

The Recent Upsurge of Homicides among Women in Mexico: Data, Laws and (Lack of) Policies

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Presentation

This study continues the effort made by the Special Committee to Examine and to Promptly and Exhaustively Follow Up on the actions taken by the Competent authorities Relating to Feminicides Registered in Mexico —hereinafter called the Special Committee to Follow Up on Feminicides (CESF for the Spanish acronym)— of the LXI Legislature, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and the National Women's Institute (INMUJERES) to analyze the phenomenon of femicide in Mexico. The previous work was published in 2011 under the title Femicide in Mexico: approximations, trends and changes 1985-2009.

The purpose of this second contribution is to broaden the outlook concerning the context of femicide and to analyze trends in Mexico, taking account of the various ways in which the integrity, freedom, health and lives of women are affected and about which there is statistical evidence: from violence inflicted by a partner, occurring in the family and in the community, to institutional violence and homicide and femicide.

With this effort, the CESF meets the objective of helping to bring to light facts which, whether by action or omission, affect the lives of women and is part of the programme of work undertaken during the LXI Legislature with the aim of helping to comply with the Judgment of the Inter-

American Commission on Human Rights (IACHR) against Mexico in the Case of González and others.¹

UN Women considers it essential to continue the efforts being made by Mexico and, on the basis of the new legislation, to implement a comprehensive State policy to eliminate violence against women: to convene all political forces and government; to locally homologize all types of crimes against women—including femicide and violence— covered by both the General Law on Women's Access to a Life Free of Violence and the Federal Criminal Code; to standardize the protocols of activities of the institutions that administer and enforce justice to reduce impunity, improve services and care for women and children victims of violence; and in particular, to satisfactorily follow up on the recommendations made to Mexico by various international or regional organizations, especially the judgments of the Inter-American Commission on Human Rights on the right of women to live free of violence, as well as those recently issued by the CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women) Committee.

Femicides in Mexico 1985-2010

Statistics of homicides of women

Mexican information systems available to date are not designed to provide us with adequate data on femicides. For purposes of this document, figures are taken of female deaths with the presumption of homicide (FDPH) from Vital Mortality Statistics as a first approach to femicide. These data have a similar level of quality among the Mexican states and, so far, are the most appropriate in terms of the information provided about the victims. By consulting them, it is possible to analyze the databases individually as well as register by register—while remaining anonymous— concerning deaths recorded between 1985 and 2010. This gives an overview of 26 years, long enough to talk about the evolution of the phenomenon beyond current situations and to identify behaviors at different levels.

From the information gathered by the person certifying the death the certificate records whether it is presumed to be a homicide. It is the responsibility of the Offices of the District Attorneys to decide whether the death was violent and to declare the presumption of homicide (whether intentional or negligent) and, if that was the case, whether it has the legal meaning of the crime of femicide, recording it as such when preparing the preliminary investigations. In the interests of greater conceptual precision it is, therefore, correct to talk about the deaths as presumed homicides, which, in the absence of adequate information, are considered in this document as the best available approximation to enable an empirical analysis to be made of femicide. From this premise, we consider it is crucial to identify and monitor the frequency of homicides committed where the victim is a woman, as a rough estimate of those committed for reasons of gender, following the decision in the “Campo Algodonero” (Cotton Field) case issued by the IACHR.

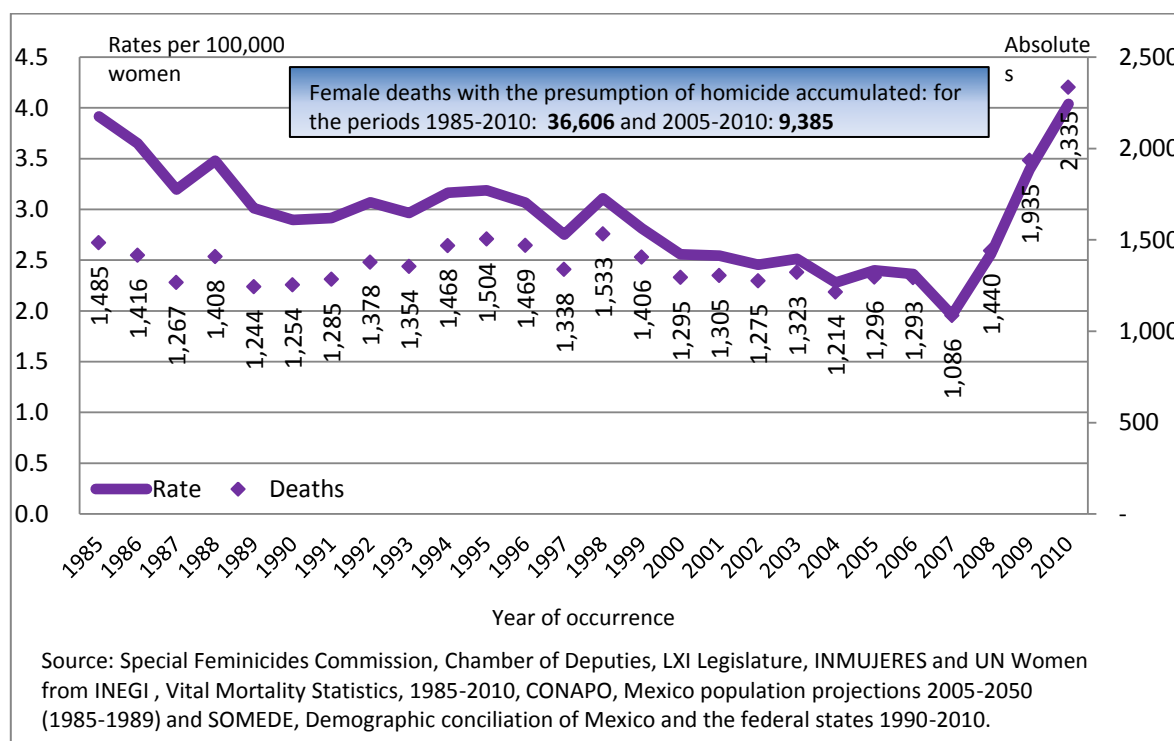
¹ See: http://www.corteidh.or.cr/docs/casos/articulos/seriec_205_esp.pdf (consulted in August 2012).

A quarter of a century of homicides of women

In Mexico, there were 2,335 female deaths in 2010 presumed to be homicides: 6.4 per day. Graph 1 shows the evolution of the FDPH rates over the last 26 years by the year of occurrence as well as by their absolute number: in the period for which we have data 36,606 FDPH were recorded in the country with more than a quarter —9,385— occurring since 2005.

What is most serious is that reductions had been seen in both absolute and relative values; in fact, the FDPH rate in 2007 had reached half the 1985 figure. Since then there have been impressive increases: 30.8 percent between 2007 and 2008; 32.5 percent the following year; and 19 percent between 2009 and last year 2010. In fact, the rate for 2010 is 3.2 percent higher than that recorded 26 years ago and 106.2 percent higher than the lowest point in 2007.

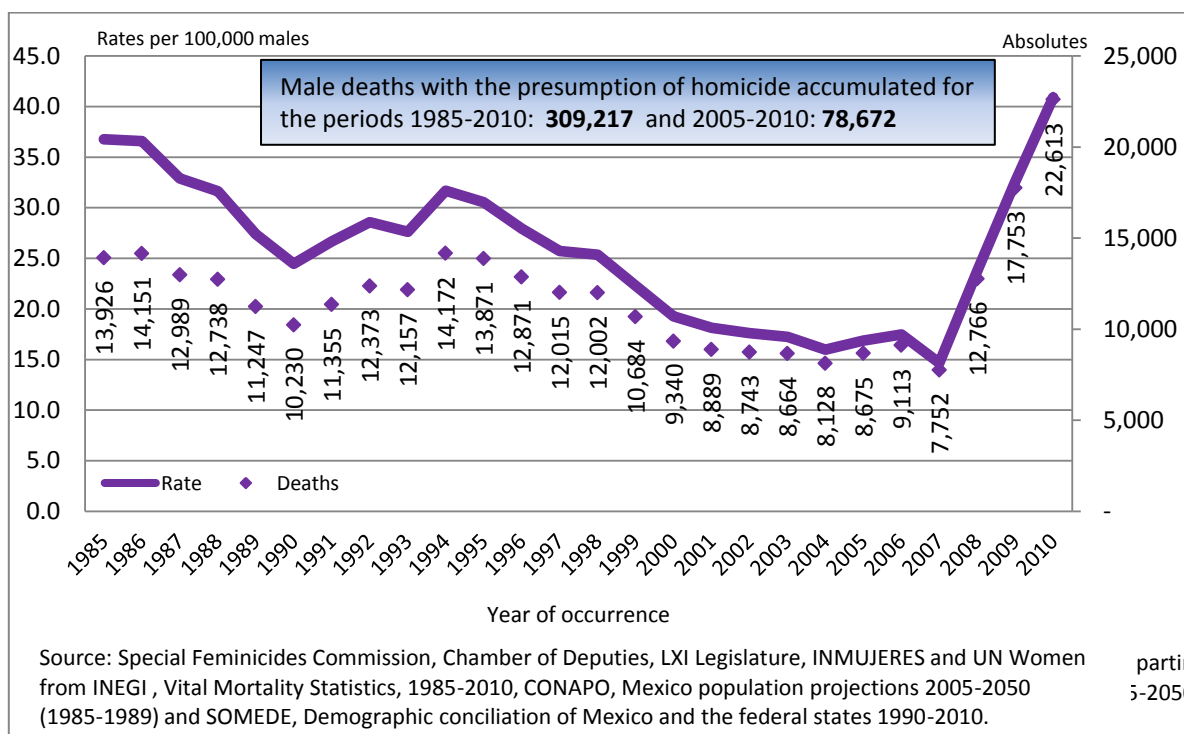
Graph 1 México: rates per 100,000 women and the number of cases of female deaths with the presumption of homicide, 1985-2010



