



REFLECTIVE GROUPS FOR MEN: A SYSTEMIC APPROACH TO PREVENTING VIOLENCE AGAINST WOMEN AND PROMOTING FAMILY HEALTH

GRUPOS REFLEXIVOS PARA HOMENS: OLHAR SISTÊMICO NA PREVENÇÃO DA VIOLÊNCIA CONTRA A MULHER E PROMOÇÃO DA SAÚDE FAMILIAR

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Abstract: The study aimed at understanding the prevention of violence against women and the promotion of family health from the interdisciplinary perspective of people who work in reflective groups for men who commit violence. Qualitative study, carried out with seven people working in reflective groups. Data were collected between May and July 2023 through interviews and field diaries, analyzed using the Systems Theory and Thematic Analysis. Participants emphasized the group as a space for promoting health through processes of reflection, accountability, and promotion of care. The need for an interdisciplinary approach and networking was highlighted. Finally, participants hoped that the project would become a public policy, so that health professionals would be trained in violence prevention. It is believed that the research made its contribution by allowing contemplating and proposing actions more targeted at confronting and preventing situations of domestic and intrafamily violence against women.

Keywords: Men; Violence against women; Group processes; Health promotion; Gender and health.

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Resumo: Objetivou-se compreender a prevenção da violência contra mulheres e a promoção da saúde familiar na perspectiva interdisciplinar de pessoas que atuam em grupos reflexivos para homens autores de violência. Estudo qualitativo, realizado com sete pessoas atuantes em grupos reflexivos. Coletaram-se os dados entre maio e julho de 2023 por meio de entrevistas e diário de campo, analisados pela Teoria Sistêmica e Análise Temática. Os participantes enfatizaram o grupo como um espaço de promoção da saúde mediante processos de reflexão, responsabilização e promoção do cuidado. A necessidade de uma abordagem interdisciplinar e de articulação em rede foi ressaltada. Por fim, os participantes almejavam que o projeto se torne uma política pública, de modo que os profissionais de saúde sejam capacitados para prevenção da violência. Acredita-se que a pesquisa contribuiu ao tornar possível pensar e propor ações mais direcionadas ao enfrentamento e prevenção das situações de violência doméstica e intrafamiliar contra mulheres.

Palavras-chave: Homens; Violência contra a mulher; Processos grupais; Promoção da saúde; Gênero e saúde.

1 Introduction

Violence against Women (VAW), as a widespread problem and serious violation of human rights, involves a complex interaction of individual, relational, cultural and social factors (Makate; Nyamuranga, 2024). Among the cultural factors are gender expectations that, through the media, family or literature, determine naturalized behavior patterns for women and men. In addition to determining gender roles, such as traditional ideologies of masculinity, these characteristics, often taught, encouraged and perpetuated within the family, between generations, are also linked to health problems, since, when not followed, can lead to situations of violence (Logoz *et al.* 2023; Machado; Castanheira; Almeida, 2021).

In this regard, the Systems Theory understands the family as an open system, in which the experience of each member, in constant direct or indirect exchange and interaction, affects the family system as a whole. According to this theory, the family system governs itself based on rules that keep it stable. These rules assign different functions, roles and levels of power to individuals, affecting them recursively, with the aim of transmitting their customs, beliefs and values to their descendants (Moré; Krenkel, 2014; Wright; Leahey, 2019).

Despite the rigid rules that some families adopt, all family systems are constantly changing and are therefore susceptible to resignifications that, in turn, follow social, economic, and cultural changes that occur both at the micro level, within the family itself, and at the macro level, in society as a whole (Moré; Krenkel, 2014; Wright; Leahey, 2019). In Brazil, among the social and cultural changes related to VAW, Law No. 11,340 of 2006, known as the Maria da Penha Law (LMP), stands out, which prioritizes tackling



domestic and family violence against women through prevention, punishment, and assistance (Brazil, 2006).

Among the preventive measures of the LMP is the promotion of research with a gender perspective, as well as the possibility of creating re-education and rehabilitation centers for perpetrators of violence, with subsequent judicial determination for mandatory attendance at such programs (Brazil, 2006). Currently, these programs, aimed at Male Perpetrators of Violence (MPV), have assumed the definition of “reflective groups”, characterized as a space for listening and learning about alternative means to violence and hegemonic masculinity, in a process of reflection and accountability for personal and social transformation of VAW (Beiras; Nascimento; Incrocci, 2019; Caicedo-Roa; Cordeiro, 2024).

Due to its complexity, violence involves different needs and, therefore, interventions from the most varied sectors of society are essential. The network to combat violence, composed of governmental and non-governmental institutions, specialized and non-specialized services, as well as universities and representatives of civil society, aims to create and implement public policies and prevention strategies, as well as hold MPV accountable and ensure the quality of care provided to women and families through the coordination of multi-professional and interdisciplinary actions, intervening in the causes and not only in reparation (Aguar *et al.* 2023; Beiras; Nascimento; Incrocci, 2019).

The 2030 Agenda, which brings together the 17 Sustainable Development Goals (SDGs), also emphasizes the importance of intersectorality and highlights that health promotion goes beyond disease-related outcomes, as it impacts, for example, gender equality. In this regard, SDGs 5 and 16 stand out, which concern, respectively, gender equality to combat inequalities and the promotion of peaceful societies (Alsina *et al.*, 2023).

