

Domestic Violence: Psychological Consequences and the Role of the Legal Framework in Algeria

Chelghoum Anissa

Mental Health and Neuroscience Laboratory
University of Abdel Rahman Mira, Bejaia, Algeria

Email: anissa.chelghoum@univ-bejaia.dz

Received: 20/01/2026 | **Accepted:** 11/05/2026 | **Published:** 10/10/2026

ABSTRACT

Domestic violence constitutes a major public health and societal issue, affecting the intimate, psychological, and legal spheres. It manifests in various forms—physical, psychological, verbal, sexual, or economic—and is often embedded in a dynamic of domination and control. Understanding its origins requires examining the individual, relational, and sociocultural factors that contribute to its emergence, as well as the psychological mechanisms that maintain victims in relationships characterized by fear, guilt, and emotional dependency. The consequences of such violence are profound: they impair victims' mental health, leading to depression, anxiety, and low self-esteem, and also affect exposed children, resulting in emotional and behavioral disorders.

This article aims to analyze the various forms that domestic violence can take, to understand the underlying mechanisms, and to examine their psychological consequences. At the institutional level, it highlights the Algerian legal framework for the protection of women victims of violence, as well as Algeria's international commitments, while also addressing certain limitations related to their implementation and the persistence of social and cultural inequalities.

Keywords: Domestic violence, Psychological consequences, Algerian legal framework, Protection of women

INTRODUCTION

Domestic violence constitutes a complex social and psychological phenomenon with considerable human, familial, and societal consequences. Present across all social and cultural groups, it refers to a range of abusive behaviors—physical, psychological, sexual, economic, or verbal—occurring within intimate relationships and embedded in a dynamic of control and domination. Beyond its visible manifestations, domestic violence is rooted in multiple factors—individual, relational, social, and cultural—that contribute to its normalization and perpetuation within the household.

The underlying psychological mechanisms reveal a cycle of violence characterized by alternating phases of tension, aggression, guilt, and apparent reconciliation, trapping the victim in a relationship marked by ambivalence, fear, and emotional dependency. The consequences for the psychological health of women victims are profound, including anxiety, depression, sleep disturbances, loss of self-esteem, and even post-traumatic stress. Children exposed to such violence also experience significant impacts on their emotional and behavioral development, with an increased risk of reproducing these patterns in adulthood.

At the institutional level, the response to domestic violence also relies on a continuously evolving legal framework. In Algeria, the 2020 Constitution, the Penal Code (amended by Law No. 15-19 of December 30, 2015), and the Family Code (revised in 2005) constitute the main legislative texts governing the protection of women victims of violence. However, despite this legal recognition, limitations remain in the implementation of these laws, particularly due to social resistance, cultural stereotypes, and the lack of effective support mechanisms.

In this context, this paper seeks to address the following questions:

- What are the main forms and psychological mechanisms of domestic violence?
- What are its consequences on the mental health of women victims and their children?
- To what extent does the Algerian legal framework effectively contribute to the protection and recognition of victims' rights?

1. DEFINITION OF DOMESTIC VIOLENCE

The term “violence” is inherently ambiguous, as it refers both to the concept of force and its use, but also to life; both derive etymologically from the archaic root *bif* (*biwao*), which gave rise to *bia* (violence) and *bio* (life) (Gillain & Le Bouedec, 2009).

Domestic violence constitutes a complex and sensitive phenomenon and forms an integral part of violence against women. The World Health Organization (WHO) defines it as “any behavior within an intimate relationship (current or former partner) that causes physical, sexual, or psychological harm, including acts of physical aggression, forced sexual relations, psychological abuse, and any other form of coercive control” (Boussafsaf & Metz, 2021).

Domestic violence may involve acts, statements, or behaviors perpetrated by one individual (the perpetrator) against another (the victim) with the aim of establishing control and domination. These forms of violence are often difficult to detect, and there is no “typical” profile of either perpetrators or victims (Fédération nationale des CIDFF, 2020).

According to El Guendi (2016), domestic violence refers to any behavior within an intimate relationship that causes physical, psychological, or sexual harm or suffering to those involved in that relationship.

Domestic violence (or intimate partner violence) is a process through which one partner uses force or coercion to maintain and/or reinforce a relationship of domination. These aggressive and violent behaviors are destructive regardless of their form or expression: physical, sexual, verbal, psychological, and economic violence are recurrent means used by the partner to maintain the woman in a position of submission. In the vast majority of cases, the perpetrator is male, and domestic violence is part of the broader spectrum of violence against women (Lebas et al., 2002).

