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Epidemiological profile of deaths due to violent causes among women of reproductive age - Santa Catarina

Perfil epidemiológico de las defunciones por causas violentas en mujeres en edad fértil - Santa Catarina

Perfil epidemiológico dos óbitos por causas violentas em mulheres em idade fértil - Santa Catarina

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Abstract

This study aimed to describe the epidemiological profile of deaths due to violent causes among women of reproductive age (10–49 years) in Santa Catarina, Brazil, from 2015 to 2025, using data from the Mortality Information System (SIM). This ecological time-series study conducted a descriptive analysis of mortality due to assaults (ICD-10: X85–Y09) according to age group, educational level, marital status, means of aggression, and place of occurrence. A total of 839 deaths were recorded, with the highest concentration among women aged 20–39 years. Most victims had 8–11 years of schooling, followed by those with 4–7 years, and were single. Assaults involving sharp or penetrating objects and firearms were the main mechanisms involved. The home was the most frequent place of occurrence. Temporal analysis showed fluctuations throughout the study period, with no sustained decline in mortality. The findings demonstrate the persistence of lethal violence against women as a relevant public health problem in Santa Catarina and reinforce the need to strengthen epidemiological surveillance, improve information systems, and implement intersectoral public policies aimed at violence prevention and the protection of women.

Descriptors: Violence Against Women; Mortality, Premature; Epidemiology; Public Health; Health Surveillance.

Resumén

Este estudio tuvo como objetivo describir el perfil epidemiológico de las defunciones por causas violentas en mujeres en edad fértil (10 a 49 años) en Santa Catarina, entre 2015 y 2025, utilizando datos del Sistema de Información sobre Mortalidad (SIM). Se trata de un estudio ecológico de serie temporal, con un análisis descriptivo de la mortalidad por agresiones (CIE-10: X85–Y09), según grupo de edad, nivel educativo, estado civil, medio de agresión y lugar del suceso. Se registraron 839 defunciones, con una mayor concentración entre mujeres de 20 a 39 años. Predominaron las víctimas con 8 a 11 años de escolaridad, seguidas de aquellas con 4 a 7 años, así como las mujeres solteras. Las agresiones mediante objetos cortantes o penetrantes y armas de fuego constituyeron los principales medios involucrados. El domicilio fue el lugar más frecuente donde ocurrieron las defunciones. El análisis temporal mostró oscilaciones a lo largo del período, sin una reducción sostenida de la mortalidad. Los hallazgos evidencian la persistencia de la violencia letal contra las mujeres como un problema relevante de salud pública en Santa Catarina y refuerzan la necesidad de fortalecer la vigilancia epidemiológica, cualificar los sistemas de información e implementar políticas públicas intersectoriales orientadas a la prevención de la violencia y a la protección de las mujeres.

Descriptores: Violencia Contra la Mujer; Mortalidad Prematura; Epidemiología; Salud Pública; Vigilancia en Salud.

Resumo

Este estudo objetivou descrever o perfil epidemiológico dos óbitos por causas violentas em mulheres em idade fértil (10 a 49 anos) em Santa Catarina, entre 2015 e 2025, utilizando dados do Sistema de Informações sobre Mortalidade (SIM). Trata-se de estudo ecológico de série temporal, com análise descritiva da mortalidade por agressões (CID-10: X85–Y09), segundo faixa etária, escolaridade, estado civil, meio de agressão e local de ocorrência. Foram registrados 839 óbitos, com maior concentração entre mulheres de 20 a 39 anos. Predominaram vítimas com 8 a 11 anos de estudo, seguidas daquelas com 4 a 7 anos, e mulheres solteiras. As agressões por objeto cortante ou penetrante e por arma de fogo constituíram os principais meios envolvidos. O domicílio foi o local mais frequente de ocorrência dos óbitos. A análise temporal demonstrou oscilações ao longo do período, sem redução sustentada da mortalidade. Os achados evidenciam a persistência da violência letal contra mulheres como relevante problema de saúde pública em Santa Catarina e reforçam a necessidade de fortalecimento da vigilância epidemiológica, qualificação dos sistemas de informação e implementação de políticas públicas intersetoriais voltadas à prevenção da violência e à proteção das mulheres.

