



Naif Arab University for Security Sciences
Arab Journal of Forensic Sciences and Forensic Medicine
المجلة العربية لعلوم الأدلة الجنائية والطب الشرعي
<https://journals.nauss.edu.sa/index.php/AJFSFM>



A Study of the Profiles of Female Victims of Intimate Partner Violence in an Algerian Cohort

دراسة لأوضاع الإناث ضحايا العنف الأسري (من الشريك الحميم) في عينة سكانية جزائرية

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Received 17 Dec. 2023; Accepted 27 Apr. 2024; Available Online 18 Jun. 2024.



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Abstract

Intimate Partner Violence (IPV) is an overlooked type of violence, remaining largely concealed and relegated to the private domain of family affairs. The World Health Organization (WHO) considers IPV a critical global public health concern. Its repercussions extend beyond physical harm, significantly affecting the mental and emotional health of women within our nation.

This study aimed to determine the demographic characteristics of women who have experienced IPV by conducting a thorough cross-sectional investigation. The research was conducted among patients seeking consultation at the forensic medicine department of Laghouat Hospital, located in a southern Algerian region where population dynamics may vary compared to other parts of the country. In this study, 566 female violence victims were initially screened, 341 of which reported IPV experiences. Data were then gathered through individual interviews with the victims using a data collection form to investigate the demographic characteristics of these victims.

This study sheds light on several factors intricately linked to IPV. These factors include the age of the victim, educational level, occupation, living standards, marital status, marriage duration, number of children, spouse's premarital acquaintance, sexual activity, and the association of verbal threats and obscene remarks.

Keywords: Forensic sciences, Intimate-partner violence (IPV), Victims profiling, Forensic medicine, Laghouat.

المستخلص

يعتبر العنف الأسري (العنف الذي يمارسه الشريك الحميم) شكلاً من أشكال العنف يتم تجاهله إلى حد كبير، حيث يظل مخفياً إلى حد بعيد ويقتصر على الشأن العائلي الخاص. وتعتبر منظمة الصحة العالمية (WHO) العنف الأسري مشكلة صحة عامة عالية حرجة. ولا تقتصر تداعياته على الأذى البدني، بل تؤثر بشكل كبير على الصحة العقلية والعاطفية للمرأة داخل مجتمعنا.

تهدف هذه الدراسة إلى تحديد الخصائص الديموغرافية للنساء اللاتي يتعرضن للعنف الأسري من خلال إجراء تحقيق مقطعي شامل. وأجري البحث بين المرضى الذين يطلبون استشارة في قسم الطب الشرعي بمستشفى الأغواط، الواقعة في منطقة جنوب الجزائر حيث قد تختلف ديناميات السكان مقارنة بأجزاء أخرى من البلاد. وفي هذه الدراسة، تم فحص 566 امرأة ضحية للعنف في البداية، وأفادت 341 منهن بتعرضهن للعنف الأسري. ثم تم جمع البيانات من خلال مقابلات فردية مع الضحايا باستخدام نموذج جمع البيانات للبحث في الخصائص الديموغرافية لهؤلاء الضحايا.

تُلقي هذه الدراسة الضوء على العديد من العوامل المرتبطة بشكل وثيق بالعنف الأسري. وتشمل هذه العوامل عمر الضحية، والمستوى التعليمي، والمهنة، ومستوى المعيشة، والحالة الاجتماعية، ومدة الزواج، وعدد الأبناء، ومعرفة الزوج قبل الزواج، والنشاط الجنسي، وارتباط التهديدات اللفظية والملاحظات البذيئة بالعنف الأسري.

الكلمات المفتاحية: علوم الأدلة الجنائية، العنف بين الشركاء الحميمين (IPV)، استعراض ضحايا العنف، الطب الشرعي، الأغواط.

