JOURNAL OF THE
ARAB AMERICAN UNIVERSITY
مجلة الجامعة العربية الأمريكية للبحوث

Stress and resilience in women victims of domestic violence: Clinical study

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Received:19/06/2025. Revised: 25/06/2025. Accepted:12/02/2026. Published :31/03/2026

DIO: 10.35517/AAUP-2026.V12.1.15

Abstract

Background: Domestic violence, as a recurrent and intentional form of interpersonal trauma aligned with Type II (complex) trauma, inflicts profound psychological and social harm on women, leading to chronic stress, emotional dysregulation, low self-esteem, and persistent feelings of fear and helplessness.

Objective: This study aimed to examine the psychological and social factors shaping women's responses to domestic violence by comparing less resilient and resilient abused women.

Methods: A qualitative clinical design was adopted to analyze eight cases of abused women (five less resilient and three resilient) using in-depth clinical interviews and standardized scales (CD-RISC, PSS, Rosenberg Self-Esteem Scale, SCL-90-R).

Results: Less resilient women showed higher acceptance of violence, elevated stress, and greater psychological symptom severity. They relied on immature defense mechanisms (justification, denial), remained silent to preserve family stability, and displayed economic dependency and lack of social support. Their coping was characterized by submission, fear of stigma, and hope for partner change. In contrast, resilient women demonstrated higher self-esteem, lower stress levels, and greater psychological stability. They showed rapid danger perception, mature coping strategies, active help-seeking, emotional and spiritual support utilization, and future-oriented planning.

Conclusions: The findings emphasized that resilience is shaped by the interaction of personal resources (self-efficacy, self-confidence) and environmental support. Strengthening protective factors and social support networks is crucial for promoting recovery and empowerment among survivors of domestic violence.

Keywords: Domestic violence, Resilience, Stress, women.

1. Introduction

Domestic violence is a long-standing phenomenon in human history, prevalent across all societies regardless of social class or group. It is not confined to a specific country or community but occurs within diverse social, economic, cultural, religious, and ideological contexts**.** Within the framework of the marital relationship—supposed to be based on love, cooperation, mutual respect, and protection—the wife may be exposed to various forms of violence and abuse arising from social, cultural, educational, and psychological factors,

ultimately leading to suffering and harm. Violence inflicted by the husband constitutes a real threat and causes profound psychological distress (Audet, 2002, p. 127). Consequently, women may experience sadness, frustration, low morale, self-loathing, and difficulty in decision-making, which weakens their capacity to confront or resist this hostile relationship. Over time, this may result in submission to the husband's inhuman practices, leading to instability and imbalance within the family system, as women represent a fundamental pillar of family cohesion.

This phenomenon attracted wide scientific and global interest and was examined from multiple perspectives. Some approaches focused on the forms, causes, and effects of violence against wives, while others explored the mental health of abused women and strategies for intervention. Numerous studies investigated the domestic violence in relation to various psychological and social variables. In this study, the researcher sought to understand the factors that explain the variation in women's responses to spousal violence. Scientific evidence confirms that exposure to domestic violence contributes to the emergence of psychological and physical disorders. Salmona (2010) indicated that abused women are more likely to seek medical consultations, require emergency care, be hospitalized, and take sick leave. Violence is therefore considered a major health risk factor. This is further supported by the World Health Organization's Multi-Country Study, which found that women who experienced domestic violence reported poorer health, recent pain, difficulty in daily functioning, and greater emotional distress, including suicidal ideation (Madhani et al., 2017). These findings demonstrated that violence against women constitutes a global public health problem (Tsirigotis & Łuczak, 2018, p. 202) requiring urgent intervention.

Domestic violence is a traumatic event characterized by its recurrence and intentional nature, as it results from deliberate acts of harm inflicted by one person upon another (Romano, 2013, p. 8). It represents a profoundly negative life experience and a major source of traumatic stress for affected women (Pull, 2004, p. 168). Persistent exposure generates a continuous state of fear, leading to chronic stress and emotional distress (Benes & Bernard, 2003, p. 33). This prolonged suffering often exceeds women's coping capacities, resulting in psychological damage accompanied by feelings of helplessness (Siles, Laforêt, & Costantino, 2011). Consequently, abused women may experience exhaustion, instability, and loss of control over their lives (Al-Dawa & Darwish, 2008, p. 6). Over time, they may come to perceive violence as an inevitable fate, which undermines their self-confidence and self-esteem.

However, women's responses to domestic violence vary. Some women demonstrate resilience and manage to preserve their psychological health, enabling them to adapt positively despite adversity. Resilience refers to reduced vulnerability and the ability to cope effectively (Tsirigotis & Łuczak, 2018, p. 203). This ability to adapt positively to the violence to which they are exposed leads to differences in reactions and levels of vulnerability among abused wives. These variations can be attributed to individual abilities and personal factors, as well as environmental factors that contribute to the resilience or non-resilience of these women in the face of abuse. In fact, resilience is composed of two dimensions: resistance to destruction, which relates to one's ability to protect their integrity under strong pressure, and the ability to build or create a life worth living despite adverse circumstances (Labronici, 2012, p. 630). It emerges from the capacity to assign meaning to stressful events, mobilize internal resources, and develop adaptive strategies (Levesque, 2011, p. 19). While resilience does not eliminate emotional scars, it enables individuals to activate compensatory mechanisms (Lemay, 2001, p. 136). In this context, some women reinterpret violence, while others draw strength from positive aspects of their environment (Lemay, 2001, p. 139).

Through this research, the researcher attempted to identify the resources and capacities available to women victims of violence that enabled them to effectively resist this type of abuse.

At the same time, the researcher also explored the protective factors, both environmental and personal, that helped some of these women to withstand and recover despite living in a family environment that was threatening, shocking, and stressful. Werner-Wilson, Zimmerman, et al. (2000), Davis (2002), Kennedy (2005), and Crète (2009) highlighted this in their studies.

Domestic violence is considered a cumulative traumatic event classified as Type II trauma, characterized by its repeated occurrence over time (Gaucher, 2014, p. 9). Dutton et al. (2005) identified two main responses: traumatic and strategic. While some women develop psychological distress, others demonstrate resilience and protect their mental well-being. Individuals who experience trauma without developing psychological disorders are considered resilient (Kedia et al., 2008, p. 185).

Consequently, the researchers came up with the following research questions:
- What factors determine a woman's reaction to spousal violence?
- Which personal and environmental factors contribute to resilience among abused women?
- What distinguishes resilient women from those who are unable to cope?

2. Hypotheses

To answer these questions, the researcher made the following hypotheses:

1. The response of a woman who is a victim of domestic violence varies depending on her ability to accept or reject the violence inflicted by her husband, as follows :
    - A less resilient woman accepts the violence directed against her and is unable to confront it.
    - A resilient woman rejects the violence directed against her, which helps her confront and cope with it.
2. Domestic violence affects the mental health of the battered woman and her ability to face up, depending on whether she accepts or rejects the violence, as follows:
    - A wife who is exposed to domestic violence and accepts it experiences psychological disorders that limit her ability to cope.
    - A woman who is exposed to domestic violence and rejects it maintains good mental health, which helps her initiate and cope with the process of resilience.
3. A woman's response (resilient or less resilient) to domestic violence is linked to certain personal (subjective) characteristics and environmental factors, as follows:
    - Insufficient personal resources (e.g., low self-esteem, low self-confidence) and environmental factors (e.g., economic dependence) generate stress among women victims of domestic violence.
    - The emergence of resilience in a woman who is a victim of domestic violence is associated with personal factors (e.g., high self-esteem, positive aspirations for the future) and environmental factors (e.g., the presence of social support).

