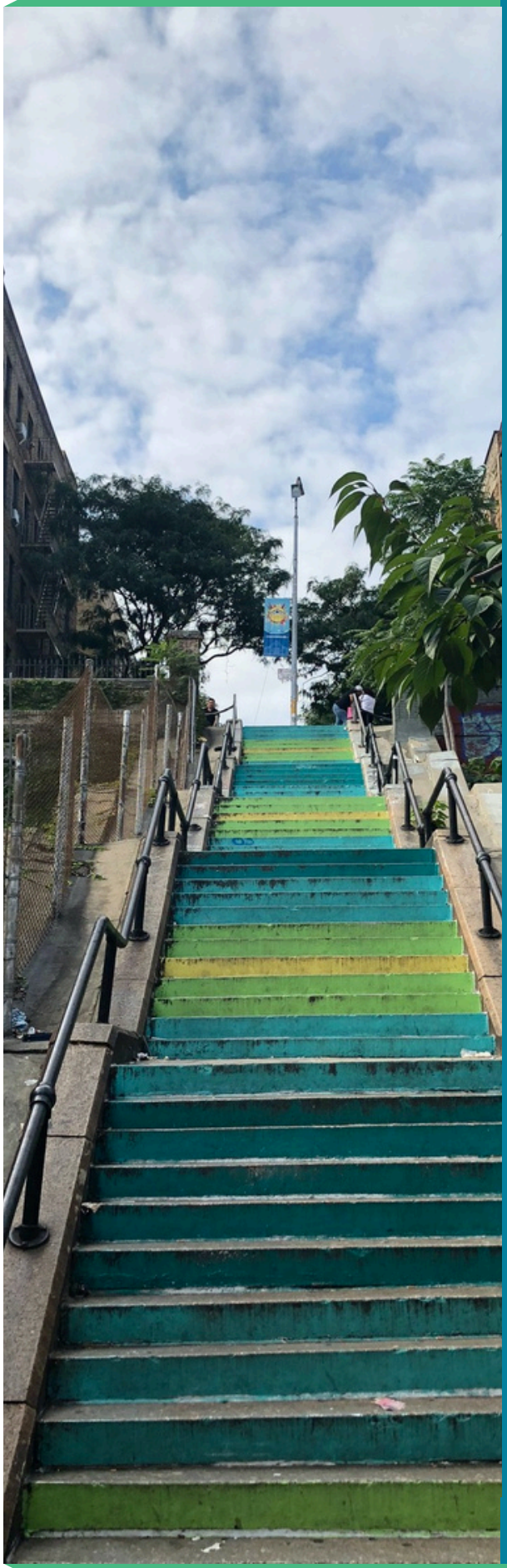

New York City Alliance Against Sexual Assault

Building a Coordinated Prevention Infrastructure for Sexual Violence in New York City:

Findings from a Citywide Mapping and Engagement Project

June 2026

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The Alliance NYC
New York City Alliance Against Sexual Assault

About Us

End sexual violence. In all forms. For all people.

The New York City Alliance Against Sexual Assault serves as the statewide coalition for Rape Crisis Programs and leads New York's mission to end sexual violence through education, prevention programming, research, and policy change. Until we end sexual violence in all forms, we will be here for all survivors and the organizations that serve them.

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EXECUTIVE SUMMARY

Sexual violence prevention remains a critical yet under-resourced component of New York City's approach to addressing sexual violence. While New York State has made meaningful advances in survivor services, forensic care, and crisis response infrastructure, prevention efforts to target the root causes of violence have not received comparable attention or investment. As a result, prevention programs operate within fragmented systems, limited guidance, and constrained capacity.

This project was designed to examine the current landscape of sexual violence prevention in New York City in order to:

- Identify strengths, gaps, and unmet needs across prevention efforts;
- Document how prevention is defined and implemented in practice; and
- Surface opportunities for coordination, investment, and system-building.

The study intentionally expands beyond programs explicitly labeled as sexual violence prevention to include organizations whose work contributes to violence reduction through community-level, relational, and structural strategies.

SCOPE AND METHODS

Using a mixed-methods approach, the study collected data through interviews, surveys, focus groups, and geographic mapping. In total, 72 organizations across the five boroughs participated, representing Rape Crisis Programs, victim service providers, prevention-focused organizations, culturally specific organizations, campus-based programs, and nontraditional prevention partners such as restorative justice initiatives, workforce development programs, legal services, and community-based organizations. Qualitative data were thematically analyzed, and mapping was used to assess prevention coverage across neighborhoods and populations.

KEY FINDINGS

Across interviews and surveys, organizations consistently framed prevention as a strengths-based, affirmative process centered on empowerment, safety, and community well-being. Prevention was described not solely as reducing incidents of harm, but as

building long-term conditions for safety through relationships, trust, cultural relevance, and community capacity.

Several shared challenges emerged. Across programs, prevention capacity is constrained by limited staffing and funding, with most organizations relying on one or two staff members to conduct prevention work. Training and technical assistance have not kept pace with emerging needs which include culturally responsive strategies, disability inclusion, trauma-informed facilitation, technology-facilitated abuse, trafficking prevention, and engagement of men and boys. Evaluation of existing infrastructure remains underdeveloped, with programs reporting uncertainty about appropriate measures for prevention outcomes and limited resources to support evaluation. Finally, prevention efforts are fragmented, with few formal mechanisms for coordination, shared learning, or visibility across sectors and boroughs.

Mapping analysis demonstrates that restricting prevention to organizations explicitly labeled as sexual violence prevention significantly narrows geographic and population coverage. Including nontraditional prevention organizations reveals a broader and more equitable prevention ecosystem already operating across New York City.

RECOMMENDATIONS AND NEXT STEPS

Based on these findings, this report highlights the need to:

- Strengthen citywide prevention coordination and infrastructure;
- Align definitions, funding frameworks, and expectations with how prevention operates in practice;
- Invest in prevention workforce capacity, including staff, training, and supervision; and
- Expand access to technical assistance and evaluation tools that reflect community-based outcomes.

Together, these findings demonstrate that sexual violence prevention is already occurring across New York City, but without the coordination, investment, and structural support necessary to achieve its full impact. By strengthening infrastructure now, we can take advantage of a critical opportunity to build a more cohesive, equitable, and sustainable prevention system citywide.

BACKGROUND AND METHODOLOGY

PROJECT PURPOSE

In recent years, New York State has shown commitment to supporting sexual violence response services through financial investments and system standardization. The Office for the Prevention of Domestic Violence (OPDV) and the Division of Criminal Justice Services (DCJS) provided $5.6 million in state funding to cover gaps in federal Violence Against Women Act (VAWA) funding for service providers in 2024.[1] Governor Hochul implemented historic investments[2] in Victim Assistance Programs (VAPs)[3] in 2025, including a doubling of funds for Rape Crisis Programs (RCPs).[4] This same legislation mandated that certified Sexual Assault Forensic Examiners (SAFEs) be available to patients in every NYS hospital and expanded funding to help with this initiative.[5] Collectively, these investments reflect meaningful progress in strengthening statewide response and intervention and demonstrate the impact of coordinated advocacy at the state level.

And yet, comparable levels of attention and growth have not been extended to sexual violence *prevention* efforts. In this area of the field, capacity, infrastructure, and long-term support remain limited. Sexual violence prevention is grounded in well-established public health and social science frameworks, including the social-ecological model and primary prevention theory, which emphasize addressing risk conditions, social norms, and structural factors before harm occurs (see Figure 1).[6] Despite this theoretical clarity, organizations experience limited access to dedicated funding, implementation guidance, and evaluation support for prevention work. As a result, many programs are left to independently design, deliver, and assess prevention strategies—often without the

[1]OPDV, "New York State Division of Criminal Justice Services, State Office for the Prevention of Domestic Violence Reduce Red Tape for Programs that Provide Critical Services and Support to Survivors of Domestic Violence and Sexual Assault," July 2024.
[2]New York State, "Governor Hochul Announces Record-Level Investment in Victim Assistance Programs Across New York State," July 2025.
[3]In New York State, "Victim Assistance Programs" (VAPs) are community-based services that provide direct services to all victims of crime, including crisis counseling, advocacy, case management, referrals, and help with filing claims for victim compensation. Many VAPs throughout the state are funded and supported through the New York State Office of Victim Services (OVS). (Source: New York State Office of Victim Services, "Victim Assistance Program," 2025).
[4]A "Rape Crisis Program" refers to a New York State Department of Health (NYSDOH)-approved program which trains rape crisis advocates to provide free, confidential support and crisis intervention services to victims and survivors of sexual violence. There are 15 RCPs in New York City as of June 2026. (Source: New York State Department of Health, "Rape Crisis Programs by County," 2026).
[5]New York Public Health Law § 2805-i, *Sexual offense evidence collection and treatment of sexual assault victims,* New York State Senate, December 2025.
[6]CDC, "About the Public Health Approach to Violence Prevention," April 2024.

technical assistance or infrastructure needed to determine which approaches are most effective or sustainable over time.

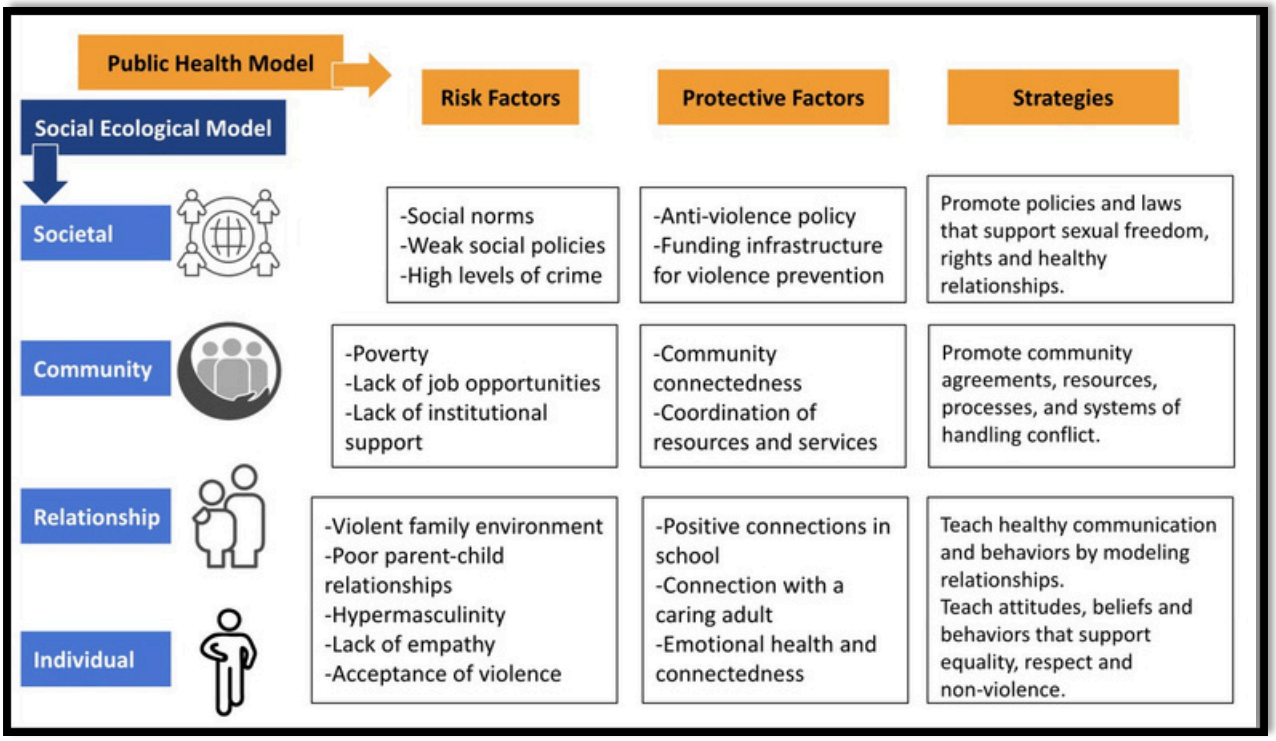

Figure 1: Adapted from National Sexual Violence Resource Center (NSVRC)[7]