Domestic violence has also been defined by the Council of Europe Convention on the Prevention and Combating of Violence against Women and Domestic Violence (Istanbul Convention) as “all acts of physical, sexual, psychological, or economic violence that occur within the family or domestic unit, or between former or current spouses or partners, regardless of whether the perpetrator shares or has shared the same residence as the victim” (Voyer et al., 2014).

2. FORMS OF DOMESTIC VIOLENCE: A CONCEPTUAL OVERVIEW

Domestic violence can take various forms. These include:

- **Physical violence:** pushing, hitting with the hand, foot, or an object, scratching, biting, restraining, pulling hair, or burning.
- **Psychological violence:** devaluing behavior, appearance, qualities, and abilities; refusing to speak; threatening suicide or homicide; engaging in emotional blackmail; preventing the partner from working or maintaining contact with relatives; and controlling communication with others.
- **Verbal violence:** insulting and shouting.
- **Sexual violence:** rape, unwanted touching, imposing pornographic material and non-consensual sexual practices, as well as refusing or imposing contraception.
- **Economic violence:** preventing access to one's income, controlling expenditures, failing to provide financial support, or making the partner responsible for debts incurred without her consent.

- **Administrative violence:** confiscating identity papers or essential administrative documents (e.g., driver's license, pay slips), reporting the partner to the police for child abduction if she leaves with the children, or reporting her to administrative authorities for separation in the case of binational couples (Fédération nationale des CIDFF, 2020).

Furthermore, domestic violence can also be perpetrated through digital tools (computers, mobile phones, etc.) within online spaces (websites, applications, social media, electronic messaging, etc.); this is referred to as **cyberviolence**. Several forms of cyberviolence can be identified, including:

- **Cyber-control:** repeated behaviors by the partner (or ex-partner) aimed at monitoring and regularly checking, through digital tools, the movements and social interactions of the partner.
- **Cyber-harassment:** repeated statements or actions carried out by the partner (or ex-partner) via digital tools against the partner. These may take various forms, including insults, denigration, spreading rumors, and online threats.
- **Cyber-surveillance:** a set of behaviors intended to ensure continuous monitoring of movements, actions, and social relationships through digital means (e.g., spyware or GPS tracking).
- **Sexual cyberviolence:** the use of technological means to record or photograph sexual acts and threaten to disseminate them—or to actually do so—during or after the relationship, with the aim of humiliating the victim.
- **Economic or administrative cyberviolence:** behaviors facilitated by digital tools aimed at restricting the partner's financial autonomy and/or constraining her administrative procedures (Lohmann et al., 2024).

3. THE ORIGINS OF DOMESTIC VIOLENCE: A THEORETICAL AND RISK FACTOR APPROACH

3.1. Perpetrator-Related Factors

Some authors emphasize hormonal, biological, or even physical explanations. Others highlight social factors (such as disadvantaged socioeconomic conditions, precariousness, unemployment), as well as alcohol abuse. In reality, violence cuts across all social classes, and it is not necessary for an individual to present a specific pathology to engage in violent behavior. Factors related to socioeconomic hardship may act as contributing or revealing elements. The origins of violence are therefore to be sought in a failure in the development and structuring of masculinity during childhood (Daligand, 2008).

3.2. Risk Factors for Domestic Violence

According to Voyer (2014), studies on domestic violence have identified a number of risk factors related to perpetrators, victims, as well as situational contexts.

- **Individual risk factors for perpetration of domestic violence:** young age, low socioeconomic status, low educational level, unemployment, history of sexual and/or physical abuse during childhood, personality disorders, alcohol or substance abuse, distorted cognitions regarding violence, and prior violent behavior.
- **Individual risk factors for victimization:** young age, low socioeconomic status, history of sexual and/or physical abuse during childhood, pregnancy, depression, alcohol or substance abuse, distorted cognitions regarding violence, and previous victimization.
- **Relational risk factors:**
 - **On the perpetrator's side:** differences in educational level between partners, infidelity, marital conflict, relationship dissatisfaction, and duration of the relationship.
 - **On the victim's side:** differences in educational level between partners, number of children, marital conflict, and relationship dissatisfaction (Voyer, 2014).