These measures are in line with the National Health Promotion Policy (PNPS), as one of its cross-cutting and priority themes is the culture of peace and human rights, which consists of providing spaces for coexistence, respect and strengthening of bonds, generating individual and collective interventions in favor of reducing conflicts and preventing violence. Furthermore, PNPS proposes the reorientation of health care services, overcoming the fragmentation of care through active participation with communities, in dialogical relationships, so that needs and solutions to problems with a focus on health can be identified (Brazil, 2018).



As a mechanism to enable preventive and health promotion actions, Primary Health Care (PHC), more specifically the Family Health Strategy (FHS), plays a central role. Considered the main entry point for users into the Brazilian Public Health System (SUS), the FHS is responsible for coordinating communication and care among the different points of the Health Care Network (RAS) (Queiroz; Penna, 2019). Interdisciplinary work is another potential of the FHS, since the minimum team is composed of a doctor, nurse, nursing assistant and/or technician and Community Health Agents (Brazil, 2017).

Therefore, this study is warranted, given the growing number of VAW cases, both in public and private spaces, in the family and domestic environment, and the fact that men are involved with this issue, but there is still little research addressing actions aimed at this audience, such as reflective groups. It is believed that, given the interdisciplinary understanding of the people involved in the reflective groups for MPV, it will be possible to visualize the determinants of risk or protection regarding the phenomenon, the existing family and gender relationships, as well as to contemplate and propose actions more directed at confronting and preventing domestic and intrafamily violence against women.

Therefore, the question was: what is the understanding about the prevention of violence against women and the promotion of family health from the interdisciplinary perspective of people who work in reflective groups for men who commit violence? Based on this, the study aimed at understanding the prevention of violence against women and the promotion of family health from the interdisciplinary perspective of people who work in reflective groups for men who commit violence.

2 Methodology

This is a qualitative, descriptive-exploratory study, based on the Systems Theory, carried out in two reflective groups for male perpetrators of violence, in the cities of Florianópolis and Blumenau, Santa Catarina, Brazil.

The Systems Theory, used as a theoretical framework for this study, aims to overcome traditional assumptions regarding simplicity, stability and objectivity to incorporate complexity, instability and intersubjectivity. The idea of complexity concerns systems and ecosystems in the understanding of relationships among phenomena. Instability, in turn, is related to unpredictability and self-organization. Finally, intersubjectivity includes the observer in the analysis of the phenomenon, focusing on the



relationships and meanings of experiences through conversation and the co-construction of habits and knowledge as a social construction (Vasconcellos, 2019).

In line with the study design, the participants were chosen intentionally, with the invitation of people who could contribute due to the quality of the information surrounding the topic, that is, a representation of intrinsic interest and not just numerical representation (Campos; Saidel, 2022). In this sense, people responsible for facilitating, observing, and/or supervising reflective groups aimed at men who commit violence were invited to participate in the study, with an average of six people in the city of Florianópolis, and three professionals from Blumenau.

Because it was a small sample, the choice of the number of participants was defined by sample exhaustion, that is, all participants who were part of the universe defined by the researcher were invited (Campos; Saidel, 2022). As inclusion criteria, people working in reflective groups for male perpetrators of violence aged 18 or over and who were part of the interdisciplinary team for a minimum period of six months were invited. People who were temporarily admitted or who were on vacation or sick leave were excluded. Thus, seven participants met the criteria and agreed to participate.

In this study, multiple triangulations was adopted, that is, the use of varied methodological approaches to understand a phenomenon, with the aim of providing reliability and rigor to the investigation. Thus, the following techniques were employed: data triangulation, using individual, in-person interviews with people involved in the reflective groups in Florianópolis and Blumenau and a field diary of the researcher's impressions and reflections, both produced at different times, places, and with different people; researcher triangulation, in which different researchers participated, directly and indirectly, in all phases of the research, from conception to analysis; and environmental triangulation, which refers to the use of different locations and time periods for information collection (Santos *et al.*, 2020).

Thus, the presentation of the study proposal and the invitation to participate to members was made on a previously agreed date. After the invitation, arrangements were made with each participant who expressed acceptance, clarifying them about the Informed Consent Form, which was signed in two copies, one for the participant and one for the researcher. The semi-structured interview guide, prepared specifically for this research, included the sociodemographic characterization of each participant, as well as questions related to the functioning of the group and the prevention of violence against



women and the promotion of family health. The average duration of individual interviews was 25 minutes.

To conduct the interviews, a room was requested, located in the same environment where the work with the groups takes place, in a place free from noise and interference. The interview was audiorecorded for later transcription, after the participants' consent, preserving their identity, respecting the commitment to confidentiality and anonymity. To this end, the interviewees were identified by the letter P for “Participants”, followed by the order number of the interview (P1, P2, P3...), in addition to the characterization of the sex as Female (F) or Male (M). The collection period was from May to July 2023.

The field diary records were brought in as a complement to the interviews and involved recording the date and time of the start and end of the interviews, characteristics of the environments in which data collection took place, as well as situations considered important or misunderstood and which could be resolved later, such as the explanation about the reflective team. The interviews obtained were transcribed and subsequently validated by the participants. Data analysis followed the steps of Thematic Analysis, with theoretical interpretation in light of the Systems Theory framework.

