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From Crisis to Sustainable Recovery: Operationalising the Trauma-Informed Behavioural Recovery (TIBR) Framework Through a Community-Based Recovery Programme for Women Following Domestic Abuse

Jessica Gallagher[1], Dr. Marie Hainsworth[2], Mindy Solomon[3]

[1]Behaviour Analyst, Global Centre for Advanced Studies, Ireland

[2]Freelance Consultant, The Uplift Project, Ireland

[3]Licensed Clinical Social Worker, United States

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ABSTRACT

Domestic and gender-based violence is associated with enduring consequences for psychological wellbeing, physical health, social functioning, identity, parenting and community participation. Although considerable progress has been made in crisis intervention, safeguarding and immediate safety, comparatively less attention has been given to the behavioural, relational and environmental processes through which women reconstruct their lives following abusive relationships. This paper introduces the Trauma-Informed Behavioural Recovery (TIBR) framework, an interdisciplinary approach integrating behavioural science, trauma-responsive practice, lived experience, community psychology and holistic wellbeing to conceptualise recovery as an ongoing process of rebuilding behavioural repertoires, agency, social connectedness and meaningful participation.

The framework is operationalised through Behavioural Recovery Architecture (BRA), defined as the intentional design of behavioural, relational and community environments that increase opportunities for sustainable recovery. The approach is illustrated through The Uplift Project, a community-based recovery programme incorporating therapeutic, educational, creative, physical activity, peer-support and individualised opportunities alongside trauma-responsive practice.

Preliminary participant-reported data from 12 programme participants provide early descriptive evidence consistent with key propositions of the TIBR and BRA frameworks. Participants reported a mean perceived wellbeing impact of 4.75/5. Eleven participants (91.67%) reported feeling heard and respected, nine (75%) reported having a social network, and nine (75%) reported hope for the future. Five participants (41.67%) reported greater ability to voice their opinions or perspectives, while four (33.33%) reported increased confidence in decision-making. Among nine participants who responded to the parenting item, six (66.67%) reported that their home felt calmer. Qualitative responses further described experiences of increased hope, confidence, connection, identity, support and future orientation, while also identifying environmental and implementation barriers where programme opportunities were constrained.

These findings should be interpreted as exploratory and non-causal, given the small, self-selected sample, reliance on self-report and absence of a comparison or longitudinal design. Nevertheless, they provide preliminary support for evaluating domestic abuse recovery through behavioural, relational and environmental outcomes rather than service delivery or symptom reduction alone. The paper argues that sustainable recovery requires a shift from delivering isolated interventions towards intentionally designing environments that create repeated opportunities for safety, autonomy, connection, mastery, reinforcement and valued participation. BRA therefore offers a practice and commissioning framework for developing recovery services capable of supporting individual, familial and potentially intergenerational change.

Keywords: Domestic abuse; trauma-informed care; trauma-responsive practice; behavioural science; sustainable recovery; coercive control; Behavioural Recovery Architecture; behavioural activation; community

intervention; parenting; social connectedness; lived experience; intergenerational recovery, domestic abuse recovery evaluation and impact measurement

INTRODUCTION

Domestic and gender-based violence is a major public health, human rights and social justice concern, with consequences that can extend well beyond the immediate period of abuse. In addition to the risks of physical injury and homicide, domestic abuse is associated with enduring effects on psychological wellbeing, physical health, social functioning and community participation (World Health Organization [WHO], 2021; Devries et al., 2013). . Women who experience prolonged coercive control are at substantially increased risk of depression, anxiety, post-traumatic stress disorder (PTSD), substance misuse, chronic physical illness and social isolation, with these effects frequently persisting long after the abusive relationship has ended (Lohmann et al, 2023). Children who experience or witness domestic abuse similarly face increased risks of emotional, behavioural, cognitive and developmental difficulties, with adverse childhood experiences contributing to poorer health and wellbeing across the life course (Felitti et al., 1998; Hughes et al., 2017).

Considerable progress has been made in the prevention of harm and in responses to domestic abuse. Across many jurisdictions, policy and practice have increasingly prioritised crisis intervention, emergency accommodation, safeguarding, advocacy, legal protection and

multi-agency risk management. These developments remain essential to protecting women and children and creating the conditions in which recovery can begin (WHO, 2021; Herman, 1992). . However, achieving immediate safety does not necessarily mark the end of the consequences of abuse, nor does leaving an abusive relationship automatically restore confidence, identity, social connectedness, autonomy or participation in everyday life. For many women, the period following separation may involve negotiating the continuing effects of trauma and coercive control while simultaneously attempting to reconstruct relationships, routines, parenting practices, identity and community participation.

This creates an important distinction between crisis resolution and sustainable recovery. Although recovery is increasingly recognised as a longer-term process following domestic abuse (Sinko & Dubois, 2024), comparatively less attention has been directed towards the mechanisms through which sustainable recovery occurs or how services can intentionally create environments that facilitate it. Existing services and evaluation frameworks frequently emphasise service delivery, programme completion, referrals, risk management or symptom reduction. While these measures are important, they provide a limited account of whether women are subsequently able to develop greater autonomy, confidence, social connectedness, behavioural flexibility, meaningful participation and family functioning over time (Sinko & Arnault, 2020). A central challenge, therefore, is to move beyond asking what services are delivered towards asking what environments enable women to rebuild their lives.

This distinction is particularly relevant from a behavioural science perspective. Human behaviour develops and changes through ongoing interactions between individuals and their environments, including reinforcement, antecedent conditions, motivating operations and opportunities for valued action (Skinner, 1953; Biglan, 2015). Prolonged exposure to coercive control can alter the environmental contingencies within which behaviour occurs, restricting autonomy, reducing opportunities for positive reinforcement, disrupting social relationships and strengthening behavioural repertoires oriented towards survival, avoidance and immediate safety. Behaviours such as hypervigilance, emotional suppression, withdrawal, reduced help-seeking and avoidance may therefore be understood not simply as individual deficits, but as potentially adaptive responses to environments characterised by fear, unpredictability and control. When those environmental conditions change, recovery may require opportunities to develop, practise and reinforce alternative behavioural repertoires.

Trauma-informed practice provides a complementary perspective. Trauma-informed approaches emphasise

environments characterised by safety, trustworthiness, collaboration, empowerment, peer support and meaningful choice (SAMHSA, 2014). These principles are highly relevant to domestic abuse recovery, where

experiences of coercion and control may have substantially restricted personal agency and choice. However, although trauma-informed principles are widely incorporated into health and social care, their integration with behavioural science remains comparatively underdeveloped. In particular, greater attention is needed to the behavioural mechanisms through which trauma-responsive environments may create opportunities for sustained change. Community psychology further demonstrates the importance of belonging, participation, empowerment and supportive social environments in promoting wellbeing (Prilleltensky, 2001; Nelson & Prilleltensky, 2010). Taken together, these perspectives suggest that recovery cannot be adequately understood as either an exclusively psychological or an exclusively social process. It is behavioural, relational and ecological, emerging through interactions between individuals, families, communities and the environments in which recovery takes place.

The present paper introduces Trauma-Informed Behavioural Recovery (TIBR) as an interdisciplinary framework for understanding and facilitating sustainable recovery following domestic abuse. Building on previous conceptual work introducing the TIBR model (Gallagher, 2026), the framework integrates behavioural science, trauma-responsive practice, lived experience, community psychology and holistic wellbeing. TIBR conceptualises recovery as a process through which individuals have opportunities to reconstruct behavioural repertoires, develop agency, establish supportive relationships and participate meaningfully in family and community life. This represents a shift away from defining recovery primarily through crisis resolution or symptom reduction towards understanding the environmental and behavioural conditions that make sustained recovery possible.

To operationalise this framework, the paper introduces Behavioural Recovery Architecture (BRA). BRA refers to the intentional design of behavioural, relational and community environments that increase opportunities for sustainable recovery. Rather than treating recovery programmes as collections of discrete interventions, BRA proposes that the organisation of the recovery environment is itself an important mechanism of change. Therapeutic support, education, creative activity, physical activity, peer relationships, individualised support and community participation can therefore be understood not only as services or activities, but as opportunities through which women may practise and reinforce safety, autonomy, mastery, connection, confidence and valued participation.

The framework is illustrated through The Uplift Project, a community-based recovery programme developed in response to the lived experiences of women affected by domestic abuse and associated psychological, behavioural and social difficulties. The programme integrates therapeutic, educational, creative, physical activity, peer-support and individualised opportunities within a trauma-responsive environment. The paper examines how these components can be organised as a recovery ecology rather than as isolated interventions, with particular attention to behavioural opportunity, choice, reinforcement, social connection and participation.

A further proposition of TIBR is that recovery is fundamentally relational and ecological. Changes in women's confidence, emotional regulation, agency and social connectedness may influence parenting, family relationships and the environments experienced by children.

Conversely, opportunities for children and families to participate in supportive, trauma-responsive activities may contribute to wider family recovery. Recovery is therefore conceptualised not solely as an individual outcome, but as a dynamic process capable of extending across individual, familial and community contexts.

Alongside its conceptual contribution, the paper presents preliminary participant-reported findings from The Uplift Project to examine whether participants' experiences are consistent with key propositions of the TIBR and BRA frameworks. The evaluation considers perceived wellbeing, psychological safety, social connectedness, hope, agency, decision-making, peer participation and family-related outcomes, alongside qualitative accounts of participants' experiences. Given the small, self-selected sample and exploratory design, these findings are not intended to establish causal programme effectiveness. Rather, they provide an initial empirical examination of whether behavioural, relational and environmental outcomes can be meaningfully incorporated into the evaluation of long-term domestic abuse recovery.

The paper therefore seeks to contribute at three levels. First, it develops TIBR as an interdisciplinary framework for understanding sustainable recovery following domestic abuse. Second, it introduces Behavioural Recovery Architecture as an approach to designing recovery environments around behavioural opportunity rather than service delivery alone. Third, it provides preliminary participant-reported evidence illustrating how these principles may be experienced within a community-based recovery programme. Together, these contributions support a shift from a predominantly crisis-oriented model of domestic abuse response towards an approach that intentionally creates the behavioural, relational and environmental conditions required for sustainable recovery.

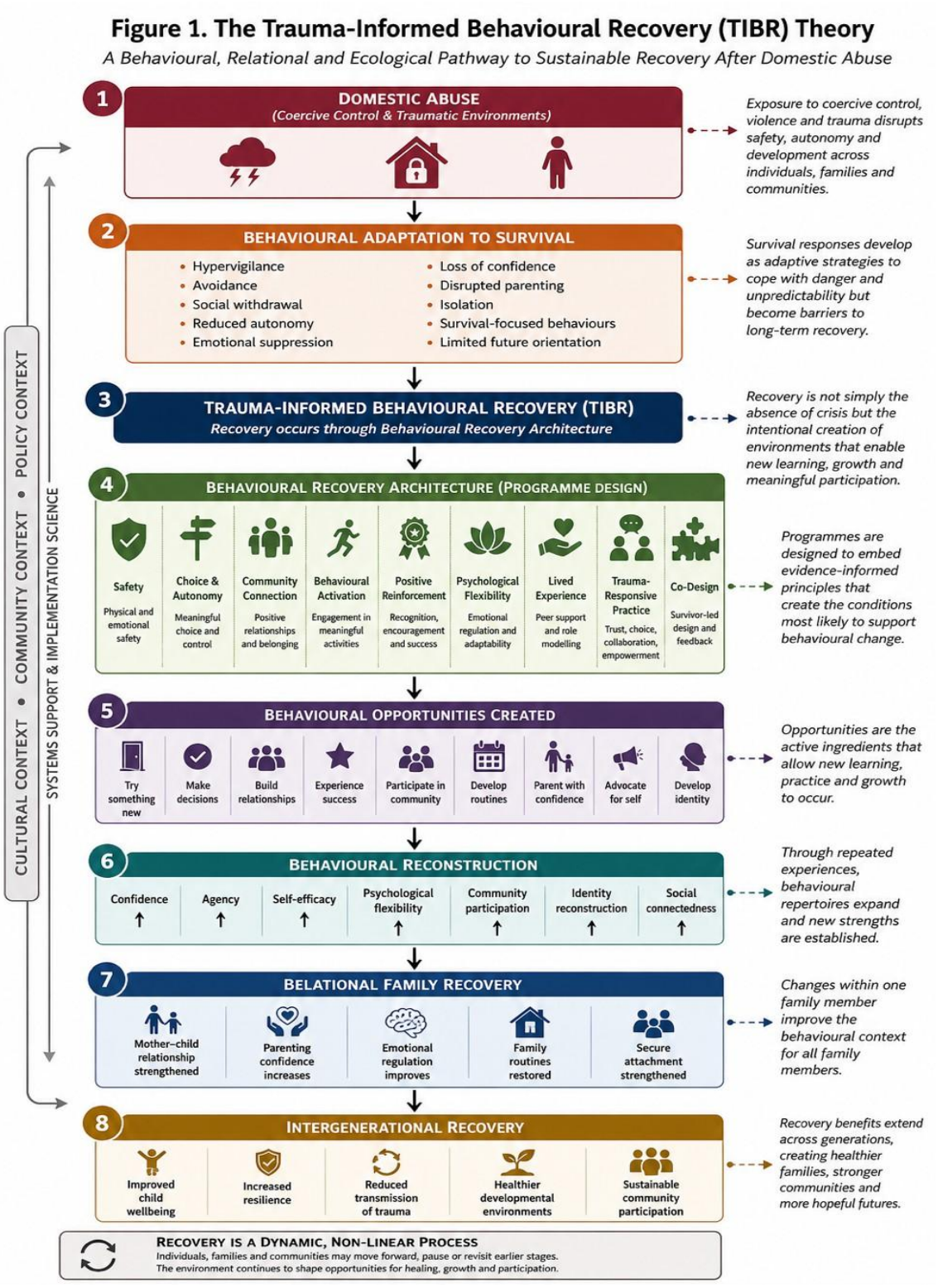

Figure 1: The Trauma Informed Behavioural Recovery (TIBR) Theory

Theoretical Foundations: Why Recovery Requires a New Paradigm

From Crisis Intervention to Sustainable Recovery

The domestic abuse sector has undergone significant transformation over recent decades. Increased public awareness, legislative reform and investment in specialist services have contributed to substantial improvements in the identification of domestic abuse, risk assessment, safeguarding and crisis intervention. These developments have undoubtedly prevented harm, increased survivor safety and strengthened multi-agency responses (World Health Organization [WHO], 2021; Council of Europe, 2011). The importance of these advances cannot be overstated. For many women and children, effective crisis intervention represents the difference between continued abuse and the opportunity to begin rebuilding their lives.