3. Operational Definitions of the Study Terms

Domestic Violence:
Operationally defined as any form of abuse (physical, psychological, verbal, sexual, or economic) perpetrated by the husband within the marital relationship, where he assumes a position of power to control or dominate his wife.
Resilience:
Operationally defined as the ability of the abused wife to engage in positive adaptation and coping strategies that protect her from developing psychological disorders. Resilience is measured by the score obtained on the Connor-Davidson Resilience Scale.

Stress:
Operationally defined as a state of mental tension arising from daily life events—in this study, marital violence—where the intensity of the stressor exceeds the woman's capacity to cope, resulting in psychological and physical suffering. Stress is measured by the Psychological Stress Scale.
Abused Woman:
A woman who is subjected to violence by her husband.

4. Method

The researcher relied on the clinical approach (case study) to shed direct and in-depth light on this phenomenon, especially since the case study enables a detailed and comprehensive examination of the case. It serves as a means of inductive analysis of clinical data and is consistent with the principles of clinical psychology, both in practice and research. The case study refers to two concepts: the first is pragmatic and evaluative, and the second is therapeutic and explanatory. The first concept aims to integrate heterogeneous clinical data from different sources (measurements, tests, interviews, etc.) in order to describe the person as a whole—their various problems and their context—while also seeking to understand the genesis and causes of these problems (Gharbi, 2012, pp. 101–102). This approach is ideal for investigating the causes and factors that contribute, in one way or another, to women's responses to domestic violence, based on the history, life circumstances, and personal experiences of each case.

4.1 Study sample and its characteristics:

Violence may manifest in an immediate, direct, repeated, and unhesitating manner, or it may appear suddenly as an isolated behavior resulting from a long-term process. To define the study sample, the researchers intentionally selected a group of resilient abused women and a group of less resilient abused women meeting the following inclusion criteria:
1. The variable of domestic violence:

- Abused women who were subjected to at least one type of violence

(Psychological, physical, sexual, economic) from their husbands for a period, and this violence was not a passing and isolated incident (resulting from specific marital conditions).

- Abused women who still suffer from violence until now, because some longitudinal studies, such as the Quigley Leonard study, have indicated the possibility of mitigating the psychological effects suffered by many women previously exposed to violence (Al-Dawa &Darwish, 2008, p.15). Furthermore, when the researcher talked about resilience, they were talking about the ability to face and adapt to the moment of the blow when exposed to it. Reversibility therefore consists of facing risks and not avoiding them (Levesque, 2011, p.22).
- The duration of the marriage must be more than one year.
- Having children with her husband.

2. Resilience and stress variables:

Concerning these two variables, each group must meet the following conditions:

2.1 Resilient women victims of domestic violence:

The selection of the abused women was based on the appreciation of their social environment. Despite their marital lives were characterized by violence, they demonstrated positive coping skills, an ability to overcome the repercussions of adversity while enjoying of good mental health, self-evaluation, the feeling of worth and self-efficacy, the passing of The Connor and David Son scale, and the availability of a set of conditions that meet the profile of the resilient person, which can be summarized as follows:

- High self-esteem: We know that the abused women suffer from low self-esteem compared to non-abused women. Therefore, the fact that the abused woman scores high on the self-esteem scale indicates her ability to recover. This is done by applying the Rosenberg self-esteem scale.
- Absence of psychological symptoms: Thanks to the results of the application of the SCAL90r and the stress scale.
- High level of resilience on the Conner-Davidson scale

2.2 Less resilient women victims of domestic violence:

- Low self-esteem on the Rosenberg Self-Esteem Scale.
- Presence of psychological disorders thanks to the results of the application of the SCAL90r and the psychological stress scale.
- Low level of resilience on the Conner-Davidson scale.

4.2 Characteristics of the study sample

The study sample consisted of eight wives who were victims of domestic violence, intentionally selected from thirty cases encountered by the researcher at the forensic medicine department. Cases in which the duration of marriage was less than one year, or where domestic violence resulted from transient marital disputes, were excluded. The participants were recruited through the researcher's accompaniment of the forensic physician during medical examinations, followed by individual interviews with women meeting the inclusion criteria. Fieldwork challenges—such as geographical distance and restrictions imposed by husbands—limited follow-up with certain cases, resulting in a final sample of eight participants.

The study was conducted under formal authorization from the host institution. Ethical standards were strictly maintained throughout the research process, particularly regarding confidentiality and anonymity. Each participant was fully informed about the study's objectives and procedures, and gave oral informed consent. Participation was entirely voluntary, with the freedom to decline or withdraw at any time without any consequences.

The explanatory tables below show the characteristics of the sample in terms of age, educational and economic level, length of marriage, as well as the type of violence to which it is exposed.

Table 1: characteristics of the study sample

Characteristics Cases		Age	Level of Education	Economic level	Length of marriage	Number of children	Type of violence
01	(F)	36years	Secondary	Low	13	4 children.	All types of violence
02	(S)	24 years	Secondary	High	7	One child	Physical, psychological and sexual violence.
03	(C)	43years	Secondary	Low	20	4 children.	Violence of all kinds.
04	(N)	34years	Secondary	Low	12	3 children.	Psychological, physical and economic.
05	(w)	43years	Secondary	Medium	14	3 children.	Psychological, physical and economic.
06	(R)	37years	Secondary	Medium	17	4 children.	All types of violence
07	(M)	38years	Secondary	Medium	17	4 children.	All types of violence
08	(L)	41years	University.	Medium	15	4 children.	All types of violence

4.3 The data collection techniques:

In order to obtain accurate information, ensure objectivity in the results, and respond to the research hypotheses, the researcher used the following methods

4.3.1 Semi –structured interview:

In order to obtain a clear vision allowing for the identification of the factors that have helped women who are victims of domestic violence in their trajectory to resilience, the researcher used a series of semi-structured interviews, with specific and progressive axes corresponding to the objectives of this study. These axes were manifested as follows:

- ✓ Biographical and personal data axis.
- ✓ Domestic violence axis
- ✓ Accepting of domestic violence axis.
- ✓ Protective factors axis (environmental and personal).

4.3.2 Observation

The observation was based on the sample's (appearance, behavior during the interview, verbal and non-verbal communication, including facial expressions, gestures, and body language, the pace and intensity of their voice when addressing these issues, silence…).

4.3.3 Scales

- *Connor-Davidson Resilience* Scale (CD-RISC): The Connor-Davidson Resilience Scale (CD-RISC), developed by Connor & Davidson (2003), in its original version consists of 25 items responded to using a five-point Likert scale. Respondents indicate their level of agreement with each item as follows: Strongly Agree = 4, Agree = 3, Neutral = 2, Disagree = 1, Strongly Disagree = 0. Total scores therefore range from 25 to 100 (Ahmed, 2014, p. 418). Higher or lower total scores indicate higher or lower levels of resilience.

