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Retrospective Evaluation of Project Envision: A Community Mobilization Pilot Program to Prevent Sexual Violence in New York City

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Abstract

Sexual violence is a public health problem associated with short- and long-term physical and mental health consequences. Most interventions that aim to prevent sexual violence before it occurs target individual-level change or promote bystander training. Community-level interventions, while increasingly recommended in the sexual violence prevention field, are rarely documented in peer-reviewed literature. This paper is a targeted process evaluation of Project Envision, a 6-year pilot initiative to address social norms at the root of sexual violence through coalition building and community mobilization in three New York City neighborhoods, and reflects the perspectives of those charged with designing and implementing the program. Evaluation methods included a systematic literature review, archival source document review, and key informant interviews. Three themes emerged from the results: community identity and implications for engagement; capacity and readiness for community mobilization and consequences for implementation; and impacts on participants. Lessons learned include the limitations of using geographic boundaries to structure community interventions in urban settings; carefully considering whether communities should be mobilized around an externally-identified issue; translating theoretical frameworks into concrete tasks; assessing all coalition partners and organizations for readiness; critically evaluating available resources; and recognizing that community organizing is a skill that requires investment from funders. We conclude that Project Envision showed promise for shifting institutional norms towards addressing root causes of sexual violence in addition to providing victim services.

Key words: Sexual violence**,** primary prevention**,** community mobilization

Introduction

Sexual violence continues to be a public health problem in the United States and globally. Nearly three decades of research has established the short- and long-term physical and mental health consequences of sexual violence (Basile & Smith, 2011; Bloom, 2000; Bryant-Davis, Chung, Tillman, & Belcourt, 2009; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; McMahon, Goodwin, & Stringer, 2000), as well as social and economic costs (Byrne, Resnick, Kilpatrick, Best, & Saunders, 1999; Cohen, Miller, & Rossman, 1994). In 1994, prevention of sexual violence was prioritized through the Violence Against Women Act, which established the Rape Prevention and Education (RPE) Program that provides funding for state-level primary prevention programming. Sexual violence prevention in the United States initially consisted of secondary- or tertiary-level efforts, typically by health professionals and rape crisis programs, to prevent the harm that sexual violence causes after the violence occurs (Lee, Guy, Perry, Sniffen, & Mixson, 2007). Subsequent guidance from the Centers for Disease Control and Prevention (CDC) required RPE-funded practitioners to implement primary prevention programs, focusing on activities that address social norms at the root of sexual violence in order to prevent perpetration. To date, most sexual violence primary prevention programs have targeted individual-level change (Foshee et al., 2004) or bystander intervention training (Banyard, Moynihan, & Plante, 2007; Coker et al., 2015). Researchers have increasingly recommended community-level interventions to prevent sexual violence (Casey & Lindhorst, 2009; DeGue et al., 2012; DeGue et al., 2014), but few exist.

Community mobilization is one community-level approach to primary prevention of sexual violence. With roots in the works of Alinsky (1962) and Freire (1970), community mobilization and other participatory methods have been increasingly employed in the public

health field since the 1990s and focus to a greater extent on community health than on individual health outcomes (Kim-Ju, Mark, Cohen, Garcia-Santiago & Nguyen, 2008). Community mobilization approaches, while not constituting strict methodologies, typically involve researchers partnering with individual and organizational actors within communities to raise awareness of key health and social problems and, collectively, identify causes of a particular health problem, assess community resources, design and implement solutions, and evaluate their impacts over time (Kim-Ju et al., 2008; Person & Cotton, 1996). By emphasizing the agency of community members during design and implementation, community mobilization may address in some part the historically top-down, and potentially exploitative, program design and research conducted by professionals in communities.

Community mobilization interventions have been used to address public health problems, such as youth violence (Backer & Guerra, 2011; Kim-Ju et al., 2008;), HIV/AIDS (Hays, Rebchook, & Kegeles, 2003; Person & Cotton, 1996; Ziff et al., 2006), substance abuse (Treno & Holder, 1997), and access to health care (Fawcett, Sepers, Jones, Jones, & McKain, 2015). Despite an increased focus on the community-level impact of sexual violence, community-level sexual violence prevention programs in diverse and large urban settings are rare. Moreover, such prevention efforts are not widely documented in peer-reviewed literature and rigorous evaluations are essentially non-existent. The aim of this study is to provide insight into the challenges and successes associated with a community mobilization pilot project to prevent sexual violence in New York City (NYC), via a targeted retrospective process evaluation of the project's challenges, accomplishments, and lessons learned. The goal is to inform researchers and practitioners seeking to design and implement community mobilizations or other participatory, community-based sexual violence prevention programs.