Descritores: Violência Contra a Mulher; Mortalidade Prematura; Epidemiologia; Saúde Pública; Vigilância em Saúde.

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Introduction

Lethal violence against women is a critical global problem. United Nations estimates indicate that, in 2023, 85,000 women and girls were intentionally killed worldwide, of whom 60% (approximately 51,000) were murdered by intimate partners or family members. This is equivalent to one woman being murdered every 10 minutes[1].

In Brazil, this situation is also alarming. According to the 2024 Brazilian Public Security Yearbook, 1,467 femicides were recorded in 2023, the highest number since the enactment of specific legislation in 2015. On average, this corresponds to approximately one woman being killed in a gender-based hate crime every ten minutes[2]. National data further reveal the magnitude of the problem: in 2023, Black women were the primary victims of femicide in the country, accounting for 66.9% of cases[3].

This scenario reflects the intersection of gender and race in violence, requiring policies that take these dimensions into account. In addition to femicides, deaths of women resulting from other forms of homicide have also increased. In Santa Catarina, for example, the Observatory on Violence Against Women (OVM/SC) reports that "despite the stabilization in femicide cases, the total number of women killed by homicide continues to increase," highlighting the severity of lethal violence more broadly[4].

In the state of Santa Catarina, recent indicators confirm that violence against women remains a public health challenge. Data from OVM/SC indicate 51 femicides in 2024 and 52 in 2025[5]. Between 2016 and 2023, 432 femicides were recorded in the state, representing an average of approximately 54 cases per year - that is, one woman murdered every week as a result of femicide. In 2023 alone, 56 cases were reported. These figures highlight that, although Santa Catarina is considered the "safest state in the country" in terms of overall crime rates, it is not immune to gender-based violence[4].

Given this scenario, the analysis of deaths resulting from violent causes among women plays a strategic role in health surveillance, as it enables the identification of epidemiological patterns, the most vulnerable groups, and temporal trends. Investigating deaths among women of reproductive age is particularly relevant, considering their social, family, and reproductive impact, as well as their relationship with surveillance of deaths from external causes and comprehensive women's healthcare policies.

Considering the relevance of this issue, this study aims to describe the epidemiological profile of deaths due to violence among women aged 10–49 years in the state of Santa Catarina between 2015 and 2025, based on data from the Mortality Information System (SIM), thereby contributing to strengthening surveillance, improving data quality, and supporting public health decision-making.

Methodology

This ecological time-series study was conducted in the state of Santa Catarina, Southern Brazil, covering the period from 2015 to 2025. The study period was established considering the enactment of Law No. 13,104 of March 9, 2015[6], which included femicide as an aggravating circumstance in the crime of homicide, as well as the availability of consolidated data in official health information systems. The ecological design was adopted because it allows the analysis of the population-level distribution and temporal patterns of mortality due to assault.

The study was conducted within the Directorate of Epidemiological Surveillance of Santa Catarina (DIVE/SC), through the Department of Epidemiological Analysis and Noncommunicable Diseases and Conditions (GADNT). Secondary data from the Mortality Information System (SIM), made available by the Information Technology Department of the Brazilian Unified Health System (DATASUS), were used. Death records were extracted using TabWin, while population data used as denominators for calculating mortality rates were obtained from TABNET.

The study population consisted of deaths among women aged 10–49 years, residing in Santa Catarina, that occurred between 2015 and 2025 and for which the underlying cause of death was classified as assault. All records with an underlying cause corresponding to codes X85 to Y09 of the 10th Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10), Chapter XX - External Causes of Morbidity and Mortality, were included. No additional exclusion criteria were established; therefore, all records meeting the eligibility criteria during the study period were analyzed.

