



FEDERATION EUROPEENNE DES VICTIMES DE LA ROUTE  
EUROPEAN FEDERATION OF ROAD TRAFFIC VICTIMS

## **IMPACT OF ROAD DEATH AND INJURY**

Research into the principal causes of the decline  
in quality of life & living standard suffered  
by road crash victims and victim families

## **PROPOSALS FOR IMPROVEMENTS**

Study undertaken in collaboration  
with the European Commission

January 1997

The *European Federation of Road Traffic Victims* is an organisation of road victim associations. It was founded on 6th July 1991 in Geneva, Switzerland, and now comprises more than twenty affiliated associations from thirteen countries and is in contact with most East European and Mediterranean nations.

Each member association was created independently, following personal tragedies suffered by their founders. The families involved had felt the need of contact with and comfort by others who had experienced similar tragedies. They and subsequent members had felt isolated by political, social and legal systems insensitive to their needs, since the consequences of road violence were often considered mere "accidents".

The victim associations all have the same objectives:

- \* to provide emotional, social and legal help and advice to the bereaved as well as to the injured victims
- \* to help reduce the number of victims by reducing road danger, mainly through improving driver behaviour

The federation promotes these objectives at international level. It began its work within various institutions of the European Union and subsequently within the United Nations, particularly the Economic and Social Council, with which it has consultative status.

The federation is not "against" cars, but against negligence and aggression of all types on our roads, and advocates driving behaviour more respectful of human life.

For more information consult our INTERNET site:

<http://home.worldcom.ch/~fevr/index.html>  
e-mail [fevr@worldcom.ch](mailto:fevr@worldcom.ch)

or write to us at our Geneva address.

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**FEVR must be acknowledged in the reproduction of any part of this report.**

The following are in preparation by FEVR [see address below]:

- Extracts from letters of victims and victim families
- Translation of English Executive Summary into French, Danish, Dutch, Finnish, German, Greek, Italian, Portuguese, Russian, Spanish and Swedish

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## 2. Methodology

In order to determine the causes of victim families' reduced means and quality of life, they were asked to fill in an anonymous questionnaire consisting of 56 questions and divided into the following eight sections:

### ☆ Preliminary questions

Sought to identify the category of victim, or the relative of the victim, by age, time of crash etc..

### A. Initial support and information

These questions aimed to establish whether the victims, or their families, received adequate support and information from the various agencies with which they came into contact after the crash.

### B. Criminal proceedings

The respondents were asked to say whether or not they felt criminal justice was done in their cases, how they were treated, and to suggest possible improvements.

### C. Insurance - civil claims

The respondents were asked to describe their dealings with insurance companies, and give their views on the fairness of the compensation offered. If their cases came to court, they were asked to express their feelings on whether financial justice was done, to give the length of the civil proceedings and to suggest possible improvements.

### D. Physical care given to the injured victim

These questions sought to ascertain the current physical condition of injured victims, and whether they were satisfied with their medical treatment and rehabilitation. Additional questions were asked in cases of head injuries.

## **E. Psychological and physiological impact on the victim or relatives**

This section investigated secondary psychological and physiological effects on the health of respondents, thus excluding direct physical injury caused by the crash, in the case of injured victims. This secondary damage is generally ignored by courts and insurance companies, despite the often severe and long-lasting suffering involved.

## **F. Consequence on life**

The respondents were asked to outline any changes that the incident had had on their way of life, their consumption of psychotropic drugs, their relationships within the family, with friends and colleagues, and their capacity to enjoy life.

## **G. Consequence on occupation**

The respondents were asked to mention any changes which the crash had had on their occupations

The questionnaire was intended to cover most of the possible circumstances which could affect quality of life and living standard of the families of dead or disabled victims. Therefore all participating organisations were asked to provide a list of questions under each heading.

Several hundred possible questions were gathered and scrutinised. Their number was successively reduced and a draft questionnaire was returned to the various organisations for limited testing. Simple wording was chosen to ensure that the questions would be easily understood. The result was 56 questions considered to cover most situations. However, as each case is unique, and as a rigid pre-established formulation might have missed important issues, each section ended with a request for comments.

The final English version was then used as the basis for translations into Dutch, French, German, Greek and Italian. The English version is given in **Appendix I**.

The questionnaires were sent by post to the victims and their families, together with an introductory letter prepared by the national organisation dealing with the enquiry. Care was taken to present the questionnaire in as neutral a manner as possible. An exact translation from English to the other languages was not easy because not all words have an equivalent meaning in another language, but this problem is inherent in any multilingual survey.