This project was designed to better understand the current landscape of sexual violence prevention in New York City in order to identify gaps in support, opportunities for improvement, and areas for strengthened collaboration. Throughout the five boroughs, a wide range of organizations provide direct services to survivors, including victim service providers, hospitals, and other response-focused systems. Many of these organizations have also incorporated prevention-oriented activities into their work to address the root causes of violence, disrupt cycles of harm, and reduce the likelihood of future violence. In addition, a smaller set of organizations operate with an explicit and primary focus on preventing violence before it occurs. While collaboration among response-oriented providers is relatively well-established, the sexual violence prevention network feels far less defined and connected.

While the New York State Department of Health (NYSDOH) defines clear definitions and standards for Sexual Assault Forensic Examiner (SAFE)-certified hospitals (22 in NYC)[8] and approved Rape Crisis Programs (15 in NYC), a similar designation or framework does

[7]NSVRC, "Risk and Protective Factors," 2019.
[8]NYSDOH, "Sexual Assault Forensic Examiner (SAFE) Program," 2026.

not exist for sexual violence prevention programs. Although many RCPs incorporate prevention efforts into their work, the requirements for an RCP as outlined by NYSDOH focus on providing services to those who have experienced sexual violence rather than primary prevention[9] efforts within the community. As a result, prevention work often feels ambiguous, undefined, and difficult to manage as a larger, citywide effort. Organizations note that their work feels isolated, siloed, and disconnected from other programs and efforts to address sexual violence in NYC.

This project emerged from an initial effort to identify organizations engaged in sexual violence prevention across New York City, a process that quickly raised fundamental questions about how prevention is defined and recognized within the field. Consequently, a central aim of this research was to capture a working definition of prevention, not just as it is understood in institutional and funding spaces, but as it is actually used and operationalized by communities, organizations, and people engaging in this work. Guided by this approach, the project intentionally included organizations that are not traditionally situated within the sexual violence sector, but whose work contributes to prevention by addressing underlying conditions associated with harm, strengthening protective factors, or reducing risk at the individual, relationship, and community levels. Some of these organizations include alternatives-to-incarceration programs, restorative justice initiatives, community-based spaces, workforce development programs, and law firms.

This expanded scope reflects a core finding of the research:

sexual violence prevention is inherently interdisciplinary and cannot be confined to a single system, service area, or program type.

While many of the organizations included do not identify their work exclusively—or even explicitly—as sexual violence prevention, their efforts contribute to prevention at a macro level by shaping the social, economic, and relational contexts in which violence occurs. By recognizing that prevention is embedded across systems such as education, housing, employment, and community development, this project advances a more accurate and comprehensive understanding of the prevention landscape and highlights the importance of cross-sector collaboration in reducing sexual violence.

As we met with each organization and continued to expand our search, we collected information about program services, staff, strategies, funding, successes, and challenges in an attempt to document what prevention work looks like in NYC. Our goal is to paint a

[9]Primary prevention refers to strategies implemented before harm occurs; secondary prevention involves immediate responses after violence has occurred; and tertiary prevention focuses on long-term responses after violence has occurred. (Source: CDC, “Sexual Violence Prevention: Beginning the Dialogue,” 2004).

picture that is representative of what programs are experiencing day to day based on our diverse sample of organizations. What has emerged are clear themes across curriculum-building, population focus, capacity struggles, training topics, and other insights which help us better understand the needs of prevention programs. This research will continue to shape our priorities for prevention and building coalitions and networks in the sexual violence sector.

Together, these findings deepen understanding of the sexual violence prevention landscape in NYC while aligning with broader statewide efforts to address sexual violence as a public health issue. By centering data collected directly from organizations, this project offers a clearer picture of how prevention is defined, implemented, and resourced across diverse settings, as well as the populations and conditions these efforts seek to reach. In collaboration with participants, the project has also begun to surface priority areas for training, technical assistance, and shared learning as programs work to strengthen best practices and assess their impact. The following section outlines the methods used to conduct this research.

METHODS

Data Collection

To capture organizational characteristics and prevention practices, we used three data collection methods and conducted thematic coding across standardized categories for comparison and summative analysis. We utilized in-person and virtual interviews, surveys, and focus groups to collect our data.

The Alliance identified programs and organizations engaging in direct or indirect sexual violence prevention work and recruited interview participants using structured outreach and consistent follow ups. Our search began with an open call to organizations that we knew had prevention programs—these included those with recognized certifications such as Rape Crisis Programs (RCPs), Victim Assistance Programs (VAPs), Enough is Enough (EIE)[10] providers, and community-based organizations (CBOs). There was a high level of interest in participating in the interviews, and as scheduling began, we continued our outreach.

[10] "Enough is Enough" (EIE) providers are community-based rape crisis and sexual violence programs which work in partnership with colleges and universities to deliver trauma-informed services and prevention programming according to Enough is Enough campus sexual assault law. (Source: New York State Office for the Prevention of Domestic Violence, "Enough is Enough," 2025).

We were intentional about expanding our search to include programs that are not traditionally included in sexual violence prevention analysis. While some organizations explicitly identify their work as sexual violence prevention, many others contribute meaningfully to prevention by addressing known risk and protective factors associated with sexual violence even when prevention is not their stated programmatic focus. With this goal in mind, The Alliance reached out to youth organizations, community health providers, restorative justice groups, immigrant justice coalitions, victim's rights law firms, self-defense organizations, and others. In all, we invited more than 200 organizations to participate in an interview. In our second and third outreach attempts, we invited organizations to complete the Prevention Insights Survey (included in the Appendix) if they did not have the capacity for an hour-long interview. All organizations were additionally invited to participate in the focus group conversations, which took place during The Alliance's quarterly Prevention Priorities Meetings.[11]

The Alliance finalized a semi-structured interview guide with questions about organization structure, prevention programming, curriculum, staff capacity, collaboration partnerships, and program successes and challenges. Interviews lasted 60-90 minutes and were conducted either in-person or via online video conferencing. The interviews were recorded and transcribed with the consent of the participants.

The Prevention Insights Survey followed the same questions contained in the interview guide. Participants completed the survey independently, and The Alliance followed up via email with any additional questions or to address gaps in responses.

Each of the two Prevention Priorities Meetings was facilitated by The Alliance. There was time for large and small group discussion on focus topics, and comments were recorded for analysis but not attributed to any specific person or organization. At the first community meeting, topics included definitions and frameworks of sexual violence prevention, program strategies, and ideas for cross-sector collaboration. At the second community meeting, The Alliance shared key findings from the mapping research project noted here, and participants provided feedback on proposed recommendations and planned additional activities for future priorities meetings.

[11]The Alliance is uniquely positioned to serve as a hub for collaboration and shared resources within the sexual violence field. A core function of The Alliance's work is to connect organizations, foster community, and support coordination among providers serving survivors of sexual violence. To advance this goal, The Alliance hosts quarterly, theme-focused Priorities Meetings that convene rape crisis program leadership across New York City. As information about the prevention landscape emerged through this research, The Alliance expanded this model to include prevention-focused Priorities Meetings in order to broaden participation and strengthen cross-sector collaboration.

Data Analysis

While we captured some quantitative data such as number of staff and service volume, the majority of our results were descriptive and qualitative. This served our purposes since our main goal is to outline what prevention work looks like in action. It was also important to allow programs to respond to questions in detail because models of practice are not standardized, and organizations' experiences and frameworks may not be fully captured by multiple-choice or ranking-scale questions. Data from all research sources (interviews, surveys, and focus groups) was manually coded and evaluated to report the findings presented here.

In addition to qualitative and descriptive analysis, this project incorporated a mapping component to better understand the prevention landscape across New York City. Using geographic information systems (GIS), organizational locations were mapped to visualize the distribution of prevention programs by borough and neighborhood, identify areas of concentration and scarcity, and assess opportunities for multi-program collaborations. Together, the mapping and qualitative findings provide a multidimensional view of sexual violence prevention in NYC, strengthening the project's ability to inform strategic planning, resource allocation, and citywide coordination efforts.

Results

Thirty-five organizations participated in an interview, **11 organizations** completed the Prevention Insights Survey, **43 organizations** participated in our first focus group, and **34 organizations** participated in our second focus group. Many of the organizations from the focus groups also completed a survey or interview. In all, this report represents the work, insights, and feedback of **72 diverse organizations** contributing to sexual violence prevention in NYC.

Our richest data comes from the in-depth interviews and the survey information we received from participants. The focus groups were helpful in guiding the sections on redefining prevention in practice and ensured throughout our research process that the work was community-driven and based on the lived experiences of the people and communities working in sexual violence prevention.

Our sample of organizations interviewed and surveyed includes 6 Rape Crisis Programs, 16 Victim Assistance Programs, 6 Enough is Enough providers, 7 culturally specific

organizations,[12] and 5 prevention specific[13] organizations. These categories are familiar and recognized within the field, and they are also important to distinguish for our analysis. Our findings will show the different models, organization structures, and strategies of these common prevention organizations. Other categories represented include human services organizations, trauma-informed wellness practices, community settlement houses, victims' rights law firms, and more.

