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# From work with men and boys to changes of social norms and reduction of inequities in gender relations: A conceptual shift in prevention of violence against women and girls

## Abstract

Violence perpetrated by and against men and boys is a major public health problem. Although individual men's use of violence differs, engagement of all men and boys in action to prevent violence against women and girls is essential. We discuss why this engagement approach is theoretically important and how prevention interventions have developed from treating men simply as perpetrators of violence against women and girls or as allies of women in its prevention, to approaches that seek to transform the relations, social norms, and systems that sustain gender inequality and violence. We review evidence of intervention effectiveness in the reduction of violence or its risk factors, features commonly seen in more effective interventions, and how strong evidence-based interventions can be developed with more robust use of theory. Future interventions should emphasise work with both men and boys and women and girls to change social norms on gender relations, and need to appropriately accommodate the differences between men and women in the design of programmes.

## Keywords

social, changes, boys, men, work, against, violence, girls, prevention, women, shift, conceptual, relations, gender, inequities, reduction, norms

## Disciplines

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# **<sup>1</sup>From working with men and boys to changing social norms and reducing inequities in gender relations: a paradigm shift in prevention of violence against women and girls**

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## **Abstract**

Violence perpetrated by, and against, men and boys is a major public health problem. Whilst individual men's use of violence differs, engaging all men and boys in action against violence against women and girls (VAWG) is essential. We discuss why this is theoretically important and how it has evolved from men as perpetrators or as allies of women in VAWG prevention, to approaches that seek to transform the relations, norms and systems that sustain gender inequality and violence. We review evidence of interventions' effectiveness in reducing violence or its risk factors, features commonly found in more effective interventions, and discuss how stronger evidence-based interventions can be developed with more robust use of theory. Future interventions should emphasise working with men and boys as well as women and girls to change social norms on gender relations, and need to appropriately accommodate the differences among men and women in the design of programmes.

### Key points:

- Men's use and experience of violence is a major public health problem, and men and boys are necessary actors, along with women and girls, in prevention interventions to reduce perpetration of VAWG.
- Men's perpetration of VAWG is a constituent element of gender inequality and men's use - and experiences - of violence are upheld by commonly held versions of manhood. VAWG is more common where men themselves experience higher levels of violence.
- Interventions to address men's perpetration of VAWG vary greatly in terms of target groups, change objectives and methodology. Evidence on interventions solely with boys and men is limited, and most of it points to some measured attitudinal changes, but not necessarily change in violence perpetration or social norms.
- Future work should promote more programming with women and girls as well as boys and men for effective and sustained gender transformation . It should strive for multiple and varied change objectives related to a reduction in violence and/or factors most associated with perpetration, have enduring impact, and be based on robust theories of change.
- Interventions need a coordinated focus on multiple risk factors and ecological levels. Approaches that centre on community norm change have the potential to change versions of masculinity that promote violence. In so doing, they address power and oppression, and seek to change the mechanisms in society that support them.

## Introduction

The need for work with men in prevention of violence against women and girls (VAWG) is well accepted among advocates, educators, and policy-makers. In recent years interventions involving men and boys have proliferated around the globe. They have been motivated by a desire to address men's role in violence perpetration, and recognition that masculinity and gender-related social norms are implicated in violence<sup>2-4</sup>. Whilst not all men are violent, all men and boys have a positive role to play in helping to stop violence against women.<sup>5, 6</sup> Further they can benefit personally from more equitable relations with women, although using this argument to encourage men to become involved is somewhat controversial<sup>7</sup>.

Violence prevention practice has evolved over the last few decades from instrumental approaches that target only women to approaches that seek to transform the relations, norms and systems that sustain gender inequality and violence.<sup>8, 9</sup> Gender norms for men have moved to centre stage. This trajectory can be seen in the language used by practitioners. Initially men were little mentioned except perhaps as (potential) perpetrators of violence.<sup>5</sup> The language of 'men as partners' emerged in the 1990s, with men described as allies of women in working to end men's violence or promoting gender equity. More recent interventions have sought to change the way men see themselves as men (their gender identities) and consequent gendered practices, including the use of violence, sexual practices and other behaviour towards women (Figure 1).<sup>10</sup>

- Figure 1 here -

Prioritisation of and resource allocation for work with men on violence prevention has often been contested, not least by women gender activists concerned about opportunity costs and future male domination of the VAWG field<sup>11</sup>. Whilst engaging men, some interventions have shied away from "naming men" (for example by explicitly referring to the need to change *men's* violence against women<sup>6</sup>) and make visible their roles in the desired change objectives (i.e. changing *men's* behaviour). Interventions have been very varied, and some have excluded women. The use of role models and stereotypical masculine attributes in violence prevention work has been challenged by those who fear that such interventions may serve to reinforce that which we most seek to change<sup>10</sup>. Women's groups have voiced concerns that donors have diverted funding from women's programmes and services to work with men and this has further marginalised women's voices and experiences<sup>7</sup>. This paper seeks to situate these debates through addressing the questions of why focus on men's violence, what has gender got to do with it, what works when working with men, and how evidence and gender theory can be used to work more effectively to address social norms on gender relations with men and boys as well as women and

girls.

### **The multiplicity of men's use of violence**

Men's perpetration of VAWG spans the life course. Children may perpetrate sexual violence, but in the teenage years rape becomes more common such that between a half and three quarters of men who ever rape first do so as teenagers<sup>12-15</sup>. After marriage or dating, some men use emotional, financial, physical or sexual violence against a wife or girlfriend, and violence often persists throughout the relationship, although it is most common at younger ages<sup>15, 16</sup>. Rape and intimate partner violence (IPV) are found in all cultures, with varying prevalence, and culturally specific forms of violence may be locally common, such as honour killings or female genital mutilation.