It is essential to analyze deaths and presumed homicides by sex. The data show that homicides of women are different from those committed against men and should be considered as a separate phenomenon with their own causes and characteristics; a phenomenon that demands special action to be taken against it, and that differs from that taken to address the increase in violent deaths related to organized crime.

The data clearly demonstrate a distinct evolution of homicides of men and women: the annual percentage growth rates of homicide deaths showed an average rate of -2.8 percent for women and -3.8 percent for men during the period 1985-2007; however, during the past three years (2007-2010) the average annual change was 27.4 percent for women and 41.6 percent for men.

Graph 2 México: rates per 100,000 men and the number of cases of male deaths with the presumption of homicide, 1985-2010



Unlike the female rates, male rates showed a sharp reduction between 1985 and 1990 and then a steady increase until 1994 (Graph 2); thereafter continuous reductions were observed, although with a slight increase in 2005 and 2006, with the declining trend restored in 2007 when the rate was 40 percent of that observed in 1985. That is to say, the observed reductions in the rate of deaths presumed to be male homicides until 2007 were higher for men than for women. In that year also recorded was an abrupt change in the trend: the male rate rebounded to 62.3 percent in the following year, 37 percent between 2008 and 2009 and more than a quarter in the following year. This represents an increase of 179 percent in the past three years, and at the end of the period the rate was 11 percent higher than in 1985. Unlike FDPH, the male rates were more elastic, more responsive to changes in associated factors, whether positive such as in increase in solving non-violent conflicts, or negative such as the increase in organized crime and more access to firearms. This lower flexibility of female rates tell us about the structural nature of violence against women, about a hard core that demands more and better action be taken against it This is of great importance since it refers to the violent environment and its different impact depending on gender. Thus, it is inexact and insufficient to try to interpret the increase in FDPH by only considering the increase in organized crime, which to a great extent explains the increase in the male rate.

The way deaths with the presumption of homicide are dealt with varies by territory; it is a very heterogeneous phenomenon that changes over time. There is a clear concentration of FDPH in Chihuahua; in 2010, this state had almost a quarter of the total FDPH, with a rate of 32.8 such deaths per 100,000 women, 8.1 times the national average. The FDPH are also relatively more frequent in the northwest states (Durango with a rate of 10.7 per 100 000 women; Nayarit 8.8; Sinaloa 7.7; Baja California 7.1; and the Pacific Coast (Guerrero, 6.5), while in the opposite extreme there is the southeast with the lowest levels (Yucatán 0.3 and Chiapas 0.9) and the central states (Querétaro 0.5; Tlaxcala 1.2 and Hidalgo 1.3).

Violence at all ages

While the age distribution of male homicide follows an internationally known pattern, with a focus on the young, in the case of women it is more complex with infanticides, murders of young women when many of them are becoming mothers, and of the elderly are included together.

However, an analysis should be made of the figures for the population in each age group, or age-specific homicide rates. Thus, although male deaths from homicide usually occur when the victims are young, peaking between the ages of 30 and 34, with women it seems that age is not a particular risk. This leads to the hypothesis that gender roles that assign socially riskier activities to men, including increasing participation in organized crime, lead to increased masculine mortality due to aggression among that age group, which is not seen to be the case with women. The data can be interpreted to mean that the risk of FDPH is relatively independent of age, leading to the assumption that women are killed simply because they are women.

Both in absolute and relative terms, more girls are killed at ages five to nine than boys in the same age group. Although the average ages at death have changed little, by observing the trends in rates it can be asserted that there has been a “rejuvenation” of homicides of women in Mexico.

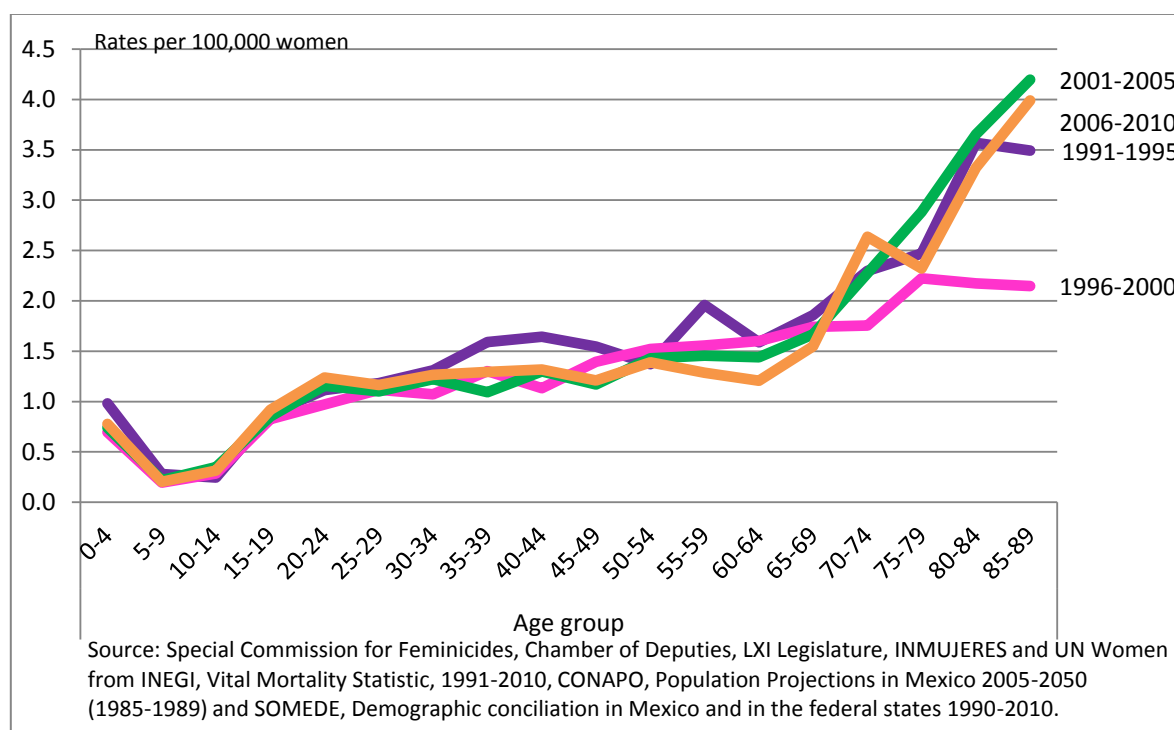
Beyond Killing a Partner: Femicide or Structural Violence against women?

The idea that feminicides are mostly committed by a woman’s intimate partner is only a myth. Empirical evidence tells us that most FDPH occur outside the domestic environment: 42.6 percent of women murdered were attacked in public roads; in 2010 in fewer than 30 percent of FDPH the assault took place in the home and 5.2 percent of women were killed in public spaces. In contrast, in homicides with male victims 57.4 percent occurred in the street, one in eight in the home, and 5.7 percent in other public spaces. The occurrence of FDPH in the home reflects a greater exposure to risk in the place that should be the safest environment. That is why, since women are mostly killed elsewhere, it is necessary focus on other aspects besides domestic violence.