However, reaching immediate safety does not necessarily constitute recovery. Research has increasingly recognised that recovery from domestic abuse is neither immediate nor synonymous with leaving an abusive relationship (Anderson & Saunders, 2003; Warshaw et al., 2009).

Survivors may continue to experience trauma-related symptoms, diminished self-confidence, disrupted identity, economic insecurity, social isolation, parenting difficulties and ongoing fear associated with coercive control for months or years following separation (Herman, 1992; Stark, 2007).

These consequences are important not only because of their psychological impact, but because they can affect how individuals engage with everyday environments. Behavioural repertoires developed within conditions of fear, unpredictability and control may remain relevant after the immediate threat has changed. Consequently, the transition from an abusive environment to a safe environment does not automatically result in the development of behaviours required for sustainable participation in everyday life.

Importantly, these difficulties should not be viewed simply as individual symptoms requiring individual treatment. They represent adaptive responses to prolonged environments characterised by fear, unpredictability and control. Behavioural science has long demonstrated that human behaviour develops in response to environmental contingencies (Skinner, 1953). Within coercive relationships, women often learn behaviours that maximise immediate safety, including avoidance, hypervigilance, emotional suppression, reduced help-seeking and withdrawal from social relationships. These responses are highly adaptive for survival within abusive environments but may become barriers to recovery once those environments have changed.

Recovery therefore requires consideration of what happens after immediate safety has been established. Rebuilding confidence, developing trusting relationships, establishing routines, engaging with education or employment, participating in community activities, advocating for oneself and parenting with confidence are all forms of behaviour that may require opportunities for development, practice and reinforcement.

Despite this, many domestic abuse services remain necessarily organised around the demands of crisis response. Funding structures, commissioning arrangements and performance indicators frequently prioritise measurable outputs such as referrals, risk assessments, crisis interventions, safety plans and case closures (Sullivan, 2018). These measures are essential for ensuring immediate safety and accountability. However, they provide comparatively limited insight into whether women subsequently develop greater autonomy, confidence, social participation or psychological wellbeing over time. In many respects, service systems continue to define success by what organisations deliver rather than by what survivors are ultimately able to achieve.

This distinction exposes a limitation in approaches that define recovery primarily through the completion of services or reduction of symptoms. Measures such as referrals, risk assessments, safety plans, crisis interventions and case closures are essential indicators of service activity and immediate safeguarding, but provide less information about whether women subsequently experience increased autonomy, confidence, social participation, wellbeing or family functioning (Sullivan, 2018). A recovery-centred approach therefore requires a complementary question:

What are women able to do, experience and participate in as a consequence of the recovery environment?

This represents a shift from measuring primarily what services deliver towards examining what recovery environments make possible.

The lived experiences informing the development of The Uplift Project reflected these wider observations. Women consistently described appreciating the dedication of professionals while simultaneously expressing a desire for services that focused less on organisational processes and more on their long-term recovery. One recurring sentiment was particularly striking:

"I felt like another box to tick."

This statement does not represent a criticism of practitioners, nor of crisis intervention itself. Rather, it reflects a broader systemic challenge. Service systems are often designed around organisational efficiency, professional responsibilities and funding accountability. Organisations also often progress their clients along a linear trajectory through the service – leave the partner, obtain legal protection, move housing, leave the abusive relationship behind. Failure to adhere to this trajectory is seen as a client fault not an organizational one and the case is closed. Survivors, however, experience recovery in a more inter-relational process through personal and group relationships, community participation, opportunities for growth and the gradual restoration of agency. Safety planning and risk assessment often continues to be an issue and needs to be integrated throughout recovery as perpetrators do not stop abusing just because the victim leaves. The question therefore becomes not simply how services can support recovery, but how recovery itself should shape the design of services.

This paper argues that addressing this challenge requires a shift from intervention-centred thinking towards recovery-centred design. Instead of asking how women can engage with existing programmes, we propose asking how programmes can be intentionally designed around the behavioural, relational and environmental conditions known to facilitate sustainable recovery. This represents a movement beyond viewing recovery as a collection of services towards understanding recovery as the outcome of deliberately constructed behavioural ecosystems that increase opportunities for safety, autonomy, mastery, social connection and valued participation.

It is within this context that the Trauma-Informed Behavioural Recovery (TIBR) approach is proposed. Rather than introducing another intervention, TIBR offers a conceptual framework through which recovery can be understood as a process of behavioural adaptation occurring within supportive social environments. The following section explores the theoretical foundations underpinning this perspective by integrating behavioural science, trauma-informed practice, community psychology and ecological approaches to human behaviour.

Recovery as Behavioural Reconstruction

The long-term consequences of domestic abuse are commonly described through psychological constructs including trauma, depression, anxiety and post-traumatic stress disorder (PTSD).

While these conceptualisations have substantially advanced understanding of survivors' experiences, they do not fully explain how recovery is enacted in everyday life.

Recovery is ultimately expressed through behaviour. Returning to education, reconnecting with family, forming trusting relationships, engaging in community activities, advocating for oneself, establishing routines and participating in meaningful occupations are observable changes that develop over time rather than discrete therapeutic outcomes.

From a behavioural science perspective, behaviour develops through continuous interactions between individuals and their environments (Skinner, 1953; Biglan, 2015). Prolonged coercive control can therefore be understood as an environment in which particular behavioural patterns become functional for survival.

Avoidance, hypervigilance, emotional suppression, reduced help-seeking and social withdrawal may reduce immediate risk or conflict and can consequently become established behavioural responses (Stark, 2007).

These responses should not be interpreted simply as individual deficits. Behaviour that appears maladaptive outside the context of abuse may have been highly adaptive within an environment characterised by coercion, threat and unpredictability. The challenge following separation is therefore not simply to eliminate these behaviours, but to create conditions in which alternative behavioural repertoires can develop and become reinforced.

This reframes recovery from a process of symptom reduction alone towards one of behavioural reconstruction.

The central question consequently becomes not only:

"How can trauma-related distress be reduced?"

To leading towards asking:

"What environmental conditions increase opportunities for adaptive behaviour to develop, generalise and be maintained?"

This distinction is particularly important because behavioural change is inherently contextual. Confidence, from this perspective, is not simply an internal characteristic. It can develop through repeated experiences of successful action . Social participation increases when environments reduce barriers to engagement while providing meaningful reinforcement. Agency can develop when individuals experience genuine opportunities to make choices and observe the consequences of those choices. Consequently, recovery environments themselves become active components of intervention rather than passive settings in which intervention occurs.

Behaviour Occurs Within Ecological Systems

Behavioural science has increasingly recognised that behaviour cannot be understood independently of the environments in which it occurs (Biglan, 2015). Similarly, ecological theories of human development emphasise that wellbeing emerges through dynamic interactions across multiple interconnected systems, including families, peer networks, communities, organisations and broader social structures (Bronfenbrenner, 1979).

Domestic abuse fundamentally disrupts each of these ecological systems. Relationships become characterised by coercion rather than mutuality. Community participation frequently decreases through isolation imposed by abusive partners. Employment, education and social networks may be restricted or lost. Parenting relationships become shaped by fear, stress and reduced emotional availability. Decision making becomes influenced by constant undermining and gaslighting, distorting the potential options for help and support. Consequently, recovery involves not simply individual healing but the gradual reconstruction of relationships between individuals and their wider environments.

Community psychology provides an important complementary perspective. Psychological wellbeing is influenced by opportunities for belonging, participation, empowerment and collective efficacy (Prilleltensky, 2001; Nelson & Prilleltensky, 2010). These principles converge with behavioural science in recognising that behaviour is influenced by environmental opportunities and consequences.

From this perspective, recovery services should not simply provide therapeutic interventions. They should intentionally create environments in which women can experience:

- belonging;
- meaningful participation;

- contribution;
- mastery;
- positive social reinforcement;
- autonomy; and
- opportunities to practise new behaviours.

This ecological perspective also extends beyond individual women. Changes in one family member influence the behavioural environment experienced by others. As mothers become more confident, socially connected and emotionally available, children experience different patterns of interaction, opportunities for healthy connection, communication and reinforcement. Recovery can therefore operate across interconnected levels: individual, relational, familial and community.

Integrating Trauma-Informed Practice with Behavioural Science

Trauma-informed practice has become a central organising principle across health and social care, emphasising safety, trustworthiness, peer support, collaboration, empowerment and choice (SAMHSA, 2014). These principles provide an essential ethical and relational framework for supporting survivors of domestic abuse. However, trauma-informed approaches have often been more successful at articulating what supportive environments should look like than at specifying the behavioural mechanisms through which those environments may facilitate sustained change. Behavioural science provides a complementary explanatory framework.

An environment characterised by safety reduces avoidance and defensive responding, increasing opportunities for exploration and learning. Genuine choice functions as a powerful antecedent for autonomous behaviour. Opportunities for mastery and positive reinforcement strengthen confidence through repeated successful experiences rather than verbal reassurance alone.

Supportive peer relationships provide observational learning, modelling and social reinforcement that increase engagement while reducing isolation (Bandura, 1977). From this perspective, trauma-informed principles can be understood not only as ethical values but also as environmental conditions that alter behavioural contingencies in ways that promote adaptive functioning.

The integration of these perspectives therefore allows trauma-informed principles to be considered not only as ethical and relational commitments, but also as environmental conditions capable of altering behavioural contingencies.

This does not suggest that behavioural science replaces trauma-informed practice. Rather, the two perspectives address complementary questions:

Trauma-informed practice asks:

What conditions are necessary for people who have experienced trauma to feel safe, respected and empowered?

Behavioural science asks:

How do those conditions influence behaviour, learning, reinforcement and participation?

TIBR brings these questions together.

The Trauma Informed Behavioural Recovery Framework

Taken together, behavioural science, ecological theory, community psychology and trauma-informed practice converge upon a common principle: sustainable recovery emerges through repeated interactions between individuals and supportive environments. Recovery is neither an isolated psychological event nor the outcome of a single intervention. Instead, it is an ongoing process through which individuals develop new patterns of behaviour, strengthen relationships, rebuild identities and reconnect with meaningful participation in community life.

This interdisciplinary synthesis forms the theoretical foundation of the Trauma-Informed Behavioural Recovery (TIBR) approach. TIBR conceptualises recovery as an emergent process influenced by the interaction between behavioural opportunities, reinforcing experiences, autonomy and choice, social connection, psychological safety, recovery barriers, environmental constraints and time.

The framework is represented conceptually as:

$$SR = f\,[(BO \times RE \times A \times SC \times PS) - (RB + EC)]^{t}$$

Where:

- SR = Sustainable Recovery
- BO = Behavioural Opportunities
- RE = Reinforcing Experiences
- A = Autonomy and Choice
- SC = Social Connection and Community Participation
- PS = Psychological Safety
- RB = Recovery Barriers
- EC = Environmental Constraints
- t = Time

The equation is conceptual rather than mathematical. Its purpose is to represent the proposed interdependence of the components rather than to imply that recovery can currently be calculated through a quantitative formula.

The multiplicative representation of the recovery facilitators reflects the proposition that these factors operate synergistically. Behavioural opportunities may have limited effect where psychological safety is absent, while supportive relationships may have limited impact where opportunities for participation and successful action are unavailable. Similarly, autonomy cannot be meaningfully exercised where choices are constrained by ongoing coercion or structural barriers.

The model therefore proposes that sustainable recovery emerges through the interaction of multiple environmental conditions rather than through any single intervention.

Recovery barriers and environmental constraints are incorporated to recognise that recovery takes place within broader social and structural contexts. Housing instability, financial insecurity, legal proceedings, childcare difficulties, transport limitations, rural isolation, social stigma, limited service availability and continuing coercive control may all reduce opportunities for behavioural change.