The scale comprises five sub-dimensions:

- Self-efficacy: Items 3, 4, 15, 17, 18, 19, 20, 21
- Emotion Regulation: Items 7, 9, 10, 14, 16, 24, 25
- Positive Affect : Items 1, 5, 6, 12, 13, 22
- Social Support : Items 2, 23
- Spiritual/Religious Dimension : Items 8, 11 (Jarallah, 2014, p. 167)

- The Perceived Stress Scale (PSS) by Cohen: The original scale consists of 10 items; each rated on a 1–5 Likert scale. Regarding the scale's dimensions, most researchers (Eskin & Parr, 1996; Wang et al., 2011; Wongpakaran & Wongpakaran, 2010; Orucu & Demir, 2009; Otto et al., 2004; Roberti et al., 2006; Reis et al., 2010) identified two factors as follows:

- The first dimension: Perceived Helplessness or Perception of Stress, is represented by items 1, 2, 3, 6, 9, and 10.
- The second dimension: Perceived Self-Efficacy or Coping/Adaptation to Stress, is represented by items 4, 5, 7, and 8. These items were reverse-scored from 5 to 1 when calculating the total score.

The six items of the first dimension are negatively worded, for example: "Have you felt that you could not control important things in your life?" The four items of the second dimension are positively worded, for example: "Have you felt that things are going according to your wishes?" (Siu-Man Ng, 2013, p. 3).

In this scale, stress levels are evaluated using a Likert scale from 1 to 5. However, for the total score calculation, the four positively worded items are reverse-coded and added to the six negatively worded items. Therefore, the total score ranges from 10 to 50, with higher scores indicating a higher level of perceived stress.

Interpretation of the total score:

- Score < 21: The person can manage stress (*sait gérer son stress*) and can generally adapt, as solutions are usually available.

- Score 21–26: The person can usually cope with stress (*qui sait en général faire face au stress*), but there are certain situations that they cannot handle, often associated with the feelings of helplessness causing emotional disturbances (*perturbations émotionnelles*).
- Score > 27: Life is perceived as a constant threat; the person feels overwhelmed by most situations and unable to act (Giorgio,. 2014).

-The Domestic Violence Acceptance Scale (Doua & Drouich, 2008) was used to assess women's acceptance or rejection of domestic violence. It consists of 57 positively worded items across four dimensions:

- Physical Violence: 11 items
- Sexual Violence: 9 items
- Psychological Violence: 37 items
- Overall Violence: Total score of all items

Administration and Scoring:

- Five-point Likert scale: Strongly Agree = 5, Agree = 4, Neutral = 3, Disagree = 2, Strongly Disagree = 1
- Higher scores indicate greater acceptance of domestic violence; lower scores indicate rejection.

- The Symptom Checklist SCL-90-R :The SCL-90-R (Derogatis, Lipman & Covi, 1977 adapted by Abu Hein for the Palestinian context) is a self-report inventory designed to assess psychological and behavioral symptoms. The scale consists of 90 items distributed across 9 dimensions: Somatization, Obsession-Compulsion, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and PsychoticismThe tool is easy to administer and uses a five-point Likert scale: Always, Often, Sometimes, Rarely, Never, scored 4, 3, 2, 1, and 0, respectively (Saoud & Kharmoush, 2016, p. 4). A score of 0 corresponds to *Never*, while 4 corresponds to *Always*. The total score across all items ranges from 0 (minimum) to 360 (maximum), with higher scores indicating more pronounced and severe symptoms.

- Rosnberg's Self-Esteem Scale :The scale consists of 10 items, with 5 positively worded (items 1, 3, 4, 7, 10) and 5 negatively worded (items 2, 5, 6, 8, 9). Items are rated on a 4-point Likert scale: Strongly Agree = 4, Agree = 3, Disagree = 2, Strongly Disagree = 1, with reversed scoring for negative items. Total scores range from 10 to 40, with higher scores indicating higher self-esteem and lower scores indicating lower self-esteem (Kamal Al-Sharbini Mansour, 2012, p. 90).

Interpretation of scores :

- < 25: Very low self-esteem
- 25–31: Low self-esteem
- 31–34: Modérâtes self-esteem
- 34–39: High self-esteem
- > 39: Very high self-esteem (Eloiridi et al., 2014, p. 27)

Table 2: Individual Scores of Study Participants on Psychological Scales

Scales / Cases		Acceptance of domestic Violence Scale	Perceived Stress Scale (PSS)	Rosnberg's Self-Esteem Scale	Symptom Checklist SCL-90-R	*Connor-Davidson Resilience* Scale (CD-RISC)
01	**(F)**	204	42	18	201	42
02	**(S)**	182	41	21	194	41
03	**(C)**	207	41	21	237	43
04	**(N)**	183	36	26	166	51
05	**(w)**	185	39	20	158	44
06	**(R)**	153	22	32	91	67
07	**(M)**	148	23	33	90	66
08	**(L)**	111	24	34	62	70

Note:
F = Case 1, S = Case 2, C = Case 3, N = Case 4, W = Case 5, R = Case 6, M = Case 7, L = Case 8.

The first five cases (01–05) represent the less resilient women group, while the remaining three cases (06–08) represent the resilient women group.

Table 3: Descriptive Statistics (Mean ± SD) of Psychological Measures in Less Resilient and Resilient Women

Measure	Less Resilient Group (n = 5) M ± SD	Resilient Group (n = 3) M ± SD
Acceptance of Domestic Violence	192.2 ± 12.24	137.3 ± 22.94
Perceived Stress Scale (PSS)	39.8 ± 2.39	23.0 ± 1.0
Rosenberg's Self-Esteem Scale	21.2 ± 2.95	33.0 ± 1.0
SCL-90-R	191.2 ± 31.38	81.0 ± 16.46
Connor-Davidson Resilience Scale (CD-RISC)	44.2 ± 3.96	67.7 ± 2.08

Note: Values are presented as mean ± standard deviation.

As shown in Table (3), the resilient group demonstrated lower acceptance of domestic violence, lower perceived stress, and fewer psychological symptoms, along with higher resilience and self-esteem scores, compared to the less resilient group. These quantitative results supported the qualitative interview findings.

5. Analysis of the results in light of the hypotheses

This section examines the findings in relation to the proposed hypotheses, integrating both quantitative and qualitative data.

The analysis of the Domestic Violence Acceptance Scale and interview data suggests a clear relationship between women's responses to partner violence and their level of acceptance or rejection of such behavior. Less resilient women (F, S, C, N, and W) obtained high scores on the acceptance scale (ranging from 182 to 207), indicating a greater tendency to justify or tolerate abusive behaviors. Qualitative data revealed that this acceptance is influenced by cultural, emotional, and familial pressures, including fear of social stigma associated with divorce, concern for children's well-being, and belief in the possibility of the partner's change. These findings are consistent with Mynard (1993), who identified several factors contributing to women's acceptance of violence, such as hope for partner change, economic dependence, fear of family disintegration, and the desire to raise children in the presence of both parents.

Similarly, cases (F), (W), and (C) expressed the belief that violence within marital relationships is commonplace, which appears to contribute to their acceptance of the violence directed against them. In this regard, Mohammed Yahya (2013) noted that women often perceive violence as an integral part of normal marital life. This perception may stem from the patterns of socialization and cultural norms in which they were raised.

