METHOD FOR DATA COLLECTION AND VALIDATION

The data collection and validation method used for this report was modelled on that used in WHO’s first *Global status report on road safety* (1) and is shown in Figure 19. It involved systematically gathering data and other information from each country, coordinated by a National Data Coordinator. Within each country the questionnaire was completed by individual respondents representing ministries of health, justice, law enforcement and the police, education, gender and women, children and social development, and, where relevant, nongovernmental organizations working on violence prevention.

The questionnaire used the recommendations of the *World report on violence and health* (2) and subsequent WHO violence prevention guidance documents as the basis for its content. The scientific evidence base for intervention effectiveness was used to identify specific prevention programmes selected for inclusion, and questions were formulated about programmes of proven or promising effectiveness in preventing different types of violence. Information about other programmes or approaches was also gathered, particularly in areas where fewer evidence-based programmes exist, such as for elder abuse and sexual violence prevention. In these areas, programmes or approaches included in the questionnaire were based on expert opinion. The selection of questions about prevention laws specific to each type of violence was also guided by 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 programmes (e.g. home visiting, parenting education and parent-child support programmes) and laws (e.g. against corporal punishment and child marriage);
- youth violence prevention programmes (e.g. life skills training and mentoring programmes, bullying prevention, after-school supervision, pre-school enrichment) and laws (e.g. against weapons on school premises, prohibiting gang membership);
- intimate partner violence prevention programmes (e.g. school-based dating violence prevention programmes and programmes 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 programmes (e.g. programmes for school and college populations and programmes 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 programmes (e.g. programmes 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).

The questionnaire and survey method were developed in close consultation with an international expert committee of violence prevention researchers and practitioners, and widely reviewed by representatives of international and regional organizations working on the prevention of violence, governmental and nongovernmental organizations, and academic institutions.
Figure 19: Method of data collection and validation

1. Global and regional level coordination
2. National Data Coordinator in each country/area
3. Questionnaire completed by respondents comprising a multisectoral group from ministries of health, justice, education, gender and women, children, and interior, and non-government organizations
4. National consensus meeting
5. One national data set
6. Validation
7. Government clearance

Fed into *Global status report on violence prevention 2014*
In addition to the questionnaire there was a protocol providing detailed descriptions of each stage of the data collection, validation and clearance process, a glossary defining the main technical terms, and a set of PowerPoint training materials. The questionnaire and consensus method were piloted in Malaysia, Mexico, the Philippines and The former Yugoslav Republic of Macedonia during the first quarter of 2012, and minor adjustments were made based on the pilot.

The questionnaire, protocol, glossary and training materials were developed and made available in Arabic, Chinese, English, French, German, Portuguese, Russian and Spanish. Following their recruitment, National Data Coordinators were trained via webinars. The implementation of the full survey began in June 2012 and ended in July 2014.

Data collection and validation

Following training, National Data Coordinators (see table A1 in Statistical annex) convened a consensus meeting involving a multisectoral group of up to 10 violence prevention experts. The method stipulated that the following sectors should be among the respondents in each country:

- Ministry of Health or department responsible for public health;
- Ministry of Justice;
- Ministry responsible for law enforcement and the police;
- Ministry of Interior;
- Ministry of Education;
- Ministry responsible for gender and women;
- Ministry responsible for children and social development.

In addition, the method noted that respondents from national statistics offices, nongovernmental organizations working on violence prevention and academics or representatives of other research institutions working on violence prevention research could also be represented in the consensus meeting. Respondents were asked to complete the questionnaire independently and then discuss each of the answers at the consensus meeting where the respondents would agree as a group on one final country response, which was then submitted to WHO.

After the country consensus meeting, the National Data Coordinator submitted a draft of the completed questionnaire to WHO regional and global violence prevention technical staff. These staff validated the responses by checking them against independent databases where these existed (for example, UNODC’s global homicide statistics database, End Corporal Punishment’s online database of national corporal punishment laws); through consultation with independent experts from the country in question, and through Internet-based searches. Findings of the validation process were then discussed with the National Data Coordinators who amended the questionnaire responses, until, usually after several iterations, a fully validated draft was agreed upon. National Data Coordinators then submitted the validated draft to the relevant ministry for official permission to include the final data in the report, following which they sent the finalized questionnaire to WHO by email and uploaded the information into an online database specially created for the project.

While most countries followed the standardized method, in five countries (Australia, Germany, Japan, New Zealand and Singapore) the questionnaire was completed by the National Data Coordinator (see Table A1 in Statistical annex) using input from multiple sectors, and no consensus meeting was held.

Final data were received from 133 participating countries and areas (see Table 7). These 133 countries and areas account for 88% of the world’s population.
Table 7: Country participation in the survey, by WHO region and income group

<table>
<thead>
<tr>
<th>WHO region</th>
<th>Number of WHO Member States and Associate Members</th>
<th>Countries/areas participating</th>
<th>% of regional population covered by participating countries</th>
<th>Non-participating Member States/Associate Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>African</td>
<td>47</td>
<td>27</td>
<td>70</td>
<td>Angola, Cabo Verde, Central African Republic, Chad, Comoros, Congo, Cote d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Guinea-Bissau, Lesotho, Mali, Mauritius, Namibia, Sierra Leone, South Sudan, Togo</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(13 middle-income countries, 14 low-income countries)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americas</td>
<td>35</td>
<td>21</td>
<td>88</td>
<td>Antigua and Barbuda, Argentina, Bahamas, Barbados, Chile, Grenada, Haiti, Paraguay, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Uruguay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(4 high-income countries, 17 middle-income countries)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastern Mediterranean¹</td>
<td>22</td>
<td>16</td>
<td>63</td>
<td>Djibouti, Lebanon, Libya, Pakistan, Somalia, Syria</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(6 high-income countries, 9 middle-income countries, 1 low-income country)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>European</td>
<td>53</td>
<td>41</td>
<td>83</td>
<td>Andorra, Bosnia and Herzegovina, Denmark, France, Greece, Hungary, Ireland, Luxembourg, Malta, Monaco, Turkmenistan, Ukraine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(25 high-income countries, 14 middle-income countries, 2 low-income countries)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South-East Asia</td>
<td>11</td>
<td>8</td>
<td>97</td>
<td>Democratic People’s Republic of Korea, Sri Lanka, Timor-Leste</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(5 middle-income countries, 3 low-income countries)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Pacific²</td>
<td>27</td>
<td>20</td>
<td>97</td>
<td>Marshall Islands, Micronesia, Nauru, Niue, Palau, Republic of Korea, Tonga</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(5 high-income countries, 14 middle-income countries, 1 low-income country)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLOBAL</td>
<td>195</td>
<td>133</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(39 high-income countries, 73 middle-income countries, 21 low-income countries)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹ Includes one non-member area, the West Bank and Gaza Strip.
² Includes one Associate Member, Tokelau.

References