

Interviewee: Nicole Bell
Interviewers: Charlene L Martin and Maureen Ryan Doyle
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Abstract: Nicole Bell was born in 1980 in Dorchester, MA. She is the founder and CEO of LIFT [Living in Freedom Together] a nonprofit in Worcester, MA that runs several programs addressing the ending of prostitution and promoting recovery from trauma, substance use disorder, and mental health disorder. In this interview, Ms. Bell shares her own experiences with drug use disorder and her years as a prostituted woman which led to her finding her voice and becoming an outreach worker to other women. LIFT began as a place for women to find shelter and grew to services that include Jana's Place, HARBOR, CATI Program among others. She speaks national and internationally to police organizations and others wishing to find solutions to the sale of women's bodies and is a strong advocate for her programs to be survivor led stating, "We really believe that survivors should be in everything and anything that we do."

CLM: Thank you for joining us this morning and allowing us to record your oral history for the Worcester Women's Oral History Project. We are going to start with some basics like what is your full name?

NB: My full name is Nicole Maureen Bell.

CLM: And you are – what is your title with LIFT [Living in Freedom Together]?

NB: I'm the founder and chief executive officer here at Living in Freedom Together as we call it.

CLM: And what year and where were you born?

NB: I was actually born on New Year's Eve in 1980 [Nicole's daughter is in the room and makes occasional noises] – a tax deduction [laughs]. I was born at St. Elizabeth's Hospital in Dorchester [MA].

CLM: Have you ever been married?

NB: I am currently. My husband's name is Manuel Pena.

CLM: Do you have any children?

NB: I do. I have a two-year old, Adelina Pena, and a six-year old, Sebastian Pena. And then I also have two children that I do not—that I lost due to my substance abuse, mental health, and exploitation.

CLM: And what would you like us to know about your younger years.

NB: So, I think my younger years, I think what's important is my father and mother and three sisters, we grew up – my mother was really sick and my mother tried really hard to be present and the best mother that she could be. She was a registered nurse and ended up getting really sick when we were children and so my childhood was not an easy one between trying to figure out who was going to take care of us, my father trying to work to support our family, and me and my sisters getting shuffled around. And like I said, my father and mother—my mother was an incredible woman, my father is an incredible father, but they were doing the best they could with the circumstances that they had. And so, we didn't get the support that we needed. A lot of what was happening in our lives went unnoticed. And really the systems that were in place—that should have been in place—to catch us as a safety net really didn't.

CLM: Was this in the general Boston area?

NB: Yes, I was born in Dorchester. We lived in Quincy initially and then we moved to Stoughton, MA, so that's where I went to elementary and high school.

MRD: I'm just curious, Nicole, where in the birth order are you?

NB: I'm the second so I have an older sister, Tracy, and two younger sisters, Katie, who is right after me, and then Joanna.

CLM: There were no other relatives or anyone else that could help with the situation?

NB: My grandmother, my mother's mother, tried. I will say she has a large family; my mother is one of seven or eight and then my grandmother also raised a foster child. At that point in her life she was seventy and had raised her own family. Not that she didn't want to. She tried as did my mother's sisters, but everybody had their own lives. And also, I can tell you, as a child, one thing I realize now is stability is so important and I remember just being like never knowing who was going to be home when I got out of school. Right? Who was going to be there to take care of us. And everybody has different rules [laughs] and never having any kind of structure or stability. [Adelina cries and Nicole comforts her]

MRD: Did you ever have any pressure on you to take care of your younger sisters?

NB: It's so funny because when I look back now, I didn't—well in many ways I was doing those things. We used to take the train into Boston to Mass General Hospital to visit my mother. Myself and my two little sisters. When you think about it, nowadays that would never happen, a twelve-year-old taking her six and five-year-old little sisters walking through MGH over to the hospital. So, I did do a lot of those things. But my dad ended up divorcing my mother when I was about thirteen. My two little sisters were often with my father and their family so it was kind of me and my older sister. My older sister really struggled from a young age, way more so

than I. Issues like substance abuse and eating disorders so I was just really trying to survive, to get through school.

MRD: And you were just a kid yourself.

NB: Yeah, yeah.

CLM: So, do you want to expand a little bit more about what happened to you? All these struggles that led to substance abuse and everything?