Time is also central to the model. Enduring behavioural change generally requires repeated opportunities for reinforcement, generalisation and maintenance rather than isolated experiences (Skinner, 1953; Stokes & Baer,

1977). Similarly, trauma recovery is increasingly understood as a gradual and non-linear process requiring sustained opportunities for safety, connection and meaningful participation (Herman, 1992; SAMHSA, 2014).

Within TIBR, time therefore represents the cumulative effect of repeated interactions with recovery-supportive environments, while recognising that the influence of barriers and constraints may change across different stages of recovery.

Importantly, TIBR does not conceptualise recovery as something that is simply delivered to survivors. Rather, recovery is proposed to emerge when survivors repeatedly interact with environments that support autonomy, safety, connection, mastery and meaningful participation.

This provides the theoretical foundation for the next stage of the paper: Behavioural Recovery Architecture (BRA), which translates these principles into an approach for designing and organising recovery programmes.

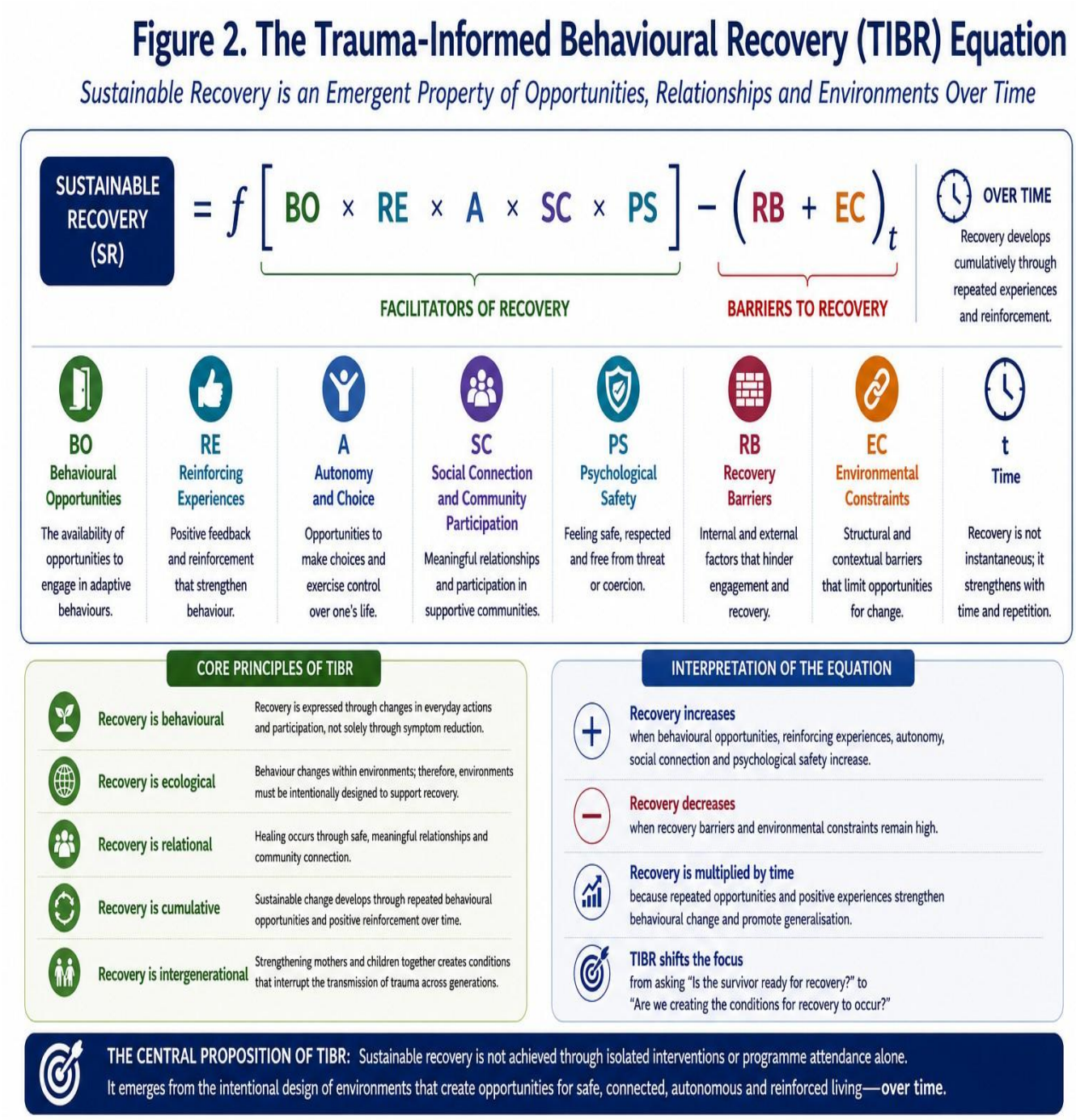

Figure 2: The Trauma- Informed Behavioural Recovery (TIBR) Equation

Behavioural Recovery Architecture: Designing Environments for Sustainable Recovery

From Delivering Services to Designing Recovery

Traditional approaches to domestic abuse recovery have largely focused on what services are delivered. Counselling, advocacy, legal advice, support groups, education, physical activity programmes and creative interventions are typically evaluated as discrete components of care. While each may demonstrate individual benefit, considerably less attention has been paid to the behavioural mechanisms through which these interventions influence long-term recovery or the environmental conditions required for these mechanisms to operate effectively.

Behavioural Recovery Architecture (BRA) proposes a different starting point. Rather than asking only:

What service or activity are we providing?

BRA asks:

What behavioural opportunity does this activity create, and how does that opportunity contribute to sustainable recovery?

This represents a shift from programme content to programme function.

An activity such as a group session may create opportunities for social connection. A creative activity may provide opportunities for mastery, self-expression and positive reinforcement.

Physical activity may create opportunities for routine, achievement and social participation.

One-to-one support may create opportunities for choice, advocacy and individualized goal-setting. Education may create opportunities for competence, future orientation and renewed participation.

The activity itself is therefore not necessarily the mechanism of recovery. Its potential value lies partly in the behavioural opportunities it creates and the environmental contingencies surrounding those opportunities.

BRA consequently conceptualises a recovery programme not as a collection of unrelated interventions, but as an intentionally designed environment in which multiple opportunities for behavioural change can occur repeatedly over time.

Defining Behavioural Recovery Architecture

Behavioural Recovery Architecture is defined as:

The intentional design of behavioural, relational and community environments that systematically increase opportunities for safety, autonomy, connection, mastery and valued participation, thereby facilitating sustainable recovery following trauma and domestic abuse.

BRA is proposed as a middle-range theory of programme design. It does not seek to replace established theories of trauma, behaviour change, recovery or ecological development. Instead, it provides a bridge between these theoretical perspectives and the practical design of recovery environments. The central proposition is that the architecture of a programme matters.

Two programmes may offer superficially similar activities while producing very different opportunities for recovery depending on how those activities are organised. A programme may offer group activities but provide little genuine choice. It may provide therapeutic support while maintaining rigid participation requirements. It may offer social activities without creating psychologically safe conditions for meaningful connection. Conversely, a programme can intentionally organise diverse activities around choice, safety, relationship,

mastery and participation. BRA therefore shifts the unit of analysis from the activity to the opportunity created by the activity.

This distinction is particularly important in domestic abuse recovery because the behavioural consequences of coercive control may include reduced confidence in decision-making, social withdrawal, avoidance, uncertainty and diminished expectations of personal agency. Recovery environments must consequently provide opportunities to practise behaviours that were restricted, discouraged or made unsafe within the abusive relationship.

Behavioural Opportunity as the Unit of Recovery Design

The concept of behavioural opportunity (BO) is central to BRA. A behavioural opportunity exists when an environment makes a particular behaviour possible, accessible and sufficiently safe for the individual to attempt. Opportunity does not guarantee that behaviour will occur.

Rather, it creates the conditions under which behaviour can be attempted, practised and potentially reinforced.

This distinction is important because participation cannot be reduced to attendance. A woman attending a workshop may experience:

- an opportunity to make a choice;
- an opportunity to express an opinion;
- an opportunity to learn a new skill;
- an opportunity to experience mastery;
- an opportunity to interact with peers;
- an opportunity to receive positive social reinforcement; or
- an opportunity to discover an interest or capability previously suppressed by abuse.

The behavioural significance of the workshop therefore depends not only upon its content, but upon what participants are able to do within it. Similarly, a survivor may feel unable to attend a workshop and explore the reasons for this through a one to one session. She may still not attend but now it is through a choice and deeper self awareness, her own recovery has progressed through her non attendance.

BRA consequently proposes that programme evaluation should examine behavioural opportunities alongside conventional measures of service utilisation.

Potential indicators include:

- choice and participant-led decision-making;
- opportunities for social interaction;
- opportunities to practise new skills;
- opportunities for mastery and successful completion;
- opportunities for self-expression;
- opportunities for leadership or contribution;
- opportunities for community participation;

- opportunities to establish routines;
- opportunities to experience positive reinforcement; and
- opportunities to generalise new behaviours beyond the programme environment.

This approach allows programme activities to be understood as components within a wider behavioural ecology

The Reinforcement of Recovery

Behavioural opportunity alone is unlikely to be sufficient. For new behaviours to develop and persist, they must occur within environments in which those behaviours can produce meaningful and reinforcing consequences. BRA therefore places reinforcing experiences (RE) alongside behavioural opportunity within the TIBR model.

Reinforcement in this context should not be understood narrowly as reward. Positive social feedback, successful task completion, increased confidence, meaningful contribution, connection with others and experiences of competence may all function as reinforcing consequences.

For example, a participant who initially avoids group interaction may attend a session, experience a respectful interaction with another participant, receive positive social feedback and subsequently become more willing to attend another session. Repeated experiences of this kind may increase the probability of future social participation.

Similarly, a woman who has experienced prolonged undermining of her decisions may initially require substantial support to make choices within a programme. If those choices are respected and produce predictable, safe outcomes, repeated experiences may provide opportunities for confidence and autonomous decision-making to strengthen.

BRA therefore views recovery as involving repeated cycles of opportunity, action and reinforcing experience rather than a single transformative intervention.

Autonomy, Choice and Psychological Safety

Autonomy and psychological safety are particularly important within recovery environments following coercive control. A programme cannot meaningfully promote autonomy while simultaneously reproducing unnecessary forms of control. Choice must therefore extend beyond nominal options to include meaningful participation in decisions about activities, goals, relationships and the pace of engagement wherever safely possible.

Psychological safety is similarly foundational. Opportunities for participation are unlikely to produce meaningful behavioural change where participants anticipate judgement, coercion, humiliation or interpersonal threat.

BRA therefore treats autonomy (A) and psychological safety (PS) as interacting conditions rather than optional additions to programme design. This has practical implications. A recovery environment should provide opportunities for participants to:

- make meaningful choices;
- decline activities without punitive consequences;
- determine aspects of their own participation;
- express disagreement safely;

- establish personal goals;
- develop relationships at an individually appropriate pace;
- experience mistakes without humiliation; and
- receive consistent and respectful responses from staff and peers.

The objective is not to remove all challenges from the recovery environment. Rather, challenges should occur within conditions that allow participants to experience safe mastery rather than renewed coercion.

Social Connection and Community Participation

Domestic abuse can substantially restrict social networks and opportunities for community participation. Isolation may be imposed directly through coercive control or may persist following separation because of reduced confidence, fear, stigma, disrupted relationships or practical barriers.

BRA therefore treats social connection and community participation (SC) as central components of recovery rather than secondary benefits. Social participation can provide opportunities for modelling, observational learning, emotional support and social reinforcement (Bandura, 1977). Community participation can additionally provide opportunities for contribution, identity development, routine and valued social roles.

This means that recovery programmes should not necessarily separate therapeutic activity from social participation. Instead, social and community experiences can be intentionally incorporated into the architecture of recovery. A participant attending a recreational activity, for example, may simultaneously experience physical activity, social connection, routine, mastery and positive reinforcement. The value of the activity therefore lies partly in the combination of behavioural opportunities it creates.

Recovery Barriers and Environmental Constraints

BRA does not assume that behavioural opportunities are equally accessible to all participants.

Recovery takes place within wider social and structural environments, and individual motivation cannot compensate for every external barrier. Housing instability, financial insecurity, childcare responsibilities, transport difficulties, rural isolation, legal proceedings, ongoing coercive control and limited service availability may constrain participation even where a programme is well designed.

The TIBR model therefore distinguishes between recovery barriers (RB) and environmental constraints (EC). Recovery barriers may include factors that directly interfere with engagement or behavioural change, while environmental constraints refer to broader contextual conditions that limit the availability or accessibility of recovery opportunities.

This distinction has important implications for programme evaluation. A participant's non-attendance should not automatically be interpreted as lack of motivation or commitment. The relevant question may instead be:

What environmental conditions made participation difficult or impossible?

This is consistent with the broader behavioural premise that behaviour should be understood in relation to the contingencies and contexts in which it occurs.

Time, Repetition and Generalisation

A defining feature of BRA is its emphasis on time. Sustainable behavioural change is unlikely to result from isolated opportunities. New behaviours require opportunities for repeated practice, reinforcement, generalisation and maintenance (Skinner, 1953; Stokes & Baer, 1977).