Type of Organization	Number of Interview/Survey Participants	Description of Prevention Activities or Contribution to Prevention
Direct services only	3	Provide crisis intervention services for victims of domestic and sexual violence, including counseling, safety planning, support groups, and other case management.
Direct services + prevention	15	In addition to the direct services listed above, these programs may also provide hospital and court advocacy, law enforcement accompaniment, legal services, and assistance with victim compensation. Prevention efforts include community outreach, workshops, general training, and awareness events related to domestic and sexual violence.
Campus program	4	On college campuses, provide counseling and support to students who have experienced violence; engage in prevention training, events, and workshops; may partner with CBOs to offer additional services.
Prevention specific	5	Provide prevention-specific workshops, trainings, and evidence-based programs related to sexual violence. Settings include K-12 schools, nightlife spaces, and the general community. These programs do not provide direct or client-based services.

[12]Culturally specific organizations provide community-based services that are culturally relevant and linguistically specific to specific communities. They integrate knowledge of cultural, historical, and structural contexts to address stigma, systemic barriers, and the dynamics of violence in culturally grounded ways.
[13]For the purposes of this research, a prevention specific organizations' primary focus is sexual violence prevention—either education-based or skills-based. These organizations do not engage in direct services.

Type of Organization	Number of Interview/Survey Participants	Description of Prevention Activities or Contribution to Prevention
Youth development	2	Provide comprehensive youth programs to create support systems and positive community for young people. Activities include identity exploration, mental health services, peer education, leadership, and creative expression. In these environments, young people feel more comfortable discussing relationships, boundaries, consent, and disclosing incidents of harm.
Family support services	4	Work with the entire family system to increase stability using case management, counseling, and skill-building solutions. In cases where violence has occurred, services also include safety planning, trauma and family therapy, and prevention of future harm.
Restorative justice	2	Use a restorative, circle-based model to identify and address harm in addition to working on accountability and healing. Build conflict resolution skills and strengthen individual relationships and community. One of these programs mentors youth as restorative justice practitioners who are empowered to lead peacemaking activities separate from systems of punishment.
Education and workforce development	3	Provide educational workshops and workforce development training, leading to economic empowerment; focus particularly on marginalized communities and populations. May also provide direct services such as healthcare advocacy, language support, and community referrals.
Alternative pathways program	3	Work with system-involved youth and adults to provide programming as an alternative to incarceration or method of reducing their sentence; programs include restorative practices for accountability and healing in addition to workforce training, internships, education, and mental health support. Some of these organizations also have voluntary programs for those who feel they are at risk of causing harm.

Type of Organization	Number of Interview/Survey Participants	Description of Prevention Activities or Contribution to Prevention
Legal services	4	Provide legal services to victims of crime, including victims of sexual violence. May also provide other direct services such as counseling and specific prevention programs like community outreach and campus partnerships. May also engage in policy advocacy and legislation related to sexual violence.
Healing and wellness	1	Focus on trauma-informed healing practices for survivors of domestic violence and sexual assault; teach participants about their emotional and physical responses and ways to process trauma and stress. Also practice with victims services staff to help reduce burnout and vicarious trauma.

Many programs fit into multiple categories, but we've captured their primary prevention activities here. This is a beginning attempt at categorizing interview and survey participants in order to better understand program models and strategies. However, building a more robust and inclusive definition of prevention and examining how each organization plays a role will help refine these categories and tie them to the public health model more effectively.

We recognize that there were limitations in our collection of data. While the focus groups were informative and an essential part of the community process, we did not capture the same quality of data as in the interviews and surveys. Because organizations completed the Prevention Insights Survey independently, some questions were skipped or answered only briefly. While we did follow up on missing information and additional questions, programs often did not respond. Finally, we know that there are prevention organizations that we did not reach in this round of research. We hope that they will see this work and be encouraged to participate in future iterations. Despite these challenges, we've captured a holistic, interdisciplinary, descriptive picture of what existing sexual violence prevention work looks like in NYC, and we feel confident in our recommendations for further support, growth, and strategic collaboration.

WORKING DEFINITION OF PREVENTION IN PRACTICE

> *Prevention is all about collective power and coordinated effort.*

Recent statewide and national studies have examined sexual violence prevention across New York State and beyond, including *Centering Health Equity and Cultural Relevancy in Sexual Violence Prevention in New York State: Findings and Recommendations* (2023)[14] and *Promising Practice in Community-Level Sexual Violence Prevention* (2023).[15] This work has primarily centered prevention-specific organizations. Building on this foundation, the present study offers a distinct contribution by focusing specifically on the prevention landscape of New York City and by intentionally expanding the scope of analysis beyond programs explicitly labeled as sexual violence prevention. By examining the roles of organizations that indirectly contribute to violence reduction by addressing root causes of harm and reinforcing conditions that support safety and well-being, this project broadens how prevention is understood and documented in practice. In doing so, the research aims to support the development of interdisciplinary, community-rooted networks that work across sectors to normalize prevention messaging, skill-building, and shared responsibility as core components of a citywide approach to sexual violence prevention.

Across participating organizations, prevention is understood not as a single curriculum or set of activities, but as a spectrum of continued efforts to address risk and protective factors across multiple levels of influence, including the individual, relational, and societal levels.

This understanding aligns with public health and social-ecological approaches to violence prevention, which emphasize that sustainable reductions in violence require coordinated strategies that extend beyond individual behavior change to address the broader conditions in which people live, learn, work, and socialize. This working definition reflects how prevention is operationalized in practice across communities rather than how it is often narrowly defined within funding requirements or program guidance.

[14] S. Podber, C. Ballerano, and C. Miller for New York State Department of Health, July 2023.
[15] CAI Global for New York State Department of Health, November 2023.

While some organizations included in this research explicitly identify sexual violence prevention or other kinds of violence prevention in their mission statement or program goals, many others contribute to prevention outcomes by strengthening protective factors or reducing risk factors associated with sexual violence in their communities. In interviews and surveys, organizations frequently framed prevention in terms of addressing root causes of harm, reducing vulnerability, or supporting stability and safety in communities where violence is more likely to occur.[16] Participants consistently noted that prevention efforts should extend beyond formal education or awareness-based programming typically emphasized in institutional frameworks to include a broader range of community-rooted strategies. These include, but are not limited to, housing stability and resource access, family and caregiver support, harm reduction approaches, restorative justice and conflict resolution practices, and initiatives that promote economic stability and social connection.

Although these organizations may not be categorized as prevention programs within traditional or funder-defined frameworks, we recognize a clear connection between their work and the prevention of sexual and interpersonal violence. Yet, without clear guidance on prevention best practices, statewide training, and technical assistance, programs that contribute to violence prevention indirectly often remain unrecognized, disconnected from the broader prevention ecosystem, and excluded from coordination and learning opportunities.

When describing prevention in practice, organizations identified several core and overlapping strategies that reflect this broader framing. These include knowledge-building activities, such as education on consent, boundaries, healthy relationships, and sexual harassment; skill development efforts focused on communication, bystander intervention, self-advocacy, and conflict navigation; culture-shaping initiatives aimed at shifting norms related to gender, power, accountability, and community responsibility; and environment-strengthening approaches that prioritize safer spaces, supportive relationships, and access to resources that promote stability and well-being. Together, these strategies reflect a multifaceted approach to prevention that operates across settings and populations rather than within a single program model or prescribed curriculum.

Many organizations also described challenges in drawing clear distinctions between primary, secondary, and tertiary prevention as these categories are often articulated in funder or policy contexts. For organizations that provide direct services alongside

[16]CDC, "Risk and Protective Factors," March 2024.

prevention programming, experiences working with survivors inform their prevention strategies, while prevention efforts simultaneously function to interrupt cycles of violence and reduce the likelihood of future harm. Participants emphasized that in practice, prevention, intervention, and healing are deeply interconnected, particularly in communities experiencing structural inequities, chronic under-resourcing, and repeated exposure to violence.

> *You need the holistic approach to get yourself from surviving to thriving. We're not designed to stay in a space to survive—survival mode is for emergency situations so that our body is able to respond and get out and be in a safe space. But if you have that mode always on, this is where the burnout, the mental health breakdowns, addictions, all types of stuff starts happening.*

Across organizational types, prevention was consistently framed as a means of promoting empowerment, safety, and community well-being rather than solely preventing individual incidents of harm. Organizations emphasized prevention as an active and ongoing process of nurturing conditions that support healthy relationships, collective care, and long-term resilience. This working definition intentionally broadens prevailing prevention frameworks to more accurately reflect the scope of work currently taking place across New York City and to inform future funding, evaluation, and coordination efforts in ways that align with on-the-ground practice.

OVERVIEW OF THE PREVENTION LANDSCAPE

POPULATIONS

Across interviews and survey responses, prevention programming in New York City is heavily concentrated in workshops, trainings, and school-based or campus-based education models. The populations that each program serves seem to be concentrated in a few key areas. Thirty-two of the surveyed/interviewed programs provide traditional primary prevention workshops, trainings, or outreach activities. Of these,

- 50% provide prevention workshops and training to the general community, to include workplaces and nightlife spaces;
- 47% focus their prevention efforts in schools; with programs ranging from K-12 and typically including staff and parents;
- 34% provide prevention services on campuses and to college students;
- 9% have dedicated prevention programs for seniors and elder adults;
- 9% provide extensive, holistic prevention programs for adults who have caused harm or who are at risk for causing harm; each of these models is also paired with individual case management and therapy or counseling; and
- 6% specifically target men in their prevention efforts.

Note that many organizations provide prevention services in more than one focus population or setting. In some of the school-based programs and in all of the programs which serve adults who have caused harm, organizations are able to offer multi-session prevention workshops which cover more content and build knowledge and skills over a period of time. Otherwise, prevention activities are typically a one-time workshop or training with limited or no follow-up. This creates challenges for long-lasting prevention education because research shows that sexual violence prevention is more effective when delivered in multi-session formats with repeated exposure, whereas brief, one-time programs rarely yield sustained outcomes of behavioral change.[17]

This dynamic is created by insufficient funding for multi-session or long-term prevention programs and the supports necessary to sustain participation. When prevention funding

[17]CAI Global, “Principles of Effective Prevention Programs,” 2022.