Thematic Analysis consisted of elucidating the core meanings of the interviews, in which the presence or frequency denoted meanings relevant to the analytical object. Didactically, Thematic Analysis is divided into three stages: pre-analysis; exploration of the material; and treatment of the results obtained, inference and interpretation. Thus, in the first stage, the objective of the study was revisited for subsequent organization and exhaustive reading of the data, searching for the keywords to constitute the *corpus*. Afterwards, the central topics were selected, highlighting the sentences most emphasized by the participants. In the third stage, these sentences were coded into generating themes, defining the categories of analysis through inferences and interpretations (Minayo, 2016).

The procedures used in the research followed the ethics criteria for research involving human beings, in accordance with Resolutions No. 466/2012 and 510/2016. For this purpose, the project was forwarded to the Human Research Ethics Committee of the Federal University of Santa Catarina (CEPSH/UFSC) and was only initiated upon approval, with opinion number 6,012,317 and CAAE 66860223.9.0000.0121.



3 Results

The seven people participating in the study were between 22 and 47 years old, four women and three men. Professional training focused on the areas of psychology and social assistance. It should be noted that in the city of Florianópolis, three participants interviewed were still studying psychology, but worked on the reflective group team linked to an extension project of the undergraduate psychology course at UFSC.

The time of professional experience varied from three to 23 years, while the time of experience in the reflective group varied from six months to 20 years, assuming roles such as facilitator, supervisor and coordinator, in addition to the reflective team, which observes the meeting and only in the last minutes shares with the group, as a final speech, their reflections and questions.

Data, organized and analyzed, resulted in five categories, each with its subcategories (from two to four) and its recording units, which highlight the content of the findings, as presented in Chart 1. The five thematic categories were named, respectively, as: “Understanding domestic violence and intrafamily violence”; “Possible causes of domestic violence and intrafamily violence”; “Understanding health promotion”; “Interdisciplinarity in health promotion and violence prevention practices”; and “Potential for implementing similar actions in health services”.

Chart 1: Categories, subcategories and registration units

Categories	Subcategories	Registration units
Understanding domestic violence and intrafamily violence	Distinction by space and kinship	- More extensive domestic violence as it occurs in the residential space and is not restricted to family ties. - More restricted intrafamily violence as it occurs among members of the same family, regardless of cohabitation.
	Interconnection between violence	- Domestic coexistence can establish family ties.
	Emotional/affective characteristics	- Violence causes emotional impact because it occurs in an environment of intimacy and trust, where there should be protection.
	Dynamics of power, control and perpetuation	- The link between masculinity and violence perpetuates unequal relationships based on power and control. - The male perpetrator was often a victim of violence in childhood, which encourages the perpetuation of cycles of violence.
Possible causes of domestic violence and intrafamily violence	Gender norms, cisnormativity, and monogamy	- Gender norms associate violence with men, as an affirmation of masculinity, and subordination with women. - The standardization of gender roles based on biological sex causes suffering and can lead to violence. - The monogamous structure, associated with possession and jealousy, can authorize acts of violence when the norm is violated.
	Social, class and racial inequalities	- Violence as a reflection of broader social inequities, such as class inequalities, racism and oppression.



Understanding health promotion	The reflective group as a space for health promotion	<ul style="list-style-type: none"> - Health promotion in groups occurs when a safe environment is provided for dialogue, acceptance and bonding. - The groups allow men to reflect on their lives, care and self-care, and masculinities as a whole.
	Social Determinants of Health and the Complexity of Health Promotion	<ul style="list-style-type: none"> - Health understood as integral by encompassing determinants such as housing, employment, leisure, and physical and emotional well-being. - The absence or inefficiency of the State hinders health promotion, even in spaces of embracement. - Removing a man from his home, which aims to ensure the woman's safety, can lead him to homelessness.
Interdisciplinarity in health promotion and violence prevention practices	Diversity of backgrounds, experiences, and identities	<ul style="list-style-type: none"> - Interdisciplinary practice broadens the perspective and promotes recognition of violence as a work demand. - Interdisciplinarity includes different professions and social markers, such as gender, age and race. - The mixed team, composed of men and women, encourages reflection on masculinities and gender relations.
	Expansion of actions and networking	<ul style="list-style-type: none"> - Expansion beyond groups, seeking networking, aims to include different audiences and sectors.
Potential for applying similar actions in health services	Scope of actions in health services	<ul style="list-style-type: none"> - Actions must include men in general, not just those reported. - In health services, actions must go beyond biological treatment and focus on promoting spaces for elaboration and discussion about men's health. - Primary Health Care is seen as the ideal environment to promote men's health, self-care, and accountability.
	Training and theoretical-critical basis for professionals	<ul style="list-style-type: none"> - Professionals must be trained in a critical gender perspective, so as not to perpetuate hegemonic masculinity.
	Transformation into public policy	<ul style="list-style-type: none"> - Recognition of the importance of the project and the need to institutionalize such actions requires the guarantee of solid public policy for its perpetuation.

Source: Research data Florianópolis, SC, Brazil, 2025

3.1 Understanding domestic violence and intrafamily violence

Participants demonstrated different perspectives on domestic and intrafamily violence. Some have differentiated them by defining domestic violence as more comprehensive, beyond direct family ties, so that residence becomes a determining factor for this type of violence, especially in contexts of false imprisonment at home. In turn, intrafamily violence was understood as more restricted because it occurred between members of the same family, regardless of cohabitation or distance between family members. Others considered that both types of violence are, in a certain way, interconnected, since domestic coexistence, in itself, can generate so-called family relationships.

