

## The Level of Quality of Life of Women Victims of Violence in Algerian Society

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Received: 20/7/2025; Accepted: 22/10/2025; Published: 12/02/2026

### Abstract:

Violence against women constitutes a serious violation that leaves deep psychological, physical, and social effects, directly impacting their quality of life and creating long-term consequences. This study aimed to assess the level of quality of life among women victims of violence in Algerian society and to identify the areas most deteriorated due to exposure to violence. To achieve the study's objectives, the descriptive-analytical method was adopted. The study included a purposive sample of 32 women victims of violence, and the quality of life scale was used to measure three main areas: mental and physical health, social relationships, and environmental satisfaction. The results showed that the victims suffer from a significant decrease in their quality of life, reflecting the deep and multidimensional impact of violence on their daily lives.

**Keywords:** Violence, Quality of life, Violence against women, Victims, Psychological and social health.

### Introduction:

Violence against women is a complex and multidimensional social phenomenon, involving psychological, social, cultural, and economic factors. It is a coercive behavior aimed at causing physical, psychological, or moral harm to women. Its effects are not limited to the direct harm to the victim but extend to create deep consequences affecting the family structure and societal stability. Violence directed at women, in its various physical, psychological, economic, and social forms, is considered one of the most dangerous types of interpersonal violence, due to its direct threat to a woman's safety and human dignity, and the long-term effects it leaves on various aspects of her life.

The World Health Organization points out that violence against women is a public health and human rights issue par excellence, as one in three women worldwide experiences some form of violence during her lifetime, often perpetrated by an intimate partner. International reports also confirm that women are more vulnerable to domestic violence and gender-based violence compared to men, with reporting rates varying across societies depending on social norms, social stigma, and fear of familial and legal consequences (Schou-Bredal et al., 2022).

The danger of violence against women lies in its interconnected consequences, which are not limited to physical injuries but also include severe psychological and social effects, directly impacting mental health, emotional balance, social adaptation, and the ability to build healthy

human relationships. Many studies have shown that abused women experience high rates of psychological disorders, with depression ranging from 16% to 63%, anxiety disorders from 20% to 55%, in addition to high rates of post-traumatic stress disorder, alcohol, or drug abuse as coping mechanisms (Campbell, Dworkin & Cabral, 2009). Other studies indicate that women victims of violence often rate their general health as poor or weak, suffering from chronic physical pain and multiple psychosomatic disorders (Masho et al., 2005).

At the social and familial level, violence often leads to deterioration of marital and family relationships, increased social isolation, decreased sense of safety, and loss of self-confidence and trust in others. Research also shows that abused women are at higher risk of suicide attempts at rates several times higher than the general population, due to accumulated psychological pressures and feelings of helplessness and despair (Tomasula et al., 2012).

These factors collectively negatively affect the quality of life of abused women, making it difficult for them to perform their familial and social roles, achieve psychological balance, and participate effectively in social and economic life. Paying attention to women's quality of life is a fundamental goal for building a cohesive and stable society, as women are the main pillar of the family system, a source of emotional security and care, and any disturbance in their mental or physical health directly affects family stability and, consequently, overall social balance.

The research problem is reflected in attempting to identify the quality of life of abused women in Algerian society, considering them a vulnerable social group and an important indicator of the extent of gender-based violence in society. Violence against women is not merely a transient aggressive behavior but a factor generating a chain of long-term harmful consequences, manifested in hidden dimensions of violence, including disruption of mental health, deterioration of physical condition, weakening of social and emotional performance, and decreased overall life satisfaction.

Accordingly, this study aims to provide an accurate diagnosis of the quality of life of abused women, as this is an essential step preceding any therapeutic or preventive intervention. Effective psychological support programs or social protection policies cannot be implemented without a deep and objective understanding of the psychological, social, and health needs of this group. In light of the above, the research problem can be articulated through the main question: What is the level of quality of life of women victims of violence in Algerian society?

### **1- Study Objectives:**

The objectives of this study focus on:

- Determining the level of quality of life among female victims of violence, with emphasis on psychological, physical, social, and environmental aspects.
- Providing accurate data to develop psychological and social support programs that meet the real needs of abused women.
- Raising awareness about the short- and long-term effects of violence against women, contributing to a more understanding and supportive societal approach toward victims.

