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Olgu Sunumu

Evaluation of Depression Diagnosed Women Victims of Domestic Violence According to Tidal Model and Nursing Care: Report of Case

Depresyon Tanılı Aile İçi Şiddet Mağduru Kadının Tidal (Gel-git) Modeline Göre Değerlendirilmesi ve Hemşirelik Bakımı: Olgu Sunumu

Büşra PARLAK ^{*}, a, Satı DİL ^b

^a MSc Student, Çankırı Karatekin University, Institute of Health Sciences, Department of Nursing, ÇANKIRI, TÜRKİYE

^b Associate Professor, Çankırı Karatekin University, Faculty of Health Sciences, Department of Nursing, ÇANKIRI, TÜRKİYE

ABSTRACT

In this phenomenon, a 38-year-old married woman, who was exposed to physical and psychological violence by her husband and was admitted to the hospital with symptoms of depression, is evaluated according to the Tidal Model. In this phenomenon, an answer for the question that "Is the nursing care which is based on the Tidal Model effective for the Depression Diagnosed Women Victims of Domestic Violence?" has been searched.

In this study, descriptive research that investigates the contribution of the Tidal Model to care and recovery in depression patients who are victims of domestic violence was used.

The patient was diagnosed with ineffective coping, disorder in social interaction, disorder in thinking process, disorder in self-respect, disruption in the continuity of family processes, and weakness. The Tidal Model has a healing effect on the diagnoses of weakness, disorder in self-respect, disorder in social interaction and ineffective coping among these diagnoses.

Violence against women is a serious social and mental health problem worldwide and is also a human rights violation. All women, who were admitted to the hospital with depression, should be examined for domestic violence. The Tidal Model is a recovery model that cares about individuality in mental health nursing practices.

Keywords: Depression, Women, Violence, Tidal Model, Nurse, Care

ÖZET

Bu olguda, 38 yaşında, evli ve eşi tarafından fiziksel ve psikolojik şiddete maruz kalmış ve depresyon semptomlarıyla başvuran bir kadın hastanın Tidal (Gel-git) Model'ine göre değerlendirilmesi yapılmıştır. Bu olguda "Depresyon Tanılı Aile İçi Şiddet Mağduru Kadına Tidal Model'e dayalı hemşirelik bakımı etkili midir?" sorusuna yanıt aranmıştır.

Bu çalışmada aile içi şiddet mağduru olan depresyon hastalarında Tidal Model'in bakıma ve iyileşmeye katkısını araştıran tanımlayıcı araştırma kullanılmıştır.

Hastada var olan güçsüzlük, benlik saygısında rahatsızlık, sosyal etkileşimde bozulma ve etkisiz baş etme tanımlarında Tidal Model'inin geçişe yönelik bakım ve gelişimsel bakımda yapılan müdahalelerle iyileştirici etkisi olmuştur.

Kadına yönelik şiddet dünya çapında ciddi bir sosyal ve ruhsal sağlık sorunudur ve insan hakları ihlalidir. Depresyon ile başvuran tüm kadınlar aile içi şiddeti açısından taranmalıdır. Tidal (Gel-git) Modeli ruh sağlığı hemşireliği uygulamalarında bireyselliği önemseyen bir iyileşme modelidir.

Anahtar sözcük: Depresyon, Kadın, Şiddet, Tidal Model, Hemşirelik, Bakım

* Corresponding Author: Büşra PARLAK

Addresses: Çankırı Karatekin University, Institute of Health Sciences, Department of Nursing, ÇANKIRI, TÜRKİYE

E-mail: busraparlak3@gmail.com

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INTRODUCTION

Women in the world encounter violence that threatens their mental health, poverty, negative experiences such as excessive workload and biopsychosocial risk factors such as stress due to coercive reasons, more than men and they experience mental problems related to these more (Dil, 2017).

