

STATISTICAL AND PRACTICAL ANALYSIS ON VIEWPOINT SERVICE PROVIDERS ABOUT SEXUAL VIOLENCE

Khaled Salman

PHD Student

Varna Free University, Bulgaria

Abstract: The current article is a summary of the statistical data related to the viewpoint of service providers about victims of sexual violence regarding several aspects. The basic aspect is the level of services provided by the competent institutions. These institutions receive cases that are exposed to sexual violence and provide them with many services that are commensurate with the situation and condition of the victim within the case study approach adopted in this field, and it appears through the answers of subjects. Service providers are sure that the services and information provided by these institutions are diverse and respond to professional requirements.

Key words: Psychological trauma, psychological health, stress, service providers, emotional support.

1. Statistical data and statistical analysis

1.72% of the respondents who provide the service believe that the number of reported cases amounted to 21-29 cases, in addition to 15% who believe that the total number of reported cases exceeded 30 cases. This indicates that the institutions to which service providers is considered trust worthy in terms to the number of cases to the extent that indicates that these institutions are a source of confidence for victims of sexual violence, that confidence that encouraged these victims to go to these institutions.

2. Service provider institutions provide various information on how to report sexual violence, through posters, websites, the Internet, the media and other means. 74% of service providers agreed that the most used media in this regard are, in general, the website, the Internet, and the media.

3. Regarding the annual surveys conducted by these institutions to measure the circumstances of cases of sexual violence and issues related to sexual violence in society, there are 30% of these institutions conducting this research compared to 70% who do not, which confirms the need to expand the scope of this research in these institutions.

4. These institutions have information for victims to benefit from about what must be done in the event of regular exposure at a rate of 85% in addition to the presence of other institutions that provide these services, of course cooperating with the institutions of service providers, and 85% of service providers have confirmed this, in addition to the manuals in Public places provided by 65% of the institutions of service providers, while legal rescue services provide 87.5% of those institutions, but the percentage of health services in this area we see that it constitutes 45%. Only due to the fact that these institutions provide medical services as a supportive aspect for guidance and counseling, and the health field remains within its broad field within the specialization of health institutions such as hospitals and various medical centers and this applies to mental health services implemented by only 52.2% of those institutions due to the presence of cases of victims that may require the intervention of bodies A specialist in the field of mental health and psychiatry, regarding referral to women's centers, her percentage

These institutions have 57.5% due to the availability of services that reduce the need for female victims to transfer to women's centers.

5. 77.5% of these institutions provide training on preventing sexual violence, and this is a good percentage, but it indicates the need for some of these institutions to establish this type of training, which is 22.5% of these institutions.

6. Most of the service provider institutions have a written protocol that directs the activities of the institution with 77.5% of these institutions compared to 22.5% of these institutions without a protocol.

7. Regarding the bodies that contribute to providing data on sexual violence for research and statistical purposes to these institutions, they are distributed as follows in table 1.

Table 1.

#	Source of information	the percentage of respondents' approval
1	President of the Foundation	85%
2	Police offices	67.5%
3	Women's institutions	75%
4	Health services representatives	47.5%
5	other institutions	50%

It is noted from the table that the highest percentage of sources is the head of the institution, followed by the women's institutions, then the police offices, and since the head of the institution is part of the institution, the largest source of such data in these institutions is the women's institutions that obtained the approval of 75% of the total service providers.

8. The highest percentage of these institutions do not collect data about the presence of alcohol at the legal age in reports on physical violence, and they constitute 80% of the total surveyed service providers compared to only 20% of those who collect this data, which confirms the necessity to include all these data within the main tasks regarding such as These cases are to enable the description of cases to be completed in a professional manner.

9. The highest percentage of these institutions do not collect data on the presence of alcohol at the legal age in reports on sexual violence, and they constitute 90% of the total surveyed service providers compared to only 10% of those who collect this data, which confirms the necessity to include the collection of this data within the main tasks regarding such as These cases are to enable the description of cases to be completed in a professional manner.

