**Rising violence against women in Mexico, 2005-17 [Intended for 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, 2005-17.

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). Little attention has been paid, however, to the public health impact on women.

Over 31 thousand females have been victims of homicide in Mexico in the new century.(3) Homicides are the ultimate form of violence, but they only represent 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)

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, took place in Mexico.(15, 16) Despite this positive actions, Mexico has undergone a rise in violence related to specific policies trying to mitigate drug cartels operations with unprecedented consequences in the last ten years on population health.(17-20)

Previous evidence has documented the drug-war consequences on males’ longevity and homicide rates after 2005.(4, 5, 21) However, little attempt has been made to investigate 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)

The aim of this study is to analyze the relationship between the increase of violence and its impact through homicides in women with the increase in emotional distress as measured by perceived vulnerability across states in Mexico. Given the importance of 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 used data on homicides from publicly available files through the Mexican National Institute of Statistics.(3) These files include information on cause of death using the International Classification of Diseases 10th revision (ICD-10) by age, sex, state of residence in a given year. Population estimates come from the Mexican Population Council and were corrected for completeness, age misstatement, and international migration.(28)

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**Methods.** We computed age-standardized homicide rates (ICD-10 codes X85-Y09) for women between ages 15 and 65 using the 2005 national female population as standard.

**Limitations** The limitations of our study should be mentioned.

Vladimir and I propose exhibit 1 as the change between 2005 and 2017 on homicide rates for women (y axis) by state and the change in the change in perceived vulnerability (x axis).

**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.(29)

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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