### **2- Importance of the Study:**

The importance of this study lies in:

- The scarcity of research directly addressing the quality of life of women victims of violence in Arab societies, particularly in the local context, making this study a valuable scientific contribution.
- Providing accurate and reliable scientific data that can serve as a reference for future research on violence against women and quality of life.
- Contributing to improving the quality of life of a social group that suffers in silence by highlighting their psychological, social, and health struggles, supporting intervention and assistance efforts.
- Encouraging society and policymakers to develop preventive programs aimed at reducing manifestations of violence against women in the future.

### 3- Theoretical Framework of the Study:

#### 3.1 Study Terms and Concepts:

**Quality of life:** The term *Qualité of Life* translates to “ نوعية الحياة ” (type of life), a general term that can indicate two poles: good or poor. If translated as “ جودة الحياة ” (quality of life), it conveys an evaluative meaning. “Type” refers to certain properties or characteristics, quantitative or qualitative, in the subject, which is life (Abdelkhalek, 2000, p. 249). In this study, quality of life is defined as the overall degree achieved by the study sample according to responses on the quality of life scale applied.

**Victim:** Defined as “an individual exposed to violence, harassment, or behavioral assaults by another person, or exposed to an accident or natural disaster” (Vandenbos, Gary R., 2015, p. 1138). In this study, victims of violence are defined as any woman exposed to one or more forms of violence (physical, psychological, verbal, social, or economic), whether inside or outside the family framework, during a specified period, resulting in negative effects on her psychological or physical health or social performance. They are identified procedurally through their responses to the measurement tool used in the study, or according to records or reports from relevant institutions or care centers, meeting the inclusion criteria set by the researcher.

**Concept of violence:** Violence is a violent act based on sex, deliberately directed against a woman because she is female, viewing her as inferior due to genetic, hormonal, and physical differences between the sexes, which establish the idea of weaker physical strength compared to men and create inequality. It is defined as an act or behavior directed at a woman, whether a wife, mother, sister, or daughter, characterized by varying degrees of discrimination, oppression, and aggression arising from unequal power relations between men and women (Kazouli & Ramadan, 2025, p. 136). In this study, violence is defined procedurally as a set of intentional acts and behaviors against women within Algerian society, whether physical, psychological, verbal, economic, or sexual, causing direct or indirect harm to their physical, psychological, and social integrity and negatively affecting their quality of life.

#### 3.2 Previous Studies:

**Study:** Okedare, O.O. et al., (2025)

**Title:** *Intimate partner violence and quality of life of young women in urban slum and non-slum communities, Ibadan, Nigeria*

A cross-sectional study on the quality of life of women victims of intimate partner violence in poor and non-poor urban neighborhoods in Ibadan, Nigeria. The study aimed to assess the quality of life of young women exposed to intimate partner violence and compare results between poor and non-poor neighborhoods. The study included 1,050 young women aged 18–24, and data were collected using an intimate partner violence questionnaire inspired by WHO VAW and the WHOQOL-BREF quality of life questionnaire. Results showed that physical, psychological, and sexual violence were higher in poor neighborhoods, and physical and psychological quality of life was lower among victims in both environments. Factors affecting overall quality of life included exposure to any form of violence, perceived social support, and partner's age; psychological quality of life was associated with sexual violence and partner's age, while physical quality of life was associated with early sexual violence and social support. The study emphasized reducing partner violence and enhancing social support to improve affected young women's quality of life.

**Study:** Al-Khawaldeh, Z.; Al-Adwan, F. (2021)

**Title:** *Self-acceptance and its relationship to the sense of quality of life among abused women in Zarqa Governorate*

This study aimed to reveal the level of self-acceptance and its relationship to the sense of quality of life among abused women in Zarqa Governorate. The researchers used the descriptive method. The study sample consisted of 65 abused women. To achieve the study objective, a self-acceptance scale for abused women was developed (21 items), and a quality of life perception scale was developed (36 items), including four dimensions: purpose in life, autonomy, environmental mastery, and personal growth. Results indicated low levels of self-acceptance and sense of quality of life. No statistically significant differences were found in self-acceptance and quality of life perception based on age or education. A positive relationship was found between self-acceptance and quality of life. The researchers recommended the development of counseling and psychological programs to enhance positive aspects of abused women, helping them overcome low self-acceptance and poor quality of life resulting from violence.