Accordingly, the studied cases demonstrated a certain degree of internalized acceptance of the violence inflicted by their husbands. Supporting this interpretation, the report *"Violence against Women in Iraq: Problems and Options"* highlighted that women are socially prepared to accept violence and consider it a male prerogative. This results from dominant representations of femininity and unequal gender relations that place women in an inferior social position.

This implicit acceptance of violence and domination reflects what Pierre Bourdieu terms *symbolic violence*, a form of domination produced through mechanisms of masculine power. In this process, control over women is not exercised mainly through physical force, but through symbols and meanings imposed by the dominant group.

As a result, women may internalize these representations as unquestionable truths, leading them to share with their oppressors similar perceptions regarding gender roles and the legitimacy of

violence. Symbolic violence thus functions as a subtle form of power sustained by the tacit complicity of those subjected to it.

Even though women presented themselves to forensic medicine to obtain a medical certificate proving they were victims of violence as in cases presented in the study like (F), (C), and (w), they did not intend to resort to forensic medicine with the purpose of filing complaints against their husbands. Rather, it was a means to intimidate and dissuade their husbands from changing their behavior, while expressing their desire to continue the relationship with them. In this context, DEBOUT (2010) emphasized that despite what a woman experiences, she finds it very difficult to complain because she feels ashamed of her situation and revealing the intimacy of her married life. It is difficult for her to file a complaint. Additionally, there is the fear that her social image will be tarnished by revealing what she is suffering.

Moreover, it is often difficult for a woman to hold her husband solely responsible for the violence she endures. Consequently, she tends to make excuses, attributing his behavior to alcohol consumption, unemployment, or occasional kindness. Acknowledging his violence and culpability simultaneously entails admitting that she misjudged him, made a mistake in committing to him, and entrusted him with the responsibility of fathering her children. Complaining about a violent husband may thus be experienced as a personal failure, leading to a contradiction in self-perception: underestimating oneself as a battered woman while also questioning her own judgment. This dynamic often traps women in repeated cycles of violence. The study's results indicated that less resilient women, who accept violence, frequently experience learned helplessness when facing abuse. Their sense of deficiency, powerlessness, and inability to respond effectively drives them to adapt by accepting domestic violence. This finding aligns with the partial hypothesis that less resilient women, as victims of domestic violence, tend to accept the abuse directed against them and struggle to confront it. Sultanah Saleh Al-Dosari (2013) noted that women who accept domestic violence may experience cognitive disorders, which influence their thoughts, emotions, and behaviors, leading them either to resist or coexist with abuse based on their beliefs about marital relationships. Similarly, Lempert (1996) observed that abused women often recognize that the context of violence disrupts their perceptions, leaving them uncertain about what is good or bad for their relationship (Crète, 2009, p. 25).

On the other hand, resilient women (R), (M), and (L) obtained lower scores on the Domestic Violence Acceptance Scale, ranging from 111 to 153, compared to less resilient women. These lower scores reflect a clear rejection of domestic violence and confirm their ability to confront it effectively, particularly as the scale is designed to measure negative coping strategies. This finding supports the second partial hypothesis, which posits that resilient women, as victims of domestic violence, reject the abuse directed against them, thereby enhancing their capacity to confront it.

The results further suggest that the acceptance of violence among women is linked to structural vulnerabilities in personality, shaped by multiple factors. These vulnerabilities may lead women to tolerate spousal abuse, resulting in submissive behavior and diminished psychological identity, including reduced self-confidence, pride, and self-esteem. Consequently, their ability to resist, adapt, and confront violence effectively is compromised, leaving them trapped in harmful environments and at increased risk for both physical and mental health problems.

In contrast, women who reject domestic violence generally exhibit higher self-esteem, enabling them to cope with abuse more positively and demonstrate resilience. High self-esteem appears inversely related to the acceptance of violence, as women with a stronger sense of self find it difficult to tolerate abusive behavior. These conclusions are fully supported by the data collected in the field study.

Building on the findings of the first hypothesis, the second hypothesis examines how domestic violence affects women's mental health, depending on whether they accept or reject the abuse. Analysis of the interview data and results from the applied scales revealed that women who accept domestic violence, including cases (F, S, C, N, W), experience elevated stress levels, ranging from 39 to 42 points on the Cohen Perceived Stress Scale. This indicates that stress functions as an emotional response to ongoing violence, as these women live under constant threats and feel powerless in most situations.

Additionally, these cases obtained high scores on the Symptom Checklist-90-Revised (SCL-90-R), ranging from 158 to 237 points, with case (C) recording the highest score, likely due to prolonged exposure to violence and the duration of her marriage (20 years). These findings are consistent with Karin Larsson (2007), who reported that abused women experience more psychological and physical problems than non-abused women, with symptom severity increasing with longer exposure. Similarly, Al-Her (2008, p. 85) found that women exposed to violence for six years or more exhibit higher levels of psychological stress, depression, and physical pain compared to those exposed for five years or less.

The analysis further revealed that cases (F, S, C, N, W) suffered from symptoms of depression, obsessive-compulsive disorder, anxiety, and somatic complaints. Cases (F, S, C, W) also exhibited high scores in phobic anxiety and interpersonal sensitivity, while case (N) scored high in hostility. Despite variations across dimensions, all five cases experienced severe depressive symptoms, as reflected in the scale and confirmed during interviews. Participants reported sadness, loneliness, loss of vitality, and feelings of despair and hopelessness about the future, often accompanied by intense crying.

Moreover, cases (F, S, C, N) attempted suicide as a means of escaping their reality, suggesting that suicide was perceived as the only available option. This aligns with Seligman's concept of learned helplessness, which posits that prolonged exposure to such cycles can lead victims to experience depression, powerlessness, loss of control, and inability to prevent their husbands' abuse (Rakovec-Felser, 2014, p. 62; Al-Dawa & Darwish, 2008, p. 6). Similarly, Hampton and Gelles (1994) noted that mistreatment is associated with low self-worth, helplessness, pessimism, loss of hope, and difficulty coping with life challenges (Guenifa, 2010, p. 28). Overall, these findings are consistent with the first partial hypothesis.

Conversely, women who reject domestic violence (R, M, L) obtained low scores on the Cohen Perceived Stress Scale, ranging from 22 to 24 points, indicating a general ability to cope with stress, although certain situations may still present challenges. These cases also scored low on the SCL-90-R, between 62 and 91 points, reflecting minimal pathological symptoms. While minor depressive and obsessive-compulsive symptoms were observed—for instance, in the depression dimension, cases (M) and (L) reported mainly loss of sexual desire, and case (S) reported occasional loss—these did not reflect significant psychological distress. Such responses likely indicate dissatisfaction with the marital relationship rather than pervasive psychopathology.

These findings can be interpreted in light of Rosen and Stith (1997), who described experiences within abusive relationships using the metaphor of a "spiral," where its inward turn signifies entrapment and loss of agency to the abuser, and its outward turn represents the woman recognizing the negative impact of the relationship, regaining agency, and reducing the partner's control (Crète, 2009, pp. 27–28). This interpretation aligns with the second partial hypothesis.

Extending the analysis from the previous hypotheses, the third hypothesis examines how a woman's response to domestic violence—whether resilient or less resilient—is influenced by specific personal and environmental factors. To test this hypothesis, the researcher analyzed data from the first and second partial hypotheses, along with information collected from interviews and applied scales.

