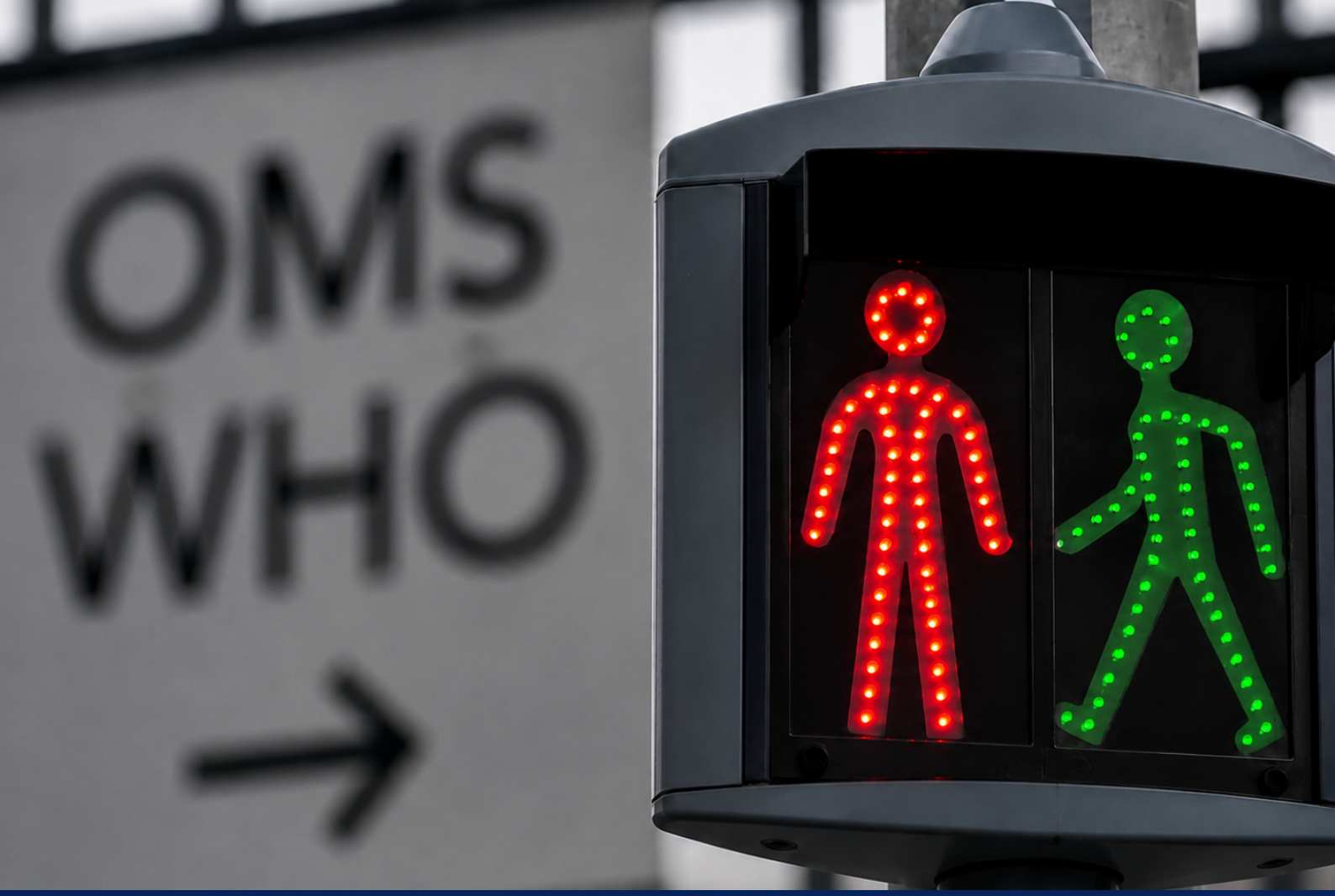

Men's Health and Gun Violence:

A Global and Regional Public Health Analysis

Dean Peacock, Pierrette Kengela, Stephen Hargarten, Olivia Frank, Christopher St. Vil, William Wical, Cristina Neme, Natalia Pollachi, Gary Barker, and Joseph Richardson

Global Coalition for WHO Action on Firearm Violence

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MEN'S HEALTH AND GUN VIOLENCE: A GLOBAL AND REGIONAL PUBLIC HEALTH ANALYSIS

Co-published by

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Global Coalition for WHO Action on Firearm Violence

The protea in our logo symbolises resilience, regeneration, and hope - core principles of a public-health approach to preventing gun violence. Native to South Africa and fire-adaptive, the protea survives cycles of stress and emerges renewed, reflecting prevention, healing, and long-term wellbeing.

CONTENTS

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Executive Summary

Firearm violence is one of the most significant global health crises affecting men and boys, yet it has received relatively limited recognition by those working to advance and strengthen men's health. Men and boys across the world constitute the overwhelming majority of firearm homicide victims and perpetrators and suicide victims, thereby enduring the greatest burdens of firearm-related injury, trauma, and disability. They are disproportionately exposed to armed violence in places marked by inequality, racialised disadvantage and historical injustice. At the same time, men's firearm ownership and use significantly increases violence exposure and injury-risk for women, children and LGBTQI+ people, serving to further amplify existing social power imbalances through the fear and threat of violence. As such it is also directly implicated in violence against women and women's health and well-being.

Despite this gendered pattern, firearms remain almost entirely absent from global and national men's health strategies and most civil-society agendas focused on gender, masculinities and public health. This neglect reflects a broader, multisectoral blind spot: when firearms are excluded in one arena—such as global governance, men's health policy, donor priorities, or research agendas—they tend to be excluded across public health and health care systems.

This paper brings together evidence from public health, gender analysis, commercial determinants of health (the ways corporate actors shape health through products, marketing, lobbying and the social norms they help create), and global health governance to explain both the scale of the problem and the mechanisms that sustain inaction.

It shows how firearm industry marketing, digital platforms and political lobbying actively construct weaponised ideals of manhood, normalise firearm possession and undermine public health, while the World Health Organization's (WHO) decades-long silence has failed to shape global health policy, funding and research priorities.

Drawing on systems thinking, agenda-setting theory and lessons from responses to other health threats, the analysis demonstrates how coordinated action across WHO, national governments, donors and civil society can reverse this pattern and generate a virtuous cycle of attention, investment and prevention. Recognising firearm violence as a core men's health issue—and as a relational, gendered, commercial and structural determinant of harm—is essential to reducing preventable male mortality, strengthening gender equality and building safer, healthier communities.