### 3. Participating Organisations

The following organisations, all members of the European Federation of Road Traffic Victims, took part in the research:

- ☐ Association de Parents pour la Protection des Enfants sur la Route  
Leedsesteenweg 113 B-9420 Erpe-Mere [Belgium]
- ☐ Association de Parents pour la Protection des Enfants sur la Route, régions Wallonnes  
Grand Puits, 23 B-4040 Herstal [Belgium]
- ☐ Association des Familles des Victimes de la Route  
C.P.2080 CH-1211 Genève 2 Dépôt [Switzerland]
- ☐ Association des Familles des Victimes d'Accidents de la Circulation  
1, rue Gabriel Laumain F-75010 Paris [France]
- ☐ Association des Victimes de la Route  
23, rue des Etats-Unis L-1477 [Luxembourg]
- ☐ Associazione Italiana delle Famiglie delle Vittime della Strada  
Piazza della Repubblica I-54027 Pontremoli (MS) [Italy]
- ☐ Campaign Against Drinking and Driving  
83 Jesmond Road Newcastle-upon-Tyne NE2 1NH [United Kingdom]
- ☐ Dignitas  
Friedlandstr 6 D-41747 Viersen 1 [Germany]
- ☐ Ligue Contre la Violence Routière  
15, rue Jobbé-Duval F-75015 Paris [France]
- ☐ Parents d'Enfants Victimes de la Route  
Rue des Épiceas 8 B-1170 Bruxelles [Belgium]
- ☐ RoadPeace  
P.O.Box 2579 London NW10 3PW [United Kingdom]
- ☐ Strada Amica, Associazione Italiana per la Tutela della Vita sulle Strade  
via Monserrato 110 I-95128 Catania [Italy]
- ☐ Strada Amica, Associazione per la Sicurezza degli Utenti Deboli della Strada  
via Solferino 23, I-25122 Brescia [Italy]

These organisations are essentially associations of road traffic victims, their families, friends and interested persons. The objectives of these associations are

- a. to provide emotional, legal and practical help to victims,
- b. and to contribute to the prevention of road crashes by campaigning against aggression, negligence, excess alcohol and violation of road traffic laws when driving

The following organisations, which are not members of the federation, also took part in the study:

- ☐ Centre of Research and Prevention of Injuries among the Young  
Department of Hygiene and Epidemiology, Athens University, Medical School, 11527  
Athens [Greece]
- ☐ Institute of Social and Preventive Medicine  
32.Skoufa st. 10673 Athens [Greece]
- ☐ L.O.S./A.N.W.B.  
Postbus 93200 NL-2509BA Den Haag [The Netherlands]

The first is a centre of research at the School of Medicine of the University of Athens. The last two provide assistance for victims. Unlike the members of the federation, these latter organisations are not associations of victims, therefore the kind of victims approached and their answers may differ. However, it can be seen below that in spite of the different sampling, their results are in line with the trends found elsewhere.

The sampling in relation to victims as a whole is open to question. This is because sampling was not randomly selected, as would be usual, but through members of the participating organisations, their friends and acquaintances.

The principal motivation for joining such an association is generally altruistic: victims and their families want to share with others the help they received or wished they had received and are particularly aware of road danger through personal experience, so want to participate in actions aimed at reducing that danger. The particular circumstances of their own tragedies, the intensity of their suffering or their difficulties with the legal system or insurance companies appear to be of secondary importance in their decision to join. Evidence of this is revealed by the type of membership of these associations, with many members uninjured, or only slightly injured, while many badly disabled victims or bereaved families are not members of any association. This gives reason to believe that drawing the samples from membership of these associations does not alter significantly the statistical validity. In the discussion of results, additional support is offered for this point. Furthermore, it has to be remembered that this was a fact-finding enquiry seeking qualitative understanding rather than exact measurements.

## 4. Evaluation of the answers

The answers were collected during the period from July to September 1994. They were transcribed into the EXCEL electronic database from MICROSOFT.

Parts of some returned questionnaires were not correctly filled in and obvious mistakes were corrected. Answers showing clear inconsistencies were rejected.

The table shows the number of questionnaires gathered in the various countries. With 1,364 completed questionnaires, the enquiry's minimum objective of 1,000 responses was exceeded. They were collected by 16 organisations in 9 European countries. The number of completed questionnaires varied substantially from one organisation to another and from one country to another. Researchers have no explanation for this.

Belgium	139
France	444
Germany	107
Greece	30
Holland	155
Italy	76
Luxembourg	19
Switzerland	73
United Kingdom	321
EUROPE (total)	1,364

According to participating organisations, only about ten to twenty per cent of victims returned completed questionnaires. One of the principal reasons given by many victims who did not complete theirs was that the questions required them to relive or to remember the traumatic events. As this was too painful, they preferred not to take part in the enquiry.