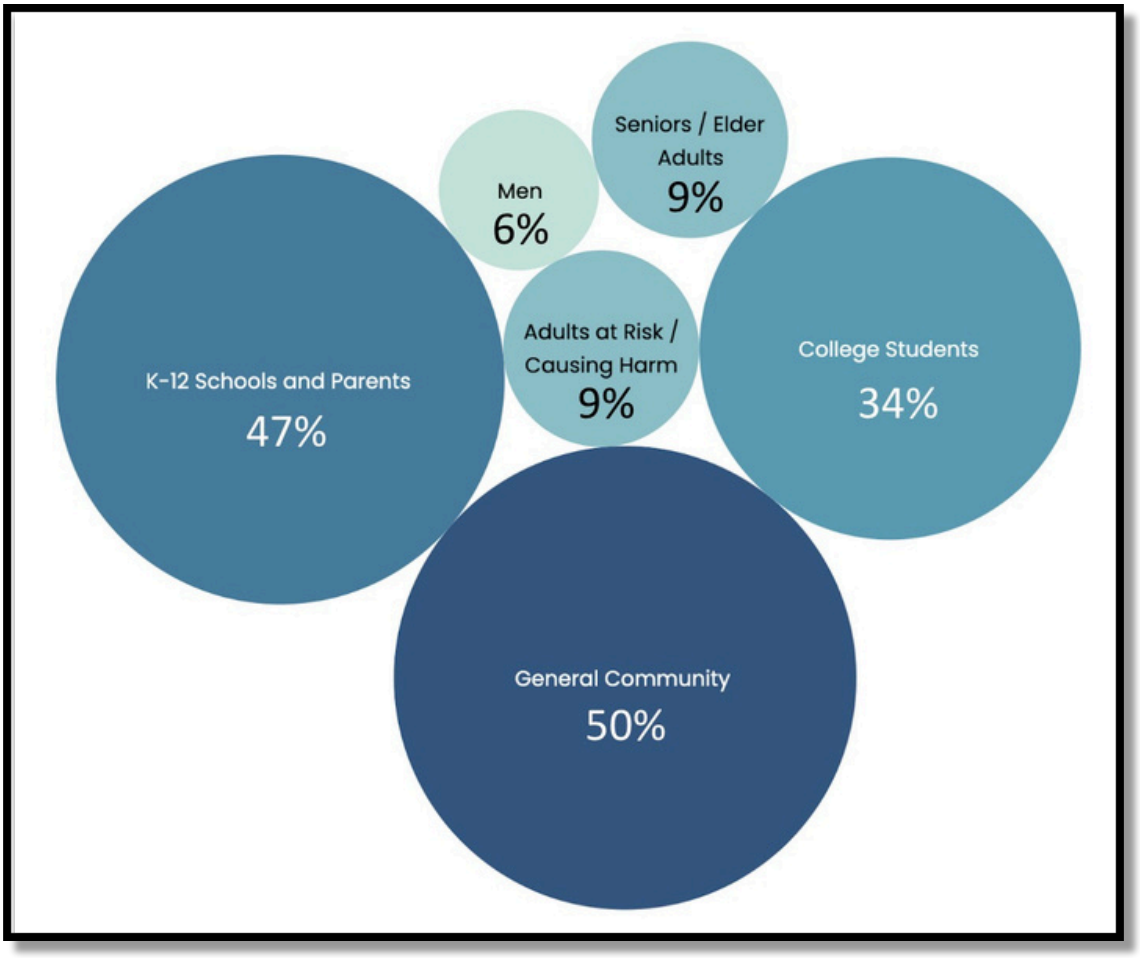

Figure 2: Focus Populations

does not cover or allow for essential costs such as food, transportation, space rental, or childcare, it creates significant barriers to engagement. These barriers disproportionately affect communities most impacted by sexual violence where economic pressures and caregiving responsibilities can make ongoing participation difficult. Funding frameworks should explicitly account for these realities in order to support equitable access to prevention programming.

At the same time, a growing subset of organizations described moving beyond one-time, individual-level education toward community-level prevention strategies, including peer leadership models, youth organizing, community events, and neighborhood-based engagement. Interview and survey data indicate that while education-based models remain the most common approach, many organizations are actively experimenting with broader strategies despite limited resources, guidance, or evaluation tools. This reflects both innovation in the field and a lack of system-level support for prevention approaches that extend beyond traditional curricula.

For example, one direct services organization engages participants in therapeutic gardening within a community space, using the consistency of the group over time to build comfort and trust. As relationships deepen, participants become more willing to discuss topics such as boundaries, healthy relationships, and potential experiences of harm. It's an approach that's both healing and restorative for the participant and preventative for those individuals and their community. A youth development program similarly works with the same cohort of young people over four to six years, centering identity development, personal agency, and connection to community. Through this extended engagement, participants are able to critically examine and redefine concepts of masculinity and femininity while challenging sexist norms, misogyny, and homophobia. In another example, a workforce development programs partners with a nursing school to provide doula training and credentials, expanding economic opportunities for participants while strengthening holistic, culturally responsive support for expectant parents. Together, these models illustrate how longer-term programming enables prevention work that is relational, transformative, and embedded in participants' broader life trajectories.

These innovations suggest an opportunity for greater system-level guidance and investment to support prevention approaches that extend beyond workshops and curricula. With appropriate standards, shared resources, and funding alignment, prevention programs could be better supported to scale community-level and upstream strategies that organizations are already attempting to implement with limited guidance and support. Statewide agencies should aim to support this shift by expanding citywide prevention frameworks that recognize multiple prevention strategies across the public health model and by aligning funding criteria to support community- and systems-level prevention approaches.

STRATEGIES AND CURRICULUM

Consistent with the project's working definition of prevention, organizations described the spectrum of prevention efforts that slowly build capacity in their communities for violence prevention. Interview and survey data indicate that most organizations engage in multiple prevention strategies simultaneously and are continuously updating, revising, and adding to their activities and curriculum to fit the needs of the group they are working with and the topics they are interested in.

Organizations described their prevention work as including:

- **Knowledge-building**, such as education on consent, boundaries, healthy relationships, and sexual violence;
- **Skill-development**, including communication, bystander action, emotional regulation, and conflict navigation;
- **Culture shaping**, through leadership development, peer education, community engagement, and norm change; and
- **Environment strengthening**, including creating safer spaces, fostering supportive relationships, and building trusting youth-adult partnerships.

> *"You can teach people about prevention, and they'll understand it intellectually, but that will not translate into action. It has to be skills-based, and we have to practice the skills."*

Organizations consistently described prevention curricula as either homegrown or adapted from existing models, with frequent updates based on cultural relevance, community feedback, or emerging needs. Few organizations reported using a single, fixed curricula. Instead, prevention staff emphasized facilitation, dialogue, and responsiveness as central to program effectiveness.

While this adaptability is widely viewed as a strength, organizations also noted uncertainty about what qualifies as "evidence-based" prevention and felt they had limited access to technical assistance to support curriculum development and adaptation. This tension highlights a broader system gap between funder or institutional expectations for standardization and the realities of community-based prevention work where relevance, cultural responsiveness, and trust are critical to meaningful engagement.

In this context, many programs described using evidence-based models as a foundation, often in combination with other research-informed approaches. Almost all describe the ways in which they must adapt evidence-based practices to fit the needs of their populations and respond to emerging topics related to sexual violence. Several organizations noted that many approved curricula feel outdated or insufficiently responsive to cultural context, technology use, or shifting social norms. While some programs face challenges modifying funder-approved curricula due to lengthy approval processes, others have developed flexible curriculum frameworks or resource guides that allow facilitators to adjust content while maintaining core prevention principles.

Participants consistently noted, however, that prevention funding remains closely tied to the use of designated evidence-based models, limiting opportunities to evaluate innovative or community-driven strategies. Expanding investment in evaluation infrastructure and providing support for creative methods of assessing impact would allow more programs to improve their strategies, build the evidence base, and strengthen prevention practice without sacrificing responsiveness or relevance.

GEOGRAPHIC COVERAGE

The following maps (Figure 3 and Figure 5) represent the distribution of organizations interviewed and surveyed across New York City. However, mapping prevention programs presents some unique challenges. Firstly, an organization's location does not necessarily limit their coverage and service area. Many organizations are working in multiple boroughs or in all boroughs, regardless of their physical location. Some of the larger programs work in partner locations—such as Family Justice Centers, schools, and public offices—and have as many as 100 or more sites. Those are not all represented here. Others may have multiple locations, but their prevention programs operate out of only one or two. We've done our best to capture the primary location(s) for each organization.

Physical locations do help us understand where a program is based, what community and neighborhood they're working in, and which other nearby programs might be good partners. It also helps us begin to identify geographic areas which are not serviced by current efforts and may require targeted outreach.

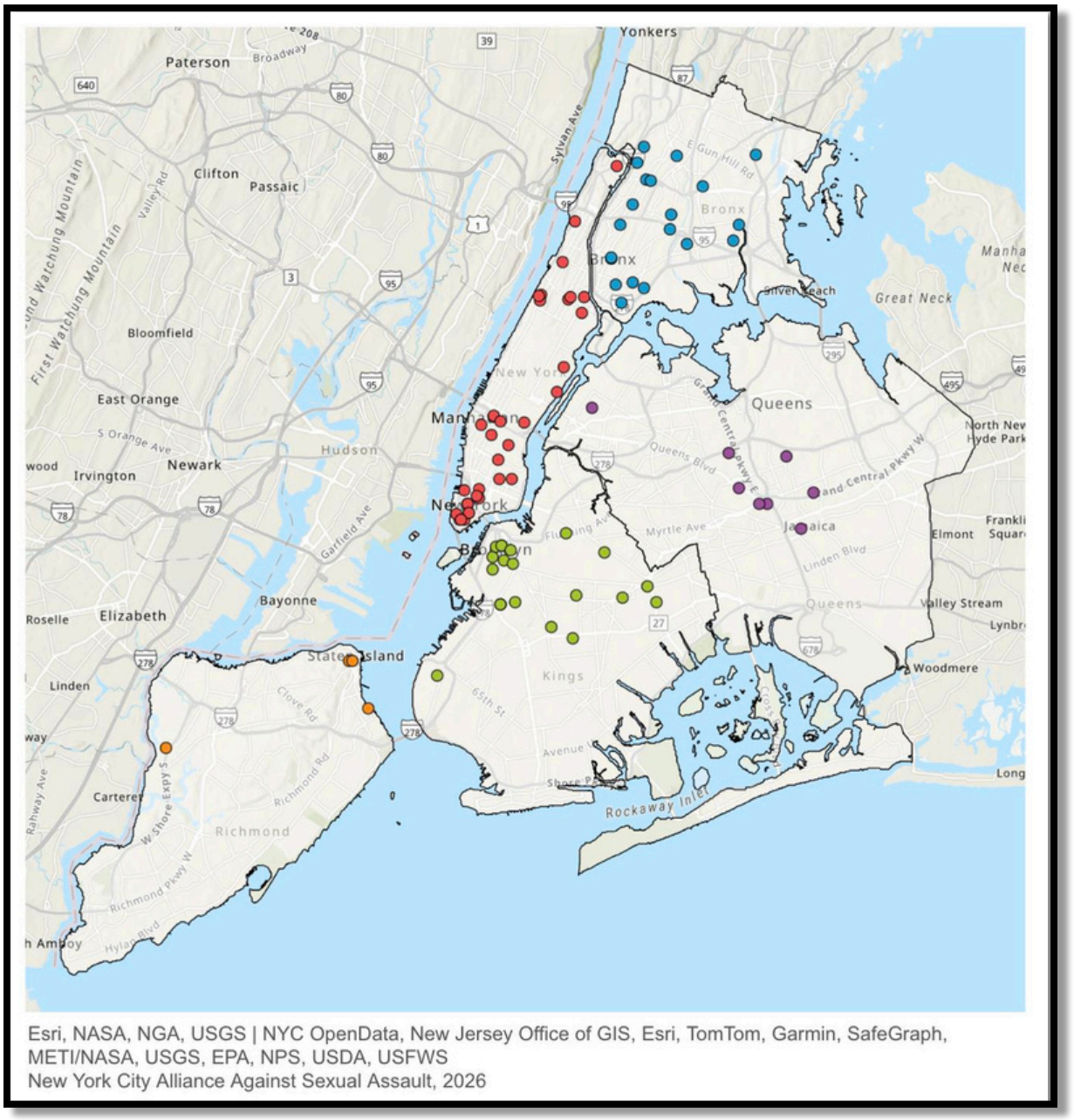

Figure 3: Organizations Interviewed and Surveyed

Figure 4 shows the coverage distribution of programs by borough. The blue bars indicate the number of programs that provide services in that borough. Once again, note that many programs are working all across New York City, and it is often 1 or 2 prevention staff members trying to cover large geographic areas.