SECTION I

Introduction

Firearm violence is typically framed as a security, crime or political issue. Yet across the world, it is also one of the most significant and least acknowledged men's global health crises. Men and adolescent boys account for the vast majority of firearm-related deaths, injuries, trauma, disability and incarceration (United Nations Office on Drugs and Crime, 2023). As Henri Myrttinen and Mia Schöb (2022) observe, "the link between men, masculinities and small arms – in particular firearms – is a close, multi-faceted and intimate one (Myrttinen and Schöb, 2022, p.6)." Civilian firearm ownership is overwhelmingly in male hands, and the institutions most associated with firearms—the military, police, private security, gangs, and guerrilla groups—are nearly universally male dominated, particularly in roles that involve handling weapons.

This gendered pattern of firearm violence has dual consequences. Men and boys suffer most of the direct harm in public spaces, particularly in countries with high levels of armed violence. Firearms are also a major driver of men's suicide and men are more likely than women to use a firearm to commit suicide (Killias, 1993; Grassel et al., 2003; Siegel & Rothman, 2016). At the same time, women and girls face heightened risks in private settings: firearms are increasingly used by male partners in femicide, in situations of intimate partner violence, and so-called "honour" killings. A firearm in the home dramatically increases the risk that domestic abuse (by which we mean men's violence against women in the majority of cases) becomes fatal (UN Office of Drugs and Crime & UN Women, 2022). Firearms are thus central both to men's vulnerability in public and to women's vulnerability in private. A gender-responsive men's health framing must therefore also acknowledge from the outset that men's use of firearms has profoundly negative impacts on women and children. Rather than treating armed conflict, organised crime, interpersonal violence, intimate partner violence and suicide as discrete phenomena, a growing body of scholarship argues that they are better understood as manifestations along a continuum of armed violence sustained by overlapping gender norms, political economies, institutions and patterns of firearm availability (Moura & Barker, 2026). This perspective helps explain why the same social and structural forces frequently shape violence in public spaces, within families and against oneself, reinforcing the need for integrated public health responses rather than fragmented interventions.

> **"Firearms are thus central both to men's vulnerability in public and to women's vulnerability in private."**

Despite this clear gendered pattern of harm, firearm violence is rarely recognised as a men's health priority in global or national policy frameworks, creating a striking and consequential global public health and health care gap.

The Global Coalition for WHO Action on Firearm Violence's recent report, Tracking the WHO's Attention to Firearm Violence, 2000–2025, finds that of the more than 3,200 World Health Assembly resolutions, none directly address firearms (Peacock et al., 2025). It also documents steadily decreasing attention to firearm violence in WHO publications over the last fifteen years, despite the prominence given to it in the early 2000s when the WHO's violence and injury prevention team was first established. As a result, firearm violence prevention and care is largely absent from WHO normative guidance, global indicators, health strategies and injury surveillance frameworks.

The Pan American Health Organization (PAHO) exhibits similar gaps. The Health of Adolescents and Youth in the Americas (PAHO, 2019) identifies external injuries as a major source of adolescent mortality—yet offers no firearm-specific recommendations. The PAHO Strategic Plan 2020–2025

(PAHO, 2020) does not list firearm violence as a priority. Most strikingly, Masculinities and Men's Health in the Caribbean (PAHO, 2023) does not mention guns or firearms once.

> **"Of the more than 3,200 World Health Assembly resolutions, none directly address firearms."**
>
> **"Masculinities and Men's Health in the Caribbean does not mention guns or firearms once."**

SECTION II

Understanding Policy Blind Spots and Pathways to System-Level Change

Efforts to strengthen a global focus on men's health, especially regarding firearm violence, are supported by a growing body of public health scholarship that explains how system-wide blind spots emerge and persist across multiple sectors. Systems-governance and global-health research shows that when an issue is excluded by a major agenda-setting institution such as the WHO, its absence is mirrored across national policy frameworks, donor priorities, research agendas, and civil society mobilisation (Kickbusch & Liu, 2022; Wernli et al., 2023). This insight is consistent with classic work on how policy blind spots form and persist: Kingdon's agenda-setting model (1995), Baumgartner and Jones's punctuated equilibrium theory (1993), and Pierson's analysis of positive feedback in political systems (2000) all describe how institutional attention—or inattention—can become self-reinforcing. De Savigny and Adam's systems-thinking framework (2009) further illustrates how small omissions in one part of a system can cascade through others. As demonstrated in the WHO review, the absence of firearm injury and violence in one domain increases the likelihood that it will be absent in others (Peacock et al., 2025). Understanding this dynamic is central to understanding why firearm violence, despite being one of the leading causes of premature and preventable male mortality, has remained largely invisible in the global men's health policy architecture.

A particularly relevant framework for understanding this mutual reinforcement comes from the CDOH literature. CDOH research shows how harmful industries shape health outcomes, not only through their products but by influencing multiple interconnected systems at once: science, regulation, digital platforms, public narratives, and political institutions (Lacy-Nichols et al., 2022; McHardy, 2021). Lacy-Nichols et al.'s Public Health Playbook (2022) documents how industries cultivate policy blind spots by shaping norms, evidence, and narratives, while Freudenberg's Lethal but Legal (2014) shows how corporate actors create reinforcing loops of harm and policy inertia. These dynamics parallel Rogers's diffusion-of-innovation model (2003), which explains how ideas spread—or fail to spread—within complex systems, and Dolowitz and Marsh's work (2000) on policy transfer, which shows how institutional omissions can travel across borders. The mechanisms employed, like gender-exploitative marketing, political lobbying, digital targeting of young men, and the normalisation of weapons as markers of identity and empowerment, make up a "corporate playbook" that both creates structural barriers to effective health action and amplifies firearm-related harms (Antonakis & Peacock, 2024). Placing firearms within this CDOH framework not only strengthens the men's health argument; it provides a conceptual pathway for overcoming a long-standing governance blind spot by activating the same cross-sector mechanisms that have been effective in other areas of public health such as tobacco control or alcohol harm reduction.

SECTION III

A Global Picture: Men and Boys, Gender and Firearm Violence

Across the world, men constitute roughly 81% of victims and 90% of perpetrators of homicide, according to the UNODC Global Study on Homicide (UNODC, 2019, 2023). Civilian gun violence claims an estimated 600 lives every day around the world, with countless more suffering debilitating injuries that greatly reduce their quality of life. Although homicides make up most global civilian gun-related deaths at approximately 71%, unintentional firearm discharges and self-harm are also substantial causes of mortality attributable to gun violence. This burden disproportionately affects males and young people, and just six countries—Brazil, Colombia, India, Mexico, the USA, and Venezuela—account for two-thirds of global gun deaths (Degli Esposti et al., 2024). Firearms are a predominant mechanism of these deaths. In many countries, firearm homicide is a leading cause of premature mortality among men aged 15–44. These outcomes of all firearm-related harms generate profound long-term health consequences. Survivors frequently live with chronic pain, disability, reduced mobility and repeated medical interventions (Baker et al., 2024). Exposure to shootings contributes to PTSD, depression, anxiety, substance use and suicidality (Richardson et al., 2020; Abba-Aji et al., 2024).

