**Rising violence against women in Mexico, 2005-15 [Intended to Health Affairs]**

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Word count:

[Research Article: 2,000 words to 5,000 words, including an abstract--between 100 and 150 words--and no more than 4 exhibits-- tables and figures, doubled spaced]

Title: Rising violence against women in Mexico, 2005-15.

Abstract [100-150 words]

Key words

**Introduction [450]**

Homicides rates fell by 9.2% around the globe in the first decade of the 21st century.(1)However, in developing countries homicides declined only by 3.1 percent.(1) Some Latin American countries even have unprecedented high levels of homicides and almost 80% of victims are males.(2) In Mexico, for example, male homicides rates doubled between 2007 and 2012.(3, 4) The impact was such that male national life expectancy stagnated in 2000-10 and, between 2005-10, average lifespan was reduced in every Mexican state.(5, 6).

Equally important are the over 31 thousand female victims of homicide in Mexico in the new century.(3) Homicides represent the ultimate form of violence, but only a piece of the health and social burden, particularly for children and women.(7) For example, victims of violence are at risk of depression, alcohol abuse, suicidal behavior, psychological problems, among other detrimental consequences over their life course.(8-11) Even witnessing violence can affect the wellbeing of the population. Those who witness violence have higher rates of post-traumatic stress disorder, depression, and are more likely to externalize violent behaviors.(12, 13) In particular, women who witnessed violent acts are twice as likely to experience depressive and anxiety symptoms compared to those who did not witness violence.(14)

This is particularly important in the Mexican context since Mexico has undergone a rise in violence related to specific policies trying to mitigate drug cartels operations.(15) Despite major public health interventions in the last decade, such as the enactment of a universal health coverage program (*Seguro Popular*) and ongoing public health systems,(16, 17) the continued failure of drug-related policies has had unprecedented consequences in the last ten years on population health.(18-20)

Previous evidence has documented the consequences of the war on drugs on males’ longevity and homicide rates after 2005.(4, 5, 21) However, little attempt has been made to investigate this issue and its consequences on women’s emotional health and mortality from a public health perspective in Mexico, and even less with recent data. For example, a study prior to the war on drugs found that violence against women during pregnancy is largely related to men learning violent behavior during childhood.(22) Homicides, as the most comparable and accurate marker of violence,(7) have spread throughout the country unevenly(3, 23) and their share of overall mortality varies regionally.(24) Therefore, women homicide rates could have increased in tandem with emotional and domestic violence after 2005, specially in historically violent states, such as Chihuahua (bordering the U.S. with Texas) and Guerrero (South).(25)

Given the importance of quantifying the efect of rising violence and its cost on the Mexican society and healthcare systems,(26, 27) understanding its consequences from a public health perspective is a step towards explaining the impact of Mexico’s epidemic of violence on women’s health.

**Study Data And Methods [650 including limitations]**

We have 4 exhibits maximum. We need to discuss with coauthors which would be the best way to tell our story once we have a nice introduction.

I propose exhibit 1 as the change between 2005 and 2016 on homicide rates for women by state.

We need homicide rates, rape rates, vulnerability rates, maybe some model, suicide rates. Maybe separate rural-urban

**Study Results [650]**

**Discussion [1200]**

The public health sector is directly concerned with violence not only because of its huge effect on health and health services. Public health complements existing approaches to violence, which are mainly reactive, by focusing changing behavioral, social, and environmental factors that give rise to violence.(28)

Could go to limitations: To prevent violence, we must be able to measure and monitor it. Development of surveillance systems to collect basic information systematically and continuously on the magnitude and character of injuries and deaths from violence is a challenge in all parts of the world.

No more killings! Women respond to femicides in

Central America by Prieto et al

Theories of femicide and their significance for social research. Current sociology by Corradi et al.

Krug et al 2002 Lancet

Definition: “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.”

One area where the public health sector has an important responsibility is in assuring the availability of services for victims of violence.

**Conclusion [200]**

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