

Post-traumatic stress disorder (PTSD) in legal medical practice

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Abstract : Post-traumatic stress syndrome knows a gracing interest in view of the increasing number of victims of disasters, collective accidents, hostage situations or accidents to strong psychological impact.

The clinical picture is characterized by the repetition syndrome or revival, specific to this pathology, associated with manifestations of with drawl and non-specific symptoms as psychomatic disorders or personality disorders.

The management is carried out in the context of medico-psychological emergency with immediate care made on site into contact with the event and in more depth implementation psychological debriefing and later by follow-up and support of his victim on the map medico-psychological, forensic, judicial, social.

Keywords: PTSD, violence, psychological trauma

I. INTRODUCTION:

The forensic department is structured in clinical unites since 1980 when the hospital of clinical medicine was born. There must be a victim in any violent act and often an author if the victim is not him. Even at the origin of the fact. If every violence presupposes a victim modalities of expression are differentiated the judicial practice is to separate intentional violence, involuntary violence and violence as the subject turns against itself.

Three headings:

- Blows and the intentional and homicide injuries
- Accidental facts
- Behaviors self-aggressive as suicide
- Additive pipes

In the clinical unities, each person victim of violence is entitled to demand compensation for damages caused to him and in that sense the doctor/ injured take a particular dimension. There was a damage to the person with physical injuries but a third party of psychological injuries is involved and the dual relationship doctor/injured becomes triangular: the third “aggressor” is present at any moment in relationship. This third “must be punished” he has to repair. The forensic doctor, a specialist in violence welcome, listen, observe, describe the wounds, these findings can be made at the request of the victim-even requesting authority (magistrate, police or gendarmerie, social security or insurance company)

These finding will result from detailed medical certificate or a reasoned report prescribing ITT (temporary total disability) of work.

The event and/or traumatic impact on victims (Injured in their body and in the soul, Witnesses of violence (children), Survivors, Parents of deceased victims following violence) Inevitably cause the occurrence of post-traumatic stress manifested in its initial phase by a stunning anxious or inadequate agitation, total or partial omission facts, In its face consisting of the repetition syndrome which is characteristic, the victim relives the trauma thought repetitive and intrusive memories, nightmares on aggressions, night awakening, bruited. The victim has other symptoms: The reduction of external contact and effects, state of permanent alert, Sleep disorders, cognitive disorders (memory, concentration).

The psychological assistance to all categories of victim must be the rule in phases hospital and post-hospital.

II. DEPARTMENT’S STATISTICS IN TERM OF VIOLENCE FROM 2011 TO 2015:

THE VIOLENCE OF CONSULTATION:

violence	victims
Intentionally violence specially road traffic accident	3715 victims
Volunteers violence (assault and wounds)	15789 injured victims

Sexual abuse	356 victims
Pipes Addictive	593 victims

THE THANATOLOGY (FORENSIC AUTOPSY) ON 1008

death's cause	percentage
Sudden death	60 %
Homicide	15 %
Suicide	12 %
accident	13 %

Most of these victims and their relatives have a post-traumatic stress

➤ Evaluation of status of persons in five years (2011-2015):
350 victims of terrorism acts were reviewed as a part of the compensation law for victim of terrorism

➤ Reconstitution of dismembered corpses or decapitated during four years (1993-1996):
78 body dismembered, disarticulated, beheaded were reconstituted in forensic department of the university hospital of Bab El-Oued, from post traumatic-stress victim's relatives.

After finding, a questioning interpellate, our health system could it handle people with post-traumatic stress?

We think so, since the advent of terrorism the authorities have mobilized to create decision-health network load psychogenic pain and post-traumatic stress both in hospitals and health facilities in close proximity medical staff (psychologists, psychiatrists) and para-medical personnel counselling for these victims, witnesses, survivors, injured and relatives.

➤ On the teaching plain and training:
Our young practitioners since 1992 have gained a great experience in:

- From injuries caused by weapons of war.
- From injuries caused by explosive (crash injury and blast injury)
- And for psychogenic pain and post-traumatic stress

➤ The terms of reparation and compensation for all victims, authorities have mobilized by creating.

- A special law for compensation for victims of terrorism
- And special compensation fund.

But all that has been undertaken is insufficient since the route of the victims remains tortures dark, obstacle strain, difficulties are doth good in health support, forensic, psychological, judicial, administrative, legal and associative.

III. CONCLUSION

Required The repair and compensation for post-traumatic stress disorder are not known at the present by certain paying agencies including the national fund social and assurance for employees (CNAS)

It seems for us, is important to emphasize on the fact that physical injuries sanctioned forensic practice duration of temporary total disability (ITT) of work, they have no predictive of subsequent psychiatric disorders, the indirect victim (witnesses, survivors, relatives of the victim) when they get new of the accident or death, they may suffer from emotional shock responsible for PTSD. This dimension was taken into account across the Atlantic, is the subject of an obvious denial in Algeria.