

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Cydraddoldeb a Chyfiawnder Cymdeithasol](#) ar [Atal trais ar sail rhywedd drwy ddulliau iechyd y cyhoedd](#)

This response was submitted to the [Equality and Social Justice Committee](#) consultation on [The public health approach to preventing gender-based violence](#)

PGBV 16

Ymateb gan: Cynllun Rhyngwladol y DU | Response from: Plan International UK



Introduction and Summary

At Plan International UK we strive for a just world that advances children's rights and equality for girls. Our work spans education, healthcare, humanitarian responses and more, creating a powerful force for change. With Plan, whole communities put girls' rights first and give children every chance to flourish.

Despite the UK being one of the wealthiest countries in the world, with a commitment to achieving gender equality in policy and legislation, girls' rights are being denied.

Through our UK programmes we create meaningful opportunities for girls' voices to be heard and acted upon, while working towards a society where all girls can flourish free from fear, violence and discrimination.

While our own work in the UK has focused particularly on what works to end public sexual harassment, we are clear that this constitutes a harmful form of violence against women and girls, with different forms of violence against women and girls occurring along the same continuum of behaviours and a range of shared risk and protective factors for public sexual harassment and other forms of Violence Against Women Domestic Violence and Sexual Violence (VAWDASV). Internationally we have extensive experience of programmes tackling many forms of Gender-Based Violence (GBV) across the world. A growing body of research shows the interconnections between different forms of violence, and the fact that these forms share many (although not all) common risk factors.¹

In drafting this submission, we have drawn on our own experiences of running programmes with girls and boys, our research to understand girls' experiences of violence and what might work to address these and on the body of academic and government literature available. In summary we would recommend:

- A focus on addressing the underlying causes of VAWDASV.
- An ecological approach to prevention, with interventions at the level of individuals, communities and societies
- A life-course approach, with interventions targeted at key stages in a person's life when the biggest difference can be made, particularly adolescence.
- A focus on the interventions which have been shown to be effective or promising through evaluation, as well as testing emerging approaches.
- A public health approach, focused on prevention, drawing on multi-disciplinary evidence to design interventions to be delivered across a broad range of sectors
- Ensure a rights-based approach is taken to the design of interventions, including by ensuring that the particular experiences, needs and barriers of those sharing protected characteristics are addressed.
- Involve women and girls' and their organisations in design, decision-making and evaluation.

¹ (Centers for Disease Control and Prevention and Prevention Institute, 2014)

What works in preventing gender-based violence before it occurs (primary prevention) and intervening earlier to stop violence from escalating (secondary prevention)?

It is well established that multiple interacting factors lie behind gender-based violence. Therefore, a strategy aimed at preventing gender-based violence should **take an ecological approach**² – with interventions at different levels, including:

- Individual & relationship factors (for example socio-economic status, employment status, level of education, ACES, levels of equality in relationships, history of having witnessed or experienced violence as a child)
- Community factors (for example, safe communities, safe and effective education settings, access to positive activities and trusted people)
- and societal factors (for example, gender norms that perpetuate inequality, social norms supportive of violence, robust policy and legislation)

A strategy aimed at prevention should include interventions **at different levels** which are part of a theory of change addressing root causes. A whole societal approach is required with a clear vision and effective frameworks that support implementation.

Different risk and protective factors are associated with different types of violence against women and girls, but some common high level factors include:³

- Gender inequality - Gender inequalities can influence the development of harmful attitudes and beliefs, social norms and stereotypes that uphold privilege, inequality and subordination which can lead to the expression of violence against women and girls.
- Social cultural norms around violence – social and cultural norms guide attitudes and behaviour around gender roles and the acceptance of violence within a group or society. For example, patriarchal norms and values uphold the system of violence experienced by girls and women. They tell men and boys they are entitled to be in control. They normalise the use of violence as a way to assert power, control and dominance over girls and women, perpetuate harmful masculinities which drive violence, and which may prevent girls and women from seeking support or reporting violence owing to pervasive stigma and normalisation of the issue. These norms can be influenced by families, peer groups and society e.g., Social media, TV and film, gaming and pornography.
- Lack of material resources and support systems, including systems which prevent and respond to violence such as safe spaces, specialist health care, psychosocial support, referral mechanisms and accessible reporting processes.