For survivors of prolonged abuse, this may be particularly important. A single experience of making an autonomous decision may not substantially alter an established behavioural repertoire. Repeated experiences in which decisions are respected, relationships remain safe and successful participation produces meaningful reinforcement may provide stronger conditions for behavioural change. BRA therefore conceptualises recovery environments as requiring continuity and repetition.

The objective is not simply to provide more activities. It is to create a sufficiently coherent environment in which experiences across different activities can reinforce one another. A participant may develop confidence in a creative session, practise communication within a peer group, experience mastery through physical activity and subsequently apply increased confidence to education, employment, parenting or community participation. In this way, behavioural change can generalise across contexts.

From Theory to Evaluation

BRA also provides a bridge between theoretical formulation and empirical evaluation. If sustainable recovery is partly produced through behavioural opportunities, then evaluation should examine whether those opportunities are actually experienced by participants.

Accordingly, relevant outcomes extend beyond service utilisation and may include:

- perceived psychological safety;
- autonomy and decision-making;
- confidence and agency;
- social connectedness;
- hope and future orientation;
- participation in meaningful activities;
- development of supportive relationships;
- family functioning;
- parenting experiences; and
- community participation.

This approach is reflected in the preliminary participant data presented later in this paper.

Among participants in The Uplift Project, 11 of 12 (91.67%) reported feeling heard and respected, 9 of 12 (75%) reported having a social network, and 9 of 12 (75%) reported hope for the future. Five participants (41.67%) reported being better able to voice their opinions or perspectives, while four (33.33%) reported increased confidence in making decisions. These findings are exploratory and cannot establish causal programme effects; however, they demonstrate the feasibility of examining participant-reported outcomes that correspond directly to the mechanisms proposed by TIBR and BRA. The alignment between programme design and participant experience can therefore be examined rather than assumed.

Operationalising TIBR and Behavioural Recovery Architecture: The Uplift Project

Translating Theory into Practice

The Trauma-Informed Behavioural Recovery (TIBR) approach was developed in response to a recurring gap identified through engagement with women affected by domestic abuse. Although specialist services provide

essential crisis intervention, advocacy and safeguarding, reaching safety does not necessarily provide the conditions required to rebuild confidence, relationships, identity, autonomy and meaningful participation. Recovery may instead be treated as something that women are expected to achieve once formal services have ended, rather than as a process that can be intentionally supported through appropriately designed environments.

The Uplift Project was established in response to this gap. Its development was guided by a different starting question:

What environmental conditions are most likely to support long-term behavioural recovery following domestic abuse?

This question distinguishes the programme from an activity-led model. Activities are not regarded as outcomes in themselves. Instead, each component is selected according to the behavioural opportunities it can create, including opportunities for behavioural activation, social reinforcement, psychological flexibility, mastery, autonomy and community participation.

The programme can therefore be conceptualised as a behavioural recovery ecosystem rather than a collection of independent services. Individual activities contribute to specific behavioural processes while also interacting with opportunities created elsewhere within the programme.

Behaviour Before Activity

A central principle of Behavioural Recovery Architecture is that behavioural objectives should inform programme design rather than activities determining the desired outcomes.

Programme development therefore begins by asking:

- What behaviours may have been disrupted by prolonged coercive control?
- Which behaviours would women themselves like to rebuild or strengthen?
- What environmental contingencies currently restrict those behaviours?
- How can opportunities for meaningful reinforcement be increased?

Activities are subsequently selected according to their contribution to these objectives.

For example, a community walking programme is not conceptualised simply as a physical activity intervention. Walking may simultaneously create opportunities to leave the home, establish routine, participate safely within the community, engage in repeated social interaction and experience behavioural activation. Conversations occurring during walks may additionally provide opportunities for peer reinforcement and reduce social isolation.

Similarly, creative workshops are not primarily understood in terms of producing an artistic product. They may provide opportunities for mastery, self-expression, problem-solving, autonomy and achievement. Successful participation can generate positive reinforcement through both accomplishment and social recognition, potentially contributing to confidence and identity reconstruction.

Programme activities are self-selected by participants wherever possible, allowing individual interests, preferences and readiness to influence participation. Choice is therefore embedded within the architecture of the programme rather than treated as an additional feature.

Recovery Through Community

Domestic abuse can progressively restrict social participation. Relationships may become limited or absent,

community involvement may decrease, and confidence in unfamiliar environments may diminish. Following prolonged isolation, avoidance of uncertainty, judgement or perceived risk may itself become established as a pattern of behaviour.

The Uplift Project consequently conceptualises community not simply as the setting in which recovery takes place, but as an active component of the recovery environment.

Peer participation can provide familiarity, modelling, encouragement and social reinforcement. Repeated participation within supportive community environments may create opportunities for:

- observational learning;
- behavioural modelling;
- social reinforcement;
- identity reconstruction;
- psychological safety;
- belonging; and
- valued contribution.

This approach seeks to embed recovery within ordinary community experiences rather than confining it to professional or clinical settings. Participants are supported not simply to attend services, but to re-engage with everyday life.

An important feature of this approach is the opportunity for relationships between participants to develop around shared interests and experiences rather than around domestic abuse alone.

Informal social contact following activities, for example, may allow conversations to extend into ordinary topics, interests and community experiences. This can provide an alternative to environments in which survivor identity and experiences of abuse become the dominant basis of social interaction.

This principle is consistent with the behavioural proposition that behaviours may generalise more effectively when they are practised across natural environments rather than confined to highly structured treatment contexts (Stokes & Baer, 1977).

Co-Design and Behavioural Choice

A distinctive feature of The Uplift Project is its emphasis on co-design. Rather than professionals determining unilaterally what recovery should look like, participants are given opportunities to influence the programme itself. This principle emerged from consultation in which women described previous experiences of services being organised around institutional processes rather than their own priorities. Within BRA, this has a specific behavioural significance. Coercive control systematically restricts independent decision-making. An environment designed to support recovery should therefore provide repeated opportunities to make meaningful choices.

Within The Uplift Project, participants can contribute to programme planning, suggest activities, identify priorities and influence future development. Choice is consequently operationalised not merely as consultation, but as an opportunity to practise agency and decision-making within a supportive environment. Being asked what women want is different from creating an environment in which their choices have meaningful consequences.

Recovery as Family Recovery

TIBR extends the concept of recovery beyond the individual woman. Domestic abuse alters behavioural interactions across family systems. Consequently, recovery may also involve changes in relationships between mothers, children and other significant family members.

The Uplift Project therefore operates across interconnected pathways. One pathway focuses directly on women through opportunities designed to strengthen confidence, psychological flexibility, community participation and autonomy. A second pathway incorporates trauma-responsive opportunities for children, while recognising that changes in maternal wellbeing may also alter the developmental environment experienced by children.

As mothers become more emotionally available, socially connected and confident, opportunities for positive parent-child interaction may increase. Children may benefit both from direct participation in appropriate recovery activities and from changes occurring within their primary caregiving relationships.

This does not mean that improved maternal wellbeing automatically produces improved child outcomes. Rather, TIBR proposes a potential relational pathway through which changes in one part of the family system can alter the behavioural environment experienced by others.

This distinction is particularly important when children have been temporarily rehomed or are receiving support from other agencies. In such circumstances, coordinated work across services may create opportunities to strengthen relationships, support parenting and contribute to reunification where this is safe and appropriate.

Measuring Recovery Differently

The operationalisation of BRA also requires a change in how recovery programmes are evaluated.

Traditional service measures may ask:

- How many women attended?
- How many workshops were delivered?
- How many referrals were completed?
- How many cases were closed?

These measures provide useful information about service activity, capacity and engagement. However, they provide limited information about whether participants are experiencing meaningful changes in everyday functioning.

A BRA-informed evaluation instead asks:

- Are women participating more fully in community life?
- Have opportunities for meaningful choice increased?
- Is confidence changing?
- Are women reconnecting with valued activities?
- Are supportive social relationships developing?
- Are parenting relationships strengthening?
- Are children experiencing greater stability?

- Are new behavioural repertoires being maintained beyond programme participation?

These questions shift evaluation from service utilisation towards recovery processes and outcomes.

This does not mean that attendance or service-delivery measures should be discarded. Rather, they should be understood as process indicators, while participant-reported behavioural, relational and wellbeing outcomes provide complementary information about whether the programme is achieving its intended recovery functions.

From Programme Architecture to Empirical Evaluation

The Uplift Project therefore provides a real-world context in which the propositions of TIBR and BRA can be examined. The programme incorporates multiple forms of participation rather than relying on a single intervention modality. These include workshops, group wellbeing activities, one-to-one support, support groups and recreational activities. In the participant survey reported later in this paper, 9 of 12 participants (75%) reported participating in workshops, 6 (50%) in group wellbeing sessions, 6 (50%) in one-to-one support, 5 (41.67%) in support groups and 5 (41.67%) in recreational activities. This pattern is relevant to the BRA proposition that recovery may emerge through a diverse ecology of behavioural opportunities, rather than through a single therapeutic intervention.

The subsequent empirical analysis therefore examines whether participants report outcomes corresponding to the mechanisms proposed by TIBR and BRA, including psychological safety, social connection, hope, agency, decision-making, participation and family functioning.

METHODOLOGY

This study used an exploratory, cross-sectional participant survey design to examine experiences of The Uplift Project and to explore whether participant-reported outcomes were consistent with propositions of the Trauma-Informed Behavioural Recovery (TIBR) framework and Behavioural Recovery Architecture (BRA).

The study was designed as a preliminary evaluation rather than a controlled effectiveness study. Its purpose was to examine participant experiences of the programme, identify patterns across key recovery domains and generate preliminary evidence to inform further development and formal evaluation of the TIBR and BRA frameworks. Additionally, it is providing the basis of an evaluation and impact assessment framework for domestic abuse recovery which will be explored in future papers.

The survey combined quantitative closed-response items with open-ended qualitative questions, enabling participant-reported outcomes to be considered alongside participants' own descriptions of their experiences. This mixed descriptive approach was considered appropriate for an early-stage programme evaluation in which the primary objective was to explore feasibility, participant experience and alignment between programme design and the proposed recovery mechanisms.

Programme Context

The study was conducted within The Uplift Project, a community-based recovery programme developed to support women affected by domestic abuse. The programme incorporates multiple forms of participation, including group wellbeing sessions, support groups, workshops, recreational activities and one-to-one support. Participants could engage with more than one programme component. The survey therefore captured participation across a range of activities rather than treating the programme as a single uniform intervention. This programme structure is consistent with the BRA proposition that sustainable recovery may be supported through an interconnected ecology of behavioural, relational and community opportunities rather than through a single intervention modality.

Participants

A total of 12 participants completed the survey. All 12 participants responded to the primary survey items, while the parenting-specific question was completed by 9 participants. The final open-ended question was answered by all 12 participants.

The survey collected demographic and contextual information, including age group, duration of engagement with The Uplift Project and/or its pilot phase, and parenting status. Participants also reported whether they had children and, where applicable, the age groups of their children.

The sample included participants with varied engagement histories. The survey categorised duration of engagement as less than three months, three to six months, six to twelve months, one to two years, and more than two years. For participants who had been involved with the programme for more than six months, their engagement included participation during the pilot phase of the programme. In contrast, participants who had been involved for less than six months had engaged exclusively with the current programme model.

Participant Characteristics and Context of Need

The survey included a multiple-response item concerning current physical and mental health experiences. Participants could select more than one response.

Among the 12 respondents:

- 11 (91.67%) reported anxiety;
- 8 (66.67%) reported isolation/loneliness;
- 6 (50%) reported depression;
- 6 (50%) reported chronic stress;
- 4 (33.33%) reported physical health conditions;
- 3 (25%) reported suicidal ideation/attempts;
- 3 (25%) reported chronic pain;
- 3 (25%) reported migraines;
- 1 (8.33%) reported alcohol/substance use; and
- 2 (16.67%) selected "Other".

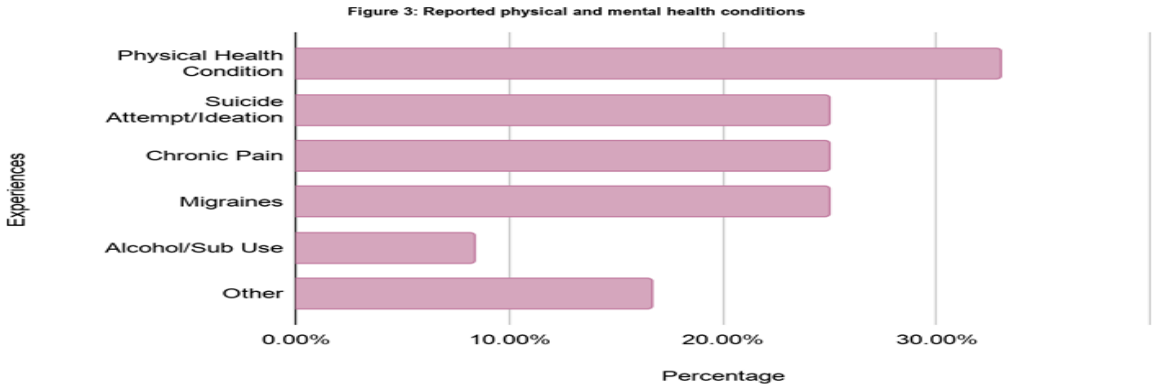

Figure 3: Reported physical and mental health conditions

Survey Instrument

The participant survey consisted of structured questions examining:

1. age group;
2. duration of engagement with The Uplift Project and/or its pilot phase;
3. parenting status;
4. children's age groups;
5. current physical and mental health experiences;
6. perceived impact of The Uplift Project on wellbeing;
7. programme activities currently accessed;
8. perceived changes experienced since engaging with the programme;
9. perceived changes within the home and family environment for parents; and
10. an open-ended question inviting participants to describe The Uplift Project in one word, explain their choice and provide additional comments or suggestions.

