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A Model Suggestion for the Recovery of Women Exposed to Violence: Tidal Model

Şiddet Gören Kadınların İyileşmesinde Bir Model Önerisi: Tidal (Gel-Git) Model

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Abstract

Violence against women is an important healthcare problem. Noncontrollable increasing in violence and, healthcare politics that focus on rehabilitation services lay emphasis on fighting outcomes of violence. Although violent behaviors are similar, each woman's experience is unique so healthcare services must be individualized. Tidal model is a recovery model in healthcare services that cares individualism. For this reason in this review the suitability of the tidal model was assessed in line with the question "Can violent women be given nursing care based on Tidal model?" Partner or domestic violence against to women was examined.

Keywords*:* Women, violence, Tidal model.

Öz

Kadına yönelik şiddet önemli bir sağlık sorunudur. Şiddetin kontrol edilemez bir şekilde artması ve toplum ruh sağlığı hizmetlerinde sağlık politikalarının çoğunlukla rehabilitasyon hizmetlerine odaklanması, şiddetin etkileri ile mücadeleyi öne çıkarmaktadır. Şiddet davranışları benzerlik gösterse de her kadının deneyimi kendine özgüdür, bu nedenle sağlık hizmetlerinin de bireye özgü olması gerekmektedir. Tidal (Gel-git) model ruh sağlığı hizmetlerinde, bireyselliği önemseyen bir iyileşme modelidir. Bu nedenle bu derlemede "Şiddet gören kadınlara Tidal modele dayalı hemşirelik bakımı verilebilir mi?" sorusundan yola çıkılarak, Tidal modelin uygunluğu değerlendirilmiştir. Kadınlara yönelik aile içi şiddet ve eş şiddeti incelenmiştir.

Anahtar sözcükler: Kadın, şiddet, Tidal model.

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VIOLENCE against women is among important problems of the world (WHO 2005). It causes severe physical health problems which require long term treatment, injuries with varying severity (General Directorate of Women's Status 2009, WHO 2013), mental and social restrictions and problems (General Directorate of Women's Status 2009, Ministry of Health 2011, WHO 2013). All family members including the adults or children are affected by the violence against women even they are not exposed directly (Graham-Bermann et al. 2009, General Directorate of Women's Status 2009, Anderson and Bang 2012). Consequently, the violence against a single woman only becomes a greater problem which affects the family members as well as the community in the long term. Therefore, it is discussed as a community health problem, namely community mental health problem within the scope of precautions to be taken and adoption of the women exposed to violence to social life again (WHO 2005, Reisenhofer and Seibold 2013).

The women may harbor in women shelters when they leave their husbands who commit violence through their applications to the units for health and security services (General Directorate of Women's Status 2012, Official Gazette 2013). The shelters meet physical requirements of the women and provide psychological and social strengthening tasks and objectives (Açıkel 2009, Official Gazette 2013). During such process, the nurses, who constitute an important part of healthcare staff and health system have roles and responsibilities on effective counteracting to violence against women and its effects (General Directorate of Women's Status 2008, Baysan Arabacı 2014). Progression of the nurses along their theories and models is important to implement the care process as more personally, systemically and conceptually in line with fulfilment of ther roles and responsibilities (Pektekin 2013). Tidal model puts emphasis on the life story, awareness, change and aims the individuals to embark upon new experiences independently (Barker 2001, Barker and Buchanan- Barker 2005). Clinical studies report positive outcomes in terms of treatment and care as well as satisfaction of the patient and the health staff (Fletcher and Stevenson 2001, Stevenson et al. 2002, Cook et al. 2005, Berger 2006, Lafferty and Davidson 2006, Young 2010, Savaşan and Çam 2017). It is considered to be effective for social strengthening process of the women exposed to violence and hosted in thewomen shelter. The present review aims to evaluate the approached based on Tidal model for care of the women exposed to violence and hosted in the shelter.