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doi: [10.26735/IHER2447](https://doi.org/10.26735/IHER2447)

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This study emphasizes that IPV is preventable, highlighting the pivotal role of societal strategies in its mitigation. Proactive measures involving governmental bodies, legal systems, official organizations, educational institutions, the media, and voluntary groups must be taken to effectively reduce the incidence of IPV.

1. Introduction

The latest data from the World Health Organization (WHO) indicates that one in three women in the world have been victims of physical or sexual violence by intimate partners [1]. To prevent and manage the global problem of violence against women, the United Nations has launched for many years a global legal policy (United Nations Resolution 48/104 of 1993, World Health Organization WHO 49.25 of 1996) [2].

These forms of violence involve multiple factors and stakeholders, both social, legal, and medical, as they constitute a complex and delicate issue. On average, 30 to 33% of women around the world suffer from violence perpetrated by their partner [3]. The forensic physician remains the privileged witness of the suffering endured by battered women. His experience and involvement in supporting victims, both medically and psychologically, undoubtedly helps to relieve and improve the quality of care for these victims and break the complicit silence of men and society.

The issue of violence against women in Algeria was the subject of a national survey for the first time in 2005, which was conducted by a team from the National Institute of Public Health on 9,033 female victims of violence [4]. Currently, Algeria is undergoing profound social changes that influence the attitudes and behaviors of individuals. Studying the profile of women victims of domestic violence in a population in the south of Algeria (Laghouat) is of particular relevance given the scale of this phenom-

وتؤكد الدراسة على إمكانية الوقاية من العنف بين الشركاء الحميمين، مشددة على الدور المحوري الذي تلعبه الاستراتيجيات المجتمعية في الحد منه. ومن الضروري اتخاذ تدابير استباقية بمشاركة الهيئات الحكومية، الأنظمة القانونية، المؤسسات الرسمية، المؤسسات التعليمية والإعلام والمجموعات التطوعية للحد الفعال من حالات العنف بين الشركاء الحميمين.

enon in the world and in the Algerian society.

Given these considerations and the lack of data on the southern Algeria regions, this research became necessary to study the extent of the problem. The objective of this study was to identify the profile of women victims of conjugal violence, who came for medical consultation at the forensic medicine service of Laghouat Public Hospital.

2. Materials and methods

The study received ethical approval from the Ethics Committee of the Faculty of Medicine of Laghouat. All participants gave informed consent at the forensic department of Laghouat Hospital to participate in the study. The collected data were treated confidentially and anonymously.

During this cross-sectional study, 566 female violence victims who sought medical consultation at the forensic medicine department of Laghouat were initially screened, 341 of which were identified as victims of domestic violence.

Data collection was performed using a structured data collection form. This form was filled out during an individual interview with each victim of domestic violence. The interview was conducted by specialized forensic doctors and nurses trained to collect data on domestic violence victims in a sensitive and respectful manner. The structured data collection form included questions about the socio-demographic characteristics of the victims (age, education level, profession, marital status, number of children), the characteristics of the violence endured (type of violence, duration, frequency, intensity)



The data were processed using descriptive statistical techniques such as frequencies, means, standard deviations and percentages. Statistical inference tests were also used to evaluate significant differences between groups of victims according to some characteristics. For the comparison of two groups based on qualitative variables, the chi-square test was employed and to compare continuous variables between the two groups, the Student's T-test was used. Logistic regression, employing a stepwise forward selection method for adjustment, was conducted to explore the relationship between the frequency of violence, its consequences and risk factors in the study's population.

3. Results

1484 patients came for consultation to the forensic medicine department of Laghouat from January 2020 to January 2021, of whom 918 (61.86%) were male and 566 (38.14%) were female. 341 women appeared to be victims of IPV during this period.

The study population was exclusively female, with an average age of 33.5 years \pm 8.5, ranging from 17 to 63 years.

The mean age of victims of a single episode of violence was 29.5 \pm 6.8, while the mean age of victims suffering from more than one episode of violence was 33.8 \pm 8.6. Victims of a single episode of violence were younger than victims of more than one episode (29.5 \pm 6.8 vs. 33.8 \pm 8.6), $p = 0.007$, Table 1.