The survey therefore incorporated both participant characteristics and recovery-related outcomes, allowing the descriptive findings to be considered in relation to the TIBR/BRA framework.

The wellbeing item asked participants to rate the impact of The Uplift Project on their wellbeing using a five-point scale. The reported mean rating was 4.75/5 (95%) across the 12 responses. The survey also included multiple-response items concerning programme participation and perceived changes. These were analysed using response counts and percentages.

Quantitative Analysis

Given the small sample size (n = 12), quantitative analysis was primarily descriptive. For categorical multiple-response questions, frequencies and percentages were calculated based on the number of respondents selecting each response option. Because participants could select multiple responses, percentages were not expected to total 100%.

For the five-point wellbeing item, the reported mean score was retained as the principal summary statistic. The analysis did not attempt to conduct inferential statistical testing. No claims of statistical significance, population-level prevalence or causal programme effectiveness are therefore made. This approach is appropriate to the exploratory purpose of the evaluation and avoids presenting a small descriptive dataset as if it were powered to establish effectiveness.

Qualitative Component

The final survey question asked:

"If you had to describe The Uplift Project in one word, what would it be and why? Do you have any other comments or suggestions to add about your experience with The Uplift Project?"

All 12 participants responded to this question. The responses provide qualitative e contextualisation of the quantitative findings and include descriptions relating to hope, freedom, support, confidence, identity, connection, perceived change and programme accessibility.

Methodological Summary

The study combines a descriptive quantitative survey with exploratory qualitative participant feedback to examine experiences of The Uplift Project in relation to the proposed TIBR/BRA framework. The methodology is deliberately exploratory. Its purpose is not to establish causal effectiveness, but to determine whether participant experiences demonstrate patterns corresponding to the framework's proposed domains of recovery and to identify areas requiring further investigation. The findings are presented in the following section.

RESULTS

Participant Characteristics

A total of 12 participants completed the survey. Participant age was distributed across five age categories, with the largest proportion aged 35–44 years (41.67%, n=5). A further 25.00% (n=3) were aged 45–54 years, 16.67% (n=2) were aged 55–64 years, and 8.33% (n=1) were aged 25–34 years and 8.33% (n=1) were aged 65 years or over. No participant was aged 18–24 years.

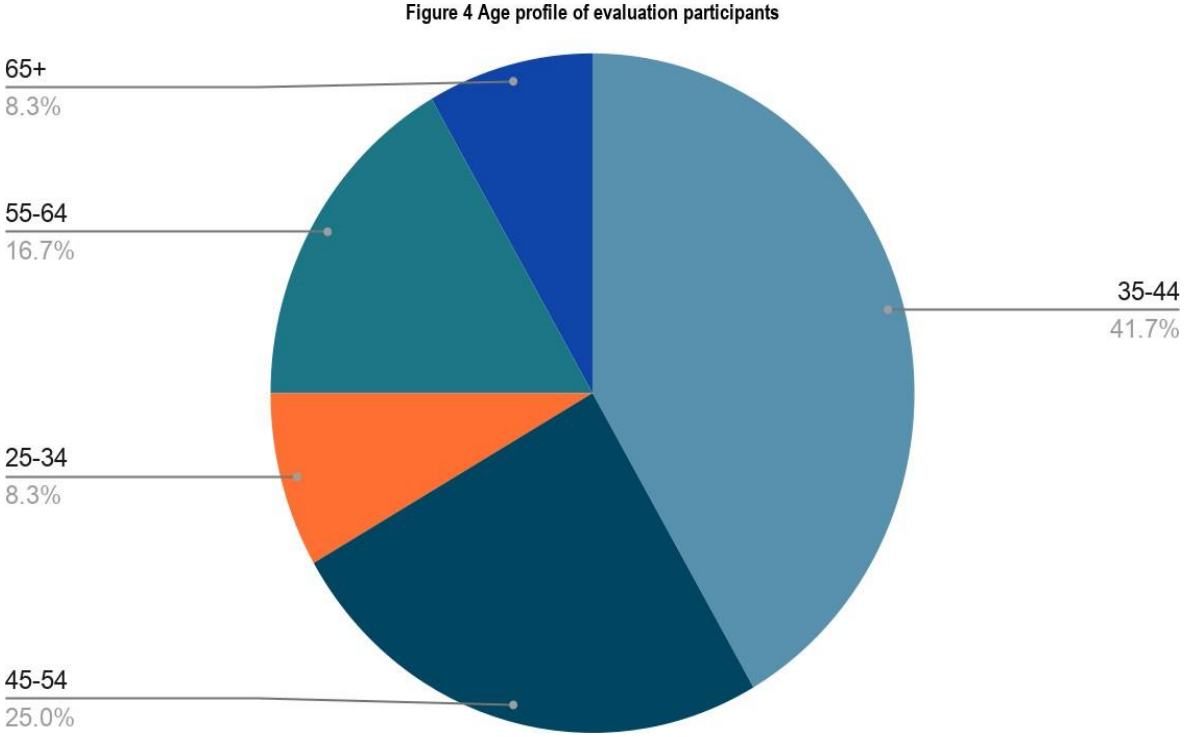

Figure 4: Age profile of evaluation participants

The duration of engagement with The Uplift Project and/or its pilot phase also varied. Half of participants (50.00%, n=6) reported engagement of one to two years. A further 16.67% (n=2) reported engagement of three to six months, 16.67% (n=2) more than two years, 8.33% (n=1) six to twelve months and 8.33% (n=1) less than three months. This indicates that the sample included both relatively recent participants and individuals with longer-term engagement, with the largest group reporting one to two years of involvement.

Of the 12 participants, 11 identified as having children in some form, although the survey response categories overlap conceptually because participants could select the specific category that best described their circumstances. Six participants (50.00%) reported having children with additional needs, while three (25.00%) selected "Yes" without the additional-needs qualification. One participant (8.33%) reported having no children and two participants (16.67%) selected "Other". No participant selected the category indicating that their children were not currently residing with them.

Physical and Mental Health Context

Participants were asked to identify current physical and mental health conditions, with multiple responses permitted.

Anxiety was the most frequently reported condition, identified by 11 of the 12 participants (91.67%). Isolation/loneliness was reported by eight participants (66.67%), while depression and chronic stress were each reported by six participants (50.00%).

Four participants (33.33%) reported physical health conditions. Suicidal ideation/attempts, chronic pain and migraines were each reported by three participants (25.00%). One participant (8.33%) reported alcohol/substance use, while two participants (16.67%) selected "Other". No participant selected "None".

Reported Changes Following Engagement

Participants were asked whether they had experienced a range of changes since engaging with The Uplift Project. Multiple responses were permitted.

The most frequently selected response was "I feel heard and respected", reported by 11 participants (91.67%). Ten participants (83.33%) reported that they did not feel like "just another box to tick".

Nine participants (75.00%) reported feeling that they had a social network, and nine (75.00%) reported having hope for the future.

Five participants (41.67%) reported feeling better able to voice their opinion and perspective, while five (41.67%) reported being able to chat or meet with friends or peers.

Four participants (33.33%) reported greater confidence in making decisions.

One participant (8.33%) selected "None of the above", while two participants (16.67%) selected "Other".

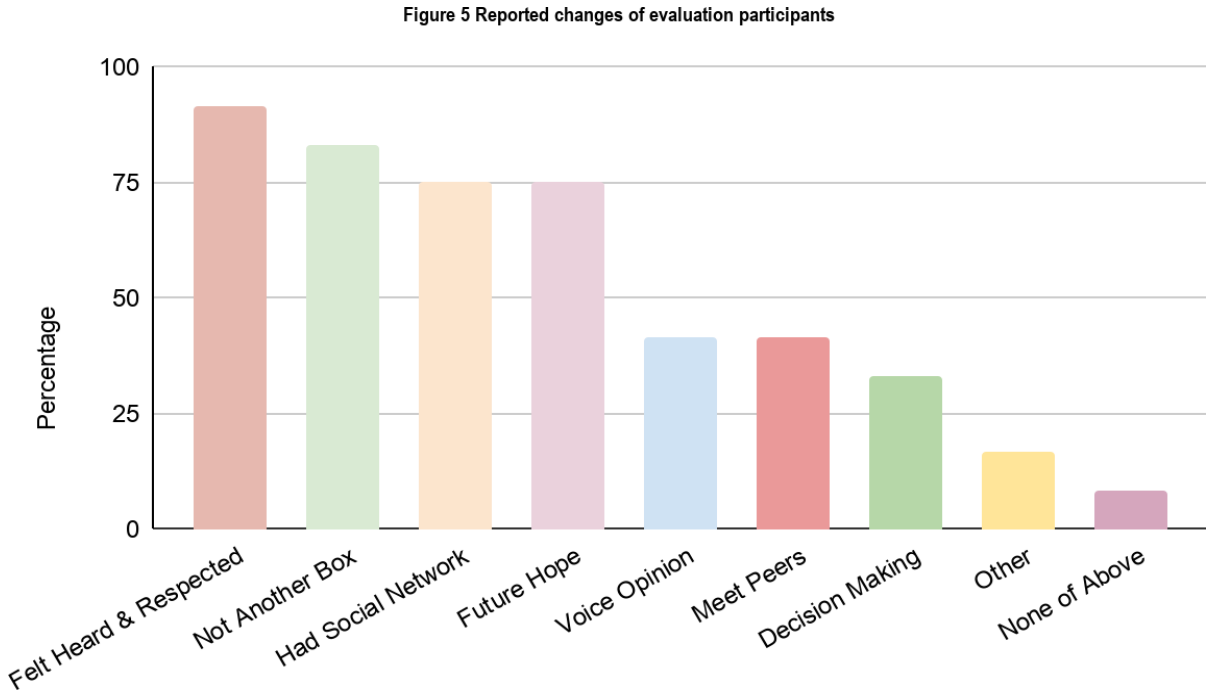

Figure 5: Reported changes of evaluation participants

The distribution is notable because the most frequently reported changes concern relational respect, recognition, social connection and hope, while changes relating to decision-making and voice were reported less frequently. This pattern is relevant to the TIBR framework because these domains correspond to several of

its proposed recovery processes. However, the cross-sectional design means that the data cannot determine whether these changes were caused by participation in The Uplift Project.

Family and Home Environment

Nine participants completed the parent-specific question.

The most frequently reported change was that home felt calmer overall, reported by six of nine respondents (66.67%). Four participants (44.44%) reported noticing their child engaging with friends and peers more easily or more often. Three participants (33.33%) reported that their home environment felt more cooperative, and three (33.33%) reported having more "together time". Two participants (22.22%) reported that their time together was more enjoyable, while two (22.22%) reported being able to have more conversations with their children. One participant (11.11%) selected "None of the above", while two (22.22%) selected "Other".

Multiple responses were permitted. These findings provide preliminary participant-reported evidence of perceived changes within the home environment, particularly in relation to calmness and children's social engagement. They should not be interpreted as independently measured improvements in child wellbeing or family functioning, but do highlight the importance of looking beyond the immediate activity when measuring impact and to encourage the participant to reflect on changes within their wider social environment.

Qualitative Findings

All 12 participants responded to the open-ended question asking them to describe The Uplift Project in one word and explain their choice, with an opportunity to provide additional comments or suggestions.

The responses provide important contextual information alongside the quantitative findings. Five broad areas were particularly evident across the responses:

1. Hope and future orientation

Hope was explicitly used by participants to describe the programme, with responses referring to "hope", "hopeful", and renewed expectations for the future. Participants described moving from having little or no hope towards feeling that there was a future beyond abuse.

One participant described the programme as providing: "hope ... for a better today and better tomorrow"

while another described feeling that there might be "a light at the end of the tunnel".

2. Freedom, identity and renewed agency

Participants also described experiences using terms including "Freedom", "Room to breathe a little" and "Life-Changing". One participant described having previously felt unable to truly be themselves since the abuse and reported that the programme had changed this experience.

These accounts provide qualitative context for the quantitative findings concerning voice, agency, social connection and hope.

3. Feeling valued and individually recognised

One of the most detailed responses contrasted The Uplift Project with previous experiences of domestic abuse and support services. The participant described feeling heard, supported, important and valued, and identified the programme's individualised connection as a distinguishing feature.

This is particularly relevant to the quantitative finding that 11 of 12 participants (91.67%) reported feeling heard and respected.

4. Connection and social reconstruction

Participants described the programme as a source of support, friendship and connection. One participant reported that they now had friends and were more "forward focused" rather than feeling sad all the time.

This provides qualitative context for the quantitative finding that 9 participants (75.00%) reported feeling that they had a social network.