Violence against women is a serious social and mental health problem worldwide and is described as a human rights violation (World Health Organization [WHO], 2013). Violence against Women expresses that “All the attitudes and behaviors which are applied to women just because they are women or caused violate to women’s human rights with the discrimination based on gender that affects women and that is defined as violence in the law” (Ailenin Korunması ve Kadına Karşı Şiddetin Önlenmesine Dair Kanun, 2012).

Around the world, without any geographical boundaries, violence against women is extremely common in every age group, every race, every ethnic origin and every socio-economic level (Aslan Cobutoğlu, 2021). Domestic violence is a negative impact on the life, physical and mental health of a member of the family or the endangerment of the individual's freedom by force (Başer and Döğücü, 2021). Domestic violence cannot be evaluated independently of the social stratum of society. In this context, the foundation of the family is generally based on the domination of the man over the woman and putting the woman in a subordinate position, which makes her dependent on the man. This structural inequality causes women to have low self-respect (Özkan, 2017). Against men, who use violence as a means of having precedence over women, women hide the violence because of the reasons such as being exposed to more violence, being ashamed of violence, and learned helplessness, and may not take action to solve the problem. There are so many factors that cause domestic violence to happen. These factors can be listed as follows: exposing to or witnessing domestic violence in childhood; psychological, socioeconomic and cultural factors, age difference between the partners, lack of social support (Başer and Döğücü, 2021). In the literature, among the reasons for the spouse's violence economic problems determined as 30,5%, problems that sourced from bilateral relations as

30,5%, substance use as 6,7% and social pressure as 5,7% (Genç, Altıparmak and Ustabaşı Gündüz, 2019).

According to the 2016 report of the World Health Organization (WHO), one out of every three women in the world is exposed to physical or sexual violence by her partner or others. It has been reported that 38% of women are exposed to violence by their partners and 7% by another than their partner (World Health Organization [WHO], 2016). In 2014, in the "Domestic Violence against Women in Turkey" research of the General Directorate on the Status of Women, the prevalence of domestic physical or sexual violence was reported as 38% (Kadının Statüsü Genel Müdürlüğü, 2014).

In less developed or developing countries, the mental disorder that is closely related to socioeconomic parameters is 'major depression'. It is stated that one out of every 5 women and one out of every 7-8 men in the world have depression at least once in their lifetime (Sarkhel, 2019). The poor women, who are exposed to violence, receive less education, are exposed to more physical neglect and abuse and face more stressors compared to men. Women with mental health problems may also benefit less from appropriate treatments because of poverty. Thus, the course and outcome of their diseases are affected negatively and this may cause disability (Savaşan and Olcay Çam, 2019).

The woman who has been exposed to violence having a period of self-blame and depression after a period of shock and denial (Özyurt and Devceci, 2011). Depression is accepted as an important health problem since it causes disability. The risk of depression for women, who are exposed to violence, is 4-5 times higher than other women. And also, the prevalence of domestic violence in women, that diagnosed with depression, reaches 60% (Karakoç, Gülseren, Çam, Gülseren, Tenekeci and Mete, 2015).

To prevent violence against women, it is really important for women to improve their role in society, to know their rights and to be empowered to act accordingly, to gain economic independence and to minimize their dependence on their partners. This healing and empowerment process should be planned with the victim of violence together. Tidal Model has been used in the healing of women who are victims of

violence, since it is a model that plans nursing interventions with the patient, not for the patient (Bag, 2019).

CASE REPORT

This study was carried out in a psychiatry clinic of a state hospital between 06.01.2021 and 26.02 2021, to perform and evaluate nursing care by using the Tidal Model, which is developed by Barker (2001), for a patient who was followed up with a diagnosis of depression. This study complied with the Helsinki Declaration of Human Rights. Oral and written informed consent was obtained from the patient. The interviews were carried out voluntarily and the patient was informed that she could leave whenever she wanted. In addition, due to the fact that the study was a case report, the hospital ethics committee was informed and the patient's consent was deemed sufficient by the hospital ethics committee. Written consent of the patient was obtained.