> **"Civilian gun violence claims an estimated 600 lives every day around the world."**

Exposure to firearm violence inflicts psychological harm on children and adolescents, regardless of whether they are direct victims or witnesses to firearm violence, and can result in developmental issues and anxiety disorders (Semenza & Kravitz-Wirtz, 2025). Adolescents affected by firearm violence are most often young men and repeated exposure can shape their perception of firearms, equating them with manhood, power, and security (Garbarino et al., 2002).

Racialised inequalities in men's experience of firearm violence across regions

Firearm injury and violence disproportionately affects men from racialised and marginalised communities. Across Brazil, Colombia and Mexico, young Afro-descendant and Indigenous men living in socioeconomically disadvantaged neighbourhoods bear the heaviest burden of firearm violence (Dare et al., 2019). Recent epidemiological analysis in the Lancet Regional Health – Americas shows that young Afro-Caribbean men account for the overwhelming majority of firearm homicide victims in the Caribbean, with firearms involved in more than 70–90% of homicides in several countries and firearm homicide constituting a leading cause of death for young men in the region (Sobers et al., 2025). In the United States, Black and Native American men face firearm homicide rates many times higher than White men (Rees et al., 2022), and research by Cherrell Green shows that Black male firearm survivors in the United States often describe hospital settings as sites of suspicion, policing and racialised surveillance rather than healing (Green, 2024). Communities that experience increased rates of firearm violence also experience weakened social cohesion, decreased employability, business disinvestment and impaired educational outcomes. These dovetailing harms illustrate that firearm violence is not only lethal for men but also perpetuates a vicious bi-directional cycle between intergenerational violence exposure, socioeconomic instability, and poor mental and physical health outcomes.

Complementary research from the Small Arms Survey and the Caribbean Community Implementation Agency for Crime and Security (CARICOM IMPACS) confirms how living in structurally disadvantaged urban communities increases the risk of firearm injury and violence exposure for young men of colour (Fabre et al., 2023). In South Africa, young Black men face extremely high risks of firearm victimisation shaped by spatial inequality, unemployment and the enduring legacies of apartheid (Matzopoulos et al., 2023). Firearm harm is therefore profoundly intersectional: patterns of race, class, gender, age and

geography determine which men are most exposed to firearm violence and whose victimisation is least visible in policy and public-health responses.

Regional Patterns: The Americas as a Global Epicentre

The Americas stand out as the global epicentre of firearm harm. More than 60% of global firearm deaths among children and adolescents occur in this region; adolescent boys experience firearm mortality rates up to 12 times higher than girls (Cullen et al., 2024). Degli Esposti et al. (2024) show that youth firearm mortality remained persistently high from 2015–2022. In Brazil, men represent 94% of firearm homicide victims, with firearms used in around 75% of male homicides—rising to over 80% among homicides of young men aged 15–29. Black men account for 80% of male victims of firearm homicide, with a rate three times higher than that of non-Black men. Exposure to other forms of armed violence is also captured by the health system, which records more than 4,600 cases per year of non-fatal firearm-related injuries among males, 47% of whom are children and adolescents. (Instituto Sou da Paz, 2023;2025). These patterns reflect the combined impact of gender norms, commercial determinants, inequality, racialised disadvantage, alcohol harm and widespread access to lethal weapons.

Firearms and Increased Risk for Suicide, Especially Amongst Men

Firearms are also a major driver of men's suicide. Studies from across the world have for many years demonstrated a strong association between firearm ownership and access and increased risk of suicide (Killias, 1993; Grassel et al., 2003; Siegel & Rothman, 2016). Across settings with high rates of firearm ownership, firearms are consistently among the leading mechanisms of male suicide (Statistics Canada, 2023; Klieve et al., 2009; Cafferky et al., 2022; Bozzoli et al., 2011; WHO, 2021). In 2023 in the US, 58% of firearm deaths were suicides and nearly 60% were amongst men (Kim et al., 2025).

Firearm suicide attempts are far more likely to result in death than other forms of attempted suicide. Conner et al. found that only 8.5% of attempted suicides resulted in death when a firearm was not used, compared to 90% of attempted suicides with firearms (Conner et al., 2019). Firearm suicides have a case fatality rate of approximately 85–95%, compared with far lower lethality for overdoses of between 1% and 3% (Anglemyer et al., 2014; Conner et al., 2019). Further, Studdert and colleagues showed that firearm ownership is associated with a seven- to eight-fold increase in men's firearm suicide risk (Studdert et al., 2020).

> **"Only 8.5% of attempted suicides resulted in death when a firearm was not used, compared with 90% of attempted suicides with firearms."**

Suicidality and suicide attempts are often impulsive and occur in moments of extreme crisis; the vast majority of those who attempt suicide never attempt suicide again, and die of natural causes (Hawton et al., 2003; Florentine & Crane, 2010). Reducing access to firearms even for small periods of time creates an important opportunity for people to reconsider, change their minds, and seek help (Stroebe, 2023). In Switzerland, studies have shown that changes in the number of men in military service and subsequent decreased rate of firearm possession led to a 9% reduction in male suicides (Balestra, 2018). Similar findings were reported after the Israeli Defence Force decreased access to firearms amongst recruits over the weekend (Lubin et al., 2010).

Men's Firearm Use and the Gendered Harms to Women, Children and LGBTQI+ People

Although men and boys bear the highest rates of firearm homicide and suicide, men's firearm use—and the gendered and commercial determinants shaping it—profoundly harm the mental and physical health and safety of women, children and LGBTQI+ communities. Together, these harms reveal firearms as a central mechanism through which patriarchal power, militarisation and commercial exploitation intersect.

Firearms dramatically increase the lethality of intimate partner violence. Firearms are a leading mechanism of femicide worldwide and heighten coercive control, fear and entrapment within abusive relationships (UNODC, 2024; Garcia-Moreno et al., 2012). Research by the Women's International League for Peace and Freedom (WILPF) and the Gender Equality Network for Small Arms Control (GENSAC) across Afghanistan, Cameroon, the Democratic Republic of the Congo (DRC), Colombia and Zimbabwe show that men's access to firearms—via armed groups, militias, gangs or private

security—reinforces patriarchal authority, enabling intimidation, threats and lethal outcomes (Hashim, 2021; Feugap et al., 2022; LIMPAL Colombia, 2022; Madzimure, 2022).

