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Short Communication

From individual interventions to structural change: Why public health leadership is needed to engage men and boys in violence prevention

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A B S T R A C T

Objectives: To review practice in Wales for engaging men and boys in violence prevention and examine how public health can support effective and coordinated efforts as part of a whole system approach.
Study design: A mixed-methods study combining a national mapping survey and qualitative focus group research.
Methods: A mapping survey (n = 36) was conducted to identify programmes across Wales aimed at engaging men and boys in violence prevention. In addition, a focus group was held with leads from eight 'Test and Learn' pilot projects. Data were analysed thematically to identify key enablers, barriers, and features of promising practice.
Results: Programmes varied in focus, target age group, geographical reach, and tier of prevention. Practitioners highlighted the effectiveness of trauma-informed, strengths-based, and culturally relevant approaches. Staff empathy, relationships and coproduction were identified as critical success factors. However, the review also found limited evidence of strategic coordination, evaluation, or long-term investment in this area.
Conclusions: Engaging men and boys in violence prevention is vital to addressing the gendered dynamics of perpetration and maximising opportunities for prevention. This research reveals a developing landscape of interventions that, while showing promising elements of trauma-informed, strengths-based practice, remains fragmented and inconsistent in its strategic coordination and evaluation. Realising the full potential of this approach will require public health leadership to move beyond individual behaviour change towards a whole-system approach that addresses the structural drivers of gendered violence.

1. Introduction

Despite decades of advocacy highlighting violence against women and girls, less attention is paid to the role of men and boys in preventing violence. In the UK, this remains a small but growing area of public health research and practice. This article shares the results of exploratory research with practitioners in Wales seeking to engage men and boys in violence prevention. We share considerations for public health practitioners and leaders and set out a rationale for why the engagement of men and boys in violence prevention should be prioritised.

2. Background

Global recognition of violence as a public health issue has been an important driver in promoting prevention as well as advancing epidemiological understanding of risk factors including harmful gender and social norms. A public health approach emphasises a spectrum of preventative action, ranging from: primary prevention - stopping violence before it happens, by preventing victimisation or perpetration; secondary prevention - early intervention to prevent escalation or harm among those experiencing violence; and tertiary prevention - responding to prevent recurrence and minimise long-term harm. In recent years, efforts to engage men and boys in violence prevention have developed rapidly across the globe, particularly for the prevention of gender-based violence. However, violence prevention efforts for other forms of interpersonal violence still frequently omit a gendered approach.[1]

Ample evidence has shown that socially constructed, masculine gender norms that socialise men to value hierarchy, aggression, power, respect, and emotional suppression are causes of gender-related disparities in violence.[2] Further, boys and young men are frequently the victims of gendered violence and trauma which can shape vulnerability to violence later in life.[3] The evidence base for *gender transformative*

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interventions that work to democratise the relationships between men and women, challenge prevailing harmful masculine norms, as well as supporting routes for trauma-informed help seeking, can be effective at preventing violence as well as addressing an array of other health concerns such as sexual and reproductive health, maternal, child, and newborn health, and HIV prevention.[1]

Across all forms of interpersonal violence, men are significantly more likely to be the perpetrators. In England and Wales, the Office for National Statistics (ONS) figures show that between 2019 and 2022, over 90 % of perpetrators of domestic homicides against women were male, while male victims of domestic homicide were most often killed by other men.[4] In Europe, a large-scale meta-analysis found that although both men and women can perpetrate domestic violence, male violence is more likely to cause injury, be repeated, and include coercive control.[5] Internationally, the United Nations Office on Drugs and Crime (UNODC) Global Study on Homicide[6] found that in sexual homicide cases, men were perpetrators in over 95 % of incidents. For all homicides, over 90 % of perpetrators globally are male, regardless of the gender of the victim.

The interconnected nature of these different forms of male violence is conceptualised in Kaufman's[7] 'triad of violence' framework, which identifies three interrelated dimensions: men's violence against women, men's violence against other men and boys, and men's violence against themselves. This framework helps explain how masculine socialisation processes that encourage dominance, emotional suppression, and the use of violence to resolve conflicts create vulnerability across all three forms of violence. For instance, men who perpetrate domestic violence are also more likely to engage in other forms of interpersonal violence and to experience mental health challenges including suicidal ideation. Understanding these linkages suggests that effective prevention approaches should address the common underlying drivers of violence rather than treating different forms of male violence as isolated phenomena.

Building on this understanding of interconnected violence, Flood[8] highlights a range of strategies for engaging men and boys as part of primary prevention efforts that can address multiple forms of violence simultaneously. These opportunities range from strengthening individual knowledge and skills, to community education, educating providers, mobilising communities, changing organisational practices, and influencing policy and legislation. Given the interconnected nature of men's violence, these prevention approaches have the potential to reduce not only violence against women and girls, but also violence between men and self-directed violence. As such, by ignoring the role of gendered social norms, the interconnections between different expressions of male violence, and the positive role that men and boys can play in preventing violence may leave public health professionals at odds with the evidence base for comprehensive violence prevention.