Changes have been occurring with the passage of time: before 2010, only in the first four years of the series, in 1990, 1993 and 1996 most attacks took place on streets; in the other years, most attacks were in the home. In particular, the proportion of attacks in the home continued to increase until 2004 when there was a significant decrease from 47.1 to 29.5 percent of all cases. A more detailed analysis of the age-specific homicide rates can be made breaking down the place

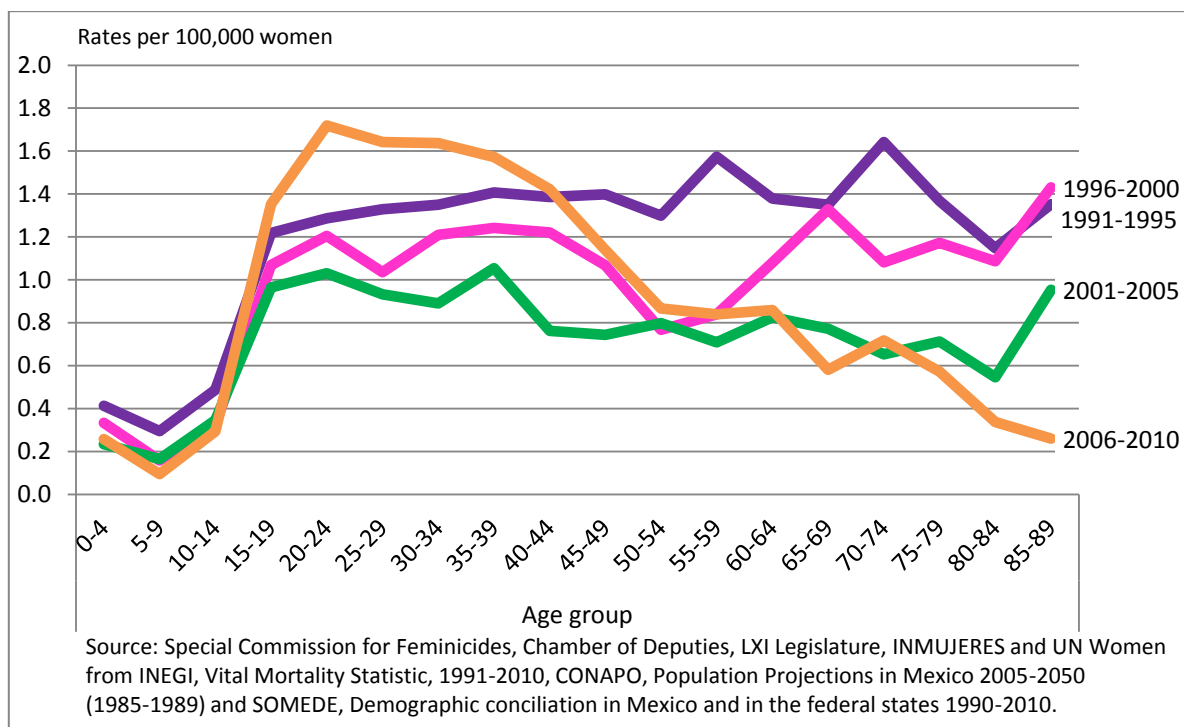
where the attack occurred. Graph 3 shows few changes in the age-specific female homicide rates. Although they are relatively few cases, the increase in rates among women over 70 years of age is surprising. These deaths could be the result of violence against older women by family members, and not just by their partners. The persistence of these rates over time tells us that feminicide violence in the home leading to feminicide is a structural element in Mexico that has shown great resistance to socio-demographic changes over the past 26 years. In this respect, we can say no progress has been made in our country.

Graph 3 Mexico: specific rates of FDPH occurring in the home by five-year age groups and five-year periods, 1991-2010



Homicides of women in public places presented in Graph 4 show significant changes in both magnitude and structure: there is a significant decrease in childhood, particularly between the first and second five-year age groups; from 20 years of age there were more or less generalized reductions in the first three five-year age groups, but in the most recent age group there was a very significant distribution change. In the last five-year period, the greatest risks of FDPH in public were to women between the ages of 15 and 39. It is important to highlight this very substantial change since the increase in homicides of women in public spaces is one of the most important findings of this study that explains much of the recent growth in FDPH in Mexico. This means that homicides of young women in public spaces have a prominent place in the recent increase in the murders of women in Mexico.

Graph 4 Mexico: specific rates of FDPH occurring on public roads by five-year age groups and five-year periods, 1991-2010

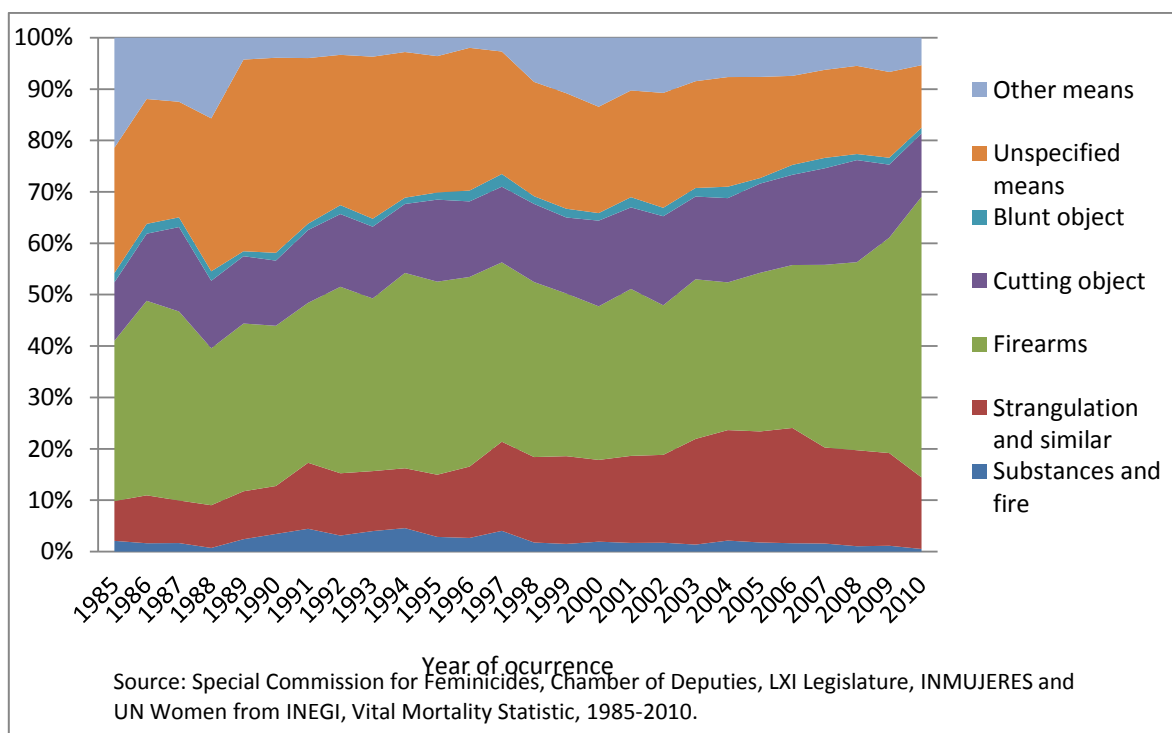


The Brutality of women-killing

One aspect that evidences misogyny is the brutality with which women are killed: almost one in five women killed dies directly and literally at the hands of her attacker; in addition, in the penal codes of eleven states “marital infidelity/crime of passion” or a crime committed in a state of “violent emotion” is still considered an extenuating circumstance and implies we are dealing with contexts in which violence against women is condoned by the State. These legislative failures are a factor in impunity with minor penalties being imposed when the perpetrators claim they were “beside themselves” when committing the crime. Thus, the so-called crimes of passion and the allegation of infidelity as a cause of “violent emotion” are used to somehow “justify” assaults against women. The extraordinary increases of FDPH in recent years are mainly related to street homicides where guns are used.

Femicide is a complex and multi-faceted phenomenon. If we were to be faced with a context of intimate femicide committed by a partner, we would find that the vast majority of victims were married; but what we find is that in less than half the homicides in the home, and about 40 percent of cases in public spaces, the victims were married women. Particularly striking is the recent drop in this indicator, especially in public spaces. In recent years, the age of homicide victims has increased more in cases occurring in public than those taking place in the home.