10. The institutions of service providers provide recommendations on crimes of sexual violence for adults, and this is supported by 72.5% of the total respondents who provide the service.

11. Service provider institutions provide recommendations on crimes of sexual violence for adolescents, and 60% of all respondents support this.

12. Service providers believe that their institutions depend on the fact that the most tools of stability used in judicial arbitration procedures are evidence or a set of clear and convincing evidence, and they constitute 77.5% of the total respondents who provide service compared to 22.5% of them believe that their institutions may adopt logical doubt as a stabilizing tool in judicial arbitration procedures.

13. With regard to the penalties imposed by the court on the perpetrators of sexual violence, the following table shows the opinion of service providers about the sequence of penalties and their arrangement according to the most used according to the following table 2:

Table 2.

#	Type of penalty or action	yes	No
1	Community service	32.5%	67.5%
2	Imprisonment	95%	5%
3	Financial Fine	75%	25%
4	Counseling	32.5%	67.5%

The above table shows that most of the penalties and procedures imposed by the court are imprisonment, and this punishment is favored by 95% of the respondents, followed by the financial fine with a 75% endorsement by service providers. The rest of the penalties and procedures are the least used according to the opinion of the service providers and are represented in community service and counseling at a rate of 32.5% each. .

2. The level of professional performance of service providers

The demographic features of service providers

The highest percentage of service providers are females, who make up 85% of the total service providers, compared to 15% of whom are males. As for their ages, the age group of the service providers range between 25-30 years who make around 40% of the work force and the rest of the service providers' ages start from 31 years and over and they make up to 60 % of the work force. These workers are distributed into two sectors:

The first one is: social work service, which make up to 82.5% of the total service providers.

The second part is in the psychology sector which amounted up to 17.5% of the total service providers, compared to 82.5% of them perform the role of a social worker in their institutions due to the fact that the field of research is mainly based on the profession of social service with regard to practical experience, the highest percentage of service providers whose practical experience is six years or more and they constitute 72.5% of All service providers, compared to 27.5% of them have practical experience from one to five years.

The concepts of social service providers.

The service providers 'questionnaire included many questions that examine the depth of professional perceptions related to the topic of rape and sexual violence.

The first of these questions was: Will you be less sympathetic if the victim is a male?

The highest percentage of the answers was 90%, was NO, compared to 10% of the answers with YES, and this reflects the professional and human advancement available to service providers in this aspect.

The second question was about the perception of men and women to the issues of rape and sexual violence, are they from different angles? 75% of them answered yes, compared to 25% of them, no, which shows their knowledge of individual differences between the sexes in the perception of the issue of sexual violence and ways to deal with it.

The third question states about the perceptions of service providers about sexual desire if it is an important factor leading to the commission of such crimes. The highest percentage of the service providers answered with NO 70% compared to 30% answered YES, which indicates their awareness that these crimes are related to the personality disorders of the perpetrator of this type of crime or with the components of criminal tendency These culprits have and it is not related to their sexual desire and how powerful it is.

The fourth question related to service providers 'perceptions included whether physical assault was more destructive than psychological trauma or not.

The majority of them, 75% answered NO, compared to 25% of the service providers answered YES, which indicates their awareness of the bad psychological impact that victims of rape and sexual violence suffer.

The fifth question related to the perceptions of service providers concerns the manner of dressing if it is attractive to women Cause rape?

87.5% of the service providers answered NO, compared to only 12.5% of them answered YES, and this denial that there is a link between female clothing

and its relationship to the extent of her vulnerability to rape indicates that service providers see the rapist within the framework of the psychopathic criminal dimension associated with his psychological imbalance, poor belonging to his community, and the value of sound

As for the sixth question in the section on the concepts of service providers, it was distinguished by the division of their opinions about it, which revolves around the reputation of the morally perverted person, is it considered a reason for his exposure to rape?

50% of the service providers answered YES and 50% of them with NO, and it is likely that this difference of opinion is due to the controversy over whether the rape victim in this case bears part of the responsibility for the crime committed against her or not?