Men are also victims of violence. Interpersonal violence, mostly perpetrated by men, is the 7<sup>th</sup> ranked cause of loss of DALYs of men aged 15-49 years globally, and in much of Latin America it is the leading cause<sup>17</sup>. Rape of men (by men) is also appreciably common. The recent UN multi-country study in Asia-Pacific found the population prevalence of this to range from 2-8%<sup>12</sup>. Some of this may have occurred in childhood, and credible estimates of male experience of child sexual abuse range from 4 to 32%<sup>18</sup>. Men may also experience partner violence, and globally 6% of male homicides are estimated to be by intimate partners<sup>19</sup>.

Men's use of VAWG is closely related to their use of violence against other men, and in some cases their own experiences as victims<sup>6, 12, 13, 15, 16</sup>. Men who have been victims are more likely to perpetrate IPV or rape, although the majority of male victims do not subsequently perpetrate<sup>12, 13, 16</sup>. Men who are violent towards women and girls are much more likely to engage in violence against other men<sup>12, 13, 16</sup>. So it is not surprising that where VAWG is highly prevalent, male experiences of violence as victims are particularly common, as is male on male interpersonal violence.

### **Understanding the connections: men, masculinity and violence**

So how are these forms of violence connected? A simple explanation is that a society has a culture related to the use of violence, and social norms that are accepting of violence in many respects permit a range of forms of violence<sup>20, 21</sup>. Whilst this can be empirically supported, it does not explain why men, rather than women, are the most common perpetrators of moderate and severe violence<sup>22</sup>. Nor does it explain the linking of ostensibly quite different types of violence, such as sexual violence against girls and physical violence between men<sup>12, 16</sup>. A more complete answer requires an understanding of the relationship between violence and masculinity.

This is not simply Y chromosome-determined, for there are great global differences in prevalence and patterns, and individual differences between men in any one setting. The connection rather lies in gender – that is, in the social values, roles, behaviours, and attributes considered appropriate and expected for men and women<sup>23</sup>. These sets of ideas and behaviours that constitute gender are defined and determined by societies and their sub-groups. They vary across societies and, to the extent that they reflect social norms, they are propagated through the actions of people and institutions within a society.<sup>24-26</sup> Ideas and values related to gender influence how men view themselves as men, their social and intimate relationships, as well as institutions and policy frameworks.<sup>23, 27</sup> Although differences between men and women are much less marked in more equitable societies, all societies tend to confer a higher social value on men than women, and a range of norms and powers flow from this<sup>28</sup>.

Whilst not all men are violent, and some actively oppose violence, the use of violence over women is one source of power accorded to men in many settings.<sup>9, 29, 30</sup> Although there are many different ways of being a man (multiple masculinities) within a society<sup>31</sup>, frequently showing dominance and control over women is part of the set of male attributes and behaviours (masculinity) which is recognised as a shared social ideal.<sup>32</sup> The renowned gender theorist Raewyn Connell<sup>23</sup> refers to the most legitimate and acclaimed version of manhood as ‘hegemonic’ masculinity in order to reflect particularities of how this position is achieved within a society<sup>32</sup>. Important here is that the dominance of this masculinity over others is not imposed, but rather becomes accepted by women and men as the norm. It is imbibed from childhood and aspired to by the majority of men – even by those who for various reasons cannot fulfil all the associated roles (such as poverty preventing a man being a provider). A majority of both men and women agree that this social ideal reflects how men (and thus gender relations) ‘should’ be<sup>33</sup>. Thus both men and women need to be engaged in any efforts to change it.

Violence is not necessarily part of masculinity, but the two are often linked. If women are expected to fall under men’s control, then physical or sexual force and threat are one way of achieving this, as is punishment of acts of resistance to, or transgression of, gender norms (for example in anti-lesbian violence). Physical strength and toughness are very often associated manly attributes, and violent competition between men is often used in demonstrations of this, such as in fights for honour and territory<sup>25, 34, 35</sup>.

Not all masculinities of men who use violence are hegemonic.<sup>27, 28, 32</sup> In most settings there are exaggerated masculinities that caricature the masculine ideal, emphasising power and force. These are particularly common among men who have been victims of violence and severe

emotional adversity in childhood.<sup>36</sup> Boys who are exposed to abuse in early childhood become prone to aggression, impulsivity, and lack of empathy and remorse and are more likely to perpetrate violence<sup>12, 13, 16, 34, 36</sup>. They are over-represented in gangs, where aggressive youth congregate, engage in anti-social behaviour and adopt masculinities that emphasise dominance over women and violent competition between men<sup>37</sup>.

### **Involving boys and men in violence prevention**

Between Jan 27, 2014 and 31 March 2014 we reviewed evaluations of interventions that involved men and boys in prevention of violence against women and girls. The interventions included those targeting men and boys and workshop interventions directed at individuals, those directed at men in relationships, bystander interventions, school and dating interventions, perpetrator programmes, social norm change interventions including men, and multi-component interventions including men and group interventions. Many overlapped several of these categories. We undertook a keyword search for interventions published in English in PubMed, Google, and JSTOR and hand searched the websites of donors (DFID, USAID, World Bank, AusAID, CIDA, Danida, EU, GIZ, NORAD, Sida, Irish Aid), UN agencies (UN Women, UNAIDS, UNDP, UNFPA, UN Trust Fund on EAW, UNICEF, WHO), international NGOs and funders (ActionAid, Amnesty International, Comic Relief, Human Rights Watch, International Rescue Committee, IPPF, Oak Foundation, Oxfam, Plan International, Population Council, Sigrid Rausing Trust, and Womankind), established violence intervention databases ([www.endvawnow.org](http://www.endvawnow.org); Partners for Prevention) and several universities and science councils with an established track record on VAWG. We sought where possible to draw on systematic and comprehensive reviews and meta-analyses, in addition to interventions. We inventoried the results and compiled 67 non-duplicate citations to putative gender-based violence prevention interventions that sought to engage men and boys.

