

Original Research Article

Annual Assessment of Intentional Assaults and Injuries at Markala Health District

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Abstract: Intentional assaults and injuries are defined as the result of intentional physical attacks on the body of another person. *The objective* was to determine the clinical, etiological and socio-demographic aspects of Voluntary beatings and injuries in the Health District of Markala. This was a prospective study of cases of Intentional assaults and injuries in the Markala Health District from 1 January 2022 to 31 December 2022. **Results:** Out of 738 cases of traumatic pathologies, we recorded 274 cases of Intentional assaults and injuries, i.e. a frequency of 37.12%, with a male predominance of 79.80%. The injured were aged between 21 and 30 years, i.e. 41.24%. Peasants were the most affected with 35.76% of armed attacks occurring in 44.16%. Bladed weapons were the most used (53.28%), causing wounds in 39.05% of cases, with 34.30% of cases involving the head. **Conclusion:** Violence, a real problem in society, has reached worrying proportions in the Markala health district because of the resurgence of juvenile delinquency but also because of the security crisis that Mali is currently experiencing. This is a phenomenon of great magnitude which has led us to reflect on possible solutions to reduce this problem.

Keywords: Assaults, Physical attacks, Injuries, Health district.

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INTRODUCTION

Intentional assaults and injuries are defined as the result of intentional physical attacks on the body of another person. An assault occurs whenever an individual or group of individuals attempts to coerce another individual to submit to their wishes. Forensically, it is an attack on a person's life or health [1].

- A blow is any impression made on the human body by direct contact or shock to an organism by an object.
- An injury is a lesion produced in the body by a blow, which may be internal or external.

According to the French Court of Cassation: "Injury includes internal lesions, external lesions and diseases" [2].

Intentional assaults and injuries are a widespread social phenomenon today. It can be caused mainly by three types of weapons:

- Natural weapons: Headbutt, Punch, Knee, Ulnar edge of the hand. They are usually found in fights.
- Bladed weapons: These are the most commonly used weapons and are available to anyone. They are mostly found in brawls and inter-community clashes.
- Fire arms: These are mainly used by armed bandits, armed terrorist groups and rebel groups.

OBJECTIVE

To determine the clinical, etiological and socio-demographic aspects of Voluntary beatings and injuries in the Health District of Markala.

PATIENTS AND METHODS

The study covered all patients admitted to the community health centers and the Markala Reference Health Centre from 1st January 2022 to 31 December 2022 for beatings and injuries.

Inclusion criteria: All patients seen in the Community Health Centres and the Health Reference Centre for any trauma due to voluntary violence.

Non-inclusion criteria: All patients who consulted the various facilities and presented with pathology not related to intentional violence.

Data analysis: Data were entered into Microsoft Excel 2016 and analysed by SPSS 22.0 software. The

document was formatted and entered using Microsoft Word 2016.

RESULTS

From 1^{er} January 2022 to 31 December 2022, we recorded 738 cases of traumatic pathologies in the Markala Health District, including 274 cases of beatings and injuries, i.e. a cumulative frequency of 37.12%.