Graph 5 Mexico: distribution of FDPH according of cause of death, 1991-2010

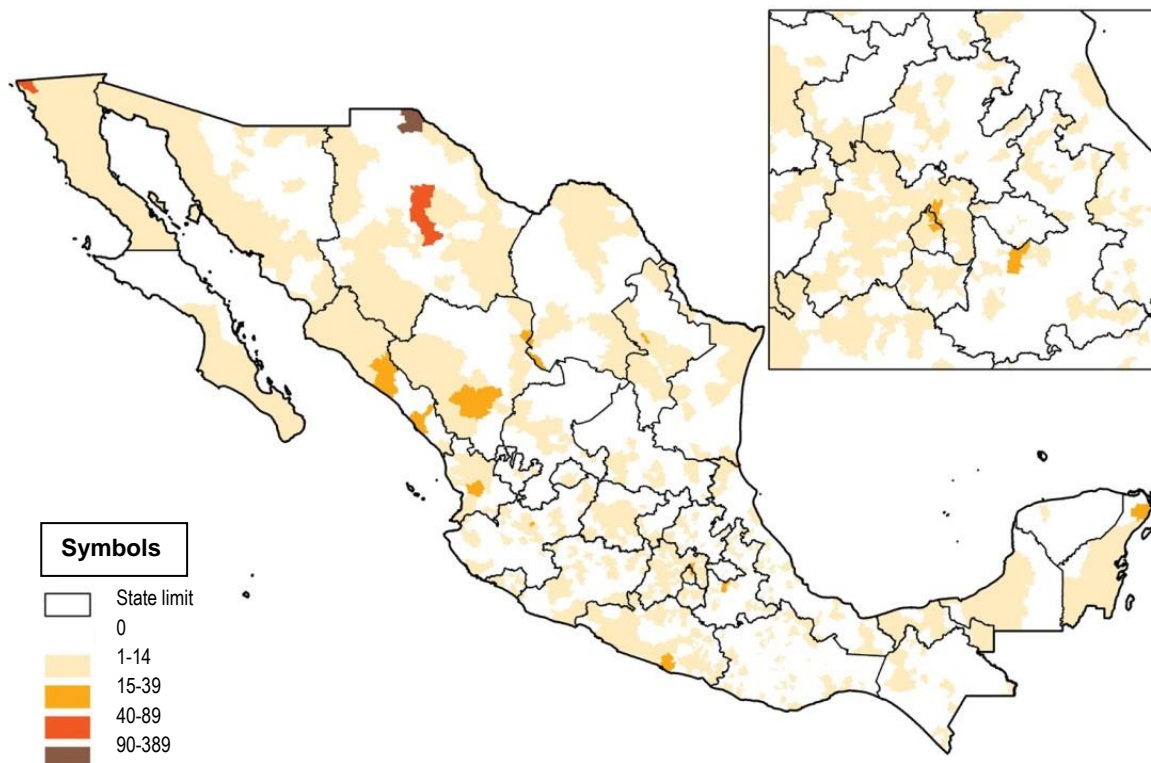


The percentage of FDPH in which the victim lived in the same municipality was higher throughout the period for homicides at home —almost nine out of ten cases. On the other hand, only two thirds of the women victims of homicides in public lived in the same municipality. It should be noted that in the latter case the increase observed since 2006 makes less credible the hypothesis that the recent increase in the number of women killed is due to trafficking in people, whether victims of sexual exploitation or migrants from other countries. The distribution of FDPH has a clear urban and metropolitan bias, so it cannot be argued that distance or lack of infrastructure can be blamed for the unacceptable failure to protect the lives and safety of women.

The geopolitics of Violence against women in Mexico

Feminicide, far from being widespread in the country, is localized in a few municipalities, which makes it even more unacceptable that no progress has been made to eliminate it, and that it has even regressed. In fewer than one in five municipalities at least one FDPH occurred in the 1985-2010 period, although there is a trend towards an increase. In 2010 over a quarter of total feminicides occurred in only five municipalities in the country: Juárez, Chihuahua, with 389; Tijuana, Baja California, with 89; Chihuahua, Chihuahua, with 84; Culiacan, Sinaloa, with 39; and Ecatepec de Morelos, in the State of Mexico, with 35 FDPH. In 2010, eleven municipalities accounted for 31 percent of FDPH occurring in the home and 41 percent of those taking place in public. This presents an opportunity to focus the efforts of the various authorities, both in relation to providing services and to improving their quality, particularly in training public servants on issues of gender violence, especially in the health sector and in the administration and enforcement of justice.

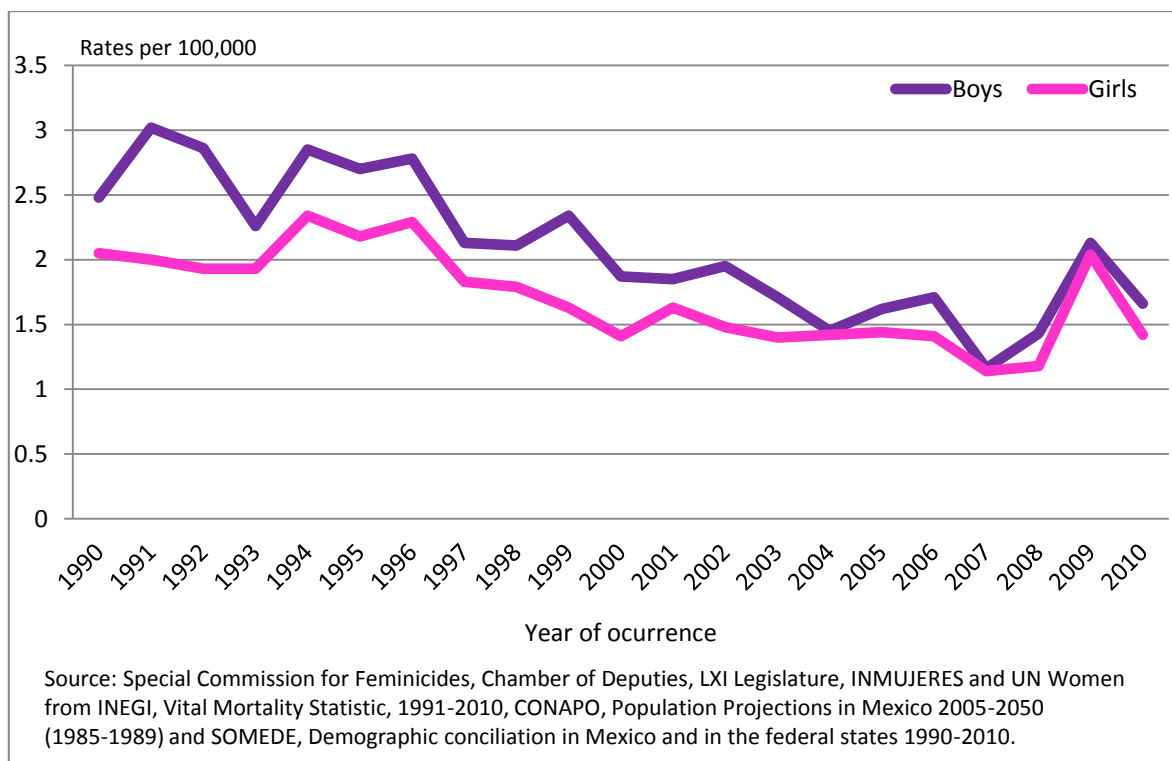
Figure 1 México: municipalities according to the number of FDPH, 2010



Child Femicide in Mexico

One of the saddest and most surprising findings was the high rate of homicides of minors and in particular of infants under one year and girls under five years of age. Between 2005 and 2010 children less than 18 years of age accounted for 17.2 percent of the FDPH, more than one in 20 were under five years, and 2.4 percent under one year. It is a fact that this has not been given due attention and is a wake-up call to society. The evolution of the specific homicide rates for the zero to four years age group shows that although between 1990 and 2010 there were very significant reductions, these were more pronounced for boys than for girls. On the other hand, the gap between both series has been reduced from nearly one-third of male mortality in the first five-year period to just over a quarter in the second, 16 percent in the third and 13 percent in the last; however, it should be noted that this difference was only 1.8 percent in 2007. This shows that, as was seen with homicides for all ages, there is a hard core of violence against women that makes it more difficult to reduce homicides of girls than of boys.

Graph 6 Mexico: age-specific rates of death with presumption of homicide in the age group 0-4 by sex and year of occurrence, 1990-2010.