The analysis of the logistic regression found that the victim's age increases the risk of repeat violence by an OR = 1.08, CI [1.2, -1.14], $p = 0.01$.

Regarding the occupation of the victim, it was noted that unemployed subjects were more likely to be victims of repeated violence and on the contrary students and senior executives were less likely ($p < 0.001$), Table 1. This observation was confirmed

with the following odds ratios: Medium-level civil servants [OR = 6.03, CI (1.49-24.36), $p = 0.01$], Senior manager [OR = 4.05, CI (1.30-12.56), $p = 0.02$], Student [OR = 13.57, CI (4.48-41.14), $p < 0.001$]

On the same line of reflection, the distribution of the educational level was linked to the number of recurrences, $p = 0.01$. Victims of a single episode of violence were predominantly university graduates (67.7%) compared to 30.6% for victims of multiple episodes, Table 1.

The income of the victims was lower than the income of the perpetrators of violence in 80% of cases. Thus, no trend in the distribution of income was observed according to the repetition of violence ($p = 0.9$),

The study on the level of living found that the two modalities of the socioeconomic level "GOOD" and "VERY GOOD" reduce the risk of recurrence of violence with an OR = 0.12, CI (0.01-0.98), $p = 0.05$; and an OR = 0.04, CI (0.001-0.58), $p = 0.02$, respectively.

In terms of place of residence, the victims lived in an urban environment in 86% of cases.

For the marital status during the violence, the majority of the victims in our series were legally married in 89.2% of cases at the time of the act of violence, while 4.4% were married by a religious act of marriage and rare victims were divorced and/or engaged. The Odds ratio of the modalities of engaged and religious act of marriage cases of the variable of marital status reduce the risk of violence recurrence with respectively an OR = 0.06, CI (0.02-0.20), $p < 0.001$ and an OR = 0.13, CI (0.13-0.04), $p < 0.001$.

The distribution of the elements of the marital status at the time of the violence was strongly linked to the number of recurrences, $p < 0.001$, the victims of a single episode of violence were predominantly married (89.2%) as were the victims of multiple episodes.



Table 1 - Distribution of socio-demographic data of victims of intimate partner violence

	Study Population	Single Episode of Violence	Multiple Episode of Violence	p*
Number (N)	341	31 (9,1%)	310 (90,9 %)	
VICTIM AGE	33,5 [8,5]	29,5 [6,8]	33,8 [8,6]	0,007
Profession				<0,001
Unemployed	177 (51,9 %)	06 (19,4)	171 (55,2)	
Daily Wage Earner	41 (12,0 %)	03 (09,7)	38 (12,2)	
Public Sector	57 (16,7 %)	06 (19,3)	51 (16,5)	
Senior Executive	29 (8,5 %)	07 (22,6)	22 (7,1)	
Business Owner	06 (1,8 %)	00 (0,0)	06 (1,9)	
Student	31 (9,1 %)	09 (29,1)	22 (7,1)	
Educational level				0,01
Illiterate	10 (2,9 %)	00 (0,0)	10 (3,2)	
Primary	40 (11,7 %)	02 (6,5)	38 (12,3)	
Lower Secondary	93 (27,3 %)	02 (6,5)	91 (29,4)	
Upper Secondary	82 (24,0 %)	06 (19,3)	76 (24,6)	
Postgraduate	116 (34 %)	21 (67,7)	95 (30,6)	
Place of residence				0,422
Urban	293 (85,9)	28 (90,3)	265 (85,5)	
Rural	48 (14,1)	03 (9,7)	45 (14,5)	
Wife earns more	68 (19,9)	06 (19,4)	62 (20,0)	0,9
Standard of living				0,01
Low	44 (12,9)	01 (3,2)	43 (13,9)	
Moderate	239 (70,1)	19 (61,3)	220 (71,0)	
High	52 (15,2)	09 (29,0)	43 (13,9)	
Very High	06 (1,8)	02 (6,5)	04 (1,2)	
Marital status				<0,001
Married	304 (89,2)	19 (61,3)	285 (91,9)	
Divorced	11 (3,2)	01 (3,2)	10 (3,3)	
Fiancee	11 (3,2)	06 (19,4)	05 (1,6)	
*Informal marriage	(4,4) 15	(16,1) 05	(3,2) 10	

Note: - Values are presented as mean [standard deviation] or count (percentage) as appropriate.