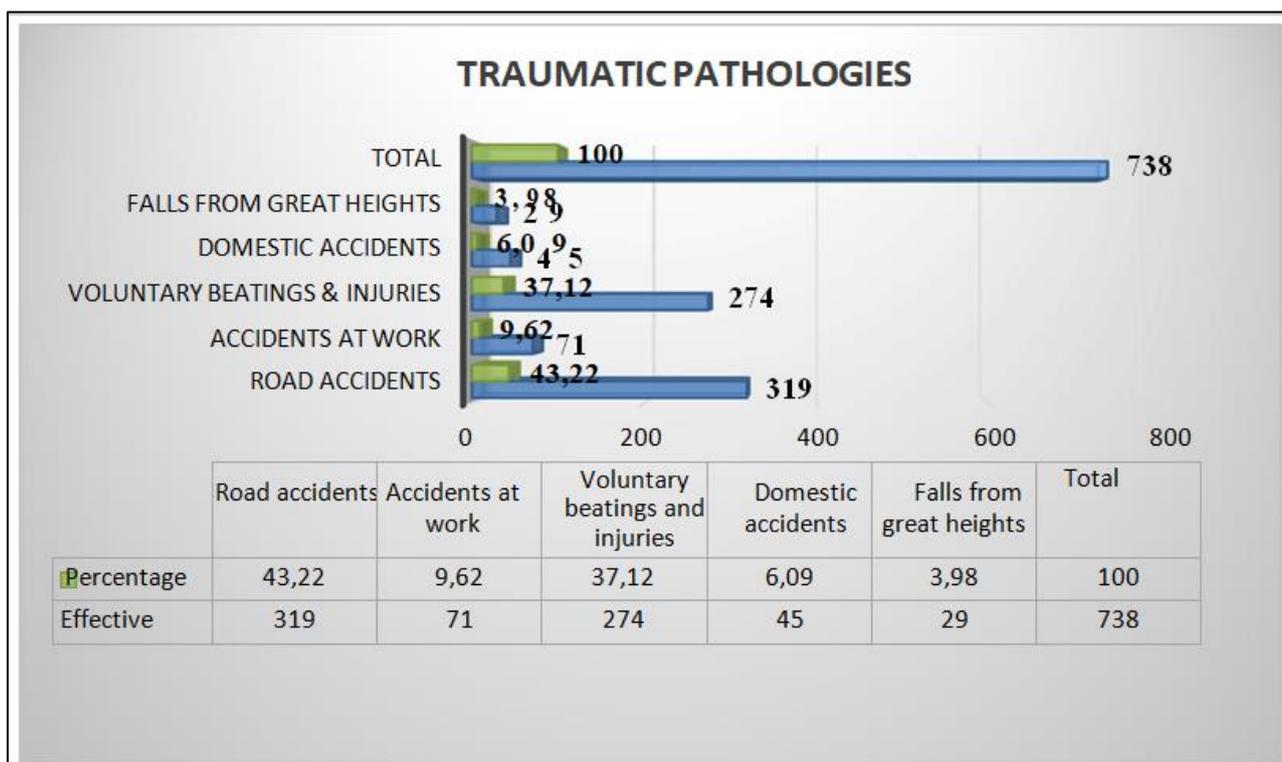


Chart 1: Distribution by frequency

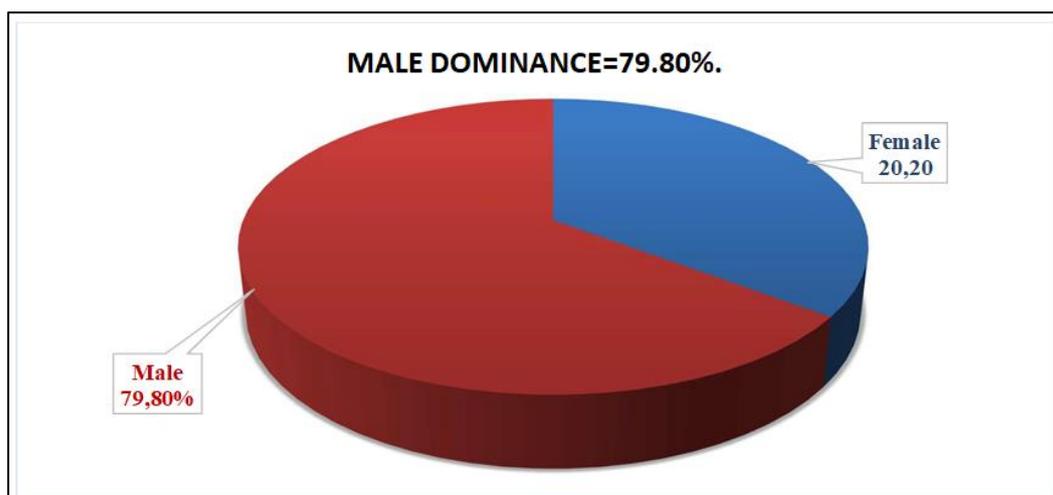


Chart 2: Gender distribution

This breakdown by sex shows that the majority of victims of assaults and injuries were male, with 79.80%, compared with 20.20% for women.