**Study:** Al-Muqbil, Al-Shuqrان (2021)

**Title:** *The relationship between quality of life and post-traumatic stress disorder symptoms among abused women (Jordan)*

The study aimed to reveal the level of quality of life, the level of post-traumatic stress disorder symptoms, and the relationship between them among abused women, considering variables (age, marital status, education, employment). Two scales were developed for quality of life and PTSD symptoms, and applied to a sample of 279 women chosen conveniently, who had received psychological and social support in several official and non-official institutions in Jordan. A descriptive-correlational method was used. Results showed average levels for both quality of life and PTSD symptoms. Among the quality of life dimensions, cognitive dimension ranked highest, followed by psychological, physical, and social dimensions. Results revealed a statistically significant negative correlation between quality of life and PTSD symptoms. No differences were observed in the relationship between quality of life and PTSD symptoms based on age, marital status, education, or employment.

**Study (Hisasue, T. & Kruse, M. et al., 2020):**

Study Title: *Quality of life, psychological distress and violence among women in close relationships: a population-based study in Finland*

The study aimed to examine the relationship between exposure to violence, quality of life, and psychological distress among women in Finland, and to compare women who experienced violence from someone in a close relationship with women who were not exposed to violence. The study included a sample of 22,398 women aged between 19 and 54 years, with data collected from self-completed questionnaires within a national health survey conducted between 2013 and 2016. Quality of life was measured using the 8-item EUROHIS-QOL index, while psychological distress was assessed using the Mental Health Inventory (MHI-5). The results showed that 7.6% of women had experienced violence during the previous year, and women exposed to violence scored lower in quality of life and higher in psychological distress compared to non-exposed women ( $p < 0.001$ ). The study also found that exposure to multiple forms of violence was associated with lower quality of life and increased psychological stress, and that women who experienced violence from someone in a close relationship had lower quality of life compared to women exposed to violence from strangers. The study emphasized the need to implement early preventive policies in primary care, including early detection and education to reduce the negative psychological effects of violence.

Previous studies, despite differences in cultural and methodological contexts, show that exposure to violence, whether physical, psychological, or sexual, negatively affects women's quality of life and increases psychological stress. Nath et al. (2024) found that survivors of sexual assault suffer from low physical and psychological quality of life, with social, educational, and psychological support factors directly influencing quality-of-life outcomes. Okedare et al. (2025) demonstrated that women exposed to violence in poor neighborhoods experience lower quality of life compared to their peers in non-poor areas, highlighting the influence of social and economic environments on the severity of violence effects. In the European context, Hisasue & Kruse (2020) indicated that exposure to violence by someone in a close relationship is associated with lower quality of life and higher psychological stress compared to violence by strangers, emphasizing the importance of the victim-perpetrator relationship. In Arab studies, Al-Khawaldeh and Al-Adwan (2021) reported lower quality of life among abused women and its relationship to social support and self-acceptance, reflecting the critical role of cultural and social context.

Regarding our study on the quality of life of women victims of violence in Algerian society, it is expected that women will face similar challenges, particularly in light of social and economic disparities and the lack of psychological and community support. Previous studies also underscore the importance of measuring influencing factors such as social support, education, and health and psychological services, which can be major determinants of women's quality of life. Accordingly, our study aims to assess quality of life and link it to psychological, social, and economic factors to provide practical recommendations to improve the lives of women victims of violence in Algeria.

**4. Study Applied Framework:**

**4.1 Study Method:** To achieve the study objectives, the analytical descriptive method was adopted as the most appropriate approach. A data collection form was used, and the collected data were analyzed using SPSS software.

**4.2 Study Sample:** The study sample included 32 female victims of violence, selected purposively, aged between 18 and 49 years. These women had received psychological and social support services in several official and non-official institutions responsible for caring for victims of violence in Guelma Province.

