Appendix A

The Nine Recommendations of *World Report on Violence and Health*[1]

1. Create, implement and monitor a national action plan for violence prevention;

2. Enhance capacity for collecting data on violence;

3. Define priorities for, and support research on, the causes, consequences, costs and prevention of violence;

4. Promote primary prevention responses;

5. Strengthen responses for victims of violence;

6. Integrate violence prevention into social and educational policies, and thereby promote gender and social equality;

7. Increase collaboration and exchange of information on violence prevention;

8. Promote and monitor adherence to international treaties, laws and other mechanisms to protect human rights;

9. Seek practical, internationally agreed responses to the global drugs trade and the global arms trade.

The *Global status report on violence preventions 2014* focused on recommendations 1-7.

Appendix B

The Questionnaire Used to Collect Data

The questionnaire and survey method were developed in consultation with an international expert committee. The questionnaire was pilot tested in six countries and subsequently revised. The questionnaire used the recommendations of the *World report on violence and health*[1] and subsequent WHO violence prevention guidance documents as the basis for its content.[36,37] Based on systematic reviews of the evidence, WHO and its partners have identified a number of "best buy" strategies.[35] These include, for example, developing safe, stable, and nurturing relationships between children and their parents or other caregivers; developing life skills in children and adolescents; changing social and cultural norms that support violence; and reducing the harmful use of alcohol. These strategies can potentially impact multiple forms of violence, help reduce the likelihood of both perpetrating violence and becoming a victim, and represent areas where developing countries and funding agencies can make reasonable investments. The scientific evidence base corresponding to these strategies was used to identify specific prevention programs for inclusion in the questionnaire, and questions were formulated about programs of proven or promising effectiveness in preventing different types of violence. The selection of questions about prevention laws specific to each type of violence was guided by scientific evidence, when available, and expert opinion.

The questionnaire covered the following areas:

- Data, (e.g., homicide numbers, rates and trends; mechanism of homicide; the existence of national or subnational population-based survey data on non-fatal violence for each of the different types of violence);

- Action plans and agency involvement in violence prevention (e.g., the existence of national action plans to address the different types of violence; governmental and nongovernmental agencies involved in violence prevention activities, including a lead agency to coordinate prevention activities);

- Prevention policies and laws relevant to multiple types of violence (alcohol policies and laws, social and educational policies, policing strategies, firearms laws);

- Child maltreatment prevention programs (e.g., home visiting, parenting education and parent-child support programs) and laws (e.g., against corporal punishment and child marriage);

- Youth violence prevention programs (e.g., life skills training and mentoring programs, bullying prevention, after-school supervision, pre-school enrichment) and laws (e.g., against weapons on school premises, prohibiting gang membership);

- Intimate partner violence prevention programs (e.g., school-based dating violence prevention programs and programs to change social and cultural norms that are supportive of violence) and laws (e.g., against rape in marriage, allowing for the removal of a violent spouse from the home);

- Sexual violence prevention programs (e.g., programs for school and college populations and programs to improve the physical environment, for instance by improving street lighting in public spaces and providing special carriages on trains) and laws (e.g., against rape, against contact and non-contact sexual violence);

- Elder abuse prevention programs (e.g., programs to provide support for caregivers and to improve residential care policies, professional awareness and public information campaigns) and laws (e.g., against elder abuse, including in institutions);

- Health services for victims of violence (e.g., mental health services for victims of violence, child protection services, adult protective services, medico-legal services for victims of sexual violence, and identification, referral and support for victims of child maltreatment and violence against women);

- Legal services (e.g., requiring that the state compensate victims of violence for their suffering).

There were typically three or four response options for each of the approximately 250 questions and sub-questions. For instance, for questions about the existence and extent of implementation of violence prevention programs there were four response options: *No, not implemented*, *Yes, implemented once or a few isolated times; Yes implemented systematically on a large scale*; and *Don't know*. Respondents were asked to use their professional judgement to rate the extent of enforcement of laws and of implementation of programs.

The group of respondents then reached consensus on an implementation rating for programs and an enforcement rating for laws, using the following guidance:

Extent of Enforcement of Laws

1 = *Enforced to a limited extent*: up to 40% effective

2 = *Enforced to a large extent*: 40–79% effective

3 = *Fully enforced*: 80% or more effective

Extent of Prevention Program and Victim Support Program Implementation

1 = The program has been implemented once or a few isolated times.

2 = The program has been implemented systematically on a large scale (for example, across

many schools or communities, or has reached more than 30% of the intended target population in

the country).

It is noted that these scores are subjective and may not reflect the true extent of implementation

in the country. The full questionnaire is available online at:

www.who.int/entity/violence_injury_prevention/violence/status_report/2014/methodology/GSR

VP_Questionnaire_FINAL.pdf?ua=1).

Appendix C

Examples of independent databases and other sources used to validate data

Examples of independent databases used to validate data submitted by countries include:

- The United Nations Office for Drugs and Crime Mortality Statistics:

  www.unodc.org/gsh/en/data.html;

- The WHO Mortality Database: www.who.int/healthinfo/mortality_data/en/;

- The University of Sydney's International Firearm Injury Preventoin and Policy database:

  www.gunpolicy.org/;

- The Global Initiative to End All Corporal Punishment of Children database:

  www.endcorporalpunishment.org/progress/legality-tables/;

- UNWomen's database on legislation on violence against women:

  http://constitutions.unwomen.org/en/search.