Domestic violence is broader, goes beyond the family and occurs in the domestic space. And intrafamily violence is violence that happens to a family member. (P2-M)

Intrafamily violence as gender-based violence against mothers, grandmothers, and partners, who do not necessarily share the same space. And domestic



violence, while this often involves financial relationships, prison, and freedom of movement. (P5-F)

From what I understand, these concepts are not very separate. Intrafamily violence will happen within the family. And domestic [violence] between people who live together in the same home. The structure of the house itself can establish a family relationship, even if it is not direct [...]. (P6-M)

The following testimonies deepen the understanding of violence beyond its spatial or kinship definitions, by presenting the emotional aspects, power dynamics and cycle of perpetuation characterizing it. Because they occur in a space considered private, a space of coexistence where people share emotional bonds and daily care, participants understood that domestic and intra-family violence should give way to protection and care among its members. However, the link between masculinity and violence often perpetuates unequal relationships, in a cyclical fashion, within a family or domestic context, amplifying the emotional impact on the people involved.

This violence that occurs in privacy, in intimacy, from the most subtle to the most serious, has a very strong emotional appeal because it happens among people who have a strong emotional bond, among people who should protect themselves. (P3-F)

I would say that domestic violence is when you force a relationship of care without due reciprocity, when this care is colonized, establishing an unequal relationship. These are relations of power and control, in this coupling between masculinity and violence. (P4-M)

From the moment a trauma is repeated in the family, it is a perpetuation of a cycle. It doesn't come from nowhere, it has a context. When someone is in the place of the perpetrator of violence, another is in the place of the victim. And these places are mobile, changeable, because those who commit violence, most of the time, come from a history of being victims of violence. (P1-F)

3.2 Possible causes of domestic violence and intrafamily violence

Participants pointed out possible causes for the occurrence and perpetuation of domestic and intrafamily violence, such as gender norms, cisnormativity, monogamy, and inequalities of power, class, and race, understood as structuring and social factors of violence. People working in the groups believe that traditional gender roles can lead men to use violence as a way to assert their masculinity. Such gender norms make relationships especially unequal for women, so that when they try to break out of this subordinate role, violence often arises as retaliation, justified by acts of jealousy and possession.

I see that there are three structuring markers for this violence to occur, which are the issue of gender, cisnormativity, and monogamy. Of gender, because we realize and literature puts this, that man has a formula of masculinity that, to mark his position in the world, he needs to be violent, he needs to subordinate the other. And women have this place of subordination, from which they cannot escape. The moment she leaves, she suffers violence, like in cases of femicide,



when the violence has reached an extreme level. The issue of cisnormativity, heteronormativity, which is to remain within the standard of biological sex, determines gender roles. This causes a lot of suffering for the man himself, who is often in conflict with his own understanding of himself in the world, and one way to deal with this conflict is to practice violence. And the issue of monogamy because the monogamous family structure has a lot to do with the production of some symptoms, such as jealousy, related to possession. When subjects leave this place of possession, there is a violation of this rule. It is as if it authorized men, generally men, often men, mostly men, to commit violence. (P1-F)

In turn, social inequalities, as a form of oppression, can foster the reproduction of violence in the domestic environment. This implies that domestic and intrafamily violence are not merely personal or family dysfunctions, but rather reflections and reproductions of broader social inequities.

For reasons of class, social inequality, racism. All of that. Sometimes people who suffer from various types of oppression reproduce this in their home environment. So, taking the focus away from the individual and the family and bringing it to the social question because then we have all this violence, which in some way will be reproduced. (P3-F)

3.3 Understanding health promotion

The participants approached health promotion from different perspectives, but all emphasized the group as a space for promoting health through connection, embracement, dialogue, and processes of reflection on men's life trajectories and the construction and deconstruction of social norms, especially those related to masculinities, which have historically been harmful to men and the people around them. This reflection also aims to empower men to take responsibility and promote care, both for themselves and for the people who live with them, such as partners, family members, friends, and coworkers.

I understand health promotion as a good meeting, a moment where people can take care of themselves and look at themselves in a different way. When we have the opportunity to promote actions that imply an improvement in life, without violence, or a life where individuals can develop their stories to live well, it is already health promotion [...]. Including the moment when we create a bond with men, have a coffee, talk about the week, there are moments when we laugh, when a welcoming environment is created. (P1-F)

Health promotion means being able to build your own narratives. Being able to look at yourself, leave the mechanic mode, think about your life, about what is not working. Male socialization does not promote health, on the contrary, it promotes men who feel very little, who take little care of themselves. Masculinities kill and harm themselves. Questioning this production of masculinities, which is not natural, not biological, but rather a social construction, is a way of promoting health [...]. The good news is that if it was constructed, it can be deconstructed. (P3-F)

The judiciary sometimes works through fear. And we are promoting health [...], not necessarily biological health, but mental health, making people reflect. (P6-M)



In addition to the participants considering that health promotion involves ethics in relationships, in a process of accountability and self-care, in which women are not exclusively dependent on taking care of their own health or talking about emotions and feelings, there was recognition of men as subjects of rights, considering the Social Determinants of Health (SDH), such as housing, employment, leisure, and physical and emotional well-being.

