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Research Article

Experiences of Emergency Room Nurses Dealing with Cases of Domestic Violence in Lebanon

Rachael Khansa*

PHD Counseling and Guidance, Modern University for Business and Science

***Corresponding Author:** Rachael Khansa, PHD Counseling and Guidance, Modern University for Business and Science.

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Abstract

Domestic violence might affect almost every person directly or indirectly at one point in his/her life. Some victims of domestic violence seek help by going to the emergency room. Few studies have examined the attitudes and opinions of emergency room nurses toward these women. This study examined the lived experiences of emergency room nurses dealing with cases of domestic violence in Lebanon. Using a phenomenological method, semi-structured interviews assisted in identifying the lived experiences, attitudes, and perceptions of emergency room nurses toward victims of domestic violence. Results of the study showed that emergency room nurses followed departmental procedures, supposed participants lacked alternatives, believed culture and feeling helpless are the main reason why women would stay in an abusive relationship, and felt more training for nurses and better laws are needed.

Keywords: *Emergency Room; Nurses; Domestic Violence*

Introduction

In history, many women have had little opportunity to control their own destinies [1]. Throughout the world, the ratio of battered women and domestic violence is very significant, which raises several social issues [2,3]. The major matter women are facing in Lebanon is domestic violence [2]. In Lebanon, domestic violence includes physical beating, rape, crimes in the name of honour, trafficking, sexual exploitation, and killing [4]. Victims of violence usually seek help from family and friends [5]. Police are second as the source of help for victims [6]. A multi-country study showed that the era occurrence of domestic violence varies from 15 to 70% and that healthcare professionals are not adequately focusing on domestic violence [7].

Some cases of battered women, seek health care and shelter in the ER. They are first seen by the emergency room nurses. Nurses are health care providers who have essential morals of caring and planning early involvement and health support in their work to advance the health position of communities [8]. The American Association of Emergency Nurses stated that nurses have an essential role in diagnosing, evaluating, and consulting patients of domestic abuse and directing them to the right units for help [8]. Efe and Taskin (2012) confirmed the American Association of Emergency Nurses' believes and stated that nurses play a central part in identifying and intervening in cases of domestic abuse due to their close connection with the patients and are part of women dominated career. The focus of this study is on the perceptions of emergency room nurses when dealing with cases of domestic violence.

Literature Review

Assessment of Middle Eastern and Lebanese Culture

As the review of domestic violence globally indicated, there are no regions that are immune against domestic violence. Feminist theory indicates that the subjugation of women through social arrangements contributes to unequal relationships that facilitate their mistreatment. The deprivation of legal rights and protections for married women is a factor that supports these theoretical assertions. The prevalence of domestic violence in both western and non-western world also indicates that the subordination of women is a global phenomenon that has contributed to violent domestic conditions and little recourse for female victims of abuse. However, in evaluating the attitudes of Lebanese healthcare personnel in responding to domestic violence, it is important to consider the unique elements of Middle Eastern and Lebanese culture that would impact perceptions of domestic violence.

Middle Eastern Arab culture: The culture of Middle Eastern countries can be described in terms of their adherence to a standard set of morality, ethics, and values that are strongly impacted by religion. In the region, culture, honour, and dishonour are closely connected to the moral values of the region's inhabitants [9]. Living in such patriarchal society, females seek the advice, support and help from fathers and male siblings [9]. Most Middle Eastern countries echo the traditional Arab Muslim traditions. Islam states the rights of females to education, work, selecting their spouse, and getting a divorce [10]. The Qur'an states that females have the respect from their spouses [11]. However, domestic violence is viewed as acceptable in Arab culture if the female is disobedient which could be misinterpreted by the Qur'an. This would lead victims to be silent and not express their pain. The Arab norm forces women to accept abuse to save the family's honour and to avoid the shame of divorce (Douki., *et al*.). Cultural acceptance of violence in the home is important for healthcare providers to take into account in their interactions with patients.

Victimized women are usually conservative when it comes to talking about violence with physicians and nurses [9]. Although Lebanon is a small country in the Middle East and one of the most Islamic liberal country in the world, discrimination also exists. Thus, the cultural norms that impact the Middle East will also influence the cultural norms held by Lebanese health practitioners and patients.