Primary prevention of violence against women should therefore **address these underlying factors** and reduce the likelihood that violence against women will take place. Such actions may include strategies that:⁴

- promote equal and respectful relations between men and women;

² Walden, I. and Wall, L., *Reflecting on primary prevention of violence against women The public health approach*, ACSSA issues, AUSTRALIAN CENTRE FOR THE STUDY OF SEXUAL ASSAULT, No.19, 2014.

³ Walden, I. and Wall, L., *Reflecting on primary prevention of violence against women The public health approach*, ACSSA issues, AUSTRALIAN CENTRE FOR THE STUDY OF SEXUAL ASSAULT, No.19, 2014.

⁴ Walden, I. and Wall, L., *Reflecting on primary prevention of violence against women The public health approach*, ACSSA issues, AUSTRALIAN CENTRE FOR THE STUDY OF SEXUAL ASSAULT, No.19, 2014.

- promote non-violent social norms
- promote access to resources and systems of support.⁵

We would also recommend a **life-course approach** to developing prevention strategies, considering life stages of preconception, infant and early years, childhood and adolescence, working age adults and older people. In Wales people who have experienced significant adversity in childhood are 15 times more likely to experience violence as an adult.⁶ We know that there are some stages- pregnancy, becoming a parent and cohabiting that are particularly important for violence prevention.

Adolescence is a transformative period as a time of increased vulnerability but also a transformative period for shifting harmful norms which drive violence, promoting gender equality and healthy masculinities and preventing intergenerational cycles of violence. Attitudes around gender inequalities and unequal power relations are further embedded during adolescence, and harmful masculinities which drive GBV become more prevalent. It is therefore essential that a life course approach is taken to shifting and transforming harmful stereotypes and norms which drive GBV, engaging children, adolescents, parents and caregivers to transform these norms, attitudes and power relations, promoting gender equality, breaking intergenerational cycles of violence, and ensuring long-term and effective change.

In terms of assessing the effectiveness of different measures, it's important to understand that there is limited robust evaluation, with:

- some types of intervention, such as school-based interventions, parenting interventions and economic interventions having been more closely studied than others.
- many interventions have been assessed for their impact on risk factors for gender-based violence, rather than their impact on violence itself
- difficulty in attributing outcomes to individual interventions
- many studies looking at the short to medium term impact, but not at the sustainability of any impact.

With these limitations in mind, evidence shows that the following are **effective/promising interventions** at tackling community/societal level risk/protective factors related to one or more form of gender-based violence⁷:

⁵ VicHealth, *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*, Melbourne: VicHealth, 2007

⁶ Willis et al., (2016), Adverse Childhood Experiences and their impact on health_harming behaviours in the Welsh adult population, Project Report, Public Health Wales NHS Trust, Cardiff - <https://researchonline.ljmu.ac.uk/id/eprint/2648/>

⁷ See Plan International UK, *What Works for Ending Public Sexual Harassment*, 2021; UN Women, *A FRAMEWORK TO UNDERPIN ACTION TO PREVENT VIOLENCE AGAINST WOMEN*, 2015; Walden, I. and Wall, L., *Reflecting on primary prevention of violence against women The public health approach*, ACSSA issues, AUSTRALIAN CENTRE FOR THE STUDY OF SEXUAL ASSAULT, No.19, 2014; Fulu, E., Kerr-Wilson, A., Lang, J., "What works to prevent violence against women and girls? Evidence Review of interventions to prevent violence against women and girls", June 2014.