The range of interventions implemented under the rubric of ‘working with men and boys’ is very diverse<sup>3, 10, 38</sup>. There have been different types of men or boys targeted, changes desired, settings, scope and durations of interventions. The category has included, for example, both attending a brief lecture or drama and participating in a 50 hour workshop-based intervention such as Stepping Stones<sup>2, 39</sup>. Interventions have also varied in the gender theory or politics informing them, particularly in whether the focus is on stopping violence or building gender equity, raising awareness or changing gender norms, and at times change objectives have stopped short of including reducing violence towards women. As presented by Ellsberg and colleagues<sup>40</sup>, overall a significant proportion of interventions to reduce VAWG involve boys and men. These either

target men together with women, or men only.

Some interventions, especially those implemented from a policing or justice perspective, have not engaged with notions of gender in the course of intervening to change violent men<sup>41</sup>. Other interventions have engaged with gender and masculinity explicitly, but in the course of which have courted controversy. For example some campaigns have drawn on ideas commonly associated with hegemonic masculinity such as “strength”, “warrior” or “leader” and spun them in a direction that is non-violent, consensual or gender equitable<sup>6, 42</sup>. Other campaigns use classical male role models such as sports stars. Advocates argue that such role models are influential, and ideas such as ‘leadership’ provide an easy frame of reference for engaging with other men. Yet the fear has been that they may reinforce gender inequitable masculine ideals that need to be changed to prevent violence. These fears are greatest where there is a lack of acknowledgment of variation among men, and thus concerns of further marginalisation of men who are different <sup>43</sup>.

Recent interventions have sought to change the way men see themselves as men (their gender identities) and consequent gendered practices, including the use of violence, sexual and other behaviour towards women<sup>10, 38</sup>. These interventions have used varied strategies<sup>3</sup>. Some have focused on involving those who are not themselves violent by encouraging intervening with other men who are sexist and aggressive<sup>6</sup>. The Mentors in Violence Prevention intervention in the USA is a good example, and has been quite widely used. Face-to-face educational programs with boys and young men (and sometimes women and girls) that promote critical reflection on gendered behaviours and norms have spread across settings from clubs and schools, to sports teams, workplaces and other institutions. Examples include the Gender Equitable Movement in Schools adaptations in South Asia and Viet Nam,<sup>44</sup> the Men of Strength Clubs of Men Can Stop Rape in Washington DC<sup>42</sup>, and Sonke Gender Justice’s work with the South African military.

As a complement to group education, social marketing strategies have been used in an effort to shift attitudes on men’s use of violence, as pioneered for example through Instituto Promundo’s “Programme H” that started in Brazil and has been adapted in several countries.<sup>45</sup> There have been efforts to engage men through parenting and couples programmes such as the global Men Care campaign that has a violence prevention component in Indonesia. This stems from a belief that men involved in care practices may be less likely to use violence towards women, although more empirical evidence of this is needed<sup>46</sup>. There is an increasing understanding that addressing the systemic and structural supports for men’s violence is paramount, notably social norms on gender, including barriers to women’s participation in politics and the economy. Community mobilisation approaches, such as Men’s Action for Stopping Violence against

Women in Uttar Pradesh,<sup>47</sup> foster men's participation in collective advocacy and social movements, often in close collaboration with women and women's groups.

### **Lessons from prevention programming**

Evidence of the effectiveness of interventions involving men and boys to reduce the use of violence, or its risk factors, is limited, as rigorous evaluations are few, their geographical base narrow and the interventions evaluated have often been weak<sup>2</sup>. A comprehensive review of interventions with men and boys to prevent sexual violence found 65 high quality studies, and a handful have been published since <sup>2, 48</sup>. Of the 65, 85% took place in high-income countries and 90% in school settings. One-third comprised only a single session typically of an hour's duration, and few assessed change in the perpetration of violence as opposed to participant satisfaction or attitudes. Only 8 were classified as 'strong' using the Cochrane Collaboration's Tool for assessing bias, and only seven of the 'moderate' or 'strong' evaluations showed impact on violence perpetration. Of these, four were focused on early teens, five included both sexes in the intervention and all involved more prolonged interventions, addressing violence through respectful intimate relationships. For example, the two strong interventions showing impact on male perpetration of violence were a 50 hour program with school-attending young people in South Africa and a 26-hour school program in Canada<sup>39 49</sup>.

Despite the limited evidence base, these more effective interventions with men and boys *address masculinity* – that is they explicitly address the norms, behaviours, and relations associated with ideals of manhood<sup>48</sup>. Such programmes have been termed 'gender-transformative', in that they seek to transform gender norms and promote more gender-equitable relationships between men and women<sup>50</sup>, and most worked with both women and men, which is essential for sustained gender transformation <sup>2</sup>.