NB: Yes, yes. After my mother and father split up, we were really kind of unsupervised a lot. And I remember starting to experiment with marijuana and alcohol which was pretty normal as a freshman in high school. Pretty frequently I was left unsupervised in my home so my friends would stop and go home to their parents and I remember as a kid thinking how cool it was that I was living by myself in high school. And then I look back now and it's like, yes, I thought it was cool but I was also doing things like sleeping with knives under the couch cushions because I was terrified being in the house by myself, right? And so I really struggled with mental health and trauma and all of those things as a young person. I had my first suicide attempt at fourteen years old, my first in-patient psych hospitalization. And I come from the Irish Catholic rule where you don't talk about anything, you just pull yourself up by your bootstraps and keep moving forward. Clearly not an effective strategy [laughs] to address challenges you're having. I remember how disconnected my family was with how badly things had gotten for me at that point. I was fourteen years old and a friend of mine and I had made a pact. She had a gun and we had possession of that gun. The pact was she would shoot me and then herself. And the only reason I didn't move forward with it is she backed out of it and wouldn't give me the weapon.

I was really committed to ending my life at fourteen years old which, you know, is catastrophic when you think about that right? And I just remember having to go back to my house because she would not give me the weapon. And I went to the hospital and said goodbye to my mother, left a note, all those things, and I went home and there were the paramedics and the ambulance. I was placed in Pembroke Hospital which is also terrifying as a kid when you're put in this clinical setting and to have all of these people evaluating you. They started prescribing me medication and then diagnosing me with all of these mental health conditions that I don't believe that I actually really had. Now, as an adult, I look back and after having actual evaluations I don't have many of the things they diagnosed me with and I was put on a cocktail of medications instead of going to therapy. But just to show how disconnected my family was from my experiences, my grandmother picked me up from the hospital and dropped me off at a basketball. Just no, "What do we need to do to support you?" Just off to practice I go. And I felt like everybody at school knew what happened and I just had to show back up there and not having the support that I needed.

So, I was already struggling with mental health and substance use disorder and all of those issues and at sixteen years old I got a job at a local restaurant in town and this guy was coming into the restaurant and paying attention to me and that felt good, right? And I thought it was a romantic

relationship, but the reality was, he was 32 years old and I was 16 and there was not really anything romantic about it. What he was doing is a process called boyfriending or grooming. He would tell me if we just had money he could take me away from all the craziness at home and it started with stripping at bachelor parties and things like that and slowly pushing towards prostitution and sending me into hotels all over Boston and the South Shore for access to my body purchased by adult men for money. And so, at 16 years old at the time, I stopped going to all of my—I was really athletic and as a freshman at high school I made varsity for soccer, softball, and basketball. I was very athletic and did well and then I stopped going basketball. I stopped going to my practices, none of that seemed important to me anymore. And instead of the coaches being like, “Hey, what’s happening here?” they kicked me off the teams which just drove me further towards him. He’s telling me no one else cares about me and it’s presenting as he’s right, they don’t.

MRD: At this juncture was there anyone that you could confide in about exactly what was going on?

NB: No, you know, it’s funny because I didn’t even have language to describe what was happening to me. And I remember my father, because my mother was really sick, through no fault of her own was really unavailable to parent, I would take the train to go into the hospital and get a check for the grocery store to buy food for the house. My older sister was pregnant at 17 and left to go live with her boyfriend. I was pretty much left unsupervised and I remember looking at my friends who were also in relationships and realizing that their boyfriends weren’t asking them to do these things but also feeling a lot of shame around what was happening and not even being able to identify what was happening. I remember my father—my parents actually called DCF [Department of Children and Family] because they didn’t know what else to do. So, they called the Department of Children and Family to invite them into my life to see what support and help they could give me. They drug tested me. I was definitely positive [laughs] and I never heard from them again.

CLM: Really?

NB: Yeah, yeah. And I remember my dad taking me for a walk and we went to the soccer field and my poor father was crying, “What is happening? What is going on? I want to be able to help you.” How do you tell your father something like that and so I just pushed him away. My younger sisters as well. I made them all afraid of me so that I didn’t have to share what was happening in my life.

CLM: So, you were around the age of 16 and meeting with this guy for how long?

NB: I ended up getting pregnant and also throughout my time as a teen being exploited, I had multiple health issues that led to emergency rooms with infections. I also had a pregnancy termination and all those places and spaces that people should have asked questions and they didn’t. And so, I ended up pregnant again and I decided I was going to tell my mother. I went into Boston and I shared with her that I was pregnant and made a decision to work with an

adoption agency and give my daughter up for adoption. And so, I went across the country and worked with an adoption agency and had my daughter and I just turned 18 when I had her. And that really exacerbated my substance use after that. Now I'm in California, I'm isolated and alone, in an apartment by myself, I just lost my child and they gave me pain medication which I will say that started my experience with opioid use disorder, but I will say I had all of the symptoms of substance use disorder well prior to that. So, yes, my opioid use disorder took off after that but I'm not saying—I do believe the medical field has a large responsibility [laughs] for the opioid crisis that we are in, I'm just saying that I demonstrated the symptoms of substance use disorder far before that drug was introduced to me.