- School-based measures - Schools-based interventions can have positive impacts on improving young people's attitudes about gender equality and prevent violence. Successful approaches typically use critical reflection on gender roles, attitudes and behaviours, often using games, role play, or play-based learning. Comprehensive gender-transformative sexuality education which promotes gender equality and healthy, non-violent relationships is an essential part of this and can have a significant impact in transforming gender attitudes, norms and behaviours and promoting healthy masculinities and relationships.⁸ The most effective approaches work at multiple levels, known as 'whole school' interventions and include staff training, codes of conduct, policies, engagement of parents, improving the built environment, and improving reporting, monitoring and accountability.
- Community-based education programs, involving both men and women - There is research supporting a focus on community-based programs to engage, support and equip people with the knowledge, skills and resources they may need as they transition into different types of relationships, such as cohabitation, becoming a parent, or taking on caring responsibilities for others. This might involve group education workshops to promote critical reflection and dialogue on gender norms and behaviour that encourage VAWDASV and gender inequality.
- Community activism to change social norms - This is one of the most effective ways to improve gender equality, address power imbalances and tackle violence against women and girls. However, these interventions require extensive engagement over a period of 2 to 3 years and need to be strongly designed and implemented in order to ensure enough community members are exposed to the intervention to sustain change. Community buy-in and leadership are considered essential components of successful design and implementation. Promising examples are evident in the setting of sporting clubs, where interventions aim to change macho, violence supportive attitudes and behaviours, and provide leadership role-models for the broader community.
- Parenting programmes to prevent child abuse and neglect such as nurse home-visit programmes aimed to strengthen parenting attitudes and skills, can also help to address violence against women. Gender transformative positive parenting programmes are effective.⁹
- Gender equality training for women and girls - School or community programmes to improve women's and girls' agency, which can include other components such as safe spaces, mentoring and life skills training.
- Economic empowerment and income supplements plus gender equality training, such as micro-finance, vocational training, job placement or cash or asset transfers plus gender equality training.
- Collectivization of sex workers, supporting sex workers to come together as a collective and become advocates

Public awareness-raising campaigns are often seen as attractive due to their wide reach and comparatively low costs. However, while public education campaigns may be effective in increasing awareness of legislative change or knowledge of what constitutes violence, the deeper attitudinal and behaviour changes required to stop violence against women are likely

⁸ See, for example, Holden, J., Bell, E. & Schauerhammer, V. (2015). We Want to Learn About Good Love: Findings from a Qualitative Study Assessing the Links Between Comprehensive Sexuality Education and Violence Against Women and Girls. London: Plan International UK and Social Development Direct

⁹ For example, Plan ran a programme in Rwanda and Senegal called REAL Fathers, which focused on reducing Intimate Partner Violence (IPV) and Violence Against Children promoting positive engagement of male caregivers. 7% of women experienced physical IPV in past 3 months after participation in REAL Fathers, compared to the baseline of 24%.

to require more intensive, direct forms of intervention.¹⁰ Evaluations show that these types of campaigns can raise awareness and influence attitudes, but on their own they are unlikely to change behaviour. Instead, researchers recommend using awareness raising campaigns as part of a wider multicomponent intervention with other activities designed to change behaviour.

Certain **factors contribute to the effectiveness** of interventions. Supporting the work of **girl-led groups and girl activists** working on GBV and ensuring they are meaningfully involved in all decision making is an important element of any strategy to address violence against women and girls. A study of 70 countries from 1975-2005 concluded that a strong, autonomous feminist movement is both substantively and statistically significant as a predictor of government action to redress various forms of violence against women.¹¹

Plan UK's *What Works for Ending Public Sexual Harassment* report concludes that the key considerations when developing an intervention on public sexual harassment include:

- Address risk and protective factors, including social norms and gender inequity
- Work strategically and politically to challenge, negotiate and shift power around gender norms
- Adapt and tailor approaches to the local context
- Use group-based and age-appropriate participatory learning methods that emphasise critical reflection and communication skills
- Include multiple training or awareness sessions to reinforce key concepts and allow time for reflection and learning rather than one-off sessions
- Use a coordinated approach to awareness-raising through media, advocacy and popular education
- Work with both women and men / girls and boys, especially in highly patriarchal contexts
- Carefully select staff and volunteers for their gender equitable attitudes and non-violence behaviour, who are thoroughly trained, supervised and supported
- Combine both prevention and response elements, including linking with reporting mechanisms and high-quality services for survivors
- Prioritise well-designed interventions that address groups at high risk of experiencing or perpetrating sexual harassment in public spaces, for example adolescent girls, who may require more tailored approaches.¹²

¹⁰ Horsfall, Bromfield, & McDonald, 2010; Saunders & Goddard, 2002; Fanslow, 2005; Davies, Hammerton, Hassall, Fortune, & Moeller, 2003.