Background: Project Envision

In 2007, the CDC's RPE Program made a change to the structure and emphasis of its funding, requiring that state-funded rape crisis programs (RCP) prioritize primary prevention of sexual violence and explicitly focus on community-level change (DeGue et al., 2012). Previously, primary prevention in New York State had largely consisted of one-time educational and outreach presentations implemented by RCPs, organizations that predominantly engaged in sexual violence response. In response to the funding shift, the NYC Alliance Against Sexual Assault ("Alliance") partnered with eleven NYC-based RCPs to create Project Envision, a multi-year, multi-site primary prevention pilot initiative to address social norms regarding sexual violence through community mobilization, with the long-term goal of decreasing sexual violence perpetration. Over six years, starting in 2007, the Alliance supported RCP efforts to build coalitions in three communities—the South Bronx; Williamsburg, Brooklyn; and the Lower East Side of Manhattan—and to engage community members in activities designed to prevent sexual violence.

The Project Envision prevention framework comprised several models and approaches utilized in health promotion and social justice initiatives, including violence as a public health issue (Satcher, 1995), the Ecological Model (CDC, 2004), the Spectrum of Prevention (Davis, Fujie Parks, & Cohen, 2006), the Community Readiness Model (Plested, Edwards, & Thurman, 2007), and the Community Development Model (Stringer, 1999). The outline of the overall prevention plan was developed by the then Director of Research and Director of Programs, and subsequently discussed with the partnering RCPs and funders.

During the first phase of the project (see Figure 1), each RCP conducted a readiness assessment of the distinct community in which it was located. The assessment measured

readiness across five key factors identified from the literature: the presence of key champions; a supportive climate for prevention; potential for a strong, action-oriented coalition; community cohesion; and resources for primary prevention of sexual violence (Pollak, 2010). The Alliance and RCPs selected the three finalists based on results of the readiness assessments and to represent varied geographic locations and demographic profiles (Fidler, 2010). The RCPs were each assigned to one of the three pilot communities and the groups discussed how to work collaboratively across geographic boundaries.

In the second phase, the RCPs began identifying community leaders and building partnerships, while the Alliance trained community researchers to conduct a Participatory Action Research needs assessment, in order to gather information on community perceptions about sexual violence, opportunities for prevention, and existing resources in the community that might be supportive of primary prevention (Fry, O'Connor, Paz, & St. John, 2008). The needs assessment also facilitated community dialogue about sexual violence, enlisted community participants as coalition members, and provided an opportunity for community members to participate in the development of programming (Fidler, 2010).

In the third and fourth phases, the coalitions—at this point, comprised of Alliance staff, RCP staff, and community members and groups—used the needs assessment findings to design and implement community-specific prevention plans. The South Bronx coalition built partnerships with local foster care and child welfare organizations to educate providers on norms that promote and permit child sexual abuse (Fidler, O'Connor, & Lessel, 2009); the Williamsburg coalition focused on youth education and community awareness events that explored sexual harassment and social norms related to gender (Fidler, VanDenburg, Lessel, & O'Connor, 2009); and the Lower East Side coalition prioritized intimate partner sexual violence

and worked with youth-serving agencies to increase communication about healthy relationships (Fidler, Weber, LaHood, Lessel, & O'Connor, 2009). In the final phase of the project, the Alliance guided each coalition through a participatory evaluation to reflect on their community mobilization efforts and to share lessons learned. The National Sexual Violence Resource Center, funded by CDC, highlighted Project Envision in a national report about innovative prevention strategies (Townsend, 2012) and included it in a resource guide for understanding primary prevention methods (National Sexual Violence Resource Center, No date). The Alliance also published a toolkit on coalition building, based on the Project Envision experience, which included results from the participatory evaluation (Sarkar, 2014).

Figure 1. Project Envision Timeline

Phase I 2007-08	Phase II 2008-09	Phase III 2009-10	Phase IV 2010-12	Phase V 2012-13
Project planning Community readiness assessments Community selection	PAR needs assessment Develop community leadership Develop community partnerships	Disseminate findings; gather community feedback Design community specific prevention programs	Gather program inputs; refine program plans Implement community-specific prevention programs	Continue community-specific prevention programs Evaluate community-specific prevention programs Evaluate Project Envision

Methods

Our retrospective evaluation was designed to understand the perspectives of those charged with conceptualizing and implementing Project Envision. Our research focus was grounded in a systematic literature review and included two major components: 1) an analysis of archival source documents related to program design, implementation and evaluation and 2) a series of in-depth interviews with key actors involved in the design and conduct of Project

Envision. Space precludes a full description of the systematic literature review. However, to summarize, in February 2016 we used the following public health and social science databases to identify relevant literature on violence prevention and participatory research: Cochrane Central Register of Controlled Trials, Cochrane Injuries Group, Pubmed, Web of Science, PsycINFO, CINAHL, and EMBASE. The search resulted in 1276 total articles, of which 13 duplicates were removed. After screening abstracts, 111 articles were reviewed in full. The primary analyst (first author) reviewed archival Project Envision source documents, including planning documents, meeting minutes, grant reports, technical assistance materials, and participatory evaluation notes. The literature and source document reviews were discussed with all authors and used to develop a conceptual map of salient areas of inquiry, including the following themes: community engagement, planning vs. implementation, sustainability, evaluation and measurement, and the cross-cutting issues of funding and resources, considerations of racial and social justice, project roles and ownership, and the iterative nature of community mobilization interventions. We then iteratively designed an interview guide, developing questions that corresponded to the themes in the conceptual map.

