

Recovery-Promoters: Ways that Children and Mothers Support One Another's Recoveries from Domestic Violence

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Abstract

Breaking with the tendency to focus on the deficits and pathologies of domestic violence victims, this article explores how children and mothers with past experiences of domestic violence may play key roles in effectively promoting one another's recoveries. Thirty participants from the UK (15 mothers and 15 children) took part in qualitative, semi-structured interviews. The participants were current or former service-users of organisations such as Women's Aid, and were recruited through these organisations. Only a minority of participants had accessed refuges. Data were thematically analysed using the Framework approach. The findings of the study suggest that mothers and children often require professional supports to begin recovering. However, recovery occurred not only through formal interventions; mothers and children themselves used a number of successful techniques to promote each other's long-term recoveries and well-being. These included reassuring one another about the past, present and future, rebuilding each other's confidence and self-esteem, and assisting one another to understand the past and overcome its emotional/behavioural impacts. This article discusses the ways in which formerly abused mothers and children accomplish this important recovery work, and assesses the implications for social workers and other practitioners.

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Introduction

‘Although power has to be constructed by people themselves, practitioners can facilitate this process...Social workers can play a key role in enabling people to identify and develop their strengths and abilities’ (Tew *et al.*, 2012, p. 447).

Mothers and children who have escaped from domestic violence can actively help one another to recover through supportive actions such as encouraging and reassuring each other and building one another’s confidence. This article will explore the vital roles that social workers and other practitioners can play in making this possible, and will suggest that it is helpful for practitioners to build mothers’ and children’s skills in assisting each other to recover. This approach involves practitioners recognising, and helping mothers and children to recognise, mothers’ and children’s strengths and their ability to have positive impacts on those around them.

This article therefore adds to already occurring shifts within domestic violence research. The topic of recovery is now receiving greater (though still limited) attention, challenging the tendency to place most emphasis on the period when the domestic violence occurred (Anderson *et al.*, 2012; Goldblatt *et al.*, 2014). There have been criticisms of approaches that focus on abused mothers’ failures and deficits (Johnson and Sullivan, 2008; Lapierre, 2008; Semaan *et al.*, 2013). Also, some researchers are beginning to move away from seeing children as passive victims, instead recognising children’s agency and some children’s desires to help their abused mothers to find solutions (Mullender *et al.*, 2002; Overlien and Hyden, 2009; Katz, 2015).

The basis of this article is a qualitative study with 15 mothers and 15 children who have past experiences of domestic violence. Within this study, domestic violence was understood to involve an on-going pattern of gendered coercive control (Stark, 2007) that had been ‘interwoven through time and intimate space into [participants’] daily lives’ (Morris, 2009, p. 417). Drawing on the CHIME framework, recovery was conceptualised as involving ‘connectedness, hope and optimism about the future, identity, meaning in life, and empowerment’ (Leamy *et al.*, 2011, p. 448). Recovery processes were explored through analysis of interview data suggesting how participants had felt in relation to the CHIME criteria since separating from perpetrators of domestic violence.

This article explores three key aspects of participants’ recoveries: (1) decreases in abuse, (2) formal supports from social workers and/or other practitioners which assisted recovery and, (3) mothers and children promoting one another’s recoveries within their everyday family lives. To recover, many participants had required supports from practitioners to limit barriers to recovery, particularly on-going post-separation abuse from perpetrators/fathers, and to repair and strengthen their mother-child relationships. Mothers and children also often continued to promote one another’s recoveries into the medium-to-long term using a variety of techniques that will be discussed in this article.