Only five of 12 moderate or strong evaluations of interventions that sought to change gender roles had positive findings. Bystander interventions (those aimed at engaging non-violent men or women in challenging tacit acceptance of behaviour of others) did not fare well<sup>2</sup>. Overall two<sup>51</sup> of three<sup>53</sup> moderate or strong evaluations have had any significant findings, but there have been serious limitations in many of the evaluations and so these cannot be considered to have shown the interventions 'worked', and there are no better results for bystander attitude interventions <sup>54</sup>. Some prevention strategies have powerful rationales, but have been implemented less often and little evaluated, or have never had efforts made to optimise them. These include interventions that focus on changing social norms<sup>55</sup> and initiatives specifically for

male-dominated or masculine workplaces, sports, and military contexts, where violence prevalence is high. Many prevention interventions have tended to focus on raising awareness and changing gender attitudes, with an assumption that behaviour change will follow, yet decades of behaviour change research shows the relationship between attitudes and behaviour to be complex and bi-directional<sup>56, 57</sup>. Awareness may be more readily raised among those with least propensity to ever be violent. Research from the USA with men in college attending rape prevention programmes suggests that these show less impact on men at higher risk of raping.<sup>58</sup> Violence prevention with men is very unlikely to be optimised with a one size fits all intervention. Men who perpetrate the most severe violence against women often do not see themselves as bound by social norms<sup>34, 36</sup>. Men who are most violent and controlling towards women often have notable victimisation histories, or an exaggerated sense of entitlement<sup>34</sup>. Interventions that seek to reduce the violence of men who are bound by social norms may need to be different from those targeting men who are positioned at society's margins, especially men who are highly violent, otherwise anti-social, structurally marginalised through poverty, and in environments where the social norms supporting violence are strongest.

Batterers' (or perpetrators') programmes characteristically target more violent men, often identified by courts or through restorative justice models. They can be mandated by court order or voluntary, and they often employ cognitive behavioural therapy approaches. As presented by Ellsberg and colleagues (2014) most of the programmes evaluated have been in the USA, but the research has many limitations. Three systematic reviews have concluded that there is no evidence that perpetrators' programmes have any notable effect on reducing rates of recidivism, but this is partly due to the limited evidence base and there are calls for more testing of such interventions using diverse strategies in different settings<sup>4</sup>. There are also limitations to the interventions as it has been argued that those which more explicitly aim to address masculinities may be more promising.<sup>59</sup>

Change in use of violence by men is particularly difficult in communities that have experienced multiple traumatic events, especially lengthy conflict, and where normative support for the use of violence to show dominance is particularly strong. Here there is a need to address normative use of multiple forms of violence, change gender norms, strengthen livelihoods, and recognise the pain of men's (as well as women's) experiences as victims at a population level. Long term work with multiple actors is required. Although in some post-conflict setting less complex masculinities interventions have shown promise.<sup>60</sup> There are several examples of interventions that have been developed to address deeply rooted social norms in difficult settings. The NGO

Tostan's intervention on social norm change to prevent female genital mutilation (FGM) in rural Senegal is an example. Tostan works with communities with sessions 2-3 times a week over 6-8 months and combines broader life skills, including literacy and numeracy, with programming on gender, violence and (given their specific goal) FGM. A non-randomised, controlled evaluation has shown significant reductions in FGM in Tostan's communities<sup>61</sup>.

Interventions with men have generally not developed links with substance abuse programmes and other therapeutic programmes, and currently most of these do not ask about, or deal with, IPV perpetration. While alcohol is not a main driver of violence against women in many countries at a population level, it is an important risk factor in some<sup>12, 16</sup>. Population level interventions on alcohol use, for example reducing outlet density, coupons or higher tax, have been associated with reduced gender-based violence and child abuse rates.<sup>62-64</sup> Interventions that reduce alcohol abuse can positively impact at an individual level <sup>65</sup>. In low- and middle-income countries (LMICs) in particular, there is a need to research the benefits of combining IPV prevention with early detection and brief interventions for problem drinking in primary health care, addressing social norms related to men's alcohol and other drug consumption, testing couples interventions and self-help therapy (such as Alcoholics Anonymous) and community-based treatment camps. There is a need for more research on the contribution of therapeutic interventions with boys or men that address combinations of these factors – healing from traumatic experiences, substance abuse, mental ill-health and use of violence – based on the assumption that they are interrelated.

### **Masculinities and change**

So how do we build better interventions with men and boys? Current discourse on evidence-based prevention programming emphasises the need for interventions to have an explicit theory of change, grounded in an empirical understanding of the problem. Interventions to prevent male use of violence need to start with understanding the risk factors for men's perpetration. Over 10 000 men participated in the recent UN study in Asia and the Pacific<sup>15</sup>, providing valuable insights into factors associated with men's perpetration of VAWG, and complementing work from South Africa and conducted through the International Men and Gender Equality Survey (IMAGES) <sup>12, 13, 16, 66, 67</sup>. The factors associated with perpetration of IPV and non-partner rape are summarised in Figure 2 (listed in column one and the green shading shows which are associated with the two types of VAWG).

○ Figure 2 here

When grouped together, many of these behaviours are rooted in expected practices or entitlements that flow from the hegemonic ideals that men should be strong, tough, in control over women and their bodies, heterosexual and sexually dominant.<sup>12, 15, 16, 68</sup> For example, key factors strongly associated with perpetration of IPV and non-partner rape include controlling behaviours towards women and inequitable gender attitudes, behaviours which emphasise (hetero)sexual prowess (transactional sex and having multiple sexual partners), and involvement in violence with men<sup>12, 16, 69, 70</sup> (shaded in orange in Figure 2). At the same time other associated factors suggest that men who are violent are more likely in other respects to struggle to live up to a masculine ideal, for example by having depression, or alcohol and drug abuse, no high school education and current food insecurity (the latter two being proxies for social marginalisation and poverty)<sup>12, 15, 16</sup>. Further, men's own history as victims of violence is visible in associations between perpetration and men's experiences of childhood victimisation, rape, and homophobic abuse<sup>12, 15, 16, 71</sup>. These two groups of factors expose the other side of the coin: men struggling to live up to the ideals of manhood that are hard to reach, and men who have been traumatised through harsh childhoods and violence in adulthood.