The gray bars in Figure 4 illustrate what program coverage would look like if the analysis were limited to organizations that explicitly identify as sexual violence prevention programs, excluding nontraditional organizations that contribute to violence reduction through related work. By broadening the definition of prevention, this project highlights a more inclusive and interdisciplinary approach that not only reflects how prevention operates in practice, but also significantly expands the scope and reach of prevention efforts across the city. Figure 5 conveys this same idea by showing the geographic coverage lost by excluding nontraditional programs, represented here by the faded points.

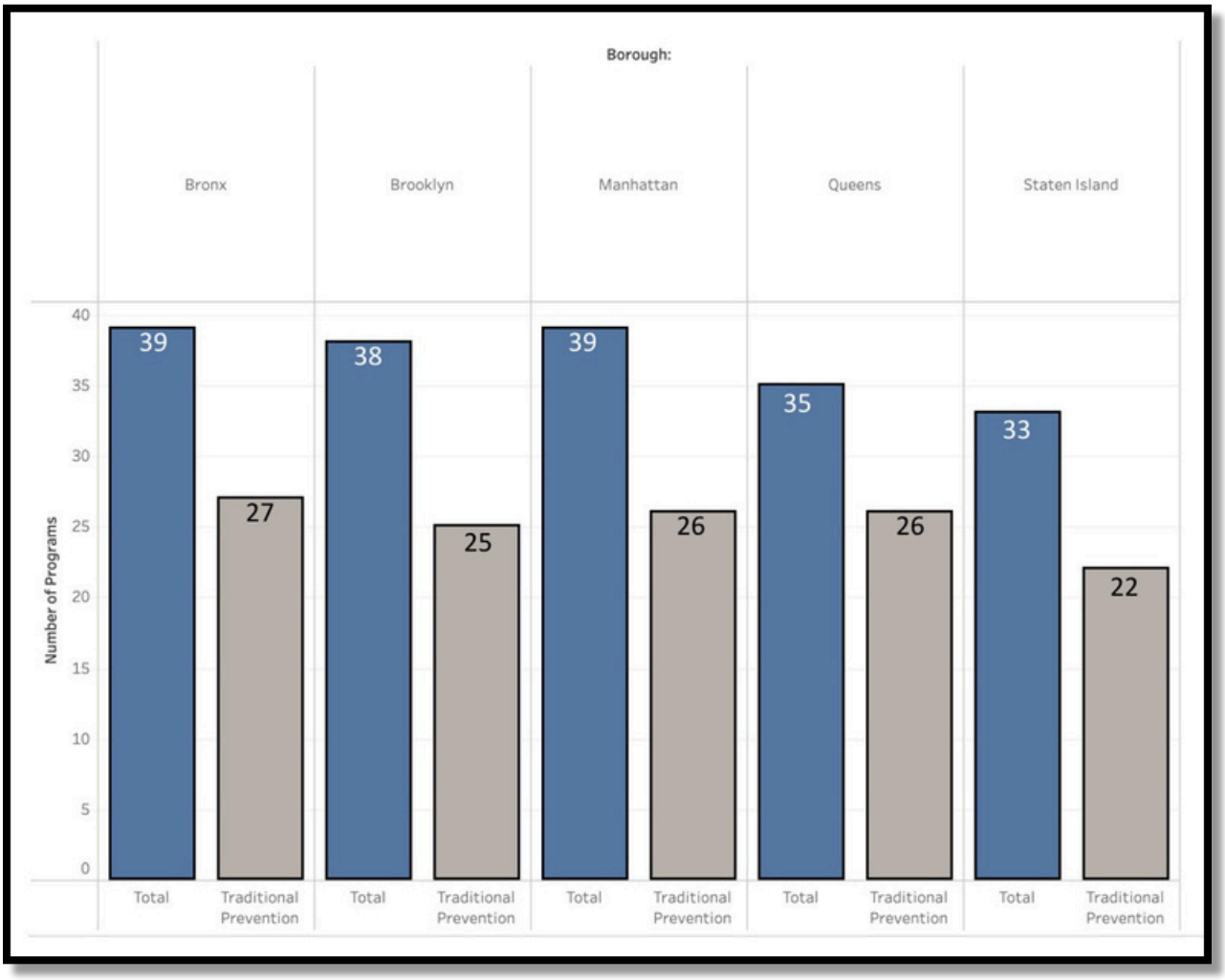

Figure 4: Program Coverage by Borough

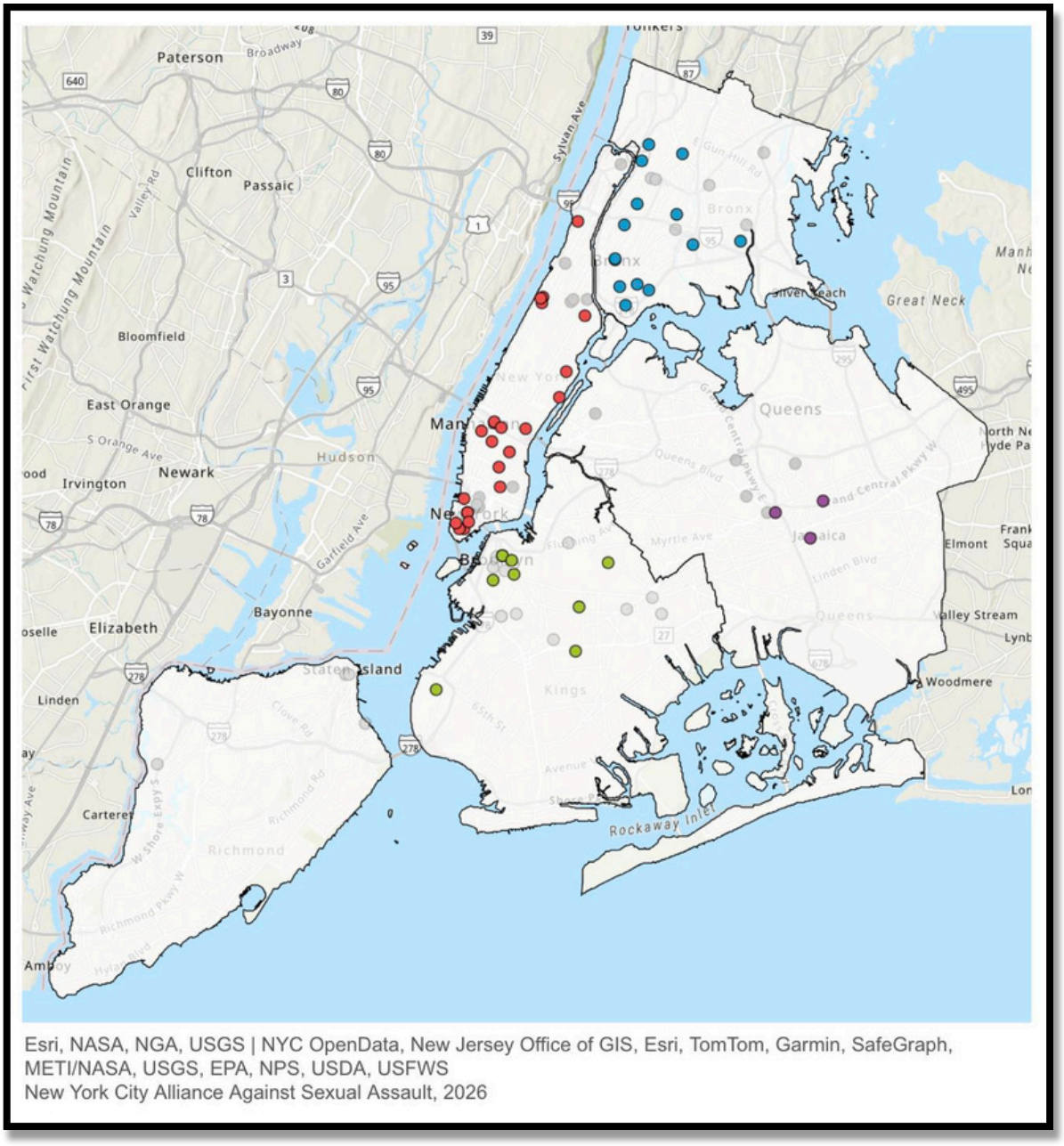

Figure 5: “Traditional” Sexual Violence Prevention Programs

PREVENTION PROGRAM ASSETS TO BUILD ON

Despite limited funding, staffing, and unsupportive infrastructure, prevention programs across New York City demonstrate significant strengths that reflect deep community accountability, innovation, and commitment to creating change. Participants consistently emphasized that effective prevention is relational, responsive, and grounded in lived experience. These assets, which are already embedded in many programs, offer a strong foundation for strategic investment and system-building.

DEEP COMMUNITY TRUST

Organizations identified community trust as one of their most important prevention assets. Participants explained that trust is built because programs intentionally meet people where they are, working outside of formal systems or institutional settings that communities may distrust or find inaccessible. Prevention frequently occurs inadvertently in spaces where participants already feel comfortable and supported, such as community centers, youth programs, cultural spaces, or service settings not explicitly framed around sexual violence.