But I ended up getting these pills from my doctor after I gave birth to my daughter and continuing to go to different doctors and make up medical conditions. I actually came back to Massachusetts with a significant opioid habit not even know what that was or that I had one.

CLM: And how old were you then?

NB: I was 18. So, I come back to Massachusetts and end up telling my mother that I am getting sick from not having these pills. I was able with the assistance of a physician to come off those medications. It was like a home detox kit that they used to use pretty regularly that's not used anymore, Darvon and Librium. So I came off of them but I didn't learn anything about actual recovery, what recovery means. That it involves being connected to community and getting therapy and having support and talking [laughs]. I didn't do any of those things so I stopped opiates but other substances just filled the gap. And then I found my mother—my mother passed away in my home and after that it was a real struggle. I really struggled the next five years of my life. I was suicidal with suicide attempts, I was in and out of every psychiatric institution in the state of Massachusetts, most of them multiple times. Hoping that somebody would just fix me. And they continued to tell me, yes, it was mental health, but really I had a substance use disorder. But they were wrong. And I ended up spending literally five years of my life—that was how it was spent. Finally I ended up saying I'll go to a treatment program and I ended up going to this place in Taunton, MA, called The Journey House. What a lot of people don't know about the substance use treatment world is that detox and TSS Transitional Support Services and residential programs are all licensed through the Bureau of Substance Addiction Services, the Department of Public Health. But then anything after that is not. So, if you or I or Joe Shmoe from down the block could purchase a house, put three people in a bedroom, and say this is a recovery home. And that is where I ended up. Of course that was my luck [laughs] that my first treatment program was not really a treatment program.

CLM: Was it really just renting rooms?

NB: Renting rooms, yup, yup. And so didn't get any treatment—he cared more about me getting a job which I did. I got a job at Burger King to pay the rent. That was required. But there were other people in the program, including my roommate, who were using heroin. And I, of course, was not going to do that, not going to do that, but then very quickly was like, "I won't inject it, I'll just sniff it." And then I did. I'm in my first treatment program and I'm now

injecting heroin for the first time in my life. I ended up reaching out to my sister who came and got me and immediately brought me to the hospital. And that is where my journey to Worcester began.

CLM: You were now about 23?

NB: Twenty-five. And so, I come to Worcester to Community Healthlink for detox. I'm going to start my life over here and I'm going to the PIP [People in Peril] Shelter. Not a great decision. I was not from this area; I didn't know anybody. And being from Stoughton, it's not a large city, it's like a smaller town, so I had no idea what I was in for. I knew that I did not want to go back home. There was a lot of trauma and unprocessed loss that was within my home. I just wanted a fresh start and to start over and so I came to Worcester to the PIP Shelter which was a really unsafe place. The reality is there was a lot of active drug use. They were housing a lot of violent perpetrators and so I walked in and I always say I probably had dollar signs on my forehead. Every perpetrator in the place was like, "Oh, here we go. Fresh meat." And that's exactly what happened. This guy I didn't know approaches me and tells me who I needed to stay away from and it was really him I needed to stay away from. Within a couple of days, he had turned me out and I was working—I was being exploited—on the streets of Worcester. I was introduced to crack cocaine which really caused in combination with all the other substances I ended up for almost a decade of my life being unhoused, being arrested and in and out of the criminal justice system, going to jail and being released on the same street corners, attempting to access treatment and recovery services but could never get there, and also being treated really inhumanely in places that are supposed to exist for people like me. Like I said, for a decade of my life I experienced violence at the hands of men who are purchasing access to people's bodies. Just being a woman and experiencing homelessness makes you super vulnerable and unsafe. And I also had another child during that timeframe that the Department of Children and Family stepped in and took custody because I was not well enough to care for him. There were over the course of that decade significant attempts to access and maintain recovery. After I had my son, I left the Worcester area and went to a program down the Cape. I was able to regain custody of my son for about seven months. But I hadn't even really processed the experience that I had. I ended up leaving that program and coming back to Worcester because I wanted to be with my partner which is a normal response to want to be a family, right? I did not use substances. I went to the treatment provider that would help to provide my medication in Worcester. And instead of them helping me ensure a continuity of care and that I got treatment they reported to DCF that I had left the program and so they removed my child in the parking lot of their treatment facility. That further isolated me and made me feel my healthcare provider had turned on me, you know what I mean?

