International Journal of Mental Health Nursing

WILEY

International Journal of Mental Health Nursing

PERSPECTIVE OPEN ACCESS

The Extended Social Network-Oriented Support Model for Intimate Partner Violence Survivors

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Received: 16 August 2024 | **Accepted:** 21 August 2024

Funding: This work was supported by the Department of Education, Australian Government. Ryan L. Davies is supported by an Australian Government Research Training Program (RTP) Scholarship. The funders had no role in study design, data collection and analysis, decision to publish or preparation of the manuscript.

Keywords: informal support | intimate partner violence | network-oriented approach | social network | well-being

ABSTRACT

Intimate partner violence (IPV) transcends cultural, social and economic boundaries, affecting countless individuals globally. Recovery for IPV survivors is supported by their social networks, yet the readiness of these networks is often poorly understood. This perspective paper proposes an extension to existing network-oriented IPV support models by integrating a focus on the readiness and well-being of informal supporters towards the goal of enhancing IPV survivor recovery through effective networks. This paper presents the extended social network-oriented support model, incorporating the Informal Supporter Readiness Inventory. This tool assesses the readiness of informal supporters, incorporating factors, such as normative and individual beliefs about IPV, and context-specific factors, to enable identification and targeted assistance where needed. Additionally, the proposed model emphasises the importance of supporting the well-being of informal supporters, who frequently endure elevated levels of stress, anxiety and depression. By integrating these elements, the extended social network-oriented support model is designed to help professional supporters foster resilient and sustainable support networks for IPV survivors, with potential applicability across various healthcare disciplines. The extended model underscores the necessity of assessing and fostering both the readiness and well-being of informal supporters to enhance the recovery journey for IPV survivors.

Intimate partner violence (IPV) is a pervasive issue that cuts across cultural, social and economic boundaries, affecting millions worldwide (Potter et al. 2020; Usher et al. 2021). The recovery path for survivors often depends on the support of their social networks (Goodman and Smyth 2011). However, the readiness of these networks, encompassing willingness, capacity and ability to provide effective support, is frequently overlooked (Davies, Rice, and Rock 2023). This perspective paper advocates for the expansion of network-oriented approaches to IPV support by incorporating the evaluation of informal supporter readiness, using tools like the Informal Supporter Readiness Inventory (ISRI; Davies, Rice, and Rock 2024). It also highlights the need to consider the substantial impact on well-being of supporters, who often experience increased levels of depression, anxiety and stress (Davies, Rice, and Rock in review-b). Therefore, we present an extended social network-oriented support model for IPV that integrates the element of assessing network members' readiness and providing well-being support for this challenging role with an aim to foster resilient and enduring support networks for survivors. Furthermore, we propose that this extended model will have implications beyond IPV, with broad application across physical and mental healthcare.

1 | The Importance of Social Networks in IPV Survivor Support

Social networks play a vital role in supporting IPV survivors by providing a foundation for the survivors' overall support system throughout their recovery (Goodman et al. 2023; Sullivan and Goodman 2019). These networks, which include family, friends, colleagues and broader community members, offer a range of emotional, practical and informational supports which are essential for navigating the consequences of experiencing IPV (Mahapatro, Prasad, and Singh 2021). Research highlights numerous benefits of robust social support for IPV survivors, including improved psychological well-being (Beeble et al. 2009), reduced isolation (Kirst et al. 2015), increased access to resources and services (Katerndahl et al. 2013) and reduced re-victimisation (Goodman et al. 2005). The value of social support networks extends beyond mere presence; it includes their ability to provide targeted, survivor-centred assistance that respects and promotes the survivor's autonomy, dignity and choice (Nolet, Morselli, and Cousineau 2021). The quality of support, shaped by the readiness and well-being of network members, plays an important role in the network's overall impact on the survivor's recovery journey (Bellotti et al. 2021). In contrast, ineffective social networks can exacerbate the risks for IPV survivors, leading to increased risk of victimisation and isolation (Sylaska and Edwards 2014).