> *"It's hard to really just get folks in the door, because these topics are just so taboo. There's a lot of shame that comes with this, so we recognize that."*

Several organizations noted that programming not labeled as sexual violence prevention often serves as the entry point for engagement. Activities focused on leadership development, entertainment or enjoyment, workforce readiness, wellness, or other community building draws participants in and allows relationships to develop organically. Once trust is established, programs are better positioned to introduce more difficult conversations related to consent, boundaries, harm, and relationships. Interview and survey participants emphasized that this sequencing is essential for meaningful engagement, particularly in communities where discussions of sexual violence are stigmatized or shaped by historical or systemic harm and over-surveillance. This

> *We're moving at the speed of trust, and that takes forever. Sometimes funding doesn't really allow for the long time that it takes to really follow someone and be able to work with them for years.*

engagement strategy also reiterates the need for long-term program funding that allows consistent touch points with communities over an extended period of time.

DIALOGUE-BASED, ADAPTABLE PROGRAMMING

Many organizations described prevention as a dialogue-based process that prioritizes participation, reflection, and relevance over rigid curriculum delivery. Facilitators emphasized the importance of designing prevention spaces that actively respond to the interests, questions, and needs of the group they are working with rather than delivering static content. This approach allows prevention to feel collaborative rather than prescriptive and supports deeper engagement across diverse populations.

Participants also highlighted the significant labor required to sustain this kind of customized, ever-changing programming. Staff described ongoing work to research emerging issues, update curriculum content, consult experts, and incorporate new knowledge related to technology use, community trends, and evolving forms of harm. Culturally specific organizations, in particular, noted that they often engage in this work out of necessity, as standardized prevention models rarely exist for their focus populations. As a result, these organizations are frequently developing strategies, language, and frameworks from the ground up—an asset which strengthens relevance and impact but is rarely recognized or resourced within traditional funding structures.

YOUTH LEADERSHIP AS A BRIDGE TO FAMILIES AND COMMUNITY SYSTEMS

A growing number of programs intentionally engage youth as co-facilitators, peer educators, or ambassadors. Interview and survey participants emphasized that youth leadership models not only increase relevance and peer influence but also serve as a

powerful mechanism for engaging parents and broader family systems who might not otherwise participate in prevention programming.

Organizations described how youth often bring prevention conversations home and share what they've learned and discussed with parents, caregivers, and even extended family members. This openness then encourages adult participation in community events. In some cases, parents became more open to engaging in prevention activities after seeing their children take on leadership roles. Participants described these dynamics as especially important in communities where intergenerational dialogue about relationships, consent, or sexuality may be limited. Youth leadership was consistently framed as both a prevention strategy and a long-term investment in community capacity and leadership development.

CENTERING COMMUNITY EXPERTISE

Participants consistently emphasized the value of centering people who are directly impacted by violence as well as community members with lived experience, cultural knowledge, and local leadership. Organizations described prevention efforts as stronger and more accountable when shaped by people who understand the realities of harm and resilience firsthand.

At the same time, many participants noted a persistent tension in this approach. The prevention field is not structured to adequately compensate or support people with lived experience for their expertise or contributions. Organizations described the risk of unintentionally extracting knowledge, emotional labor, or credibility from impacted individuals without providing fair compensation, professional development opportunities, or long-term support. Several participants emphasized the need for funding models and professional pathways that recognize lived experience as expertise and allow organizations to engage community leaders ethically and sustainably without reinforcing harm or burnout.

KEY FINDINGS: THEMES ACROSS THE FIELD

Taken together, these findings point not only to shared challenges across prevention programs but also to clear opportunities for system-level intervention. Many of the barriers identified by organizations—such as limited staffing, fragmented coordination, and inconsistent evaluation support—cannot be addressed by individual programs alone. Instead, they require coordinated action from public agencies with convening power, infrastructure, and funding authority alongside organizations positioned to support collaboration, learning, and implementation.

Staffing and capacity constraints limit prevention reach and sustainability.

Insufficient staffing capacity emerged as one of the most consistent challenges across interviews and surveys. Most organizations reported having only one or two designated staff members responsible for prevention, and in many cases, those roles were combined with direct services, outreach, or program coordination responsibilities. While some organizations have intentionally structured their teams to support collaboration across response and prevention, this approach often results in prevention work being spread thin. For organizations serving large geographic areas or multiple boroughs, relying on a single staff person to conduct trainings, workshops, and community events significantly limits the volume, consistency, and reach of prevention activities.

Almost all programs reported relying on interns or volunteers to help extend their reach. While these positions can support additional events and activities, they also require significant training and ongoing supervision, and turnover is often high. Many programs noted that funding restrictions limit the number of dedicated prevention staff they can hire, making reliance on temporary or unpaid support a necessity rather than a choice. Organizations emphasized that limited staffing affects not only the volume of programming they offer, but also their ability to engage in planning, partnership-

> *"Preventive services salaries are some of the lowest across the city and [across] the agency…"*

> *We need full-time staff dedicated to prevention and outreach, but we also want to be really intentional about hiring quality staff who have experience in direct services and connections to the community to provide resources and referrals to participants.*

building, training, and evaluation. Participants noted that prevention work is often expected to expand without corresponding increases in funding or staffing, creating conditions that contribute to burnout and program instability. Furthermore, without a proper prevention team, programs may lack appropriate supervision or struggle to effectively advocate for the necessity of prevention within their organization's larger mission.

These capacity restraints reflect structural funding and workforce challenges rather than a lack of expertise or commitment within the field. Without target investment in prevention staffing—to allow more positions dedicated to prevention and support livable wages for those same roles—and professional development, organizations will remain limited in their ability to expand programming, collaborate across sectors, or engage in meaningful evaluation. New York State agencies can play a critical role by prioritizing multi-year funding for prevention positions and investing in a citywide professional training infrastructure that reduces the burden on individual organizations. The Alliance, or similar organizations, are well positioned to support implementation by coordinating training calendars, hosting peer learning cohorts, and translating workforce standards into practice guidance for community-based programs.

Training and technical assistance needs to expand and prioritize targeted prevention topics.

Across interviews and survey responses, organizations consistently identified a need for expanded training, technical assistance, and research support to strengthen the quality, relevance, and sustainability of prevention programming. While many programs described staff as highly skilled facilitators who are deeply connected to their communities, participants emphasized that evolving forms of sexual abuse, increasing complexity in client and community needs, and limited access to specialized training constrain their ability to respond effectively.

Participants most frequently identified the following areas as priorities for additional training, research, or support:

- **Culturally responsive and community-specific prevention strategies**, including approaches tailored to immigrant communities, communities of color, and LGBTQ+ populations. Organizations emphasized the need for training that goes beyond surface-level cultural competency and instead supports prevention that is community-led, historically informed, and responsive to structural inequities.
- **Disability inclusion and accessibility**, particularly prevention strategies that center people with intellectual, developmental, and physical disabilities. Programs noted gaps in guidance on adapting curricula, facilitation methods, and evaluation tools to be inclusive of participants with disabilities and to address heightened vulnerability to sexual violence.[18]
- **Technology-facilitated abuse**, including image-based abuse, online harassment, coercion through digital platforms including sextortion, the influence of Artificial Intelligence (AI), and the intersection of technology with adolescent and youth relationships. Participants noted that existing prevention curricula are often outpaced by the realities of technology use, especially among young people.
- **Legal frameworks and options related to sexual violence**, including civil and criminal legal processes, survivor rights, and alternatives to traditional legal systems. Organizations expressed interest in better understanding how legal information can be incorporated into prevention without defaulting to carceral approaches; or supporting survivors who do not want to report. While our study included programs that are skilled in restorative justice practices and interpersonal and community conflict resolution, more efforts are needed to bring these practices together with sexual violence prevention.
- **Trauma-informed facilitation and secondary trauma**, particularly for prevention staff who also hold direct service roles. Participants noted the need for ongoing training and supervision to support staff well-being, manage disclosures during prevention programming, and sustain long-term engagement in emotionally demanding work. These considerations extend to nontraditional prevention programs as well, which may encounter disclosures in trusted community spaces and require comparable support structures to ensure staff resilience and program continuity.

[18] The National Intimate Partner and Sexual Violence Survey shows that people with disabilities have an increased risk of experiencing sexual violence. (Source: CDC, "Sexual Violence and Intimate Partner Violence Among People with Disabilities," April 2024).

- **Human trafficking and exploitation**, especially as it intersects with housing instability, immigration status, and economic vulnerability. Organizations noted limited prevention-specific training that connects trafficking to broader sexual violence prevention efforts. Staff wish to not only understand the risk factors associated with trafficking, but also to recognize early warning signs and indicators in the communities they serve.
- **Engaging men and boys in prevention**, including strategies for accountability, norm change, and gender-transformative approaches. Participants identified this as a critical but under-resourced area, particularly outside of school-based settings.

In addition to training topics, organizations highlighted a lack of accessible, practice-oriented research that reflects community-based prevention models, especially as applicable to NYC contexts. Participants expressed uncertainty about how to identify evidence-based approaches that align with their values and populations served and noted that available research often prioritizes individual-level outcomes over community or cultural change.

Many organizations emphasized the need for shared training opportunities, centralized resource hubs, and peer learning spaces to reduce duplication of effort and increase consistency across prevention work and messaging citywide. Participants also noted that training is often offered on a one-time or ad hoc basis, limiting opportunities for sustained skill-building and application.

These findings suggest that strengthening prevention in NYC will require coordinated investment in training infrastructure that is ongoing, specialized, and responsive to emerging issues. Participants noted that training should be paired with funding, coaching, and evaluation support to ensure that new knowledge can be meaningfully integrated into prevention practice. Without this support, organizations risk being required to respond to increasingly complex prevention challenges without the tools or resources needed to do so effectively.

Evaluation and data capacity remain underdeveloped across the field.

While organizations expressed strong interest in understanding the impact of their prevention work, most reported limited capacity to conduct meaningful evaluation. Only a small subset of survey respondents indicated the use of pre- and post- surveys, and very few reported the ability for long-term follow-up or outcome tracking. Even when programs have these systems in place, they lack the capacity to meaningfully review the data and implement feedback.

> *All of our funding goes to direct services and we don't have any for evaluations ever. So it's like we have the data we're collecting, but it just shows outputs, not necessarily impact. And we are thinking through, what is the best way where we can demonstrate impact?*

As more organizations shift to innovative or community-based strategies, many programs are unsure how to track progress or evaluate effectiveness. Interview and survey participants frequently noted uncertainty about appropriate evaluation measures for prevention outcomes such as norm change, empowerment, or community safety. Many described evaluation as an unfunded expectation, with limited training or tools available. This limits the field's ability to demonstrate impact, attract sustained funding, and build a shared evidence base for prevention. At the same time, programs reported that while they are required to submit data to funders, they rarely receive timely feedback, shared findings, or sector-wide insights that could meaningfully inform or improve their prevention work.

These challenges point to the need for shared evaluation infrastructure that reflects the realities of community-based prevention work or interdisciplinary program collaboration. Without common tools, expanded metrics, guidance, and funding, any data collected feels disconnected from practice, contributing to inconsistency, frustration, and burnout across the field. While this theme emerged as a widespread concern across organizations, additional information and feedback are needed before developing specific recommendations for change. Further exploration of evaluation needs, tools, and approaches will be a priority area in Year 2 of the project.