For less resilient women (F, S, C, N, W), Connor-Davidson Resilience Scale scores ranged from 41 to 51, indicating low resilience. Similarly, Rosenberg Self-Esteem Scale scores reflected low self-esteem, ranging from 18 to 26. Interviews further highlighted negative self-perception, lack of self-confidence, and low self-efficacy, with cases (N, S, J) demonstrating particularly low self-efficacy scores. These women also exhibited learned helplessness in response to their circumstances, feeling humiliated and incapable of confronting violence. Fry (2002) noted that stress arising from abuse distorts women's perceptions, impeding the restoration of self-esteem until the abusive situation is resolved (Crète, 2009, p. 24).

Mohamed El Haj Yahi (2013) emphasized that some victims do not resist violence due to the belief that others will neither believe them nor provide social or legal support. Feelings of guilt, weakness, and shame lead them to perceive their suffering as a consequence of their failure as wives and mothers, which increases hesitation to seek help and reinforces feelings of loneliness, despair, and frustration, in addition to fear, depression, anxiety, suicidal thoughts, and other severe psychological effects. Less resilient women often justify their spouses' behavior, express weakness and indecisiveness, and employ passive coping strategies such as submission, silence, and inhibition, as observed in cases (F), (C), and (W). These behaviors are linked to the belief that violence is a normal part of any marital relationship. Consequently, victims may refuse to acknowledge the problem, maintain traumatic feelings, and avoid disclosure, while holding on to the hope that their husbands will change. This is consistent with Kaukinen (2005), who noted that women, through their traumatic experiences of daily violence and fear, are simultaneously powerless to leave the relationship and hopeful that their partner will change (Crète, 2009, p. 25).

In the same context, the cases consistently exhibited maladaptive responses to spousal violence, primarily through attempts to justify their husbands' behavior, as observed in cases (F) and (W). They also reported internalized feelings of weakness, inadequacy, and difficulty in making decisions that would benefit themselves or their children. Previous research indicates that many women victims of domestic violence tend to rely on negative coping strategies (De Ridder, 1977; Moos, 1987; Waldrop & Resick, 2004, as cited in Al-Dawa & Darwish, 2008, p. 11). In line with these findings, cases (F), (S), (C), and (N) relied on neurotic defense mechanisms, such as repression, as well as immature defenses, including disavowal and rationalization. While cases (C) and (N) employed these mechanisms to devalue their husbands, case (F) appeared to direct them inward, resulting in the devaluation of her own self-esteem. Smith et al. (1999) argue that the loss of power experienced by women in situations of domestic violence may stem from prolonged exposure to abuse, which progressively reshapes their cognitive and behavioral patterns to conform to the demands and expectations of their violent husbands (Crète, 2009, pp. 36–37

Cases (F), (C), and (N) demonstrated economic dependency on their husbands in the absence of social support. This dependency led them to tolerate and accept their violent husbands as the only perceived means of preserving their own lives and those of their children. Although they attempted temporary separations, economic constraints compelled them to return to their husbands due to their inability to meet basic financial needs, particularly as they were not engaged in paid employment. This finding is consistent with Folkman's (1984) observation that personal constraints play a significant role in the tolerance of domestic violence. Women exposed to violence often develop dependency on others as a result of diminished self-confidence and the inability to achieve financial and psychological independence (Al-Dawa & Darwish, 2008, p. 13).

Most cases revealed a lack of support from the social environment, often due to the husband's control and the resulting isolation from family and friends, as observed in (F), (C), and (S). This lack of social support negatively affected the women's psychological adaptation. In contrast, cases (N) and (W), whose husbands exercised less control, maintained supportive social

relationships and obtained lower scores on the Cohen Stress Scale and the SCL-90-R, indicating better psychological adjustment. This supports Kirmeyer & Dougherty's (1988) finding on the importance of social support in alleviating stress (Diab, 2006, p. 166).

The importance of social support is evident in a woman's life and in her ability to access available resources. Women who are prevented by their husbands from visiting family members, using the phone, or leaving the house are particularly vulnerable to psychological distress. The absence of a social support network, resulting from the husband's controlling behavior, traps women in a harmful relationship and severely limits their coping capacity. Folkman (1984) emphasized that environmental constraints significantly influence coping strategies. Similarly, women exposed to violence often lack social communication and intimate relationships that enable them to reject abuse (Amal Al-Dawh & Zeinab Droueish, 2008, p. 13). These findings support the hypothesis that stress among women victims of domestic violence results from the interaction between insufficient personal resources (e.g., low self-esteem and self-confidence) and adverse environmental factors (e.g., economic dependence).

Resilient women (R), (M), and (L) demonstrated high levels of resilience (66–70 points) and self-esteem (32–34 points), as confirmed by the interview data. They exhibited a positive self-concept, self-confidence, and a strong sense of personal efficacy. This resilience appears to be closely associated with specific personal characteristics that facilitated effective coping with abuse. The most salient characteristics include the following:

A structured understanding of their painful experience:

These women showed a clear awareness of the violence they endured and its consequences. For instance, case (R) explicitly acknowledged the absence of positive aspects in her marital relationship and perceived her husband as a serious threat to her own life and that of her children, which led her to initiate divorce proceedings. As noted by Werner-Wilson, Zimmerman, and Whalen (2000), leaving an abusive relationship is best understood as a gradual process rather than a single act, reflecting personal qualities such as strength, courage, and the capacity to mobilize social support.

- Rapid perception of danger:

This is determined by how the woman perceives the violence directed against her, as well as by her ability to quickly recognize signs of deteriorating situations. This enables her to avoid or modify them. This is manifested by her attempts to avoid situations that may generate violence. This is particularly the case for (M) and (L), where the wife plays a crucial role in avoiding situations of violence directed against her. Thanks to her experience of married life marked by violence, the woman has developed the ability to predict and identify situations that could trigger violence from her husband and then tries to avoid them, while also avoiding certain behaviors that may provoke him, without completely submitting to him. Ellsberg and Heise (2005) pointed out that abused women are not passive victims but rather employ effective strategies to achieve the highest level of safety in their lives and to prevent violence against them. Some resist and reject violence, while others leave their abusive spouses or partners. Some submit to their husbands' demands to maintain their safety and security (Yahya, 2013, p. 64). According to Davis (2002), women who experience domestic violence may develop "manipulative" behaviors such as aligning themselves with the mood of their abusive partner to ensure their safety. Because of their socialization and previous experiences, women in a submissive position are convinced that their security depends on their ability to meet the needs of the dominant partner. While they do not have the power to resist or oppose him, they do have the power to regulate the dominant relationship in a way that ensures their safety. These behaviors are linked to a sense of self-efficacy, as they represent a strength or trait that helps them during periods of violence (Crète, 2009, p. 38). Both (M) and (L) continued the relationship by employing adaptive strategies and searching for alternatives that would help them withstand and face their reality. As noted by Debats et al. (2009), staying for some abused

women represents a way of resistance and resilience, an act through which they demonstrate their courage to preserve family unity.

- Looks ahead to the future, positive mood, and flexibility:

Resilient women maintained hope and a positive outlook by engaging in meaningful activities. For example, (M) coped through her favorite hobby, writing, while both (M) and (L) invested in their children's success, reflecting purposeful action. Davies et al. (1998) argue that finding meaning in adversity allows individuals to extract positive outcomes, regardless of the severity of the situation (Crète, 2009, p. 26). outcomes, regardless of the severity of the situation (Crète, 2009, p. 26).