4. MECHANISMS OF DOMESTIC VIOLENCE: A PSYCHOLOGICAL ANALYSIS

According to Déroff (2016), research on domestic violence has highlighted the existence of specific mechanisms that explain the dynamics of these situations. One of the most well-known models is the cycle of violence, which describes how violence manifests and repeats over time within intimate relationships.

This cycle generally includes four phases:

1. **Tension-building phase:** a gradual escalation of conflict, characterized by hostile attitudes, threats, or controlling behaviors.
2. **Acute violence phase:** an explosion of violence manifested through shouting, insults, severe threats, and sometimes physical aggression.
3. **Denial and responsibility reversal phase:** this phase is marked by the perpetrator's refusal to acknowledge the seriousness of the acts, accompanied by denial of responsibility and justification of the violent behavior. The victim is often blamed for the situation, which reinforces feelings of guilt and submission.
4. **Reconciliation phase (or "honeymoon phase"):** the perpetrator expresses remorse, apologizes, and promises to change, thereby maintaining the victim's hope for improvement and keeping her within the relationship.

These mechanisms help explain what often appears incomprehensible: the fact that many women remain trapped in violent relationships despite suffering and the risks involved. Moreover, some studies suggest that this cycle is not always linear and may involve a progressive escalation, with violence becoming more frequent and severe, evolving from verbal and psychological aggression to physical and sexual violence. However, this progression is not systematic, which makes the detection of domestic violence particularly complex.

Thus, domestic violence cannot be reduced to physical acts alone. It involves a set of psychological and relational mechanisms that account for its persistence and severity.

5. CHARACTERISTICS OF DOMESTIC VIOLENCE

Domestic violence is distinguished by specific features that reflect a logic of domination and control within the couple. It is characterized in particular by its intentionality, persistence, and destructive impact on the victim.

- **Power and coercive control:** In situations of domestic violence, one partner seeks to impose control over the other. It is consistently the same individual who occupies the dominant position, while the victim attempts to defend or protect herself.
- **Intentionality:** Domestic violence is not an impulsive or meaningless act, but rather a means used to achieve something from the partner. It reflects a deliberate strategy of control and domination expressed through coercive behavior.
- **Persistence:** Domestic violence is not limited to a single episode. It is repetitive, becomes established over time, and often escalates gradually and progressively.
- **Impact on the victim:** Violence leads to deep psychological and emotional consequences, including fear, shame, low self-esteem, and feelings of helplessness. The victim develops coping strategies to protect herself, sometimes by resisting, but the relationship is never symmetrical. The dynamic remains characterized by the domination of one partner over the other (Kanougiya et al., 2022).

6. HEALTH CONSEQUENCES OF DOMESTIC VIOLENCE FOR WOMEN AND CHILDREN

6.1. Medical Consequences

Domestic violence has profound effects on the overall health of women victims, extending far beyond the psychological domain. Medically, it leads to numerous physical, gynecological, and somatic complications, often related to the repetition of assaults and the emotional distress they generate.

Traumatology: Traumatic injuries are a direct consequence of physical violence. They are often multiple, of varying ages, and of diverse types. Abrasions, ecchymoses, hematomas, contusions, wounds, burns, bite marks, signs of strangulation, as well as fractures, are among the most frequently observed injuries. The frequency and localization of these injuries vary considerably. They are mainly found on the face, skull, neck, and extremities, although they may also be concealed by clothing. Dental, maxillofacial, ophthalmological, and otological injuries are also common. These may include dental fractures, fractures of the nasal bones and facial skeleton (zygomatic bones, mandible), conjunctival hemorrhages, retinal detachment leading to reduced visual acuity, and tympanic membrane perforations resulting in hearing loss. Physical violence is never isolated; it is often accompanied by insults and threats and frequently precedes forced sexual intercourse. It may result in long-term consequences such as severe fatigue, muscular pain limiting daily activities, and varying degrees of functional impairment, which must be assessed by

physicians to determine temporary total incapacity for work (Henrion, 2001).

Chronic diseases: All chronic conditions requiring continuous treatment and regular follow-up may be destabilized or aggravated by violence, including respiratory diseases (asthma, chronic bronchitis, respiratory insufficiency), cardiovascular conditions (angina pectoris, heart failure, hypertension), and metabolic disorders (diabetes). Women may find it difficult to adhere to treatment or attend medical consultations due to physical exhaustion, poor health status, depressive symptoms, or because their partner controls their movements and prevents access to care (Henrion, 2001).

