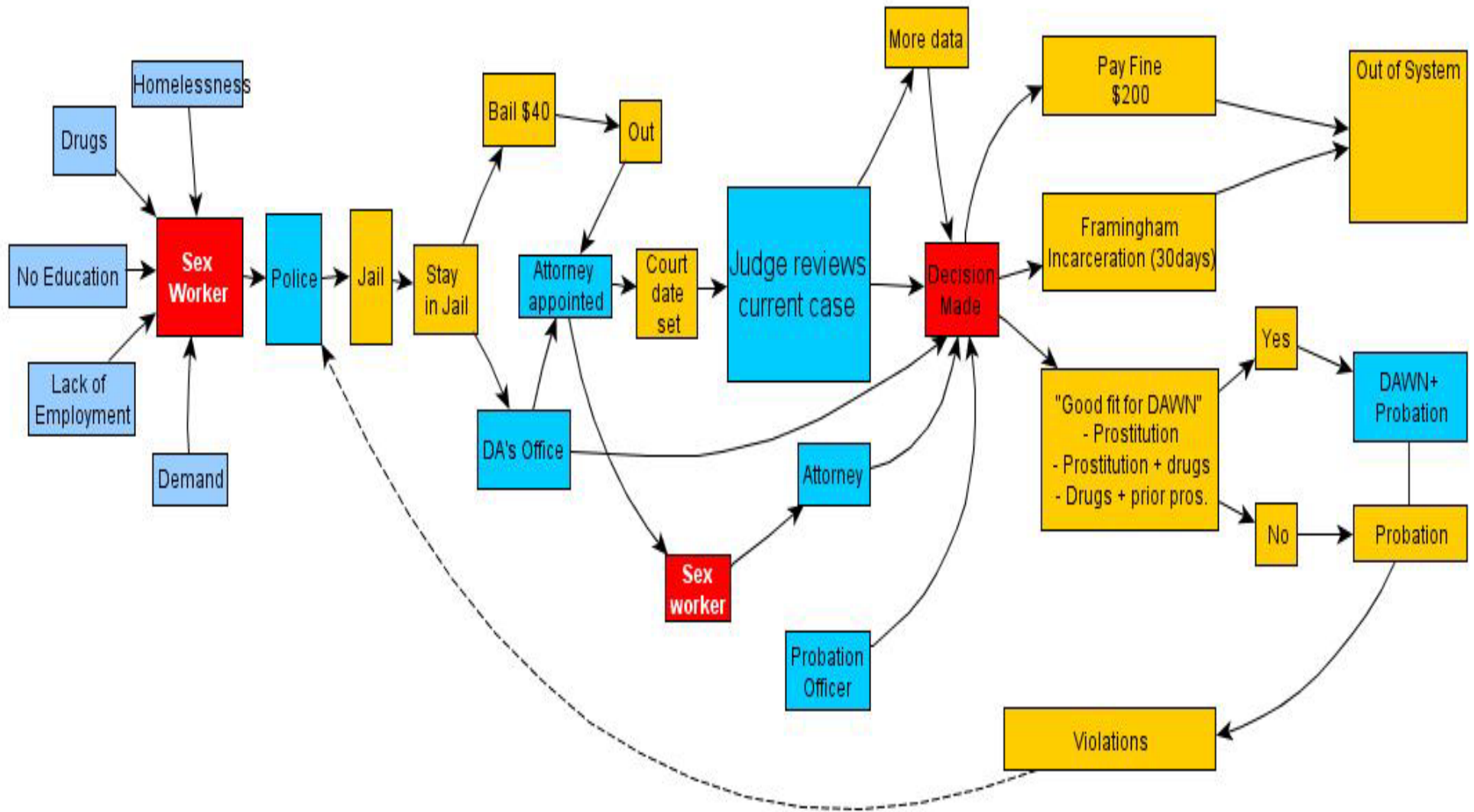
Source: Muruges, T, Belcher, A, Lynum, E. (2013). "Turning Tricks to Get a Fix" Clark University.

GLOSSARY

SNA – Social Network Analysis

WAASE – Worcester Alliance Against Sexual Exploitation

DPH – Worcester Division of Public Health

Sex worker – we use this term to refer to *females* who sell sex for money

Social Network Analysis – is a structure composed of a set of actors, some of whose members are connected by a set of one or more relations

Degree – Number of connections

Actors/Nodes – it refers to the organization

Social network – is a structure composed of a set of actors, some of whose members are connected by a set of one or more relations

Closeness centrality – reflects how near a node [organization] is to the other nodes [organizations] in the social network.

Betweeness – measures the extent to which other actors lie on the geodesic path (shortest distance) between pairs of actors in the network

In-degree – measures the amount of referrals made to an organization

Out-degree – measures the amount of referrals an organization makes

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