2 | Network-Oriented Approach in IPV Services

A network-oriented approach within IPV survivor services strengthens the support structure for survivors by integrating their social network alongside available professional support. This approach acknowledges that safety and recovery from IPV goes beyond the individual, and beyond the level of assistance which can be offered by formal support services alone (Goodman and Smyth 2011). Such approaches can provide a holistic strategy that extends traditional IPV services (e.g., one-on-one counselling or shelter services), aiming to integrate survivors into a supportive network that can provide both immediate assistance and long-term stability (Sylaska and Edwards 2014).

Goodman et al. (2016) proposed a five-dimensional model for network-oriented IPV support, grounded in qualitative research with IPV service professionals. This model begins with 'Prework: Building Internal Foundations', which aims to restore the self-esteem and autonomy of survivors, enabling them to identify personal needs and aspirations. Next, 'Taking Stock' aims to assess survivors' social networks to differentiate supportive relationships from detrimental ones. Then, in the 'Reconnecting' phase, survivors are assisted in re-establishing healthy connections within their networks, utilising strategies like coaching and role play. After which, 'Starting New' highlights the need for some survivors to form new social bonds, prompting involvement in community activities or support groups. The final dimension, 'Moving Outward', involves educating a survivor's network on IPV and enhancing their supportive capabilities through IPV education.

3 | Reconceptualising 'Willingness' to 'Readiness'

While the role of social support in IPV situations is pivotal for survivors, many conceptualisations simply emphasise the 'willingness' of informal supporters to help (Davies, Rice, and Rock 2023). This aspect alone does not provide sufficient consideration of supporters actually being 'ready' to provide effective aid. Here, 'readiness' encompasses not only willingness but also the capacity, ability and appropriate context to offer support. Without adequate readiness, informal supporters may inadvertently deliver suboptimal care, which can be ineffective or even harmful to the survivor's journey towards safety and recovery (Taket et al. 2014). For example, a well-meaning friend might express willingness to help a survivor by offering advice or taking immediate action without fully understanding the complexities of the survivor's situation. This friend, lacking awareness of the dynamics of coercive control, might insist on the survivor leaving their partner immediately or confront the perpetrator directly. Such actions, while intended to help, can escalate the risk for the survivor, undermine their autonomy and potentially expose them to greater danger (Sylaska and Edwards 2014). Suboptimal care in this context arises from a lack of readiness, where the supporter's good intentions are not matched by an informed understanding of IPV, the survivor's specific needs and a reflection of their own emotional response to the situation.

Readiness was formally conceptualised in the model of informal supporter readiness (MISR) developed by Davies, Rice, and Rock (2023) from a systematic review of 31 studies. Davies, Rice, and Rock (2023) identified that readiness integrates normative, individual and situational factors, which influence the helpfulness of the support provided. Normative factors comprise the community's social norms and cultural expectations which contribute to shaping individual behaviours and attitudes towards IPV. Individual factors relate to the supporter's beliefs, knowledge, self-efficacy and attitudes, affecting their ability to provide effective support. Finally, situational factors include the specific dynamics and context of each IPV incident, such as the relationship among the supporter, the survivor and the perpetrator, the abuse severity or the inherent risks of intervention, while considering the emotional and practical implications of support actions.

4 | The Benefit and Application of a Structured Assessment of 'Readiness'

Building on the MISR, the ISRI (Davies, Rice, and Rock 2024, in review-a) was developed to quantitatively evaluate the readiness of social network members. The ISRI, a 57-item self-report measure for social support network members, assesses the normative, individual and situational dimensions of the MISR. The validated factor structure of the ISRI was consistent with the MISR's theoretical conceptualisation and provided a nuanced understanding of the role of emotional elements and context-specific risk assessment, with the bifurcation of the situational domain into situational emotion (e.g., relationship with both the survivor and perpetrator) and situational assessment components (e.g., perceived severity of violence). Figure 1 displays