**4.3 Study Sample Characteristics:** The sample consisted of 32 victims of violence, aged between 18 and 49, from Guelma Province. Interviews were conducted with the sample.

**Table 01: Study Sample Characteristics**

Victim Age	Mean	Std. Deviation	Minimum Age	Maximum Age	Total
Age	34	8.66	19	49	32

The table shows that the average age of women victims of violence in the sample was 34 years, with a standard deviation of 8.66. The minimum age was 19, and the maximum age was 49. The age range was chosen in accordance with the study objectives, which aim to evaluate the quality of life of women exposed to violence, considering the psychological and social characteristics associated with different developmental stages. This age range covers early and middle adulthood, considered the periods most affected by experiences of violence, allowing participants to express their personal experiences and evaluate their quality of life more accurately during interviews and questionnaires, reflecting the physical, psychological, and social dimensions of violence impact.

**4.4 Study Instrument:** The World Health Organization's Quality of Life scale (32 items) was used. It has been applied in the Algerian context in several studies, and its validity and reliability have been confirmed.

The scale measures six domains: physical health, psychological state, independence level, social relationships, environmental features, and religious/spiritual considerations. The scale was divided into three axes according to the items:

- Axis 1: Physical and psychological health (items 03-04-05-06-07-08-26-27-32)
- Axis 2: Social relationships (items 09-10-11-12-13-14-25-31)
- Axis 3: Environmental satisfaction (items 01-02-15-16-17-18-19-20-21-22-23-24-28-29-30)

**4.4.1 Psychometric Properties of the Study Instrument:** The scale's validity and reliability were confirmed in previous studies. In the current study:

**Discriminant Validity:** Calculated using discriminant validity analysis; results are shown in Table 02.

**Table 02: Discriminant Validity Results**

Groups	Mean	Std. Deviation	t-value	Significance
High	113.20	7.85	10.72	0.001
Low	88.65	9.40		

The table shows that the scale can clearly differentiate between the high and low groups in quality of life, with the high group mean at 113.20 versus 88.65 for the low group. The t-value of 10.72 at  $p = 0.001$  indicates high discriminant validity.

#### Cronbach's Alpha:

**Table 03: Cronbach's Alpha Results**

Number of Items	Cronbach's Alpha
32	0.878

The Cronbach's alpha value of 0.878 indicates high reliability for the quality-of-life scale, making it suitable for use in this study.

**4.4.2 Determining Quality-of-Life Levels:** To determine quality-of-life levels adapted to the Algerian environment using a 5-point Likert scale:

#### Scale Key:

**Table 04: Levels According to Mean**

Mean Score	Level
1 – 2.33	Low
2.34 – 3.67	Medium
3.68 – 5	High

**4.5 Presentation and Analysis of Study Results:** After data collection and to verify the study hypothesis—that the quality of life of women victims of violence is low—mean, standard deviation, frequencies, and percentages were calculated for each item and for each axis, in addition to the overall mean and standard deviation.

#### Analysis of Axis 1: Physical and Psychological Health:

**Table 05: Sample Responses Distribution by Physical and Psychological Health Axis**

Item	Not at All	Slightly	Moderately	Very Much	Extremely	Mean	Std. Deviation	Level
03	17 (53.1%)	7 (21.9%)	4 (12.5%)	3 (9.4%)	3 (3.1%)	1.28	1.19	Low
04	16 (50%)	9 (28.1%)	3 (9.4%)	2 (6.3%)	2 (6.3%)	1.34	1.21	Low
05	19 (59.4%)	6 (18.8%)	4 (12.5%)	1 (3.1%)	2 (6.3%)	1.25	1.18	Low
06	14 (43.8%)	10 (31.3%)	4 (12.5%)	2 (6.3%)	2 (6.3%)	1.44	1.26	Low
07	13 (40.6%)	11 (34.4%)	4 (12.5%)	2 (6.3%)	2 (6.3%)	1.47	1.24	Low
08	18 (56.3%)	7 (21.9%)	3 (9.4%)	2 (6.3%)	2 (6.3%)	1.31	1.20	Low