5. Programme accessibility and environmental constraints

Importantly, the qualitative data were not uniformly positive. One participant reported having experienced only several online sessions with different therapists and described a lack of consistency and a dedicated meeting place. The participant also described frustration concerning anticipated funding and activities that had not yet become available, including group-based and recreational opportunities. They explicitly reported that the uncertainty was affecting their mental health.

Integrated Summary of Findings

Taken together, the quantitative and qualitative findings demonstrate several consistent patterns.

First, participants reported a high perceived impact of The Uplift Project on wellbeing, with a mean rating of 4.75/5. Second, the strongest reported changes concerned being heard and respected (91.67%), not feeling like "just another box to tick" (83.33%), social network (75.00%) and hope for the future (75.00%). Third, participants reported changes associated with voice, social participation and decision-making, although these were less frequently selected than relational and hope-related outcomes. Fourth, among the nine respondents completing the parent-specific question, six (66.67%) reported that their home felt calmer, with additional reports concerning cooperation, time together and children's peer engagement. Fifth, the qualitative responses largely reinforced these domains, with participants describing hope, freedom, support, connection, identity, confidence and renewed future orientation.

Finally, the qualitative data also identified programme-access and environmental constraints, including limited consistency, lack of a physical meeting space and delayed availability of planned activities. The findings therefore provide preliminary descriptive evidence that participant experiences encompass multiple domains proposed by TIBR and BRA, including wellbeing, psychological safety, recognition, social connection, hope, agency and family environment.

Domain	Measure	Percentage
Child engagement	Child engaging with peers more easily/often	44.44%
Connection	Felt they had a social network	75%
	Able to meet/chat with friends/peers	41.67%
Decision-making	More confident making decisions	33.33%
Family environment	Home feels calmer	66.67%
Hope	Hope for the future	75%
Programme engagement	Workshops	75%
	Group wellbeing	50%
	One-to-one support	50%
	Support groups	41.67%
	Recreational activities	41.67%
Recognition	Felt heard and respected	91.67%
	Did not feel like "another box to tick"	83.33%
Voice	Better able to voice opinion/perspective	41.67%

Wellbeing	Mean perceived impact	95%

Table 1: Integrated summary of findings

Recovery is More Than Therapy

One of the fundamental propositions of Behavioural Recovery Architecture is that therapeutic change is not confined to therapeutic settings. Recovery may occur during counselling. It may also occur while completing a mosaic, during a walking group, while volunteering, or while laughing for the first time in months. These moments may appear unrelated, however, behaviourally, they are not. Each represents an opportunity for new learning, provides opportunities for reinforcement, strengthens social connection, challenges avoidance, and each contributes towards identity reconstruction.

When asked what the major impact the Uplift Project had on their lives many survivors listed changes in attitude towards their environment, whether it was new connections for themselves or their children (44%), calmer home environment (67%), or more family together time (33%).

Some of the phrases survivors used to describe the impact included;

"Gives hope for a better today" (Client 1)

"I feel supported, important and valued" (Client 3)

Behavioural science suggests that sustainable change emerges through repeated experiences rather than isolated therapeutic insight (Biglan, 2015). Consequently, programmes should intentionally maximise the number and diversity of recovery opportunities available within everyday environments. Although this can sometimes be challenging in terms of resources and staffing, by prioritising resources into this element of support and at this stage, it should see a reduction in demand for other areas of support, e.g. reduced helpline calls or emergency one to one requests. Recovery therefore becomes woven into community life rather than confined to professional appointments.

Why Choice Matters

Perhaps the most important behavioural principle underpinning Behavioural Recovery Architecture is autonomy. Coercive control systematically erodes an individual's capacity to exercise choice, progressively restricting opportunities for independent decision-making.

Consequently, recovery requires more than the provision of support; it requires the restoration of meaningful opportunities to exercise agency and make choices.

Within the Uplift Project, autonomy is embedded throughout the programme design. Participants are offered choices in relation to activities, the level of emotional support they require, transportation assistance and planning, childcare provision, and access to staff who can respond to questions or concerns. This approach is intended to ensure that support is responsive to individual needs rather than prescriptive. Staff delivering activities are, in turn, supported by the Uplift Project, enabling concerns or emerging issues to be identified and addressed as promptly as possible. The principles of respect, responsiveness, and survivor-led support that underpin the wider Uplift Project are therefore reflected consistently across group activities, helping to create an environment characterised by continuity, predictability, and reassurance.

Evidence from the pilot phase further illustrates participants' preferences for different forms of engagement. As shown in Graph 2, the highest levels of interest were recorded for Confidence and Empowerment Groups (62.5%), followed by Yoga (57.1%) and Day Trips (57.1%). These findings reinforce the importance of providing a range of options through which participants can exercise choice and engage with recovery activities according to their individual preferences and circumstances.

Figure 6: Scope of activities offered through pilot phase

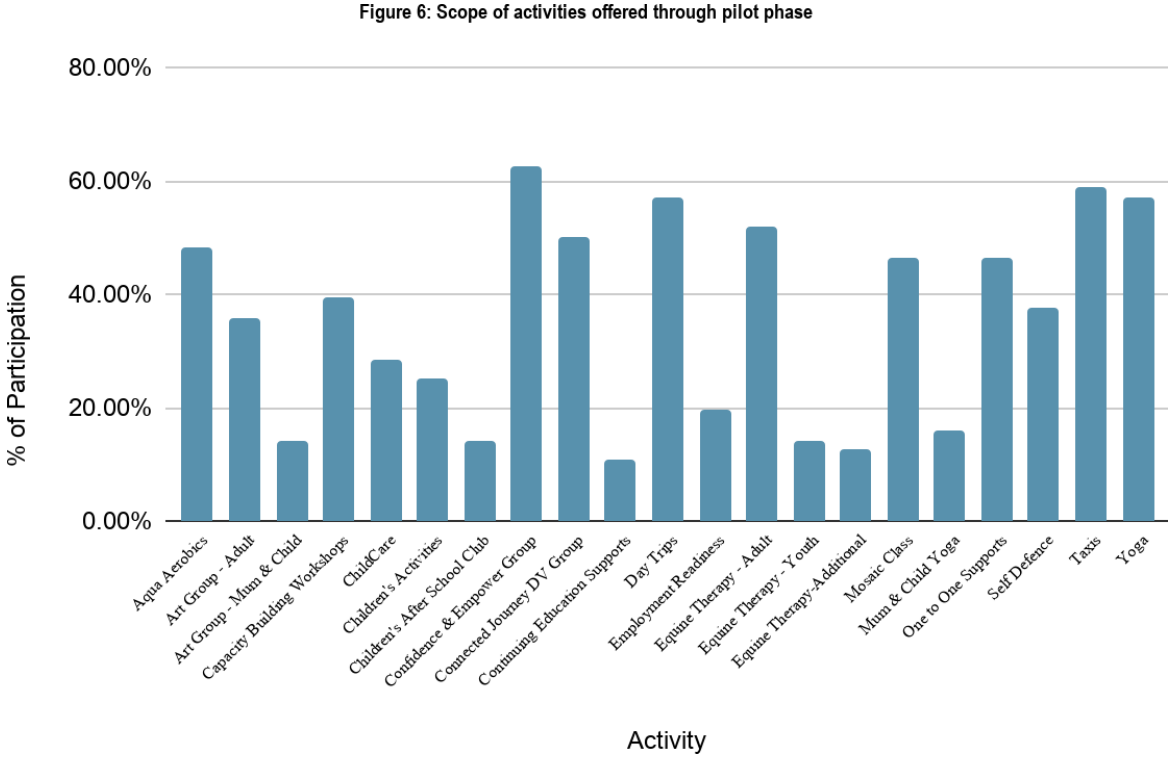

Figure 6: Scope of activities offered through pilot phase

Within Behavioural Recovery Architecture, choice is not viewed simply as good practice. It functions as an environmental condition that increases engagement, motivation and behavioural persistence. Rather than expecting women to adapt to programmes, programmes should adapt to women. A quote from a current Uplift client highlighted this difference:

" Uplift has a different approach which begins with an unwavering connection to the individual service user"

This principle fundamentally changes programme design. Instead of standardised recovery pathways, Behavioural Recovery Architecture encourages flexible participation, multiple entry points and individually meaningful opportunities for engagement. Behaviourally, reducing response effort while increasing perceived control increases the likelihood of participation (Skinner, 1953; Biglan, 2015). Survivors highlight the difference as being better able to voice their opinion and perspective (42%) and feeling more confident in making decisions (33%).

Behavioural Recovery is Relational

Social learning theory proposes that people learn not only through direct experience but also through observing others (Bandura, 1977). Within community recovery programmes, women witness others rebuilding confidence, developing friendships, advocating for themselves and re-engaging with community life. These experiences create powerful opportunities for modelling, encouragement and hope. Importantly, behavioural change extends beyond individual participants. Similarly the group facilitator is not just delivering an activity they are also a potential modelling resource for the group. How they deal with frustrations, things that go wrong and group dynamics all provide additional behavioural change moments.

As women develop greater confidence, emotional regulation and psychological flexibility, these behavioural changes influence family relationships. Children experience different patterns of communication and parent-child interactions become more responsive while family routines become more stable. Stability within the family can translate to success in other environments, as the child feels a secure base from which to build upon.

Consequently, Behavioural Recovery Architecture conceptualizes recovery as relational, recognising that

behavioural changes within one individual reshape the wider ecological systems in which recovery occurs. This perspective aligns behavioural science with ecological systems theory (Bronfenbrenner, 1979), and with mother child trauma theory (Katz, 2013) positioning recovery as an evolving interaction between individuals, families, communities and environments.

Feedback from Uplift Project clients who have children highlight the wider family impact of engaging in programmes such as the Uplift Project. In particular, areas such as a calmer home environment (67%), more together time (33%) and being able to have more conversations with my children (33%) were all identified as key impacts of the programme.1

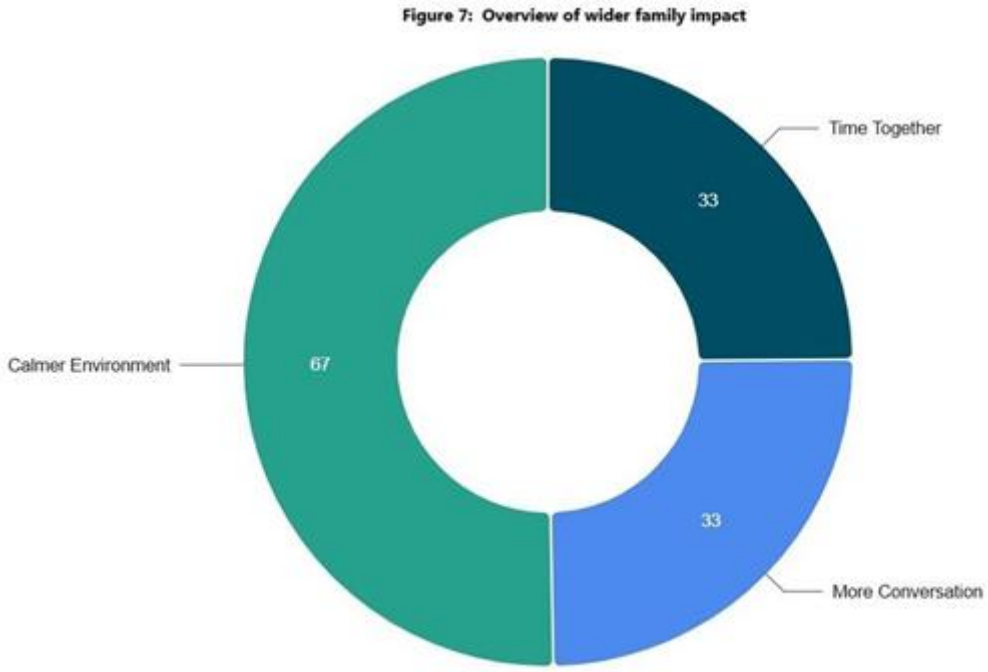

Figure 7: Overview of Wider Family Impact

Operationalising Behavioural Recovery Architecture

Behavioural Recovery Architecture does not prescribe a fixed programme. Instead, it provides a design framework. Different communities may implement different activities, as different organisations may have different resources. However, what remains constant are the behavioural principles underpinning programme design.

Every intervention should intentionally ask:

- What behaviour are we hoping to strengthen?
- What environmental barriers currently prevent this behaviour?
- How can we reduce response effort?
- How will women experience choice and autonomy?
- Where will opportunities for positive reinforcement occur?

[1] Recent Uplift Project Survivor Feedback Survey August 2026

- How does this contribute to longer-term behavioural participation beyond the programme itself?

These questions move recovery planning away from isolated activity delivery and towards a more integrated behavioural design. The following section demonstrates how these principles have been operationalised through The Uplift Project, illustrating how Behavioural Recovery Architecture functions in practice through an integrated community-based model of long-term recovery.

