



## Strategies to Support Groups at Risk of Victimization

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### **Abstract**

At-risk groups are the elderly, the disabled, and women. Some of the reasons for the victimization of at-risk groups are due to their own characteristics. These include financial and emotional dependence, physical, mental and psychological weakness, inability to control and manage property and assets. Other causes of vulnerability and harassment are related to their relatives, social workers and nurses, such as costly care for the elderly and disabled, the inability of their relatives and social worker to care them. This article seeks to provide support for groups at risk of victimization. This article tries to provide health, financial and insurance services to improve the unfavorable situation of these people. With these strategies, the risk of victimization of vulnerable people is reduced.

**Keywords:** *Victimization; Prevention; Vulnerability; Support*

### **Introduction**

Social prevention of crime tries to identify risk factors by early psychological-social intervention to reduce these factors by implementing appropriate programs. Early psychosocial-social intervention is based on the assumption that the earlier a person is exposed to risk and the more complex and long-lasting his or her problems are, the greater the likelihood that the individual will become involved and persist in criminal behavior. The sooner preventive measures are taken to help vulnerable people, the less they will be involved in criminal activities. (Mahdavi, 1390: 371) One of the goals of establishing assistance-oriented support in society is to increase the level of satisfaction of people in the community of facilities and services that are provided to them according to their needs. This satisfaction is not only due to the provision of free facilities, but also through which they will be able to experience independence, and even people with severe disabilities will be able to live independently if the necessary and appropriate support services are provided to them. Therefore, with the assumption of providing the services, the number of the requests of the disabled to be cared for in special institutions is reduced and the disabled are able to act independently to meet their needs. (Samavati Pirooz, 1384: 281)

In this article, in addition to the use of classical and growth-oriented social prevention strategies to prevent the victimization of vulnerable groups, a new division is presented in this area. This view tries

to provide health, financial and insurance services to improve the unfavorable situation of these people. In fact, the purpose of this approach is to bring social welfare and security to the people of the society. According to this view, governments should take all necessary legislative, executive and judicial measures to ensure that vulnerable people have equal opportunities with others in society, and to achieve this, if necessary, adopt preferential policies or dedicate more resources to these people in the light of the concept of positive discrimination. In fact, creating opportunities and empowerment in the form of aid-based measures is not the only way to independently meet the needs of the vulnerable. Rather, even with the provision of services and assistances, the dependence of these groups on others and their real inability and consequently the possibility of their victimization still remain. But real empowerment means gaining independence from others, strengthening active social presence and participation, self-sufficiency and self-fulfillment, increasing individual skills and increasing people's awareness to their own rights, and in this way, one can hope to prevent the victimization of these groups.

### ***1-Health and Care Support***

One of the necessities of social life for the physically and mentally disabled is the improvement of their biological disabilities, which will be followed by the improvement of social conditions for them. The place of raising this issue in the form of empowerment becomes clear when we put the health and service needs of the disabled people alongside their economic shortcomings and those of their families. In developing countries, for example, about 80 percent of people with disabilities live in remote rural areas. The percentage of people with disabilities in some of these countries is estimated at more than 20% of the population, and the majority of people with disabilities are usually the poorest sections of society. People with disabilities in developing countries often live in areas where medical services or other related services are scarce or even non-existent. In these areas, disabilities are not diagnosed in time, and people with disabilities, even if they have access to medical services, only benefit from it when their disorder is incurable. In many developing countries, there are insufficient resources to diagnose and prevent disability and to provide rehabilitation needs and disability support services. There are few trained staff who can research new and fruitful strategies and perspectives on rehabilitation and the construction and provision of assistive devices and equipment for people with disabilities (United Nations, 1382: 38).