Literature review

There is a small but growing body of social work research that investigates how recovery can occur partly at the social level through a person’s relationships (Schon *et al.*, 2009; Topor *et al.*, 2011; Tew *et al.*, 2012). Tew *et al.* argue that a person’s recovery may benefit if they have ‘personal relationships that provide hope and encouragement’ and entail ‘interactions [that] provide concrete experiences of being able to exert influence’ (2012, pp. 451-2). Families offer a prime, but under-researched site for such relationships. Topor *et al.* note how

‘only a few recent studies examine the family’s contribution to the recovery process’ (2011, p. 91). Similarly, within the field of domestic violence research, knowledge of mothers’ and children’s recoveries after separation from perpetrators/fathers has only gradually been developing (Wuest *et al.*, 2004; Abrahams, 2010; Humphreys *et al.*, 2011; Goldblatt *et al.*, 2014). Work in this area is still limited, and almost no attention has been given to how supportive mother-child relationships may advance mothers’ and children’s recoveries.

One reason for this limited amount of research is the high proportion of studies in the children and domestic violence field that investigate negative impacts. These can include developmental disruption, maladjustment and psychopathology (Holt *et al.*, 2008; Hungerford *et al.*, 2012). Yet not all children are impacted by domestic violence in the same ways. Children’s resilience may be increased if they have strong emotion regulation and pro-social skills and experience effective parenting from their mother. Conversely, factors increasing children’s risk of negative impacts may include poor maternal mental health and exposure to frequent and severe domestic violence (Graham-Bermann *et al.*, 2009; Howell, 2011; Hungerford *et al.*, 2012).

Similarly, research into the lives of domestic violence victims who have separated from perpetrators/fathers often focuses not on recovery but on the difficulties of establishing new lives. Post-separation violence, harassment and stalking by perpetrators/fathers are recognised as serious risks to those attempting to escape domestic violence (Thiara and Gill, 2011; Thiara and Humphreys, 2015). There is also much research into the detrimental impacts of children’s post-separation contact with perpetrators/fathers who continue to behave abusively (e.g. Radford and Hester, 2006; Harrison, 2008; Thiara and Gill, 2011; Bancroft *et al.*, 2012; Thiara and Humphreys, 2015). While these studies are vital, they are not yet accompanied by a substantial body of research that explores whether, over time, these problems may be partly or fully overcome, enabling positive recovery processes to develop.

One consequence of this focus on negative impacts is that it limits recognition of children's and mothers' agency and strengths in domestic violence contexts. Only a minority of studies within the domestic violence field have begun to explore children's agency (Mullender *et al.*, 2002; Overlien and Hyden, 2009; Katz, 2015). There is also relatively little research into mothers' tactics for agentially resisting abuse and protecting their children. However, findings in this area indicate that mothers often act to protect children within the circumstances they face and can gain strength from their mothering role (Haight *et al.*, 2007; Semaan *et al.*, 2013; Buchanan *et al.*, 2015). After separation, recovering mothers may have increased capacities to assist their children to recover (Goldblatt *et al.*, 2014). As their own lives improve, 'they may be better able to consider and respond to their children's psychological needs' (Haight *et al.*, 2007, p. 58). Studies that have explored children's agency suggest that children can employ a number of coping strategies, including supporting their mother and encouraging her to separate from the perpetrator/father. However, such studies have yet to consider how recovering children may use their agency to support mothers' recoveries.

Although there are still relatively few studies into the recoveries of mothers and children, there are promising developments in practice in this area. UK public sector and voluntary organisations such as Women's Aid and the NSPCC have introduced programmes based on an intervention model developed in Ontario, Canada. The aim of these programmes is to help children to recover from experiences of domestic violence. Taking a psycho-educational approach, children work with a group of peers and adult facilitators over approximately 12 weeks to discuss their experiences of domestic violence, find healthy ways of expressing feelings, overcome feelings of self-blame, and develop safety plans. A concurrent group is also held for the children's mothers, to help mothers to support their children's engagement in the programme (Nolas *et al.*, 2012). UK programmes following the

Ontario model include the CEDAR (Children Experiencing Domestic Abuse Recovery) programme in Scotland (Sharp *et al.*, 2011), and, in England, the Community Group Programme (Nolas *et al.*, 2012) and DART (Domestic Abuse: Recovering Together) (McManus *et al.*, 2013).

