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Crime, Violence, and Public Health Outcomes in Brazil and Other American Countries: A Systematic Review, 2010–2025

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Universitário Unieuro.**ADMINISTRATIVE INFORMATION****Support** - No specific financial support was received for the conduct of this systematic review. The funder had no role in the design, conduct, analysis, interpretation, or dissemination of the study.**Review Stage at time of this submission** - Completed but not published.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY2026100007**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 1 October 2026 and was last updated on 1 October 2026.**INTRODUCTION**

Review question / Objective Review question: What associations between exposure to crime and violence and public health indicators have been described in the literature published between January 2010 and December 2025?

Objective: To analyze the associations between different forms of exposure to crime and violence and public health indicators reported in the literature published between January 2010 and December 2025.

Rationale Crime and violence constitute important public health problems because they are associated with mortality, injuries, morbidity, mental health outcomes, healthcare utilization, and disruptions in the functioning and continuity of health services. However, the available evidence is distributed across different populations, types of exposure, methodological designs, and health indicators. Studies address phenomena ranging

from homicide and armed violence to domestic violence, femicide, incarceration, psychological distress, and impacts on healthcare delivery. A systematic synthesis was therefore needed to integrate this heterogeneous evidence, identify consistent associations, examine methodological limitations, and characterize gaps in the literature.

Condition being studied The review examines crime and violence as public health exposures and their associations with health indicators and outcomes. Relevant exposures include homicide, armed violence, interpersonal violence, domestic violence, intimate partner violence, femicide, incarceration, urban crime, and other forms of violence. Health-related outcomes include mortality, morbidity, injuries, hospitalization, mental health outcomes, healthcare utilization, continuity of care, and other epidemiological indicators.

METHODS

Search strategy The bibliographic search was conducted in PubMed/MEDLINE, Scopus, LILACS, and Web of Science, covering the period from 2010 to 2025. In PubMed/MEDLINE, the following search strategy was used: (crime OR violence OR homicide OR criminality OR "urban violence") AND ("public health" OR "health indicators" OR hospitalization OR "external causes" OR "mental health" OR morbidity OR mortality) AND ("2010/01/01"[Date - Publication] : "2025/12/31"[Date - Publication]), yielding 1,289 records. In Scopus, the strategy TITLE-ABS-KEY (crime OR violence OR homicide OR criminality OR "urban violence") AND TITLE-ABS-KEY ("public health" OR "health indicators" OR hospitalization OR "external causes" OR "mental health" OR morbidity OR mortality) AND PUBYEAR > 2009 AND PUBYEAR 2009 AND PUBYEAR < 2026 173 LILACS ((Criminalidade OR Violência OR Homicídio OR "violência urbana")) AND (("Saúde Pública" OR "Indicadores de Saúde" OR Hospitalização OR "Causas Externas" OR "Saúde Mental" OR Morbidade OR Mortalidade)) AND ano_publicacao:2010–2025 1,463 WEB OF SCIENCE TS=(crime OR violence OR homicide OR criminality OR "urban violence") AND TS=("public health" OR "health indicators" OR hospitalization OR "external causes" OR "mental health" OR morbidity OR mortality) AND PY=(2010-2025) 54 Total - 2,979.

Participant or population Individuals, population groups, communities, or geographical territories exposed to different manifestations of crime and violence. No restriction to a single age group, sex, or clinical population was applied because the review aimed to examine the public health consequences of crime and violence across different populations and contexts.

Intervention Exposure to crime and violence, including homicide, armed violence, interpersonal violence, domestic violence, intimate partner violence, femicide, incarceration, urban crime, and other forms of violence against individuals or populations.

Comparator When applicable, comparators included individuals, population groups, or territories with lower levels of exposure, unexposed populations, or comparisons between different levels or periods of exposure. A comparator was not mandatory for study inclusion because several eligible observational, ecological,

descriptive, and qualitative designs did not include a formal comparison group.

Study designs to be included Quantitative, qualitative, and mixed-methods studies were eligible. Eligible methodological designs included observational studies, ecological studies, analytical cross-sectional studies, prevalence studies, case-control studies, cohort studies, case series, qualitative studies, and quasi-experimental studies.

Eligibility criteria Studies published between January 2010 and December 2025 in Portuguese, English, or Spanish were eligible if they investigated relationships between crime, violence, or homicide and at least one public health indicator or outcome.