The primary outcome was mortality due to assault among women aged 10-49 years, assessed based on the absolute number of deaths and the crude mortality rate, expressed per 100,000 women. The other variables were selected from the information available in SIM and included year of death, age group, educational attainment categorized according to years of schooling, marital status, place of occurrence, underlying cause of death, and method of assault, as recorded on the Death Certificate. The underlying cause and method of assault were classified according to ICD-10 codes X85 to Y09, while the place of occurrence was analyzed according to the categories available in SIM, including residence, public thoroughfare, and healthcare facility.

After extraction, the data were organized and systematized in electronic spreadsheets using Microsoft Excel® 2010. Consistency checks and variable categorization were performed according to the analysis plan. Initially, a descriptive analysis of sociodemographic characteristics and death-related variables was conducted, with categorical variables presented as absolute and relative frequencies. Annual crude mortality rates due to assault were calculated by dividing the number of deaths due to assault among women aged 10-49 years by the corresponding female population and multiplying the result by 100,000. Rates were estimated for the state of Santa Catarina and by health regions, allowing the spatial and temporal distribution of mortality throughout the study period to be characterized. Temporal trends were presented using annual time series, enabling the description of variations in mortality magnitude between 2015 and 2025.

Only aggregated, non-identifiable secondary data from official health information systems were used, with no

access to information that could identify individuals. As this research was based on publicly available data without individual identification, review by a Research Ethics Committee was waived, in accordance with the applicable provisions of Resolution No. 466/2012 of the Brazilian National Health Council.

Results and Discussion

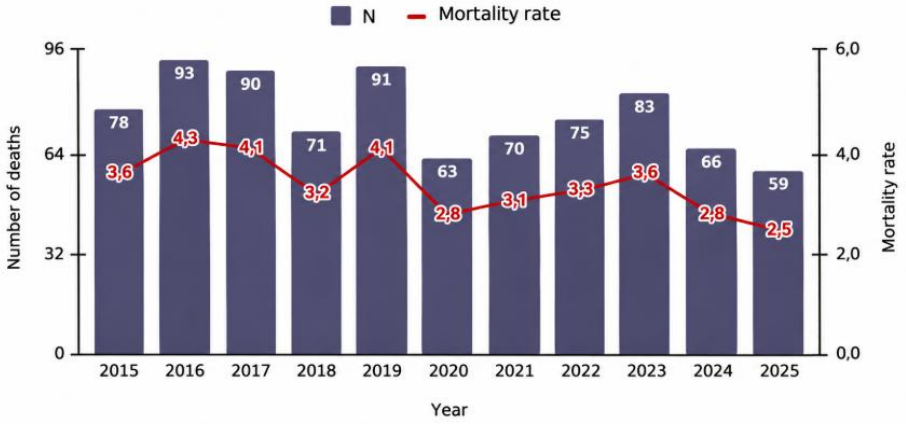
Between 2015 and 2025, 23,139 deaths among women of reproductive age, aged 10–49 years, were recorded in the state of Santa Catarina. Of this total, 4,581 resulted from external causes of morbidity and mortality, ranking second among the leading causes of death in this age group. Assaults accounted for 18.3% of deaths resulting from external causes, demonstrating the severity of the problem and the importance of developing public policies aimed at protecting women.

The age profile highlights a substantial impact not only on public health but also on family, social, and economic structures, since these deaths affect women during central stages of their productive and reproductive lives, when they are often engaged in the labor market and involved in family caregiving.

Historical Overview of Deaths in Santa Catarina (2015–2025)

The analysis of the temporal distribution of deaths due to assault among women of reproductive age between 2015 and 2025 demonstrated the persistence of lethal violence throughout the historical series, with fluctuations in the number of records over the years. Higher numbers of deaths were observed in specific years during the study period, followed by periods of decline. Peaks were particularly notable in 2016 and 2019, while a reduction was observed especially in 2020, coinciding with the COVID-19 pandemic. This decrease should be interpreted with caution, as it may reflect changes in patterns of social interaction and mobility, as well as potential underreporting resulting from incomplete records or delayed investigations. From the second year of the pandemic onward, the number of deaths began to increase again, indicating that mortality due to violence against women remains a persistent problem in the state. Data for 2025 should be considered preliminary, as they may be subject to changes resulting from ongoing investigations and records not yet incorporated into the information system. Graph 1 presents the number of deaths and mortality rates by year of occurrence.