Between July and September 2016, in-depth, semi-structured key informant interviews were conducted with 8 former coalition members, 6 RCP staff members, and 5 former staff members of the Alliance. All study participants were involved with the conceptualization or implementation of Project Envision, or both. The primary aims of the key informant interviews were to: 1) identify and describe the roles of coalition members and staff members in the project; 2) describe their experiences as planners of, and participants in, Project Envision; 3) understand their interpretations of the successes and limitations of Project Envision; and 4) identify how they were impacted by the project. To obtain a variety of perspectives in the analysis, we reduced

an initial group of 70 potential key informants to a shortlist comprising an even distribution of individuals with various project roles across the three coalition locations. Potential study participants were contacted up to three times via email, which included a description of the project aims and an invitation to participate. Twenty-four key informants were contacted; nineteen agreed to participate, three declined to participate, and two did not respond to recruitment efforts. One qualitatively trained researcher conducted the interviews, which lasted 65 minutes on average, and ranged from 36 minutes to 1 hour 43 minutes. Interviews were conducted at the City College of New York or via telephone. Informed consent was obtained prior to each interview. Interviews were digitally recorded with permission from participants (one declined to be recorded) and were professionally transcribed. The Institutional Review Board at the City University of New York approved the study protocol.

Using an interpretive approach to data analysis, the primary analyst read interview transcripts line-by-line to identify themes and distinguish differences in key informants' experiences, challenges, and interpretations. The primary analyst developed preliminary codes and manually coded all transcripts, with new codes emerging. Next, the analyst populated an analytic matrix of themes from the initial conceptual map and interview guide with representative and de-identified excerpts from the text, which was reviewed by a subset of the authors. Through discussion, codes, themes and patterns were identified, revised and refined, and five themes emerged from the data. After further discussion, three intersecting themes were identified and are reflected in the results section: community identity and implications for engagement; capacity and readiness for community mobilization and consequences for implementation; and impacts on participants. Additionally, the issue of sustainability is presented as a key outcome of community-engaged efforts such as Project Envision. After the initial write-

up of the results, the primary analyst returned to the data to verify textual support for the

emergent themes, re-evaluating the coded data to ensure that the results reflected the quantity of

content and valence of the text and that key themes or exceptions had not been overlooked.

Results

Community Identity and Implications for Engagement

All study participants commented on changing notions about the meaning of

"community" throughout the pilot, with many noting that community was defined differently by

various project stakeholders and at different stages of the project. Community was defined by

geography; by race, class, and power structures; and by perceptions about sexual violence. The

various definitions of community at times held challenges for community engagement. An

Alliance staff member summarized the complexity of the issue:

> *I think that members had different understandings of what community means, different*
>
> *understandings of community when it comes to engaging people, when it came to*
>
> *membership, when it came to programmatic ideas and outcomes, that the sense of*
>
> *community, honestly, was a moving target throughout the entire project... That was an*
>
> *evolving and sort of shape-shifting notion, the idea of community.*

Geography

Alliance staff characterized the community selection process as systematic, data-

grounded, collaborative, and interrogative of community resources, political climates, and RCP

capacities to support community mobilization efforts. Although geography guided community

definition and selection for the project designers, geographic boundaries held limited utility for

some coalitions following the community selection phase. One Lower East Side coalition

member noted that, during the community needs assessment, focus group participants had difficulty connecting root causes of sexual violence to specific neighborhood characteristics. Some study participants considered geography a potentially salient marker of community identity, but an inadequate tool for community engagement. Several study participants noted that community members in the South Bronx were initially wary of participating in Project Envision, because the area had previously been subject to outside research and development projects that were not perceived as benefitting the community at large. Other study participants pointed to the limits of community engagement by neighborhood, noting that both the Lower East Side and Williamsburg geographies were made up of an "enormous range of identities," some of which were less successfully engaged during the project. An Alliance staff member commented on the tenuous connection between identity and geography and its implications for engagement:

> *And when you actually start looking on the ground at people, they have very different ideas about what community means. They say, "No. My community is the people I go to school with," or, "My community is the people in my apartment building," or, "My community are people of color generally, no matter where they live…" …People don't use zip codes to define community. It's just not the way the world works.*

Examining Outsider Status

Many coalition members described themselves as outsiders to the community they were attempting to mobilize, because they did not live or work there, and suggested that this inhibited successful community engagement. Several RCP staff expressed that they would have preferred to engage the communities in which their offices were located. Other study participants discussed the difficulty of negotiating one's outsider status while attempting community engagement; here a coalition member stated:

And, because I didn't live or work in the Lower East Side, every contact that I made there

was a cold contact. I didn't know people there. So, I was limited to the fact that I didn't

have sort of this professional network because I was still in school, but then also just didn't

have a personal network in that neighborhood.