The Contexts of Violence against Females

Suicide

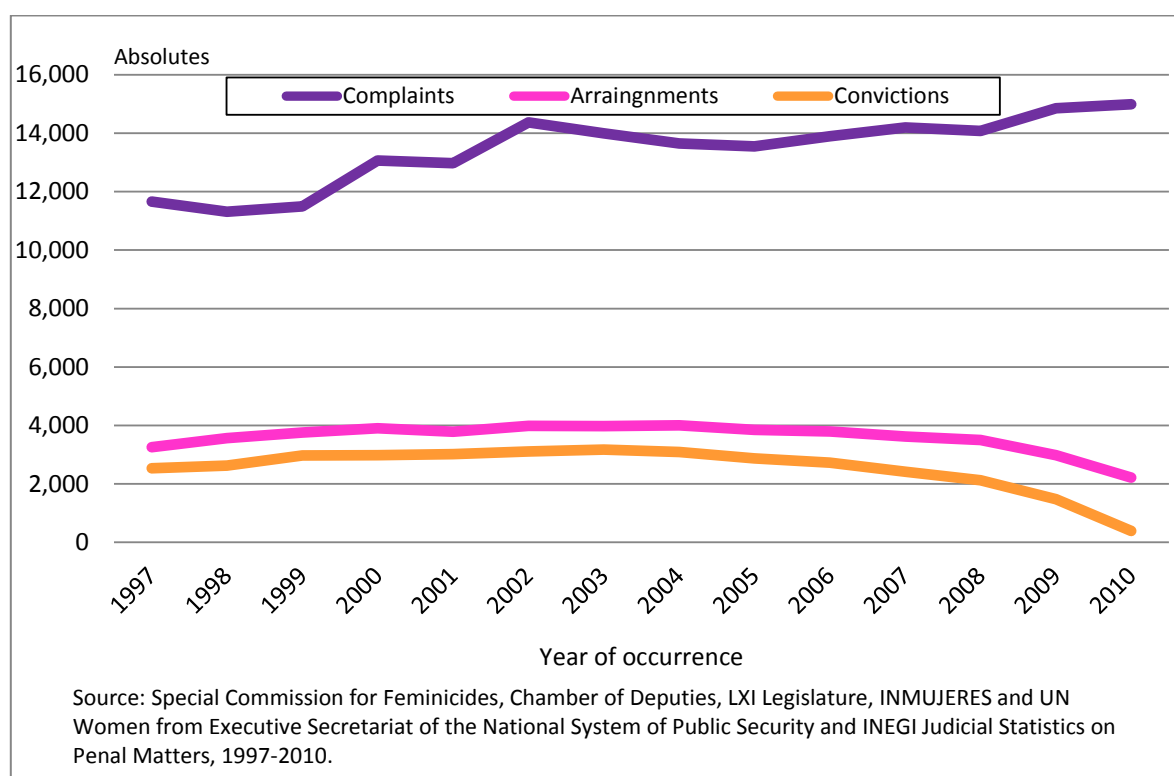
The assumption that there is a context that produces violence against women is strengthened when we consider other factors such as the prevalence of suicides. A look at national trends over time shows that although, in general, there was an inverse trend between deaths with the presumption of homicide and those intentionally self-inflicted (as suicides are medically classified), at the turning point of female homicides (2007, when the downward trend was reversed) we found also a surge in suicides. Since 1985, women's suicides have doubled and in the last ten years have grown by 146 percent. However, in 2010, the last year for which data was available, a reduction of ten percent was seen over the previous year and which contrasts with higher annual increases in the two previous periods.

Rape

Statistics of the Executive Secretariat of the National System of Public Security show that the country registers almost 15,000 rape complaints each year. Unfortunately, they are not broken down by sex but it can be assumed that in the vast majority of rapes the victim is a woman. It is a bleak picture in which the prevalence of rape is unacceptably high and, even worse, not included are estimates of the "black figure" of unreported violations.

The gap between the growing number of complaints and those processed –the preliminary inquiries leading to the arrest of a suspect and his/her indictment- is unacceptable: the latter don't go beyond 4,000 arraignments, less than 30% of complaints in the whole period, but only a quarter since 2002. The situation is even more serious when considering convictions; from 1997 to 2006 of those accused 76 percent were convicted, in the last four years convictions were less than half that figure. The difference observed between accusations and sentences is the most graphic expression of impunity and of how women have not been guaranteed a life free from this type of violence and with no access to justice or to compensation for the damage caused; this is evidence of systems of procuring and enforcing justice that are neither effective nor efficient.

Graph 7 México: Complaints before the Public Prosecutor, Arraignments and Convictions for Rape, by year of occurrence, 1997-2010



Hospital care for Victims of Violence against women and the Seal of gender Violence

When analyzing the database of public hospital discharges for the 2004-2010 period, of both the causes that led to hospitalization and of discharges due to death, it is clear that more work is needed on the quality of information and, above all, advantage should be taken of the presence of hospitalized patients to do the research established by NOM-046-2005-SSA2 to identify situations of violence against women who have been hospitalized for injuries.

From 2004-2010 there were 2,173,782 hospital discharges from public institutions for reasons directly related to violence (1,407,912 men, 765,646 women and 224 cases where sex was not

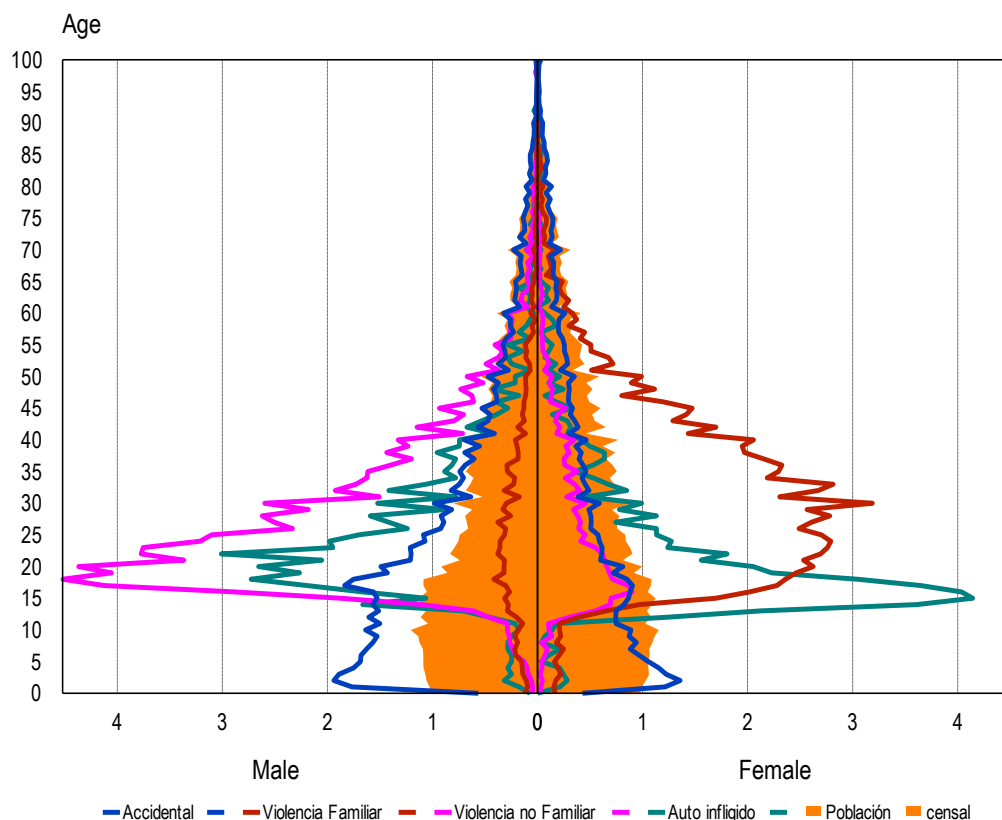
specified). The observed increase in seven years is significantly higher for women (26.8 percent) than for men (16 percent).

Injuries treated by the Ministry of Health

With respect to injuries, the Ministry of Health's Automated Subsystem of Injuries and Causes of Violence recorded in 2010 339,345 cases of injury: 204,530 males, 134,605 females, and 210 victims where sex was not specified. As far as the intention to commit violence is concerned, most of the cases are accidental, but they might be cases of aggressions recorded as accidents, especially because the proportion of domestic violence among women (16,148 cases) is tenfold the one against men (2,353 cases); in contrast, non-domestic violence affects three times more men (8.6%) than women (2.7%).