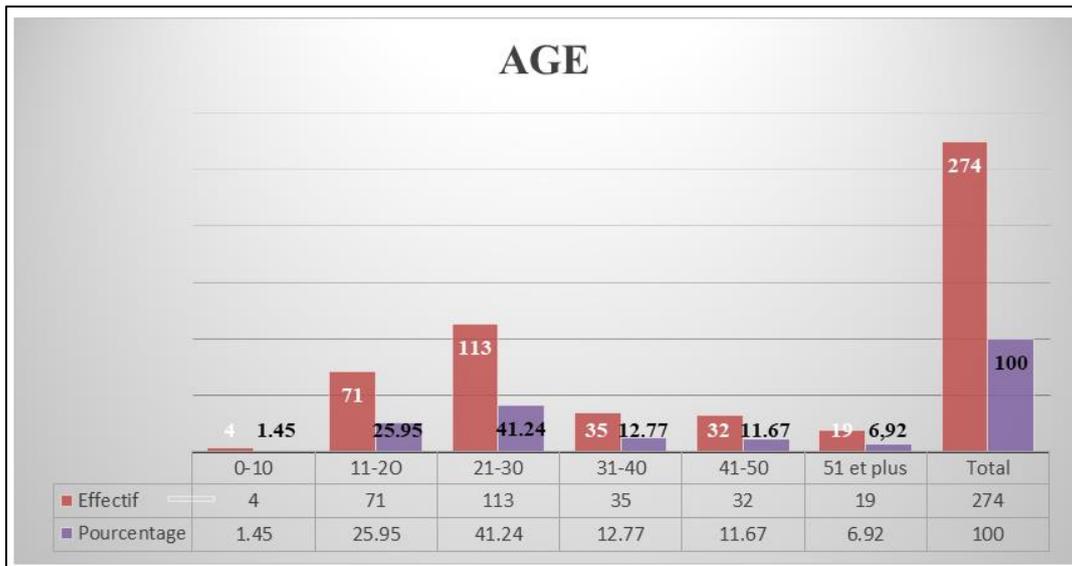


Chart 3: Age distribution

The 21 to 30 age group was the most affected with 113 cases, or 41.24%.

Table I: Distribution of origin

Source	Effective	Percentage
Koila	13	4,74
Sibila	30	10,94
Togou	8	2,91
Markanibougou	3	1,09
Sansanding	23	8,39
Dougabougou	8	2,91
CSRéf de Markala	123	45
Babougou	1	0,36
Dioro	18	6,56
Djibougou	3	1,09
Doura	11	4,01
Koké	6	2,18
Tiby	2	0,72
Témou	16	5,83
Soké	7	2,55
Konou	2	0,72
Total	274	100

The majority of the injured came from Markala with 45% of the cases.

Table II: Distribution by occupation

Profession	Effective	Percentage
Farmers	98	35,76
Drivers	33	12,04
Schoolchildren	38	13,86
Traders	15	5,47
Soldiers	6	2,18
Traditional hunters	17	6,20
Workers	62	22,62
Households	5	1,87
Total	274	100

Farmers were the most affected with 35.76%.

Table III: Distribution according to the circumstances of occurrence

Circumstances of occurrence	Effective	Percentage
Armed attacks	121	44,16
Inter-community clashes	25	9,12
Domestic violence	13	4,74
Family conflicts	17	6,23
Popular vindictiveness	28	10,21
Interpersonal violence	70	25,54
Total	274	100

Armed attacks were the most predominant circumstances with 44.16%. (n= 121) followed by interpersonal violence with 25.54% (n=70).