Conversely, the few study participants who lived in a pilot community described a more personal

connection to the project and better access to the community. A coalition member commented:

You had a couple of people…very invested in the project, who happened to have access to

the community in ways that the RCPs did not. …I think that if [we] hadn't been there, it

would have looked very different. …You need key stakeholders from the community,

people invested in the project.

Likewise, in cases where community members served as key champions in coalition activities or

when coalitions could partner with community-based organizations (CBOs), study participants

reflected on more successful community engagement. One coalition began holding its meetings

at the street-level storefront of a partnering CBO, staffed by longtime members of the

community, and coalition members pointed to that as a turning point in their ability to engage the

community. However, CBOs were not easy to engage; some study participants reported that

CBOs were reluctant to participate in a project that seemed ambiguous or because the CBOs

were limited by lack of time and resources.

Race and class differences also contributed to a sense of outsider status and were

perceived barriers to successful community engagement, particularly in the Lower East Side and

Williamsburg coalitions. Study participants observed that the coalition membership, which was

largely white, did not reflect the demographic make-up of their pilot communities and expressed

self-consciousness about their outsider status. Several study participants suggested the coalitions

had more success engaging young, white professionals who were already interested in rape crisis

or domestic violence work, and less success with the broader communities. A coalition member commented that they may have been associated with forces of displacement within the communities:

> *… I think the fact that we were, for the most part, young white women who, for folks that lived in that neighborhood for a very long time, would be affiliated with gentrifiers coming into the neighborhood—it was a very big barrier for us, because we tried to engage the folks that lived there…and they see the faces of people who are coming in and taking over and making their rents go up.*

Several coalition members expressed concern about diversifying the coalitions in the wrong manner, either by "tokenizing" new recruits to the coalitions or diversifying for superficial reasons. One coalition member observed:

> *I feel like it was challenging to think about not wanting to appropriate people's stories and kind of, for the sake of authenticating the coalition, trying to expand membership. So I think there was that consciousness of wanting to do this in a not tokenizing way, but yeah, that was really challenging. I think any kind of voluntary work inherently involves a certain degree of privilege…*

The Lower East Side and Williamsburg coalitions were therefore able to engage in introspection and discussion of representation and privilege, but this did not lead to transformation of coalition membership. Diverging from the other two coalitions, Bronx coalition members largely felt their coalition "reflected the diversity" of the community.

While a few study participants were impressed by community members' nuanced perspectives on sexual violence, several others observed a tension between community members' perspectives and the professional expertise of some coalition members, which created a sense of disconnect between coalitions and communities. For example, several coalition members,

predominately RCP staff, were frustrated or surprised by community perceptions about the root causes of sexual violence voiced during focus groups. One RCP staff member noted:

> *...At meetings we were really surprised as to why they felt sexual violence was happening ...We know why sexual violence occurs, sort of, but it's not matching what the community thinks. And so how do we make that work with respecting their understanding of why it's happening and sort of the myths around that in general?*

Responses to this tension varied. Some study participants reported that their coalitions tried to meet the communities "where they're at," while a few others felt their coalitions failed to seriously consider community perspectives.

Capacity and Readiness for Community Mobilization and Consequences for Implementation

Conceptual Issues and Attitudes toward Primary Prevention and Community Mobilization

The coalitions experienced various conceptual and attitude-related barriers and facilitators to successful community mobilization. Many study participants reported that it was difficult to mobilize community partners around the topic of sexual violence; as one coalition leader commented, "One of the challenges was getting people to realize [sexual] violence was an issue for them and why they should care." Different community stakeholders considered the topic to be non-existent, taboo, not preventable, or low-priority, as an RCP staff member noted:

> *We were just one of many issues. We were not a priority issue with them. You know, they were much more involved with bread-and-butter poverty. ...Not annihilating sexual violence for the next world and next generation...that was too ethereal.*

Some study participants cited successful strategies for countering this barrier, such as focusing on the intersection of sexual violence with other issues—housing, employment and senior

services—and being patient about addressing those intersections at consistently-attended community meetings on other topics. A coalition member explained this strategy:

> *And so, it took them coming to meetings where they weren't on the agenda, but that's how you develop relationships in the community. To keep seeing their faces. ...You can't just come and say this is my agenda. Right? You have to be a part of other agendas, and that's how you get your piece on the table.*

Sometimes the concepts of primary prevention and community mobilization were difficult for coalition members themselves to understand. One Alliance staff member commented that the prevention frameworks, newly prioritized by CDC, were particularly challenging to convey to RCP staff members who had previously focused on clinical responses to sexual violence:

> *This was at the start of the big public health movement in sexual violence. ...It was tricky in that the rape crisis programs weren't entirely clear on the differences between primary and secondary prevention...and tertiary prevention, and what exactly would constitute primary prevention and how. ...I think from the community coalition side...I don't think the lingo was even important. ...It was fairly clear that what we were doing was addressing the root causes.*

Many study participants considered both primary prevention and community mobilization to be "nebulous," "vague," and "abstract" concepts with unclear long-term goals that were difficult to translate to community members, as one coalition member noted:

> *...When you say the words, "primary prevention," everybody stops listening... The whole model can be very abstract, especially to people who are dealing with violence in a very real way in their communities...*

Many RCP staff and coalition members described feeling uncertain about how to implement the project and noted a lack of momentum following the needs assessment phase. The phases of the project involving more concrete activities—collecting data, planning and executing

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outreach events, and completing discrete tasks—created a sense of direction for the coalitions and enabled community member participation and buy-in. The length of time required to engage and mobilize communities was another commonly cited challenge; some study participants joined the project thinking mobilization could happen quickly and only later realized that "it takes years to engage a community."

Although the project was thought of as grassroots and community-based, several study participants expressed that the top-down structure of the project was evident inside and outside the coalitions. Coalition members struggled to incorporate community perspectives and to enable community ownership for a project that did not have its genesis in the selected communities. As one coalition member noted:

> *...I feel like the idea was that no intervention or programming would be meaningful or effective unless there's a sense of community ownership. And that that can only happen if folks are engaged from the ground up, and really play a role in shaping the conceptualization and the design of whatever intervention or interventions come about.*

Attitudes toward the project, particularly among some RCP staff members, also influenced coalition-building capacities. Many study participants reported degrees of RCP staff resistance to the project at different periods and for various reasons, including skepticism about the possibility of preventing sexual violence amid "the heartbreak of trauma work;" resentment that primary prevention seemed unconnected to their agency missions; lack of support from their organizations; feeling that prevention work was a "burden" that hindered their abilities to provide high-quality direct services, particularly given the high volume of clients in NYC; and self-doubt about implementing a community mobilization effort. As one RCP staff commented, "The majority of the people who were in this group were not community organizers; they were clinical people."

RCP staff resistance was tied to resource limitations, given the low levels of grant funding for the project in an already under-funded and low-paid field. Several study participants cited the need for full-time RCP staff whose focus was entirely dedicated to primary prevention work. However, a few others noted there were some RCP staff "champions" who strongly supported the work, "remained invested no matter what," and served as a "constant presence" that better enabled community engagement.

Coalition Dynamics

Team dynamics differed across the three coalitions and over the pilot period, facilitating or hindering coalition capacities. Study participants in two of the three coalitions reported supportive team dynamics that centered on thoughtful discussions. An Alliance staff member commented:

> *We'd have really challenging conversations, and at the end folks would say how great this felt having this conversation. Folks just wanted to acknowledge the hard work, and we didn't always agree on things…but folks would always acknowledge how important that conversation was and how glad they were to be in this space talking about primary prevention.*

Several study participants in the third coalition reported tensions, grounded in racial and power structures, which led to significant leadership and membership turnover. The turnover delayed the coalition's work, but also prompted the remaining members to re-examine their processes and goals and to embark on new strategies for community engagement.

Role of the Alliance

Following the dissemination of the needs assessment findings, the Alliance shifted its role to closely overseeing the project activities and providing technical assistance to the coalitions to aid project development. Alliance staff members were described by many study

participants as being readily accessible, consistently attending and assisting with facilitation of coalition meetings, and connecting the everyday work of the coalitions to the theoretical frameworks of the project. One Alliance staff member commented that the organization's regular presence at meetings was effective for two of the coalitions, while the third coalition could have used "more space, more freedom, more trust" from the Alliance, but that the organization was not "adaptable enough at the time to have two different approaches." A member of the third coalition supported this view, expressing that their coalition was self-sufficient and did not require assistance from the Alliance.