The study

The study presented in this article was conducted from 2011-12, in the Midlands region of England. Given the sensitivity of the topic, ethical considerations were prioritised throughout the project (Mullender *et al.*, 2002). Approval was granted by the University of XXX Research Ethics Committee. A domestic violence survivors' group was consulted prior to the fieldwork to confirm the appropriateness of the research design.

A qualitative methodology was adopted, with data gathered through one-to-one, semi-structured interviews. Semi-structured interviews enabled data to be gathered on specific research questions, and relevant themes to be introduced that were not present in the topic guide (Esterberg, 2002), while also giving participants 'the opportunity to shape the flow and content of the discussion' (Moe, 2009, p. 247). One-to-one interviews were also seen as an appropriate method for researching with children aged 10 and over (Baker, 2005). Open questions were asked about mother-child relationships and (1) the domestic violence, (2) the process of separating from perpetrators/fathers, (3) experiences of services, and (4) participants' post-separation lives.

Families (mothers and their children) were primarily recruited through voluntary sector organisations that support survivors of domestic violence, such as Women's Aid. Approximately 12 organisations were contacted by the researcher. Some organisations agreed to help the researcher to contact mothers using their service, so that these mothers could be informed about the study and asked if they and their children were interested in participating.

Participants were ultimately recruited from 6 of these organisations. Three families were also recruited through ‘snowball sampling’, where families that had been interviewed put the researcher in contact with further participants. All participants were residing in the community (rather than in refuges) at the time of interview. Recruiting families through organisations was advantageous, enabling access to a hidden and hard-to-reach population. However, only 30 participants from 15 families were interviewed, and it cannot be known whether the results are generalisable to wider populations of domestic violence survivors. Several of the families studied had multiple, complex problems during the domestic violence (e.g. the perpetrator/father abusing the mother and child/ren, mental illness, drug/alcohol misuse, and children with significant behavioural issues) and some of the families had experienced social service interventions.

To participate, children had to be aged 10 or over, and mothers and children needed to have separated from perpetrators/fathers and to be largely living in safety. The researcher established that these criteria were met through conversations with gate-keepers and mothers prior to the signing of consent forms. Interviews were usually conducted in participants’ homes, and, in most cases, mothers and children were interviewed separately (though some elected to have their mother/child with them during their interview). Interviews were digitally voice-recorded, and all participants were thanked via a £10 gift voucher. Participants were given detailed, age-appropriate information about the study, and formally agreed to participate by signing a consent form. Minimising imbalances of power between researcher and participants was attempted throughout the fieldwork, following the recommendations of Eriksson and Nasman (2012). Participants were informed prior to interview that a referral to an appropriate statutory agency would be made if concerns arose about the safety of someone under 18 (Baker, 2005). Fortunately, this situation did not occur during the study. Participants

chose pseudonyms, and care was taken to maintain confidentiality and anonymity (Mullender *et al.*, 2002).

Fifteen mothers and 15 children from 15 families were interviewed, producing 30 interviews in total. However, not all of the mothers and children were paired. In 7 families the mother and 1 child were interviewed, in 4 families the mother and 2 of her children participated and, in 4 families, it was only possible to interview the mother. The 4 mother-only interviews were not purposefully sought out, but were ultimately included in the analysis because they tended to provide data on families in slightly different circumstances, compared to the 11 families where children participated. The children who could not be interviewed seemed to be either too much or too little recovered to wish to participate. The mothers of these children reported that the children now preferred to 'put the past behind them' (Sybil and Lucy), or, conversely, were too angry with their mothers to wish to participate (Charlie and Ria). These mothers' descriptions of the relationships and recoveries in their families therefore added to the theoretical richness of the data. However, care was taken not to assume that the non-participating children would agree with their mothers' accounts.