Figure 2 shows how the measured risk factors for IPV and non-partner rape perpetration can be read through a lens of hegemonic masculinity and individual behaviours seen to represent different underlying features. The importance of understanding this is that interventions do not need to be developed to address each of the individual risk factors, but to change the ideas and behaviours that men adopt in the course of showing that they are men. Interventions that have sought to do this, such as Stepping Stones, have shown that it is possible, and that with a reduction in violence can be seen a change in other practices associated with hegemonic masculinity<sup>39</sup>. Interventions commonly have the potential to address multiple risk factors and this is illustrated by the purple shading on Figure 2, which shows the different risk factors that each intervention type may address.

- Figure 3 here-

Theoretically based interventions need to draw from gender theory in this broad way, but they

also need to draw from it in microlevel intervention planning. Figure 3 shows some of the considerations here. For example, discussion of changing social norms can be opened up through acknowledgement that there are multiple ways of being a man, and that men's positions and experiences shift. Interventions that offer simplistic and homogenous portrayals of ideal masculinity are not helpful in this regard. Over time, men may both feel vulnerable and entitled. Interventions often benefit from enabling men to acknowledge their fears and experiences of victimisation. Social norms regarding masculinity often emphasise men's difference from women, and differences between masculine norms and those of gay men. Acknowledgement of similarities between men and women, and addressing homophobia, are important for gender transformation. Even in settings of poverty and adversity men typically are better off than similarly placed women, regardless of their perceptions of hardship in comparison to all men. Critically reflecting on men's privilege, power and how they use their power is crucial for transforming men. Finally it is important to work with women as well as men, as women often take for granted men's power and dominance over them. In some instances, within the constraints of power relations within their social context, women may benefit individually from men's power and therefore actively support it, for example if doing so enables them to achieve status and power in their own right (for example over younger women or daughters-in-law).<sup>72</sup> There is a need to empower women not just economically but socially and individually and to raise their consciousness, enabling critical reflection on women's own role in male gender socialisation and the maintenance of gender power hierarchies so that they demand more equitable relationships. This is illustrated by research from South Africa which shows women's acquiescence to the social order of male domination both in their expectations of men and their dating preferences <sup>73, 74</sup>. Effective women-focused initiatives have sought to strengthen resilience against violence by combining economic empowerment interventions with raising awareness of rights and building women's relationship skills<sup>75</sup>.

Intervention developers also need to reflect on the question of what drives and enables change. Ecological approaches are particularly important in understanding what supports social norms within settings and, where relevant, institutions. In particular, it is necessary to understand the dynamic intersections between factors pertaining to an individual, peer, household or relationship, and broader community levels (see figure 4). This is illustrated, for example, by work on changing gender norms in schools which highlights the need to focus on interventions within a classroom (e.g. lesson and curriculum), institutional policy (e.g. on sexual harassment, corporal punishment etc.), interactions (e.g. respect shown by teachers for learners, bullying etc.), and the wider environment (e.g. the role of parents in supporting schools' teaching)<sup>76, 77</sup>.

- Insert Figure 4 here -

Intervention developers need to select methods based on an empirical understanding of what types of change can be achieved with different types of intervention approaches. Interventions that have reduced violence perpetration have tended to be many hours long, often involved women and men with combined single-sex and mixed group delivery, and have included critical reflection on social norms and building relationship skills<sup>39, 49</sup>. Communication campaigns, on the other hand, have an important role in provoking conversation about an issue and may contribute to complex processes that have long term benefits, but generally do not change behaviour in the short term<sup>78, 79</sup>. The outputs and outcomes that are intended should be projected and stated explicitly.

### **Ways forward**

There are clear ways forward for enhancing violence prevention through approaches which involve boys and men as well as strengthening women's resilience to violence. The starting point of this article in discussing gender theory has shown that VAWG does not occur in a social vacuum, but arises out of a context of gender inequity and social norms of gender relations which are largely supported by both men and women<sup>23, 80, 81</sup>. Thus women and men, younger and older people all need to be actively involved in prevention efforts for sustainable gender transformation to be achieved, as gender norms are reproduced through generations and operate across the life course and not just among those most at risk of current perpetration.

There is some variation in the importance of different risk factors across settings, as there is variation in masculinities, men's histories, traumatic event exposure and social marginalisation. Thus programme planning should be based in local data, including sociological data that provides insight into masculinities as well as any variations in the known risk factors for perpetration<sup>15</sup>. In many intervention sites, mapping local versions of masculinities and their influences can be a useful part of formative research for the intervention design, and may also be part of the intervention. Interventions that address masculinity appear to be more effective than those that remain blind to the powerful influences of gender norms and systems of inequality. Thus, understanding and applying theories of masculinities is another important step for effective intervention design. Further it implies a movement away from interventions with primary goals related to individual level attitude changes, towards a focus on transforming hegemonic masculinities associated with violence perpetration with a goal of preventing violence.

Masculinities are embodied and reproduced across the social ecology, and thus interventions

must seek changes at multiple levels. It is not always possible for one intervention or organisation to do this and so strategic approaches to programming with collaborations between organisations can be particularly valuable. Further research is needed into the relationship between changes among individuals, partnership dyads and in communities. This is not only a question of taking discrete interventions to scale, but coordinating separate interventions working at different ecological levels and targeting different risk factors to achieve a reduction in violence.

Some individual risk factors for violence perpetration, in particular exposure to childhood adversity, and subsequent traumatic experiences, substances use and mental ill-health, are also important factors that need specific responses. Mental health services are often underprovided and lack a focus on assisting trauma victims, but the importance of these for men and women needs to be recognised.