Graph 1. Number of deaths and mortality rate (per 100,000 inhabitants) due to assaults against women of reproductive age. Florianópolis, SC, Brazil, 2015-2025* (n=839)



Note: *Preliminary data, subject to change.
Source: Mortality Information System (SIM). Date of inquiry: January 2026.

The historical overview demonstrates that, over the decade analyzed, deaths due to assaults against women of reproductive age remained a relevant public health concern in Santa Catarina, reinforcing the need for continuous monitoring, strengthened epidemiological surveillance, and coordinated public policies aimed at preventing and addressing violence against women.

An analysis of mortality due to violent causes among women of reproductive age by health region in Santa Catarina, as presented in Table 1, reveals substantial territorial heterogeneity. Although a reduction in the state mortality rate was observed over the study period, some regions recorded rates consistently higher than the state average in specific years, particularly Carbonífera, Extremo Oeste, and Oeste. Furthermore, regions with smaller female populations presented high mortality rates despite having a low absolute number of deaths. This finding requires cautious interpretation but reinforces the need for continuous surveillance. These results indicate regional inequalities in deaths due to assaults against women, identifying areas that should be prioritized for prevention initiatives and the strengthening of health surveillance.

Age Group Distribution

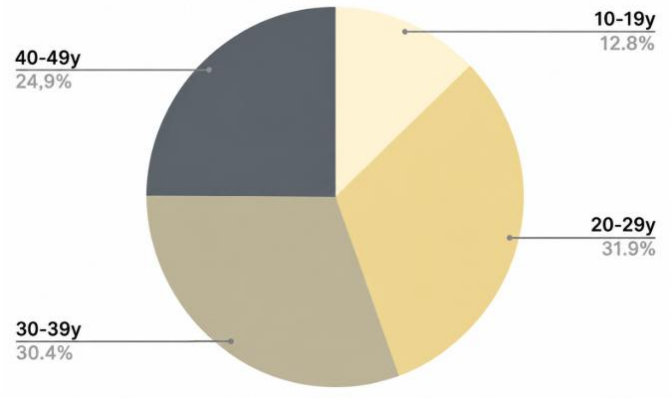
The analysis of deaths due to assault by age group revealed a higher concentration among young and adult women in Santa Catarina. The age groups of 20-29 years and 30–39 years accounted for the largest proportions of deaths, constituting the main risk groups during the study period. Women aged 40-49 years also accounted for a substantial number of records. Although fewer in absolute numbers, deaths among adolescents aged 10-19 years warrant attention because they represent premature deaths with a substantial social impact and potential years of life lost.

Table 1. Number of deaths and mortality rate (per 100,000 inhabitants) due to assaults against women of reproductive age, by health region. Florianópolis, SC, Brazil, 2015, 2020, 2024 e 2025

Regions of Residence	2015		2020		2024		2025	
	N	MR	N	MR	N	MR	N	MR
Extremo Oeste	5	7.4	2	3.0	1	1.5	3	4.5
Oeste	8	7.1	1	0.8	5	3.9	5	3.9
Xanxerê	0	0.0	6	10.0	3	5.0	2	3.3
Alto Vale do Itajaí	4	4.6	0	0.0	2	2.2	0	0.0
Foz do Rio Itajaí	10	4.7	11	4.5	9	3.3	6	2.2
Médio Vale do Itajaí	7	3.0	4	1.6	6	2.3	6	2.3
Grande Florianópolis	9	2.4	11	2.7	9	2.0	9	2.0
Meio Oeste	5	8.8	1	1.8	3	5.4	1	1.8
Alto Vale Rio do Peixe	3	3.4	3	3.5	2	2.4	2	2.4
Alto Uruguai Catarinense	0	0.0	1	2.3	1	2.3	1	2.3
Nordeste	4	1.8	9	3.8	6	2.4	5	2.0
Planalto Norte	2	1.8	1	0.9	1	0.9	0	0.0
Serra Catarinense	4	4.5	3	3.5	5	5.9	3	3.5
Extremo Sul	1	1.7	6	9.7	5	7.7	1	1.5
Carbonífera	9	6.9	3	2.3	5	3.7	10	7.3
Laguna	6	5.6	0	0.0	1	0.9	4	3.6
Vale do Itapocu	1	1.1	1	1.0	2	1.9	1	0.9
Santa Catarina	**78**	**3.6**	**63**	**2.8**	**66**	**2.8**	**59**	**2.5**