In analyzing the distribution by age and sex of persons treated by the Ministry of Health in 2010 for intentional injuries (Graph 8), both similarities and divergences are observed: notable is the large increase in accidents in babies less than one year. Domestic violence is biased towards females, while non-domestic violence is geared towards males.

Graph 8 Mexico: percentage distribution by age and sex of persons treated for injuries by the Ministry of Health, as to intent, 2010

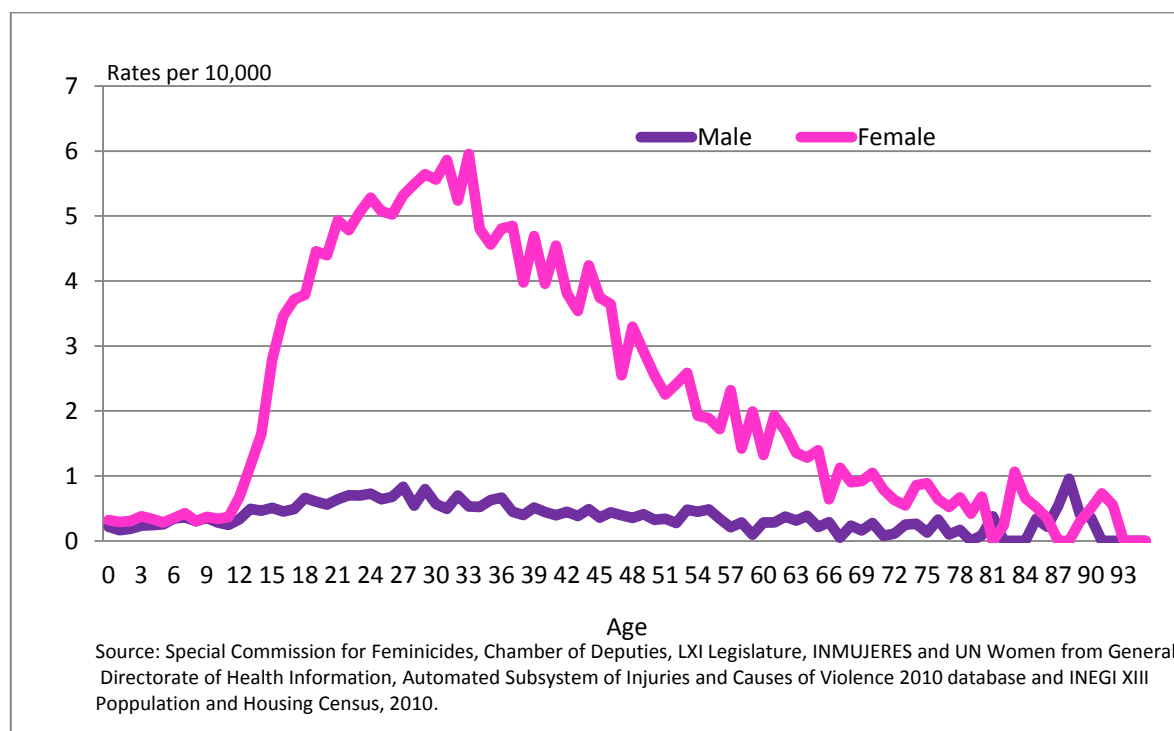


Source: Special Commission for Feminicides, Chamber of Deputies, LXI Legislature, INMUJERES and UN Women from General Directorate of Health Information, Automated Subsystem of Injuries and Causes of Violence 2010 database and INEGI XIII Population and Housing Census, 2010

Socio-cultural factors help to explain that the distribution of accidents is not entirely random, but has a strong social and cultural component. When comparing the age-specific rates of accidental injuries treated by the Ministry of Health by sex in 2010, there was a significant bias towards young men; between 37 and 68 years the male rate is more stable. However, in the case of women there seems to be an excess of accidents in the one to five years age group, with the peak at two years of age. The health sector should pay particular attention to what are supposed to be cases of girls' accidents because they could be hiding situations of domestic violence that may result in female infanticide. The actions contemplated in NOM-046-2005-SSA2 to detect cases of violence against women should be strengthened.

However, it cannot be expected that injuries due to domestic violence occur by chance: they disproportionately affect females over 12 years of age (Graph 9). In fact, only at eight, 81 and 87 years of age are male rates higher than female ones. Worth noting is the large increase observed in female rates up to 33 years of age after which there is a steady decline.

Graph 9 Mexico: Age-specific domestic violence injury rates treated by the Ministry of Health, by sex, 2010

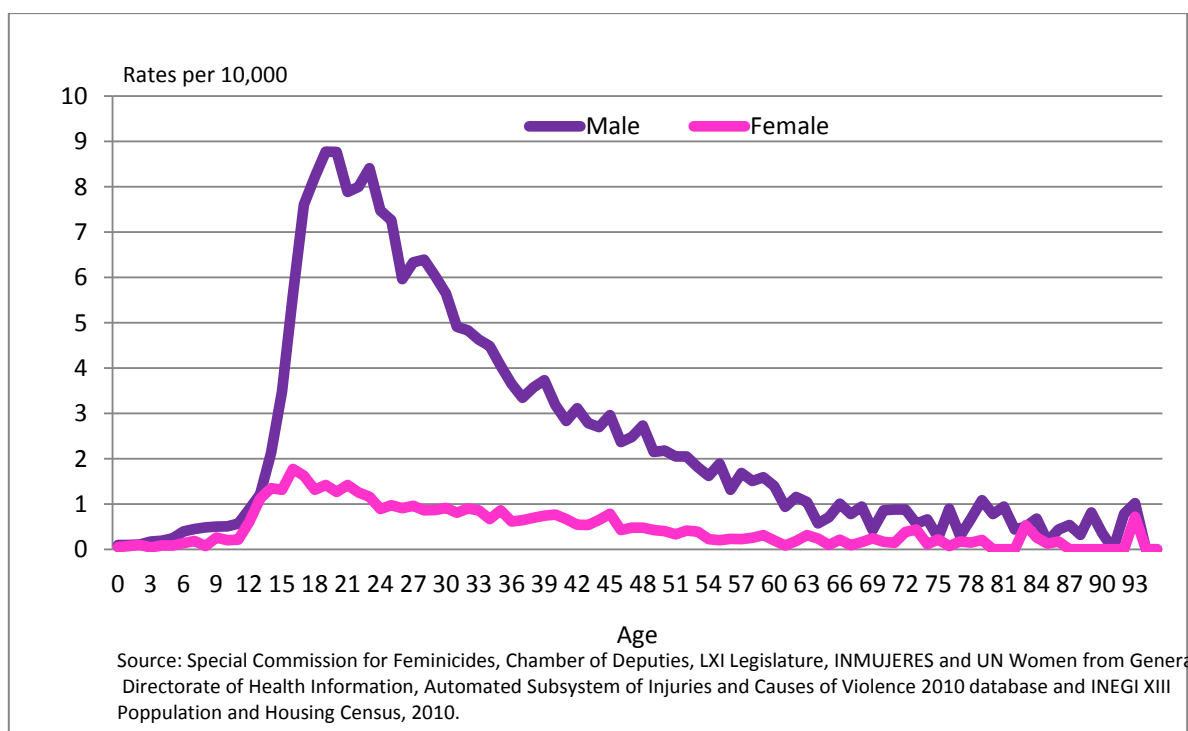


The average age of women treated because of domestic violence is 31.65 and for men injured for the same reason it is 27.86. There is a significant consistency in domestic violence injuries in both sexes under 12 years of age, although in the case of children under five the female rate is around 1.6 compared to the male rate; that is to say, in 2010 the Ministry of Health treated 1.6 girls under five years for domestic violence compared to one boy in the same age group. The significant increase in injuries in women over 15 years of age —besides potential problems of age reporting—

could relate to their entering into affective relationships or getting married and beginning to have sex, and with little chance of peacefully solving conflicts.

On the other hand, injuries from non-domestic violence treated by the Ministry of Health disproportionately affect young men (Graph10), which is consistent with the socio-cultural concept of masculinity and its attributes and activities.