New generations of interventions need to take as a starting point the observation that more successful violence prevention programmes have a relatively long participant engagement time. Further research is needed to optimise this and understand how best to gain value for money in violence prevention, but at present evidence suggests that brief interventions on gender norms simply may not work. Overall there is far too little understanding of whether and how diversity among men should be taken into account in interventions, and what the implications of this are for efforts to prevent violence occurrence.

One of the key controversies in working with men has been the presentation of this as a better alternative to historical work with women on violence prevention and responses. Increasingly it is clear that this is a false dichotomy. Experience in the field shows that violence prevention cannot be undertaken successfully without provision of services for survivors and showing that social institutions care about VAWG. It requires empowerment of women as individuals, within relationships and across society, and transforming masculinities must be framed as a complement to these. Further men need to both change themselves and align themselves with women to deepen and sustain the goals of women's rights and empowerment in the economic, political and domestic spheres. Deepening men's understanding of the need for this is critical, including how they can contribute directly, such as by including daughters in inheritance (or changing laws if this is prohibited), supporting women's work, sharing domestic work, or at a community level through supporting women's participation in political processes.

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## References

1. WPF R. 2014 [cited; Available from: <http://www.rutgerswfp.org/article/mencare>
2. Ricardo C, Eads M, Barker G. Engaging Boys and Young Men in the Prevention of Sexual Violence: A Systematic and Global Review of Evaluated Interventions. Pretoria: Sexual Violence Research Initiative; 2012.
3. Flood M. Involving Men in Efforts to End Violence Against Women. *Men and Masculinities*. 2011; 14(3): 358-77.
4. Taylor A, Barker G. Programmes for men who have used violence against women: Recommendations for action and caution. Rio de Janeiro & Washington, DC: Instituto Promundo & Promundo-US; 2013.
5. United Nations Division for the Advancement of Women. Report of the Expert Group on "The Role of Men and Boys in Achieving Gender Equality" Brasilia, Brazil 21 to 24 October 2003. New York: DAW in collaboration with ILO,UNAIDS and UNDP; 2003.
6. Katz J. The macho paradox: Why Some Men Hurt Women and and How All Men Can Help. Naperville, Illinois: Sourcebooks Inc; 2006.
7. Pease B. Engaging Men in Men's Violence Prevention: Exploring the tensions, dilemmas and possibilities; 2008.
8. Sweetman C. Introduction: Working with men on gender equality. *Gender and Development*. 2013; 21(1): 1-13.
9. Grieg A, Kimmel M, Lang J. Masculinities and Development: Broadening Our Work towards Gender Equality: UNDP; 2000.
10. Barker G, Ricardo C, Nascimento M. Engaging men and boys to transform gender-based health inequities: is there evidence of impact? . Geneva/Rio de Janeiro: World Health Organization/Institute Promundo; 2007.
11. Kimball E, Edleson J, Tolman RM, Neugut T, Carlson J. Global Efforts to Engage Men in Preventing Violence Against Women :an International Survey St Paul, Minnesota: School of Social Work, University of Minnesota; 2010.
12. Jewkes R, Fulu E, Roselli T, Garcia-Moreno C. Prevalence and risk factors for non-partner rape perpetration: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health*. 2013.
13. Jewkes R, Sikweyiya Y, Morrell R, Dunkle K. Gender inequitable masculinity and sexual entitlement in rape perpetration South Africa: findings of a cross-sectional study *PloS One*. 2011; 6(12).

14. White JA, Smith PH. Sexual assault perpetration and re-perpetration: from adolescence to young adulthood. *Criminal Justice Behaviour*. 2004; **31**: 182-202.
15. Fulu E, Warner X, Miedema S, Jewkes R, Roselli T, Lang J. *Why Do Some Men Use Violence Against Women and How Can We Prevent it*. Bangkok: UNDP, UNFPA, UN Women, UNV 2013.
16. Fulu E, Jewkes R, Roselli T, Garcia-Moreno C. Prevalence and risk factors for male perpetration of intimate partner violence: findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health* 2013.
17. Health Metrics and Evaluation. *Global burden of disease heat map*. 2013.
18. Stoltenborgh M, van IJzendoorn MH, Euser EM, Bakermans-Kranenburg MJ. A Global Perspective on Child Sexual Abuse: Meta-Analysis of Prevalence Around the World. *Child maltreatment*. 2011; **16**(79).
19. Stockl H, Devries K, Rotstein A, Abrahams N, Campbell J, Watts C, et al. The global prevalence of intimate partner homicide: a systematic review. *Lancet*. 2013.
20. Levinson D. *Family violence in cross-cultural perspective*. Newbury Park: Sage; 1989.
21. Jewkes R. Intimate partner violence: causes and prevention. *Lancet*. 2002; **359**(9315): 1423-9.
22. Black MC, Basile KC, Breiding MJ, Smith SG, Walters ML, Merrick MT, et al. *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2011.
23. Connell R. *Gender and power: Society, the Person and Sexual Politics*. . Palo Alta, Calif.: University of California Press; 1987.
24. Morrell R, editor. *Changing men in Southern Africa*. Pietermaritzberg / London: University of KwaZulu Natal Press / Zed Press; 2001.
25. Morrell R. Of boys and men: masculinity and gender in Southern African Studies. *Journal of Southern African Studies*. 1998; **24**: 605-30.
26. Morrell R. *From Boys to Gentlemen: Settler Masculinity in Colonial Natal, 1880-1920*. Pretoria: UNISA Press; 2001.
27. Hearn J. From hegemonic masculinity to the hegemony of men. *Feminist Theory* 2004; **5**(1): 49-72.
28. Hearn J, Nordberg M, Andersson K, Balkmar D, Pringle K, Forsberg L, et al. Hegemonic masculinity and beyond: 40 years of research in Sweden. *Men and Masculinities*. 2012; **15**: 31-55.
29. Wood K, Jewkes R. 'Dangerous' love: reflections on violence among Xhosa township youth. In: Robert Morrell, editor. *Changing men in Southern Africa* Pietermaritzburg / London: University of Natal Press, Zed Press; 2001. p. 317-36.
30. Moodie D, Ndatshe V, Sibuyi B. *Going for gold: men, mines and migration*. Berkeley: University of California Press; 1994.
31. Kimmel M. Masculinities In: (Eds.) MKaAA, editor. *Men & Masculinities: A social, cultural, and historical encyclopedia*. Santa Barbara, CA: ABC Clío; 2004. p. 503-7.
32. Connell R. *Masculinities*. Cambridge: Polity Press; 2005.
33. Morrell R, Jewkes R, Lindegger G. Hegemonic Masculinity/ies in South Africa: Culture, Power and Gender Politics. *Men and Masculinities*. 2012; **15**: 11-30.
34. Bourgois P. In search of masculinity - Violence, respect and sexuality among Puerto Rican crack dealers in East Harlem. *British Journal of Criminology*. 1996; **36**: 412-27.
35. Breckenridge K. The allure of violence: men, race and masculinity on the South African gold mines 1900-1950. *Journal of Southern African Studies*. 1998; **24**: 669-83.
36. Mathews S, Jewkes R, Abrahams N. 'I had a hard life': Exploring childhood adversity in the shaping of masculinities among men who killed an intimate partner in South Africa. *British Journal of Criminology*. 2011; **51**: 960-77.
37. Fonagy P, Target M. *Psychoanalytic Theories: Perspectives from Developmental*