Gynecology: Sexual violence itself, as well as the impact of other forms of abuse on women's body image, leads to various gynecological disorders:

- Traumatic perineal injuries during violent intercourse.
- Recurrent genital and urinary infections, sexually transmitted infections (STIs), *Chlamydia trachomatis* infections leading to salpingitis and secondary infertility, and Human Papillomavirus (HPV) infections, which are highly contagious and, in certain strains (HPV 16 and 18), may cause cervical lesions progressing to cancer; HIV transmission is also a risk.
- Chronic unexplained pelvic pain.
- Sexual dysfunctions: dyspareunia, vaginismus, anorgasmia.
- Menstrual disorders: anovulation with irregular cycles, dysmenorrhea (Loghman, 2019).

6.2. Psychological Consequences

Beyond physical injuries, domestic violence leaves long-lasting psychological consequences. Victims frequently develop anxiety, depressive, or post-traumatic disorders resulting from fear, guilt, and feelings of helplessness generated by the domination and coercive control exerted by the perpetrator.

Psychological trauma and post-traumatic stress disorder: A qualitative study conducted in the province of Zanjan (Iran) among married women victims of violence, based on semi-structured interviews, reported emotional difficulties, psychological trauma, biological disturbances (sleep disorders, fatigue), emotional separation, and social rejection. The findings indicated that victims exhibited typical symptoms of post-traumatic stress disorder, including re-experiencing of violence, nightmares, hypervigilance, sleep disturbances, and persistent psychological distress (fear, anxiety, shame) (Loghman, 2019).

Effects of coercive control: A recent systematic review and meta-analysis entitled "*The Trauma and Mental Health Impacts of Coercive Control*" reported a moderate but significant association between coercive control (i.e., surveillance, isolation, and restriction behaviors) and mental health problems in victims, including depression, anxiety, and post-traumatic stress disorder (PTSD) (Lohmann et al., 2024).

A cross-sectional study conducted in Mumbai (India) involving 4,906 women showed that those exposed to domestic coercive control had significantly higher odds of presenting moderate to severe symptoms of depression, anxiety, and suicidal ideation compared to non-exposed women (Kanougiya et al., 2022).

Anxiety, depression, and loss of self-esteem: Women exposed to intimate partner violence are two to three times more likely to develop major depressive episodes or generalized anxiety disorders, according to a multi-country study conducted in 24 countries by Devries et al. (2013). These disorders are often accompanied by reduced self-esteem, feelings of helplessness, and internalized guilt, reinforcing emotional dependency on the aggressor (WHO, 2013).

Psychosomatic disorders and somatization: Several studies highlight that victims frequently develop stress-related somatic symptoms, including diffuse pain, digestive disorders, migraines, menstrual disturbances, and persistent fatigue. These symptoms reflect the bodily expression of psychological suffering and are often underestimated in clinical care (Pico-Alfonso et al., 2006).

Sleep disorders and hypervigilance: Repeated violence leads to a state of chronic stress and physiological hyperarousal, resulting in insomnia, recurrent nightmares, and disturbances in REM sleep. These sleep disorders are closely linked to a persistent state of hypervigilance, in which the victim remains constantly alert due to fear of further aggression, thereby increasing psychological exhaustion and reducing concentration capacity (Humphreys & Thiara, 2003).

Suicidal ideation and self-harming behaviors: Several studies have demonstrated a direct correlation between domestic violence and suicide risk. Battered women show significantly higher rates of suicidal ideation, often associated with loss of orientation, shame, and despair. These behaviors reflect a breakdown in identity and self-worth, frequently exacerbated by social isolation and lack of institutional support (García-Moreno et al., 2006).

6.3. Impact on Children Exposed to Domestic Violence

Children who witness domestic violence at a young age often identify with both the aggressor and/or the victim, becoming overwhelmed by raw sensory and emotional experiences that are not yet symbolically processed.

The consequences are often immediately visible, although children may sometimes appear, through their behavior, surprisingly unaffected, while sensory and emotional disturbances may re-emerge later during adolescence and adulthood. These disturbances often appear alongside renewed experiences of violence, where intergenerational transmission becomes evident (Daligand, 2008).