General Information About Case

The patient is 38 years old, married, a high-school graduate, a housewife and a mother of two children woman, who exposed to physical and psychological violence by her husband. The disease history was taken from the patient and the patient's epicrisis.

The case states that she has been exposed to violence by her husband and 17 years old son for the last four years. The husband of the patient brought her to the hospital because she does not housework, damaging furniture, saying that she saw demons and fairies, had crying attacks, depressed mood, poor sleep, neglecting her children and family, and the patient was hospitalized with the diagnosis of depression.

The patient stated that her father was addicted to alcohol and used violence against her mother very often. The patient had lost her father when she was 7 years old. Then she states that she was abandoned by her mother, leaving her to her grandfather. The patient, who takes care of her two siblings, states that she was exposed to psychological violence by her grandfather and uncle, who were living in the same house. The patient, who said that she had a successful and sociable school life, did not continue her education after high school. In high school years, an older and married neighbor proposed to the

patient. The patient stated that she reacted damnably to this situation and that she could not share it with anyone. After graduating from high school, at the age of 19, the patient was married to her neighbor's brother. She stated that she arranged her marriage, that she did not want to marry her husband, and that she married him because she felt compassion for him in time. She states that domestic violence started when she could not have sexual intercourse with her husband. She states that because she could not have sexual intercourse, her husband and brother's wife were forced to have intercourse by being tied to the bed, and her brother was also exposed to violent behavior. The patient, who became pregnant shortly after her marriage, was frequently abused (throwing furniture on, kicking, slapping, etc. physical violence) by her husband and his brother, who did not want the pregnancy. During her pregnancy, the patient's self-care needs were not met and her husband wanted a divorce from the patient. The patient did not accept the divorce first because she had nowhere to go. But shortly after giving birth, she had to divorce because of financial difficulties and violence. However, the patient, who had no place to go, returned to her husband after the divorce. Domestic violence decreased as her husband got a new job and her husband's brother moved away from their home. In the second pregnancy of the patient, her husband did not want the child again, but although the psychological violence continued, the physical violence decreased. Neglect continued in her second pregnancy too. After the birth, physical violence ended for a long time, and psychological violence continued with insults. 4 years ago, when the person she fell in love with in high school added the patient on social media, the patient and that person started talking on the internet and phone. She shared this situation with her husband because she was afraid, and her husband responded with maturity. As this person continued his harassment over the internet, the patient's fear and crying attacks increased, and she was afraid of her husband telling others about this situation. After this incident, domestic violence started again. The patient was exposed to violence by his wife and eldest son. The domestic violence continued for 4 years. When the neighbors in the apartment informed the police, the patient told the police that she had not been exposed to violence and gave a statement like that: "I am sick, I am

crying and shouting; that's why there is noise.” The patient thought that the reason for her husband's use of violence was that he was an orphan and had a traumatic childhood like herself, so she did not complain about her husband. Her husband filed for divorce against the patient. The patient does not want a divorce, she wants to get well and continue her marriage.

Health History

The patient had recently increased complaints such as damaging things, reading religious books loudly and insomnia. 6 months ago, the patient was evaluated by the psychiatry health board and was not hospitalized to follow up with outpatient treatment. During this period, the patient delayed her follow-ups and her complaints continued to increase. She applied to the hospital again with the complaints such as toileting on the balcony, saying that she was disturbed by demons and fairies, and freezing (catatonia).

Psychopharmacological Treatment: Venlafaksin 300 mg/day, Ketiapin 100 mg/day

Family History

Her father: Died from a traffic accident 30 years ago. *Mother:* 60 years old, schizophrenic patient. And it is known that her uncle has a psychiatric illness.