Firearms also profoundly shape children's safety and wellbeing. In the US, Mexico and Brazil, they are the leading cause of death for children and adolescents (Goldstick et al., 2022; Degli Esposti et al., 2023; Castilla Peón, 2023). Children experience pervasive psychological harms when firearms are used in the home or community as tools of violence, intimidation or punishment. Boys in militarised or high-violence settings often internalise firearms as symbols of adulthood and male status, while girls face increased fear, reduced autonomy and the trauma of witnessing firearm-enabled violence (Myrttinen & Schöb, 2022).

The intersections of misogyny, homophobia and transphobia drive violence exposure among LGBTQI+ communities worldwide, the consequences of which are amplified when firearms are involved. Firearm-enabled harassment, hate crimes and lethal attacks disproportionately affect trans women and queer men, particularly in contexts where militarised masculinity and heteronormativity are enforced (Everytown, 2022; Myrttinen & Schöb, 2022).

Together, these patterns highlight firearms not only as a major cause of premature male mortality but also as central tools through which patriarchal and commercially shaped gender orders produce cascading harms across families and communities.

Long-term economic effects of firearm violence on local communities:

Communities affected by firearm violence lose social cohesion, as fear and repeated exposure to shootings erode trust among residents and weaken everyday communal ties (Abba-Aji et al., 2024). Firearm violence reduces employability and labour-force participation, with perpetrators and survivors experiencing lower rates of return to work and long-term mental and physical health limitations (Giraldi et al., 2025). Businesses withdraw from high-violence neighbourhoods, accelerating economic decline and shrinking job opportunities. Schools in these areas struggle with disrupted learning and reduced academic performance, as chronic stress, trauma and instability undermine educational engagement (Cook & Ludwig, 2022).

Firearm violence also imposes substantial economic costs. A modelling study estimated that firearm-related fatalities will reduce cumulative GDP across the 36 OECD countries by US$239 billion between 2018 and 2030, with almost half of these losses attributable to firearm suicide and a similar proportion to interpersonal violence. Because men account for the overwhelming majority of both firearm homicide and suicide deaths, these macroeconomic losses largely reflect the premature mortality of men in their most economically productive years. The greatest relative losses are projected for Mexico and the United States (Peters et al., 2020). Together, these effects show that firearm violence actively produces chronic, intergenerational harms, damaging physical and mental health, undermining socioeconomic prosperity, and reshaping the social fabric of communities long after acts of violence have occurred.

South Africa: A Stark Illustration

South Africa exemplifies the convergence of structural inequality, apartheid legacies, high firearm availability and gendered violence. In 2017, the country recorded 19,477 homicides, 87% of which were male, with the age-standardised male homicide rate more than six times the global average (Matzopoulos et al., 2023; UNODC, 2019). South Africa's male firearm violence-driven homicide epidemic, one of the highest in the world, has, as Matzopoulos et al. argue, been largely "hidden in plain sight," attracting limited policy attention despite its overwhelming contribution to premature male mortality (Matzopoulos et al., 2023; Matzopoulos et al., 2024). Male firearm homicide rates exceed 100 per 100,000 for young men in several provinces, placing South Africa among a small number of global hotspots where male firearm vulnerability is acutely concentrated (Roomaney et al., 2023).

> **"South Africa's male firearm homicide epidemic - one of the highest in the world - has been largely 'hidden in plain sight.'"**

Men's firearm use simultaneously produces severe harms for South African women and children. Firearms are now the most common mechanism used in women's homicides nationally, reversing nearly two decades of decline following the early implementation of the Firearms Control Act (Abrahams et al.,

2024a; 2024b). National survey data indicate that 4.9% of women—approximately 1.08 million—have been threatened with or harmed by a weapon, most often a firearm (Zungu et al., 2024).

Firearm violence also carries substantial economic consequences in South Africa. Penetrating firearm wounds are among the most resource-intensive trauma categories in the public health system, with the majority of patients requiring prolonged inpatient care, surgical intervention, rehabilitation and follow-up (Matzopoulos et al., 2014; Allard et al., 2020). Firearm-related death and disability reduce labour-force participation and earnings, while high levels of firearm violence accelerate business disinvestment, raise security costs and undermine local economic development (Shaw, 2021).

Schools in high-violence communities experience absenteeism, impaired concentration, and disrupted learning, entrenching cycles of inequality and poverty (Mncube & Madikizela-Madiya, 2014).

In South Africa, these harms are magnified by police corruption and enforcement failures, including multiple forms of diversion of police firearms into gang networks—particularly on the Cape Flats—contributing to surges in firearm homicide (Shaw, 2021; GITOC, 2021).

Taken together, this evidence from South Africa illustrates that firearm violence is simultaneously a men's health crisis and a gendered, intergenerational public-health emergency. These patterns—rooted in the spatial segregation, trauma, and sustained structural inequality that are the legacy of apartheid, coercive uses of firearms in domestic settings, weak enforcement and longstanding oversight failures—demonstrate the urgent need for strengthened firearm regulation, and firearm violence prevention and care as part of South Africa's broader health and violence-prevention agenda.

These patterns raise an important question. Why do firearms hold such powerful appeal for so many men despite overwhelming evidence that they increase men's risks of homicide, suicide and injury while simultaneously endangering women, children and communities? Answering this question requires moving beyond epidemiological patterns alone to examine the social, political and commercial processes through which men's relationships with firearms are constructed, reinforced and sustained.

Broadening Masculinities Frameworks: Understanding Men's Relationship with Firearms through Social, Political and Commercial Determinants

Within gendered and feminist analyses of firearm violence, men, masculinities and gender norms have provided the dominant framework for understanding firearm demand and use amongst men. This body of scholarship has generated important insights into the ways that ideas about manhood shape men's relationships with firearms. At the same time, broadening these frameworks to incorporate social, political and commercial determinants offers a more complete understanding of why firearms remain so deeply embedded in many men's lives and identities.

This gender-focused analysis is not misplaced. Civilian, security sector and military firearm ownership, use and misuse are overwhelmingly concentrated amongst men, and substantial evidence demonstrates that firearms are closely associated with socially constructed ideas about manhood, power, protection and status. Recent research examining firearm demand in the Western Balkans identified cultural ideas about manhood as one of the strongest drivers of firearm ownership and highlighted digital media as an increasingly important influence shaping those norms (Muggah, 2025). Experimental studies similarly demonstrate that men whose masculinity feels threatened express more positive attitudes towards firearms, are more receptive to hypermasculine firearm advertising, and are more likely to support political positions associated with toughness, strength and aggression, particularly when they already endorse traditional masculine norms (Koch et al., 2017; Parent & Cooper, 2020; DiMuccio & Knowles, 2021).

