

Support for Victims of Violence

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Summary

The last decade of this century to xx witnessed profound changes in both social economic climate legislation with an impact on human behavior, and its potential danger and acting out violent trauma source physical and mental majorant every day the number of victims. The aim of this work is to enlighten, mark, guiding the careers of these victims of violence, lost disoriented, confused, to the repair saving, identifying barriers and installing a network of stakeholder involvement in the accompanying s' help of a modern legal framework.

Keyword: Violent act, victimology, victims, violence, redress, compensation, coaching, networking, legal

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I. Introduction

Assaults, ill-treatment, accidents in traffic, at work, earthquakes, floods, wars cause frequent physical and mental trauma.

All the situations experienced by victims in our country have one common denominator: violence; voluntary, involuntary violence, violence against oneself, violence against others. Victims of violence require multidisciplinary care. Their journey begins with a traumatic event continues with care and ends with repair and compensation.

The victim's journey consists of four stages:

- The Pre-hospital stage, dominated by the intervention of the emergency help service.
- The hospital stage consists of intensive care and surgery, and psychological care (DEFUSING).
- The post-hospital stage is the preparation for the discharge of the victim.
- The repair and compensation stage.

Difficulties and obstacles can arise at the level of each stage due to lack of means, through the occurrence of incidents, accidents, hazards linked to functional explorations and treatments or complications. But the most serious problems seem to relate to the stage of reparation and compensation.

II. Practical Study

Material and Method: The main objective of this work is to identify the administrative and judicial obstacles as well as the elements which impede the rapid evolution towards compensation and reparation. Its secondary objectives are the proposal to draw up a charter of victims' rights, the proposal of a new legal framework, adapted to each suffering taking into account the new economic order.

Type of study: This is a retrospective survey followed by a prospective study in victims of violence who have passed through the forensic medicine service of the university hospital center _ NEDIR Mohamed _ in the province of Tizi-Ouzou, Algeria.

Study population: The study population is made up of all persons who have suffered an act of violence during the three-year period, from January 1, 2009 to December 31, 2011.

III. The Results Of The Study

1. Distribution of the activity of clinical forensic medicine consultation and personal injury expertise from January 1, 2009 to December 31, 2011.

Typology of violence	Number of victims per year			Total
	2009	2010	2011	
Male assault and injury ;assault and unintentional injury	1306	1392	1520	4218
Voluntary violence againt women and children	345	433	547	1325
Sexual violence	18	57	54	129
Victims assessed for personal injury	86+97	108	140	431
Totals	1852	1990	2261	6103

2. Distribution of victims assessed at the forensic medicine service of Tizi-Ouzou University Hospital (Algeria).

Age range	Number of cases	%
under <10	10	4,03
10 - <20	25	10,08
20 - <30	60	24,19
30 - <40	57	22,98
40 - <50	30	12,10
50 - <60	24	9,68
60 - <70	24	9,68
70 and over	18	7,26
Total	248	100

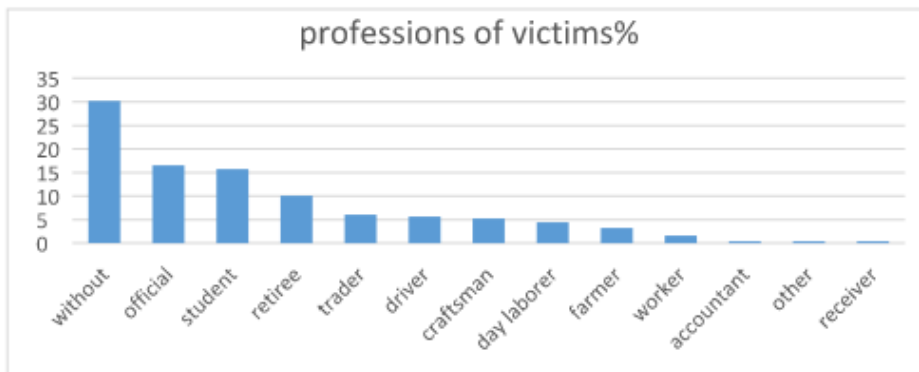
Expert victims between the ages of 20 and 40 seem to be the most affected, but all ages are represented.