Tidal Model

The Tidal Model, which is a recovery model for mental health and psychiatric nursing, was developed by Baker. Baker defines the Tidal Model as a philosophical approach to reach mental health (Barker, 2015). With the Tidal model, it is provided that people adapt to their lives and continue their lives in a meaningful way based on their life stories and it is accompanying the person on the way to overcome the problems (Barker, 1998; Barker and Buchanan-Barker 2005). Also, this model focuses on what the patient needs to adapt and overcome the problems the patient experiences. With the Tidal Model applications, nurses collaborate with patients to establish close communication and a relationship that empowers patients (Lafferty and Davidson, 2006). The Tidal Model focuses directly on the person, not the diseases or possible disorders in the person (Barker, 2001). The purpose of this is to understand

the current state of the person in the relationship between illness and health. Investigation of person's experiences with person's environment, herself/himself and her/his friends are more than nurse's curiosity about the patient. The information to be obtained in these areas about the person with a mental disorder constitutes an important step of the care plan (Bag, 2013). Tidal Model handles the care plan in three stages: "Immediate care, transitional care and developmental care".

1. Immediate Care

When working with women who are exposed to violence, firstly it is necessary to provide the safety of the environment and trust in interpersonal relations. Otherwise, the women may not share their violent experiences or care may not be effective. It is required that health care providers to support women, who are exposed to violence, to develop their safety plans. In immediate care of the Tidal Model, it can be said that making a personal security plan will meet this requirement. In addition, to provide life first and then comfort, it would be appropriate to evaluate the suicidal thoughts of the person, to provide treatment and care for physical injuries and to regulate physiological functions following Maslow's hierarchy of needs, under emergency care. It may be recommended to define short-term goals as a result of the evaluation of all the requirements stated above with a holistic evaluation (Çam and Öztürk Temel, 2019).

There was no physical injury at the first stage of the patient's hospitalization. There was shaking on her teeth. Her security is provided by keeping the entrances to the service under control. There are no suicidal thoughts of the patient. Physiological needs were met in line with Maslow's hierarchy of needs.

2. Transitional Care

Transitional care works on finding solutions to the problems that a person experiences during the change process. It provides the care needs of the person during transition periods such as hospital admission or discharge (Savaşan, 2015). The transitional care of the patient was also evaluated in two stages: admission and discharge.

When the patient was admitted to the service, the service nurses introduced the operation and environment of the service. The patient's security is provided with the controlled entrances and exits. In the period of her hospitalization, the patient thought that she was estranged from her family and abandoned. In addition to this, since her husband says that they will get back together on the condition of being treated, she was willing to be treated and acted in harmony with the process. During the interviews with the patient, the interviews were shaped according to the patient's emotional state because she often had crying attacks while talking about herself. Also, during this period, psychological support was provided to the patient. The discharge period and the process of preparing for social life were supported by the training given in developmental care.

3. Developmental Care

The developmental care phase focuses on the patient's medium and long-term aims (Öztürk Turgut, 2018). At this stage, the reasons behind the thought that the patient deserves violence were examined and focused on why she wanted to continue her relationship that involves violence. The patient was thinking that her husband was using violence because of her behaviors and she deserved this violence. She was not blaming her husband for the violence against herself. She attributed the reason for her husband's use of violence to the traumas that he experienced in his childhood. It was noticed that the patient was aware of the violence with these thoughts but did not make any attempt to get rid of it. It was planned for the patient to pass from the thought period in violence to the preparation period by using cognitive and behavioral methods. In the training, the cognitive re-evaluation and environmental re-evaluation methods were used to help the patient realize the effects of the situation that she was in. In favor of these methods, the patient realized how violence affects herself and her children. The patient said that the violence had a negative impact on her children's education life, and she also stated that she was harmed physically and felt mentally unwell. The patient stated that she had intense feelings of fear, hopelessness and desperation during the violence. With the social freedom method, the changes, which will occur in her life when she gets rid of violence, have been revealed. The patient said that she

would have a happier life, her children's education life would get better, her children would respect her and her respect for her husband would increase, and she would get rid of her depressed mood. With the stimulus control method, situations that cause violence have been determined. The patient stated that the factors causing the violence were her own behaviors and that she had not been exposed to violence before her depressive mood. With the helper relationship method, women's social support was put in place and with the strengthening method, women were trained on what to do when they felt weak.