Psychopathology. New York: Routledge; 2003.

38. Dworkin SL, Treves-Kagan S, Lippman SA. Gender-transformative interventions to reduce HIV risks and violence with heterosexually-active men: a review of the global evidence. *AIDS Behav.* 2013; **17**(9): 2845-63.
39. Jewkes R, Nduna M, Levin J, Jama N, Dunkle K, Puren A, et al. Impact of Stepping Stones on incidence of HIV, HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *British Medical Journal* 2008; **337**: a506.
40. al EMe. The Lancet article in this series.
41. Foshee V, Bauman K, Arriaga X, Helms R, Koch G, Linder G, . . An evaluation of safe dates: An adolescent dating violence prevention program. *American Journal of Public Health.* 1998; **88**: 45-50.
42. Hawkins E. Evaluation findings, Men can stop rape Men of strength clubs 2005-2006. . 2005.
43. Murphy M. An open letter to the organizers, presenters and attendees of the First National Conference for Campus Based Men's Gender Equality and Anti-Violence Groups (St. John's University, Collegeville, MN, November 2009). *The Journal of Men's Studies.* 2010; **18**(1).
44. Achyut P, Bhatla N, Khandekar S, Maitra S, Verma R. Building Support for Gender Equality among Young Adolescents in School: Findings from Mumbai, India. . New Delhi: ICRW; 2011.
45. Pulerwitz J, Barker G, Segundo M, Nascimento M. Promoting Equitable Gender Norms and Behaviors in Young Men as an HIV/AIDS Prevention Strategy. Washington, DC: Population Council; 2006.
46. Morrell R, Jewkes R. Carework and caring: A path to gender equitable practices among men in South Africa? *Int J Equity Health.* 2011; **10**(1): 17.
47. Das A, Mogford E, Singh SK, Barbhuiya RA, Chandra S, Wahl R. Reviewing responsibilities and renewing relationships: an intervention with men on violence against women in India. *Cult Health Sex.* 2012; **14**(6): 659-75.
48. 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 Pretoria: Medical Research Council; 2014.
49. Wolfe DA, Crooks C, Jaffe P, Chiodo D, Hughes R, Ellis W, et al. A school-based program to prevent adolescent dating violence: a cluster randomized trial. *Arch Pediatr Adolesc Med.* 2009; **163**(8): 692-9.
50. World Health Organization. Engaging Men and Boys in Changing Gender-Based Inequity in Health: Evidence from programme interventions. Geneva: World Health Organization; 2007.
51. Miller E, Tancredi DJ, McCauley HL, Decker MR, Virata MC, Anderson HA, et al. One-year follow-up of a coach-delivered dating violence prevention program: a cluster randomized controlled trial. *Am J Prev Med.* 2013; **45**(1): 108-12.
52. Gidycz CA, Orchowski LM, Berkowitz AD. Preventing Sexual Aggression Among College Men: An Evaluation of a Social Norms and Bystander Intervention Program Violence Against Women. 2011; **17**: 720-42.
53. Banyard VL, Moynihan MM, Plante E. Sexual Violence Prevention Through Bystander Education: An Experimental Evaluation. . *Journal of Community Psychology* 3. 2007; **5**(4): 463-81.
54. Miller E, Das M, Tancredi DJ, McCauley HL, Virata MC, Nettiksimmons J, et al. Evaluation of a gender-based violence prevention program for student athletes in Mumbai, India. *J Interpers Violence.* 2014; **29**(4): 758-78.
55. Abramsky T, Devries K, Kiss L, Nakuti J, Kyegombe N, Starmann E, et al. Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. *BMC Medicine* 2014; **12**: 122.