#### **1-1 UN Strategies for Health-Care Services**

Providing health-care services can be achieved in a variety of ways. But the first step in this regard is preventive measures against the emergence of disability among members of society. Therefore, by using periodic tests in the field of health, especially the health of pregnant women, infants and children, a system should be established for the rapid identification and prevention of the disorder. (Ibid., P. 42) In this regard, the creation of coordinated prevention programs at all levels of society is needed. These programs include the following cases:

- A- Primary health care systems for all members of the community that extend to all sections of the population, especially in rural areas and urban slums.
- B- Effective health care and counseling for mother and child, as well as counseling in the field of family planning and family life.
- C- Educate people about nutrition and help them achieve a proper diet, especially for mothers and children, including the production and use of nutritious and high-vitamin foods and other foods.
- D- Establishing immunity against infectious diseases, in line with the goals of the "Wide Immunity Program of the World Health Organization";
- E- A system for timely diagnosis and timely action against diseases;
- F- Safety regulations and training programs for the prevention of accidents at home, at work, on the road and in leisure-related activities;

- G- Adaptation of occupations and equipment and work environment and occupational health forecasting, to prevent the occurrence of disabilities and diseases caused by occupations or their aggravation;
- H- Measures to control the indiscriminate use of drugs, alcohol, and tobacco and other stimulants or depressants, to prevent disability due to drug use, especially among school children and the elderly. Improper use of such substances by pregnant women has an effect on the fetus that should be given special attention;
- I- Public educational and health activities, which will help in achieving methods of life that maximizes defense against the causes of disorder;
- J- Provide appropriate continuing education to the community and professionals, as well as provide information on disability prevention programs;
- K- Training of medical, paramedical and other staff whose services are needed in case of emergency;
- L- Prevention criteria in training rural agricultural promoters to help reduce the incidence of disability;
- M- Vocational training with proper organization and practical training while working for employees, with the aim of preventing accidents at work and different degrees of disability. It should be noted that in developing countries, old and outdated technology is often used and in many cases this technology is unsuitable for the conditions of developing countries and it increases accidents and disabilities along with inadequate training and inadequate protection of the workforce at the work environment <sup>1</sup>. If we consider these services only in the form of the duties of maintenance institutions, due to the high population of people in need and their lack of concentration in certain areas, it will require a lot of time and money and on the other hand receiving all specialized care is not possible at home. Therefore, it is said that home care should not be considered as a substitute for care in centers, but both are complementary and should be linked in the same way in a system so that vulnerable groups can receive the best care with their needs at the lowest cost. (United Nations, 1378: 30)

Among vulnerable groups, women with disabilities or the elderly are more likely than others to suffer from physical or mental disabilities because women with disabilities have less access to rehabilitation services than men with disabilities. But at the same time, there are few trained female assistants and caregivers. In addition, the training and assistance of their family members is needed in this regard to provide special support to home care services by providing adequate medical, paramedical, nursing and technical facilities with appropriate standards to limit the need for hospitalization.

## 1-2 Benefits of Health-Care Services

Health-care services include a wide range of mobile services, such as day care centers, outpatient clinics, day hospitals, medical and nursing care, and in-house services. There are some recommendations in this regard. Among other things, urgent services should always be available. The care services of medical centers must always be tailored to the needs of vulnerable people. Improper use of beds in health care centers should be avoided, especially those who do not have a mental illness should not be placed in a mental hospital. The health infrastructure and trained staff are needed to provide full and complete care for physical and mental disabilities. But in the case of care in centers, for example, the elderly and the disabled should not be kept in centers due to their disabilities and should not be isolated from society. In this regard, further encouragement for family members and volunteers to be involved in the issue is one of the strategies.

The benefits that these people receive through health-care services are:

- 1- Reducing or eliminating disabilities, including chronic disabilities, or preventing the deterioration of the disabled person's condition and subsequent his delinquency and victimization.

<sup>1</sup> United Nations, Global Action Plan for Persons with Disabilities, *ibid.* Pp. 60-62.