In the UK context, there has been notable growth in initiatives to engage men and boys in violence prevention. Organisations such as White Ribbon have developed community-based campaigns challenging male violence against women, while Beyond Equality focuses on engaging men as allies in gender equality work. Academic institutions have also contributed significantly, with the University of Durham's Centre for Research into Violence and Abuse (CRiVA) conducting research and policy work on male engagement, for example, and networks like MenEngage Europe facilitating knowledge exchange and coordinated action. This growing infrastructure reflects increasing recognition of the importance of men's engagement in creating sustainable violence prevention approaches.

While violence prevention efforts engaging men and boys have developed across the UK, this research focuses specifically on Wales due to its unique devolved policy and legislative context and governance structures. Wales has distinct responsibilities for health, education, and social services through Welsh Government, enabling tailored approaches to violence prevention that may differ from England. The Welsh policy landscape includes specific legislation including the Violence against Women, Domestic Abuse and Sexual Violence (Wales)

Act 2015, and the Well-being of Future Generations (Wales) Act 2015, which create opportunities and requirements for integrated, long-term approaches to violence prevention. Understanding how violence prevention initiatives develop within this distinctive Welsh context can offer insights for other jurisdictions while contributing to the broader evidence base for violence prevention.

3. Methods

The research aim was to understand what works well to engage men and boys in violence prevention programmes in Wales. It included a mapping survey (n = 36) and a focus group with professionals (n = 8) delivering 'Test and Learn' projects aimed at identifying good practice. The research was approved by Public Health Wales' Research and Evaluation Department.

3.1. Review of programmes in Wales

A qualitative, online survey was undertaken with professionals across Wales. The survey explored what interventions were delivered in Wales that sought to engage men and boys in violence prevention. We asked about the characteristics of these programmes (aims, eligibility, structure, theory of change, evaluation), and what practitioners found worked well, and not so well. The survey was administered using the Civica survey platform and was available in Welsh and English. It was distributed through professional networks via email, meetings, and social media. The survey was live for six weeks, during June and July 2023. Over this period, 36 individuals completed the survey, reporting on 39 programmes.

3.2. Focus group with 'test and learn' projects

Plan International UK commissioned eight 'Test and Learn' projects in Wales to explore good practice for engaging men and boys in violence prevention. A focus group was conducted with the test and learn project leads (n = 8) to discuss their learning from the projects, on what had worked well, and any difficulties they had encountered. The responses from both studies were analysed using thematic analysis.[9]

4. Results

4.1. Violence type

The most common types of violence addressed were physical aggression (23 %) and gender-based violence (22 %), followed by domestic abuse (20 %) and sexual violence (20 %).

4.2. Geography

Most programmes were delivered in South Wales (Cardiff (n = 16), Swansea (n = 13), and Neath Port Talbot (n = 13)). One programme was delivered across all of Wales. The remaining programmes were distributed across Wales.

4.3. Gender

The research sought to determine whether approaches were gender inclusive or gender exclusive. 33 percent of the programmes (n = 13) were gender exclusive, working solely with men and boys. The remaining programmes were gender inclusive and accessible to people of all genders.

4.4. Prevention

Most programmes focused on working with participants who had perpetrated violence or were identified as 'at risk' of engaging with

violence through individual or group work. The survey asked practitioners to identify which type of prevention they delivered, twelve programmes provided primary prevention, twenty-three programmes offered secondary prevention, and twenty-two programmes delivered tertiary prevention. Some programmes overlapped tiers of prevention.

4.5. Risk factors

Results indicate that 26 programmes addressed individual risk factors (such as school attendance, adverse childhood experiences, or prior victimisation). 27 addressed community risk factors (such as community violence, role models, peer group norms) and 28 programmes addressed societal risk factors (such as harmful gender and social norms).

4.6. Evaluation

12 programmes reported that they were under evaluation or had been evaluated.

4.7. Language

Practitioners emphasised the importance of using positive, empowering language to engage participants and create positive change. Conversely, blaming and accusatory language was seen as anathema to positive engagement, such as using the term perpetrator or the phrase 'toxic masculinity'.

4.8. Trauma-informed

Practitioners highlighted the importance of creating physically and emotionally safe environments. A trauma-informed approach was seen as vital for building positive relationships, trust, overcoming barriers to engagement, and enabling meaningful discussions about men's role in violence prevention. Validating participant's experiences of masculinity and violence was also key, alongside recognition that participant's family and peer group may not be supportive of their engagement in the programme and its key messages. Recognising individual circumstances and strengths, offering holistic support, especially for those facing challenges like mental health issues, substance use, financial difficulties, or homelessness, helped tailor programmes to individual needs and foster positive group dynamics.

4.9. Socio-cultural relevance

Practitioners stressed the need for programmes to reflect the identities and experiences of the target audience. Participants should relate to the leaders, materials, language, and scenarios used. Coproducing session design and content with men and boys helps to ensure cultural and social relevance, whilst also addressing practical barriers such as location, timing, transport and accessibility. Similarly, being able to discuss topics 'in real time' can help engage participants. Using historical examples, particularly from social media, can result in boredom, unrelatability and can be met with backlash. However, keeping up with the latest news and online trends can be challenging for practitioners.