Domestic violence also affects children directly. The risk for children of abused mothers of being themselves mistreated is estimated to be 6 to 15 times higher, whether in the form of psychological or physical abuse. This may result in somatic disorders (traumatic injuries, sphincter disturbances, hearing or speech impairments, and growth retardation), behavioral and conduct problems (aggressiveness, violence, running away, delinquency, school disengagement or overinvestment, suicidal ideation and suicide attempts, substance abuse), and psychological disorders (sleep disturbances, eating disorders, anxiety-depressive symptoms, post-traumatic stress disorder). In some cases, the child may also be used by the mother, consciously or unconsciously, as an intermediary to seek help from healthcare professionals (Lebas et al., 2002).

7. THE ALGERIAN NATIONAL LEGAL FRAMEWORK ON DOMESTIC VIOLENCE: PRESENTATION AND LIMITATIONS

In Algeria, the fight against domestic violence relies on a set of legal texts that regulate both the protection of fundamental rights and the sanctioning of violent behaviors. This framework is mainly based on the 2020 Constitution, the Penal Code as amended by Law No. 15-19 of December 30, 2015, and the Family Code revised in 2005. These legal instruments define victims' rights, the penalties imposed on perpetrators, and the available legal remedies, thereby constituting the main foundations of the national response to domestic violence.

7.1. The 2020 Algerian Constitution

The 2020 Algerian Constitution enshrines fundamental provisions related to the protection of human rights and equality among citizens. In this regard, several articles establish the legal basis for combating violence against women. Articles 37, 39, and 40 are particularly relevant, as they respectively affirm the principle of equality before the law, the prohibition of all forms of physical and moral violence, and the explicit protection of women against all forms of violence, including within the private sphere.

Article 37: "Citizens are equal before the law and are entitled to equal protection of the law, without any discrimination on the grounds of birth, race, sex, opinion, or any other personal or social condition or circumstance." This article guarantees legal equality between men and women, which is essential for the protection of victims' rights.

Article 39: "The State guarantees the inviolability of the human person. Any form of physical or moral violence and any violation of human dignity is prohibited. Torture, cruel, inhuman or degrading treatment, as well as human trafficking, are punishable by law."

This article is essential in affirming that physical and psychological violence, including domestic violence, is legally prohibited.

Article 40: "The State protects women against all forms of violence in all places and under all circumstances, whether in public space, the workplace, or the private sphere. The law guarantees victims access to reception centers, care services, and legal assistance."

This is a key article, as it explicitly recognizes that women must be protected against all forms of violence, including within the private sphere, which corresponds to domestic violence, and it commits the State to providing concrete protective measures such as shelters and legal support.

The constitutional revision has also contributed to a better recognition of terms such as “woman,” “spouse,” and “victim.” Although it does not constitute criminal legislation per se, it provides a higher legal framework that legitimizes protection against violence (Algerian Constitution, 2020).

7.2. The Penal Code (amended and strengthened by Law No. 15-19 of December 30, 2015)

The Penal Code constitutes the main legal instrument criminalizing domestic violence. Prior to 2015, only physical violence was generally sanctioned. In 2015, Algeria adopted Law No. 15-19 of December 30, 2015. This reform introduced specific provisions addressing violence within intimate relationships, criminalizing not only physical violence within the couple, but also psychological and verbal violence, including family abandonment and sexual harassment.

This law also introduced more severe criminal penalties in certain cases (such as recidivism or when violence results in serious harm), as well as aggravating circumstances when the perpetrator is the spouse, or when the victim is pregnant, a minor, or in a situation of vulnerability. Thus, the law extended the concept of domestic violence beyond visible physical injuries, recognizing its psychological and verbal dimensions.

Main innovations introduced by the 2015 law include:

- Criminalization of physical violence within the couple.
 - Criminalization of psychological and verbal violence (not limited to physical violence).
- Enhanced protection for female victims, even when they are still married to and living with the perpetrator.
- Aggravating circumstances when the victim is pregnant, a minor, or vulnerable.

Main articles of the Penal Code related to domestic violence:

- Articles 264 and 266: punish physical violence (assault and battery), with increased penalties when the perpetrator is the spouse.
- Article 266 bis: provides specific penalties for violence committed by a husband against his wife, even in the absence of medically certified incapacity for work.
- Article 279 bis: addresses intentional homicide committed against a spouse, with aggravated penalties.
- Article 330 bis: sanctions family abandonment.
- Article 333 bis: criminalizes sexual harassment, which may also apply within the marital context (Algerian Penal Code).