Note: *Preliminary data, subject to change.
Source: Mortality Information System (SIM). Date of inquiry: January 2026.

Graph 2. Percentage of deaths due to assaults against women of reproductive age, by age group. Florianópolis, SC, Brazil, 2015-2025* (n=839)



Note: *Preliminary data, subject to change.
Source: Mortality Information System (SIM). Date of inquiry: January 2026.

Overall, the age distribution pattern indicates that assaults resulting in death predominantly affect women during the central stages of their productive, reproductive, and social lives, reinforcing the relevance of this issue as a public health problem and the need for preventive actions targeting these age groups. Figure 2 presents the proportion of records by age group in the state of Santa Catarina between 2015 and 2025.

Educational Attainment

The analysis of educational attainment among women of reproductive age who died as a result of assault revealed a higher concentration of cases among women with 8–11 years of schooling, corresponding to completed primary education and incomplete secondary education, followed by the categories of 4–7 years and 12 years or more of schooling (Table 2). Records with unknown educational

attainment were also identified, highlighting the need to improve the completion of Death Certificates, since this information is essential for analyzing women's socioeconomic profiles and planning actions to prevent and address violence.

Marital Status

The analysis of deaths due to violent causes among women of reproductive age by marital status revealed a higher concentration among single women, who accounted for 60.1% of deaths recorded during the study period. Married women (14.3%) and women in consensual unions (12.4%) followed.

Deaths among legally separated women accounted for 6.9%, while records involving widowed women were uncommon. The proportion of records with unknown marital status also highlights the importance of improving the completion of Death Certificates.

Table 2. Number and percentage of deaths due to assaults against women of reproductive age, according to educational attainment. Florianópolis, SC, Brazil, 2015-2025*

Educational attainment	N	%
None	1	0.1
1–3 years	65	7.7
4–7 years	259	30.9
8–11 years	341	40.6
12 years or more	89	10.6
Unknown	84	10.0
Total	**839**	**100.0**

Note: *Preliminary data, subject to change.
Source: Mortality Information System (SIM). Date of inquiry: January 2026.

Distribution by Underlying Cause of Death

Regarding the underlying causes of death among women of reproductive age analyzed in this report, assaults by sharp or penetrating objects (X99) and assaults by other or unspecified firearm discharge (X95) were the most prominent, followed by assault by hanging, strangulation, and suffocation (X91), and assault by handgun discharge (X93). This pattern highlights the central role of intentional violence as a determinant of the deaths analyzed, indicating the persistence of severe and lethal assaults against women in the state of Santa Catarina, as shown in Table 3.

Table 3. Number and percentage of deaths by category of assault against women of reproductive age. Florianópolis, SC, Brazil, 2015-2025*

Cause (ICD-10 3-digit code)	N	%
X99 Assault by sharp or penetrating object	297	35.4
X95 Assault by discharge of other or unspecified firearm	249	29.7
X91 Assault by hanging, strangulation, or suffocation	91	10.8
X93 Assault by discharge of handgun	68	8.1
Y00 Assault by blunt object	47	5.6
X97 Assault by smoke, fire, or flames	20	2.4
Y07 Other maltreatment syndromes	18	2.1
Y09 Assault by unspecified means	17	2.0
Other assaults	32	3.8
Total	**839**	**100.0**

Note: *Preliminary data, subject to change.
Source: Mortality Information System (SIM). Date of inquiry: January 2026.