- p-values less than 0.05 are considered statistically significant.

- *Informal marriages involve religious ceremonies, but legal marriage documents have not yet been formalized.



The average marital age of the victims was 24.7 years \pm 5.4. The average marital age of victims of a single episode of violence was 25.8 \pm 7.0, while the average marital age of the victims of suffering from than one episode of violence was 24.6 \pm 5.2, Table 2.

The average duration of marriage at the time of the violence was 3.7 years \pm 0.3. We found an association between this duration and the repetition of violence, $p = 0.001$, Table 2.

The number of marriages had no relationship with the frequency of violence, $p = 0.100$, Table 2.

Two thirds 66% of the victims had a first pregnancy age between 19 and 30 years, followed by ages between 31 and 40 years (14%). The average age of first pregnancy was 20.71 \pm 11.1, Table 2.

We also observed that 35% of the victims had more than 3 children, while 28% had one or two children, The average number of children of all victims was 3.1 \pm 1.6, Table 2.

56% of the victim knew their spouse before marriage and 83.3% of the spouses were not related to the victim. The analysis of the distribution of knowledge and consanguinity with the frequency of violence was not conclusive [$p = 0.085$ and $p = 0.108$].

For the couple's sex life, 54% of the victims reported being satisfied with their sexual activities, while 38.7% reported that sexual relationship was non-existent and only 7.3 were fulfilled in their relationship. Victims of a single episode of violence reported being satisfied in 45.2% of their sexual relationship, while 35.4% reported that their sex life is non-existent. Regarding victims of more than one episode of violence, more than half, 54.8%, reported being satisfied with their sexual activity, Table 2.

In performing the analysis of the distribution of sexual activity with the repetition of violence, we noticed that it is positive, $p = 0.026$, Table 2.

Logistic regression analysis confirmed that there was no relationship between the recurrence of vio-

Table 2 - Distribution of Data Related to Marital Factors in Cases of Single and Repeated Domestic Violence

	Study Population	Single Episode of Violence	Multiple Episode of Violence	p
Number (N)	341	31 (9,1%)	310 (90,9 %)	
Age at Marriage	24.7 [5,4]	25.8 [7,0]	24.6 [5,2]	0,232
Age at First Pregnancy	20.71 [11,1]	27.9 (3,6)	25.6 (4,8)	<0,001
Duration of current Marriage	3.7 [1,8]	2.3 [1,7]	3.9 [1,8]	<0,001
Number of Marital Unions	1.1 [0,3]	1.0 [0,4]	1.1 [0,3]	0,100
Number of Children	3.1 [1,6]	1.8 [1,4]	3.2 [1,6]	<0,001
Pre-marital Acquaintance	189 (55,4)	23 (74,2)	166 (53,5)	0,085
Consanguinity	57 (16,7)	02 (6,5)	55 (17,7)	0,108
Sexual activity				0,026
Absent	132 (38,7)	11 (35,4)	121 (39,0)	
Satisfactory	184 (54,0)	14 (45,2)	170 (54,8)	
Gratifying	25 (7,3)	06 (19,4)	19 (6,2)	

Note: - Values are presented as mean [standard deviation] or count (percentage) as appropriate.
- p-values less than 0.05 are considered statistically significant.