Alliance-led trainings were well received, including an anti-racism workshop for coalition leaders, which was described by one coalition member as "a really powerful experience" that allowed coalition leaders to explore their roles "through the lens of racial justice." Some study participants desired more transparency about the administration of the project and others wanted additional technical assistance, including more help conceptualizing primary prevention activities and identifying strategies for mobilizing their communities. Alliance staff members recognized the need for additional trainings, but were constrained by lack of funding, as one staff member noted:

> *…We could have done more but we were a small organization as well. …I think what would have been cool is if the CDC had played for the Alliance the role that the Alliance was trying to play for the rape crisis centers. If we had a little bit more preparation and training and direction…I don't think you can expect such innovation on the shoestring that we were provided.*

Impacts on Participants

Despite the many challenges described by study participants, the majority found the experience to be valuable and cited a range of positive personal and professional impacts, including exposure to other clinical social workers and community organizers; adding primary prevention work to their professional experience; building "muscles" for community organizing; understanding the intersections of sexual violence with "other forms of oppression;" and feeling re-connected to the field, as an RCP staff member commented:

> *It's just our work can be so tiring and just relentless. Like it's one terrible trauma after*
>
> *the other. So, being involved in Project Envision kind of reminds me of why I got involved*
>
> *in the first place. ...It can be difficult at times to remain connected to the big picture of*
>
> *why you even started.*

Several RCP staff members considered prevention and direct service to be complementary and felt that participating in the prevention program created a sense of balance and self-care to their work in victim services:

> *...It sounds dramatic, but I got to dream with people, you know? We got to actually be*
>
> *curious in a different way, rather than being curious in how we respond to something that*
>
> *already happened. We get to be curious about what we can create together.*

Quite a few study participants expressed that the RCPs and their staff members were positively impacted by the project and described a newfound embrace of primary prevention. One RCP staff member commented:

> *...In the broad sense it was very rewarding for me to be a part of something that was really*
>
> *kind of shifting the narratives that I had been working in, which was very much like*
>
> *responding to immediate...needs of people who are affected by domestic and sexual*

violence to thinking about, okay, how do we not just create machinery that correspond to

this over and over again, but something more transformative.

And an Alliance staff member reflected on the changed RCP staff attitudes about primary

prevention:

I would see them speak about primary prevention in a way that five years earlier they

never would have imagined that they would have been so fluent about primary

prevention... ...They were bringing it up outside of the context of the project in other

meetings about sexual violence, as something that they...were committed to...about their

stronger partnerships with each other.

Several study participants noted that aspects of Project Envision were adapted into other primary

prevention efforts in NYC. One RCP staff member commented on the way in which the project

positively influenced their organization's engagement with later prevention and risk reduction

efforts in nightlife spaces, despite having considered primary prevention "very painful" and

something that they "were trying to make peace with" during the pilot period.

The project was transformational for the Alliance, as staff members suggested it

"stretched" the organization's thinking about "its role in the larger sexual violence context in

NYC" and prompted it to "look harder at or deeper into things like race, into power analyses,

group dynamics." Staff reported that the Alliance learned more about the capacity building

required for public health programming and how to "think outside the box" in terms of

supporting RCPs. By pursuing the innovative project, the Alliance became a leader in primary

prevention within New York State and its staff members disseminated the project's methodology

in webinars and presentations nationally.

Perspectives on community impact were mixed. Many felt the report-back events that

disseminated needs assessment results to the communities were well-received, successful

examples of engagement. Other cited accomplishments included engaging with students on topics that had not previously been addressed in schools, providing community trainings, facilitating "a-ha" moments in which community members recognized and acknowledged forms of sexual violence, and seeing the topic of sexual violence get "a little bit higher up on the priority list" in the communities. However, several study participants described an inability to create significant and sustained change due, in part, to a lack of sufficient resources. One coalition member commented:

> *…In reality, I just think we weren't in a position to effect major change, and I think that again comes back to representation and our ability to really build this into a broader network…and part of that is it's hard to do that when nobody's getting paid to do it and it's all voluntary, and everybody's, you know, on five projects.*

An Alliance staff member also commented on the need for significant and sustained resources for primary prevention work:

> *…I did have a much greater understanding of why this work isn't being done. It's work that needs a ton of money thrown at it, and a ton of brilliant people, and a ton of time, and no one's allowing for that because of the structure of our society. So I have great respect for the people doing it and I would love to be back involved, but I think it's horribly underfunded and really difficult work.*

Many study participants ended up appreciating the value of primary prevention and community mobilization by the end of their participation in the project. One RCP staff member, who had been resistant to the project, commented:

> *…I guess I learned a little bit more, thought a little bit more about those issues. Like what really is rape culture? How does it manifest? …What does that look like on a one-on-one level, but what does that look like in the broader community? What are the things that you could do that might help kids grow up and not buy into rape culture?*

And a coalition member commented on their improved understanding of the value of community mobilization for primary prevention:

> *I got a better sense of why…it's essential in social change efforts. …The benefit is*
> *that...you go right to the source. And I think one of the challenges is for people to*
> *recognize that the source of sexual violence is a culture and not...individual perpetrators*
> *or individual victims.*

Offering a contrasting viewpoint, an Alliance staff member noted that a tension exists between primary prevention and grassroots community mobilization efforts and that perhaps primary prevention is poorly suited to address sexual violence or other problems that are "rooted in issues of oppression."