> *Prevention work tends to die within 12 months. An idea which is really great, which is scalable, gets funded for a year. And then that year there's some metrics, a report, but then once that funding is gone, that work kind of just sits there in someone's file on their desktop never to be looked at again. Then, five years later, someone has that idea again, and then they don't know that this was already created. So we're constantly starting from scratch and nothing is sustainable.*

Prevention efforts are fragmented, with limited cross-sector coordination.

Organizations consistently described the sexual violence landscape as fragmented and difficult to navigate, particularly in the absence of a clearly defined prevention infrastructure. When organizations sought to incorporate prevention into their work, many reported feeling as though they were starting from scratch, with limited guidance, shared language, or points of entry into an existing prevention network. While informal collaborations do exist—often among organizations operating within the same systems or through established coordination structures such as Enough is Enough providers or Rape Crisis Programs—participants described these connections as uneven and largely limited to response-focused networks. As a result, organizations reported limited visibility into who is engaged in prevention work citywide and few structured opportunities for coordination, peer learning, or resource sharing.

Interview and survey participants expressed strong interest in intentional, citywide mechanisms to support collaboration, including shared training opportunities, joint prevention initiatives, and centralized, up-to-date information about prevention programs, organizations, and key contacts. Many noted that the absence of a coordinated prevention network contributes not only to duplication of effort and inconsistent

geographic coverage, but also to missed opportunities to align strategies across sectors, boroughs, and populations. Participants further emphasized that stronger coordination could support capacity-building and more efficient use of limited resources, helping organizations move beyond isolated efforts toward more coherent and collective prevention approaches.

The absence of a coordinated prevention network is not simply a relationship gap, but a structural one. Organizations expressed a clear desire for formalized spaces for coordination, information, and joint planning that extend beyond informal partnerships and personal connections. Addressing this gap will require leadership and investment at the state level to support the development and sustainability of a unified prevention task force or network that brings together diverse organizations, including those not traditionally labeled as sexual violence prevention.

Prevention is framed as empowerment, safety, and collective well-being.

> *[You should be] doing effective prevention programming that builds the skills of your community to do this work without you. They should not rely on you consistently over time or else we're not effectively building their skills and motivating them. We want to empower people.*

Across interviews and surveys, organizations framed prevention as an affirmative, strengths-based process grounded in empowerment, safety, and community well-being. Participants described prevention not only as reducing incidents of harm, but as fostering the conditions that allow individuals and communities to thrive—through building trust, strengthening relationships, increasing access to resources, and support healing and resilience. Many organizations emphasized that prevention is embedded in everyday interactions and community contexts, including education spaces, workplaces, faith and cultural institutions, housing programs, and systems that support economic stability. These are all partners that we should be trying to incorporate into our prevention approach.

This framing reflects a shared understanding of prevention as relational and long-term rather than transactional or incident-based. Organizations described their work as addressing the social and structural conditions that shape vulnerability to violence—such

as isolation, marginalization, and lack of opportunity—while simultaneously reinforcing protective factors like connection, belonging, agency, and collective responsibility. Prevention was often described as inseparable from broader goals related to equity, community leadership, and capacity-building, particularly among populations most impacted by violence.

> *Our communities had ways that they were responding to these issues prior that were actually helping people heal, and our responses now are not necessarily centered in whether or not someone is healing and able to move forward but more so around punishment or other things that may be less meaningful or relevant to a survivor.*

Taken together, these perspectives position prevention as a sustained public health investment in community-level change rather than a discrete intervention or short-term outcome. This understanding reinforces the need for funding, evaluation, and coordination structures that reflect prevention's broader social and community impacts, including measures of relationship-building, norm change, and community safety that extend beyond individual behavior change.

These findings highlight clear points of intervention where coordinated, cross-agency action, in partnership with The Alliance and community-based organizations, can meaningfully strengthen sexual violence prevention across New York City. The recommendations that follow are directly informed by these findings and outline concrete steps to move from identified need to collective action.

RECOMMENDATIONS

The following recommendations outline steps that can be pursued over the coming years to strengthen a more comprehensive, collaborative, and sustainable sexual violence prevention network in New York City. For each recommendation, we identify strategies that align with the roles of multiple state agencies, as well as complementary actions that require coordinated engagement across systems. Advancing these recommendations will require collaboration among key public agencies, including the New York State Department of Health (NYSDOH), the Division of Criminal Justice Services (DCJS),[19] the Office for the Prevention of Domestic Violence (OPDV),[20] the Office of Victim Services (OVS),[21] and the New York State Education Department (NYSED).[22]

Throughout this section, we identify strategies for which The Alliance is positioned to contribute research, data, and field-informed insights to support ongoing prevention advocacy. However, effective implementation will depend on shared leadership, coordination, and sustained commitment across agencies responsible for funding, policy, and system-level infrastructure.

1. Establish a coordinated citywide infrastructure for sexual violence prevention.

Issue:

Sexual violence prevention efforts across New York City are currently fragmented with limited visibility into which organizations are engaged in prevention, where prevention activities are occurring, and how strategies align across sectors and boroughs. While informal partnerships exist, organizations consistently reported operating in isolation with few structured opportunities to coordinate, share resources, or align approaches. This fragmentation contributes to duplication of effort, uneven geographic coverage, and missed opportunities to strengthen prevention at scale. Interview and survey participants overwhelmingly expressed a desire for more formalized coordination to support collaboration, learning, and collective impact.

[19] DCJS facilitates funding from the Violence Against Women Act (VAWA) for Rape Crisis Programs in New York State.
[20] OPDV facilitates Enough is Enough funding for EIE Providers throughout New York State.
[21] OVS facilitates funds from the Victims of Crime Act (VOCA) to Victim Assistance Programs throughout New York State.
[22] NYSED facilitates funds from Erin's Law, which mandates that public schools provide age-appropriate child sexual abuse and exploitation prevention education for K-8 students. Many prevention organizations utilize these funds for school-based programs.

Recommendation:

Establish or expand a formal, citywide sexual violence prevention coordination mechanism that brings together organizations across boroughs, sectors, and prevention approaches. This infrastructure should intentionally include programs not traditionally labeled as sexual violence prevention that contribute to violence reduction by strengthening protective factors and addressing shared risk factors.

Strategies to establish a coordinated citywide prevention infrastructure:

	State agencies can...	The Alliance can...
Foundational (immediate and ongoing)	**Incentivize the participation of organizations who do not directly engage in sexual violence prevention** but who play an important role in promoting protective factors and reducing risk factors for violence in their community.	**Establish or expand a unified prevention task force or similar network** with representation across organizational types, communities, and prevention strategies, and with clear goals, scope, and leadership structure.
	Maintain an ongoing feedback and accountability loop with participating organizations, using the task force or network as a space to gather input, surface emerging needs, and collaboratively refine prevention strategies and system supports.	
Short-term (in Year 2 of the project, 2026)	**Provide dedicated funding for regular convenings**, including in-person meetings, to foster relationship-building, shared learning, and cross-sector collaboration.	**Create and maintain a citywide directory of organizations** engaged in sexual violence prevention, broadly defined, including information on prevention strategies, populations served, and geographic coverage, and distribute this resource regularly to participating programs.
Long-term (in Year 3 of the project and beyond)	**Fund collaborative, cross-sector pilot projects** that support community-level and systems-level prevention strategies, encouraging joint planning, shared implementation, and collective learning.	**Create and maintain centralized communication and resource-sharing infrastructure,** such as a listserv, online hub, or shared workspace, to support ongoing information exchange, collaboration opportunities, and dissemination of tools and resources.

Long-term (in Year 3 of the project and beyond)	**Support and fund outreach, partnership development, and documentation of emerging community-based prevention models,** particularly those led by community-based and culturally specific organizations, to ensure promising practices are identified and elevated.	

2. Align prevention definitions, funding, and frameworks with practice.

Issue:

Organizations described prevention as a continuum of efforts across the public health model, often overlapping with intervention and response, yet noted that funding and program guidance often reflect narrow definitions that exclude upstream and community-level strategies. As a result, many prevention activities that meaningfully contribute to violence reduction are undervalued, ineligible for funding, or difficult to sustain. These funding constraints also shape organizational staffing, with limited support for prevention teams relative to the scope and importance of prevention work.

Recommendation:

Adopt and operationalize an expanded, practice-informed definition of sexual violence prevention that recognizes both direct and indirect prevention efforts, aligns with public health prevention frameworks, and reflects how prevention is implemented in community settings.

Strategies to align prevention frameworks and funding with practice:

	State agencies can...	The Alliance can...
Foundational (immediate and ongoing)	**Align funding structures with prevention workforce needs** by supporting dedicated prevention roles, allowing funds to be used for planning, coordination, training, and partnership development in addition to direct program delivery.	**Create a shared, practice-based resource** with clear descriptions and examples of activities across primary, secondary, and tertiary prevention that organizations can use to situate and strengthen their work.

Foundational (immediate and ongoing)	**Create reciprocal data-sharing structures** so that organizations receive meaningful insights from the data they are required to report, rather than submitting information without access to results.	
Short-term (in Year 2 of the project, 2026)	**Integrate the expanded prevention definition** into funding guidance, evaluation expectations, and strategic planning documents, ensuring consistency across program announcements, contracts, and reporting requirements.	
	Expand funding opportunities and criteria to explicitly include direct and upstream prevention activities, such as community engagement, youth development, and restorative justice, when they demonstrably address shared risk and protective factors for sexual violence.	
Long-term (in Year 3 of the project and beyond)	**Ensure evaluation expectations reflect the expanded definition of prevention,** including recognition of community-level and long-term outcomes such as norm change, empowerment, and strengthened relationships.	**Provide technical assistance to support organizations in applying shared prevention frameworks,** particularly for programs whose prevention impact is indirect or embedded within broader service models.
	Develop clear guidance and examples that illustrate how diverse prevention strategies map onto the public health model, helping organizations understand how their work fits within citywide prevention goals.	

3. Invest in sustainable workforce and training infrastructure.

Issue:

Prevention programming is constrained by insufficient staffing and limited access to ongoing professional development, particularly in specialized and emerging areas. Interview and survey participants consistently reported that prevention work is often carried out by a single staff member or combined with other program responsibilities, limiting organizations' ability to expand programming, update curriculum, collaborate, evaluate impact, or respond to emerging prevention needs. Organizations also identified gaps in access to specialized training on evolving and complex topics, contributing to uneven skill development across the field and placing additional strain on prevention staff.

Recommendation:

Invest in multi-year, sustainable funding for prevention programs and in a coordinated training infrastructure that supports workforce stability, sustained skill-building, and responsiveness to emerging prevention challenges.