Eligible outcomes included mortality, morbidity, injuries, hospitalization, mental health outcomes, healthcare utilization, continuity of care, and other epidemiological outcomes associated with violence.

Editorials, letters to the editor, opinion articles, theoretical essays, narrative reviews, systematic reviews, conference abstracts without available full text, isolated case reports, theses, dissertations, and undergraduate monographs were excluded. Studies addressing exclusively criminal, legal, or sociological issues without identifiable health indicators or outcomes were also excluded.

Information sources PubMed/MEDLINE, Scopus, Web of Science, and Latin American and Caribbean Health Sciences Literature (LILACS).

Main outcome(s) Public health outcomes associated with exposure to crime and violence, including mortality, morbidity, injuries, hospitalization, mental health outcomes, healthcare utilization, and continuity of healthcare.

Additional outcome(s) Additional outcomes included psychological distress, depression, suicidal ideation, barriers to healthcare access, adverse working conditions among healthcare teams, and other epidemiological indicators related to violence when reported by eligible studies.

Data management Retrieved records were imported into Rayyan for reference management, duplicate identification, and blinded screening. Study selection was conducted in two stages by two independent reviewers (ANC and RGB). Titles and abstracts were screened first, followed by full-text assessment of potentially eligible studies. Disagreements were resolved by consensus and, when necessary, by consultation with a third

reviewer (TSO). Reasons for full-text exclusion were recorded.

Data were extracted using a standardized form developed for the review. Extracted variables included authorship, publication year, country or geographical area, study objective, study design, population, sample size, type of exposure to crime or violence, health indicators, data sources, measures of association, and main findings. Extracted information was subsequently checked against the full texts.

Quality assessment / Risk of bias analysis

Methodological appraisal was performed according to study design. Thirty-seven studies were assessed using the official Joanna Briggs Institute critical appraisal tools corresponding to their respective designs: analytical cross-sectional, prevalence, case-control, cohort, case series, qualitative, and quasi-experimental studies. JBI items were assessed as “Yes,” “No,” “Unclear,” or “Not applicable.” No numerical scores, compliance percentages, cut-off points, or overall methodological quality classifications were calculated.

Seven ecological studies were assessed using a specific 12-domain structured form developed for this review, based on methodological recommendations for ecological studies. The instrument was not presented as an official or JBI-validated tool. The same response categories were used, without scores or overall classifications.

Methodological limitations were considered during interpretation of the findings, but study inclusion was not automatically determined by appraisal responses.

No GRADE assessment was performed.

Strategy of data synthesis Because of substantial clinical, methodological, and statistical heterogeneity, meta-analysis was not performed. Extracted data were organized in descriptive tables and grouped into six thematic categories: armed violence and youth; femicide and gender-based violence; violence against older adults; mental health impacts; impacts on health services; and social determinants and protective factors.

Findings were integrated using a structured narrative synthesis considering study characteristics, direction and consistency of associations, differences between populations and contexts, and methodological limitations. Narrative reporting was informed by the Cochrane Handbook and the Synthesis Without Meta-analysis (SWiM) reporting guideline.

Subgroup analysis No formal statistical subgroup analyses were performed. The evidence was

organized into thematic categories according to the populations, exposures, and health indicators identified in the included studies.

Sensitivity analysis No formal sensitivity analyses were performed because quantitative pooling and meta-analysis were not conducted.

Language restriction Studies published in Portuguese, English, or Spanish were eligible. Language eligibility was assessed during the study-selection process.

Country(ies) involved Brazil.

Other relevant information Retrospective registration statement: This systematic review was retrospectively registered after literature searching, study selection, data extraction, methodological appraisal, and synthesis had been completed, but before publication of the review. Registration was undertaken to provide a transparent, permanent, and citable public record of the methods actually used in the review. The retrospective registration should not be interpreted as evidence that methodological decisions were prospectively registered. The information reported in this record reflects the procedures applied during conduct of the review.

Keywords Crime; Violence; Public Health; Health Indicators; Mortality; Mental Health; Systematic Review; Retrospective Registration.

Dissemination plans The findings will be disseminated through publication of the completed systematic review in a peer-reviewed scientific journal. Supplementary materials containing methodological appraisal matrices and supporting review data will accompany the manuscript when permitted by the journal. The final publication will report and cite the INPLASY registration number and DOI and will explicitly identify the registration as retrospective.

Contributions of each author

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