And so, after that loss I really struggled to get my feet underneath me or even feel I had a purpose to live anymore, you know? And so, I really cycled harder and farther after that experience until 2014. I ended up arrested again. I was arrested on a common streetwalking charge which many people don't know what that is. If you are walking in an area that is known to have prostitution activity you can be arrested just for walking. And I knew there was a sting going on because I had been arrested by every police officer in Worcester [laughs] multiple

times. So, they're trying to pick me up and I'm saying, "No, no," and I'm trying to get out of the area and finally since I wouldn't get into the car, they just pulled into the parking lot and said, "Nicole, get over here," and put my hands behind my back and arrested me for common streetwalking. I ended up doing six months in a Western MA Women's Correctional Facility which is not uncommon. I had a significant criminal history at that point, predominantly filled with charges of sex for a fee or common streetwalking or trespassing or loitering, all the things that come along with being prostituted. I, thankfully, have gotten my criminal record vacated at this point, but I always look back at that, of all of those times where anyone of those law enforcement officers could have said to me, "Is anyone making you do this? Do you want help? Would you like to stop? Seems like you're unsafe." And they didn't. Never, not once.

So, I ended up going back. I'm not one of those people who say the cops rescued me because the reality was I was sent to jail. I did my time and I was released again to the shelter. Without any services.

CLM: Where you were before?

NB: Yup. It wasn't the PIP Shelter now, they had moved it to 25 Queen Street, the new shelter. But essentially it's run by the same people. It's the same conditions just a smaller building. And so, I remember being released there and knowing I would not be able to maintain my sobriety there, knowing that I was really a traumatized individual at that point. I was rocking and humming, using self-soothing techniques that I had created, built—anyway I was really unwell. I didn't deserve to be there, they didn't want to house me. Literally the director of the shelter said—my advocate case manager there tried to present me and tried to get me access to housing and the director said, "Just leave her there. She'll take care of herself if we give her enough time." Meaning I'd just go back to the streets or jail or die. Any one of those options were fine for them. They didn't have to house me that way. Thankfully I didn't. I begged my doctor to get me access to the treatment I needed substance use disorder and my mental health. He did help me do that. I did start getting actual treatment for my mental health. But most importantly there was a lot of work going on in the city of Worcester at that time to address the inequity of arrests. Inequality of arrests for men buying access to people's bodies and women being exploited. And so, what they started looking at, this is in 2014, there was a huge article in the New England Journal called "The Gender Divide" and they started looking at the data. Say there are ten prostituted women out on the streets at any given time, there seeing ten men, ten different men. So clearly men are out there purchasing access to people's bodies at ten times higher rate than the women who are being exploited, but the women are being arrested at ten times higher rate than the men. And Chief [Gary] Gemme was the Chief of Police at the time and initially there was this article that came out, they looked across the state, Worcester was like the worst and so there were some survivors in the city at the time that were starting to bring attention to this and meeting people in the city. Sarai Rivera was a real advocate for shifting the way this was managed. There was a task force put together called the Worcester Alliance Against Sexual Exploitation and it was a task force through the Department of Public Health under Dr. Matilde Castiel and they started by looking at these arrests, and figuring out that we are arresting these women and they are being released on the same streets they were picked up on, and we're not

interrupting that cycle. If we start looking at it like a public health response as opposed to a criminal justice response, perhaps we can make a difference in how we are doing things. Someone took me to one of these meetings and I remember it was in the crime room in Worcester Police Station which is a very intimidating place [laughs], you can see the whole city around you, it's in the Police Department, and I remember just being terrified to even say anything, but pushing through that and speaking up anyways.

CLM: Who invited you?

NB: It was another survivor doing the work at the time, an outreach worker that worked with prostituted women. And for the first time in my life in that moment I thought like I had something of value to offer the world outside of access to my body, and so I continued to go to those meetings.

CLM: Who were there listening?

NB: It was everybody from the police department to the D.A.'s [district attorney] Office, to substance use providers, Community Healthlink, UMass, sexual assault—the YWCA and Pathways for Change, the rape crisis center at the time. All these different organizations really pushing the police to do something different. And after that article came out—before that article came out—Chief Gemme was like, “We are not going to do demand stings,” which are stings focused on arresting the men.” His statement was that he was not going to put female officers at risk to do this. Do we not send in female firefighters into burning buildings? That is their job. And why is it okay? I mean that's your response but there was a bunch of murders that happened in Main South of prostituted women. There was real harm that people were experiencing that he wasn't willing to address, but after that article came out, he had to, right? He shifted his position and allowed myself and another outreach worker to be at the police station when things were happening and offer women diversion to treatment. So, they would be brought to the police station, they would have a conversation with us, and they could go to treatment instead of being arrested in that moment which was a really significant change in how we managed things. And at that point in time, I started LIFT, but LIFT was really just a support group and so we invited women who were being arrested in the stings to come the support group. Everyday Miracles allowed us to use their space one night a week.

CLM: Who?