Except for one older child, the children interviewed were 10-14 years old. The older child was 20-year-old John, who still lived with his mother Eloise, and the themes arising from his interview were similar to those of the younger children. Children aged 15-19 would have been interviewed if possible, but the opportunity did not arise. Six of the children interviewed were male, and 9 were female. Of the 15 mothers, 13 were White British, 1 was Black British, and 1 was British Asian. Of the 15 children, 10 were White British, 2 were Black British, and 3 were British Asian. The perpetrator was the child's or children's father in 12/15 families, and had been the mother's partner in 3/15 families. As 80% of the interviewed families had been separated from the perpetrator/father for 3-10 years at the time of interview, the study was able to explore longer-term patterns of recovery.

Data analysis was conducted using the Framework approach (Ritchie and Spencer, 2002). This involved creating a thematic framework based on the research questions, the topic guide and the emergent issues arising from the interviews. For example, the study's research questions and topic guide focused on mother-child supportiveness. The thematic framework therefore included 'barriers to supportiveness', 'forms of supportiveness' and 'feelings about supportiveness'. This framework was then used to code the data. The next stage involved charting the data and considering 'the range of attitudes and experiences' that participants had expressed about each theme (Ritchie and Spencer, 2002, p. 317). The final stage of analysis involved 'defining concepts, mapping the range and nature of phenomena...finding associations', and considering the potential implications of the findings (Ritchie and Spencer, 2002, p. 321).

Findings

In presenting the study's findings about participants' experiences of recovery after separating from perpetrators/fathers, three aspects of recovery will be considered. These are: (1) creating the conditions required for recovery, (2) strengthening mother-child relationships via formal supports, and (3) mothers and children helping to promote one another's recoveries.

Creating the conditions required for recovery: More safety and less abuse

In the first 1-2 years after separation from perpetrators/fathers, the mothers and children studied faced 3 main barriers to recovery: (1) post-separation violence, stalking, harassment and threats from perpetrators/fathers, (2) contact visits between children and perpetrators/fathers who were still behaving abusively, and (3) mothers and children lacking a place to live where they could feel safe and settled. These issues meant that, rather than diminishing, the negative impacts of the domestic violence continued.

Interviewed mothers discussed how perpetrators/fathers' post-separation violence, harassment and threats had impacted negatively on their physical and mental health and their parenting. Mothers felt that living in an on-going climate of fear inhibited their own recoveries and the recoveries of their relationships with their children. Mothers who had struggled to communicate with their children while in a relationship with perpetrators/fathers experienced little improvement in this situation while post-separation abuse persisted:

It was hard because I felt weak and I was very emotional [due to the perpetrator's threats]...so I still found it hard communicating with my kids and having that family relationship (Kimberley, mother).

Mothers described how contact visits with perpetrators/fathers who emotionally and/or physically abused their children produced behavioural problems in children and exacerbated tensions in mother-child relationships:

[On contact visits] he's still really hurting them emotionally. He told them that if we moved here they'd get shot and stabbed because that's what happens in our area... [After contact visits], they're awful. Their behaviour's really bad, and normally I'm getting verbally attacked by my son who's having a go at me (Marie, mother).

Several perpetrators/fathers used contact visits to claim that their ex-partner and children were to blame for the domestic violence and separation:

We used to go to our dad's every weekend [contact having been court-ordered]. He'd say: 'oh your mum makes me cry; your mum makes me do this stuff'...He blamed her and us for everything (Grace, 14).

Emotional abuse experienced on contact visits with fathers could have negative impacts on children's health and education:

[After a weekend at Dad's] my sister Zoe would be off school most Mondays because she felt so ill. She'd be on the sofa being held by Mum and crying (Grace, 14).

Mothers' and children's accounts suggested that these problems caused confusion, distress and fear, and largely prevented the recoveries of mothers, children and mother-child relationships. These contexts left little scope for the forms of recovery discussed within the CHIME framework, i.e. recoveries that involve positive increases in 'connectedness, hope and optimism about the future, identity, meaning in life, and empowerment' (Leamy *et al.*, 2011, p. 448). Rather, as Thiara and Humphreys (2015) describe, perpetrators/fathers continued to cast a shadow over mothers' and children's lives.