The seventh question in the “Service Providers’ Concepts ”section focused on the psychological state of the rapist, is it a reason for committing the crime of rape or not? Here we see that opinions were also divided between supporters and opponents:

50% of service providers answered YES, and 50% of them answered NO, so the psychological state on the one hand cannot be considered a justification for committing a rape crime, On the other hand, there is a link between psychological disorders and the personal characteristics of a rapist and his commission of the crime of rape.

The eighth question under the concept of service providers included the victim’s health condition if it was a reason for her rape.

The highest percentage of service providers answered YES, 57.5% of them compared to 42.5% of them answered NO, and this indicates the prevalence of belief over service providers that the victim’s health condition is not of course a justification for a rape crime, but the perpetrator of the crime of rape may take

advantage of the victim's health to carry out the crime of rape. Those who answered no to this question are a remarkable percentage, not a few.

The ninth question is related to alcohol abuse and its relationship to the increase in rape and sexual violence, and the text of the question is: Do you think that rape cases are repeated when using alcohol and other narcotic substances?

82.5% of service providers answered YES and 17.5% of them with answered NO, indicating their perception that alcohol and drug use has a noticeable effect on increasing the incidence of rape and sexual violence.

The concepts and background of service providers shows that the surveyed service providers' staff have high professional experience with rich practical experience in their professional field, and this has been demonstrated through the aforementioned of their qualifications, experiences, concepts, and professional background.

3. Methods of intervention

The level of emotional support the victim receives from service providers.

The respondents' answers on this axis note that the methods of intervention of service providers focused on helping the victim to absorb the devastating effects of trauma, restore her psychological balance, and help her restore her psychological cohesion and toughness by providing psychological and social counseling to the victim on the one hand and providing a distinctive high level of emotional support, which enhances the victim's ability to cope after absorbing the trauma. In addition to, instructing her on ways to act in response to the assault she was exposed to, including retribution from the perpetrator and reintegration the victim in social life within the requirements of positive adjustment.

The following is a presentation of the respondents' answers and the statistical indications of their answers in this paragraph in table 3.

Table 3.

#	Phrase	Never	sometimes	Always
1	Telling him that he is not to blame	0	20	80
2	Telling him that it is not his fault	0	25	75
3	Telling him that he is a good person	0	17.5	82.5
4	Telling him that he is loved	0	32.5	67.5
5	Telling him that all will be ok	0	60	40
6	Spending time with him	0	7.5	92.5
7	Listening to his feelings	0	0	100
8	To show understanding to his experience	0	0	100
9	To consider what happened as false	0	37.5	62.5
10	Encourage him to continue in his normal life	0	0	100
11	Encourage him to reintegrate in the society	0	7.5	92.5
12	Building self esteem	0	5	95
13	Encourage him to avoid free time by discovering his interests	0	10	90
14	Help him get satisfactory medical data	0	5	95
15	Stimulate his sense of security	0	40	60
Percentage of points for each field		4.2%	32.3%	63.5%

The statements took the positive curve in terms of professional methods and the good level of emotional support for the victim. So the percentage of respondents' answers to the statement "Never" was only 4.2%. As for the statement sometimes it was 32.3%, and the phrase "Never" was 63.5%, which indicates that the answers took the positive curve and reflected the professional level of specialist and high performance for the service providers in this field.

The statistical significance for regressions' analysis for this paragraph amounted to 0.001, which indicates that these differences are indicative of the attitudes of the respondents and service providers.

Conclusion

The results of the method of assessing the victim's psychological status by service providers show that the negative and harmful psychological effects on rape victims are more affecting them than the physical harm caused by sexual assault.

The psychological disorders of rape victims were classified within the limits of the research into disorders of fear and anxiety, which last for a remarkable period after the occurrence of sexual assault. Disorders, grief, depression and hopelessness that may reach the control of the state of depression over the victim. In addition to disorders, the loss of confidence, low self-esteem and shyness, especially among young victims. Other psychological disorders that may occur, including insomnia and poor concentration. One of the most important effects that the victim is exposed to is what is known as post-traumatic stress, and the effects of this distress may appear either in the short term or in the long term. As for the duration of suffering and psychological distress, service providers reported that it exceeds the one month for all victims and reaches several months for a significant percentage of them.