lence and the following variables: marital age, age at first pregnancy, number of marriages, and consanguinity. However, the same analysis confirmed the association between the frequency of violence and the current duration of marriage; indeed, the latter increased the risk of recurrence OR = 1.80, CI (1.37-2.36), $p < 0.001$. Similarly, the number of children also increased the risk of repetition of violence OR = 2.03, CI (1.44-2.86) and $p < 0.001$. However, knowing the partner before marriage reduced the risk of repetition of violence with OR = 0.39, CI (0.16-0.96), $p = 0.04$

For sexual activity, it was observed that a fulfilling sex life reduces the risk of recurrence of violence with OR = 0.29, CI (0.10-0.87), $p = 0.03$, taking the absence of non-existent sexual activity as a reference

4. Discussion

The present study responds to recent national and international public health recommendations regarding the need for better identification, knowledge, and management of violence against women in general and intimate partner violence in particular (5, 6). Despite their relevance and interest, these studies are limited by their retrospective nature and geographical limitations. We also report that the study of the family repercussions of intimate partner violence and the various medical and forensic aspects of this form of violence, which threatens the very core of society (the family), is not explored in a satisfactory way.

Our research on intimate partner violence has several strengths, such as the use of a standardized questionnaire to assess violence, but also the examination of several risk factors, including culture-specific factors, in a relatively large sample. The interviews and the analysis of the responses were conducted by the principal investigator, which

reduced the negative biases of the questionnaire's understanding. The investigator administered the questionnaire in a neutral tone and in Arabic, emphasizing the guarantee of confidentiality and anonymity. This enhanced the confidence of the victims.

We realize that there are few limitations of this study. The data on violence were based on the personal statements of the victim, which could underestimate the actual incidence. The woman's responses might be subjective or erroneous. However, the repetition of some key questions and the assurance of confidentiality helped minimizing this bias. The sensitivity of some of the questionnaire's topics was an additional risk of bias, as sensitive topics like sexual activity are considered a taboo.

Since the sampling was done at the medico-legal unit, this represented a risk of recruitment bias, as female victims who do not seek medical consultation were not represented. The study authors therefore encourage the conduct of complementary studies to better understand this issue. Despite these biases, this study has made it possible to obtain quantitative data and to identify the majority of the aspects in a relatively large sample of victims.

Young age appears to be a contributing factor according to these results, with notably higher proportions, particularly for the age group [30-40] years (42.8%). While age groups may vary across studies, there is unanimous agreement that there is a correlation between domestic violence and age. These frequencies align with various analyzed studies, such as the one conducted by the Annaba University Hospital team, reporting a mean age of 33.91 ± 9.05 [7]. Similarly, an Egyptian team noted an average age of 32 ± 7.7 years with a median of 33 years, highlighting that nearly half (47.2%) fell within the [30-40] age range [8]. Comparable frequencies were observed in a Lebanese study, where the mean age of participants was $32.32 \pm$



5.94 years, ranging from 19 to 50 years [9]. Additionally, a Saudi article reported a mean age of 32.24 ± 10.92 years [10]. In Morocco, a study revealed that the age group of [26-35] years constituted the highest percentage (41.4%), with two-thirds of the cases involving young women under 35 years old [11]. In contrast, other studies, such as those conducted in Lebanon and Oman, reported significantly lower average ages at 31.46 ± 10.97 years and 30.6 years (standard deviation 6.9), respectively [12, 13].

Prior reports from the WHO also indicated that one of the most consistent factors associated with an increased likelihood of a man committing acts of violence against a partner is a young age [14,15]. Aging serves as a protective factor against IPV, and younger women may be more susceptible to such violence [16-20] which was consistent with the findings of this current study. Several reasons may account for the results observed in the current study and related studies. This phenomenon may be explained by the fact that, with age, couples tend to better understand each other, becoming more efficient at rationally resolving their marital problems.