Lebanon overview and domestic violence: Lebanon is a small and beautiful country located on the eastern side of the Mediterranean Sea, in the Middle East – Asia. The country covers 10,452 square kilometers [12]. The Geographic location of Lebanon creates a bridge between East to connect the three continents Asia, Africa, and Europe together. The capital of Lebanon is Beirut, and other major cities are Tripoli, Byblos, Sidon, Tyre, Zaleh, and Baalbak. It is a democratic country with a parliament system. As per CIA-World Fact Book (2009) the total population of Lebanon is 4,600,000. The Lebanese society and culture mainly consist of Arab individuals, which is why the official language of Lebanon is Arabic though English and French are also widely spoken in the country. Even though Lebanon is a Muslim practicing country, women can dress the way they prefer. The country has a free economy and diversified service, which made it a center of attraction for tourists. In addition, it is recognized as the most liberal investment circumstances in the Middle East [2]. Economic liberalism is a distinguishing feature that also serves to distinguish Lebanon from other countries in the region.

The economic liberalism of Lebanon has contributed to a different social climate for the women of the country. The majority of young Lebanese women are either working or intend to make a career in the future. However, economic liberalization has not led to complete modernization of social customs and habits. Men and women in Lebanon are treated equally in most of the areas, but domestic violence remains one of the main problems for Lebanese women [13,14]. In Lebanon, domestic violence includes abused, beaten, forced marriage, raped, crimes in the name of honour, trafficking, sexual exploitation, dragged, female genital mutilation, and killing [14]. Most women are murdered with a familiar theme while most of them are raped and harshly beaten. Their bodies would be left in the barren region or on a secluded street. These crimes are primarily committed by men that women are familiar with or are in a close relationship with.

It is examined that Lebanon is a multidimensional Islamic country that preaches freedom of speech and is keen to protect the rights of its people in which men are given prejudice against women. Studies have shown that at least three-quarters of the female population in Lebanon, especially those who have been enjoying a marital status for about a few years, have been adversely treated by their abusive husbands [13,14]. Lebanese people have participated in many walks and protests fighting for the rights of women. In underdeveloped Islamic countries, either women are completely at ease in their households or are evoked with the profound result of a murder or death, but statistics are somehow divided equally to those by the hands of friends and family [14]. A study conducted in Lebanon revealed that 35% of total women in Lebanon experienced domestic violence, 22% of total women are being abused by their family members and the remaining women are orally and physically abused by their family members particularly by their husbands [14].

The civil sector has taken several steps to address the pervasiveness of domestic violence. For example, it is identified that in Lebanon there are several non-profit organizations (NGOs) to deal with and protect women from domestic violence and exploitation. An example of such NGOs can be KAFA, an organization located in Beirut that is also a member of the Arab Women Court, MENA Campaign Equality without Reservation, Arab NGO's working on Violence against Children, and the International Society for Prevention of Child Abuse and Neglect (ISPCAN). Since, it is one of the organizations that submitted the first petition to the parliament and demanded to amend the laws to protect women from domestic violence. In the result of which the council of Ministers approved the law in April 2010 and transferred the case to the parliament as it was also supported by several religious figures such as Maronite Patriarch Bechara al-Rai and Orthodox Archbishop Metropolitan Georges Khodr [15]. On the other hand, Dar al-Fatwa, the country's highest Sunni Muslim authority, and the higher Shia Islamic Council, rejected the bill because they believed that the bill completely opposes the Islamic Sharia [15].

Research has assessed the personal attributes that contribute to the likelihood of women to remain in abusive relationships. For example, if a woman grew up in a house observing her mother being abused by her father, she would develop maladaptive adjusting techniques [16]. Women that are at high risk of being abused are those who are young and financially at a disadvantage [6]. Further, Dahl argued that the highest range of occurrences of violence takes place at the age of 25 and 34. Moreover, alcohol use is highly connected with domestic abuse [6]. Working in the military or being a veteran increased the risks of domestic aggression. The degree of social empowerment possessed by a woman could indicate her propensity to tolerate spousal violence. In an assessment of Iraqi women, Linos, Khawaja, and Kaplan (2012) stated that females lacking a secondary education were two to three times more likely to justify violence inflicted upon them in marriage. These findings support the previous contention that extra-societal factors facilitate conditions that contribute to domestic violence rates in society.