Health, through social determinants, is not the absence of disease. Health is a person breathing quality air, having access to leisure, a dignified life, water, sidewalks, basic sanitation, and have time for family and for themselves. The reflective group promotes health because it is a space where the subject looks at his life. There are dynamics that we do to think about how we distribute our time: "ah, I work 12 hours, I get home, I have dinner and I sleep". Okay, but when are you a father? When do you do physical activity? When do you have access to a leisure activity? (P2-M)

I think it is the possibility of creating conditions so that one can exercise one's own corporality, not as "I am", but as "what I can be". Men, in groups, are very limited in terms of seeking support, taking care of themselves, instead of just burdening women [...]. And this is where gender-based violence comes into play, because men who take care of themselves take care of women too. (P4-M)

However, due to the government's absence/inefficiency in most of these issues, working with men's groups becomes more complex. This complexity becomes apparent when, for example, due to protective measures aimed at the safety of women and their families, men, without a support network, may face homelessness when forced to leave their homes.

In the group, health promotion is presented in this process of taking responsibility for oneself, taking care of oneself. We propose that they have a support network, talk about emotions with other men, that they not depend on women to have vulnerable spaces or to take care of their own health [...], understanding their role in self-care and in caring for others, which is not only the woman's responsibility, perceiving care as an ethic of relationships, whether in the family environment, at work, in friendships or even in leisure time. In addition to their role as providers, they need to have fun and be involved in culture. Something that comes up a lot is as if the growth of women's rights was the result of a withdrawal of their rights [...], like the removal of the man from the home and this man being left homeless. (P5-F)

I understand health promotion as something comprehensive that encompasses several aspects, such as housing, employment, physical and emotional well-being, and leisure. There are several issues and it is very complex because the State is absent in most of them. It is not absent, it places itself that way. Sometimes, due to protective measures, a man must leave home and may become homeless if he does not have a family member or friend to take him in. We can promote embracement, reflection, all of this will influence the person's health, but if the other issues are not considered, it is very difficult [...]. (P7-F)



3.4 Interdisciplinarity in health promotion and violence prevention practices

Participants highlighted the importance of diversity within the interdisciplinary team to enrich the work in the reflective groups. This diversity goes beyond the sum of knowledge from different professional backgrounds, but includes varied life experiences and identities, such as the social markers of gender, age, and race, so as to integrate and complement perspectives and expand spaces for reflection with men. The presence of both women and men on the team was understood as favorable for the identification processes of male participants with the facilitators, while the presence of women offers a counterpoint, essential for the debate and reflection on masculinities and gender relations.

We have an interdisciplinary team, we have social workers and psychologists. Most are women. And in groups we are usually in pairs [...]. We seek to complement these different perspectives to produce something together with men [...]. Aside from the issue of education, I am a woman, young, white, and I have social markers that often limit my perspective. So, having diversity on the team is very important. Not only of professions, but of lives. I miss having professionals with different backgrounds, different perspectives, to make the space even richer. (P1-F)

I think a good diversity of voices is very important. This includes both interdisciplinarity and issues of gender and race. The more places we have to speak, the richer the debate will be. So, the first thing I think about is having women and men working, a mixed team, because then we will have a process of identification and disidentification through various means, including by gender, which is very strong. There will be an identification with the man, but also the counterpoint of the woman [...]. We are there as subjects talking, I can't undress myself, from being just professional, I'm a woman too. (P3-F)

However, despite the importance of interdisciplinarity, participants recognized the need to expand their teams to better understand and address the complexity of health problems. The willingness to collaborate and learn from other fields was seen as essential to avoid a biased, restricted, or limited perspective, promoting greater sensitivity and recognition of violence as a demand for interdisciplinary work.

The subject is complex, people are complex. It is impossible to believe that one type of knowledge will be able to understand and embrace this complexity. So, thinking about psychology, social work, and even nursing, or any other area, law... It is an action that can better welcome and enable the development of strategies to face life's challenges in a healthy way. Interdisciplinary practice is essential to avoid having a biased, restricted, or limited perspective. I think professionals from different areas lack sensitivity to be able to view this demand as a work demand. (P2-M)

Our group is made up of psychologists and psychology students, but it's something we discuss a lot, how you don't need to be a psychologist to work with reflective groups [...]. I think it would be important to have an interdisciplinary team [...]. Perhaps psychology alone is not enough, and we have to be willing to learn and build on other areas. (P5-F)



The need for an interdisciplinary and networked approach to deal with complex social issues was highlighted by participants, including different audiences and sectors of society, such as activities in schools.

In fact, I don't see much networking within the project [...]. We are trying to structure interdisciplinary violence prevention work with a different audience, a younger audience, in schools, at a different time in the history of violence. We hope that it can be effective enough to prevent violence from happening and being repeated. (P6-M)

3.5 Potential for applying similar actions in health services

The majority of participants believe that it is possible to implement actions to prevent violence with men, in general, in health services, especially in PHC, which plays a crucial role in promoting health and creating spaces for discussion and reflection, stimulating the individual's responsibility for self-care and a more active stance in relation to their own lives.