LIMITATIONS OF THE LEGAL FRAMEWORK:

Despite these advances, the effectiveness of protection remains limited, as the law allows the victim to withdraw her complaint, which leads to the termination of prosecution. This legal provision leaves many women without effective protection, particularly in contexts of familial and social pressure.

7.3. The Family Code (Ordinance No. 84-11 of 1984, amended and revised in 2005)

The Family Code does not directly criminalize domestic violence. It is a civil rather than a criminal law: therefore, it does not provide penalties against perpetrators of violence, as this responsibility falls under the Penal Code. The Family Code acknowledges harm but does not directly protect women from violence, leaving sanctions to criminal courts. It regulates marriage and divorce but does not provide criminal protection for victims. Specifically, it:

- Regulates marriage, divorce, and child custody.
- Allows a woman who is a victim of violence to request divorce on the grounds of harm (Article 53 of the Family Code). Although it does not directly sanction violence, it recognizes it as a valid ground of harm allowing for divorce.
- Assigns a key role to the judge, who is responsible for assessing harm, granting divorce, determining child custody, and establishing child support payments.

Thus, this Code constitutes a civil legal pathway (separation, custody, alimony) and a complementary legal framework for victims of domestic violence. However, it remains limited because it does not criminalize violence and leaves repression to the criminal justice system.

Article 53:

The wife may request divorce on one of the following grounds:

1. Failure of maintenance by the husband, in accordance with Articles 78 and 79 of this law.
2. A physical or mental defect preventing the fulfillment of the objectives of marriage.
3. The husband's refusal to share the marital bed for more than four months.
4. The husband's absence for more than one year without a valid excuse and without the wife knowing his place of residence.
5. The husband's final conviction to a custodial sentence that harms the honor and reputation of the family and makes marital life impossible.
6. Injury to the wife's honor by the husband.
7. Immoral and habitual misconduct by the husband.
8. Legally recognized harm.

It is point 8, "legally recognized harm," that is used to include domestic violence as a ground for divorce (Algerian Family Code).

LIMITATIONS OF THE LEGAL FRAMEWORK:

Its limitations lie in the fact that it remains strongly influenced by Islamic jurisprudence (Maliki fiqh), which maintains certain gender inequalities. These include the status of women within marriage, inheritance rules, and divorce procedures, which are often lengthy and difficult to prove. In addition, polygamy remains legally permitted. These inequalities constitute an obstacle to the full legal protection of women victims of domestic violence.

7.4. International Commitments of Algeria

In addition to its national legal framework, Algeria has acceded to several international and regional human rights instruments concerning human rights and the protection of women. These commitments aim to align domestic legislation with international standards on combating violence against women, although certain reservations still limit their scope.

7.4.1. *Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)*

- Ratified by Algeria in 1996.
 - It obliges the State to take all necessary measures to eliminate discrimination against women in political, social, economic, and family life.

It also entails the adoption of laws protecting women against violence, including within the marital context (Committee on the Elimination of Discrimination against Women, 2012).

Limitation: Algeria has formulated several reservations, particularly regarding provisions related to marriage, divorce, and family matters, on the grounds of conformity with Islamic law (*shari'a*). These reservations reduce the effective implementation of CEDAW for women victims of domestic violence.

7.4.2. *African Charter on Human and Peoples' Rights (1981, ratified by Algeria in 1987)*

- It enshrines the principle of equality between men and women (Article 18).
- It protects human dignity and integrity, which implicitly includes the prohibition of domestic violence.

Algeria is also bound by the Maputo Protocol (2003) on the rights of women in Africa, which further specifies obligations regarding protection against violence (African Union, 2003).

CONCLUSION

Domestic violence remains a concerning reality, reflecting both a violation of fundamental rights and an infringement on women's psychological health and dignity. Beyond physical injuries, it generates profound psychological suffering marked by fear, guilt, and a loss of reference points, which also affects children who witness such violence. These often invisible consequences require comprehensive care integrating psychological, social, and legal support.

The Algerian legal framework, through the 2020 Constitution, the Penal Code, and the Family Code, represents a significant step forward in the recognition of victims' rights. However, the implementation of these legal provisions remains limited by sociocultural and institutional barriers that hinder women's access to justice and effective protection.

Thus, the fight against domestic violence cannot be reduced to a purely punitive response. It requires collective mobilization involving institutions, mental health professionals, associations, and families, in order to promote victims' resilience, psychological recovery, and social reintegration. Finally, fostering a culture of equality and respect constitutes a key lever for the sustainable prevention of violence and the strengthening of social cohesion.