NB: Everyday Miracles. They're a peer recovery support center.

CLM: Where were you living at this time?

NB: At this point I was placed in—I was still at the shelter when I first started LIFT and then I was placed in a really gross rooming house in the city of Worcester that felt eerily reminiscent of the shelter. The house manager was a man who had purchased access to my body. I remember at that time, it was supposed to be safety, I was supposed to have a key to my own room, I didn't

have to do anything to or for anyone to be in, and yet feeling terrified at night because of the activity happening within the house. But I managed to get through that and I really feel it was through the support of other survivors who were coming to the support group that helped me to be able to push through and not use and to be able to hang on.

MRD: When the support group met, how many survivors were typically there?

NB: Yeah, it would be anywhere from ten to fifteen survivors down to three. And it didn't matter too much. But it was interesting because you had women who were out of that life for twenty years, women who were still in the life, and everywhere in between. And, you know, having that kind of variation really gave people like me hope that one day I would be able to blend in among the normal people [laughs]. These women were out and nobody would have any idea that they were prostituted or exploited women or substance use disorder and that gave me some hope. Just like the women who were still in the life who came to see me who had just been out there three months ago, doing this gave them hope too.

CLM: And how did you have access to both those....

NB: Yeah, so I started doing outreach with the outreach worker and I started just showing up in places where prostituted women were so I kind of made myself a fixture at the courthouse and built a really great relationship with one of the assistant district attorneys, Eddie Karcasinas, who would refer women who were there for prostitution related crimes, but also substance related crimes, "Nikki can help you get into detox." I literally started doing outreach and it was really just me, I didn't have a vehicle—I just met people walking up and down with my phone and saying, "What can I help you with?" And then finally we ended up realizing that the work we really needed to do to because the women who really needed our help couldn't leave the street to come to a support group, right? No matter how much pizza I offered it wasn't enough to call out their John, their exploiter, and also their substance abuse and poverty and all of those things. So, we partnered with a local faith-based organization that was part of the Worcester Alliance that was called the Woo Church with Laura and Lucas Glenn at the time who were really incredible community and neighborhood activists. They really cared about their neighborhood and they just started letting us use their space. At first it was one night a week for four hours. It was the clothes out of my closet and a pot of coffee and me and other survivors would go out and do street outreach and invite people in. Then we started opening on a Tuesday morning and women started to really know that this was a safe space, that they could come in and they wouldn't be judged, that they would get the things that they needed, and could just take a break from it all.

Now remember, at that point in time we weren't a nonprofit. We were just this group that was meeting, but as the work continued and we started to get more connected we realized we really do need to incorporate because it's funny the way nonprofit work works and with funders. They want you to demonstrate that you can and have done the work, but how do you do the work without any funds? Right? [laughs] It's like this catch-22, right? So, I spent four years of my life volunteering and building lists and not getting paid for any of that work, right? Capturing actual data about how big was the problem, what were the needs.

CLM: Is that four-year time the time from when you started the incorporation process?

NB: Yes, it was 2014—I believe we incorporated in—we became a nonprofit in 2016, but we didn't incorporate until 2018. And so, at the time, of course, I hadn't even graduated high school, I had a GED [General Equivalency Diploma], but didn't know anything about nonprofits except I was the recipient of services [laughs]. I knew what worked and what didn't work.

CLM: That was one of my questions and I was hoping you would take it in the way it is intended. You certainly have from your lived experience the understanding, the support and respect for these women, but how did you develop the skills to start and run a nonprofit, like financing and fundraising and management?

NB: One of the things about being a leader is that you don't have to have knowledge in every area. One of the good things about being a good leader is being able to build a strong team that makes up for areas that maybe aren't your strength. Bringing people in who are committed and dedicated to this vision to fill those gaps. But also, I did a lot of learning on my own. I had to understand what is the purpose of a board? How does that function? How do you incorporate? What is a mission statement? And taking the time to actually teach myself those things.

CLM: You read up on...