¹¹ Htun M and Weldon S (2012) 'The Civic Origins of Progressive Policy Change: Combating Violence against Women in Global Perspective, 1975–2005', *American Political Science Review*, Vol 106, No 3, pp 548-569

¹² What works to end sexual harassment

In Wales Plan UK deliver the EDGE (Education Developing Gender Equality) programme in educational settings, using a whole school approach the programme aims to

- Address harmful gender stereotypes and social norms
- Educate and address peer on peer sexual harassment
- Improve attitudes to gender equality
- Educate and encourage healthy relationships
- Create safer school environments

EDGE was developed in response to the ESTYN 'We don't tell our Teachers report'. The programme can also be adapted to be delivered in youth, community and informal education settings.

In an exciting development to the EDGE project Plan UK in Wales are conducting work exploring engaging with boys and young men to prevent gender based violence. We are supporting eight 'Test & Learn' projects with grassroots organisations to discover how to engage boys and young men in issue based work around identity, masculinity, healthy relationships, attitudes towards women & girls, violence and . We hope to develop this work to help inform future practice in Wales and beyond.

Her Voice Wales, a group of girls participating in Plan UK's Young Changemaker programme led #wedontfeelsafecampaign. They have produced awareness raising publicity materials and are exploring how the public, private and third sectors can pledge their support to create safe spaces that young people can use as a refuge when feeling vulnerable.

Plan UK also established the Girls Rights Wales Collective which has over 200 members and provides a real opportunity to connect grassroots delivery organisations, academics, policy and decision makers in working together to create large scale change for Wales.

How effective is a public health approach to preventing gender-based violence and what more needs to be done to address the needs of different groups of women, including LGBT+, ethnic minorities, young and older people at risk of violence at home and in public spaces.

Gender-based violence is so wide-spread and its impact so serious, that it must be treated as a matter of public health. A public health approach is essential to ensure gender-based violence is treated, prioritised and invested in as a political matter with causes and consequences that are the proper concern of the state and which the state has a duty to address, rather than as a private or individual matter that must be accepted.

It is also important that gender-based violence is treated as a **human rights issue**, in particular by:

- Ensuring that measures to prevent violence are consistent with other rights of women and girls (e.g. their right to freedom of movement and to full participation in education, employment, entrepreneurship, politics and society more broadly).
- Ensuring that affected communities and stakeholders, in particular women and girls, are engaged in the planning and implementation of prevention activities.

A public health approach is effective in that it demands:

- A focus on **preventing** the problem from occurring by targeting key risk factors and addressing these at a whole of population level. It is an ambitious, brave and long-term goal, but it is imperative that the state should seek to prevent this most serious of human rights abuses from occurring in the first place.
- A **multi-disciplinary** response, drawing on psychology, sociology, criminology, economics, etc. to properly understand gender-based violence its prevalence, risk factors, protective factors and to design and evaluate effective interventions.
- A response requiring action from **diverse sectors right across society**, including education, health, criminal justice, work and welfare, media, culture and sport, third sector, religious and community groups, etc. The complex interacting risk and protective factors that lay behind gender-based violence are likely to demand interventions from all these sectors, operating at different levels, in order to bring about widespread, long-lasting and significant change.
- A strategy which includes all **four stages** of a public health response:
 - o Defining the problem - understand the “who”, “what”, “when”, “where” and “how”.
 - o Identifying risk and protective factors for both perpetration and victimisation and which might be modified through interventions.
 - o Funding, developing and evaluating prevention interventions to target risk and protective factors.
 - o Encouraging widespread adoption by disseminating the information about “what works” to scale up effective and promising interventions in a wide range of settings and learning from what doesn’t work

A rights-based approach to tackling gender-based violence would give priority to preventing violence affecting women and girls who suffer **multiple forms of discrimination** and face a higher risk of violence or who are more vulnerable to its consequences. This involves targeting activity to these groups of women, and to risk and protective factors affecting them. It also involves making sure that activity designed for the whole population reaches and is relevant to high-risk groups.