A lessening of these barriers created the basic conditions for recovery. Mothers' interviews suggested that no longer being distressed by post-separation abuse, and starting to discuss the violence with their children, produced improvements in their mother-child relationships, and created the foundations for mothers and children to begin promoting each other's recoveries:

I had to stop him from coming to the house...Since he hasn't been around, it's been better. I sat down with my daughter and said: 'something's happened that was wrong;

what he did was wrong'. She still doesn't say much, but our communication is better than it was before (Kimberley, mother).

Cessation of contact also enabled mothers to begin supporting their children to overcome behavioural impacts from the domestic violence. For example, Bella described how her children's previous behaviours (anger and aggression) had reduced in this context:

It wasn't until things died down with him [he no longer wanted contact] that I was able to sort the kids out. Now he's not in their lives, they're on a more even level behaviour-wise (Bella, mother).

Finally, both mothers and children benefited from having somewhere safe and settled in which to live. This could enable them to begin building wider support networks that further advanced their recoveries:

[My daughter] was 6 when we left and she's 10 now. It's taken four years [to be suitably re-housed]. We [had to stay in a dozen different places]. So life's been up and down...One year ago we moved in here [current, permanent home]...And it's only in these last 5-6 months that [my daughter's] started to venture out and do more things. And I've made a couple of really good friends...and she's become friends with their kids. So it's really only in the last 6 months that we've started to gain some normality, I suppose. God, I never thought about it like that actually (Ellie, mother).

Creating conditions which were conducive to recovery and were not dominated by on-going abuse was therefore often a vital first step in families' recoveries.

Strengthening mother-child relationships through formal supports

Once basic conditions for recovery were established, mothers and children often gained the emotional capacity to begin to alleviate the strains that had built up in their mother-child relationships during the domestic violence (Humphreys *et al.*, 2011). This primarily involved: (a) mothers and children beginning to address feelings and to communicate more openly with each other; (b) children gaining a stronger understanding of what domestic violence and abusive behaviours are and how to recognise them; and (c) mothers feeling more confident as parents. As we will see below, these developments increased mothers' and children's capacities to help each other to recover, and were often achieved through engagement with formal supports.

Families also benefited from supports that helped mothers to rebuild their mental health, which had usually been undermined by years of abuse from perpetrators/fathers and had left mothers with conditions such as depression that still affected them post-separation (see Radford and Hester, 2006). Mental health supports for mothers were helpful for both mothers and children. They enabled mothers to engage in strengthening their mother-child relationships, and to assist their children to recover. For example, one mother, Ellie, described how a reduction in her depression, achieved partly through helpful formal supports, had enabled her and her daughter to begin going out and sharing enjoyable time together for the first time; while another participant, John, reported that his mother's on-going depression was impeding his own recovery.

The families in the study had a variety of sources of support that helped them to progress in their recoveries. Many had engaged with formal supports such as social workers, Ontario-based programmes, Women's Aid outreach workers, refuge workers, counsellors, and 'Triple P' parenting programmes. Others had sought supports exclusively from the

community or family and friends. As discussed below, transformational effects were often produced by these supports, helping mothers and children to recover from the impacts of the violence and move forward positively.

Families particularly benefited from interventions that strengthened children's abilities to manage their emotions constructively. These increased children's sense of connectedness by encouraging them to turn to their mother and other helpful figures in their lives:

I didn't used to talk to Mum that much...That wasn't so good. This woman at the refuge helped me and Mum to talk more. Now, when I get upset, Mum and I sit down and talk about what's happened (Angel, 12).

My kids are doing better at school now...They saw a Women's Aid worker...[She] worked with them on ways of dealing with their emotions...They've really calmed down now. We still argue, but they're like different kids compared to how it was (Bella, mother).

A counsellor gave me these exercises to help me see what Dad was doing [being emotionally abusive], and how people around me were trying to help me. That helped my confidence; it helped me to realise that I could talk to people...I'm a lot closer to my mum now (Grace, 14).