The substantial number of causes related to assaults reinforces the understanding of lethal violence against women as a serious public health problem, closely associated with contexts of domestic, interpersonal, and gender-based violence, and requiring coordinated responses across the healthcare, public security, and social protection sectors. It is noteworthy that the accurate classification of the underlying cause of death is essential for the proper surveillance of deaths due to violence, since underreporting, completion errors, or coding errors may affect the identification of this phenomenon and the development of public policies.

Distribution by Place of Occurrence of Death

The analysis of deaths due to assaults against women of reproductive age, according to the place of occurrence, revealed that nearly half of the deaths occurred at home (48.0%), highlighting the domestic environment as

the main setting for lethal violence. Public thoroughfares (streets and roads) were the second most frequent location, accounting for 24.0% of deaths, indicating that a substantial proportion of deaths also occurred in public spaces. A relevant proportion of records with an unspecified place of occurrence (12.4%) was also observed, pointing to limitations in data quality and reinforcing the need to improve the completion of Death Certificates. The remaining locations had lower frequencies but demonstrate the diversity of contexts in which lethal violence against women may occur.

The findings of this study demonstrate that deaths due to assaults against women of reproductive age, classified under ICD-10 codes X85–Y09, remain a serious and persistent public health problem in Santa Catarina, consistent with the national and international scenarios described in the literature and official data. Their persistence confirms that intentional interpersonal violence is an important determinant of deaths from external causes among women, reinforcing that these events extend beyond the scope of public security and require structured responses involving healthcare, social protection, and intersectoral policies.

The historical overview of deaths from 2015 to 2025 demonstrates the persistence of this phenomenon over a decade, with annual fluctuations and no sustained downward trend throughout most of the historical series. This reinforces the relevance of this public health issue in the state, despite its frequent recognition as a region with favorable overall public security indicators. A reduction in recorded deaths has been observed in recent years, which may indicate the beginning of a downward trend; however, this pattern should still be interpreted with caution, considering the possibility of preliminary data and the need for continuous monitoring of the historical series.

Lethal violence predominantly affects women with low to intermediate levels of educational attainment, which is consistent with the literature demonstrating that education, as a social marker, is associated with the risk of death due to assaults against women. Studies conducted in the Brazilian context show that lower educational attainment is correlated with higher female homicide rates, reflecting structural socioeconomic inequalities[7].

The United Nations Office on Drugs and Crime (UNODC) also identifies low educational attainment as a determinant of increased vulnerability to lethal violence[8], reinforcing the relationship between socioeconomic factors and exposure to severe and fatal assaults. These findings support the interpretation that the higher concentration of deaths among women with low to intermediate levels of educational attainment observed in this study is embedded in a broader context of social inequalities that influence the occurrence of fatal assaults.

In the present study, a higher frequency of deaths due to assaults was observed among women classified as single, a finding consistent with national and international studies. It is noteworthy that marital status recorded on the Death Certificate does not necessarily indicate the absence of intimate relationships, since many women may experience relationships that are not legally formalized or may be undergoing separation. International reviews indicate that the proportion of homicides committed by intimate partners is six times higher among women than among men, even when the victims were not legally married[9,10].

The literature also indicates that women who actively seek to separate from their partners face an increased risk of death due to assault, with the intimate partner frequently identified as the primary perpetrator. This context helps explain the high proportion of deaths occurring in residential settings and the predominance of highly lethal means of assault, such as firearms and sharp objects, observed in this study. These findings reinforce that gender-based violence is centrally situated in the domestic environment, within a patriarchal logic of control and possession over women's bodies, regardless of whether the marital relationship has been legally formalized[11-13].