Tidal Model

Today's science world give importance to evidence based implementations. However, evidence based implementations may evaluate the individuals as single types through standard patterns in the sciences working on human. In fact, each experience is unique and subjective experiences should be known to provide personal healthcare services. The Tidal Model was developed along this requirement as a recovery model in psychiatric nursing as a result of many researches (Barker 2001, 2001c, Bucahanan-Barker 2004, Barker and Barker-Buchanan 2005). Although the researches associated with the model started in acute psychiatric services, this model may be implemented in community based services as well as by many healthcare professionals (Barker 2001, 2001b, 2001c, 2003, Buchanan- Barker 2004, Baker and Buchanan-Barker 2005). This model bases on life stories of the individuals who have distress and mental disorders and aims

adoption, problem counteracting, accompanying the individuals during their survival journey (Barker 2001, Bucahanan-Barker 2004, Baker and Buchanan-Barker 2005, Interdisciplinary Mental Health University of Birmingham 2008). It defends that the best way to understand someone is to understand her/his life story. Therefore, such narrative based model seeks the solutions in the life story. The individual starts to rewrite her/his life story with the care giver. Use of the language which is the best way to express the self is one of the essential approaches of Tidal model. Metaphors are used during this process (Barker 2001b, 2003, Bucahanan-Barker 2004, Barker and Barker-Buchanan 2005, Buchanan-Barker and Barker 2008).

"Water" representing the continuous flow and change is the basic metaphor of Tidal Model because of variability of human life (Barker 2001, 2001c, Barker and Barker-Buchanan 2005). Life is an ocean of experiences. Some challenges such as storms, pirate attacks are experienced in this ocean. These represent the crisis in the life. The ship may face a danger to go down, aground or the crew may barely escape drowning. These metaphors represent distress and mental disorders. They need multi-directional psychiatric treatment or care. The individual sets sail to new journeys after having repair in a safe port. This represents the treatment and recovery processes. The individual determines what to do to set sail and whom-what to be supported by. The belief to overcome and counteract the storms and to take precautions show readiness of the individual to set sail (Barker 2001, 2001c, Barker and Barker-Buchanan 2005).

The Tidal model discusses the care in three stages including immediate care, transitional care and developmental care. Immediate care focuses on shorter requirements of the individual. A personal security plan is created at this stage. Such plan aims to provide physical and emotional safety and security concepts. In the personal security plan, security perception of the individual is determined and those required to be done to make the individual to feel safe or to maintain such level including the individual and close environment (including the healthcare staff) are determined (Interdisciplinary Mental Health University of Birmingham 2008, Barker and Barker-Buchanan 2005, 2010). When transfer of the individual from one healthcare service department to another is in question, transitional care services are provided to provide control as much as possible. At this stage, cooperation between the care-receiver and care-provided as well as all organizations and individuals involved into the process is essential (Barker and Barker-Buchanan 2005, 2010). Developmental care includes the services performed for long term targets. Interventions are carried out to maintain the individual's life like a master after the life problems experienced. It includes community-based services (Barker and Barker-Buchanan 2005, 2010).

The Tidal model provides these care services in three associated domains. The first is the self domain, representing the background of the individual's self. A so-called bridge is created and the individual is tried to be involved into the care. The personal security plan is performed within the self domain. (Barker 2001, Barker and Barker-Buchanan 2005, 2010, Interdisciplinary Mental Health University of Birmingham 2008). The second, world domain works on personal life story of the individual. A holistic assessment which includes a detailed information obtaining process is performed for this purpose (Barker and Barker-Buchanan 2005, 2011). Third, the others domain focuses on environment of the individual and the relations between them. Transition-oriented and developmental care is carried out. Group interventions are

conducted. To be aware of the sources of self-power is important (Barker 2001, Barker and Barker-Buchanan 2005, 2010, Interdisciplinary Mental Health University of Birmingham 2008).

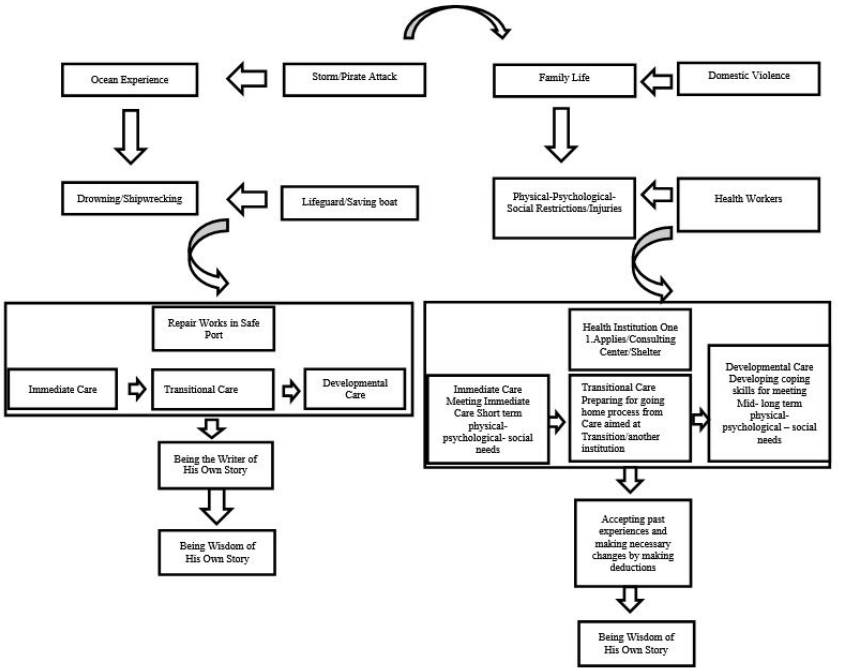
Recovery in Violence and Implementation Tidal Model Based Approach