Mothers also spoke about interventions that had helped them to reduce their feelings of guilt about their children's experiences of domestic violence. Reducing guilt had improved

mothers' well-being, and added positivity to their identities. It enabled mothers to help their children's recoveries by answering questions about the past:

[My daughter] and I are far more open with each other, [because of the Ontario-based] course we went to, which was absolutely fantastic...I'm able to be more comfortable now...I do still feel guilty...but nothing in comparison to how it [guilt] crippled me before. So I'm able to answer the painful questions that she puts to me about the past (Ellie, mother).

Conversely, the families in the study who had not received supports in this area were inhibited in their recoveries, and continuing to suffer negative impacts many years after separating from perpetrators/fathers:

I have flashbacks like Post-Traumatic Stress, and I feel so bad that I allowed that man to put our child through what he did...I think if I didn't still have my Depression then [my son] John and I would have moved on a lot further (Eloise, mother).

Overall, it seemed likely that greater support to reduce guilt, and to rebuild mental health, would have advanced recoveries and increased well-being in the families where mothers reported these feelings.

Mothers and children as 'recovery-promoters'

The study's findings suggested that some mothers' and children's techniques, behaviours and everyday interactions with one another were contributing significantly to their recoveries. Mothers and children in this study were particularly able to promote each other's recoveries

when, as discussed above, they were experiencing more safety and less abuse and had engaged with formal supports that had helped them to begin recovering. These mothers and children used an interlinked set of strategies to address emotional/behavioural impacts, and, in-line with the CHIME framework (Leamy *et al.*, 2011), to increase their interconnectedness and to develop more positive identities. These strategies included mood-lifting, the giving of reassurance, and rebuilding confidence. Mothers and children supported each other in ways targeted at repairing the damage of the past. Many mothers and children also discussed ‘being there’ for each other, providing a sense of emotional security and connectivity.

Children and mothers took particular steps to change each other’s emotions and understandings about the past. For example, children often reassured mothers that they were not to blame for the domestic violence and should not feel guilty about it. One interviewed mother, Violet, cried when she described how helpful it had been to hear such reassurances by her children. Mothers also gave these reassurances, acting to comfort and give hope to their children:

A long time ago, I used to think that my parents’ divorce was my fault; my mum told me it wasn’t...Whenever I’m upset, she’ll give me a cuddle and tell me things are going to be alright. It’s helped me get through things (Grace, 14).

Mothers tended to give their children longer-term supports in these areas, while children tended to focus on lifting their mother’s mood in the short-term:

John's very supportive and he's funny; he makes me laugh, and that's a really good quality...Any bad news brings me down; it brings it all back to me...So he'll make me laugh; he'll put a smile back on my face (Eloise, mother).

According to mothers, children also built their confidence by praising their engagement with the outside world, and praising their mothering. For Ellie, her daughter's appreciation was a source of happiness and pride:

Shannon always says she thinks I'm brave...and she's so proud of me for going to court, and she's so proud of me for...my volunteer work, and she obviously thinks I'm a very important person...it's just lovely (Ellie, mother).

Mothers often discussed how they had viewed themselves as 'bad' mothers while living with the domestic violence. By saying that they were 'good' mothers, these children were helping to reverse mothers' negative self-perceptions:

[Smiling] Jack's said lots of helpful things – how wonderful I am, [and] 'you're a great mum'. He didn't say them before. He says he knows how lucky he is (Sybil, mother).

It was notable that the role of 'good mother', a role at which abused women are often judged to have failed, could be a source of strength in women's recoveries.

More generally, children and mothers valued the increased levels of connectedness and the climates of attentiveness that had developed in their families. They particularly valued being able to be openly affectionate towards each other and spend time together:

[Things have improved through Mum and I] spending time together and just doing things together, watching films together and going out (Leah, 11).

I feel like now I can show [my son Jack] how much I love him, and how fun and interesting he is, and take an interest in him, without worrying that his dad will stop me. We play lots of games together now. I've taught myself to play with him (Sybil, mother).