Although previous studies on assaults have identified public thoroughfares as the predominant location of female deaths during certain periods and in specific regions of Brazil, the results presented here demonstrate the persistence of the home as the main place of occurrence of deaths due to assaults against women of reproductive age in Santa Catarina. Consistent with Waiselfisz, the high proportion of deaths occurring in residential settings, combined with the use of highly lethal means, suggests the central role of domestic and interpersonal violence as a relevant context for lethal violence against women, frequently involving intimate partners, family members, or acquaintances[14]. Meanwhile, deaths occurring on public thoroughfares may be associated with perpetrators' prior knowledge of victims' daily routines, particularly in situations involving marital separation, further highlighting the multifaceted nature of lethal violence against women[15].

The main limitation of this study concerns the restrictions inherent in the use of secondary data, particularly dependence on the variables made available through the public tabulation tool (TABNET/DATASUS). Although the Mortality Information System (SIM) includes the race/skin color variable in its original structure, this information is not available for extraction within the data filters used on the TABNET platform, which prevented more in-depth analyses of racial inequalities associated with lethal violence against women. It should be emphasized that this limitation results from the way data are made available at the federal level, rather than from an absence of records at the state level. Nevertheless, the use of secondary data may be subject to inconsistencies in completion and underreporting, potentially affecting the accuracy of some of the indicators presented. Furthermore, it was not possible to distinguish, among deaths classified as homicides, those that would legally qualify as femicides, since this classification depends on contextual and legal elements that are not fully captured in the Death Certificate.

It is noteworthy that the dynamics of femicide differ from those of homicide in general, since, in most cases, the perpetrator is known to the victim and is frequently an intimate partner or former partner[16]. In this regard, Law No.

14,994 of October 9, 2024, defines femicide as the homicide of a woman motivated by her female gender, occurring in the context of domestic and family violence or involving contempt for or discrimination against women. This definition reinforces its structural nature and its association with gender inequalities. It demonstrates that femicide is not an isolated event but rather the extreme expression of a continuum of gender-based violence[17].

In this regard, although femicide is a legal term, it is suggested that the Death Certificate incorporate information regarding the relationship or degree of kinship between the possible perpetrator and the victim, similarly to what is already included in the violence notification form of the Notifiable Diseases Information System (SINAN). The inclusion of this information could contribute to a better characterization of deaths resulting from assaults against women, allowing for a more accurate assessment of the magnitude of femicide and supporting specific studies on its associated factors[16]. Additionally, the Ministry of Health has been coordinating with the World Health Organization (WHO) to include a specific code for femicide in the International Classification of Diseases, 11th Revision (ICD-11), within the framework of the National Pact for Brazil Against Femicide, launched in 2026. This initiative may represent a significant advancement in epidemiological surveillance by enabling the standardized identification of these deaths in health information systems and facilitating more robust and internationally comparable analyses[18].

Finally, improving the quality and integration of information across healthcare, public security, and justice systems is essential to achieving a deeper understanding of this phenomenon, enabling analyses that combine individual, territorial, and legal aspects with public policies aimed at addressing violence against women in Santa Catarina and Brazil.

Final Considerations

The analysis of deaths due to assaults against women of reproductive age in the state of Santa Catarina from 2015 to 2025 demonstrates that lethal violence remains a serious and persistent public health problem. The results show a predominance of deaths due to assaults involving sharp or penetrating objects and firearms, predominantly affecting young women in their productive and reproductive years.

The victims' age and socioeconomic profiles, characterized by a higher concentration among women with low to intermediate levels of educational attainment, reinforce the association between lethal violence, social inequalities, and structural vulnerabilities. However, the occurrence of deaths across all educational levels indicates that violence against women is a cross-cutting phenomenon, not restricted to groups experiencing extreme social exclusion. The historical overview reveals the persistence of this phenomenon over a decade, with annual fluctuations and no sustained downward trend, even in a state with favorable overall public security indicators. The reduction observed during part of the pandemic period should be interpreted with caution, considering the possible impacts on the notification, investigation, and recording of deaths.

In view of this scenario, the continuous strengthening of epidemiological surveillance of deaths from violent causes is clearly necessary, with a focus on improving data quality, conducting systematic data analyses, and coordinating efforts with public policies for the prevention of and response to violence against women.

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