4.10. Staff

Empathy, enthusiasm and knowledge were seen as important characteristics of staff. Participants emphasised the ability to build trusting and positive relationships and act as positive role models as a critical factors to successful engagement. Representing diverse gender identities and using a range of techniques, including creativity, to build an environment for self-reflection, understanding, and accountability were also seen as important.

5. Discussion

As part of this research, the team developed a public health rationale for engaging men and boys in violence prevention, building on established frameworks in the field. The first three elements align closely with rationales articulated by Flood[10] and Katz.[11] Firstly, that violence prevention must engage men and boys as they are most often the perpetrators; secondly, that harmful gender norms can promote violent behaviour; and thirdly, that men and boys have a positive and constructive role to play in preventing violence. Our fourth element extends these frameworks by emphasising a trauma-informed approach which recognises that many men and boys have themselves experienced harmful gender norms or violence. Creating space for compassionate, constructive engagement, and recognition of the interconnections between different expressions of male violence and trauma, is a vital element for successful engagement and implementation.

However, public health approaches to male engagement are not without critique. Pease[12,13] argues that such approaches may inadvertently reinforce patriarchal structures by focusing on individual behaviour change while leaving broader systems of male power and privilege unchallenged. He suggests that public health frameworks may depoliticise violence prevention by framing gender-based violence as a health issue rather than a manifestation of structural gender inequality. These critiques highlight the importance of ensuring that male engagement initiatives maintain focus on challenging masculine privilege and power structures, as part of a whole system approach to violence prevention, not merely modifying individual behaviours.

Despite these theoretical tensions, this research shows that engaging men and boys in violence prevention reveals a developing landscape of interventions in Wales that, while showing promising elements of trauma-informed, strengths-based practice, remains fragmented and inconsistent in its strategic coordination and evaluation. For example, most programmes focused on individuals or small groups, whilst Flood's[12] framework and Pease's[18,19] critique emphasise that interventions should operate across the social ecology. While gender-transformative efforts at institutional or policy levels are less common, they hold potential for broader societal change, for instance, through stronger enforcement of laws that influence gender equality and social norms.[14] Similarly, although interventions mostly targeted gender-based violence, harmful gender norms are likely to underpin other forms of interpersonal and self-directed violence. This aligns with Kaufman's[11] triad of violence framework, thus highlighting the need to explore whether gender-transformative strategies could prevent different expressions of violence between men, to create a more comprehensive and effective approach.

Public health has a vital role in advancing violence prevention through a whole-society approach that can ensure initiatives are consistent, accessible, co-designed and coordinated across sectors. This systemic approach is increasingly evident in Wales, where recent policy developments provide a supportive framework for violence prevention initiatives. The *Wales Without Violence* Framework[15] and the *Violence against Women, Domestic Abuse and Sexual Violence Blueprint*[16] support multi-agency, whole-system strategies, while the *Trauma-Informed Wales Practice Framework*[17] aligns with practitioner's emphasis on trauma-informed approaches identified in this study. Despite our mapping survey revealing limited coordination and a 'postcode lottery' of provision, these policy frameworks are beginning to translate into increased investment in evidence-based approaches. Welsh Government's *Lead the Change* bystander programme (2024–2026)[18] represents a significant step forward, offering free bystander training to community groups, schools, workplaces, and sports teams. This initiative, alongside campaigns such as *Sound*[19] and *Safe to Say*,[20] demonstrates growing commitment to engaging men and boys in violence prevention.

However, as Pease's[18,19] critique reminds us, the risk remains that individual-focused interventions may inadvertently reinforce existing power structures if not coupled with broader systemic change efforts

that challenge masculine privilege and structural gender inequalities. Realising the full potential of this approach will require public health leadership to move beyond individual behaviour change towards a whole-system approach that addresses the structural drivers of gendered violence and supports evidence-informed, strategically coordinated programmes that can deliver sustainable change at scale.

5.1. Conclusion

This research demonstrates that engaging men and boys in violence prevention reveals a developing landscape of interventions that, while showing promising elements of trauma-informed, strengths-based practice, remains fragmented and inconsistent in its strategic coordination and evaluation. The evidence supports a public health rationale for male engagement that recognises the interconnected nature of different forms of male violence and acknowledges the trauma-informed needs of many men and boys who have themselves experienced harmful gender norms or violence. However, significant challenges remain, including the current 'postcode lottery' of provision and the risk that individual-focused interventions may inadvertently reinforce existing power structures if not coupled with broader systemic change efforts that challenge masculine privilege and structural gender inequalities. Realising the full potential of this approach will require public health leadership to move beyond individual behaviour change towards a whole-system approach that addresses the structural drivers of gendered violence and supports evidence-informed, strategically coordinated programmes that can deliver sustainable change at scale.

5.2. Limitations

The findings from this research explored professional reflections rather than evidence of outcomes or impact. Further research should consider the implementation of evidence-based programmes as part of a public health approach to violence prevention.

Author statements

Ethical approval

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Competing interests

The authors do not have any conflicts of interest to declare.

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