Recovery in violence was discussed physically, emotionally, sexually and economically in Nursing Outcomes Classification (NOC) under the title of abuse recovery (Johnson et al. 2000). The aim in the recovery from physical violence is recover of the injuries caused as a result of violence act and maintenance of the physiological functions healthily. The recovery in emotional violence includes the criteria of improvement of positive self concept, avoiding any attempt to suicide, expressing the feelings, being socialized, development of coping skills, having positive inter-personal relations and having positive changes in the life. Since sexual violence also includes physical and emotional violence, the recovery outcomes of the aforesaid violence and the changes on sexual identity and functions are also involved. The objective in recovery economic violence is the awareness of monetary and legal rights by the individual and to have control on these (Johnson et al. 2000). When these measures are taken in consideration, it may be concluded that recovery in violence may have multi-dimensions and the aim is to gain self-control of lives of the individuals. Although priority of the requirements varies depending on the individuals, the targets of women on recovery from violence may be classified as follows according to vital priorities through Maslow's hierarchy for needs (Engin 2014)

1. Lack of the behavior that would harm her
2. Healing of physical injuries
3. Arrangement of physiological functions, to provide self-control of the individual.
4. Meeting emotional requirements
5. Providing socialization
6. Providing self-control on monetary and legal requirements

The women living in the shelters are away from their own environment and opportunities. Therefore, the aforesaid requirements may be valid for majority of women under new conditions. It is predicted that The Tidal Model may be implemented for the women hosted in the shelter. It is noted that the individuals exposed to trauma loose the feeling of selfhood and need multi-directional lifeguard (Baker 2001c). Roles and responsibilities of the healthcare staff in counteracting to violence against women include to direct the women to find self-coping methods, to support them to give their own decisions, to provide to be aware of noticing the successes related to their lives (General Directorate of Women's Status 2008). It may be noted that the emphasis of the Tidal Model to life story and being master of the individual's own life support such roles and responsibilities. Shelters may be considered as meeting the requirement of security (Kumar et al. 2013) through the care at safe port (Baker 2001c) stressed out by Tidal model.The women exposed to violence expect the healthcare staff not to judge them, to be sensitive, to respect their decisions and to consider the situation as counte-

racting without underestimation (Feder et al. 2006). Furthermore, it is detected that the women feel uncomfortable when healthcare services are provided near other people, when the healthcare staff ignore the existence of women or violence and when they are not informed about the procedures. Briefly, the procedure progresses without including the women exposed to violence into any treatment and care (Kayrın 2011). Such acts are considered as inappropriate by the women exposed to violence and they may be compensated by the approach of the Tidal model as involving the individual as a head actor for her care. Moreover, the Tidal model defends that the individual may benefit from others' experiences alongside her experiences (Bucahanan-Barker 2004, Barker and Barker-Buchanan 2005). From this point of view, a holistic approach to women exposed to violence may provide information about social structure where the woman lives in. This information obtained may contribute to recognize the community which is an important step for counteracting the violence (General Directorate of Women's Status 2008).