The patient does not have a job and economic freedom, and her social and economic support is insufficient. All of this reduced her self-confidence and caused her to be unable to trust her power. As a result of these situations that were detected in the patient, it was focused on issues such as the development of the concept of positive identity, strengthening of social networks and making career plans. Discussions were held with the patient within the framework of these issues. For the patient to develop a positive identity and get rid of the thought that she deserves violence, interviews were planned after discharge too. Although she has given up on blaming herself, she was still thinking that she could not leave her relationship that involves violence and could not leave her husband. It was researched the public education centers in the region where the patient is living and the opportunities were introduced to the patient both for socialization and for obtaining a profession. But because of the Covid-19 pandemic, the patient's participation in these courses has been postponed to a later date. In case the patient would be exposed to violence again in the future, the information was given about the national centers and women's shelters to which she would apply. The training was carried out interactively and feedback was received from the patient.

Recovery in Violence and Using of Tidal Model

Tidal Model states that persons, who are exposed to a traumatic situation such as violence or injury, lose their sense of self. These persons need a versatile rescuer (Barker, 2001). This versatile approach starts a recovery process in violence, by supporting the providing rehabilitation services with long and short-term goals in a safe environment for women who

have been subjected to violence (Kumar and Nizamie, 2013). In the Nursing Outcomes Classification (NOC), recovery in violence is considered as physical, emotional, sexual and economic (Johnson, Maas and Moorhead, 2000).

Physical Violence and Recovery: Physical violence against the patient started at the beginning of the marriage and this violence continued chronically. The patient said that physical violence continued in the period before she was hospitalized too. Accordingly, in the meetings, the training was given to the patient for protecting herself from physical violence. Within the scope of this training, the national call centers were explained such as ALO 183-line, Violence Prevention and Monitoring Center and women's shelters. The training was carried out by asking questions to the patient and receiving feedback. The patient did not participate in the training willingly enough at the beginning and had difficulty concentrating by constantly telling what she had experienced before. At the end of the meetings, the patient became aware of the emotional and psychological symptoms of the violence that she exposed. Then she wanted her husband to participate in the solution, and family therapy was planned thereupon. In addition to this, her husband was directed to individual therapy to solve his anger control and communication problem.

Nursing Interventions

Between 06.01.2021 and 26.02.2021, with the patient, 45-minute meetings were held twice a week. At the first meetings, the patient was worried that her husband would hear about this situation, so she had a trust problem. However, a bond of trust was established with the patient in the subsequent meetings. The patient was crying frequently during the meeting and was distracted from the subject. The patient was anxious and willing to end the meeting while answering questions about the future and the outcome. In this regard, attention was paid to the self-determination and privacy of the patient. A supportive attitude was displayed to gain confidence. Table 1 presents the nursing process for the case (Table 1).

DISCUSSION

Women, who are victims of domestic violence, often have depression. The importance of proper treatment of depression and nursing care for these women cannot be

ignored. Treatment of depression should not be limited to psychopharmacological treatment only. Equal attention should be given to individual, family and psychoeducational interventions. The Tidal model has given positive results in the care of persons, who are the victims of violence. The best results for the woman and her family are obtained with nursing care that is carrying out with the appropriate methods.

When the studies, in which the Tidal Model was applied, were examined; it was realized that most of the persons in the experimental group partly achieved their individual goals, by examining the results of the 12-month follow-up of alcohol addicts, who were followed with a psychiatric nursing approach based on the Tidal Model of Savaşan and Çam (Savaşan and Çam, 2019). On the other hand, Fletcher and Stevenson (2001) determined that the duration of stay of the patients in acute services, the use of restraints and violence with self-harming behaviors have decreased, the number of admission to the service has increased, and the time between admission to the service and evaluation was shortened. Stevenson and friends (2002) in their study in the adult psychiatry ward, determined that there were significant differences in the length of stay and the time between admission and evaluation (Stevenson, Barker and Fletcher, 2002). Berger (2006), in his research that created an interdisciplinary care plan in the community liaison program in Canada, stated that patients were more involved in their care and felt rested by healthcare professionals. They stated that they were respected and accepted by the team. In healthcare workers, it was determined that job satisfaction and involvement in patient care increased. Young (2010), pointed out that it is possible to integrate the Tidal Model in the recovery programs of women using drugs; indicating that it is also suitable for women, men and adolescents.