I think it would make a lot of sense to think about the context of health [...], in a UBS context, this issue of the subject's responsibility for self-care. Precisely to get out of this more passive position and give more autonomy. (P5-F)

Participants also unanimously agreed that these actions, applied in health services, need to be grounded in a critical gender perspective, as the absence of this perspective can perpetuate hegemonic masculinity, reinforcing rigid and harmful patterns. Furthermore, VAW was understood as a problem not only for the men reported, but as a reflection of a violent and sexist society and, more specifically, of an omnipresent experience in the constitution of male identity, whether as perpetrator, witness or through its internalization. Therefore, actions cannot be limited to men caught in the justice system, but must include families and men, especially young men.

[...] it is essential to work with masculinities, with men. It may be that the man does not have a protective measure, but that does not mean that he has not committed some violence throughout his life, has not witnessed or has not constituted himself from violence. Health services have a lot to offer. In Primary Care, where health promotion is located, having spaces for elaboration, for conversations, to think about men's health. But, of course, as long as we take into account the gender issue, otherwise, we perpetuate a hegemonic masculinity, a standard, that man is man, woman is woman. So, with a critical eye on the issue of gender, violence, oppression and the desire to work on this, you already have what is needed. (P1-F)

I believe it would be essential to have spaces and trained professionals to work on gender issues with families and men, especially young men, because you don't address the issue of violence against women only with men who are reported. That's not the point. That's the tip of the iceberg. Society is extremely violent and sexist. Discussing masculinity within the healthcare field, in the community, in different spaces, residents' associations, or any public service,



thinking about the gender issue, with a view to redefining ways of existing as men, demystifying this, is essential to prevent situations of violence. (P2-M)

I understand that this is a health service, not just a legal one. Violence is beyond what justice can capture [...]. So, if there was more access to reflective groups with men, in general, [...] with qualified professionals, it would be promising and would prevent a lot of things [...]. All movements focused on women's health and safety are very important, but the problem is the socialization of men. We are working on the symptom and not looking much at the cause. Talking about masculinity, parenting, health, sexuality, communication, emotions—all of these issues are intertwined with violence and male socialization. (P6-M)

Accordingly, participants considered that a continuous process of investment and training of professionals is necessary, to go beyond informative lectures. Furthermore, participants hope that the project will become a public policy, so that health professionals are trained to work in the primary prevention of violence, and not just in possible reoccurrences. The desire to make the project a public policy represents recognition of its importance and perpetuation, permanently integrating it into the health services network.

It has to be in public policies because it's a health issue to think about masculinity, to think about what harms relationships, what causes violence. [...] moving away from this lecture, informative bias, which is also important, but that's not what we're proposing. A good theoretical project is necessary, otherwise we run the risk of reinforcing prejudiced discourses [...] or being complicit, in the sense of not being able to make any intervention that makes us reflect. It is complex work that requires investment [...], continuous training, supervision [...]. My appeal is that there be several. I think that all men have gone through a socialization that is problematic [...], that needs to be questioned. Just the simple fact of having several men talking about themselves is already something very innovative. (P3-F)

The idea is for the project to become public policy so that people in [health] establishments are trained to facilitate groups. (P7-F)

Finally, participants highlighted the potential of addressing masculinities in different contexts within PHC, such as in smoking and alcohol cessation groups, considering a comprehensive view of health. Thus, participants reinforced the importance of qualified professionals through training that enables critical awareness and a solid theoretical foundation, grounded in the perspective of gender and feminist studies, for example, with a view to a systemic approach.

It's something that's emerging in Brazil, and our concern is that it comes with a gender perspective, with feminist and masculinity studies, and not going to that place of creating good men because that's a recipe for catastrophe. So, for example, thinking about masculinities in a smoking, or alcoholism, prevention group, or within mental health. Empower teams to integrate these tools. This coupling, masculinities and violence, affects many areas, in traffic, in public safety [...]. So, I'm being a bit optimistic, but I want to think that working on masculinities, at some point, can reach that point, like, "look, it's not cool, this affects us as a community." It's the work of ants. And this is the little leaf we carry. (P4-M)



4 Discussion

Domestic violence and intrafamily violence are often understood and used as synonyms, but they essentially differ in terms of who commits the violence and where it occurs. Such theoretical distinctions are presented in the LMP, which defines domestic and family violence against women as an action, based on gender, that causes physical, psychological, moral, patrimonial, or sexual suffering. Domestic violence is understood as that which occurs in a living space, temporary or permanent, between people with or without family ties, while intrafamily violence comprises violent acts between individuals united by blood kinship, affinity or expressed will, whether current or terminated relationships, regardless of whether they share the same space (Brazil, 2006; Risso; Discacciati; Volij, 2023).

Although family bonds provide support and protection among their members, conflicts are also characteristics of family relationships (Jabbari; Rouster, 2023). According to Costa *et al.* (2020), family systems with low levels of functionality are characterized by rigid roles that result in excessive authority and, often, violence. Furthermore, when such constant and repetitive patterns of behavior are internalized within the family nucleus, they can be reproduced and perpetuated across generations. Therefore, the interaction between members and certain contextual characteristics influence the behavior of individuals, as well as the different systemic inter-relational levels in which the cycle of violence is inserted in families (Moré; Krenkel, 2014).