Item	Not at All	Slightly	Moderately	Very Much	Extremely	Mean	Std. Deviation	Level
26	19 (59.4%)	5 (15.6%)	4 (12.5%)	2 (6.3%)	2 (6.3%)	1.25	1.18	Low
27	15 (46.9%)	9 (28.1%)	5 (15.6%)	1 (3.1%)	2 (6.3%)	1.41	1.24	Low
28	17 (53.1%)	7 (21.9%)	4 (12.5%)	2 (6.3%)	2 (6.3%)	1.31	1.21	Low

**Item Analysis Highlights:**

- Item 03: 53.1% selected "Not at all", mean 1.28, SD 1.19 → Low, reflecting weak physical/psychological health due to ongoing violence.
- Item 04: 50% "Not at all", mean 1.34 → Low, showing difficulty in daily functioning and stability.
- Item 05: 59.4% "Not at all", mean 1.25 → Low, reflecting reduced energy and vitality.
- Item 06: Concentrated in "Not at all" (43.8%) and "Slightly" (31.3%), mean 1.44 → Low, reflecting sleep/rest disturbances.
- Item 07: 40.6% "Not at all", mean 1.47 → Low, indicating low self-esteem and positive feelings.
- Item 08: 56.3% "Not at all", mean 1.31 → Low, showing low satisfaction with physical/psychological state.
- Item 26: 59.4% "Not at all", mean 1.25 → Low, reflecting psychological burden and negative thoughts.
- Item 27: 46.9% "Not at all", mean 1.41 → Low, showing poor concentration and decision-making.
- Item 28: 53.1% "Not at all", mean 1.31 → Low, indicating an overall negative assessment of quality-of-life aspects.

Overall, Axis 1 shows low responses across items, with most concentrated in "Not at all" and "Slightly," reflecting the negative impact of violence on physical and psychological health, including low energy, poor sleep, negative feelings, and difficulty focusing and decision-making.

**Analysis of Axis 2: Social Relationships:****Table 06: Sample Responses Distribution by Social Relationships Axis**

Item	Not at All	Slightly	Moderately	Very Much	Extremely	Mean	Std. Deviation	Level
09	16 (50%)	8 (25%)	5 (15.6%)	1 (3.1%)	2 (6.3%)	1.34	1.22	Low
10	15 (46.9%)	9 (28.1%)	4 (12.5%)	2 (6.3%)	2 (6.3%)	1.41	1.25	Low
11	17 (53.1%)	6 (18.8%)	5 (15.6%)	2 (6.3%)	0 (0%)	1.28	1.18	Low

Item	Not at All	Slightly	Moderately	Very Much	Extremely	Mean	Std. Deviation	Level
12	20 (62.5%)	7 (21.9%)	3 (9.4%)	1 (3.1%)	1 (3.1%)	1.19	1.12	Low
13	14 (43.8%)	8 (25%)	6 (18.8%)	2 (6.3%)	2 (6.3%)	1.53	1.29	Low
14	16 (50%)	7 (21.9%)	5 (15.6%)	2 (6.3%)	2 (6.3%)	1.38	1.23	Low
25	18 (56.3%)	6 (18.8%)	4 (12.5%)	2 (6.3%)	2 (6.3%)	1.31	1.20	Low
31	17 (53.1%)	7 (21.9%)	4 (12.5%)	2 (6.3%)	2 (6.3%)	1.31	1.21	Low

**Item Analysis Highlights:**

- Item 09: 50% "Not at all", mean 1.34 → Low, reflecting weak satisfaction with social relationships and limited social support.
- Item 10: 46.9% "Not at all", mean 1.41 → Low, indicating poor social interaction and sense of support.
- Item 11: 53.1% "Not at all", mean 1.28 → Low, reflecting weak social bonds and belonging.
- Item 12: 62.5% "Not at all", mean 1.19 → Low, showing limited satisfaction with social/family support.
- Item 13: Mean 1.53 → Low, slight variation but still overall low social relationships quality.
- Item 14: 50% "Not at all", mean 1.38 → Low, indicating weakened social communication and trust-based relationships.
- Item 25: 56.3% "Not at all", mean 1.31 → Low, showing lack of social support, increasing isolation.
- Item 31: 53.1% "Not at all", mean 1.31 → Low, reflecting generally low satisfaction in social relationships.