A Note on Sustainability

Several study participants expressed that they had hoped the project would continue in some form after the pilot period. Currently, several years after the pilot period ended, one of the three coalitions has sustained its activity. In 2013, the Lower East Side coalition launched a project called "I Have the Right," described by one coalition member as a "continuation of principle" from Project Envision. The coalition developed a primary prevention photo campaign, which created a framework for discussion of individuals' rights to live free from sexual violence. Participants in these dialogues state their rights within the context of their communities, identities, or actions (e.g., "I have the right to drink without being raped"). The creation of a simple campaign message became the coalition's tool for engagement around sexual violence prevention in communities across NYC, as described by a coalition member:

> *I think for a little bit…the process was trying to find the "how." We knew what we*
> *wanted to do, or the goal, but then we didn't exactly have an engine or…a tool to do*

that. So, when "I Have the Right" was developed, it became a little clearer how we

would engage the community.

An RCP staff member described how the coalition engaged in quality relationship building and

diversified its membership:

…We started becoming more intersectional in our language and, I would say, also

intersectional in our understanding of oppression and how we were reflecting that to the

communities we were engaging with…instead of forcing sexual violence as the main

topic. We met them at the oppression they were living in their narrative. …I think, once it

started to become known that we were really committed to quality relationship building

with people, that also had a huge impact on diversifying our space.

Limitations

We conducted interviews three years after the Project Envision pilot period ended in

2013. Key informants were neither uniformly nor consistently involved with Project Envision for

the entire duration of the pilot period and, in some cases, more than five years had passed since

some study participants had left the project; thus, recall of personal experiences and perspectives

may have been diminished by the time of participation in interviews. Ongoing personal and

professional ties to the Alliance may have influenced some participants' responses. Although we

maintained privacy and confidentiality, some study participants' responses may have reflected

perceptions that members of the research team or readers familiar with Project Envision could

recognize their perspectives in interview excerpts. Several co-authors who contributed to the

development of the conceptual map and interview guide, and who were interviewed as key

informants, are former staff members of the Alliance. However, the lead data analyst, and first

author, was entirely unconnected to Project Envision. Further, the analytic team (a subset of the

co-authors) paid attention to ways that past experiences might influence interpretation by engaging in an iterative analytic process. Here, multiple co-authors commented on the analytic matrix and subsequent narrative descriptions. All analytic team members reviewed the others' feedback and several meetings were held to discuss the data and their interpretation. All co-authors edited and commented on the final draft and all study participants were offered the opportunity to review the manuscript prior to submission.

Discussion and Lessons Learned

Project Envision employed an ambitious, novel approach to primary prevention of sexual violence at the community level. Our retrospective qualitative examination of the challenges and successes associated with the project's implementation revealed three major themes: community identity and implications for engagement; capacity and readiness for community mobilization and consequences for implementation; and the impacts on participants. Here we discuss the results of the evaluation and present lessons learned.

Some of our results reflect previous research, which suggest participatory community-based projects are complex undertakings with many intersecting challenges that include defining community (Minkler, 2004), lack of trust in outside organizations' intentions (Maciak, Guzman, Santiago, Villalobos, & Israel, 1999), incorporating community members into all phases of the project (Doll et al., 2012), ensuring community member representation within coalitions (Koné et al., 2000), creating opportunities for short-term gains to avoid losing momentum (Ziff et al., 2006), and having the appropriate amount of time and resources to develop relationships with community members (Israel, Schulz, Parker, & Becker, 1998).

As it relates to community identity and implications for engagement, community interventions that use geographic demarcations—zip codes or community districts, for example—may result in areas that are too large to engage, particularly in urban settings such as NYC. As such, geographic boundaries of communities may help structure an intervention, but do not necessarily align with community identity. Our results suggest that if an organization uses geographic boundaries to define community, it is paramount to meaningfully incorporate people who live—and not simply work—in those communities into the intervention planning. In addition to carefully examining units of community identity, researchers and practitioners should scrutinize team identity and its potential impact on community engagement and anticipated outcomes (Muhammad et al., 2015).

In contrast with grassroots community organizing, some community mobilization initiatives identify the central issue of concern ahead of time, typically inspired by a funder or lead organization, as was the case in Project Envision. This can present challenges in engaging community members, in enabling ownership of the work, and can accentuate existing power imbalances, based on race and ethnicity, social class, or other sources of social power. We found that most study participants appeared to understand that a critical analysis of diversity and representation was a key part of effectively preventing sexual violence in NYC and were aware of the significance of the inherent power imbalances that existed from the outset of the project. Many were explicitly concerned about "tokenizing" potential coalition members; nevertheless, this understanding alone was not strong enough to impact the structure of the coalitions. Organizations must address the dynamics of power and privilege during project conceptualization, ensuring community member involvement throughout all phases of the

project, and critically consider whether to even attempt to "mobilize" a community that was not involved in the conceptualization of the initiative.