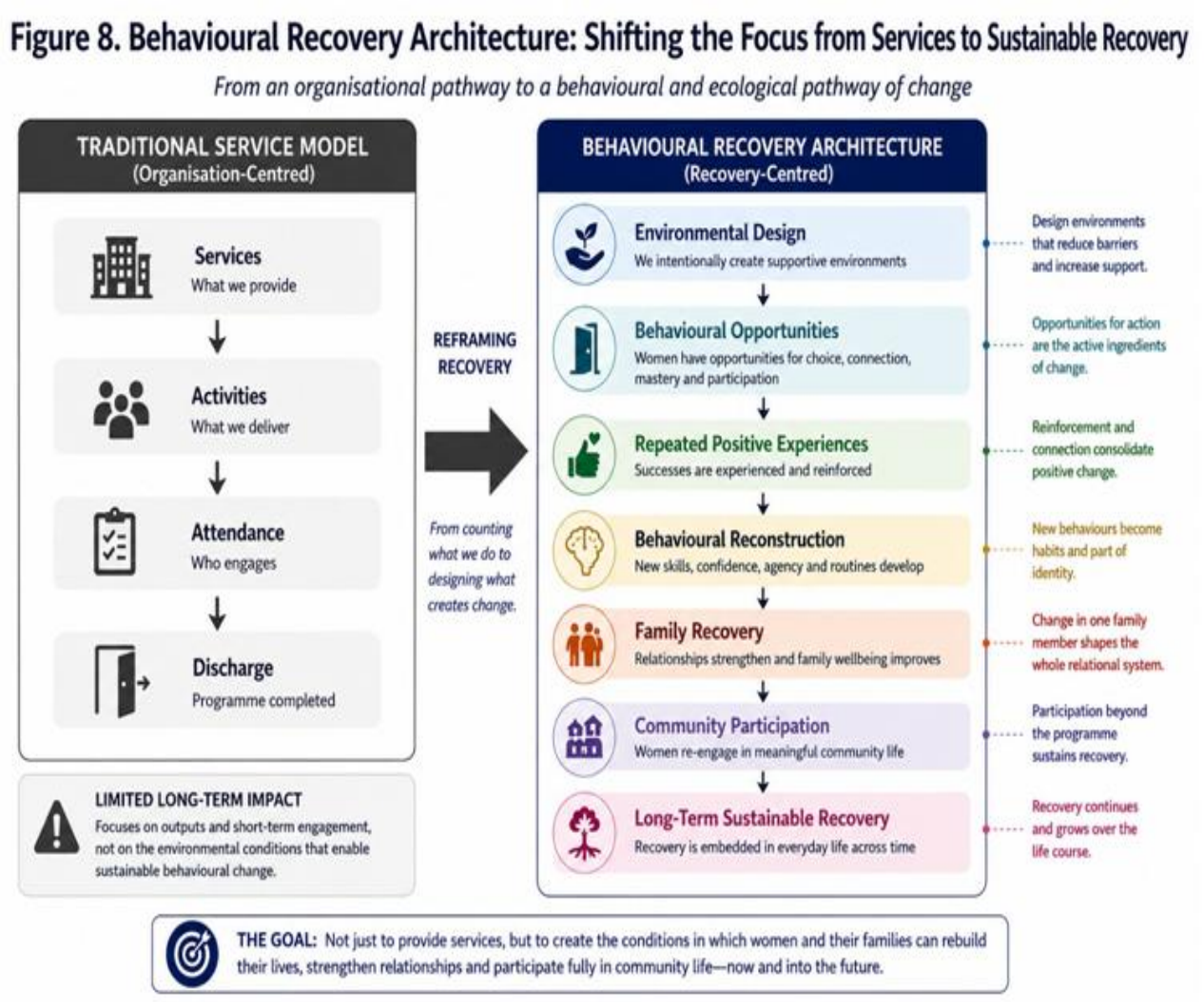

Figure 8: Behavioural Recovery Architecture

Results Summary

In line with the TIBR framework the preliminary evaluation of The Uplift Project examined participant-reported outcomes, among women engaged in a community-based recovery programme for survivors of domestic abuse. Under the theme of improved wellbeing participants reported a high perceived impact , with a mean rating of 4.75 out of 5 (95%). ,The qualitative findings expanded and supported this quantitative result, with participants frequently describing the impact of the programme in terms of hope, freedom, support, connection, and renewed confidence. At a personal level participants emphasized feeling valued as individuals rather than being treated as service recipients, and on the theme of self development several described the programme as helping them rebuild their identity and develop a more positive future orientation. The findings reinforced the key themes of the TIBR framework and highlighted the importance of choice, autonomy, and relational support within the recovery process. Participants expressed strong interest and support for the programme design including the range of programme activities, including workshops, wellbeing groups, one-to-one support, and recreational opportunities.

DISCUSSION

Operationalising the Trauma-Informed Behavioural Recovery Approach: The Uplift Project

Translating Theory into Practice

The Trauma-Informed Behavioural Recovery (TIBR) approach was developed in response to a recurring observation made throughout engagement with women affected by domestic abuse. Although specialist services provided essential crisis intervention, advocacy and safeguarding, many women described experiencing a significant gap between reaching safety and rebuilding their lives. Recovery was frequently understood as something women were expected to achieve after services had ended, rather than something actively supported through intentionally designed recovery environments.

The Uplift Project was established to address this gap. Rather than beginning with predetermined activities or interventions, programme development began with a different question:

What environmental conditions are most likely to support long-term behavioural recovery following domestic abuse?

This distinction fundamentally shaped programme design. Activities were never viewed as outcomes in themselves. Instead, each component was selected because it created opportunities for behavioural processes known to support sustainable recovery, including behavioural activation, social reinforcement, psychological flexibility, mastery, autonomy and community participation. Consequently, the programme is better understood as a behavioural ecosystem than a collection of services. Each intervention contributes towards broader behavioural objectives while simultaneously reinforcing opportunities created elsewhere within the programme. The purpose, therefore, is not simply to provide more activities, but to intentionally create environments in which women have repeated opportunities to practise, experience and reinforce behaviours associated with safety, autonomy, connection, mastery and valued participation.

This represents the practical application of TIBR through Behavioural Recovery Architecture (BRA): shifting the focus from *what services are delivered towards what those services make possible for participants*. The subsequent evaluation explores whether participants' reported experiences are consistent with these proposed recovery domains.

Behaviour Before Activity

One of the central principles underpinning The Uplift Project is that behavioural objectives should inform programme design rather than programme activities determining the outcomes sought. Traditional recovery programmes frequently begin by identifying activities that may benefit participants. Behavioural Recovery Architecture reverses this process by beginning with the behavioural and environmental conditions that the programme seeks to support.

Programme development therefore begins by asking:

- What behaviours have been disrupted by prolonged coercive control?
- Which adaptive behaviours would women themselves like to rebuild?
- Which environmental contingencies currently prevent these behaviours?
- How can opportunities for reinforcement be increased?

Activities are then selected when they contribute towards these behavioural aims. For example, a community walking programme is not implemented simply because physical activity improves wellbeing. Rather, walking creates multiple simultaneous behavioural opportunities: women leave their homes and they experience successful community participation. They begin to develop routines and engage in repeated social interaction.

Movement itself contributes to improved mood through behavioural activation, while conversations occurring during walks strengthen peer reinforcement and reduce isolation.

Similarly, creative workshops are not designed primarily to produce artwork. They create opportunities for mastery, self-expression, problem-solving, autonomy and achievement. These experiences contribute towards rebuilding confidence while simultaneously providing positive reinforcement through social recognition and shared accomplishment. The behavioural objective therefore remains consistent regardless of the specific activity being delivered. The activity is the vehicle; the behavioural opportunity is the mechanism through which it may contribute to recovery.

Programme activities are self-selected by survivors, allowing individual choice, interests and readiness to influence participation. This embeds autonomy within programme design and ensures that participation is not simply something delivered to survivors, but something in which they have an active role.

Recovery Through Community

Domestic abuse frequently results in progressive restriction of social participation. Relationships become limited or non-existent, community involvement decreases, confidence in unfamiliar environments diminishes, and, over time, isolation itself becomes behaviourally reinforced through avoidance of uncertainty, judgement or perceived risk.

The Uplift Project conceptualises community not simply as a setting within which recovery occurs, but as an active component of the recovery environment. Peer support becomes a mechanism to provide confidence and familiarity that help survivors overcome their belief that no one will be there for them if they leave the abusive relationship. Some of the activities themselves might be challenging such as kayaking, but having group support can expand horizons for many survivors.

Repeated participation within supportive community environments increases opportunities for:

- observational learning;
- social reinforcement;
- behavioural modelling;
- identity reconstruction;
- psychological safety;
- belonging;
- valued contribution.

Recovery becomes embedded within ordinary community experiences rather than confined to clinical settings. Women are supported not simply to attend services but to re-engage with everyday life. This may also include informal social contact following activities, such as participants choosing to meet for coffee. These opportunities can extend relationships beyond the structured programme and allow conversations to develop around shared interests, activities and community events rather than remaining focused exclusively on experiences of abuse. This may be particularly important because, although survivor-focused spaces provide essential opportunities for validation and support, an unintended consequence can be that relationships remain centred primarily on trauma and abuse. Creating opportunities for ordinary social interaction may therefore support the development of identities and relationships that extend beyond the survivor role.

This distinction reflects broader behavioural science principles suggesting that behaviours generalise more effectively when acquired within natural environments rather than artificial treatment settings (Stokes & Baer, 1977).

Co-Design and Behavioural Choice

Perhaps one of the most distinctive features of The Uplift Project is its emphasis on co-design and behavioural choice. Rather than professionals determining what recovery should look like, women actively shape the programme itself. This principle emerged directly from consultation with participants.

Repeatedly, women described previous experiences of feeling that services had been developed around organisational processes rather than their own priorities. Behaviourally, this observation is highly significant. Coercive control systematically reduces opportunities for independent decision-making. Therefore, recovery requires environments that deliberately restore meaningful choice and agency

Within The Uplift Project, women contribute to programme planning, suggest activities, identify priorities and shape future development. Choice is therefore operationalised not simply as consultation but as an active behavioural intervention designed to increase agency, motivation and sustained engagement. Providing meaningful choices may also support motivation, ownership and sustained engagement, while ensuring that participation remains responsive to individual interests, preferences and readiness.

Recovery is Family Recovery

Perhaps the most distinctive feature of the TIBR approach is its recognition that recovery extends beyond individual women. Domestic abuse alters behavioural interactions across entire family systems. Consequently, recovery should similarly be understood as a relational and ecological process.

The Uplift Project therefore operates simultaneously across parallel and interconnected pathways. The first focuses directly on women through opportunities that strengthen confidence, psychological flexibility, community participation and autonomy. The second provides trauma-responsive programmes for children while recognising that improvements in maternal wellbeing indirectly reshape children's developmental environments.

As mothers become more emotionally available, socially connected and confident, opportunities for positive parent-child interaction increase. Children may benefit both from their own participation in recovery programmes and from behavioural changes occurring within their primary caregiving relationships. Recovery therefore becomes an ecological process operating across multiple generations rather than an intervention directed solely towards individual survivors.

This approach can equally be applied in situations where children have been temporarily rehomed due to the abuse or indirectly due to addiction or mental health. In such situations, working collaboratively with the agencies supporting children may create opportunities to strengthen parent-child relationships, develop parenting capacity and support pathways towards reunification where this is safe, appropriate and consistent with the child's best interests.

The potential value of this approach lies in recognising that family recovery does not necessarily begin with reunification. It can begin with creating opportunities for safer, more consistent and more positive interactions between parents and children, even where they are temporarily living apart. Encouraging and allowing interactions throughout placement allows the opportunity for different patterns of communication to develop, healthy attachments to form, and new methods of interaction to take hold. In this sense, TIBR provides a framework through which behavioural change, relationship-building and environmental support can be considered together. Using providers, foster parents, and other supports as guides and role models can help new habits form before the family is reunited to ensure living together again is successful.

Measuring Recovery Differently

Behavioural Recovery Architecture also changes how programme success is evaluated. Rather than focusing primarily on service activity and asking:

- How many women attended?
- How many workshops were delivered?
- How many referrals were completed?

the framework also asks whether the programme is creating meaningful opportunities for behavioural and relational change:

- Are women participating more fully in community life?
- Have opportunities for choice increased?
- Has confidence improved?
- Are women reconnecting with valued activities?
- Are parenting relationships strengthening?
- Are children experiencing greater stability?
- Are new behavioural repertoires being maintained beyond programme participation?

These questions reflect the underlying objective of the TIBR approach: recovery should not be measured solely by service utilisation, but also by meaningful behavioural and relational change within everyday life.

Attendance, referrals and intervention completion remain useful process and service-delivery measures, but they do not necessarily demonstrate whether a programme has created the conditions required for sustained recovery. A woman may attend multiple sessions without experiencing meaningful changes in autonomy, social participation or confidence, while another may derive significant benefit from a relatively small number of carefully matched opportunities. This is central to Behavioural Recovery Architecture: recovery should not be measured solely by service utilisation, but also by meaningful behavioural and relational change within everyday life.

The findings from The Uplift Project demonstrate the value of incorporating these broader domains into evaluation. In the present sample, participants reported not only engagement with different programme activities, but also experiences of being heard and respected, social connection, hope, voice, decision-making and changes within the home environment. The strongest reported outcomes were therefore not measures of service utilisation, but participant-reported experiences that correspond to the behavioural and relational domains proposed by TIBR and BRA.

The current evaluation does not, however, establish whether these changes were maintained after programme participation or whether they generalised across other areas of participants' lives.