Graph 10 Mexico: Age-specific non-domestic violence injury rates treated by the Ministry of Health, by sex, 2010



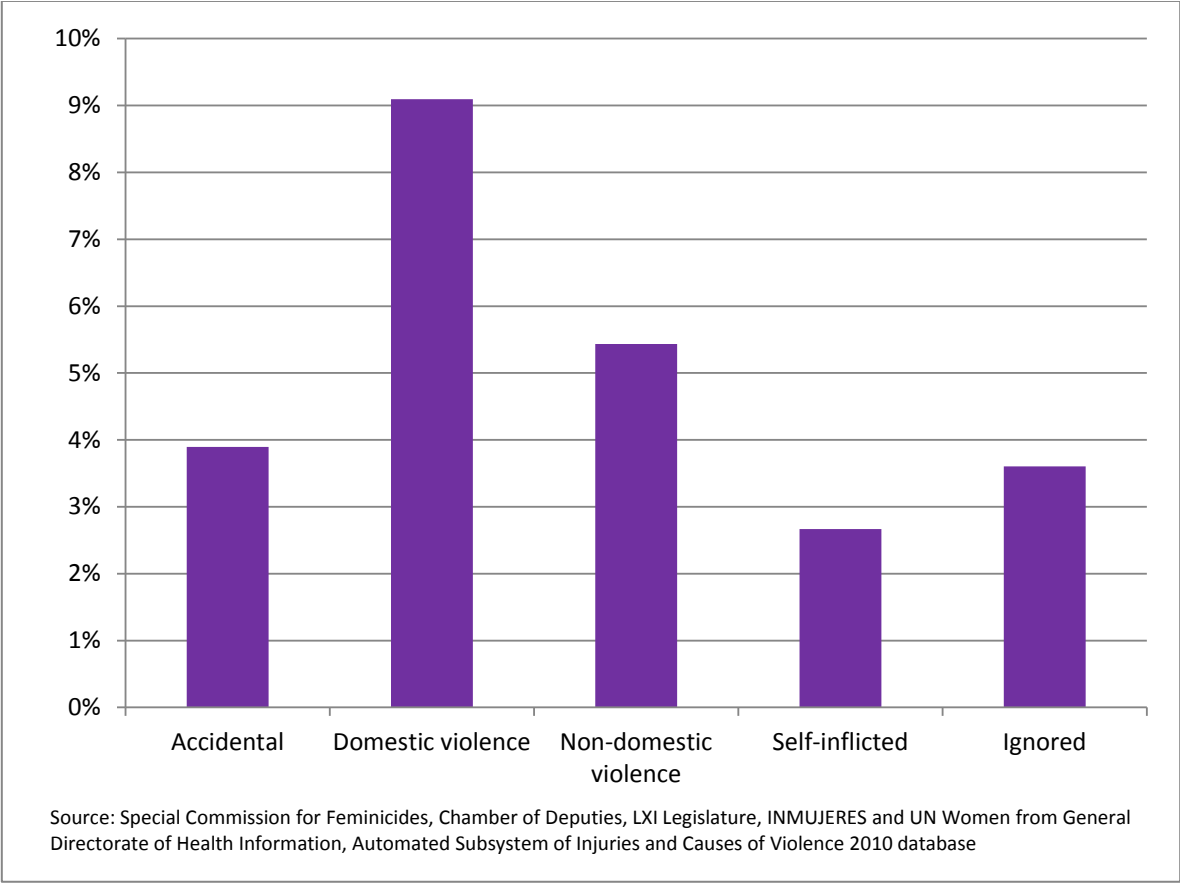
In more than three quarters of domestic violence injuries the aggressor was the victim's partner; they mainly occurred at home or in a residential facility (in 92 percent of 14,830 female cases). In non-accidental injuries, the aggressor's sex can be identified allowing us to determine that for both sexes in about six of every seven attacks, the aggressor was a man, but in the case of women, victims 13% of the aggressors were women, a proportion 2.8 times greater than men.

The Integrated Model for the Prevention and Treatment of Domestic and Sexual Violence established by NOM046-SSA2-2005 led to the establishment of the Specialized Services for Addressing Violence that treated 7,748 victims in 2010, mostly women suffering from domestic violence. Concerning accidents, it only intervened in 51 cases where the victims were females and 28 where they were male. These results raise questions about the procedure being followed to meet the provisions of the above standard that includes detection as one of the areas of intervention; that means there should also be detection in cases of accidents that often mask actual cases of violence against women. Doubts about the full application of the NOM are reinforced when it is seen that only 42.5 percent of the cases of domestic violence against women

were treated by those services; this low figure may be making it clear that there are not enough specialized units in view of the increasing demands for attention made by victims of violence.

In cases of domestic violence, 9.1 percent of the victims were pregnant when attacked, almost three times the percentage of accidents —3.9%— which is similar to that of all women of childbearing age (Graph 11). The above shows that pregnant women are overrepresented in cases of violence, particularly in the family environment. It is, therefore, of the utmost importance that strategies to identify violence be strictly complied with by taking advantage of the fact that these woman have more contact with health services.

Graph 11 Mexico: percentage of pregnant victims among women treated for injuries in the Ministry of Health, according to intentionality, 2010



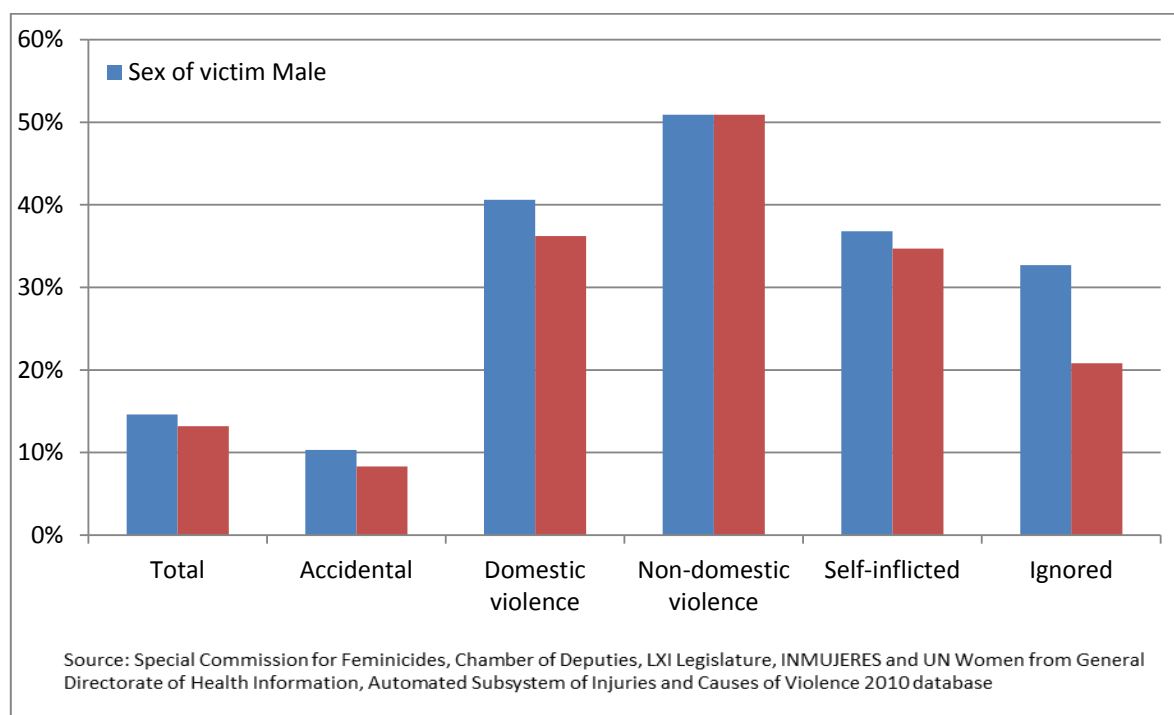
Another important fact that emerges from the records analyzed is the recurrence of the attacks: 72 percent of injuries to women caused by domestic violence in 2010 and treated by the Ministry of Health were repeated attacks; the figure for male victims is one third.

The State and Femicide Violence

Notice to the Public Prosecutor in case of injuries

NOM-046-SSA2-2005 establishes two clear and precise obligations on health services providers: detection and notification. Paragraph 6.5.1 clearly establishes the obligation to give notice to the Public Prosecutor (Ministerio Público, MP) of all cases of injuries due to domestic or sexual violence. Complying with it would begin to put in place mechanisms to identify and punish cases of violence that may culminate in femicide. However, when analyzing the database of injuries treated by the Ministry of Health in 2010 it was found that notice was only given to the MP in 16.2 percent of cases of injuries to female victims and 14.6 percent of cases of male victims (Graph 12). There are more reports of non-domestic violence but they only cover half of the cases for both sexes. In the case of domestic violence, which is specifically mentioned in the standard, it was found that the MP was only informed in just over a third of cases with female victims and in four out of ten cases where the victims were males. It is noteworthy that these reporting figures are similar to those for self-inflicted injuries.