NB: I read. I did a lot of reading. I was able to take a public health course at Clark University for free. I didn't get any credit for it but was able to sit in that class. Dodi Swope also let me sit in her grant writing class. She's a professor at Clark that teaches grant writing. I would say that one of my strengths is that I am a really strong writer, but I didn't have the technical skill which is what a grant writer needs. It's a totally different writing. I took the class to learn how to do that. At first it was just myself, Courtney Ross Escobar who is our chief operating officer. I met her when she was on the Advisory Committee on the Status of Women and she was on the advisory committee for them. I spoke at that group and she said to me, "I'd really like to talk with you after to see how I can help support." I tell you, she didn't like working in corporate law. She's an attorney and she hated it. She thought this work was important and she worked with me to build LIFT as an organization. There were some women who really made important connections for me. Dr. Matilde Castiel, she had opened Hector Reyes House. I really wanted to open a program for substance use disorder because that was one of the biggest needs we were seeing. And I didn't know how to do that obviously [laughs]. It's a real process to be able to do that. But Dr. Castiel started putting me in touch—showed me how she did it when she started Hector Reyes House. Okay, we have to get the investment from this person—and that is what allyship is. It is helping people get to the tables they need to be at in order to speak for themselves. And I will tell you, Senator [Harriette] Chandler became a real champion for LIFT and our organization and survivors. She put an earmark in the state budget for half a million dollars to help us get the program up and running. We were able to apply for a grant through the Bureau of Substance Addiction Services which we were awarded, but the challenge became that in order to apply for these grants you had to have a house. We had thirteen thousand dollars in

the bank. Our entire budget was spent on pizza. The timing of it was really quite magical when you think about it. Senator Chandler put this earmark in the state budget which was released from the Bureau of Substance Addiction Services except we need to demonstrate to them that we could manage those funds, that we had a way to record all of those transactions, and also it was a reimbursement contract. So, to access the money we had to spend the money. If you don't have the money how do you do that, right? We didn't have a half a million dollars to spend and so we got the investment from a local family foundation who helped us purchase the building for Jana's Place. I looked at buildings all over the city of Worcester and finally found a three-decker in the Vernon Hill area. Everybody looked at it and I said, "This is it. This is the building." We renovated it completely. They helped us purchase that building and at the same time a woman from NoVo Foundation, an organization that funds projects for violence against women and girls, except you have to be invited to apply for funds, they're not an organization that takes solicitations uninvited—she took notice of the work I was doing and wanted to come out and see what we were doing and invited us to apply for funds. The timing of it became—so now we have money, now we have money [laughs] that allowed us to free up the money from the state, to bring people on, to start developing the programming for Jana's Place.

CLM: So, finally a little bit of luck [laughter]

NB: It literally was. Luck and lots of hard work. Because to have NoVo Foundation and somebody like Senator Chandler championing for us was so important. And finally we were able to do it. We opened Jana's Place in 2019—October of 2019. Five months before the greatest pandemic in our lifetimes. That's like the story of my life. We open our doors and then we have a worldwide pandemic. But fortunately we had—almost all, the majority of our staff at Jana's Place are survivors and continued to show up and do the work despite the pandemic because they knew that our sisters needed us more than ever. So many programs had to close their doors, but during the pandemic we didn't. We actually doubled down and opened a shelter as well because our women weren't able to access the shelter and safety that they need during the pandemic. We convened a group of women-serving organizations and Governor [Charlie] Baker gave us money for operations and we were able to open that shelter within two days. Recognizing that need we opened two days later. It was a temporary space, all of the staff from Jana's Place doing double duty [laughs] working at Jana's Place and then going over to the shelter. That was how we got through it, but the outcomes that we had at that shelter were unprecedented. We were able to place—94% of the women who stayed there were able to be transitioned to a self-determined next step whether that be housing, substance use disorder treatment it was varying depending upon what their needs were.

MRD: It seems like an incredibly high success rate.

NB: It was and I accredit that to the women at the shelter who were able to really listen and say, "Okay, so this is what you want, we're going to find that for you." And I'm not suggesting that everybody was permanently housed, I'm saying they went on to—many of us, yes, we need housing, but we also need treatment and sometimes the treatment needs to take precedent before

the housing for some. And for others it's the opposite. They need to get into housing and then we provide the treatment. Letting people determine what that next step is for them.

CLM: It seems to me that what you went through in your earlier years, there never seemed to be any kind of services. The services failed, the police certainly failed, the medical field failed you so—maybe I know the answer to this question—so how did you come to realize that the best solution was the wrap-around services instead of the piecemeal approach which was failing?

NB: Yes, so for me no matter where I went whether it be for substance use disorder treatment or domestic violence shelters or rape crisis centers, I felt like nobody really understood what had happened to me and I didn't feel like there was a safe place to talk about it. And so, for me it was about creating that space that eliminated the shame of that and I believe you do that by having it be a space where others have also shared those experiences, right? And somebody who is going to be there for you regardless of if you're in treatment or not, regardless of if you're leaving your boyfriend, it doesn't matter. Just to be there no matter what and to know there's not going to be any judgment, that's what I think is the best component about LIFT. We support people whether they are actively using, whether they're unsheltered, whether they're in dangerous relationships, and we've built our service continuum to be able to support that continuum. So, we have HARBOR [Healthcare, Advocacy, Room, Board, Outreach, Rehousing] which offers shelter so that women who are actively being prostituted can stay in that space. They're actively using drugs and staying in that space. They don't have to do anything or be anything to stay there. And again, every shift over at HARBOR has survivor case managers there. That's the biggest piece of it. And also, in this participatory model, I look at our senior vice president of outreach and advocacy who was initially a participant and has now grown and oversees all of our community outreach and advocacy programs. Giving people pathways out where they feel they can impact the community for change as well. And so, people who are looking for recovery services can go to Jana's Place, people who just need community support can go to HARBOR, you know that drop-in center I talked about being so important, it's also a drop-in center 24 hours a day so people don't have to sleep there, they can take a shower, get something to eat, eat with other women, there's support groups, there are case managers, there's all of those things there. People can use the services as they want and need them not as we decide they need them.