The systemic inter-relational levels involve the microsystemic, the exosystemic, and the macrosystemic systems. The microsystemic represents the roles of each family member and aspects of personal history based on family models, such as conflict resolution through violence. At the exosystemic level are the institutions and social and political structures responsible for responding to, punishing, and confronting situations of violence, which are often unable to prevent impunity and revictimization. Finally, the macrosystemic level feeds back into all the others, as it addresses the set of cultural beliefs and values within society surrounding violence, such as the naturalization of violence, rigid gender norms, male chauvinism, patriarchy, and unequal relations of power, class, and race (Barros *et al.*, 2021; Moreh; Krenkel, 2014).

Historically, women have achieved many successes in various areas of life, which means that their movement, in a certain way, has an impact on men and should disturb



them, encouraging them to rethink their ideas and attitudes. However, according to the “backlash” theory, from feminist studies, as progress is made towards gender equality, violence against women increases as a form of conservative retaliation that aims to maintain the social roles that have been historically and culturally attributed to men and women (Flood; Dragiewicz; Pease, 2021; Dery; Akurugu, 2022). It is no coincidence that violence can be triggered or aggravated when women move away from fixed gender roles and, similarly, when hegemonic masculinity is threatened (Berktas; Eryurt, 2024).

Male authoritarianism, based on the imposition of conduct and rules by the head of the family, determines the obedience of the other members, causing a feeling of possession over others, along the lines of control of the patriarchal system. Such behaviors, often marked by a routine of fights and arguments, tend to be naturalized and reproduced by children/adolescents, demonstrating that the process of constructing masculinity begins in childhood (Silva *et al.*, 2022). The gender perspective highlights that men and women do not hold the same power in couple and family dynamics, so that marital conflicts can result in violent actions against women that sometimes lead to their deaths, such as cases of femicide, with no equivalent for the male public (Caicedo-Roa; Cordeiro, 2024).

The privileged position of power, which to some extent naturalizes the use of violence, makes men resistant to change. They often do not even understand the perverse context in which they live, where they are the ones who kill the most and die the most from violence (Caicedo-Roa; Cordeiro, 2024). Thus, a central issue of prevention is overcoming the vision of “improving” men to actually recognize how gender shapes norms, discourse, subjectivity, and their lives, leading them to critically reflect on their attachments to masculinity and creating possibilities beyond gender (McCook, 2022).

The concept of feedback in Systems Theory allows us to understand that the interaction between members operates in such a way as to maintain the system as it is or, on the contrary, to encourage its change, so that the modification of a variable may be capable of producing a change in the system as a whole (Moré; Krenkel, 2014). Since the macrosystem influences other levels, it is essential that violence prevention and health promotion actions are based on the beliefs and values that ultimately maintain and perpetuate violent acts. Despite investment in curative and individual medical care, it is preventive and health promotion actions that have the potential to change reality beyond the individual level, encompassing the entire social and community environment.



The implementation of reflective processes that question hegemonic masculinity, such as MPV groups, are important spaces for promoting self-care and the care of the people around them. Furthermore, they make it possible to think about different ways of being a man, which dissociate them from violence, considering that masculinity is not innate, but constructed and, therefore, subject to change towards a more just and diverse society for all people, especially those in situations of violence (McCook, 2022).

Health Promotion consists of individual and collective strategies to address health problems and achieve equity and quality of life, considering the SDH in their broadest sense (Buss *et al.*, 2020). Through this comprehensive conception, health begins to be seen not as an individual responsibility, but as dependent on contextual conditions, such as access to food, housing, and income. In other words, it goes beyond the adoption of so-called healthy habits, since intersectoral actions and effective public policies are necessary for these demands on the part of the State (Mationi; Rocha, 2023). In this sense, structural violence stands out, in which the interconnection of forms of violence and oppression is not dissociated from socioeconomic and systemic well-being (Lorenzetti; Walsh, 2020).

A study published in 2020 found that men who practiced VAW more often had poorer life satisfaction and were more likely to report food insecurity (Jewkes *et al.*, 2020). Economic interventions, such as employment opportunities, need to be combined with gender and mental health training to ensure that reductions in household stress are accompanied by improvements in the quality of relationships. Brief interventions, such as donations of baskets of food staples, are believed to be insufficient in terms of changing the broader poverty and global inequality that underpin food insecurity, in addition to generating strong conflict in the role of the provider, since providing for the family gives men cultural validation, as well as control over their partners (Dery; Akurugu, 2022).

In summary, the statements of the participants in this study demonstrated an understanding of health beyond the absence of disease, as they converged with a holistic and multifaceted vision of health promotion. This perspective reinforces the need for systemic approaches, that is, approaches that encompass all SDH. Moreover, due to the complexity of violence, a single response is not sufficient, nor is working only with male perpetrators. Therefore, actions need to be expanded and efforts shared in an interdisciplinary manner.

The progress of science in modern times has resulted in the branching out of knowledge into various specialties, sometimes fragmented and disjointed, to cover



challenging social issues, such as violence (Rissato *et al.* 2024). Nursing, specifically, is one of the first professional categories to have contact with people experiencing violence, yet nursing students and nurses remain unprepared to inquire and, more critically, provide comprehensive care in response to VAW disclosures (Jack *et al.* 2023).

In this sense, the participants of this research highlighted the importance of interdisciplinarity and social markers, such as different backgrounds, ages, races and genders, among the people active in the reflective groups, in order to broaden the discussion and reflection. Mixed facilitation, with both men and women, was also emphasized. In another study, conducted between 2013 and 2015, MPV admitted that they initially had reservations about the presence of a woman in the group, but reported that her absence would make the group one-sided. Furthermore, for most, having only a male facilitator present made the expression of feelings more difficult. Thus, men believed that having groups facilitated by a mixed team allowed for the obtainment of both male and female perspectives and positive interactions between both (Morrison *et al.* 2019).