Graph 12 Mexico: percentage of injuries treated by the Ministry of Health in which a notice was given to the Public Prosecutor, by sex of the victim and intentionality, 2010.



We are facing what could be described as institutional violence against women because the numbers of reports to the Public Ministry are higher for non-domestic violence than for domestic violence which shows that health services providers still consider such attacks to be private matters and normal occurrences, rather than a violation of rights and the likely commission of a crime. The Ministry of Health should strengthen staff training mechanisms to apply correctly

NOM- 046-SSA2-2005 and should investigate the reasons why there is not strict compliance with the requirement to notify cases of violence.

Intentional homicides of women according to information from Offices of District Attorneys

Unlike Vital Statistics on which this study is based and that come from systems to collect and record standardized information, crime statistics provided by the National System of Public Security through the Offices of District Attorneys do not come from standardized information systems. In Mexico, crime victims are not reported according to sex. The result is that the security authorities and law enforcement do not have precise knowledge of who are being most victimized by criminals and, consequently, as they lack crime prevention tools they focus on the most vulnerable groups or on those exposed to the risk of criminal aggressions or offences.

Furthermore, the quality of crime statistics in our country is not consistent, access to them is restricted with most crimes being unreported (the so-called “dark figure”) and, because this information is strongly influenced by political and government changes, and of those in charge of responsible areas, they lack historical continuity, especially in the Mexican states. In cases of femicide, the issue is even more complicated because, as a general rule, no identification is made among the dozens of monthly homicides. Therefore, since the first Special Commission was established by the LIX Legislature of the Chamber of Deputies, one important task of the committees has been to continue to investigate and follow up on the deaths of women where there is a presumption of homicide.

With this navigation chart, the CESF organized hearings with the states’ Public Prosecutors to establish cooperative arrangements to apply them, as well as to collect information on all cases of female homicides reported and investigated. The states’ responses to this request for information were mixed. In some cases, their representatives attended working sessions with the CESF and provided relevant information about homicides and the disappearances of women. In some cases, their representatives attended but did not leave or send information, and in others, they did not send a representative nor provide any information. Even in the best cases, only partial information was provided and was not what was required, so that it was impossible to standardize all the information for this study.

A first finding is the divergence of the Vital Statistics data on FDPH compared to the data on intentional homicides of women reported by the Offices of the District Attorneys in the states. Between 30 and 50 percent of FDPH were never investigated by the Offices of the District Attorneys in the states. However, in four states the offices reported more intentional homicides of women than the number reported by FDPH. However, most striking is the discrepancy in the latest figures compared to those reported by the Attorney General of Mexico to CEDAW (Reports 7th and 8th at the meeting of its Committee in New York on 17 July 2012. This situation requires a thorough review of data collection procedures for death statistics including notification between INEGI and

the Offices of the District Attorneys in the states. Unclogging the flow of information will not only improve the data sources needed to make a good analysis of the phenomenon but will also help to produce a design more attuned to public policy; but what is more important is that it will help to have a more efficient system of law enforcement, making it easier for state government authorities to distinguish between homicide and femicide meet its obligations to Mexican citizens and the international community.

So far, 19 Mexican states have amended their criminal laws to include the crime of femicide. States that have so reformed their Penal Codes are: Campeche, Chiapas, Colima, Durango, the Federal District, Guanajuato, Guerrero, Jalisco, the State of Mexico, Morelos, Quintana Roo, San Luis Potosi, Sinaloa, Tabasco, Tamaulipas, Tlaxcala, Veracruz, Yucatan and Zacatecas. In addition, initiatives are being discussed to include the crime of femicide in the following states: Aguascalientes, Chihuahua, Hidalgo, Michoacán, Nayarit, Nuevo León, Oaxaca, Puebla, Queretaro and Sonora. Meanwhile, in 2012 amendments to the Criminal Code to typify femicide have been approved by the following state legislatures; California 5 June; Querétaro 26 April; Oaxaca 8 August; —on 5 September the Governor of Oaxaca vetoed section 134 of the Penal Code and returned the proposal on femicide to a commission that had 15 days to make comments or publish it— Nayarit 18 September; Coahuila 25 October; and Puebla 8 November; however, none of them has been published. The booklets contain details of how the states typified the characteristics of femicide.

Conclusions and recommendations

The analysis of public institutions' hospital discharge records and of injuries registered by the Ministry of Health (including Specialized Services for Addressing Violence), explored for the first time in this study, clearly shows the presence of a gender pattern in the use of violence and of its victims of almost all ages. On the one hand are accidents and non-domestic violence where men are in the majority as both victims and perpetrators. On the other hand, there is domestic violence and self-inflicted violence where most of those assaulted and injured are women. Pregnant women are overrepresented in cases of violence, particularly in a domestic setting, so it is of the utmost importance to use early detection of violence patterns in this group of women, given that it also victimizes the newborn.

Concerning information on FDPH, the findings showed: a) differences in the long-term behaviour of homicides of men and women; b) the discovery of specific FDPH characteristics differing from those of males. Also found were very interesting elements that identify some regional features of the phenomenon that point to the existence of social, cultural, regulatory and even institutional contexts promoting discrimination against women and of violence in its most aggressive forms.

Homicides of women did not decrease at the same rate as those of men that in 20 years were reduced by almost half. The findings also show that by 2001 the decline was equivalent to 36 percent of the 1985 figure. By contrast, levels of female homicides remained almost constant

between 1988 and 1993 with an increase from 1994 to 1998 and a decrease in 2000. From 2007, the levels increased again showing more women were killed than men.

The research carried out permitted different traits and trends to be very clearly identified concerning the long-term behaviour of male and female homicides, enough to show that lethal violence against women in our country has all the empirical legitimacy to be classified as a form of gender-based violence that coincides with how femicide is defined.

1. There is a substratum or social base of violence against women that remains constant beyond the reduction of social violence as measured by the number of homicides per 100,000 inhabitants, but it rises just as rapidly as social violence.
2. The FDPH show specific traits that differ from the DMPH (deaths of men with the presumption of homicide) as to both ages and places of occurrence as well as to cause of death, so that gender discrimination against women is accredited for the basis of the differences.
3. A hard core of states where feminicides are committed is at the top of the list over the 26 years of the series; that other recently added states are emerging may indicate the extent of violence against women throughout the country and the changing social contexts of its occurrence.
4. A new epidemiology of violence against women is appearing in public spaces associated with urban sprawl, the use of firearms and the “rejuvenation” of the victims.
5. Institutional violence re-victimizes the people who have been violated, their relations and victims of femicide

Still pending in the Legislature is the harmonization of a number of laws and regulations with general and state laws on Women’s Access to a Life Free of Violence and this can no longer be ignored.

Regarding FDPH, the first thing to be noted is that forensic authorities —in some states independent of the office of the District Attorneys, in others dependent on them, and in Mexico City dependent on the Judicial Branch— do not report all FDPH as stipulated in the criminal codes and in Article 92 of the Regulations of the General Health Law, or public ministries do not initiate the corresponding preliminary investigation to confirm or rule out a criminal act as the cause of death. At least that is what can be implied when comparing the FDPH register put together by INEGI that includes information from Vital Statistics of Mortality compiled by the Office of the Mexican Attorney General and the criminal statistics collected by the Executive Secretariat of the National Public Safety System. The difference in numbers does not end there, because the earlier numbers provide do not coincide with those delivered by the Offices of the states’ District Attorneys to the CESF of the LXI Legislature (2009-2012).

The results of this study clearly show the urgent need not only to speed up efforts to make improvements in the country’s administrative records on violence against women, but also to include the gender approach when producing information, particularly in the areas of procuring

and enforcing justice. This implies that statistics on the number of complaints, preliminary investigations, crimes, criminal suspects, judgments and those found guilty should contemplate variables that allow action to be taken locally to guarantee women their freedom by eliminating risks and safeguarding their lives.

The administration of justice is no better in taking care of rape victims —more than 15,000 annually— with fifteen states being above the national average (25.9 rapes reported per 100,000 females) and reaching a rate of 71.9 women in Quintana Roo. The figures for reporting this crime —known to be under-reported— are in stark contrast to preliminary investigations begun by the authorities for prosecution and, when it comes to sentencing, the difference is even greater. In only three of every ten cases reported are suspects prosecuted, and in only two out of ten are they convicted.