- 2- Provision of medical care with a monitoring mechanism so that in parallel with the treatment disability of the delinquent person, his institutional victimization should be prevented by caregivers.
- 3- Reducing job restrictions by treating the disabilities that the victim suffers from and distorting his / her job ability.
- 4- Early detection of disabilities that children suffer from and can prevent the disability to be worse in the future. In fact, childhood is considered to be the most critical period in terms of therapeutic measures, which is the cause of a person's vulnerability to crime, and when disability is added to it, if the medical diagnosis is not made in time, we will face a person who suffers from double vulnerability, which will put him at the greatest risk of injury.
- 5- Providing medical aids and mechanisms through which victimized disabled people are able to overcome their disability and perform their daily activities as much as possible personally and without dependence on others. In particular, strong dependence on others is a victimizing factor for the disabled.
- 6- Providing information through medical counseling and assistance through social workers, which leads to activating the potential abilities of these vulnerable victims and, in addition, psychological counseling relieves the pain caused by the victimization in the disabled person.
- 7- The availability of centers and institutions in charge of providing medical services and psychiatric and psychological counseling, arouses the feeling in the disabled victims that they have not been forgotten.

## **2- Financial Support**

One of the dimensions of assistance-based empowerment is the economic empowerment of vulnerable groups in the face of economic problems, which provides the ground for their dependence and victimization.

### **2-1 Direct Financial Support**

Financial assistance in empowerment policies is sometimes implemented in the form of a continuous allowance for people who are unable to earn a living. But it can be applied and implemented in various ways. This is one of the most important underlying factors for all at-risk groups. For example, the use and abuse of children and women in begging, prostitution, drug trafficking gangs, and the like are closely related to poverty. Or expose their guardian to the crime of releasing vulnerable people because of the high cost of caring for the disabled or elderly.

One of the ways to financial support of these groups is to pay a continuous pension for people who suffer from severe disabilities. Imam Khomeini (RA), as one of the institutions in charge of this matter, pays a monthly stipend to the needy people in the society.

Examples of direct pension payments can also be found in other countries. In Japan, for example, a person with a disability who has become disabled due to a physical or psychological disability, provided that his disability arose and settled before the age of 20, if he is covered by the (public pension system) , a pension and allowance will be determined for him. According to the laws of that country, the disabled have their own rating at two levels. So that the people with degree 1 of physical disability, i.e. people with a physical disability who are normally able to live alone on a daily basis, the amount paid is 990100 Japanese yen per year or 82508 yen per month; and people with degree 2 of physical disability, i.e. people with a physical disability who have many problems in everyday life, the payment amount is 792100 Japanese Yen per year or 66008 Yen per month. (Karbalyee Ismá'íl, 1388: 42)

Of course, for this purpose, the law to increase the coverage of rehabilitation and support for the disabled and women-headed households was approved by the Islamic Consultative Assembly in 1387 by

the Welfare Organization. It is also necessary to refer to Article 3 of the Comprehensive Law for the Protection of the Rights of the Disabled, approved in 1383 in the duties of the Welfare Organization of the country within the framework of the credits approved in the annual budget laws. According to the content of this article, it should be said that the policy governing the empowerment of vulnerable groups, especially the disabled, and in connection with the duties of the Welfare Organization of the country, is in the form of providing non-cash assistance and services.

## **2-2 Indirect Financial Support**

Another form of financial assistance is to support caregivers and families of people with disabilities. The occurrence of congenital disabilities often takes up a large part of the family's financial and non-financial resources and weakens the morale of family members, thereby plunging them further into poverty. As a result of the combination of these factors, more people with disabilities are gathered in the poorest part of society, and because of this, the number of families living in the poorest strata of society according to these conditions is constantly increasing. (United Nations, 1384: 37) Therefore, if such support is not provided to families of the disabled, we cannot structurally, witness the care of parents with children with disabilities and children with elderly parents with disabilities, and naturally the task of maintaining them is the responsibility of society and executive agencies.

Japanese law also provides for the extraordinary cost of caring for people with severe disabilities or children with special needs. They stipulate that the cost of caring for children with special needs is for parents or caregivers of children with mental or physical disabilities under the age of 20. In the case of children with severe physical disabilities, the payment of 50,750 yen per month is paid to parents or guardians, and they pay 33,800 yen per month to children with average disabilities. Also, those who care for an adult with a severe mental or physical disability will be paid an extra living expenses of \$ 26.440 yen per month (Karbalyee Ismā'il, 1388: 42).