The following is the table 4 of psychological status that the victims of sexual assault exhibited and reported within the study followed by another table of psychological disorders that derived from it:

Table 4 of the psychological status of the rape victims within the boundaries of the study from the service providers' perspective.

Table 4.

#	Phrase	never	sometimes	Always
1	the extent of self-satisfaction	0	95	5
2	the extent of feeling bad about self	0	42.5	57.5
3	Sometimes he feels useless	0	60	40
4	He feels he deserves the best	0	47.5	52.5
5	Needs to decide for himself	0	17.5	82.5
6	Talks to others about the incident	45	40	15
7	Doesn't want to remember the bad memories of the accident	10	35	55
8	Has nightmares about the incident	10	32.5	57.5
9	Real moments of memory flashes	0	32.5	67.5
10	Physiological reactions such as racing heartbeat, shortness of breath	0	35	65
11	He tries to prevent thoughts and obsessive thinking	0	62.5	37.5
12	Has a negative view of himself and the other	0	47.5	52.5
13	Has terrifying feelings like panic, horror, and shame	0	30	70
14	Talking about bad actions that can lead to danger	30	45	25
15	Difficulty concentrating	7.5	20	72.5
16	Difficulty sleeping	0	47.5	52.5

The period of the victim's suffering between one month to more than six months.

The table 5 of characterizing the psychological disorders among the victims of sexual abuse within the boundaries of the study

Table 5.

#	Disorder type	Related items	Classification by points		
			1	2	3
			1-33%	34-66%	67-100%
			low	average	High
1	Fear and anxiety	11+14			*
2	Sadness, depression and despair	7+5+4+3+2		*	
3	Loss of confidence and low self esteem	14+13+7+6+1			*
4	Insomnia	17		*	
5	Focus impaired	16	*		
6	Effects of psychological shock and stress waves	15+12+10+9+8			*
7	The length of the psychological suffering period	19+18			*
			7.5%	30.0%	62.5%
		0.003			

Table 6. Total psychological disorders means

Level of the psychological disorder	Repetition	Percentage %
Low	3	7.5
Average	12	30.0
High	25	62.5
Total	40	100

References

1. Abu Sheikhah, Ahmad (2007) Motivations According to Maslow's Theory, Volume 13, Issue 2,3.
2. Al-Zabin, Amara, (2014) Introduction to Psychiatry, Beirut Dar Al Thaqafa.
3. Ozzy, Ahmad, (2017) Psychology of Violence, Oman, Publications of the Journal of Education Sciences.
4. Boutros, Hafez, (2012) Psychological problems and their treatment, Amman: Masarah Publishing House.
5. Hegazy, Mustafa, (2009) Aggression and its motives, Cairo: Egyptian Publishing House, first edition.
6. Rajeh, Ahmed Ezzat (1970) The Origins of Psychology, Alexandria: The Egyptian Office.
7. Sigmund Freud (1938) *Almogaz in Psychoanalysis*, Cairo: Dar Al Maaref.
8. Ezz El-Din, Khaled, (2016) Aggressive behavior among adolescents, Amman: Osama Publishing House.
9. Attia, Dr. Mahmoud (2003) *Theories of Learning Kuwait: A World of Knowledge*.
10. Attia, Ahmad (2010) Manifestations of aggressive behavior and their relationship to sexual assault, Amman: University of Jordan Publications.
11. Kariman, Muhammad (2007) Aggression and its Relation to Frustration, Amman: Dar Al-Masirah.
12. Mahjoub, Abdel Wahab (2001) *The Theory of Social Learning and Aggressive Behavior*, Carthage.
13. Melhem, Sami, (2015) Aggressive behavior and heredity, Cairo: Dar Al Fikr I (1)