Research indicates that income status of families and women contributes to their propensity to experience cases of domestic violence. In 2001 and 2005, studies conducted by the Office of Justice Programs (2007) revealed that when the annual income of the family was below 7,500, levels of violence were relatively high. Other studies contradicted those findings stating that there is no confirmed correlation between social class and domestic violence (Hickman and Simpson, 2003).

The economic status of women also contributes to their likelihood to be victimized by their spouses or partners. The role of unequal pay among women and male employees foster conditions that raise domestic violence. Aizer (2010) found that reductions in wage gaps between men and women resulted in decreased rates of domestic violence as a whole. Subsequent research indicates that low earning power of women could increase male aggression in relationships. Establishing this point, a narrative study of Lebanese women indicated that financial stress contributed to violent episodes at home where husbands beat their wives because of the frustration they experienced for not being able to meet household financial obligations. The economic status of the woman in the relationship exacerbates the violence by preventing her from escaping violence. As a conclusion, the economic status of a woman and her family are significant factors to consider in evaluating the propensity of a woman to experience domestic violence or to be exposed to repeated instances of domestic violence.

Nursing Education and the Management of Domestic Violence

Nurses are health care providers who have essential morals to care and plan for early involvement and health support to advance the health position of communities [8]. Caring for victims of violence in the emergency department, forensic nurses use their training and ability to synthesize care and legal protocols. Woodtli (2000) interviewed 13 nurses to examine their attitudes toward their educational curriculum; if it had taken courses on how to assess for domestic violence. Nurses recommended that there should be a curriculum, which includes detailed description on how to intervene in cases of domestic violence. Felblinger and Gates (2008) supported such results and stated that even though there should be expert physicians for assessing domestic violence, it is essential that intervention courses need to be taught to nurses at the undergraduate level.

Even though awareness regarding domestic violence is increasing, nursing school educational modules neglect to incorporate focused coursework in assessing brutality. Nurses do affect the health of abused women through evaluation strategies. Davila (2005) stated that even though nurses are in the best position to assess abuse, they are not assessing due to the absence of domestic violence education in their curriculums. Such lack of education could affect the ability of nurses to identify potential victims. Moreover, Davila (2005) focused on how experience could help relate theory to application which would assist in increasing nurses' solace levels to evaluate aggressive behavior at home. Radzyminski (2006) agreed proposing that nurses who deal with forensics should continue their studies and earn a graduate degree which will give them the opportunity to refine the evaluation of home violence.

Screening for domestic violence involves a health care provider asking questions about violence and writing the patient's answers in her medical record [17]. The goal of the screening is to be able to identify, report, and refer patients of abuse. This involves asking every female above the age of 14 about domestic violence overlooking her education, ethnicity, and financial status (Hindin, 2006). It is essential to disclose violence to stop such phenomenon by ending the victim's social loneliness and assisting her in finding shelter and support. Asking the right questions and intervening at the right time could save a victim's life. This requires skilled physicians and nurses to improve the quality of life for those women and minimize their anxiety and depression. If screening was not done properly, it could lead to adverse reaction harming the victims. However, research has shown that the rate of screening by nurses is extremely low even though they are in direct contact with the victims [18]. Trautman., *et al*. [17] agreed that more than 98% of women were assessed by nurses, and the rest were screened by physicians.

Barriers to screening: Nurses might face barriers that could stop them from screening patients. Nurses' attitudes and beliefs, the victims' barriers, and the system's barriers are usually the main cause why victims might go unscreened [20]. Attitudes include the various emotions such as anger and discomfort that might influence the nurses' actions [20]. The nurses' attitudes toward the victims play an important role in the screening. Studies showed that nurses were worried to deal with such a critical issue feeling discomfort and not wanting to deal with it legally [20]. In addition, nurses' beliefs could be a barrier to screening. Their opinions toward the victims and what caused the abuse might block them from diagnosing the victims. For example, Smith., *et al*. (2008) stated that nurses believed that alcohol and drug abuse were the main sources of violence. Other nurses believe that it is not their duty to screen for violence (Smith., *et al*.). Haggblom and Moller (2006) confirmed that some nurses believe women become victims due to their helpless personality, which means they will stay in such abusive relation.