## **3- Insurance Affairs**

One of the important forms of empowerment is the creation of support institutions that can play a significant role in improving economic conditions and reducing financial pressures caused by illness and disability. The insurance industry as a supportive institution can cover many medical and economic ills of the vulnerable. Insurance can also help settle lawsuits non-judicially and compensate the victim's loss. In fact, one of the characteristics of a country's development and progress is the inclusion of insurance in all aspects of life, health, ability to work and property. So that insurance companies can insure against the occurrence of various crimes such as theft or unintentional bodily and financial damages in the form of contracts with individuals. Beyond these, "judicial protection insurance<sup>2</sup>" is also to defend the rights of the individual, spouse or children in the form of supplementary insurance or a contract independent of other achievements of today's insurance industry. In this type of insurance, within the scope stipulated in the contract, the insurance company is obliged to pay the attorney's fee and court costs. (Lopez G, 2007: 172) But in this section, the discussion is about the emphasis on the ubiquity of social security insurance, especially for the vulnerable.

### **3-1 Inclusion of Social Security Insurance**

Pursuant to Article 1 of the Law on the Structure of the Comprehensive Welfare and Social Security System in the implementation of Article 29 of the Constitution of the Islamic Republic of Iran, as well as paragraphs (2) and (4) of Article 21 of the Constitution of the Islamic Republic of Iran and for establishing the coherence of welfare policies that in order to develop social justice and protect all people in the country against social, economic, natural events and its consequences, the social security system

<sup>2</sup> L'assurance de protection juridique

must provide insurance for health services and medical care and create special insurance for widows, the elderly women and the self-sufficient.

The law of the comprehensive social security system also includes three areas of insurance: protection, rehabilitation and relief. Expanding the insurance system and providing public insurance for the members of the society and establishing the required insurance funds such as vocational and self-employed insurance (non-permanent employees), rural and nomadic insurance, special insurance for widows, elderly and self-employed and special protection insurance for children are considered as the goals and duties of the insurance field.

In addition, there are responsibilities for the Ministry of Welfare. Among other things, it is obliged to implement paragraph "M" of Article 16 of the Comprehensive Welfare and Social Security System Structure Law approved in 1383 in cooperation with the Imam Khomeini Relief Committee, the Ministries of Health, Treatment and Medical Education, Education of the country, and public institutions, including the Islamic council of city and village, local trustees and charities to identify those who are eligible to enjoy the protections subject to this bylaw. It is also obliged to establish appropriate mechanisms for vulnerable groups to enjoy basic medical services, to develop a plan for organizing and rehabilitating vulnerable groups and educational programs. Unfortunately, the full implementation of this law has not yet been implemented, in support of mothers, especially during pregnancy and child custody, the creation of special insurance for widows, elderly women, the self-employed, the homelessness, and social harms.

### **3-2 Compulsory Civil Liability Insurance**

One of the predictable protections for at-risk groups is the necessity of civil liability insurance for those who have motor vehicles against the third party. With the compulsory of this type of insurance, those who have suffered bodily injuries as a result of traffic accidents will use insurance services<sup>3</sup>.

It is noteworthy that according to Note 2 of Article 4 of this law, the insurer is obliged to pay the damages to the victims, regardless of gender and religion, up to the limit of the insurance policy obligations, in fulfilling the obligations set forth in this law. The necessity of paying bodily damages covered by the insurance policy, regardless of the gender and religion of the victims, has been emphasized equally in the Cabinet approval letter<sup>4</sup>.

The most important point in the law amending the law of compulsory civil liability insurance of owners of land motor vehicles against third parties, approved on 1387/2/31, is the provision of the establishment of an independent fund called the Bodily Injury Insurance Fund. Further explanation is that according to Article 10 of the mentioned law to compensate bodily damages to third parties is not payable due to non-insurance of the vehicle, annulment of the insurance contract, suspension of the insurer, escape or non-recognition of the person responsible for the accident or bankruptcy of the insurer, or in general, an independent fund called the Personal Injury Insurance Fund is established to compensate for damages outside the terms of the insurance policy, except in exceptional cases. Interestingly in the article 11 of Compulsory insurance law, the fund's financial resources are also provided<sup>5</sup>.