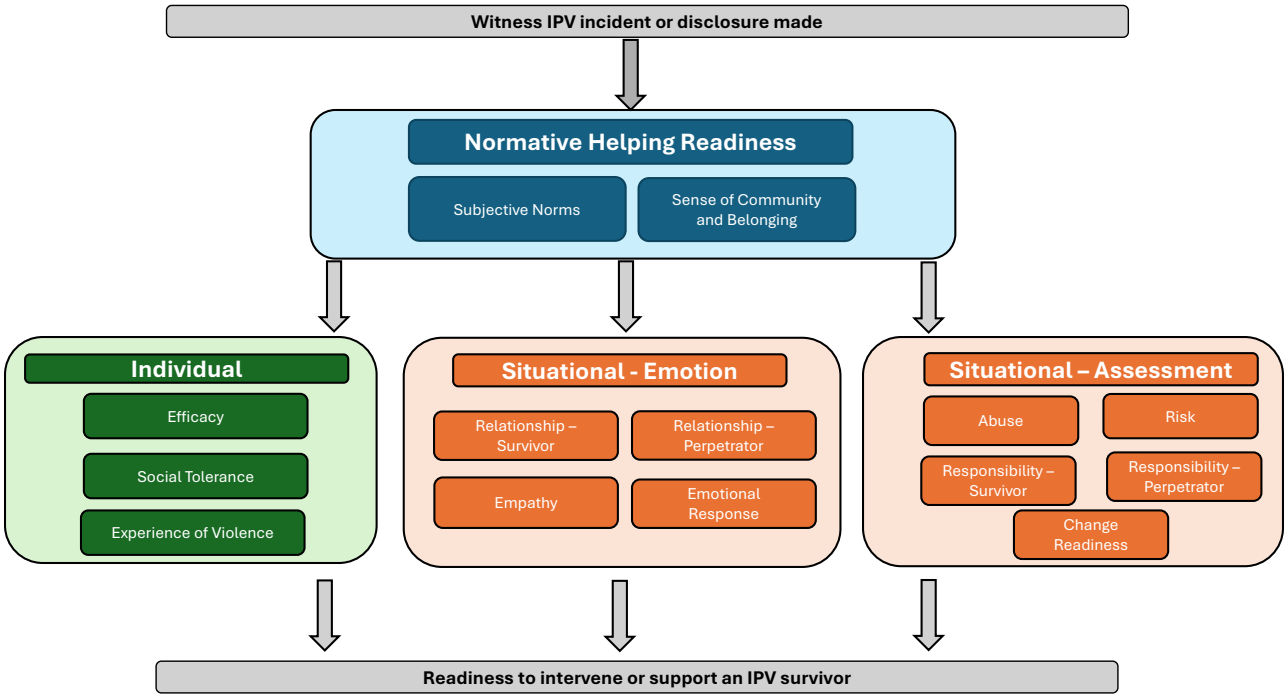

FIGURE 1 | The revised model of informal supporter readiness. This figure presents the revised model of informal supporter readiness and should be cited in this perspective paper. The original version of the model was published by Davies, Rice, and Rock (2023).

the revised MISR. The ISRI, by assessing various readiness aspects, aids in developing effective interventions that strengthen the safety networks of IPV survivors, thereby contributing to improved recovery outcomes.

The ISRI's structured assessment offers several key benefits. It identifies specific strengths and areas for development within an informal supporter's readiness, enabling survivors and support workers to create tailored IPV survivor support plans that are both effective and appropriate. For example, the ISRI might assist in identifying that an informal supporter does not feel they have the knowledge or resources to provide effective support. Furthermore, the ISRI also assists in identifying supporters who may benefit from targeted interventions. For example, an informal supporter who scores low on the abuse severity subfactor may benefit from IPV-specific education on the types and consequences of various forms of IPV. Additionally, by assessing situational emotion and situational assessment components, the ISRI helps identify potential context-specific risks associated with informal supporters who in many cases have relationships not just with the survivor but also with the perpetrator. For example, the ISRI might identify that an informal supporter holds a stronger relational alliance with the perpetrator which might suggest reluctance to provide support.

This structured approach brings together informal and formal support in the planning process. This collaborative approach facilitates better coordination between all supporters, promoting the development of a cohesive and comprehensive safety plan. Ongoing monitoring through the ISRI allows clinicians to reassess and adapt support plans, ensuring sustained and effective assistance.