Schema 1. Metaphoric expression of care processes of the women exposed to violence based on Tidal model

Care of the women exposed to violence may be planned as follows according to the care stages of the Tidal model:

1. Immediate Care

Environmental security as well as safety between the individuals should be ensured while a women exposed to violence works. Otherwise, those women do not share their

experiences of violence or the care may not be effective (Barker and Buchanan Barker 2005, Barker 2001, Kayrın 2011, Usta et al. 2012, Reisenhofer and Seibold 2013, Kumar et al. 2013). However, it is reported in the researches that women exposed to violence have more suicidal thoughts and attempts than others (WHO 2005, General Directorate of Women's Status 2009). Consequently, the healthcare staff should support the women exposed to violence for development of the security plans (General Directorate of Women's Status 2008). A personal security plan may meet such requirement in immediate care of the Tidal model. Furthermore, including the evaluation of suicidal thoughts of the individual, providing treatment and care associated with physical benefits and regulation of physiological functions would be appropriate through Maslow's hierarchy of needs to ensure the life and comfort. Determination of short term objectives may be suggested as a result of evaluation related to all aforesaid requirements through a holistic approach.

2. Transitional Care

The healthcare staff has a task to refer a women exposed to violence to protection and support units and/or superior healthcare services (General Directorate of Women's Status 2008). When importance of collaboration between the institutions is considered, it may be told that information is transferred from SONIM to the shelters, from shelters to set sail for new experience or discharged from hospitals (Official Gazette 2013). However, it may be considered as important that decisions, emotions and cooperation of the individual should not be ignored. The Tidal model makes the individual to sit onto the "driver's seat" and provides an equal care process (Barker 2001, Barker and Barker-Buchanan 2005, 2010). Enabling transition of each stage possibly calm and under control may get the woman to be prepared and hopeful for new experiences by improving the self-competency.

3. Developmental Care

The researches reveal that women exposed to violence experience inefficacy and weakness in every zone of the life (Alper et al. 2005, WHO 2005, Yetim 2008, General Directorate of Women's Status 2009, Akar et al. 2010, Reisenhofer and Seibold 2013, Şenol and Yıldız 2013). Therefore, positive change in self concept of the women, return to their roles in social life or adopting new roles and carrier planning are very important during their recovery journey after violence (General Directorate of Women's Status 2009, 2012, 2016, Yaman Efe and Ayaz 2010, Reynolds and Shepherd 2011). It is reported that transition of the individuals who experienced violence or any other trauma from victim to a survivor is an important element of recovery (Tedeschi 1999). The researches performed with women hosted in the shelters show that majority of the women are high-school or lower graduate and they are not employed (Yalçın 2014, Küçükali 2016). Therefore, involving some external sources such as maintenance of middle- and long-term social roles, training and occupation gaining may be suggested to provide the women to set sail to new experienced. Furthermore, start of these attempts in transitional care and strengthening in developmental care may be appropriate according to circumstances. Women don't leave their relationships due to reasons such as they believe that the deserve the violation, they don't trust their own powers, they don't have economic freedom and ineffectiveness of social supports (Alper et al. 2005,

General Directorate of Women's Status 2009, Şenol and Yıldız 2013). Some suitable practices may decrease "maintaining obligation of a relationship" and with external sources knowledge of women, help request behavior and rate may increase. Increase of socialization and providing monetary, legal controls may be evaluated as important in transitional and developmental care in particular. Development of a model to enable monitoring and support the women after leaving the shelter is among the objectives in our country (General Directorate of Women's Status 2016). Although, developmental care addresses a longer care following transitional care (Barker and Barker-Buchanan 2005, 2010), to start such interventions may be considered in shelters as appropriate under current conditions of the country. Schema 1 provides the care processes based on Tidal model for the women exposed to violence metaphorically (Barker and Barker-Buchanan 2005, Çam and Savaşan 2014).

Violence is a traumatic life event. Having a more meaningful and satisfied life after traumatic life events is called as post traumatic growth. Like in the Tidal model, raising awareness, having positive experiences and becoming a wisdom are possible in this process (Tedeschi and Calhoun 1996, 2004, Tedeschi 1999). The approach based on Tidal model may contribute to growth processes of the women exposed to violence.

Conclusion

Violence increases all over the world as a global problem. Unfortunately, violence against women has its share from this situation. Although protective studies for risk groups are important, community mental health services are carried out with rehabilitation according to health policies of the country (Ministry of Health 2011, General Directorate of Women's Status 2016). However, it is reported that women exposed to violence benefit more from flexible and individualized services (Grauwiler 2008). Therefore, providing systematic, scientific and individual-caring, holistic services which fit with identity and life style of the individual is important. From this point of view, Tidal Model may contribute to recovery of the women exposed to violence. Accordingly, implementation of nursing approaches based on Tidal model for women referred by violence; and scientific determination of such positive contribution through long-term researches with control groups would be useful for improvement of the humanity.

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