However, much of this literature pays insufficient attention to how firearm ownership and particular ideas of manhood have become so closely intertwined. These norms do not simply emerge organically. They are actively produced, amplified and exploited by firearms manufacturers, advertising agencies, digital platforms, entertainment industries and lobbying organisations whose commercial and political interests depend on cultivating fear, grievance, hyper-individualism and armed forms of masculinity (Busse, 2021; Lacombe, 2021; Lacy-Nichols et al., 2022). These commercially engineered narratives help normalise firearm ownership and contribute to the disproportionately high rates of firearm ownership, homicide, injury and suicide experienced by men.

Recognising the commercial production of firearm demand fundamentally changes the kinds of interventions required to reduce firearm violence amongst men. If firearm ownership and use are actively shaped through commercial messaging, digital media and entertainment, then public health responses cannot be limited to changing men's attitudes and behaviours. They must also reshape the commercial environments that manufacture and reinforce those attitudes.

This logic is now well established in public health. Governments routinely regulate the marketing of tobacco, alcohol, breast-milk substitutes and unhealthy foods because extensive evidence demonstrates that commercial promotion influences consumption, particularly amongst children and adolescents (WHO, 2003; WHO, 2010; Kickbusch et al., 2016; WHO, 2023). Increasingly, governments are extending this approach to digital environments, recognising that algorithmic recommendation systems, targeted advertising, influencer marketing and immersive entertainment shape health behaviours and social norms (Bradford, 2020; WHO, 2023). There is therefore no compelling public health reason why firearms—products explicitly designed to inflict lethal injury—should remain largely exempt from comparable forms of regulatory oversight.

The commercial marketing of firearms has evolved far beyond traditional advertising. Contemporary campaigns increasingly operate through sophisticated digital ecosystems that include product placement in films, television and video games, social media influencers ("gunfluencers"), targeted advertising, sponsorships, lifestyle branding and algorithmically curated online content (Drenten et al., 2023; Schöb & Myrttinen, 2022; Peacock, 2024). Rather than simply promoting products, these campaigns frequently associate firearm ownership with masculinity, protection, independence, status, belonging and personal identity while disproportionately reaching boys and young men during critical periods of identity formation. Congressional investigations in the United States found that firearm manufacturers deliberately marketed assault-style weapons by exploiting young men's insecurities about masculinity and social status, presenting firearms as ways to become "more of a man" and linking weapon ownership to strength, dominance and belonging (U.S. House Committee on Oversight and Reform, 2022). Research by Sandy Hook Promise (2025) similarly demonstrates that boys are routinely exposed to firearm-related content through gaming platforms and social media, with more than half of boys aged 10–17 encountering such content every week. These commercial strategies actively create demand for firearms and reinforce harmful gender norms, particularly amongst adolescent boys and young men.

> **“Firearm manufacturers deliberately marketed assault-style weapons by exploiting young men’s insecurities about masculinity and social status.”**

The regulatory challenge has become considerably more complex as firearm marketing has migrated into digital environments. Promotional content is increasingly embedded within entertainment, lifestyle narratives and peer-to-peer communication rather than appearing as clearly identifiable advertising. Firearm marketing now occurs through social media platforms, influencer networks, gaming environments and algorithmically curated content streams, blurring the boundaries between entertainment, political messaging and commercial promotion (Drenten et al., 2023). Recommendation algorithms routinely direct users who engage with firearm-related content towards progressively more specialised and sometimes more extreme material, while influencer marketing exploits regulatory loopholes by presenting commercial promotion as authentic peer-to-peer advice rather than paid advertising (Antoniou, 2023; Ledwich & Zaitsev, 2020). Because much of this promotion occurs through influencer content, product placement or gaming environments, conventional advertising regulations often fail to capture the full scope of contemporary firearm marketing.

Recognising these changes, governments have begun developing new regulatory approaches for digital platforms alongside more traditional advertising controls. Numerous countries now restrict advertising that relies on harmful gender stereotypes, while many others regulate influencer marketing, covert advertising and digital marketing directed at children and adolescents. In Europe alone, countries including the United Kingdom, France, Spain, Sweden and others have adopted measures limiting harmful gender stereotyping in advertising.

More recently, the European Union's Digital Services Act has required very large online platforms to identify and mitigate systemic risks associated with targeted advertising, recommendation algorithms and harms to children, while the proposed Digital Fairness Act would further strengthen regulation of

influencer marketing, dark patterns and manipulative digital advertising practices (Advertising Standards Authority, 2019; European Commission, 2022; Chance, 2025; Gurrieri & Hoffman, 2019).

Similar approaches have emerged outside Europe, including restrictions on discriminatory advertising in Mexico and Argentina and stronger online safety legislation in Australia and the United Kingdom. These developments reflect a shared understanding that advertising does not merely promote products; it also contributes to the construction of social norms. Governments therefore have both the authority and the responsibility to intervene when commercial messaging reinforces discrimination, violence and other forms of social harm. Firearms should be treated no differently (Antonakis & Peacock, 2024).

SECTION IV

National Men's Health Strategies and firearm violence— A Global Gap and Opportunity

A comprehensive public health response must therefore operate at multiple levels simultaneously: supporting men to adopt healthier and more equitable identities while also regulating harmful commercial practices, strengthening social protection, reducing inequality and insecurity, and creating communities in which firearms are less necessary, less desirable and less heavily promoted. It must also recognise that many men who perpetrate firearm violence have themselves experienced repeated trauma, victimisation and exposure to violence. Addressing those experiences is not an alternative to accountability but an essential component of interrupting intergenerational cycles of armed violence, improving men's health outcomes and preventing future violence (Moura & Barker, 2026).

National Men's Health Strategies and firearm violence— A Global Gap and Opportunity

Despite a growing body of evidence indicating that men's health outcomes are on average worse than women's, relatively little attention has been paid to addressing this gender disparity the consequences of which negatively affect men, women, children and public health more generally. Over the last decade, multiple reports in The Lancet affirm Morna Cornell's recent assertion that "men's health has largely been ignored by international health agencies, funders and national programmes" (Hawkes and Buse, 2013; The Lancet Global Health, 2020), a situation Cornell describes as "systematic neglect" (Cornell, 2025).