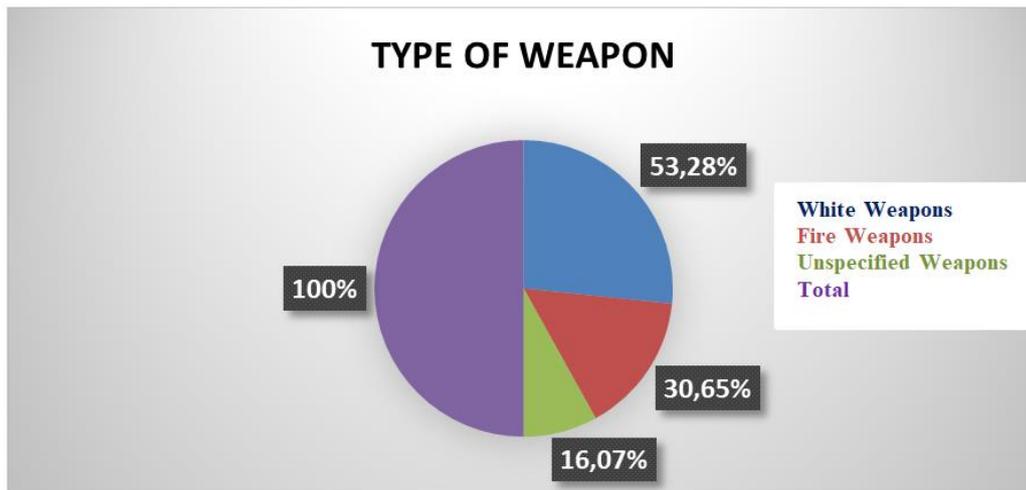


Chart 4: Breakdown by type of weapon

The most common weapons used were knives with 53.28% (n=146).

Table IV: Distribution by site of injury

Types of lesions	Workforce	Percentage
Head	94	34,30
Basin	23	8,39
Members	87	31,75
Thorax	15	5,49
Abdomen	17	6,20
Spine	12	4,37
Neck	26	9,50
Total	274	100

Head injuries were the majority with 34.30% (n=94)

Table V: Distribution according to the nature of the lesions

Lesions	Workforce	Percentage
Wounds	107	39,05
Fractures	87	31,75
Bruises	31	11,31
Dislocations	30	10,94
Sprains	19	6,95
Total	274	100

Wounds were the most common injury recorded with 39.05%.



Fig 1: Post-traumatic evisceration



Fig 2: Open skull trauma



Fig 3: Traumatic machete wound to the left hand



Fig 4: Ballistic injuries

COMMENTS AND DISCUSSION

Since January 2013, the cercle of Markala has been confronted with large-scale banditry exacerbated by rebellion, terrorism, and inter-community and inter-ethnic conflicts, which are at the root of various forms of aggression.

This work was a prospective study over a period of twelve months on the clinical, etiological and socio-demographic aspects of victims of assaults and injuries in the Health District of Markala.

Our results are comparable to those of BOMOU.Y who found 88.3% male [3] and COULIBALY M. U with 66.7% [12]. This can be explained by the fact that men are more inclined to provoke or defend themselves during fights, and therefore often suffer physical injuries.

The WHO, in its "World Report on Violence and Health", reports that carrying weapons, which constitutes significant risk behavior, is a predominantly male attitude. Indeed, sociologically, violence, and risky behavior in general, are considered to be the preserve of young men.

1. *By age:*

Violent behavior can occur at any age. The majority of our patients exposed to intentional assault and battery were young people. The most affected age group was 21-30 years with a frequency of 41.24%.

Our results are comparable to those of DOUMBIA.S who found 37.5% [8]. It is also comparable to that of DIAW.M in 1998 in Dakar, Senegal [8] with 58%.

This can be explained by the frequent conflicts between gangs at this age, and also by the divergence of values and lifestyles that end up creating frustrations, particularly among young people, and this inevitably leads to violence. Not to mention that it is in this category that there is a higher consumption of alcohol, drugs and psychotropic substances.

2. *According to the circumstances of occurrence*

Armed attacks, largely during clashes for the control of zones of influence between armed criminal groups, were the most predominant circumstances in our series with 44.16%, followed by interpersonal violence with 25.54%. These results are similar to those obtained by Ms DIANE Hawa TAMBOURA at the Mali Hospital in 2019 [19] with 35%.

This predominance of armed attacks can be explained by an increase in delinquency in our society as well as the activities of armed terrorist groups.

3. *According to the nature of the weapon used:*

Bladed weapons were the most commonly used weapon with 53.28%, i.e. 146 cases. These results are comparable to those obtained by certain authors: With BADIMI S [9], bladed weapons were the most used with 51.2%.

BOMOU Y [3] observed that bladed weapons were the most used with 54.96% and 17.12%. The use of knives in the majority of cases can be explained by their low cost and accessibility to all age groups. There is no control of the permit to carry a knife. However, firearms are expensive and not always easy to acquire.