Marital Status, as reported by most authors, emerges as the predictive and predominant element in cases of IPV. Women engaged in a legally recognized marital relationship constituted the majority of victims in the current study, a proportion closely aligned with findings of another Algerian study (93.5%) [7]. Similar frequencies were also observed in another study where the husband was identified as the perpetrator in 68% of cases, the ex-spouse in 31.2%, and the fiancé in 0.8% [21]. Likewise, in a study conducted on a Saudi population, the proportion of unmarried women was 22%, with a lower percentage of divorced women at 2.5%, while those united through legal marriage constituted 72.41% [10]. In a Lebanese study, 57.7% were reported as married [9].

In this study the entirety of cases involved the husband.

The profession implication analysis in our study revealed that over half of the victims (51.9%) were unemployed. This finding aligns with a study conducted in Morocco, where victims were unemployed in 60% of cases [21]. A similar observation was noted in an Egyptian population, where 75.0% were homemakers [8]. Similarly, a Saudi study reported that the majority ($n = 1813$) were homemakers at 85.27% ($n = 1546$), with a small proportion of victims being employed at 14.23% ($n=258$), and 0.22% had retired [10]. This frequency contrasts with a Tunisian sample where only 41.6% of participants were homemakers, while 53.8% were manual laborers [22]. The results of the current study confirm that unemployment among victims exacerbates IPV, rendering victims more vulnerable and contributing to the occurrence of violence within couples. This also highlights the limited involvement of women in Laghouat state's workforce.

The educational level of victims appears to exert a significant influence on the occurrence of violence. It was observed that the university level educated victims encompassed 34% of the victims. These findings mirror with those of an Egyptian study, where over half of the victims had husbands with university education (52.3% and 57.9%, respectively) [14]. A Saudi study reported similar figures in terms of educational level within a sample of $n = 1808$: a low proportion were illiterate at 10.06% ($n = 182$), 45.66% were undergraduate students ($n = 826$) and 42.56% were graduates ($n = 770$) [10]. These frequencies closely align with an Iranian study in terms of educational level, where only 3.4% of women were either illiterate or had primary education, while 76.4% had a higher academic education [16]. A similar pattern was observed in a Turkish study, where the majority of women seeking consul-



tation for IPV were graduates, constituted 44.8% of the participants [23]. However, in a Spanish population majority of women who suffered IPV lacked university education (65.4%) (65,4 %) [24]. Therefore, numerous studies, especially in Egypt, Jordan, and Saudi Arabia, have reported that women with higher education are more at risk of experiencing domestic violence [14, 25-27]. These results corroborate with the findings of the present study thus suggesting that the women having higher education levels are more susceptible to IPV. This phenomenon can be attributed to the perception, that economically independent female partners with a higher level of education may be perceived as intimidating, thereby contributing to the prevalence of IPV.

Regarding the standards of living and income of women, it was observed that almost two-thirds of the victims had a moderate standard of living (70%). Only 1.8% had a relatively affluent standard of living and 12.9% had a low standard of living. It was also noted that only 19.9% had an income higher than that of their husbands. Most earlier studies results align with the current study, indicating that most victims of IPV belong to families of low to moderate socioeconomic status [14, 28-30]. These findings may be elucidated by the challenges faced by families with low to moderate socio-economic situations in meeting their basic needs, thereby giving rise to marital conflicts. Furthermore, the heightened vulnerability of women living in difficult socio-economic conditions exposes them more to violence, often linked to the persistent stress associated with transitioning into poverty, where inadequate income may generate familial pressure conducive to violence. However, other studies note that women with high incomes are also significantly exposed to violence, suggesting variations related to societal and socio-economic differences between countries [12, 14, 31].

In this study the place of residence in a rural or urban region did not impact the exposure to violence, as the frequency was nearly equal among urban and rural victims. This observation aligns with studies reporting almost equal frequencies of domestic violence cases between urban (49%) and rural (48%) cases in Egypt [32]. The cultural blending in urban settings may induce a shift in social norms. Additionally, those residing in urban areas may have higher levels of education and better access to prevention, support and reporting services.