CLM: And that is the key that makes it work.

NB: Yes.

MRD: And that sounds like you created a totally different model than anything here in the past.

NB: Yes, we have and I think also being truly and authentically survivor led. There's a lot of talk nowadays about peer-led services, but the reality is you're hiring peer workers which is fine, but are those services really peer led if they're funded through organizations that are not? If you're working under an existing infrastructure that doesn't allow you to deliver the services that you actually need to, right? Because the overarching system is not set up for that. So, being survivor led to us is really important because it means that survivors are represented on our

board, in our direct service and advocacy work, in our policy work, they are meeting and running our programs. It's not just that we're going to hire outreach workers and call ourselves survivor led. We really believe that survivors should be in everything and anything that we do.

CLM: How do you—one of the things I think the general public believes is that prostitution is a choice. How do you educate the public? You do such an amazing job serving the survivors, how do you also do that?

NB: It's one of our biggest challenges and I think there's such a big misrepresentation as to what prostitution actually looks like and how it plays out. We do a lot of community education. We do a lot of training, we helped rewrite the guidelines for training law enforcement and how they show up for this. I believe historically how we've treated this as two consenting adults, but when we look at who is being prostituted and who is buying, the buyers are typically white men of means earning over \$110,000 a year, college educated and married, and the prostituted is typically black and brown girls aging out of systems of care with no social safety net. And so, how do you look at that disparity and say there's a choice when there is that power imbalance? You can't once you know the facts, right? A part of our biggest challenge is getting the message to college campuses. There are so many pro-sex worker and my body, my choice and that would be great if that is how it actually worked in prostitution except when you're being prostituted it's very rarely your choice what's done to your body, how much you're paid to do it, where that act takes place. That's all determined by the person who is doing the purchasing.

MRD: Do you think that image that the public has is influenced heavily by the media?

NB: Yes, absolutely and even the whole pro-sex work lobby is typically college and masters-level students, white women, who are talking about how—you know they've done this to pay their tuition to Yale, so that may exist, but that is the minority. Most people end up in prostitution because they don't have any choices. It's driven by poverty, it's driven by—the system of prostitution is a racist, misogynist system and we don't talk about that. We have these advocates pushing to legalize or decriminalize and it's not them who will pay the price for that it's the most marginalized in our community. That is how that plays out globally. When you look at Europe and Germany there's legalized prostitution and mega-brothels all over the place and their brothels aren't filled with German women, they're filled with migrant women from all over Europe who are trafficked there to meet the demand for commercial sex. We put on these blinders in the United States and listen to those with the biggest microphones which the pro-sex lobby is heavily funded, a well-oiled machine, money coming from large organizations and also getting these large players to endorse this decriminalization. I'm all for decriminalization of drugs, but we're not talking about buying a dime bag of marijuana here. We're talking about buying access to someone's body that causes a lifetime of trauma and harm. And so, I think we really need to be considerate of that policy and the nuance of these things. And not just blanket this into criminal justice reform because there are a lot of survivors who don't view prostitution like that. I don't believe sex is work and I don't believe prostitution is sex. I believe that it is sexual violence. And there are a lot of survivors who feel that way, but we're too busy doing the

work to actually be doing the advocacy. It's a hard balance to do the advocacy work and direct service work at the same time and where do you prioritize that?

CLM: You mentioned public speaking. What kind groups do you go out and visit? Locally or nationwide or both?

NB: So, I've done international speaking, I've gone to Ireland and talked with them about the legislation that they use there. I do a lot of education nationally as well. I was just contracted by the International Association of Chiefs of Police to start developing their training and content delivery which is exciting.

MRD: How does that feel to be working with the police after your relationship with them has been less than stellar.

NB: Yeah, yeah! I think that's the point, right? To change it for the next woman so that their response is better and trauma informed and they are asking the right questions. I will tell you it's been a challenge because here I've become like a nationally and internationally recognized expert on this, yet our police department won't work with us.

MRD: I was going to ask you about the Worcester Police Department.