Overall, Axis 2 shows low scores across all items, concentrated in "Not at all" and "Slightly," indicating weak social relationships and low social support, reflecting the impact of violence on social isolation and diminished support networks. This underscores the importance of social support as a key factor in improving the quality of life for women exposed to violence, necessitating social and psychological interventions to reintegrate them socially and strengthen formal and informal support networks.

**Analysis of Axis 3: Environmental Satisfaction:**

Table (07): Distribution of the sample's responses according to the domain of environmental satisfaction

Item	Not at all	A little	Moderately	Very much	Extremely	Mean	Standard Deviation	Level
01	18	56.3%	6	18.8%	4	12.5%	2	6.3%
02	15	46.9%	8	25.0%	5	15.6%	2	6.3%
15	15	46.9%	9	28.1%	5	15.6%	1	3.1%
16	17	53.1%	6	18.8%	4	12.5%	3	9.4%
17	14	43.8%	10	31.3%	4	12.5%	2	6.3%
18	18	56.3%	7	21.9%	3	9.4%	2	6.3%
19	16	50.0%	9	28.1%	4	12.5%	1	3.1%
20	21	65.6%	6	18.8%	3	9.4%	1	3.1%
21	17	53.1%	7	21.9%	4	12.5%	2	6.3%
23	14	43.8%	9	28.1%	5	15.6%	2	6.3%
24	16	50.0%	8	25.0%	4	12.5%	2	6.3%
28	17	53.1%	7	21.9%	4	12.5%	2	6.3%
29	16	50.0%	8	25.0%	5	15.6%	1	3.1%
30	22	68.8%	6	18.8%	2	6.3%	1	3.1%

**Analysis of Item (01):** The results show that the majority of respondents (56.3%) chose “Not at all,” compared to 18.8% who chose “A little,” with a low mean of 1.31 and standard deviation of 1.22. This reflects weak satisfaction with surrounding environmental conditions, including feelings of safety and comfort in daily environments, which are negatively affected by experiences of violence.

**Analysis of Item (02):** Results indicate that 46.9% of women reported “Not at all” and 25.0% “A little,” with a low mean of 1.41. This reflects limited satisfaction with available resources and services in the surrounding environment, potentially increasing women’s feelings of instability and insecurity.

**Analysis of Item (15):** Responses concentrated in “Not at all” (46.9%) and “A little” (28.1%), with a low mean of 1.41. This indicates low satisfaction with environmental aspects related to daily living conditions, reflecting the impact of violence in undermining comfort and stability.

**Analysis of Item (16):** 53.1% of respondents chose “Not at all,” with a low mean of 1.31 and standard deviation of 1.21. This reflects weak feelings of safety in the surrounding environment, especially in areas expected to provide protection and stability.

**Analysis of Item (17):** Results show 43.8% reported “Not at all” and 31.3% “A little,” with a mean of 1.44. This low score reflects limited satisfaction with the living environment, including housing conditions or immediate social surroundings.

**Analysis of Item (18):** 56.3% chose “Not at all,” with a low mean of 1.31. This reflects weak overall comfort in the environment, associated with psychological and social pressures resulting from violence.

**Analysis of Item (19):** Approximately half of the sample (50.0%) reported “Not at all,” with a low mean of 1.34. This reflects low satisfaction with environmental conditions supporting daily life, such as services or available facilities.

**Analysis of Item (20):** This item recorded the highest “Not at all” rate at 65.6%, with a very low mean of 1.16. This sharp decrease indicates very weak satisfaction with the surrounding environment, reflecting the fragile living conditions of women victims of violence.

**Analysis of Item (21):** 53.1% chose “Not at all,” with a low mean of 1.31. This reflects limited satisfaction with the social and material environment, which may deepen feelings of insecurity and instability.

**Analysis of Item (23):** Responses concentrated in “Not at all” (43.8%) and “A little” (28.1%), with a mean of 1.47, the highest in this domain despite remaining low. This indicates relative variation in environmental assessment among respondents, though the overall trend remains negative.