### **3-3 Disability Insurance**

Another preventive support measure is in the event of accidents and illnesses leading to disability that prevents the costs of accidents from being reimbursed. Work-related disability insurance is one example of this. Pursuant to paragraphs 13 and 14 of Article 2 of the Social Security Law approved in

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<sup>3</sup> Law Amending the Law on Compulsory Civil Liability Insurance for Owners of Land Motor Vehicles against the third party approved on 1387/2/31

<sup>4</sup> Resolution regarding the payment of bodily damages regardless of the gender and religion of the victims according to the tariff for the premium of land motor vehicles approved on 1387/3/29

<sup>5</sup> Regulations of the Personal Injury Insurance Fund approved by the Cabinet on 1348/4/21 with further amendments

1354, with subsequent amendments, disability is a permanent reduction in the power of the insured labor in such a way that he gains only part of his income by engaging in a previous job or another job.

With the industrialization of societies and the increasing use of industrial machinery, the physical and mental health of those associated with these technologies is increasingly at stake. Therefore, the creation of disabilities is inevitable. (Maya Thomas, MG Thomas, 1388: 62) Similarly, legislative actions are based on social needs and provide legal protection to individuals against the problems caused by it.

According to the note of Article 1 of the Comprehensive Law on the Protection of the Rights of Persons with Disabilities, in the definition of a disabled person, it can also be considered a situation in which a worker becomes disabled after employment due to accidents at work or outside the workplace. The Labor Law refers to this situation as "disability", and Article 31 of the Labor Law provides a payment for such a worker. According to this article, if the termination of the employment contract is in terms of total disability or retirement of the worker, the employer must pay him a salary of thirty days based on the last wage of the worker in relation to each year of service. This is in addition to the worker's disability or retirement pension paid by the Social Security Administration.

Also, according to Article 32 of the Labor Law, if the termination of the employment contract is the result of reduced physical and mental abilities resulting from the work of the worker, according to the medical commission of the Regional Health Organization with the introduction of Islamic Labor Councils or representatives of labor law, the employer is obliged to pay him equal to the last two months of each year of service. (Elsan, 1383: 67) Pursuant to paragraphs (b) and (c) of Article 2 of the Executive Regulations of the Law on the Obligation of the Organization for the Provision of Medical Services, Rehabilitation and Reactivation of Injured Insured, who have lost their work capacity, is one of the obligations of the organization. Rehabilitation of these people, therefore, means a set of medical and educational, professional and social measures that are done in order to eradicate the physical or mental problem or to improve, repair and reactivate injured people who have lost their original work power, so that they can return the community and enjoy the social and economic opportunities and this is the responsibility of the Social Security Organization. In general, it can be said that the spread of insurance with emphasis on the vulnerable segments of society, can be one of the most important ways to empower these people to prevent their victimization. This has not yet been done, despite the existence of relatively comprehensive laws.

## **Conclusion**

In victimology, groups including women, the disabled, and the elderly have received special attention. The reason for this attention is that the absolute statistics of the victimization of these people are high and the relative statistics about these people show the fact that the ratio of the number of their victimization to their delinquency and the ratio of their victimization to the victimization of other sections of society is worrying. In this article, in three parts, various strategies to support these vulnerable groups have been expressed. In the first part, health and care services solutions were presented. Health services are to improve the physical and mental condition of these groups. Because the main cause of some of the victimizations is the weakness and inability of these groups. In the second part, the financial supports have been explained. Financial support is directly to the vulnerable themselves and indirectly to their guardians. Victimological studies have shown that the financial dependence of these people leads to their abuse, so we must look for ways to their financial independence. In the third part, various types of insurance support for this individuals, including social security insurance, civil liability insurance and disability insurance have been provided. With insurance coverage, concerns about the needs of these people are addressed.

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