- Turning to religion:

Reliance on religion provided emotional strength and a sense of purpose, helping women cope with domestic violence, which appeared clearly in all three cases studied, especially (M).

- Use of mature adaptive defense mechanisms:

These include sublimation, humor, self-assertion, altruism, and anticipation.

- Relational skills:

Resilient women demonstrated the ability to establish and maintain social relationships that provided emotional and practical support. This was evident in cases (R) and (M), who relied on close individuals to express distress and seek assistance.

Taken together, these personal resources enabled cases (R), (M), and (L) to adapt positively to their situations. These findings are consistent with Davis (2002), who identified hope, spirituality, a sense of humor, and access to support systems as key resilience-promoting characteristics among abused women.

Beyond personal factors, social and environmental resources played a crucial protective role. Cases (L) and (M) benefited from strong family support, primarily emotional support from relatives. Additionally, (L) received financial assistance from her parents, which enhanced her sense of independence, while (R) relied on support from her mother and sisters. Cutrona and Russell emphasized that social support enhances self-esteem and buffers individuals against the psychological impact of stressful life events.

These findings are consistent with Albee's prevention model, which posits that the risk of psychological disorders decreases when individuals are able to confront negative life events with adequate social support. Similarly, Bowlby's attachment theory suggests that secure relational bonds foster autonomy and psychological security, whereas disrupted relational capacities increase vulnerability to environmental stressors and social isolation (Diab, 2006, p. 58).

In this context, (L) reported that her parents played a central role in strengthening her self-confidence and sense of competence. Despite her husband's restrictions on employment, financial support from her parents allowed her to maintain partial economic independence. Furthermore, additional informal support was provided to (M) by her brother's wife and to (L) by her cousin.

Outside the family context, both (R) and (M) received emotional support from close friends, characterized by care, acceptance, and empathy, as described by House (1981). This form of support, also referred to as social companionship by Cohen et al. (1986), contributed to stress reduction by fulfilling the need for belonging and social connection (Diab, 2006, p. 62).

In sum, resilience in abused women results from the interaction between individual resources (e.g., self-confidence, optimism, future orientation, and adaptive coping) and environmental factors such as social support and spiritual resources. This indicates that responses to domestic violence are shaped not only by personal characteristics but also by the quality of the surrounding social context, underscoring the need for culturally sensitive interventions (Ungar et al., 2013). These results support the second partial hypothesis, which links resilience to both personal and contextual factors.

6. Discussion

Regarding domestic violence, its causes may be multiple. Nevertheless, the outcome is consistent: women are exposed to various forms of abuse within relationships that are expected to provide security and affection. Among the cases, some were in traditional marriages (S), (C), (w), (L), (N) while others were in love marriages (F). Conversely, cases (M) and (R) entered marriage due to circumstantial constraints. Violence may also arise from personal factors related to the abusive husband, including traits that predispose him to aggression and difficulties in marital adjustment, especially when handling inevitable conflicts and disagreements. Such dynamics can create a state of chronic conflict that may trigger violent acts by the husband. In this context, the relationship may progressively deteriorate due to familial pressures, the need to preserve family privacy, fear of divorce stigma, or beliefs that marital conflicts are normal. What emerges from the cases is that women often try to remain silent about their experiences. They may tolerate the violence and attempt to cope, but the abuse often continues, reinforcing the pattern of dominance and submission, as observed in cases (F), (S), (C), (N) and (w).

Through this study, the cases exhibited inhibition and negative adaptive behaviors in response to the violence directed against them. These behaviors were linked to multiple factors, including:

- The belief that such violence is normal in any marital relationship.

Attempts to justify the husband's violence, as observed in cases (N) and (W), which may also be influenced by the emotional attachment to the abusive partner.

- In addition, economic dependency on the husband, the hope for a change in his behavior, and the lack of social support in the event of divorce prevented many women from seeking alternatives. For instance, cases (C) and (N) experienced cycles of domestic violence, placing them in a paradoxical situation of both enduring abuse and expressing affection toward their husbands, which weakened their ability to resist and confront the violence.
- Regardless of the coping strategies used, all cases showed low self-confidence and self-esteem, along with psychological and physical suffering. The absence of familial and social support further exacerbated their situation. Economic constraints and social isolation emerged as key factors preventing women from leaving their abusive husbands. Consequently, many chose to remain in the relationship despite ongoing violence. The interaction of these personal and contextual factors contributed to an escalation of violence by the husbands, due to the women's silence and lack of resistance on personal, social, and legal level.

A woman's perception of the violence directed against her significantly determines both her response and its psychological impact. Some women demonstrate an inability to confront or resist the abuse (less resilient women), whereas others are able to overcome their ordeal and adapt positively (resilient women). Carlson (1997) emphasized that individuals' assessment of stakes in a stressful situation directly influences their emotional reactions and subsequent adaptation (Crète, 2009, p. 24). This underscores the crucial role of both personal characteristics and contextual factors in shaping resilience, as highlighted by Luthar, Cicchetti, and Becker (2000), who assert that such factors are central in determining a person's capacity to adapt to stress and risk.

Here, in the face of the violence they endure from their husbands, women may demonstrate resilience and adaptability, manifesting as latent capacities, personal abilities, or dynamic adaptive responses. The findings of this study indicated that the participants exhibited self-confidence, high self-esteem, a sense of self-efficacy, resilience, and a positive outlook on life, along with future planning or reliance on religious side. They also received support, primarily in the form of emotional support from their family and social environment. The

interaction of these personal and environmental factors played a significant role in helping the abused women adapt and overcome the pressures resulting from their husbands' violence. This interaction ultimately protected them from developing psychological disorders. These findings align with the broader theoretical understanding of resilience, which research indicates is an ordinary and natural process arising from individuals' adaptive capacities. Moreover, resilience can be strengthened through supportive environmental and social systems, highlighting the importance of focusing on protective factors rather than solely on difficulties or deficits (Masten, 2001).

Differences between resilient and less resilient abused women were observed in several aspects:

- All participants reported crying as a coping response, which may reflect gendered emotional expression
- Most participants indicated that one reason for remaining in the relationship was the presence of children.
- Responses to item eight of the Rosenberg Self-Esteem Scale ("I wish I could have more respect for myself") showed that most women selected "Agree," while case (w) selected "Strongly agree," This response can be linked to their experiences of violence and their acceptance of it, particularly for less resilient women. For resilient women, it is associated with the problem of continuing to live with spouses who treat them violently.
- Differences were also noted in legal and medical actions: less resilient women sought forensic examinations primarily to obtain documentation for intimidation, whereas resilient women used such procedures to file formal complaints. For example, case (ṣ) filed multiple complaints and is currently pursuing divorce, while cases (l) and (m) initiated legal actions but later withdrew for personal or social reasons.

(Case (m) returned to her husband under pressure from her social environment despite finding employment while staying with her family Case (l) did not want to involve her children in court proceedings, as she expressed).

- In terms of outlook, resilient women demonstrated hope and a future-oriented perspective, while less resilient women felt resigned and submissive.
- Resilient women did not accept violence and actively sought to overcome its consequences, whereas less resilient women tended to coexist with violence and refrained from confronting it, due to personal and environmental constraints.