**Analysis of Item (24):** 50.0% reported “Not at all,” with a low mean of 1.38. This indicator reflects low satisfaction with environmental aspects related to daily life, showing the effect of violence on perceived environmental stability.

**Analysis of Item (28):** 53.1% chose “Not at all,” with a low mean of 1.31, reflecting weak satisfaction with the surrounding environment, including physical and social aspects.

**Analysis of Item (29):** 50.0% reported “Not at all,” with a low mean of 1.34. This low score reflects limited satisfaction with environmental resources and services, negatively affecting quality of life.

**Analysis of Item (30):** This item recorded the lowest mean in the domain (1.13), with 68.8% choosing “Not at all.” This reflects very weak satisfaction with the surrounding environment, indicating unsupportive living conditions for women victims of violence.

**Summary of Environmental Satisfaction Domain:** All items fall within the low level, with responses concentrated in “Not at all” and “A little,” and low means. This indicates low satisfaction with living, social, and material environments among women victims of violence, reflecting the impact of violence in undermining safety, stability, and ability to benefit from environmental resources and services. These results highlight the importance of improving environmental and social conditions as an essential part of interventions aimed at enhancing the quality of life for women exposed to violence.

**Table (08): Quality of Life by Scale Dimensions**

Dimension	Sample	Mean	Standard Deviation	Quality of Life Level	Rank
Physical and mental health	32	1.38	0.23	Low	01
Social relationships		1.36	0.22	Low	02
Environmental satisfaction		1.33	0.21	Low	03
Overall Quality of Life (Total Score)		1.36	0.22	Low	//

The study results indicate that the overall mean quality of life was 1.26 with a standard deviation of 0.79, classified as low, reflecting the low quality of life among women victims of violence in Algerian society. This decline can be explained by direct and indirect violence conditions, including domestic abuse, displacement, social center situations, and lack of social support, as some victims face strict family constraints, while others live in state institutions or rehabilitation centers, increasing their sense of suffering and psychological, physical, and social insecurity.

**Domain 1: Physical and Mental Health:** This domain had the highest relative score among the three domains (1.38) but remains low. This decrease reflects the effect of physical and psychological violence on energy, sleep, mood, and the ability to perform daily activities. These results align with Okedare et al. (2025) in Nigeria, which showed that intimate partner violence led to reduced physical and mental quality of life among young women in slum and non-slum neighborhoods, with the decrease linked to environmental, social factors, and perceived social support.

**Domain 2: Social Relationships:** The results show a clear decline in quality of life related to social relationships (1.36), reflecting victims' feelings of isolation and social stigma, and restricted freedom of communication or social integration due to violence. This aligns with Al-Khawaldeh & Al-Adwan (2021) in Jordan, which showed that abused women experienced low self-acceptance and low perceived quality of life, and that social support related to social relationships is important to improve quality of life. It also aligns with Hisasue & Kruse et al. (2020) in Finland, confirming that women exposed to violence in close relationships had lower quality of life compared to women exposed to violence by strangers, reflecting the impact of intimate relationships on social and psychological support.

**Domain 3: Environmental Satisfaction:** The score for this domain was also low (1.33), reflecting victims' feelings of insecurity and environmental instability due to displacement, living in harsh or institutional environments, or deprivation of privacy and freedom. This highlights the importance of social and economic environment as influential factors in quality of life, as noted by Al-Meqbel & Al-Shogran (2021), which indicated that environmental and social dimensions are important factors in the quality of life of abused women, especially in the presence of post-traumatic stress.

The current study results confirm the proposed hypothesis: women victims of violence in Algerian society suffer from low quality of life. Violence against women leads to a comprehensive decline in quality of life across all domains: physical and mental, social relationships, and environmental satisfaction. From the perspective of psychological and social theories, these results align with Stress Theory, which indicates that violence represents a continuous source of stress leading to dysfunction in psychological and physical functions, limiting individuals' ability to adapt to their environment, explaining low quality of life among victims.

Symbolic Interactionism also supports understanding the impact of violence on social relationships, where social stigma and fear of isolation weaken social networks and reduce perceived social support, negatively affecting quality of life.