There is a lack of rigorous evidence on intersectional discrimination and VAWDASV. In particular, there is limited data on gender identity, including the experiences of transgender or non-binary people. However, we do know that both VAWDASV are experienced differently by different groups of girls and young women. Gender intersects with other identity characteristics, such as sexuality, gender identity, disability, ethnicity and immigration status, to produce unique experiences of violence.¹³ For example:

- 92% of girls who consider themselves to have a disability have experienced any of the sexual harassment behaviours compared to 74% of their non-disabled counterparts
- 92% of those who selected ‘other’ for race have experienced any of the behaviours, followed by 88% of mixed race girls, 82% of Black, African, Caribbean and Black British girls, 75% of white girls and 70% of Asian and Asian British girls.
- 90% of non-heterosexual girls and young women have experienced any of the sexual harassment behaviours, compared to 72% of heterosexual girls and young women.

¹³ Plan International UK, What Works for Ending Public Sexual Harassment, 2021

- 92% of those who preferred to self-describe their gender identity have experienced any of the sexual harassment behaviours.

The affect of VAWDASV for particular groups can also be different:

- Non-heterosexual girls and young women are significantly more likely to have avoided activities such as exercise, socialising and school, due to experience or worry about sexual harassment, compared to their heterosexual counterparts (78% vs. 58%).
- Disabled girls are significantly more likely to have avoided such activities compared to their non-disabled counterparts (83% vs. 60%).¹⁴

The particular experiences of those groups sharing protected characteristics are relevant to all four stages of the public health approach:

- In defining the problem, it will be important to understand whether different groups' experiences differ and where some groups are disproportionately affected
- In identifying risk and protective factors, it will be important to understand whether the risk and protective factors are different or of different importance for particular groups
- In testing and evaluating prevention interventions, it will be important to design interventions which are appropriate in light of the protected characteristics of participants and to measure whether outcomes are different for different groups
- In encouraging adoption, it will be necessary to consider how dissemination takes place in order to ensure take up and impact amongst different protected characteristic groups and in different contexts.

Given what we have said above about the importance of a life-course approach to design of a strategy to tackle gender-based violence, we would recommend taking into account age in designing interventions. For example, we know that adolescence is a time of elevated vulnerability for multiple forms of VAWDASV. Adolescence is a stage when girls begin to establish intimate relationships with men and boys, exposing them to the risk of intimate partner and dating violence as well as sexual violence from non-partners. The risk of sexual violence perpetrated against women outside of their families also increases in adolescence.¹⁵ It is also true that "adolescence is considered an ideal time to influence attitudes and behaviours".¹⁶ Therefore, we would recommend a particular focus on this age group in interventions.

We also know that racialised adolescent girls can be at greater risk, experience different forms of violence, that it can impact them differently and they can face additional barriers in accessing support. For example, our research found "the harassment of Black and minoritised girls often hinged on their difference from the White or majority norm, in terms of appearance, attire, and body shape. Their bodies were commented on by strangers and peers and this was linked to an oversexualisation of Black girls' and young women's bodies in particular.... The impact on Black and minoritised girls' and young women's lives is significant and wide ranging. Girls and young women spoke about how experiencing PSH had impacted on their mental health, self-esteem and identity. It particularly impacted on their body image and the pressures they experienced to conform to White Western beauty ideals. The cumulative impact of intersecting forms of harassment, combined with a lack of

¹⁴ Plan International UK, What Works for Ending Public Sexual Harassment, 2021

¹⁵ Walden, I. and Wall, L., *Reflecting on primary prevention of violence against women The public health approach*, ACSSA issues, AUSTRALIAN CENTRE FOR THE STUDY OF SEXUAL ASSAULT, No.19, 2014