Domestic violence is one of the types of violence that women are frequently exposed to. Domestic violence can be hidden because of the thought that family is a private area and is not reported to the judicial authorities. During the meetings with the patient, the fact that the patient hides the violence and does not want to end the relationship can be considered because of this thought.

Table 1. The Nursing Process for The Case Is Given

Nursing Diagnosis 1: Ineffective Coping				
Descriptive Characteristic	Etiological Factors	Expected Outcomes of Patient	Outcomes of	Nursing Interventions
Cannot carry out the role expectations, reacting passively, verbal statement of being unable to cope	Due to the lack of problem-solving skills and hospitalization	The patient will notice the situations that hurt her in her round and will make decisions to change these situations and do an act in accordance with these decisions.		Evaluation of the person's current coping status (It is observed that the patient cries or ignores the problem when she is faced with a negative situation.) Identifying the risk of self-harm and taking appropriate action, (The patient said that she has strong religious beliefs and she has no suicidal thoughts.) Providing that the patient notices the situation she is in from all aspects. Encouraging the patient to evaluate herself and the situation that she is in. Developing problem-solving skills. Patient's decision on proper coping methods. Investigating the support systems of the patient (spouse, friends, relatives, etc.), providing support. (The children and spouse of the patient were frequently consulted during the patient's hospitalization process.) Helping the patient to relax and cope with the situation by teaching relaxation techniques (deep breaths etc.) to the patient.
Nursing Diagnosis 2: Disruption in Social Interactions				
Descriptive Characteristic	Etiological Factors	Expected Outcomes of Patient	Outcomes of	Nursing Interventions
Introversion, Staying away from people, Shut off body posture, Avoiding eye contact	Linked to ineffective coping secondary to depression	The patient will report an increase in satisfaction from socialization.		Interviewing the patient to determine the source of the problem. Ensuring routine social interactions with a calm, gentle approach to the patient; using a simple and clear language Reduction of external stimuli. Allowing the individual to express their feelings and thoughts. Teaching the coping mechanisms and techniques related to the stress experienced by the individual.
Nursing Diagnosis 3: Disruption in the Thinking Process				
Descriptive Characteristic	Etiological Factors	Expected Outcomes of Patient	Outcomes of	Nursing Interventions
Agitation, Restlessness, Seeing demons and fairies, Not being able to do her treatment on time and under her control.	Secondary to depression, Related to ineffective management of the therapeutic regimen	The patient will be able to make realistic decisions based on the situations that she lives in.		Determining the patient's former function level. Postponing her making important life decisions. Reducing the patient's responsibilities when she is under heavy depression. Giving the patient time to think and react. Allowing more than a normal amount of time to do daily activities. Working on negative emotions and thoughts with the patient. Doing thought-stopping practices and exercises to shorten the listening time of negative thinking. Supporting her positive and realistic thoughts.
Nursing Diagnosis 4: Discomfort in Self-Respect				
Descriptive Characteristic	Etiological Factors	Expected Outcomes of Patient	Outcomes of	Nursing Interventions
Isolation from the external environment, Feeling guilty, Depression, Remarks about feeling powerless.	Associated to weakness and ineffective coping, secondary to domestic violence exposure	The patient will be able to express a positive outlook towards her future and identify positive aspects of herself.		Supporting the patient to recognize and express her feelings. Ensuring that the patient develops an awareness that she can make change happen. Ensuring that her positive abilities and features are examined and reinforced. Directing her to the social endeavors and activities where she can display positive abilities. Supporting her to not isolate herself.