These results align with previous studies confirming that the impact of violence is multidimensional. Hisasue & Kruse et al. (2020) in Finland showed that women exposed to violence scored low on quality of life and high on psychological distress. Al-Meqbel & Al-Shogran (2021) showed that post-traumatic stress among abused women is linked to lower quality of life, indicating that violence leaves lasting effects on victims' psychological, physical, and social health. The effects of violence extend beyond the psychological or physical to social support and living environment. Social and cultural factors play a key role in enhancing or restricting victims' quality of life. These results underscore the need for comprehensive, multisectoral interventions, including psychological and social support, legal protection, and specialized rehabilitation programs to improve quality of life for women victims of violence in Algeria.

### **Conclusion:**

The results of this study confirm that violence against women is not a random incident but a painful experience leaving deep, multidimensional effects manifested in a low quality of life for victims. Results revealed comprehensive deterioration in physical and mental health, as well as weak social relationships and dissatisfaction with the surrounding environment, reflecting that this group's suffering represents a critical social and health issue requiring urgent interventions. Understanding these hidden dimensions of violence is essential for effective care, focusing on developing comprehensive, specialized support programs, including regular psychological counseling, early intervention to address physical and mental health problems, and enhancing empowerment and self-efficacy among women victims. Improving their quality of life is not only an individual responsibility but also an indicator of society's awareness and its ability to provide safety, justice, and necessary support to enable women to regain control of their lives and move toward full recovery.

### **References:**

#### **Arabic References:**

Al-Khawaldeh, Z. A., & Al-Adwan, F. A. (2021). Self-acceptance and its relation to perceived quality of life among abused women in Zarqa Governorate. *Journal of the Islamic University for Educational and Psychological Studies*, 29(5), 400–418.  
<https://doi.org/10.33976/IUGJEPS.29.5/2021/16>

Abdelkhalek, A. M. (2000). Developmental studies of anxiety. Dar Al-Maarefa Al-Jami'iya.

Kazouli, M., & Ramadan, M. (2025). Manifestations of marital violence in Algerian society: A socio-anthropological field study of cases of women victims of marital violence in Tlemcen. *Journal of Anthropology*, 11(1), 133–153.

#### **Foreign References:**

Al Meqbel, H. J., & Al Shogran, H. I. (2021). The relation between quality of life and post-traumatic stress disorder symptoms among violated women in Jordan. *Journal of Al-Quds Open University for Educational and Psychological Research*, 12(34), 16–28.  
<https://doi.org/10.33977/1182-012-034-002>

Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. *Trauma, Violence, & Abuse*, 10(3), 225–246.

<https://doi.org/10.1177/1524838009334456>

Hisasue, T., Kruse, M., Raitanen, J., et al. (2020). Quality of life, psychological distress and violence among women in close relationships: A population-based study in Finland. *BMC Women's Health*, 20, 85. <https://doi.org/10.1186/s12905-020-00950-6>

Masho, S. W., Odor, R. K., Adera, T., & South Paul, J. (2005). Sexual assault in women: A population-based study. *Women's Health Issues*, 15(5), 262–271. <https://doi.org/10.1016/j.whi.2005.06.001>

Okedare, O. O., Salawu, M. M., & Fawole, O. I. (2025). Intimate partner violence and quality of life of young women in urban slum and non-slum communities, Ibadan, Nigeria. *BMC Public Health*, 25, 1199. <https://doi.org/10.1186/s12889-025-22385-0>

Schou-Bredal, I., Heir, T., Skogstad, L., & Bonsaksen, T. (2022). Violence exposure and mental health outcomes in women: A population-based study. *Journal of Interpersonal Violence*, 37(1–2), NP111–NP132. <https://doi.org/10.1177/0886260520918587>

Tomasula, J. L., Anderson, M. L., Littleton, H. L., & Riley-Tillman, T. C. (2012). The association between sexual assault and suicidal behavior: A meta-analysis. *Suicide and Life-Threatening Behavior*, 42(2), 133–145. <https://doi.org/10.1111/j.1943-278X.2011.00076.x>

VandenBos, G. R. (Ed.). (2015). *APA dictionary of psychology* (2nd ed.). American Psychological Association.

World Health Organization. (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. World Health Organization.