> **"None of the national men's health strategies identified to date include firearm violence, firearm injury or firearm suicide as priority health concerns."**

According to Global Action on Men's Health, which maintains the only systematic global inventory of national men's health policies, only nine countries have formally adopted national or partial men's health strategies, including Australia, Brazil, Ireland, England, South Africa, Malaysia, Mongolia, the Philippines and Iran (Global Action on Men's Health, 2024). Canada is expected to launch its men's health plan in late 2026.

The quality and coverage of these plans vary substantially. Some, like Australia's National Men's Health Strategy 2020–2030 and Ireland's National Men's Health Action Plan 2024–2028, offer comprehensive, multi-sectoral approaches. Others, such as Malaysia's and Iran's frameworks, focus more narrowly on reproductive health, mental health or chronic disease. South Africa's National Integrated Men's Health Strategy 2020–2025 represents one of the more ambitious examples in the Global South, aiming to strengthen men's engagement with the health system across the life course.

SECTION V

State-Level Men's Wellbeing Initiatives in the US: Persistent Blind Spots on Firearm Violence

This absence underscores the broader structural blind spot in men's health programming, where the leading external cause of premature male mortality in many countries remains largely unrecognised in policy. It is also a critical missed opportunity: integrating firearm injury prevention into national men's health strategies would align policies more closely with epidemiological reality and provide a pragmatic, high-impact pathway for both reducing male mortality and improving the safety of all communities' members more broadly.

State-Level Men's Wellbeing Initiatives in the US: Persistent Blind Spots on Firearm Violence

In the US, state-level initiatives focused on men's wellbeing are a recent and relatively rare development, emerging only sporadically since the mid-2000s. Maryland was an early mover, establishing a men's health commission in the mid-2000s and re-establishing it in 2025, while California and Michigan entered the field only in 2025, through executive actions rooted in concerns about male mental health, education, and workforce participation.

SECTION VI

Why This Gap Matters

Taken together, these cases show that even as US states begin to recognise men and boys as a distinct health policy constituency, men's disproportionate exposure to firearm violence remains structurally invisible, as does the utility of bringing a masculinities lens to solutions. This mirrors the global pattern identified in the WHO-ACTION research report: institutions readily frame men's wellbeing through chronic disease, mental health, or economic participation but rarely through the lens of external causes of death such as shootings, community violence, and firearm suicide—despite their central role in male injury and mortality patterns (Peacock et al., 2025). The absence of firearm-specific attention in these state initiatives therefore signals a broader policy gap: emerging men's health frameworks risk reproducing the same blind spots seen at WHO level, engaging with men's crises while overlooking the most lethal and preventable risks they face.

> **"In many countries, firearm injury kills more young men than heart disease, cancer, or infectious disease."**

Why This Gap Matters

The absence of firearm violence from national men's health strategies reveals a gap between the harms men face most and the issues that local and global health institutions, governments, and civil society prioritise. Most men's health plans focus on chronic disease, sexual health, and mental wellbeing, yet, in many countries, firearm injury kills more young men than heart disease, cancer, or infectious disease. Excluding firearm violence from these strategies means missing a critical chance to address one of the leading and most preventable causes of early male death.

Including firearm injury prevention in men's health plans would not require major new systems or expensive programmes. It would mean building on work countries are already doing—strengthening trauma care, supporting mental health services, promoting safe storage, improving data collection, working with families and communities to reduce harm and understanding how economic precarity, identity and perceived lack of purpose and safe spaces, among other factors, are part of young men's socialisation into firearm use and socialisation in groups that promote armed violence. Because the evidence on what works in firearm injury prevention is strong, even modest efforts in these areas could make a meaningful difference in saving lives.

This gap also echoes a wider trend in global health: firearm injury and violence are rarely recognised as health issues, even though their impacts are felt daily in clinical and community settings around the world. The absence of firearms from national men's health policies mirrors the limited attention they have received from the WHO in recent years. However, this also creates an opening. As countries revisit their strategies and the WHO considers how to respond to new global health challenges, there is a real opportunity to bring firearm injury prevention to the centre of conversations about men's health, equity, and safety.

Public health institutions, civil society groups and researchers all have a role to play in helping governments take this step. National men's health strategies offer a ready-made platform for action and linking firearm injury prevention to existing work on gender, trauma care, substance use harm, health equity, and mental health can help build momentum. The more visible the issue becomes across different parts of the health system, the more likely it is that countries will recognise firearm violence as a preventable public health problem that deserves sustained, coordinated action.

SECTION VII

The Role of Global and Regional NGOs in Shaping the Men's Health and Masculinities Field

Over the past three decades, a vibrant ecosystem of global and regional organisations has reshaped how policymakers, donors and multilateral institutions understand men, masculinities and gender equality. Influenced by the International Conference on Population and Development (ICPD), the Beijing Platform for Action, and the Women, Peace and Security agenda, these groups have made substantial contributions to reducing intimate partner violence, advancing sexual and reproductive health and rights, strengthening men's caregiving roles, and exposing the structural foundations of patriarchy, militarism and inequality. Their research and advocacy has helped shift global discourse, influence UN frameworks, and shape national strategies.

At the same time, a review of their publications and websites indicates that firearm violence has largely remained peripheral within this field. Even in contexts where firearms are central to male homicide, suicide, femicide and community trauma, firearms are often subsumed under broader categories such as "violence," "militarisation" or "urban insecurity," rather than addressed as a distinct, preventable and regulated determinant of health. This pattern reflects the way global health and gender agendas are shaped by institutional priorities, funding streams and normative guidance.

When the WHO (and leadership in the global public health field) is silent—or largely silent—on an issue, that silence sets a tone. It shapes what is seen as legitimate within global health, what civil society organisations frame as core concerns, what donors prioritise, what researchers study and what appears in national strategies. WHO's limited engagement with firearms has therefore had ripple effects across the men's health and masculinities field. The relative absence of firearm injury from organisational agendas both reflects and reinforces this wider institutional blind spot. Conversely, clear WHO leadership on firearm violence as a men's health issue would signal its relevance, legitimise its inclusion in national and civil-society strategies, and catalyse a broader evolution in how gender-transformative work addresses the most lethal and preventable risks facing men and boys.

> **"When the WHO is silent - or largely silent - on an issue, that silence sets a tone."**

SECTION VIII

Illustrative Policies, Interventions and Services Across the Continuum: From First Response to Community Prevention

The analysis presented throughout this paper has shown that attention to the connections between men's health and firearm violence is missing at every level. Global health agencies do not treat firearm injury as a core men's health issue; national men's health strategies consistently omit firearm homicide, suicide, and accidental injury; leading research centres and advocacy organisations working with men and boys rarely address firearm violence; and international arms-control mechanisms have only recently begun to acknowledge gender norms, without considering men's specific vulnerabilities or health-system roles in prevention. Given the clearly documented aforementioned epidemiological patterns, this absence represents a major blind spot and a significant global health and gender-equality gap.