Statistical treatment of a large number of cases necessitates simplification and schematisation of complex individual situations. Most questions offered only a yes/no option. This provides a somewhat crude evaluation of complicated circumstances involving highly emotional sentiments. Thus another reason for the low return was that some respondents did not want, or were unable, to put their own cases into such an over-simplified scheme, and therefore answered their questionnaire only partially, if at all. Others felt the need to provide an explanatory letter in addition to, or instead of, the questionnaire. In some cases researchers filled in questionnaires on the basis of information contained in these letters. Hundreds of moving letters were received from distraught victims. The conclusion of this report summarises the most frequent, forceful complaints from victims. Extracts from the letters will be published separately at a later date.



## 5. Results of the enquiry

The detailed results are in two parts. The first outlines the European results, which are obtained by simply summing up all the answers, irrespective of the country they come from. Consideration of the answers according to size of population of each country would have been better, but because of the relatively limited number of answers originating from some European countries, this would have had little statistical relevance. The unexpected convergence of most of the results justifies the validity of this approach.

In the second part, results for each country are analysed and compared with the European average.

Unless otherwise specified, the percentages given are based on respondents who actually answered the specific questions.

### 5.1. European results

From the 1,364 answers, 59% came from relatives of dead victims and 41% from relatives of disabled victims or the disabled themselves. For these European results, the size of the samples implies a statistical error of  $\pm 5\%$ . In the following presentation distinction is made between dead and disabled victims where necessary.

#### A. Initial support and information

About 80% of victims declared they had received adequate initial support from at least one of the relevant institutional services [figure 2]. However average initial support must be improved, as 20% of victims received virtually no support from any agency, and of the remaining 80% many received adequate assistance from only one support agency.

About 60% of the relatives of **dead** victims, and 70% of those of the **disabled**, considered they had received the most satisfactory initial support either from the police, the emergency services, or from hospital staff. In contrast, only 26% of the bereaved considered support from the coroner or his staff to be best [figure 3].

A large majority - 91% of the families of the **dead**, and 78% of those of **disabled** victims - complained of not being sufficiently informed of their legal rights such as the right to ask questions and be legally represented at inquests, the right to a second independent post-mortem, of time limits to appeal and so on [figure 5]. About 85% of families did not get any information about helping or victim organisations [figure 6].

Although young people are the most frequent victims of road crashes, only 10% of their families were approached for organ donation, in spite of the often publicised shortage of donors [figure 4].

The help most needed by families is:

- To be informed of the death by someone specifically trained for this task.
- To have immediate access to the body of their loved one.
- Immediate and often long-term emotional, psychological, practical and legal support by professionals.
- Immediate information about their legal rights, legal and inquest proceedings, helping and victim organisations and the full circumstances of the crash.
- Legal advice.

## **B. Criminal proceedings**

The greatest dissatisfaction was expressed with regard to criminal proceedings: 89% of the families of the **dead** and 68% of those of **disabled** victims considered that justice was not done in their case, 75% and 61% respectively considered that the charges were not fair [figures 7 and 9]. Furthermore, nearly 70% felt that their cases were neither adequately, seriously, nor respectfully treated [figure 8].

There was a consensus of about 80% that alternative punishment should be promoted, such as the offender being taken to the mortuary, spending time with bereaved families, working in hospitals or attending rehabilitation workshops [figure 11].

The most frequent wishes expressed by families were:

- ☐ For compulsory blood samples from drivers who caused the crash, to test for alcohol or drugs. For a quality of investigation and prosecution similar to that in murder cases.
- ☐ For suspension from driving of those who have killed or injured, at least until the case comes to court.
- ☐ For involvement of victim families in the proceedings.
- ☐ For respect during proceedings.
- ☐ For tougher sentences, appropriate prison terms and/or alternative punishment in cases of serious offences which cause death or injury.
- ☐ For lifetime driving bans for persistent offenders.

## **C. Insurance and civil claims**

Widespread dissatisfaction with insurance companies also emerged. Nearly 80% of families are not satisfied with either their dealings with insurance companies, or with the compensation offered to them [figures 12 and 13]. Nearly 60% complained about the compulsory medical examination required by companies [figure 14].

When no agreement was possible with insurance companies and cases came to court, 84% of the families of the **dead**, and 78% of **disabled** victims felt that financial justice was not done [figure 15]. The average length of processing a claim is 2,7 years in cases of death and 4 years in cases of disabled victims [figure 16]. For those who wanted to but did not go to court, 37% gave up because they felt the law was unfavourable, 30% gave up because of stress and 33% due to high legal fees [figure 18].