3. Representation by sex and marital status



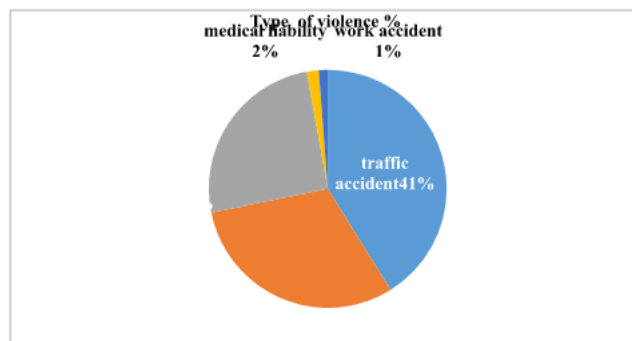
The most frequently found expert victims are male with 75% of cases (sex ratio is 1/3). 55% of the victims are single.

4. Representation according to their profession.



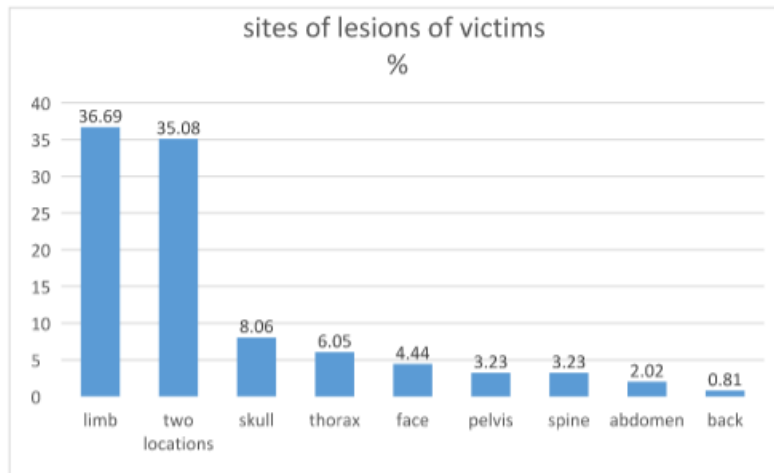
The majority of victims who have received medical expertise for compensation are unemployed (30.24%),

5. Distribution by type of violence



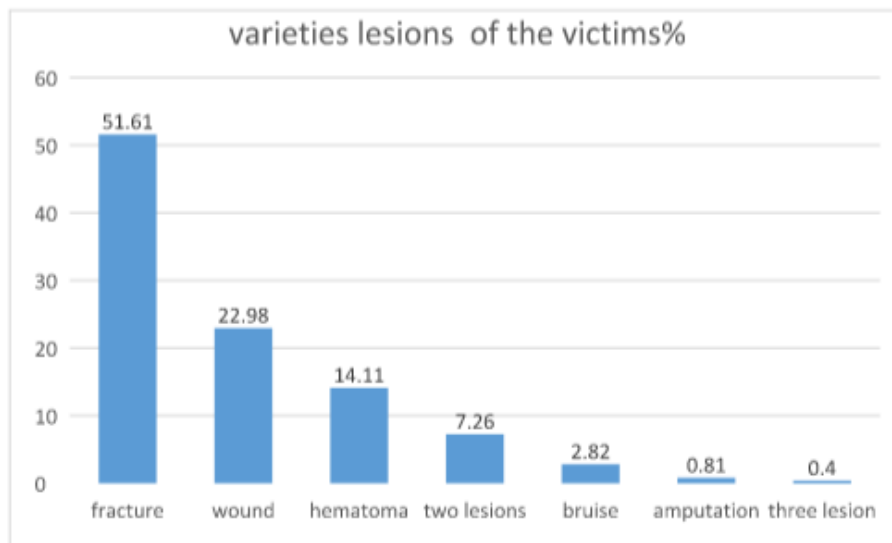
Traffic accidents represent the most common type with 66%.

6. The distribution according to the sites of the lesions observed



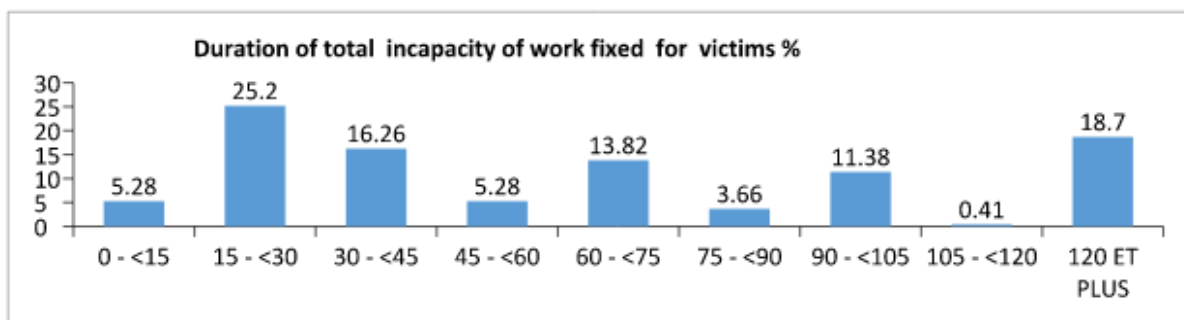
The site of lesions most found is the limbs with 36.69%. 7. Distribution according to the typology of lesions observed.