These remain important questions for longitudinal evaluation.

Ultimately, the purpose of measuring recovery differently is not to disregard traditional service measures, but to place them within a broader outcome framework. Service utilisation tells us what a programme delivered; behavioural and relational measures provide greater insight into what those opportunities may have made possible for participants.

The goal is not simply to deliver interventions, but to create environments in which meaningful recovery behaviours can develop, be reinforced and become part of everyday life.

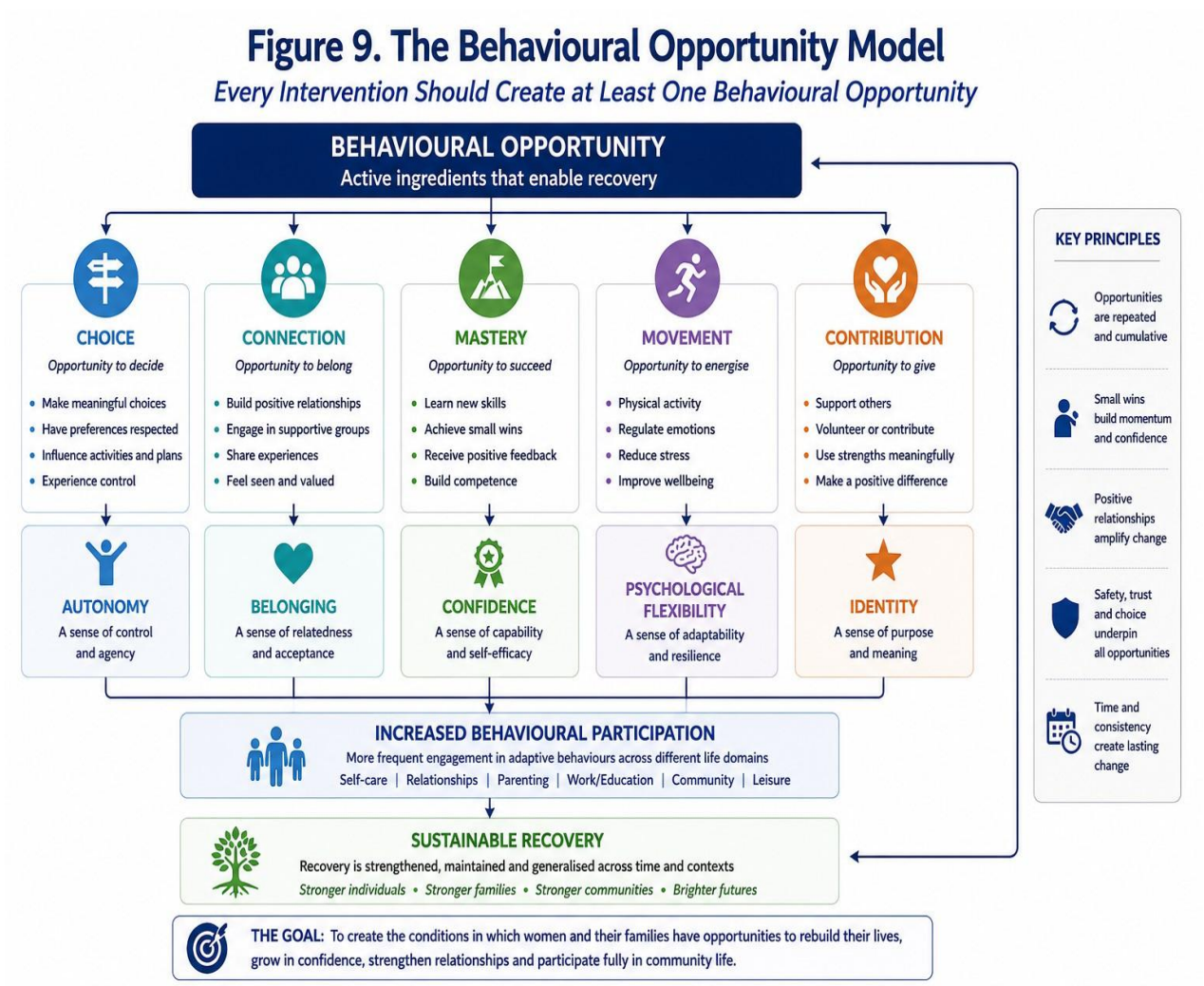

Figure 9: The Behavioural Opportunity Model

CONCLUSION

Reframing Recovery: Towards an Ecological Science of Domestic Abuse Recovery

Beyond Intervention: Recovery as a Dynamic System

Much of the domestic abuse literature conceptualises interventions as discrete events delivered to individual survivors. Counselling, advocacy, legal assistance, refuge accommodation and therapeutic programmes are frequently evaluated according to their independent effects on psychological wellbeing, safety or service utilisation. While this approach has generated an important evidence base, it risks overlooking the dynamic interactions through which recovery unfolds over time. Recovery is not produced by a single intervention. Rather, recovery emerges through continuous interactions between individuals, relationships, communities and the environments in which everyday life occurs.

From this perspective, interventions should not be viewed as isolated mechanisms of change but as components within a wider behavioural ecosystem. Each experience alters the probability of future behaviour by influencing opportunities for reinforcement, social connection, mastery, perceived safety and participation. Recovery therefore develops cumulatively rather than sequentially. Whilst some researchers and organisations acknowledge the wider impact on recovery and the value of outside interventions, the model at the Uplift Project is unique in that it is seeking to offer a broad array of these experiences within one organization.

This ecological perspective aligns with behavioural science, ecological systems theory and implementation science, all of which recognise that sustainable change depends not only upon intervention content but also upon the environments in which interventions are implemented and maintained (Bronfenbrenner, 1979; Fixsen

et al., 2005; Aarons et al., 2011). Recent implementation science reviews within violence prevention have similarly highlighted that sustainability, adaptability and survivor-centred implementation remain underdeveloped despite increasing recognition of their importance.

Behavioural Opportunity as the Unit of Analysis

A central proposition of the Trauma-Informed Behavioural Recovery approach is that recovery should not primarily be measured by the number of interventions delivered (ie. the number of sessions attended) . Instead, recovery programmes should be evaluated according to the behavioural opportunities they create. Behavioural opportunity refers to the extent to which an environment enables individuals to engage in adaptive, meaningful and self-directed behaviour. This represents a conceptual shift.

Rather than counting services, programmes ask:

- How many opportunities did women have to make meaningful choices?
- How many opportunities existed for positive social connection?
- How often were women able to experience mastery?
- How frequently were they able to participate in community life?
- How many opportunities existed to practise advocacy, parenting confidence or leadership?

This moves evaluation from measuring service activity towards measuring environmental capability. Importantly, behavioural opportunities accumulate; one successful experience rarely changes a life. Repeated opportunities experienced across multiple settings gradually reshape behavioural repertoires, strengthen self-efficacy and increase the likelihood that adaptive behaviours will generalise beyond programme participation. At the Uplift Project survivors have the opportunity to meet one to one with staff to discuss situations where perhaps they didn't have a successful experience with another organization. By being supported to understand why and how they might approach it, it helps to minimize the negative impact of that experience.

This interpretation is consistent with behavioural theory, ecological models of development and contemporary implementation science, which increasingly emphasise context, adaptation and sustainability as central determinants of intervention success.

Evaluating recovery as a relational process?

Perhaps the greatest limitation of existing recovery models is their tendency to conceptualise recovery as an individual outcome. Domestic abuse rarely affects only one individual. It alters family relationships, parenting practices, children's developmental environments, friendship networks and community participation.

Recovery should therefore be expected to produce similarly relational effects. When a mother develops greater confidence to advocate for herself, her children observe and experience different patterns of communication. When she experiences increased psychological flexibility, emotional regulation and community connectedness, the emotional climate within the family changes. When children simultaneously participate in their own trauma-responsive recovery programmes, reciprocal behavioural influences emerge across the family system.

Recovery becomes reciprocal rather than linear. Behavioural changes within mothers influence children. Behavioural changes within children influence mothers and changes within both influence wider family functioning. The family, rather than the individual, becomes the primary ecological context through which recovery is sustained.

This interpretation extends Bronfenbrenner's ecological systems theory (1979) by explicitly incorporating behavioural mechanisms through which interactions within family systems generate ongoing developmental change.

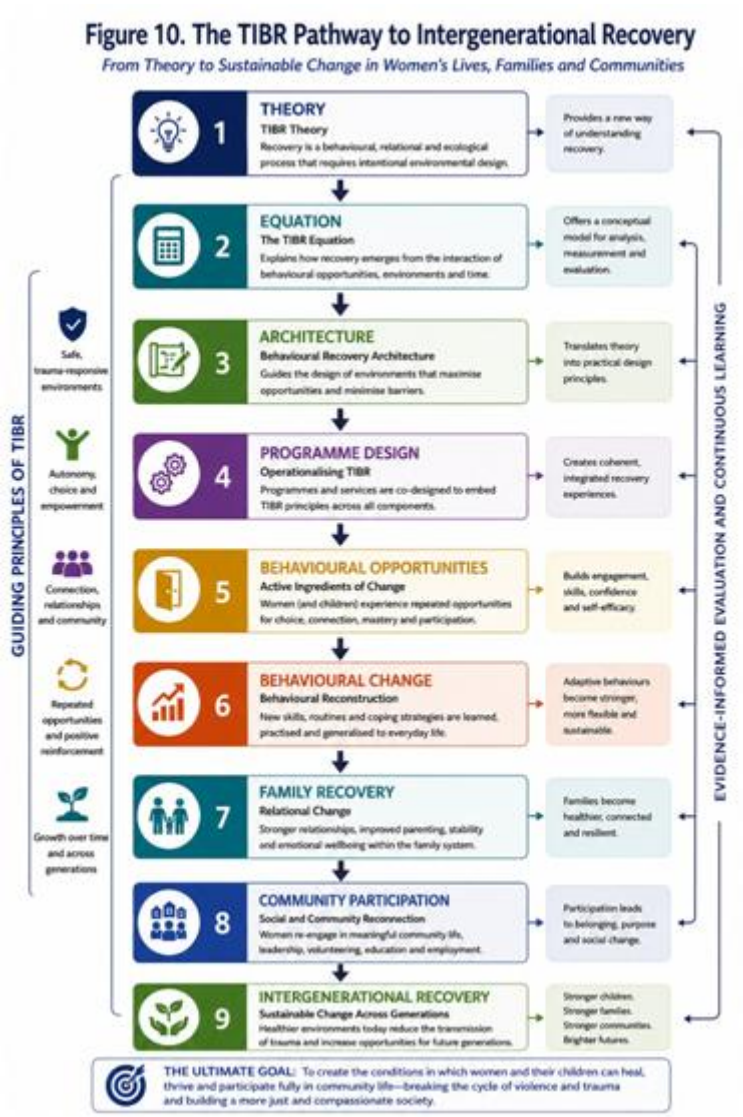

Figure 10: The TIBR Pathway to Intergenerational Recovery

Implications for Commissioning and Policy

Viewing recovery through an ecological behavioural lens has important implications for commissioning. Current funding mechanisms frequently reward outputs including programme attendance, referrals completed, assessments undertaken and interventions delivered.

While these indicators remain important, they reveal relatively little about whether recovery environments actually increase women's opportunities to rebuild meaningful lives. Future commissioning frameworks should therefore consider broader recovery outcomes, including:

- behavioural participation;
- social connectedness;
- community engagement;
- parenting confidence;
- psychological flexibility;
- autonomy;

- quality of life;
- sustained engagement beyond programme completion.

Similarly, implementation science increasingly recognises that evidence-based interventions cannot simply be replicated across settings without careful attention to context, organisational readiness, community partnerships and long-term sustainability. Recent reviews have identified a need for stronger integration of survivor-centred practice with implementation science, particularly to improve the scale and sustainability of violence prevention and recovery programmes.

Behavioural Recovery Architecture provides one possible framework through which these implementation challenges may be addressed by shifting attention from programme fidelity alone towards fidelity to behavioural principles.

IMPLICATIONS FOR FUTURE RESEARCH

The Trauma-Informed Behavioural Recovery approach also raises several important questions for future research methodologies. Longitudinal studies are needed to examine how behavioural opportunities influence recovery trajectories over time.

Mixed-methods research could investigate the relationships between programme design, behavioural participation and family outcomes. Network analyses may help explain how changes within mothers influence children and wider social systems.

Implementation research should explore how Behavioural Recovery Architecture can be adapted across different cultural, geographical and organisational contexts while maintaining its theoretical integrity. Recent reviews indicate that implementation science remains underutilised within violence prevention and survivor services, highlighting substantial opportunities for research that bridges behavioural theory, survivor-centred practice and real-world implementation.

Finally, there is the opportunity through TIBR to examine future evaluation methods which should move beyond asking whether recovery programmes have been implemented towards asking which behavioural environments most effectively support sustainable recovery for different women, families and communities.

If domestic abuse fundamentally reshapes the environments in which women, children and families learn, behave and relate to one another, then recovery cannot be understood solely as an individual therapeutic process. It must be understood as the intentional reconstruction of behavioural, relational and community environments that make healing possible. The question is no longer whether survivors are ready for recovery. It is whether our systems are ready to design recovery around survivors.

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