5 | Informal Supporter Well-Being: A Necessary Part of the Support Model

The well-being of informal supporters is an often overlooked yet critical aspect of sustainable IPV support networks (Goodman et al. 2023). Providing informal support can have risks to psychological and physical health, as well as safety concerns which can impact overall well-being (Davies, Rice, and Rock in review-b). Physical health risks include symptoms like sleep disturbances and fatigue, stemming from the chronic stress of caregiving in volatile environments (Gregory, Williamson, and Feder 2017). Supporters can often neglect their own health needs while focusing on the survivor's well-being (Gregory et al. 2017).

Additionally, safety risks are considerable, as informal supporters can become targets of the perpetrator's aggression, facing threats, harassment or even physical violence, putting them at risk (Hardesty et al. 2008; Latta 2008). In many cases, this can be further complicated by supporters also having a pre-existing relationship with the perpetrator as well. This challenge is exacerbated in rural areas where geographically and socially close communities mean that the supporter and perpetrator are more likely to have existing social connections, increasing the risk of retaliation and isolation for the supporter (Jones et al. 2023). Psychologically, supporters may experience vicarious trauma as they engage deeply with the emotional and traumatic experiences of the survivors they help (Gregory et al. 2017). The severity of these experiences can differ, with some supporters encountering direct aggression or threats, which can amplify their stress and may lead to symptoms similar to those of post-traumatic stress disorder (PTSD) (Gregory et al. 2017). Furthermore, supporters face

other forms of psychological distress, such as elevated levels of depression, anxiety and stress when compared to the general population (Davies, Rice, and Rock in review-b). This continual exposure to stress can lead to burnout and secondary traumatic stress, further straining their capacity to provide care and support effectively. These effects can compromise the quality of support provided and, by extension, the effectiveness of the recovery process for the survivor (Nolet, Morselli, and Cousineau 2021). The complex nature of these relationships and the potential for harm underscore the urgent need for support mechanisms that address the well-being of these crucial and vulnerable members of IPV support networks. Acknowledging the needs of supporters is therefore not just an act of compassion but also a necessary component of an effective IPV support model.

Therefore, formal IPV services would benefit from implementing strategies to promote the well-being of informal supporters. One key strategy is to promote mindful self-care practices among informal supporters, addressing the psychological and physiological risks associated with their support roles (Davies, Rice, and Rock in review-b). Furthermore, this could include resilience training, regular debriefing sessions and access to mental health services to help mitigate psychological distress. Additionally, IPV services can encourage informal supporters to strengthen their own social support systems by allocating time to connect with significant others and family, which has been shown to increase perceived social support (Brick et al. 2023). Structural amendments, such as instituting formal mechanisms for regular debriefing and resilience training, may enhance the overall efficacy and longevity of the support network (Davies, Rice, and Rock in review-b). By providing these resources and fostering an environment that prioritises the well-being of informal supporters, IPV services can promote a more resilient and effective support system for survivors.

6 | The Extended Social Network-Oriented Support Model

This perspective paper extends the previous social network-oriented support model (Goodman et al. 2016) by reconceptualising the readiness of informal supporters, assessing the supports available and considering the previously neglected area of supporter well-being. The proposed extended social network-oriented support model, see Figure 2, includes four key steps beyond Goodman et al.'s (2016) model that specifically considers the informal supporters in the social network. Step 1 of working with informal supporters is 'Get Buy-in', which involves obtaining a commitment from informal supporters to actively participate in the survivor's social network. Step 2, 'Assess Readiness and Upskill', utilises the ISRI (Davies, Rice, and Rock 2023) to formally assess the readiness of informal supporters, identifying strengths to inform the safety plan and opportunities for development, such as IPV-specific education. Such an approach aims to ensure that the network around the survivor is not only perceived as supportive but is also objectively prepared and capable of providing the necessary support. By applying the ISRI, professionals can facilitate more informed and effective re-engagement between survivors and their networks, enhancing the quality and sustainability of the support provided. Step 3, 'Evaluate Wellbeing and Promote Support Web', explores the general well-being of informal supporters and encourages them to develop a self-care plan or support web to ensure their longevity as effective supporters. Finally, Step 4, 'Monitor Wellbeing', involves routinely checking in with informal supporters regarding their general well-being and providing guidance or referrals to necessary supports as needed. In Goodman et al.'s (2016) model, the 'Moving Out' step, which focused on educating and supporting informal supporters, has been integrated into the newly created informal supporter elements of the extended model. For example,