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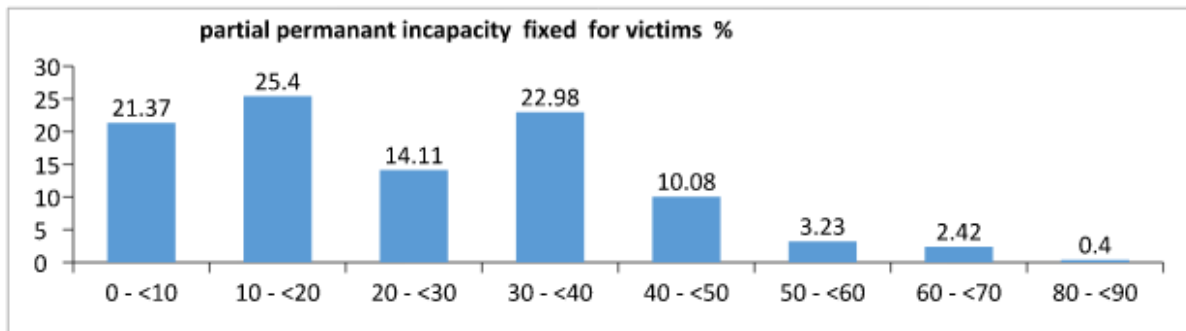
Fractures represent the most frequent type of lesions with 51.61% of cases.

8. The distribution according to the total incapacity for work (ITT) attributed.



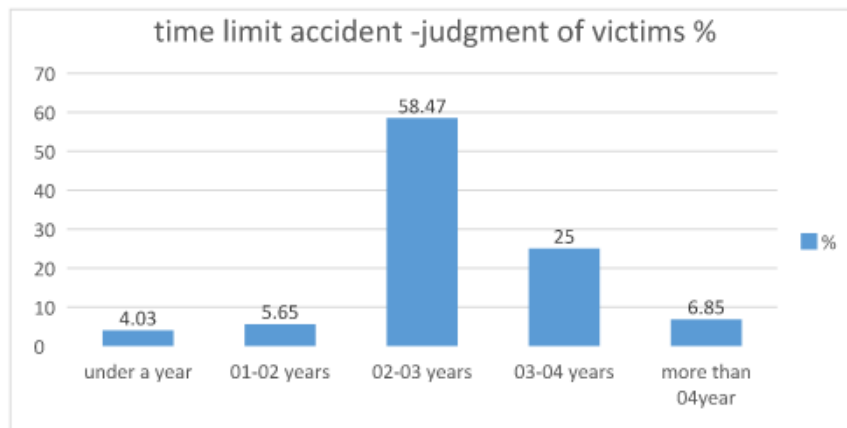
The duration of ITT from 15 to 29 days is the most frequent with 25.2% of cases.

9. Distribution according to the PPI Partial permanent incapacity attributed.



1/4 of the victims assessed received a PPI between 10 and 19%, rare received more than 50%.

10. Representation according to the time between the accident and the legal trial.



58.47% of the victims assessed have had their cases tried within 2 to 3 years. only 4.03% of victims had their case decided within less than a year.

IV. Discussion

The identification of obstacles that arise along the route of the victims collected during the anamnesis and which slow down the progress towards compensation and reparation. The lengthening of the time between the traumatic event, the legal process and the practice of medical expertise, the last act before compensation and compensation.

We will try to answer these questions inspired by the current situation of victims of violence in the province of Tizi-Ouzou:

The dominant age group is between 20 and 40 years old (47.17%) with predominantly male or 75% of cases. These victims are recruited from the unemployed (30.25%) followed by civil servants (16.53%).

With regard to the variety of violence suffered, 66% of cases are victims of commuting accidents (vehicle collision, pedestrians hit); assault and battery is in second place with 31% of cases, followed by iatrogenic accidents with 2% of cases and 1% of accidents in the workplace.