Methodology

An in-depth understanding of the nurses' perceptions of the barriers and their lived experiences dealing with victims of domestic violence in the Westerns society as well as in the Middle East has been earlier assessed. This study explored the lived experiences of emergency room nurses dealing with victims of domestic violence. This chapter includes the purpose of the study, research design, participants, procedure, data analysis and potential ethical concerns with expected findings.

Research Design

According to Moustakas [21], a phenomenon represents a start point for scientific investigation and by phenomenology is the initial technique of knowledge. Phenomenology seeks significance from appearances and reaches real meaning through instinct and reflection on awareness acts of the incident. It is rooted in questions that give direction and stress on the meaning of the phenomenon [21]. The phenomenological method is a technique of inquiry to examine the core of people's experiences in regards to a phenomenon [22]. Phenomenology was created by Edmund Husserl [23]. According to Mertnes (1998), Husserl's study of the self and others show that self experience is not the only chance of imminent awareness. According to Giorgi [24], phenomenology is an expressive process that investigates the connection between individuals and situations and offers information on psychological cores which is the structure of meaning built into people's experiences.

This study aimed to understand the perceptions and attitudes of emergency room nurses who treat patients that might have experienced domestic violence in Lebanon. In the Arab world, few studies have examined health care professionals' attitude. In Jordan, more than 80% of females who visited health care center revealed being abused by their spouse [25]. In the healthcare centers in Lebanon, research showed more than 30% of females were exposed to abuse [4]. Laws in Lebanon do not fully support women who are abused. Therefore, KAFA, nonprofit organization that deals with domestic violence, drafted law for Protection of Women from Domestic Violence which has not yet been legitimate since the parliament is not yet legitimate by itself [15]. Such research might push the parliament to approve the law if hospitals train nurses to overcome any barrier they might face while assessing for domestic violence. Nurses would then refer abused women to centers to receive the suitable counseling and help. In addition, no study has been done in Lebanon on emergency room nurses' perception. Most research conducted used quantitative methods. The first study completed in the Arab world was in regards to health care physicians' attitude toward dealing with domestic violence [4]. Therefore, a qualitative study is needed to understand fully the nurses' point of views in regards to their experiences dealing with victims of domestic violence.

Data Collection and Analysis

Purposeful sampling was conducted from the emergency room in two different hospitals in Beirut region. The head nurses were contacted to inquire about study participants. Upon approval from the head nurses, the flier was posted on the emergency room bulletin board. The flyers incorporated the reason and data about the study, the researcher's contact information for questions and possible participation was provided. The flyer also included that the meetings would be audio recorded, participation was willful, and no compensation would be given. The targeted population was registered nurses who work in the emergency room. The sample was selected from the two hospitals. The targeted number of participants was 20 nurses whether males or females. Any nurse was eligible to participate if

- Age 21 and above;
- Has been working at the hospital for more than one year;
- Is Lebanese; and
- Dealt with cases of domestic violence.

Presentation of the data and results of the analysis

Four prominent themes emerged from the meaning units: (a) participants follow departmental procedures when dealing with victims of abuse, (b) participants stated the lack of alternatives, (c) participants believe culture and feeling helpless are the main reasons why women would stay in an abusive relationship, and (d) participants felt more training and better laws were needed.

Theme 1: Participants follow departmental procedures when dealing with victims of abuse

All nurses emphasized the significance of standard procedure dealing with victims of abuse. From the interviews, most nurses followed that same pattern in identifying, assessing, referring, and dealing with female victims of abuse. If they suspected abuse, they would tell the attending doctor and would call social services to come and talk to the patient. However, all nurses stated that their problem was after working hours. Social workers are dismissed at 5:00 p.m. so if they get a case after 5, they would have to deal with her. Nurses ask the patient if she would like to report the case. If the woman approves, they call the police. If the woman denies the incident, they just treat her physically and let her go. Four participants explained that even if they were sure that the woman was abused and she denied it, they couldn't help her except by treating her physical injuries. They stated that it might not be the first time she gets injured and she had decided not to get help.