Mothers and children commented on each other's empathic qualities, noting that they were now more attuned to one another's emotional states:

[It's good that now my mum Isobel] can tell how I'm feeling, like what moods I'm in, what school was like, and things like that (Bob, 12).

[Happy tone] Now me and the kids pick up if anybody's upset or anything, and ask them if they're okay and stuff, and they'll say: 'are you alright Mum?' (Isobel, mother).

'Being there' was discussed by mothers and children as part of the general supportiveness that they had developed in their everyday lives:

[We support each other through] cuddles, cups of tea and chocolate. We'll put a film on and just snuggle up together. We just know we're going to be there for each other, and we do help each other. We know we love each other (Lauren, mother).

These simple, everyday behaviours appeared to produce a mutual feeling of being loved, liked and cared for that promoted mothers' and children's well-being. Children often described feeling strongly supported by their mothers, who they described as loving, caring and helpful:

[Mum] always takes care of me, and whenever I want to talk to her she's there for me, and she's a wonderful person (Angel, 12).

[Mum's] always there, and she's kind, and she helps (Jane, 11).

The importance of formal supports that enable mothers and children to act as recovery-promoters

It was frequently (though not always) necessary for mothers and children to receive professional supports in order to play these positive roles in one another's lives. These supports helped them to: (a) create the conditions necessary for recovery (e.g. more safety and less abuse), and (b) begin to recover as individuals and repair and strengthen their mother-child relationships. Professional supports in these areas increased mothers' and children's capacities to help each other to recover. As we have seen, these supports could be provided by a number of different practitioners and services, from social workers to Ontario-based programmes.

Four families in the study had required but not received effective supports in these areas. The accounts of these children and mothers suggested that their relationships had not recovered from the strains caused by the domestic violence, and were still strained several years after separation from perpetrators/fathers:

We just have problems talking to each other. It's always, like, shouting at each other (Charlie, mother).

Me and [my daughter] have got this relationship where – and she even says it herself – she says: ‘you can't be nice for just one second’, or: ‘you can't just be not stressed for one second’...and I hate myself because we just can't get on (Ria, mother).

[Things between Mum and me are] not that good (Elle, 14).

These mothers and children had unrealised potential to act as recovery-promoters for one another, but appeared to require further formal supports to rebuild and strengthen their relationship to make this possible.

Additionally, in 3 families, mothers had not received sufficient professional supports to rebuild their mental health. The mothers and children in these families discussed using a number of the strategies outlined above (such as mood-lifting and confidence-building) to promote each other's recoveries. Yet their strategies, though still helpful and valued, did not address the scale of one another's needs. For example, as we have seen, John could lift his mother Eloise's mood in the short-term by making her laugh, but Eloise was still experiencing depression and Eloise and John believed that this was limiting both of their recoveries. For families in these circumstances, further formal supports also seemed necessary to produce sustained progress in children's and mothers' recoveries.

Discussion

By highlighting the important roles that mothers and children can play in promoting each other's recoveries, this article extends current knowledge about the strengths, abilities and agency of mothers and children who have experienced domestic violence. It suggests how informal social supports (in this case mother-child supports) can assist recovery, as conceptualised by the CHIME framework, by creating greater 'connectedness, hope and optimism about the future, identity, meaning in life, and empowerment' (Leamy *et al.*, 2011, p. 448). This article has also explored the importance of addressing the barriers that often prevent mothers and children from strengthening their relationships with each other after separating from perpetrators of domestic violence, and the professional interventions that may help to overcome such barriers.

However, this research is, in some ways, limited. The sample size of 30 participants is small, though comparable with many other qualitative studies in this field. The research also under-represents certain groups, including ethnic minority families and families living in rural areas. Further research would be helpful in establishing whether the findings of this study are applicable to other populations of domestic violence survivors. In a small number of cases, it was only possible to interview mothers, or mothers and children requested joint rather than separate interviews. When children's views were absent, we cannot assume that they would agree with their mothers' accounts; and, when joint interviews occurred, this may have constrained participants' discussions of negative aspects of their mother-child relationships. Conversely, some of the strengths of the study include its sampling of mothers and children residing in the community, most of whom had never accessed refuges, and its interviews with children attending UK primary and secondary schools (i.e. children aged younger and older than 11).