Liste bibliographique

- Boussafsaf, Z., & Metz, C. (2021). Femmes et violence conjugale en Algérie : Versant sociétal, versant singulier. Hermann. <https://shs.cairn.info/femmes-et-violences-conjugales-versant-societal-ve--9791037008503-page-37?lang=fr>.
- Comité pour l'élimination de la discrimination à l'égard des femmes. (2012). *Concluding Observations : Algérie (CEDAW/C/DZA/CO/3-4)*. Genève : Nations Unies. <https://digitallibrary.un.org/record/725055>
- Daligand, L. (2008). Violences conjugales. *Le Journal des psychologues*, 255(2), 49-53. <https://doi.org/10.3917/jdp.255.0049>.
- Devries, K. (2014). *The global prevalence of intimate partner violence against women*. *Plos Medicine*, 10(2), 1-7. https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.researchgate.net/publication/240310056_The_Global_Prevalence_of_Intimate_Partner_Violence_Against_Women&ved=2ahUKEwj5tN6Ds7WQAxVcKvsDHVhtB1IQFnoECBkQAQ&usq=AOvVaw277Ta2YRVJOWATaYIBEQ
- Déroff, M-L. (2016). Parcours de femmes victimes de violences conjugales. https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://shs.hal.science/halshs-01253260&ved=2ahUKEwiut_fQlKmAQxUM5gIHHRYBCmUQFnoECBkQAQ&usq=AOvVaw10TL0gfstupOCKi4NrvYaC
- El Guendi, S. (2016). Le profil psychologique de femmes victimes de violences conjugales : Au moyen du « Temperament Inventory » de Cloninger. <https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://orbi.uliege.be/bitstream/2268/222450/2/Le%2520profil%2520psychologique%2520des%2520femmes%2520victimes%2520de%2520violences%2520conjugales-SARAH%2520EL%2520GUENDI.ppt.pdf&ved=2ahUKEwi8zuKYlqmQAQxVcKvsDHfrnEYgQFnoECBkQAQ&usq=AOvVaw2ChoBwD8aYOyxcZABvW67>
- Fédération nationale des CIDFF. (2020). Violence au sein du couple. <https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.egalite-femmes-hommes.gouv.fr/sites/efh/files/2024-02/guide-violences-couple-destination-entreprises-2020-FNCIDFF.pdf&ved=2ahUKEwjHw5XmamQAQxUfMvsDHfTRNM8QFnoECBwQAQ&usq=AOvVaw2Pv6m6J87K1AU78eHsLE0s>
- García-Moreno, C., Jansen, H. A. F. M., Ellsberg, M., Heise, L., & Watts, C. (2006). *Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence against women*. *The Lancet*, 368(9543), 1260–1269. <https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://pubmed.ncbi.nlm.nih.gov/17027732/&ved=2ahUKEwia3LPgtLWQAxXV0gIHHRAINKkQFnoECBcQAQ&usq=AOvVaw1Ez95t3MaMx2RMIU5eegMp>
- Gillain, B., & Le Bouedec, G. (2009). La violence conjugale. <https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://fr.scribd.com/document/603293281/la-violence-conjugale&ved=2ahUKEwitztdkamQAQxWdqQEHzvZBRUQFnoECCIQAQ&usq=AOvVaw2GQU0U-7JIgA0QXKxBT>
- Henrion, R. (2004). La longue marche contre les violences conjugales : malgré les avancées, un combat toujours nécessaire Un entretien libre avec deux représentantes de l'apiaf. *Empan*, 53(1), 102-105. <https://doi.org/10.3917/empa.053.0102>.
- Humphreys, C., & Thiara, R. K. (2003). *Mental health and domestic violence: "I call it symptoms of abuse"*. *British Journal of Social Work*, 33(2), 209–226. https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.researchgate.net/publication/249285138_Mental_Health_and_Domestic_Violence