Strategies to strengthen the prevention workforce and training infrastructure:

	State agencies can...	The Alliance can...
Foundational (immediate and ongoing)	**Support peer learning cohorts and communities of practice** that provide ongoing opportunities for reflection, skills development, and mutual support among prevention practitioners.	**Develop and standardize core competency guidelines** for prevention staff.
	Maintain ongoing engagement with prevention organizations to understand workforce and training needs.	
	Support adequate staffing levels within prevention programs, including funding for supervision, coordination, and evaluation without compromising program delivery.	

Short-term (in Year 2 of the project, 2026)	**Invest in citywide training offerings aligned with identified priority topics,** including culturally responsive prevention, disability inclusion, technology-facilitated abuse, trauma-informed facilitation, and other emerging areas identified by the field.	**Create and maintain a centralized citywide training calendar.**
		Offer multiple training modalities, including in-person, virtual, and hybrid options, to accommodate different organizational capacities, learning styles, and geographic needs.
Long-term (in Year 3 of the project and beyond)	**Fund dedicated prevention roles through multi-year, sustainable funding,** enabling organizations to hire and retain staff focused exclusively on prevention rather than relying on short-term or part-time arrangements.	
	Fund community-based organizations to deliver specialized, citywide trainings, leveraging existing expertise within the field and promoting peer-to-peer learning and information sharing.	

4. Expand equitable access to prevention across neighborhoods and populations.

Issue:

Participants identified uneven distribution of prevention programming across New York City, with significant gaps in access for underserved neighborhoods and populations. Responses highlighted structural barriers—including language access, cultural relevance, funding constraints, and limited institutional partnerships—that prevent prevention efforts from reaching communities most impacted by violence.

Recommendation:

Target investments to expand prevention programming in underserved neighborhoods and support culturally specific and linguistically accessible initiatives. Utilize nontraditional prevention organizations to expand reach and partner with sexual violence prevention organizations to integrate prevention into broader public health and social services.

Strategies to expand equitable access to prevention:

	State agencies can...	The Alliance can...
Foundational (immediate and ongoing)	**Incentivize cross-program collaboration and multi-program funding opportunities** including those that encourage partnerships between sexual violence prevention organizations and nontraditional prevention partners.	**Use data, including GIS mapping, to identify geographic gaps in programming** and inform targeted funding to under-resourced neighborhoods.
	Invest in community-rooted and emerging prevention models including partnerships with grassroots organizations that have established trust and reach within specific communities but may lack access to traditional prevention funding.	
Short-term (in Year 2 of the project, 2026)	**Increase visibility and public awareness** by supporting citywide public education campaigns and promoting community-led messaging.	
	Fund culturally specific and linguistically accessible initiatives, ensuring programming reflects the lived experiences, values, and languages of the communities served.	

Long-term (in Year 3 of the project and beyond)	**Encourage institutional partners (schools, colleges, healthcare, city agencies) to adopt shared prevention frameworks,** promoting consistency in messaging, expectations, and practice across settings.	
	Embed sexual violence prevention principles into adjacent systems, such as youth development programs, community violence prevention initiatives, public health efforts, housing services, and workforce programs, to normalize prevention messaging and skill-building across sectors.	

Recommendations for Further Research and Exploration:

While this project provides a comprehensive overview of the current prevention landscape, participants identified several areas of concern that warrant deeper exploration and sustained inquiry. The following topics represent priorities for Year 2 of the project:

- Effectiveness of community- and systems-level prevention strategies, including peer leadership, neighborhood-based approaches, and cross-sector initiatives.
- Evaluation of prevention outcomes beyond individual knowledge change, such as norm changes, empowerment, and community safety.
- Engagement of men and boys in prevention, with a focus on accountability, norm change, and gender-transformative approaches.
- Sustainable models for integrating prevention into broader public health, youth development, and community justice systems.
- Identification of effective models and implementation approaches for prevention programs embedded within larger direct service organizations, including the role of shared frameworks and technical assistance in supporting sustainability.

Continued research will allow for deeper qualitative inquiry, targeted data collection, and continued collaboration with community-based organizations to refine prevention frameworks, test strategies, strengthen evaluation approaches, and support the development of coordinated, citywide prevention strategies.

CONCLUSION

This project highlights both the depth of commitment and the creativity that characterize sexual violence prevention efforts across New York City. Organizations are building trust with communities, adapting programming to meet real-world needs, centering impacted voices, and attempting to work across sectors to address the social and structural conditions that shape risk and safety. These strengths demonstrate that prevention is already happening in meaningful ways, even with a fragmented system and with limited resources.

At the same time, the findings underscore the urgency of strengthening prevention as a core public health and community well-being strategy. While response and intervention systems have benefited from sustained attention and infrastructure, prevention continues to operate without comparable levels of coordination, guidance, or long-term investment. Without intentional action, the field risks relying on individual organizational capacity rather than building a shared foundation that supports consistency, equity, and impact across communities.

Investing in prevention is a cost-effective and upstream approach to reducing sexual violence and its long-term social, health, and economic consequences.[23] Prevention efforts that build protective factors, shift norms, and strengthen community capacity offer the greatest potential for durable change, but only when they are supported by funding structures, evaluation frameworks, and collaboration mechanisms that reflect the long-term nature of this work.

Moving forward, sustained partnership among state agencies, in collaboration with The Alliance, will be essential to advancing the recommendations outlined in this report. By aligning funding frameworks with practice, investing in shared infrastructure, and strengthening cross-agency collaboration, state leaders can help create the conditions for a more connected, sustainable, and effective prevention network. Together, these efforts can ensure that prevention is not treated as an add-on or emerging field, but as a central pillar of New York State's commitment to safety, equity, and community well-being.

[23]NSVRC, "The Consequences of Sexual Violence and Cost-Effective Solutions," 2011.

APPENDIX: PREVENTION INSIGHTS SURVEY

Note: The interview guide used the same questions noted here in an order that flowed naturally with the conversation and responses of the participants. Most survey questions allowed an open response unless choices are listed. All survey questions were optional.

GENERAL INFORMATION

- Please provide your name, role, and email address.
- What is the name of your organization?
- Are you the primary contact person for your organization's prevention program or services?
  - Please provide the primary contact person's name, role, and email address.
- Please provide the names, roles, and email addresses of any others at your organization working with prevention or services.
- In which borough is your organization located?
- Which borough(s) does your organization serve?
- Does your organization hold any special designations? Please check all that apply.
  - SAFE-Designated
  - Enough is Enough (EIE) Provider
  - Rape Crisis Program
  - None
  - Unsure

POPULATION REACH

- What is your focus population? Are there any particular intersections that you try to target or would like to target? Do your programs or services typically engage a specific gender?
- What settings or sectors are you primarily working in? (Examples: schools, faith-based, college/campus, workplace, community, online, etc.)
- Are your programs or services provided in any non-English languages?
  - Which languages?
  - Are additional languages an official part of the program (to include translated curriculum and materials), or dependent on the staff available? Please explain if necessary.
- Approximately how many people do you reach with your prevention programs (or services) in a year? *Note: We're okay with estimates here, and we're primarily interested in understanding your program's impact and reach. You could also describe how many training events/workshops you're able to offer, how many youth cohorts you're able to work with each year, how many people you've trained, etc.*
- Do you have any data or estimates on the number of people you've reached over the last three years? *Note: Understanding program trends helps us pinpoint successes or challenges that may need support.*

- Does your organization specifically focus on any of the following issues:
  - Sexual violence
  - Domestic violence / IPV
  - Both of the above
  - None of the above
- How often does sexual violence (sexual assault, child sexual abuse, rape, sexual harassment, and stalking) come up in your work with participants?

PROGRAMS / SERVICES & STRATEGIES

- How does your organization define or think about sexual violence prevention? In what ways do your programs or services incorporate prevention or contribute to reducing the risk of violence?
- Which of the following best describes your organization's sexual violence prevention work?
  - We have a formally recognized/designated prevention program.
  - We integrate prevention practices into other programs or response efforts.
  - We do not currently engage in prevention work.

Formally recognized/designated prevention program

- Name of prevention program(s) (if applicable).
- Describe the services, including prevention, that your organization offers. Please be specific about what programs you have and what you do.
- Do you offer your programs for free or is there a cost for the participant?
- What curriculum, if any, are you using? Do you create your own curriculum?
- Are your programs evidence-based, evidence-informed, a mix, or neither?
  - Evidence-based: structured, scientifically tested and proven to be effective in achieving the intended outcome (ex: Green DOT, Coaching Boys into Men, Mentors in Violence)
  - Evidence-informed: integrate best practice, based on data, often "homegrown" or specific to target community
- What's been most successful in your prevention work? Can you share some examples of what's been working well?
- How many part-time and/or full-time staff are dedicated to prevention work?
- Would you say that you have enough staff to reach your program goals for prevention work? Please explain if needed.
- Do you ever have to turn down requests or opportunities for prevention programs, events, workshops, or limit participation because of staff or program capacity? Please explain if needed.
- What do onboarding and training look like for your staff?
- Do your staff have any specialized training or qualifications to teach sexual violence topics? Please explain if needed.
- How are your prevention efforts (or services) funded?
- Are there limitations or restrictions placed on what you can do with your funding?

- What kinds of support, training, and technical assistance do you need for your prevention efforts? Are there any specific topics, issues, or areas where you feel you need more assistance or better information?

We integrate prevention practices into other programs or response efforts

- Describe the services that your organization offers.
- Do you offer your services for free or is there a cost for the participant?
- What strategies have been most effective in engaging your target population?
- How many of your staff are providing services?
- Would you say that you have enough staff to meet the need for services? Please explain if needed.
- Do you have waitlists for your services? If yes, what is the average wait?
- Do your staff receive any special training to work with victims of sexual violence?
- How are your programs and/or services funded?
- What kinds of support, training, and technical assistance do you need for your services? Are there any specific topics, issues, or areas where you feel you need more assistance?

COLLABORATION AND PARTNERSHIPS

- Does your organization partner with other agencies or organizations in NYC?
- What does this partnership look like? Can you share who some of your partners are?
- Does your organization make referrals to any other organization or program?
- What is typically the reason for the referral? Is it due to staff capacity or service needs?
- Where do you go for training, technical assistance, and support? What organizations or websites do you consider essential resources in your work?
- What would be your ideal way of collaborating with other organizations and/or participating in larger, collaborative prevention efforts?

OTHER NEEDS & VISIONS FOR THE FUTURE

- What, if any, challenges or barriers have you found in your prevention work (or services) that haven't been covered already?
- What kinds of resources or support would help strengthen or expand your prevention efforts (or services)?
- Is there anything else that you'd like to share about your organization's success, challenges, and needs?