4. *According to the location of the injuries:*

We found a predominance of injuries to the head with 34.30%, i.e. 94 cases. BADIMI S [9] found a predominance of injuries to the head with 33.9%. DRAGO S [6] observed predominance at the head level with 37.8%. This rate could be explained by the fact that the head is much more easily accessible to traumatic agents (knives, blunt objects).

5. *Depending on the nature of the injury:*

Wounds constitute the bulk of the lesions recorded during VBCs where they represented 39.05% in our study. BOMOU Y [3] observed 58 wounds, i.e. 54.25%, while DIAKITE S. M [4] observed 41 cases of wounds with 54.66%. These rates could be explained by the nature of the traumatic agents (bladed weapons).

CONCLUSION

Violence, a real problem in society, has reached worrying proportions in the Markala health district because of the resurgence of juvenile delinquency but also because of the security crisis that Mali is currently experiencing. This is a phenomenon of great magnitude which has led us to reflect on possible solutions to reduce this problem and on the various preventive measures to combat and improve the quality of care for patients who are victims of aggression.

REFERENCES

1. Diaw, M. (1998). Physical trauma by aggression in Senegal: Clinical, medico-legal, therapeutic and prognostic aspects: About 114 cases, Thesis-Med, Dakar, 65p.
2. Kourilsky, L, Soulairac, A., & Grapin, P. Adaptation and Agressiveness, Universitary medias of France (Paris).
3. Bomou, Y. (2006). Epidemiological and clinical study of serious blows and injuries, 2003- 2004 at the SAU of the HGT in Mali: about 111 cases, 66f.
4. Diakite, M. S. Epidemiological and medico-legal aspects of intentional assault and battery in the SCOT of Gabriel Touré Hospital in Bamako (08M511).

5. Rate: number of crimes per 100,000 inhabitants by population group", crime in the united states; department of justice. 2018.
6. Drago, S. (2008). Retrospective study on the evaluation of the management of patients received at the Reference Health Center of the Commune IV of the district of Bamako from 1st June 2006 to 31st December (10M38).
7. Dembele Claire Fanta Sangare. (2015). Medical-legal aspects of intentional assault and battery at the CHU-IOTA, Mali, 15M134, 67p.
8. Doumbia, S. (2022). Epidemiological aspects of intentional assault and battery in the emergency department of CHU Gabriel TOURE, Mali 22S25, 112p
9. Siaka, B. (2018). Intentional assault and battery in the SAU of CHU Gabriel TOURE, Mali, 112.
10. Vasseur, P., Dupont, M., & Rey-Salmon, C. (2020). Intimate partner violence, male victims observations and perspective, *Rev Med Leg*, 11(2), pp. 56-62. doi: 10.1016/j.medleg.2020.03.001.
11. Diakite, M. S. The Blows, and injuries, A. E. E. T. Medico-, L. Dans, L. E. Service, and O. E. T. Traumatologique, "Title: Epidemiological And Medico-Aspects Of The Gabriel Toure Hospital In Bamako These," pp. 1-64.
12. Coulibaly, M. U., Des, S., Des, T., & Bamako, T. D. E. (2019). "Socio-demographic and judicial aspects of voluntary beatings and injuries" Thesis.
13. Ministry Of Internal Security Statistical Service. (2021). Insecurity and delinquency in 2020: statistical review, P.70
14. Saidi, H., Chafik, R., & Ayachi, A. (2008). *Journal of orthopedic surgery traumatology*; 34: 37
15. Yacouba, K. (2015). Etio-pathogenic, clinical and therapeutic aspects of ocular trauma in the CS Ref of Kita in 2015 Med thesis (17M59).
16. Vivien, R. (2004). Penetrating trauma to the neck. *Urgence*, 2004, (Paris): p 279- 295.
17. Sory Ibrahim, T. Medico-legal study of traumas at Gabriel Touré University Hospital in 2012-2013 Med thesis. Bamako 2007-2008, (13M08)
18. Graves, C. B. (2006). Surgical Operations, Blows and serious injuries 2003-2004 in the surgical emergency department of the Gabriel Touré Hospital in Mali.
19. Diane Hawa Tamboura. (2020). Epidemiological profile of Intentional assault and battery in the SAU of the Mali Hospital Academic year 2020, 20M13, 77p.

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