Theme 2: Participants stated the lack of alternatives

Participants stated that due to the lack of other options, victims might stay in such unhealthy relationship. Six out of the ten participants believed that if women would report domestic violence to the police, they have no other place to go or a way to make money. Therefore, they did not insist on calling the police in most cases, but they would inform the patients and ask them if they would like to call the police. One participant explained the reason behind not calling the police is the lack of alternatives for the patient. She questioned what would happen if the police come and the patient has no other place to go to. The nurse felt helpless.

Theme 3: Participants believe culture and feeling helpless re main reasons women would stay in abusive relationship

The researcher asked the participants why might patients stay in such relationship, and why do nurses feel that they do not have to take action. Participants believe women would stay in an abusive relation and do not file reports against their spouse due to culture and feeling of helplessness that women might experience. Seven out of the ten nurses stated that the Lebanese culture constrains women from leaving their husband. The society looks down on divorced women. They also stated that women are afraid of being alone with no place to go. Three of the nurses talked about Islam, and the Qur'an mentioning that some verses permit the hitting of women. Therefore, they think it might be the reason why patients wouldn't like to report the case or deny the abuse from the beginning.

Theme 4: Participants felt more training and better laws are needed

All participants stated that they had not taken any course specific to assessing and dealing with domestic violence. They require further understanding on how to deal effectively with these victims. They have no formal assessment, but they follow their common sense as well as their experience. Six nurses do not recall taking anything related to domestic violence in their nursing education. They follow their sense when they feel the woman has been abused. They felt that they followed the general assessment course to deal with the physical harm and would ask the social worker to deal with case due to the lack of training.

Results and Discussion

Even though there are not enough studies that examined the lived experiences of emergency room nurses dealing with cases of domestic abuse, this study confirms the results of previous studies indicating that emergency room nurses do identify cases of abuse and

face some obstacles such as denial of abuse or refusal of victim to call the police [5,25]. The literature showed that nurses requested more training to better deal with victims of domestic violence that was also present in the results of this study. It confirmed Woodtli (2000), Felblinger and Gates (2008), and Davila (2005) results of the need for better education curriculums that assist nurses in assessing for domestic violence. In addition, the literature confirmed the result that victims might stay in an unhealthy relationship due to the feeling of helplessness. Haggblom and Moller (2006) stated that due to the victim's feeling of helplessness, they would remain in such relationship. However, this study does not relate to the literautre review when participants felt the lack of alternatives might lead victims to deny abuse and stay in the relationship. The departmental procedures followed by the participants to deal with the victims is grounded in this study.

All these results are of great importance for counselors and organizations that deal with victims of All these results are of great importance for counselors and organizations that deal with victims of domestic violence. Counselors would take into consideration the culture and religion when dealing with victims of violence. They would greatly benefit from the results of this study, which show that the nurses believe that women would stay in such abusive relationship due to culture and religion which confirmed Haj Yehai's and Al-Nsour, Khawajam and Al-Kayyali's results in regards to Jordinian women [25-36].

Implications for Clinical Practices

Nurses need to keep high level of suspicion of any kind of abuse especially if the injury does not match the story stated by the patient. In addition, nurses need to be willing to protect the patients by asking gently and building rapport with the survivors. Finally, nurses need to support the victim no matter what her decision is; whether she wants to call the police or not.

Limitations and Conclusion

Because of the small sample size selected, one can't deduce immersion of information. Another limitation is the researcher's low level of clinical experience could lead to difference in transcript analysis which could lead to various point of views. The whole sample was selected from two hospitals which affects generalization of results.

More studies are needed in the area of domestic violence as it is increasing a lot. In addition, support groups are needed to assist survivors. There aren't enough qualitative studies done in that domain. Therefore more qualitative studies are needed.

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