Despite the sample's limitations, there are practice implications arising from this research that merit consideration. The findings suggest firstly that, in policy and practice, emphasis should be placed on preventing barriers/inhibitors to recovery and creating conditions that are conducive to recovery from domestic violence (i.e. less abuse and more safety). Participants' statements indicated that social workers and other practitioners had been helpful at the early stages of mothers' and children's recoveries when they had assisted them to: (a) identify the barriers to recovery that they were experiencing; (b) recognise the harms caused by these barriers; (c) set the goal of reducing these barriers; and (d) take practical steps to overcome these barriers (e.g. by practitioners advocating for mothers and children in court procedures or helping them to secure safe housing). It may be particularly important for practitioners to advocate for the needs and wishes of children as well as mothers, especially when children are distressed by contact with perpetrators/fathers who are still behaving abusively.

As discussed above, many participants also reported valuing the supports that they had received from practitioners to begin recovering as individuals and strengthening their mother-child relationships. Depending on their role, practitioners may engage in this work themselves (e.g. by providing mental health supports to mothers, or by helping children to gain healthy understandings of domestic violence), or they may refer families to a specialist service such as an Ontario-based programme. Supports appeared to be most beneficial when they were sensitively timed in relation to mothers' and children's circumstances and emotional states (see the concept of 'readiness to change' discussed by Humphreys *et al.*, 2011). For example, mothers still experiencing major barriers to recovery could benefit from mental health supports. However, mothers were not usually ready to begin repairing their mother-child relationships until these barriers had lessened. As one participant, Kimberley,

discussed (see above), it was only after the cessation of post-separation harassment from the perpetrator that she could begin communicating with her daughter about the violence.

It was also notable that mothers who were in poor mental health and had attended an Ontario-based programme appeared to have gained fewer benefits from the programme than other mothers in the study. Illustratively, one mother, Akeela, explained that she was feeling too emotionally overwhelmed to cope with hearing other women's stories of abuse. This suggests that it may be beneficial for Ontario-based programmes to work with mental health services with the aim of improving mothers' mental health prior to the programme to increase their readiness to participate.

The findings of this study also suggest that, further into recovery, as mother-child relationships grow stronger and individual recoveries become established, social workers and other practitioners could help mothers and children to use the strategies discussed above to promote each other's recoveries. For instance, practitioners can encourage and support mothers and children to identify techniques for increasing each other's confidence as part of their everyday lives. They can also praise the techniques that mothers and children go on to use, or were already using pre-intervention, providing acknowledgment of mothers' and children's skills and strengths.

This is a positive and innovative approach because it is based on the recognition and development of mothers' and children's actual or potential capacities. As Tew *et al.* suggest (in relation to recovery in general), this approach would 'situate [the mother or child] as someone with abilities', and support domestic violence survivors to 'rediscover [their] personal agency and efficacy' (2012, p. 452). Such practice may help to empower mothers and children, increasing the positive elements of their identity and raising their confidence and self-esteem as they work to overcome their past experiences of domestic violence.

Conclusion

This article has provided a detailed exploration of how mothers and children can recover from domestic violence, developing new, supportive family lives and relationships that increase their well-being. It has highlighted the roles that mothers and children can play in promoting each other's recoveries from domestic violence – roles that have received very little recognition in domestic violence research to-date. The strategies used by mothers and children revealed their strengths, abilities and agency.

The findings presented in this article have suggested how social workers and other practitioners can support mothers and children in the recovery process. An approach has been advocated that involves practitioners not only (a) helping mothers and children to begin recovering, but also (b) recognising and building mothers' and children's own capacities to promote each other's recoveries, alongside and after formal interventions. This approach acknowledges children's and mothers' agency, and shows the important roles that strong and supportive mother-child relationships can play in domestic violence recovery.

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