The paper now turns to the question of what meaningful attention to men's health and firearm violence could look like in practice. The following section outlines illustrative policies, interventions and health-system services operating across the full continuum—from first response and trauma care, through hospital-based and community-based violence intervention, to upstream structural action. These examples draw on emerging practice in the Caribbean, Brazil, the US, Southern Africa and global violence-prevention networks.

1. Regional Public-Health Leadership: Lessons from the Caribbean

Commensurate with its distinction as one of the regions with the highest levels of firearm violence, the Caribbean provides one of the clearest examples of contemporary regional public-health leadership on firearm violence. Building on earlier epidemiological insights summarised in this report, the recent Pathway to Policy initiative—led by the Caribbean Public Health Agency (CARPHA), CARICOM IMPACS, the Small Arms Survey and the University of the West Indies—establishes a multi-sectoral governance framework connecting public health, policing, forensic medicine, border control and social services (CARPHA et al., 2025). This partnership emphasises:

- Regional injury surveillance disaggregated by sex and age, illuminating men's disproportionate exposure to firearm-related harms.
- Structured inter-agency collaboration between health ministries, forensic laboratories, police and border management agencies.
- Explicit public-health mandates for firearm policy engagement, treating firearm violence as a development, health and governance issue.

As a model, the Caribbean approach shows how public health and health care institutions, in collaboration with other sectors of civil society and governments, can inform and shape firearm policy and prevention strategies, rather than being confined to treating their consequences.

2. Lessons from Brazil: Integrating Trauma Systems, Public Health and Regulatory Advocacy

Brazil offers a second major example of a health-sector-engaged response. Its public system (SUS) includes:

- Trauma and emergency-care networks (SAMU) that systematically document firearm injuries in ways directly useful for prevention planning (Ribeiro et al., 2017).
- Community-based mental-health services (CAPS) that support young men and families affected by firearm violence.

- Cross-sector partnerships linking health institutions with prosecutors, police oversight bodies and forensic examiners to track firearm diversion, femicide and structural risks (Protti et al., 2024).
- Civil-society collaboration through organisations such as Instituto Sou da Paz, which analyse firearm trends and advocate for licensing, storage and enforcement reforms.
- A longstanding National Men's Health Program, which creates an intersectoral approach to looking at men's health, including violence reduction.

Brazil's experience shows how health systems can underpin coordinated firearm-prevention strategies: by providing data, improving trauma care, supporting mental health services and strengthening regulatory advocacy. It also shows that a health system can include a lens on how masculinities as part of a broader social determinants of health approach can be incorporated at scale in a public health system.

3. First Response and Emergency Care: Entry Point for Engaging High-Risk Men

For many high-risk young men, trauma care represents the first point of contact with the health system. The WHO emphasises strengthening emergency care systems as part of violence prevention strategies (WHO, 2014). Effective first-response interventions include:

- Pre-hospital risk documentation capturing suspected firearm access, prior exposure to violence and mentalhealth indicators.
- Emergency-department screening for acute retaliation risk, alcohol-related harms and intimate-partner violence, and screening for other undiagnosed ailments common to men.
- Automatic referral protocols that direct male patients with violence-related injuries towards hospital-based violence-intervention programmes (Mueller et al., 2023).

These steps position emergency care as a gateway for engaging men in long-term violence-prevention and sustained health system support.

4. Hospital-Based Violence Intervention Programmes (HVIPs)

HVIPs are among the strongest evidence-informed interventions to address the risk factors for repeat violent injury (Cooper et al., 2000, 2006; Richardson et al., 2016) and retaliation among violently injured young men. Core components include:

- Bedside engagement by credible messengers, trained intervention specialists with lived experience (Wical, Richardson, & Bullock, 2020).
- Comprehensive needs assessment, including mental health, firearm access, family safety, and exposure to group-related conflict (Mueller et al., 2023).
- Structured psychosocial support and navigation extending months beyond hospital discharge.
- Linkages to community violence-intervention (CVI) programmes, substance-use treatment, legal services, and educational and employment pathways.

Practice guidelines issued by the Eastern Association for the Surgery of Trauma (2024) show HVIPs can be adapted across diverse trauma settings. Cost-effectiveness analyses demonstrate nominal investment yields reductions in reinjury and improved outcomes (Everytown for Gun Safety Support Fund & HAVI, 2024). However, systematic reviews and studies on the effectiveness of HVIPs have produced mixed results (Webster, Richardson, Meyerson, St. Vil, & Topazian, 2022; Jay et al., 2026). Currently, the US has over 60 HVIPs; however, these programmes have not been adopted by other countries facing high rates of firearm violence.

Moreover, several U.S. states now reimburse HVIP and CVI services through public healthcare financing mechanisms, offering a blueprint for financing prevention within national health systems (Everytown & HAVI, 2024).

5. Post-Discharge Navigation and Long-Term Case Management

Evidence shows that the months following discharge from trauma care are a time of heightened risk for re-injury and suicide among men. Effective models include:

- Home visits and accompaniment for court dates, clinical follow-up and mediation efforts.
- Economic stabilisation via support for employment, education and housing (Wical et al., 2025).

- Trauma-informed mental health services, including counselling and peer support, recognising the links between unaddressed trauma and cycles of armed violence (Corburn et al., 2022).

6. Community Violence Intervention (CVI) with High-Risk Men

CVI programmes work with small cohorts of men identified as being at the highest risk for future firearm violence exposure, perpetration and/or victimisation. Advance Peace, Roca, CURE Model, Chicago CRED and READI Chicago are some of the best documented models. Key features include:

- Intensive mentorship and daily contact over 18–24 months.
- Credible messengers whose lived expertise builds trust and models non-violent identity shifts.
- Healing-centred engagement, including trauma processing, grief support and behavioural change (Corburn & Fukutome-Lopez, 2020; Corburn et al., 2022).
- Material supports such as stipends, transport assistance, legal aid and transitional employment (Gao et al., 2025).

CVI programmes can be integrated into public health and men's health strategies, treating firearm violence as a preventable public health problem, rather than one that necessitates reactive response by law enforcement and criminal justice systems.

7. Health-System Leadership and Learning Collaboratives

Health systems are beginning to take a proactive leadership role. Northwell Health's Center for Gun Violence Prevention has created:

- A system-wide strategy framing firearm injury as a patient-safety issue.
- A multi-state learning collaborative helping hospitals adopt firearm injury risk screenings, safe-storage counselling, HVIP integration and community partnerships (Northwell Health, n.d.-a; Northwell Health, n.d.-b).