The people working in the groups in this study believe that similar actions can be applied in health services, as long as they have a theoretical investment in the gender perspective. Gender-neutral approaches are seen as a risk for perpetuating current norms, as they do not generate accountability and critical reflection (Casey *et al.* 2023). In contrast, feminist and gender empowerment approaches are able to establish important insights and, consequently, more equitable relationships, freeing men and women from the destructive impact of hegemonic norms (Berktas; Eryurt, 2024). Likewise, actions that aim to change attitudes through pedagogical instruction can be limiting by neglecting the structural inequalities of VAW (Flood, 2015).

Because it is not a public policy, the groups have faced challenges such as a lack of investment in technical and professional infrastructure, disintegration within the network of services for women and families, and insufficient training for responsible teams (Beiras; Nascimento; Incrocci, 2019). Consequently, despite the importance of expanding actions in health services, the operationalization of public policies aimed at addressing social problems requires investment in awareness-raising and ongoing training for professionals, considering violence as a real work demand that requires multidisciplinary, interdisciplinary knowledge, and coordination with the RAS (Jack *et al.*, 2023; Rissato *et al.* 2024).



The health sector, especially PHC, has the potential to promote prevention actions by identifying elements that predispose to the occurrence of VAW and promoting spaces for dialogue and reflection on this issue, with different audiences, such as in parenting groups, in sex education activities in schools, in adolescent groups and smoking cessation and alcohol use reduction groups, for example (Daoud *et al.* 2022; Sheppard *et al.* 2024). The School Health Program is also an important tool for preventing and combating violence. These spaces for interaction can contribute to establishing a relationship of trust between professionals and users, in identifying cases and developing a support network to overcome violence (Carneiro *et al.* 2022).

5 Final Considerations

The people involved in the reflective groups for men who commit violence demonstrated a broad understanding of the prevention of domestic violence against women and the promotion of family health, from an interdisciplinary perspective. Participants considered domestic violence to be broader, involving shared space between people. Intrafamily violence was cited as that which, regardless of where it occurs, takes place between members of the same family system. However, both definitions are marked by relationships of coexistence, intimacy and affection between individuals who should protect each other, thus highlighting the complexity of situations of violence and their intergenerationalities.

Gender norms, cishnormativity, monogamy, and inequalities of power, class, and race were cited as possible causes for the occurrence and perpetuation of domestic and intrafamily violence. People working in the groups believed that gender roles can lead men to use violence as a way to assert their masculinity and maintain gender norms, hierarchical systems, and power as they are. In turn, social inequalities and the lack of access to SDH, such as housing, employment and leisure, were understood as the basis of structural violence that can favor the perpetuation of violence.

The participants, in their entirety, emphasized the group as a space for promoting health through processes of reflection, accountability and promotion of care, both for the men themselves and for the people who live with them. Additionally, they underscored the importance of the interdisciplinary team and its expansion to enrich health promotion work, including different professional backgrounds and various social markers, such as gender, age, and race. Networking was also highlighted, including different audiences



and sectors of society, such as activities in schools or in smoking and alcoholism cessation groups, for example, considering the comprehensive vision of health.

In this regard, the majority of participants believe that it is possible to implement actions to prevent violence with men, in general, in health services, especially in PHC, which plays a crucial role in promoting health and creating spaces for discussion and reflection, stimulating the individual's responsibility for self-care and a more active stance in relation to their own lives. These actions, implemented in health services, also need to be grounded in a critical gender perspective, since VAW is not just a problem for men who were reported, but a reflection of a violent and sexist society.

Finally, participants hope that the project will become a public policy, so that health professionals are trained to work on violence prevention. Thus, it is believed that the research contributed by highlighting the understanding of people working in reflective groups for men who commit violence regarding the prevention of domestic violence against women and the promotion of family health, allowing the contemplation and proposal of more targeted actions by health professionals in relation to confronting and preventing situations of domestic and intrafamily violence, especially directed at women, and their repercussions for the family context.

The Systems Theory approaches the results by corroborating violence as a phenomenon intertwined in relationships and interactions, which share, at the very least, dual moments, between affects and tensions. Because it presents itself as a relational event, the family goes through and is strongly crossed by violent contexts, which, not infrequently, are absorbed, naturalized and reproduced generationally, as a pattern between generations, based on gender norms. Therefore, the results demonstrate the systemic perspective that violence is not the result of the individual in isolation, but rather of a broad structural, social, and cultural context. Perhaps this is the main challenge in overcoming violence, since resistance to change is not only found in individuals or families, but throughout the social structure.

Among the difficulties and limitations in conducting the research, we can mention the small number of participants and professional categories involved in the reflective groups, which, in a way, validates the challenges cited by the participants, such as the lack of investment in awareness-raising and training for these programs. However, it is important to emphasize that, because this is a qualitative study, the small number of participants allowed for greater depth and richness of information gathered through the interviews. Finally, as recommendations for future studies, we suggest expanding to other



reflective groups throughout Brazil, defining methodological criteria for the application of similar actions in other contexts.

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