- [%2527I Call it Symptoms of Abuse%2527&ved=2ahUKEwj8_863tLWQAxX0ygIHXX2pO1oQFnoECBkQAAQ&usg=AOvVaw2_AFMim0laz4LqBg-PAL_f](#)
- Kanougiya, S., Daruwalla, N., Gram, L., Sivakami, M., & Osrin, D. (2022). Domestic Coercive Control and Common Mental Disorders Among Women in Informal Settlements in Mumbai, India: A Cross-Sectional Survey. *Interpers Violence*, 37, 19-20. doi: 10.1177/08862605211030293.
 - La constitution algérienne, 2020 https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.joradp.dz/TRV/FConsti.pdf&ved=2ahUKEwiigM2d3LWQAxVdg_0HHQYSMQcQFnoECAoQAAQ&usg=AOvVaw29n4etyirzHWxXhlX8Hxyu
 - Lebas, J., Morvant, C., & Chauvin P. (2002). Les conséquences des violences conjugales sur la santé des femmes et leur prise en charge en médecine de premier recours. *Académie nationale de médecine*, 186(6), 949-961. <https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.academie-medecine.fr/les-consequences-des-violences-conjugales-sur-la-sante-des-femmes-et-leur-prise-en-charge-en-medecine-de-premier-recours/&ved=2ahUKEwjWiKWol6mQAxU7TKQEHawZK-oQFnoECBYQAAQ&usg=AOvVaw3BSuOL0ceOhoRv4BJHsI2g>
 - Le code de la famille en Algérie. <https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://learningpartnership.org/sites/default/files/resources/pdfs/Algeria-Family-Code-2007-English.pdf&ved=2ahUKEwjLzarV3LWQAxU09LsIHS4vGNcQFnoECCAQAAQ&usg=AOvVaw2pKR1M1SzLI-vdRtHs7PZh>
 - Le code pénal en Algérie.
 - https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://adsdatabase.ohchr.org/IssueLibrary/ALGERIA_Code%2520P%25C3%25A9nal.pdf&ved=2ahUKEwjMzPy93LWQAxWWgv0HHSavNDYQFnoECBkQAAQ&usg=AOvVaw0OWnirgIzqckhjBPX34JZX
 - Loghman, E. (2019). Consequences of domestic violence against women referred to health centers in zanzan : qualitative research. *Preventive care in nursing and midifery journal*, 9(2), 1-8. <https://doi.org/10.29252/pcnm.9.2.1>
 - Lohmann, S., Cowlshaw, S., Ney, L., O'Donnelle, M., & Felmingham, K. (2024). The Trauma and Mental Health Impacts of Coercive Control: A Systematic Review and Meta-Analysis. *Trauma Violence Abuse*, 25(1), 630-647. doi: 10.1177/15248380231162972.
 - Loi N 15-19 du 18 Rabie El Aouel 1473 correspondant au 30 décembre 2015. https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.joradp.dz/FTP/JO-FRANCAIS/2015/F2015071.pdf&ved=2ahUKEwi6p-7j3LWQAxUN_rsIHZ49Bq4QFnoECBcQAAQ&usg=AOvVaw33ha_uVMYVdurFs00NYNHb
 - Union africaine. (2003). *Protocole à la Charte africaine des droits de l'homme et des peuples relatif aux droits de la femme en Afrique (Protocole de Maputo)*. Adopté à Maputo le 11 juillet 2003, entré en vigueur le 25 novembre 2005. <https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa>
 - Pico-Alfonso. (2006). *The impact of physical, psychological, and sexual intimate male partner violence on women's mental health: depressive symptoms, posttraumatic stress disorder, anxiety, and suicide.* *Journal of Women's Health*, 15(5), 599–611. https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.researchgate.net/publication/6989027_The_Impact_of_Physical_Psychological_and_Sexual_Intimate_Male_Partner_Violence_on_Women%2527s_Mental_Health_Depressive_Symptoms_Posttraumatic_Stress_Disorder_State_Anxiety_and_Suicide&ved=2ahUKEwjY9IqCtLWQAxXXhv0HHaXXH0MQFnoECBkQAAQ&usg=AOvVaw02fGrgevuBeQjubmU1V-5W
 - Voyer, M., Delbreil, A., & Senon, J-L. (2014). Violences conjugales et troubles psychiatriques. *L'information psychiatrique*, 90(8), 663-671. <https://doi.org/10.1684/ipe.2014.1251>.
 - World Health Organization (2013). *Global and regional estimates of violence against women*. WHO Press. <https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.who.int/publications-detail-redirect/9789241564625&ved=2ahUKEwj84PPRuLWQAxWUUKQEHeQCASQQFnoECBgQAAQ&usg=AOvVaw1epaaO4FU3xbC88y0lw6iu>