Nursing Diagnosis 5: Disruption in the Continuity of Family Processes

Descriptive Characteristic	Etiological Factors	Expected Outcomes of Patient	Nursing Interventions
Conflict in family, Not fulfilling domestic role expectations, Communication failure, Less sharing inside the family, Violence	Related to change in-role performance and inability to communicate effectively	Family members will maintain a functional system in which they mutually support each other.	Ensuring that the family members communicate effectively. Identifying problems rising between the family members. Producing solutions with the full participation of family members as a result of the identified problems. Defining boundaries in the family. Planning roles of the family members in a way to not cause gender discrimination. Explaining to parents that children can be negatively affected by disrupted family dynamics. Explaining that children should not witness any actual or verbal quarrel. Creating activity programs that family members can do together without getting bored.

Nursing Diagnosis 6: Powerlessness

Descriptive Characteristic	Etiological Factors	Expected Outcomes of Patient	Nursing Interventions
Loss of control, Sadness, Insufficiency in self-care, Crying, Avoiding eye contact.	Related to being dependent on others and not being able to control the situation	The patient will find effective problem-solving methods that will allow her to take control of her life until the time of her discharge.	Encourage the patient to take as much responsibility as possible so that they can participate in their own care. Helping the patient to set realistic goals. Helping to identify living spaces that the patient can control. Providing realistic hope levels for the future. Encouraging the patient from time to time to help direct her thoughts about the future.

The patient did not follow any legal path for this violence, that has been going on since the beginning of the marriage. Contrarily, she protected her husband when others complained on behalf of her. The patient frequently witnessed that her father used violence against her mother during her childhood. This situation caused the patient to normalize her behavior of being exposed to violence by her husband and reinforce her learned helplessness and passivity. She has children and she did not attempt to solve domestic violence with the thought that she does not want to leave her children apart from their parents. Especially since the patient herself grew up without a mother and father, she could not face up to keep her children away from the family environment like her. It is thought that she could not end her relationship despite the psychological and physical harms caused by violence. Seeing herself as the cause of violence, thinking that she deserves violence, blaming herself and feeling worthless started the depression process in the patient. The depression table, which has not been treated for a long time and became chronic, has increased the extent of the violence that the patient is exposed to and has dragged the patient into a vicious circle. With the

Tidal model, the patient was evaluated in three different stages and showed a generally compatible attitude. As a result of the improvement and strengthening efforts that are made to prevent violence against the patient, general awareness was observed in the patient.

CONCLUSION

The care of the patient was handled according to the nursing process. The Tidal Model had a very healer effect in the care of discomfort in self-respect, impaired social interaction, weakness and ineffective coping. In the transitional care and developmental care stages of the Tidal Model, with the cognitive and behavioral methods, it was provided that the patient was fully aware of the situation she was in, and this situation contributed positively to the identity development of the patient. With the training and support programs, which were given to the patient, she was strengthened and it was seen that she would play an active role in coping with problems. For the diagnosis of disruption in the continuity of family processes, since the patient did not return to family life and the results of the interventions could not be followed, it could not

be seen how effective the model was neither. It had a healing effect on the data of "the patient is compliant with the treatment but not being able to perform the treatment under her own control", which is one of the defining properties of the diagnosis of impairment in thought process. In addition, this results have observed in the patient;

- The patient has determined the situation that damaged to herself.
- The patient has made a truthful decision for the situation which was determined by herself and She has applied the decision that was received.
- The patient has adopted a positive perspective towards the future and became aware of her positive features.
- The patient has stated that socialization satisfaction increased.
- The patient has learned problem solving methods.

In the use of the model, it is recommended to prepare a ground where the patient's family processes can be observed and evaluated and planning accordingly. By integrating the developmental care phase of the Tidal Model with the nurse change model, the use of cognitive and behavioral methods can increase the effectiveness of the model.

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