This mirrors WHO's call for health sector leadership in violence prevention system building (WHO, 2014).

8. Health-Sector Policy Advocacy

Experience from HIV, tobacco and alcohol shows that health institutions can shape policy environments. In the context of firearm harm, health institutions can:

- Produce and disseminate clear evidence summaries on firearm injuries among men (Ribeiro et al., 2017).
- Advocate for licensing, background checks, safe-storage laws and domestic-violence firearm-removal mechanisms.
- Support regulation of firearm marketing, drawing on commercial-determinants analyses showing how industries shape harmful behaviours (de Lacy-Vawdon & Livingstone, 2020).
- Build coalitions with civil society, as in the Caribbean and Brazil, where health agencies actively participate in national firearm policy processes (CARPHA et al., 2025).

This aligns with global precedents for health-sector leadership in injury and NCD prevention.

9. Regulating the Commercial Marketing of Firearms

Firearm violence prevention should include regulation of the commercial practices that actively cultivate firearm demand and reinforce harmful, weaponised ideals of manhood. As discussed earlier, governments increasingly regulate advertising that reinforces harmful gender stereotypes, restrict marketing directed at children, and impose stronger oversight of digital platforms, influencer marketing and algorithmic recommendation systems. These developments provide important precedents for addressing the commercial determinants of firearm violence (Advertising Standards Authority, 2019; European Commission, 2022; WHO, 2023). Public health approaches should therefore include:

- Restricting firearm advertising directed at children and adolescents across broadcast, digital and social media platforms.
- Prohibiting or restricting product placement of firearms in films, television programmes and video games intended primarily for children and young people.

- Requiring clear disclosure of paid partnerships between firearm manufacturers, retailers and social media influencers, and prohibiting undisclosed or covert influencer marketing.
- Requiring digital platforms to identify and mitigate algorithmic amplification of firearm-related content directed at children and adolescents.
- Restricting advertising that explicitly links firearm ownership to masculinity, social status, sexual success, dominance or personal identity.
- Requiring transparency regarding online firearm advertising, sponsorships, recommendation systems and commercial targeting practices.
- Incorporating firearm marketing into national and international frameworks addressing the commercial determinants of health and violence, with WHO developing technical guidance to support Member States in regulating the digital marketing of firearms.

10. Safety and Wellbeing of Health, Social-Service and Outreach Workers

Effective engagement with firearm-affected communities requires protecting the workforce. WHO's violence-prevention guidance emphasises safety protocols for providers working in high-risk environments (WHO, 2014). Best practices include:

- Risk-assessment protocols for home visits and street outreach.
- Work-in-pairs policies, GPS check-ins and supervision supports.
- Trauma-informed staff debriefing, mental-health care and peer supervision.
- Facility safety measures that ensure staff protection without creating a hostile or militarised patient environment.

These measures are essential to modelling trauma-informed solutions, and sustaining the long-term success of HVIPs, CVI programmes, and community-based prevention programming.

SECTION IX

Conclusion

The evidence presented in this paper makes an unequivocal case: firearm injury and violence is one of the most significant, least acknowledged, preventable men's public health crises of our time. Around the world, men and boys experience the vast majority of firearm homicides, suicides, injuries and violence exposures (UNODC, 2023; Patel et al., 2022). Firearms also multiply the risks to women, children and LGBTQI+ people, especially in domestic, intimate and community settings where men's access to firearms amplifies lethality, coercive control and fear (Garcia-Moreno et al., 2012; UNODC, 2024; Villarreal et al., 2024). Yet despite these unmistakable patterns, firearms remain almost entirely absent from national and global men's health strategies, the WHO's violence prevention frameworks and the agendas of many organisations working on gender, masculinities and public health.

This omission is not merely a gap—it is a multi-system global blind spot. As shown throughout this report, when firearms do not appear in one part of the global health ecosystem—WHO guidance, national men's health plans, research priorities, civil society mobilisation or donor agendas—it increases the likelihood that it will be absent in others (Peacock et al., 2025). This self-perpetuating cycle has produced decades of institutional silence on the leading cause of violent death for men and boys in many countries, as well as a key driver of femicide, child harm and broader community trauma.

Reversing this pattern requires a new approach: one that positions firearm violence squarely within men's health, while recognising its associated impacts on women, children, gender-diverse people and communities. Such an approach must move beyond the important but limited frames of law enforcement, criminal justice or individual-level behaviour modification strategies, to incorporate the structural, political and commercial determinants that shape global patterns of firearm harm—including marketing strategies targeted at men and boys, militarisation, racial inequality, political insecurity and the proliferation of lethal means (Lacy-Nichols et al., 2022; Peacock, forthcoming).

The opportunity before us is significant. National men's health strategies offer an underused entry point for integrating firearm injury prevention; global civil society organisations at the global and national level, and networks such as MenEngage, Equimundo, Global Action on Men's Health, the American Institute on Boys and Men, Sonke Gender Justice, and Movember can and some are seeking to elevate evidence and shift public narratives; and WHO leadership—through technical guidance, revised indicators and eventually a World Health Assembly resolution—could catalyse coordinated global action. Each sector has the power to help break the cycle of omission.

To advance this agenda, several steps are essential:

- Recognise firearm violence as a core men's health issue in global, regional, and national health policies.
- Strengthen evidence and data systems, including sex-disaggregated firearm injury and mortality data.
- Integrate firearm injury prevention into gender-transformative and men's health programming, linking work on mental health, inequality and community safety with upstream regulatory and public health approaches.
- Address commercial determinants of firearm harm, including firearm-industry marketing, lobbying and digital dissemination strategies, especially those targeting boys and men.
- Mobilise donors, multilaterals and the WHO to treat firearm injury and violence as a preventable public health and gender-equality priority.

Public health institutions—alongside feminist, youth, LGBTQI+, racial justice and peacebuilding movements—have transformed global action on tobacco, alcohol, HIV, road safety and other preventable causes of harm. Firearm violence demands the same urgency, ambition and coordination.

Recognising firearms as a determinant of men's health not only aligns with global commitments to gender equality and violence prevention; it strengthens them. Reducing men's firearm mortality will save men's lives, reduce femicide, protect children, prevent suicide, lessen community trauma and contribute to safer, more equitable societies. The evidence is clear, the tools are available, and the need is urgent.

It is time for global, regional and national health systems—and the organisations that shape them—to treat firearm violence as the men's health, gender justice and public health priority that it is.

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