NB: Yeah, because they are challenged by the fact that we call out the issues that existed, but instead of like you have experts in your own community who can help you do better instead of putting up this defense. How about you listen and work together to do something differently like every other police department across Massachusetts has, like every other police department across the country has? Completely unwilling to partner or listen and that's their choice. We've had to work around them and ended up building a partnership with the D.A.'s Office [District Attorney's Office]. People aren't arraigned on the charges, so the police can arrest them all they want, the D.A. won't arraign them. [Laughs]

CLM: And that's one your programs, too? The CATI Program [a pre-arraignment diversion program in partnership with the Worcester County District Attorney's Office].

NB: Yes, yes. But that stinks because being arrested is traumatizing. The whole process of having to solicit an undercover officer so that they can mock and laugh at you and arrest you, to be put in a holding cell sometimes overnight. We can eliminate all that. You don't have to dehumanize people in order to get them help. And so, it feels good to have the landscape shifting. I wish locally we could get that same receptiveness and willingness to change.

CLM: I want to get on record here, I notice that you've received many awards from Worcester organizations and I'm probably missing some, but I want to get it on record: The *Worcester Magazine* Hometown Hero Award in 2016, the Advocate of the Year for the Worcester Alliance Against Sexual Exploitation, the Worcester Woman of Consequence in 2016, Worcester Most Inspirational Woman 2019, and *Worcester Business Journal* 40 Under Forty in 2019. Did you

surprise yourself after everything you've been through, that you found your voice and that you could use your voice to advocate for others in need?

NB: Yes, I mean I think about when I first got out, sitting in the jail cell, I never imagined I would be sitting here with you, holding my child, I never believed I would be allowed to be near my children. I thought the best-case scenario I was going to get benefits and live out my life in a crappy rooming house. I never believed I could do any of these things. But also when we lean into people's strengths and skill sets instead of their worthlessness I believe people can accomplish so much. And I think of all the women around me who do this work every day, most of them began as participants or survivors in our programs, to now watch them really use their power. One of our college kids the other day said something the other day, "Every time I see Audra and Desiree their confidence is going up and up and up." They speak out and you can watch the growth and the confidence people have in themselves. It's really hard to undo all of the messaging of worthlessness and things like that that you've received your whole life. But again, it's leaning into your strengths and capabilities instead of that old story of incompetence and all you'll ever be is a body for men to abuse. That is not true and for me, I think there's many paths to recovery, many paths to exiting prostitution. My pathway out was social justice work and finding that I could make change for others and demonstrating that that is possible and true.

CLM: Our project is all about sharing stories so we're so grateful to you for sharing your story and we are going to be able share it on our website and keep it in our archive at the Schlesinger Library at Harvard University. One of the other things I noticed on your website is you mention, "We will share stories that will weave together the narrative of injustice, oppression, and violence that survivors experience at the hands of our communities." So, I think it's so important you are sharing your story and you're bringing other women along to share their stories. We are really grateful.

MRD: We are.

CLM: I know that we've been talking for about an hour, Maureen, any other final questions?

MRD: The biggest question I have is what does the future hold?

NB: I think it's been kind of an amazing journey. We are going to continue. We're opening our legal clinic where we are going to provide direct legal assistance for survivors. We are bringing an attorney in house to help them navigate family court matters and housing court and all of those other things. We are also beginning an out-patient mental health clinic and a job training program called BRAVE Building Real Access to Viable Employment. Personally, it's funny because I was told I wasn't going to be able to have my own children and now I have my two children and I actually also have my sister's two daughters now living with me. She lost them through DCF so hoping to be able to support them through this experience and turn my kids into these little activists that we need in this world. And just continuing to provide pathways out for survivors and providing programs according to their needs.

CLM: That's great.

MRD: If anyone wanted to get involved in your organization in a volunteer capacity what would be involved with that?

NB: On our website there's section if you want to get involved and volunteer and it goes right to our volunteer and intern coordinator. We just got a van to start doing outreach services so we can provide care right on the streets for folks. We need medical professionals, we need development folks, we need students who are interested in helping manage social media and put events together. There's a lot of varying opportunities and I always say that we love our community to come in and share, what are your interests or skills sets? I wanted to start a stitch and bitch club so badly. Women coming together teaching us skills like crochet or knitting. If you have interest that you think could help survivors with a way out we would create opportunities to share those. There are varying ways to get involved depending upon what your interests are.

MRD: I think we've covered almost everything, but I just want to reiterate what Charlene said, thank you so much for sharing your story. It's an important one, a compelling one, and you're very brave to do so. And you deserve enormous respect for the journey you are on and for all the women that you are helping as you move forward.

NB: Thank you very much.