7. Conclusion

The topic of domestic violence is deeply rooted and multi-dimensional. It is like the title of a book that encompasses various information and contents, gradually understood when deeply read and understanding it requires a comprehensive perspective on women and men in their biological, psychological, social, religious, and moral dimensions. Violence is a long-term, interactive process that can produce victims or perpetrators, regardless of gender. These dimensions influence thoughts, behaviors, and actions, while individual life experiences shape the likelihood of becoming either a victim or an aggressor. Socialization and personal values further affect behavior, highlighting the complex nature of domestic violence.

Research in this field has provided valuable insights into the psychology of violent and abused spouses, as well as patterns of abusive wives and violent husbands. When two such individuals form a couple, roles of victim and aggressor may emerge, sometimes displaying sadistic/masochistic or submissive/dominant traits, which intensify the violence. Additional factors—including poverty, substance abuse, psychological disorders, economic dependence, or the woman's acceptance of violence—can exacerbate relationship deterioration and reinforce the cycle of abuse.

Even when a wife attempts to adapt or change her husband's behavior, multiple barriers often prevent her from confronting or ending the violence. She may remain trapped, experiencing psychological and physical harm. Personality traits such as low self-esteem, passivity, and submission, combined with limited social support and economic resources, frequently hinder her from seeking help. Children exposed to the violence may also be affected, and the lack of external support can make leaving the marriage nearly impossible. Fear of social stigma surrounding divorce may further bind her to the abusive relationship, perpetuating her suffering.

This study aimed to identify factors that help abused women develop resilience by examining personal and environmental resources that enabled other women to cope positively. The findings indicated that resilience arises from a combination of individual traits and environmental support, helping women overcome adversity. These results provide a foundation for future research and inform preventive and therapeutic strategies for similar cases.

In conclusion, domestic violence is a complex and multi-faceted phenomenon. Individual characteristics, relational dynamics, and societal norms shape both victimization and perpetration. Understanding these factors emphasizes the importance of personal traits, environmental conditions, and socio-cultural norms in supporting abused women. Such knowledge can guide targeted interventions to support victims and prevent further abuse.

8. Recommendations

8.1. Research and Scientific Recommendations

It is recommended to:

- conduct clinical studies aimed at understanding the dynamics and forms of marital violence in Arab societies.
- carry out scientific research, both quantitative and qualitative, to examine the patterns of abused wives and abusive husbands, linking these patterns among different couples. Preferably, studies should be purely Arab to reflect prevailing societal values and provide an accurate picture of marital violence in the community.
- enable psychologists and health professionals to gain comprehensive knowledge from these studies to facilitate early diagnosis and prevention of marital violence.

8.2. Educational Recommendations

It is recommended to:

- develop educational materials integrated into learning programs to raise awareness of the importance of family, healthy familial relationships, cooperation, mutual respect and affection, and the relationship between spouses and their children.
- organize workshops and awareness sessions highlighting the importance of family and social support for abused wives and the negative consequences of marital violence on families and society.

8.3. Social and Therapeutic Recommendations

It is recommended to:

- establish listening and support centers for abused wives, providing psychological, advisory, and legal assistance.
- develop guidance and therapeutic programs, including family therapy and couples therapy, to address and treat violent behaviors in husbands.
- form specialized associations to support abused women, enabling them to receive material and emotional assistance, especially if they decide to separate and lack a safe place to go.

Data availability: The data supporting the findings of this research are accessible and can be provided upon reasonable request.
Competing Interests: no competing interests
Funding: This research received no financial support.

9. References

Al-Dawa, A., & Darwish, Z. (2008). The relation among some psychological, cognitive, and social variables and levels of women tolerating marital violence. In Proceedings of the International Conference on the Status of Muslim Women in Contemporary Societies (International Institute for the Unity of the Islamic Nation, International Islamic University). https://www.abhathna.com/?q=node/44717

Ahmad A., A. (2014). Resilience levels and their relationship to academic adjustment and achievement among graduates of orphanages. Jordan Journal of Educational Sciences, 10(4), 411–430.

Al-Dosari, S. (2013). Levels of Saudi women's acceptance of marital violence in light of psychological and demographic variables (Master's thesis). Naif Arab University for Security Sciences, Riyadh. https://repository.nauss.edu.sa/handle/123456789/53348

Al-Her, K. A. (2008). Violence against wives and its relationship with the mental health of abused Arab wives in Malmö, Sweden (Master's thesis). The Open Arab Academy in Denmark, Denmark. https://search.emarefa.net/detail/BIM-300187

Audet, J. (2002). Violence conjugale : Comment des intervenants dans une communauté algonquine la conçoivent, l'expliquent et envisagent l'intervention auprès des conjoints violents [Master's thesis, Université du Québec en Abitibi-Témiscamingue]. Papyrus.

Benes, M., & Bernard, J. M. (2003). Vaincre la peur de l'agression. Édition Vives Soleil.

Crète, C. (2009). Relations entre l'évaluation cognitive, le sentiment d'auto-efficacité et le coping chez des femmes ayant été victimes de violence conjugale (Doctoral dissertation, Université du Québec à Trois-Rivières).

Davis, R. E. (2002). The strongest women": Exploration of the inner resources of abused women. Qualitative Health Research, 12(9), 1248–1263. https://doi.org/10.1177/1049732302238248

Debats, F., Debats, M., Geurts, M., & Prestat, C. (2009). Jour après jour avec des femmes victimes de violences conjugales. Revue Empan, 1(73), 57–69. https://doi.org/10.3917/empa.073.0057

Debout, M. (2010). Effets de la violence conjugale sur les victimes. Réalité familiale, Revue de l'Union Nationale des Associations Familiales (UNAF), 90, 18-19. https://www.unaf.fr/expert-des-familles/revue-realites-familiales/realites-familiales/effets-de-la-violence-conjugale-sur-les-victimes/.

Diab, M., A. (2006). Social support as a mediating factor between stressful events and the mental health for Palestinian adolescents (Master's Thesis in Psychology, Islamic University of Gaza) https://www.manaraa.com/upload/c17291da-b97b-4167-abbf-ce73833403ff.pdf

Eloiridi, A., Arfaoui, A., & Ahami, A. O. T. (2014). Évaluation de l'impact de l'estime de soi et de l'état dépressif sur la performance sportive chez les jeunes adolescents scolarisés. Antropo, 32, 25–34.

Jarallah, S. (2014). Time perspective and its relationship with resilience in coping with traumatic events (Doctoral dissertation). University of Setif 2, Algeria. https://dspace.univ-setif2.dz/items/50c7d540-f4ea-4aed-a2e4-3a79b0f2d4c5

Dutton, M. A., Mai, E. K., Murphy, M., & Somberg, R. (2005). Women in intimate partner violence: Major advances and new directions. In W. M. Pinsof (Ed.), Family psychology: The art of science (pp. 191–221). Oxford University Press.

Gaucher, T. (2014). L'institution scolaire est-elle facteur de résilience ou de (re)victimation? Diplôme Universitaire en Victimologie, Paris Descartes.