56. de Leeuw RN, Engels RC, Vermulst AA, Scholte RH. Do smoking attitudes predict behaviour? A longitudinal study on the bi-directional relations between adolescents' smoking attitudes and behaviours. *Addiction*. 2008; **103**(10): 1713-21.
57. Bajos N, Hubert M, Sandfort T. *Sexual Behaviour and HIV/AIDS in Europe: Comparisons of National Surveys*. London: UCL Press; 1998.
58. Stephens KA, George W. Rape Prevention With College Men: Evaluating Risk Status. *Journal of Interpersonal Violence*. 2009; **24**(6): 996-1013.
59. Dobash E, Dobash RP, Cavanagh K, Lewis R. *Changing Violent Men*. Thousand Oaks CA: Sage; 2000.
60. Hossain M, Zimmerman C, Kiss L, Abramsky T, Kone D, Bakayoko-Topolska M, et al. Working with men to prevent intimate partner violence in a conflict-affected setting: a pilot cluster randomized controlled trial in rural Cote d'Ivoire. *BMC Public Health*. 2014; **14**: 339.
61. Diop NJ, Faye MM, Moreau A., Cabral J, Benga H. Diop, N. J., Faye, M. M., Moreau, A., Cabral, J., & Benga, H. (2004). *The TOSTAN Program. Evaluation of a community based education program in Senegal*. New York: Population Council. New York: Population Council; 2004.
62. Livingston M. Alcohol outlet density and assault: a spatial analysis. *Addiction*. 2001; **103**: 619-28.
63. Room R, Jernigan D, Carlini-Marlatt B, Gureje O, Mäkelä K, Marshall M ea. *Alcohol in developing societies: a public health approach*. Helsinki: Helsinki and Geneva, Finnish Foundation for Alcohol Studies and World Health Organization; 2002.
64. Wagenaar AC, Tobler AL, Komro K. Effects of Alcohol Tax and Price Policies on Morbidity and Mortality: A Systematic Review. *American Journal of Public Health*. 2010; **100**: 2270-8.
65. Kaner EF, Dickinson HO, Beyer F, Pienaar E, Schlesinger C, Campbell F , et al. The effectiveness of brief alcohol interventions in primary care settings: a systematic review. *Drug Alcohol Rev*. 2009; **28**(3): 301-23.
66. Barker G, Contreras JM, Heilman B, Singh AK, Verma RK, Nascimento M. *Evolving men: Initial Results from the International Men and Gender Equality Survey (IMAGES)*. Washington DC: International Center for Research on Women; 2011.
67. Knight RA, Sims-Knight JE. The developmental antecedents of sexual coercion against women: testing alternative hypotheses with structural equation modelling. . *Annals of the New York Academy of Sciences*. 2003; **989**: 72-85.
68. Jewkes R, Sikweyiya Y, Morrell R, Dunkle K. Gender inequitable masculinity and sexual entitlement in rape perpetration South Africa: findings of a cross-sectional study. *PloS one*. 2011; **6**(12).
69. Abrahams N, Jewkes R, Martin LJ, Mathews S. Forensic medicine in South Africa: associations between medical practice and legal case progression and outcomes in female murders. *PLoS ONE*. 2011; **6**(12): e28620.
70. Jewkes R, Dunkle K, Koss MP, Levin JB, Nduna M, Jama N, et al. Rape perpetration by young, rural South African men: Prevalence, patterns and risk factors. *Soc Sci Med*. 2006; **63**(11): 2949-61.
71. Whitaker DJ, Le B, Hanson RK, Baker CK, McMahon PM, Ryan G, et al. Risk factors for perpetration of child sexual abuse: A review and meta-analysis. *Child Abuse and Neglect*. 2008; **32**: 529-48.
72. Rice K. *Ukuthwala in Rural South Africa: Abduction Marriage as a Site of Negotiation about Gender, Rights and Generational Authority Among the Xhosa*. *Journal of Southern African Studies*. 2014.
73. Talbot K, Quayle M. The Perils of Being a Nice Guy: Contextual Variation in Five Young Women's Constructions of Acceptable Hegemonic and Alternative Masculinities. *Men and Masculinities*. 2010; **13**: 1-24.

74. Jewkes R, Morrell R. Sexuality and the limits of agency among South African teenage women: theorising femininities and their connections to HIV risk practices. *Social Science & Medicine*. 2012; **74**: 1729-37.
75. Pronyk P, Hargreaves JR, Kim JC, al e. Effect of a structural intervention for the prevention of intimate partner violence and HIV in rural South Africa: a cluster randomised trial. *The Lancet*. 2006; **368**: 1973-83.
76. Unterhalter E. *Gender equality and education in South Africa: measurements, scores and strategies. Gender equity and South African education*. . In: Chisholm L, September J, editors. *Gender Equity in South African Education 1994 - 2004 Conference proceedings*. Cape Town HSRC Press; 2005.
77. Morrell R, Epstein D, Unterhalter E, Bhana D, Moletsane R. *Towards Gender Equality? South African schools during the HIV/AIDS epidemic*. Pietermaritzburg: University of KwaZulu-Natal Press; 2009.
78. Hornik RC, Yanovitzky I. *Using Theory to Design Evaluations of Communication Campaigns: The Case of the National Youth Anti-Drug Media Campaign*. Philadelphia: University of Pennsylvania; 2003.
79. Donovan RJ, Vlais R. *Review of Communication Components of Social Marketing/Public Education Campaigns Focusing on Violence Against Women*. Melbourne: VicHealth; 2005.
80. Jewkes R, Morrell R. Sexuality and the limits of agency among South African teenage women: theorising femininities and their connections to HIV risk practices. *Soc Sci Med*. 2012; **74**(11): 1729-37.
81. Gavey N. *Just sex? the cultural scaffolding of rape*. Hove, Brighton: Routledge; 2005.