The number of children for women who were victims in the current study was 3.1 ± 1.6 , and for the perpetrator, it was similar at 3.2 ± 1.5 . This parameter appears to influence the occurrence of violence, with similar frequencies reported in several studies. For instance, in a Saudi study, significant predictor of IPV in women with three children [33]. Another Spanish study observed that having a greater number of children (three or more) was significantly associated with all categories of partner violence [24]. These results can be explained by the fact that younger women with a higher number of children are more exposed to the risk of IPV.

It was observed that poor sexual fulfillment was present in women who were victims of IPV, with a frequency of 38.7%. This frequency is not surprising, as sexual activity requires a positive and respectful approach to sexual life and intimate relationships, allowing for pleasant sexual experiences without discomfort and, above all, without violence. Many women in this study's sample initially hesitated to respond regarding the state of their intimate relationships. Generally, as noted in numerous research works across various Arab and Muslim countries, most women tend to overlook the importance of sexual satisfaction in marriage or perceive it as unimportant [34, 35]. Indeed, in a Saudi study, they observed a higher proportion of women dissat-



ified with their marriage on a sexual level in the abused group compared to the non-abused group. In the abused group, 52.3% stated that they did not like sexual relations with their respective husbands. In the non-abused group, 54.7% of women did not enjoy sexual intercourse, compared to 47.7% in the abused group. Additionally, 10.0% of women refused to respond to the question on sexual satisfaction [36]. It is noteworthy that several international research studies found an association between marital dysfunction and a decrease in sexual desire [37, 38]. However, marital dysfunction does not necessarily imply domestic violence. These studies also highlighted that domestic violence has negative repercussions on the physical, psychological and particularly sexual health of women. These findings confirm the results of the current study, with a significant frequency of victims declaring dissatisfaction with intimate relationships with their husbands, which might be linked to IPV. The constraining cultural and social norms alongside with societal pressure, negatively impact women's well-being, prompting them to tolerate spousal behaviors and express satisfaction with their conjugal sexual life. In situations of domestic violence, sexual activity loses its emotional value, becoming a tool employed for the control or domination of the partner.

5. Conclusion

Based on the findings of this study, it is evident that Intimate Partner Violence is a pervasive issue with far-reaching implications for the well-being of women in our society. The demographic characteristics identified among IPV victims, including age, education, occupation, and marital status, underscore the complexity of this phenomenon and the diverse circumstances in which it occurs.

Furthermore, the association of IPV with factors such as living standards, marriage duration, and

spouse's premarital acquaintance highlights the need for a multifaceted approach to address this issue. It is crucial to recognize that IPV is not solely a private matter but rather a public health concern requiring comprehensive intervention strategies.

The authors recommendations include prevention and awareness campaigns, screening programs, enhanced psychosocial support, judicial reforms, and fostering scientific research and collaboration to address this pressing societal issue. Collaboration among various stakeholders, including government agencies, law enforcement, healthcare providers, community organizations, and the media, is essential to create a supportive environment for IPV prevention and intervention.

The study's results are expected to guide local authorities, formal and volunteer organizations, educational institutions and researchers involved in domestic violence prevention.

Ultimately, addressing IPV requires a concerted effort from all sectors of society. By working together to challenge societal norms that perpetuate violence and support survivors, we can strive towards a future where every individual has the right to live free from the threat of intimate partner violence..

Conflict of interest

The authors declare no conflicts of interest.

Source of funding

The authors received no financial support for the research, authorship or publication of this paper.

Acknowledgments

The author would like to express sincere gratitude to Professor Belhadj Rachid, Chief of department of Legal Medicine at CHU Mustapha, for his invaluable guidance, support, and mentorship throughout the course of this research.



The author also extends appreciation to the entire team at the Service of Legal Medicine at EPH Laghouat H'Mida Benadjila for their collaboration and assistance in providing valuable insights and resources for this study. Their dedication to advancing the field of legal medicine has been instrumental in the successful completion of this research.

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