The site of the lesions observed concerning one or more members represents 71.77% of the cases. Fractures represent the most common type of injury, accounting for 51.66% of cases.

In terms of care, 92% of the victims were admitted to a public medical and surgical emergency service, 8% of the victims only in a private medical structure. 43% of victims surveyed required observation or hospitalization.

Regarding the treatment implemented: 32.26% received orthopedic treatment 30.24% were operated.

Regarding the duration of the work stoppage: 25.20% benefited from a 15 to 30 day work stoppage. 16.26% have been off work for 30 to 45 days 18.30% have been off work for 120 days or more.

Within the framework of medical expertise: 25% benefited from a PPI (Partial Permanent Disability) of 10 to 19%. 6.8% benefited from a PPI greater than 50%. 94% received a PPI of less than 50%.

The delays between the accident and the judgment of the case: it seems interesting to recall the delays between the accident, the judgment of the case and the medical expertise. 58.47% of the cases between 2 and 3 years old. 25% between 3 and 4 years old. 7% in a period which exceeds 4 years. Some cases have reached us in a period which exceeds 15 years.

Between the accident and the medical expertise: 39.92% the delay was 2 and 3 years. 34.68% between 3 and 4 years old. 8.47% delay exceeding 4 years. 4.84% delay less than a year. The lengthening of this source of victimization delay indicates a dysfunction in the care of victims of violence, from the traumatic event to compensation.

After this quantitative assessment, it appears that the difficulties and obstacles arise all along the journey of victims of violence, especially at the post-hospital stage. These problems delay the victim's source of victim compensation and aggravate post-traumatic psychological disorders.

V. Recommendations

Support for victims must be the rule at each level of the victimization process: from the traumatic event to compensation, namely: Giving care on the spot, providing medical transport, Organizing care adapted to emergencies, Inform the family, Organize the medico-psychological care, see psychiatric, prepare the medico-social file, Coordinate the actions of the various actors: paramedical doctors, social workers, associative movements...

The development of the victims' charter: In view of all international standards, it is possible to identify a certain number of fundamental rights applicable to all victims of crime and which form a kind of "victim status". Some of these rights are expressly recognized, others remain to be claimed. Many of his rights are cited in the Algerian constitution and the code of medical ethics.

The establishment of a network of interveners involved in supporting victims throughout the journey from the traumatic event to repair. Listening is offered within this network in order to identify the victim's difficulties and offer them the possibility of psychological support, information on their rights and social support (medical, administrative procedures, etc.).

The proposal of a new legal framework adapted to each suffering taking into account the new economic order. Also an adaptation of the laws managing the situations of victims of violence (all violence combined). We propose the revision and adaptation: Laws relating to road accidents, work accident laws, laws governing terrorism cases and organize a reflection for a legal framework for victims of natural disasters who are neglected.

VI. Conclusion

Violence has become a major subject of concern and debate in all countries, not only in the legal and social field, but also in that of health. Indeed, assaults, urban violence, ill-treatment, earthquakes, floods, traffic accidents ... cause physical and mental trauma. These frequent situations in our country have a common denominator: violence. The increasing number of victims require multidimensional care: health, psychological, medico-legal, judicial, associative, administrative, legal.

The journey of these victims begins with a traumatic event, passes through the stage of care, becomes bogged down in the administrative-judicial labyrinth to lead to reparative compensation, often late. Health professionals have become aware of the difficulties and obstacles encountered by victims throughout their journey. This theme has been the subject of several international scientific meetings which have, moreover, borne fruit and significantly improved the situations of victims overseas.

In Algeria an international congress was held on the theme "Trauma"; care, expertise and reception on 26 and 27 November 2008 which brought together health professionals, university researchers, the various players in the association movement, elements of the security services, civil protection, magistrates, lawyers in a synergistic space of open reflection with the objectives:

The identification of obstacles and difficulties that dot the course of the victims. The establishment of a network of stakeholders involved in their support. The development of a victims' rights charter. The proposal of a new legal framework adapted to each suffering and taking into account the new world economic order.

We proposed to launch a scientific research on this topic in the forensic medicine service of the Tizi-Ouzou University Hospital center by initiating two epidemiological studies. We found that the difficulties appear during the post-hospital phase and which essentially consist in lengthening the time between the traumatic event, the judgment and the practice of expertise, delaying the compensation and aggravating the over-victimization

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