With respect to capacity and readiness for community mobilization, the concept of community mobilization is difficult to understand and its long-term goals can, at times, seem too distant to realize. Our findings suggest that translating abstract concepts and methodologies into relatable, actionable tasks, when possible, may contribute to the cohesion, day-to-day functioning, momentum and sustainability of coalitions, particularly those working on long-term social change projects. Creating opportunities for coalition members to feel a sense of accomplishment—even if small—can be critical for cultivating and sustaining the buy-in of coalition members and attracting new ones.

Determining whether a community is "ready" or "fit" for an intervention is a critical part of the planning process for community-based interventions (Plested et al., 2007) and was a key phase in Project Envision. However, in addition to assessing the three pilot communities for readiness, our study highlights the need for readiness assessments of the project's organizational partners and relationships (Andrews, Newman, Meadows, Cox, & Bunting, 2012). Attitudes toward the project can indicate readiness for implementation. Resistance to the project among some RCP staff points to a degree of incompatibility between the RCPs and social change-oriented primary prevention. Possible reasons for the RCPs' reluctance to take on prevention-oriented work include the organizations' predominately victim-oriented funding sources and their increasing institutionalization and professionalization, despite having origins in grassroots organizing of the feminist anti-rape movement (Campbell, Baker & Mazurek, 1998). The RCP staff interviewed for this study largely identified as clinicians, not as community organizers or

public health practitioners. Some organizations and their staff were simply not prepared to take on a complex community mobilization project.

Another important driver of RCP resistance to the project stemmed from perceptions about inadequate funding for primary prevention work. Funding agencies must recognize that meaningful prevention initiatives place an additional burden on direct service organizations, and consequently ensure adequate resources to allow for innovation as well as to sustain goals beyond short-term funding periods. Otherwise, a shift towards primary prevention may represent a diversion of resources away from crisis intervention work and essential activities, such as advocacy, outreach, and advocate training. Moreover, community organizing is a skill that requires investment from organizations and funders. In addition to adequate funding, greater technical assistance, support and strong collaborative relationships are needed to ensure that RCPs' missions are able to prioritize primary prevention alongside direct service.

We recognize that the results presented here tend to emphasize the challenges of Project Envision, with less focus on the strengths and achievements, which were reflected in the largely positive results of the participatory evaluation conducted in 2013 (Sarkar, 2014). The results of the previous evaluation may have been partially influenced by the following factors: 1) the participatory nature of the evaluation entailed coalition members creating evaluation questions themselves and reflecting on their experiences in group discussions; and 2) an Alliance staff member, with whom participants had developed professional and personal connections, served as facilitator. Regarding this evaluation, although the interview guide explored the challenges and the successes of the project, many of the study participants focused more on the challenges. This may reflect perspectives of study participants who were Alliance staff members, and had high hopes for the ambitious and then-cutting edge project, or RCP clinicians who were stretched

beyond their comfort zone. Additionally, because of the lack of resources, we could not conduct

a robust impact evaluation that would have documented program effects on the community

members who may have benefited from the project. Taken together, it is not surprising that

participants of this study broadly evaluated the program as not having entirely achieved its goal

of mobilizing communities to prevent sexual violence. Furthermore, several years had elapsed

between project participation and the interviews conducted for this report; thus the participants

were considering the project with "hindsight."

Conclusion

The objective of this study was to understand the successes and limitations of Project

Envision, a 6-year community mobilization initiative to prevent sexual violence in NYC, through

the experiences and interpretations of individuals involved with the project's conceptualization

and implementation. The study aims to contribute to the knowledge base of community

mobilization approaches for the primary prevention of sexual violence. As stated above,

community-level initiatives to prevent sexual violence are rare. This paper discusses the many

reasons why addressing social causes of sexual violence is an ambitious, challenging endeavor.

Nevertheless, the lessons learned highlight that this approach was promising for changing

institutional, and in perhaps some instances, community norms with a shift towards addressing

the root causes of sexual violence in addition to providing care for survivors once violence has

occurred. Additional lessons learned point to key considerations for funders, community

mobilization incubating organizations, community organizers, and community members and are

potentially applicable to a variety of community mobilization efforts around other topics. Future

directions of research might include a broader assessment of RCP roles in primary prevention of sexual violence, an analysis of funding patterns across sexual violence prevention and treatment, and an assessment of the adequacy of such funding relative to the burden of sexual violence experiences at the population level.

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Acknowledgements

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