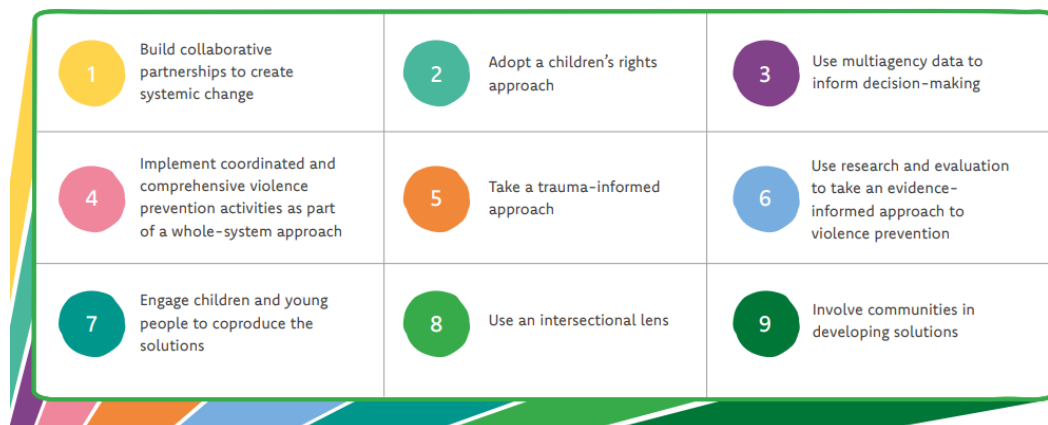
¹⁶ Walden, I. and Wall, L., *Reflecting on primary prevention of violence against women The public health approach*, ACSSA issues, AUSTRALIAN CENTRE FOR THE STUDY OF SEXUAL ASSAULT, No.19, 2014

support to get ‘closure’ when incidents occur, may mean these behaviours have particularly harmful impacts on Black and minoritised girls’ and young women’s lives”.¹⁷

What is the role of the public sector and specialist services (including the police, schools, the NHS, the third sector and other organisations that women and girls turn to for support) in identifying, tackling and preventing violence against women, and their role in supporting victims and survivors

Good strides have been made in Wales with the new VAWDASV framework and the new shared framework for Preventing Violence among Children and Young People, we now need to understand how to bring together all agencies and stakeholders to deliver these ambitions in a co-ordinated way. This will include how to identify and fund effective primary, secondary and tertiary prevention initiatives that contribute to the framework objectives to create systemic and societal transformation for Wales.

We would support the implementation of the approach identified in the Wales Without Violence framework.



In terms of the role that each sector should play within such a strategy, we would point you towards to UN framework which sets out the roles different parts of the public and private sector can play
<https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/PreventionFrameworkNov2015.pdf>

¹⁷ Plan International UK, *EVERYTHING IS RACIALISED ON TOP: Black and minoritised girls’ and young women’s experiences of public sexual harassment in the UK*, 2022.