Gharbi, A. (2012). Psycho sociogenèse de la délinquance juvénile: Approche culturelle du phénomène (Doctoral dissertation, Université Mentouri Constantine, Algeria). https://bucket.theses-algerie.com/files/repositories-dz/5057906650735252.pdf

Giorgio, M. Th. (2014). Échelle de mesure du stress perçu: Perceived Stress Scale (PSS). Atou Santé. http://www.atousante.com/risques-professionnels/sante-mentale/sante-mentale-echelles-mesure-outils-evaluation/echelle-mesure-stress-percu-perceived/

Guenifa, N. (2010). Women and violence in Algerian society: A field study on a sample of abused women at the Forensic Medicine Department of the University Hospital of Constantine (Doctoral dissertation, Mentouri University, Constantine, Algeria). https://library.alkafeel.net/dic/print/page-book/5382/?show

Kedia, M., & Sabouraud-Seguin, A., et al. (2008). Psycho-traumatologie. Dunod.

Kennedy, A. C. (2005). Resilience among urban adolescent mothers living with violence: Listening to their stories. Violence Against Women, 11(12), 1490–1514.

Labronici, L. M. (2012). Resilience in women victims of domestic violence: A phenomenological view. Texto & Contexto-Enfermagem, 21, 625–632.

Lemay, M. (2001). La résilience devant la violence. Revue québécoise de psychologie, 22(1), 135–148.

Levesque, S. (2011). Trajectoire de résilience chez les mères adolescentes victimes de violence de la part de leur partenaire amoureux : Implications théoriques et pratiques pour le domaine de la promotion de la santé (Doctoral dissertation, Université de Montréal) https://papyrus.bib.umontreal.ca/xmlui/handle/1866/6884

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. Child Development, 71(3), 543–562. https://doi.org/10.1111/1467-8624.00164

Madhani, F. I., Karmaliani, R., Patel, C., Bann, C. M., McClure, E. M., Pasha, O., & Goldenberg, R. L. (2017). Women's perceptions and experiences of domestic violence: An observational study from Hyderabad, Pakistan. Journal of Interpersonal Violence, 32(1), 76–100. https://doi.org/10.1177/0886260515585533

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. American Psychologist, 56(3), 227–238. https://doi.org/10.1037/0003-066X.56.3.227

Maynard, M. (1993). Violence Towards Women. In: Richardson, D., Robinson, V. (eds) Introducing Women's Studies. Palgrave Macmillan, London. https://doi.org/10.1007/978-1-349-22595-8_5

Pull, H. (2004). Stress: Comment reconnaître et soigner vos 150 stress quotidiens. Grancher.

Rakovec-Felser, Z. (2014). Domestic violence and abuse in intimate relationship from public health perspective. Health Psychology Research, 2(3).

Romano, H. (2013). L'enfant face au traumatisme. Dunod.

Salmona, M. (2010, November 6). Les violences envers les femmes et les filles. Blog d'information sur les mécanismes et les conséquences des psycho-traumatismes consécutifs à des violences familiales, conjugales et/ou sexuelles. http://stopauxviolences.blogspot.com/2010/11/les-violences-envers-les-femmes-et-les.html

Siles, A. M., Laforêt, N., & Costantino, C. (2011). Urgence institutionnelle : L'institution face à l'événement traumatique. Cliniques, (2), 164–185.

Siu-Man Ng, S. (2013). Validation of the 10-item Chinese Perceived Stress Scale in elderly service workers: One-factor versus two-factor structure. BMC Psychology, 1(9), 1–8. https://doi.org/10.1186/2050-7283-1-9

The National Committee for Population Policies in Iraq, & United Nations Population Fund (UNFPA). (n.d.). Violence against women in Iraq: Challenges and options. Central Statistical Organization, Ministry of Planning, Iraq. https://www.cawtarclearinghouse.org/ar/ar-topic/assets-5462

Tsirigotis, K., & Łuczak, J. (2018). Resilience in women who experience domestic violence. Psychiatric quarterly, 89(1), 201-211.

Ungar, M. (2008). Resilience across cultures. British Journal of Social Work, 38(2), 218–235. https://doi.org/10.1093/bjsw/bcl343

Werner-Wilson, R. J., Zimmerman, T. S., & Whalen, D. (2000). Resilient response to battering. Contemporary Family Therapy, 22(2), 161–188. https://doi.org/10.1023/A:1007777702757

Yahya, M. (2013). Violence against women in Palestinian society: Presentation and analysis of the results of the survey on domestic violence in Palestinian society 2011 (1st ed.). Miftah Publications.

http://www.miftah.org/publications/books/violence_against_women_in_palestinian_society.pdf

الضغط النفسي والمرونة لدى النساء من ضحايا العنف الزوجي: دراسة عيادية

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Received:19/06/2025. Revised: 25/06/2025. Accepted:12/02/2026. Published :31/03/2026

DIO: 10.35517/AAUP-2026.V12.1.15

الملخص

الخلفية :يعد العنف الأسري شكلا متكررا ومقصودا من الصدمات البين- الشخصية، يتوافق مع مفهوم الصدمة من النمط الثاني (الصدمة المعقّدة)، فيُخلّف آثارًا نفسية واجتماعية عميقة لدى النساء، تتمثل في الضغط النفسي المزمن، واضطراب التنظيم الانفعالي، وتدنّي تقدير الذات، والشعور الدائم بالخوف والعجز.

الهدف :تهدف هذه الدراسة إلى فحص العوامل النفسية والاجتماعية التي تشكل استجابات النساء للعنف الأسري، من خلال المقارنة بين النساء المعنّفات الأقل مرونة والنساء الأكثر مرونة.

المنهجية :اعتمدت الدراسة على المنهج الكيفي العيادي لتحليل ثماني حالات لنساء معرضات للعنف الأسري (خمس حالات أقل مرونة، وثلاث حالات أكثر مرونة)، باستخدام المقابلات الإكلينيكية المتعمقة ومجموعة من المقاييس المقننة، كمقياس كونور–ديفيدسون للمرونة النفسية، ومقياس الضغوط المدركة، ومقياس روزنبرغ لتقدير الذات، وقائمة الأعراض.(SCL-90-R

النتائج :أظهرت النساء الأقل مرونة مستويات أعلى من تقبل العنف، وارتفاعًا في الضغط النفسي، وشدة أكبر في الأعراض النفسية. كما اعتمدن على آليات دفاع غير ناضجة (كالتسويغ والإنكار)، والتزمن الصمت حفاظًا على استقرار الأسرة، وأبدين تبعية اقتصادية ونقصًا في الدعم الاجتماعي. واتسمت أساليب تكيفهن بالخضوع، والخوف من الوصمة الاجتماعية، والأمل في تغيّر سلوك الزوج. وفي المقابل، أظهرت النساء الأكثر مرونة مستويات أعلى من تقدير الذات، وانخفاضًا في الضغط النفسي، واستقرارًا نفسيًا أكبر، كما تميزن بسرعة إدراك الخطر، واعتماد استراتيجيات تكيف ناضجة، وطلب المساعدة بشكل فعّال، والاستفادة من الدعم الاجتماعي والروحي، والتخطيط المستقبلي.

الاستنتاجات :تؤكد النتائج أن المرونة النفسية تتشكل من خلال التفاعل بين الموارد الشخصية، كالفاعلية الذاتية والثقة بالنفس، والدعم البيئي. ويُعد تعزيز العوامل الوقائية وتقوية شبكات الدعم الاجتماعي أمرًا جوهريًا لتعزيز التعافي والتمكين لدى الناجيات من العنف الأسري.

الكلمات المفتاحية: العنف الأسري، المرونة، الضغط النفسي، النساء.