Entry point	Rationale
Central government and legislature	<ul style="list-style-type: none"> • The State has the primary responsibility for the implementation of its human rights obligation to prevent VAW. • Policy and legislative measures must be undertaken to prevent violence, eradicate discrimination against women in law and practice and promote women's rights. This encompasses some of the measures listed below, including as they refer to health and social policies; law enforcement and justice responses; and labour policies.
Schools and educational facilities	<ul style="list-style-type: none"> • Schools and educational facilities play an important role in the socialization of children and young people and are a means of reaching large proportions of the population. Interventions can be built into school curricula and structures, but require training of teachers and other staff (see Foundations for prevention section 6.2.1). • In some contexts schools and educational facilities are sites in which VAW is common.
<p>Health services:</p> <ul style="list-style-type: none"> - Primary health care services - Mental health service - Sexual and reproductive health and HIV - Child and Adolescent health services <p>Social services:</p> <ul style="list-style-type: none"> - Early childhood services - Services supporting families, adolescents and young adults and migrants and refugees 	<ul style="list-style-type: none"> • Health programmes have played a key role in leading effective cross-sector interventions to prevent VAW. Prevention strategies can be readily built into other interventions (e.g. SRH, HIV prevention, adolescent health, mental health programmes). • Health programmes play an important role in providing support to parents to prevent child abuse and neglect. They can also support couples in pregnancy and the transition to parenting. • Poor mental health is a risk for both victimization and perpetration, suggesting the importance of integrating strategies to prevent VAW into programmes to prevent and respond to poor mental health. • Health services are an important point for early identification and intervention of women and children subject to or at risk of violence. • Social service programmes can be an important means of reaching young people, especially those outside of the formal education system – a particularly high-risk group. Services supporting migrants and refugees can target groups that may not be reached by strategies designed for host populations, and can implement prevention efforts soon after arrival.
Police and the justice sector	<ul style="list-style-type: none"> • Although primarily involved in response, this sector is critical to engage when laying foundations for prevention given that effective investigation of allegations, prosecution of alleged perpetrators, promoting accountability and ensuring effective access to remedies for victims are important conditions for effective prevention (see 6.2.1). In some contexts, law enforcement personnel may be implicated in the perpetration of VAW, a further consideration at this stage.
Media, popular culture and information and communications technologies	<ul style="list-style-type: none"> • The media can be an important partner in preventing VAW as it has wide reach, and plays a significant role in shaping and maintaining social norms (Flood and Pease, 2009). Information and communications technologies (ICTs) can be an important vehicle for empowerment, especially of young women. • At the same time, however, the media can perpetuate violence-supportive social norms, and actively undermine gender equality and women's freedom from violence. In this respect, the media may need to be considered as targets for intervention, or barriers to success in some contexts. • There is growing evidence of ICTs being used as vehicles or sites for the perpetration of VAW. Examples include the use of tracking technologies to monitor women's movements by perpetrators of IPV (Hand et al., 2009) and the grooming of adolescent girls for the purposes of sexual exploitation via chat rooms (UNICEF Innocenti Research Centre, 2011).

Entry point	Rationale
Workplaces, including unions and employers' organizations	<ul style="list-style-type: none"> • These environments provide opportunity to reach a large number of people where work is integrated into their day-to-day lives. • Workplaces are sites for some forms of VAW (e.g. workplace harassment). • Workplaces are also key settings in which unequal and stereotyped gender roles exist and can be addressed. Some workplaces (e.g. the police, military, the construction industry) offer opportunities to reach a large number of men and are settings that have significant impact on development of attitudes and social norms pertaining to VAW. • Unions and the private sector may be engaged in prevention through workplaces.
Sport and recreation environments and the arts	<ul style="list-style-type: none"> • In societies where sport plays an important role, professional and amateur (sometimes called community-based) sports organizations are contexts in which attitudes and behaviours toward gender relations can be shaped and changed. Sports 'stars', both men and women, can be influential leaders and ambassadors. Sports organizations can provide a powerful infrastructure through which to reach populations, in particular young men. • The arts are similarly a valuable medium for challenging social norms pertaining to VAW and gender inequality.
Male dominated environments (e.g. prisons, sports clubs, military, police forces)	<ul style="list-style-type: none"> • These environments offer the opportunity to reach a large number of men and may influence attitudes and social norms pertaining to VAW. However the entrenched 'macho' culture that may prevail in some of these bodies poses important challenges.
Community networks, organizations and institutions (e.g. faith-based organizations, cultural institutions, clubs and societies)	<ul style="list-style-type: none"> • Such entities can be critical partners in prevention, providing the means to reach communities and to deliver messages in a familiar environment. Leaders within such environments (e.g. faith and community leaders) can be influential allies in prevention. • At the same time, some of these bodies may also have cultures and practices that contribute to gender inequality and VAW and may resist change. In this regard they may become targets for intervention, or there may be barriers that need to be addressed in prevention planning.
Local authorities/local governments	<ul style="list-style-type: none"> • As a level of government close to people, they may be well placed to support localized mobilization and specific prevention activities (an approach found to be effective in preventing VAW) (Arango et al., 2014).
Employment/economic empowerment and poverty reduction programmes	<ul style="list-style-type: none"> • Interventions using economic empowerment, including but not limited to providing full and productive employment and decent work for women, have been found to be effective in preventing VAW (see Table 3). As male unemployment is a risk factor for perpetration of violence in certain circumstances, organizations addressing unemployment may hold some promise as an entry point.
Transport sector	<ul style="list-style-type: none"> • Access to safe spaces and transport increases women's and girls' autonomy, safety and capacity for economic, social and civic participation.