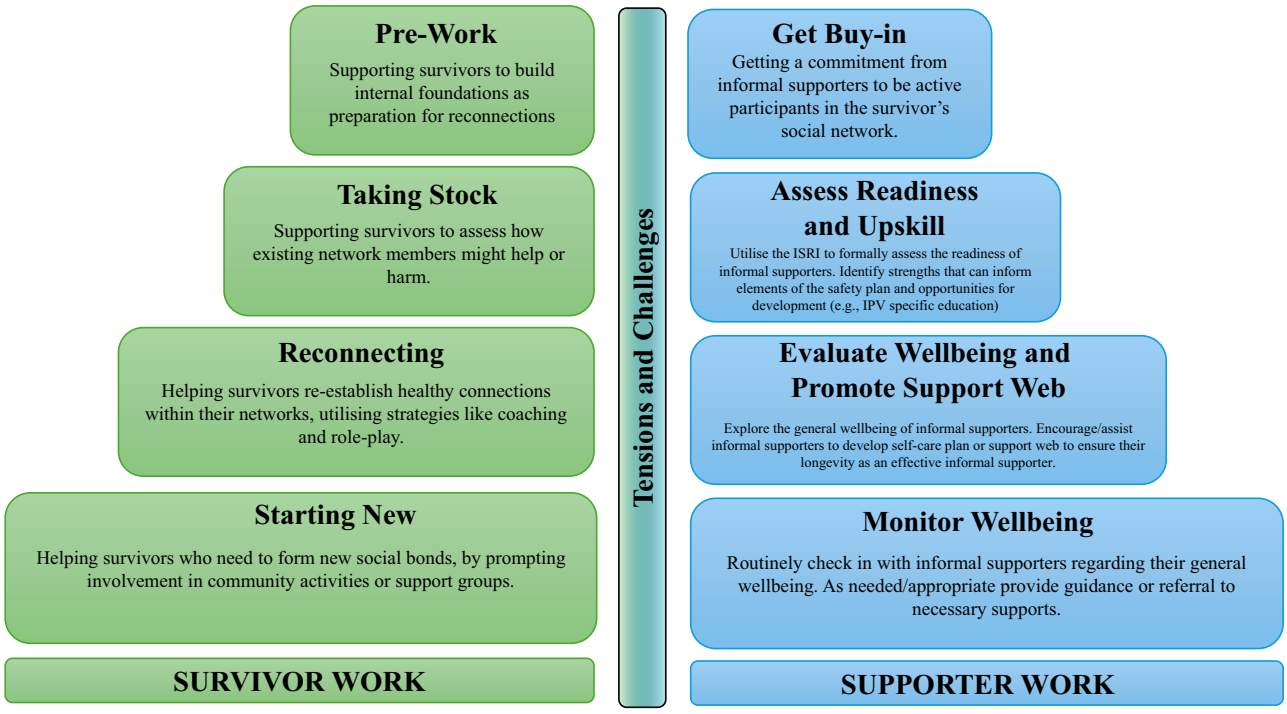

FIGURE 2 | The extended social network-oriented support model for intimate partner violence survivors.

providing IPV-specific education to supporters is completed as part of the upskilling process in Step 2. By integrating these steps, the extended model aims can be used to create a more comprehensive and sustainable support network for IPV survivors, focusing not only on the survivors but also on the crucial role of informal supporters.

7 | Implications for Other Disciplines

The extended social network-oriented support model has implications beyond IPV survivor support. This approach has the potential to be applied to other disciplines where social networks provide necessary support, particularly in the context of informal supporters and carers for individuals facing mental health and physical health challenges. By shifting the focus to include the well-being and readiness of those who provide care for others, we emphasise the importance of assessing and preparing informal supporters for their roles. This model underscores the need for other disciplines to consider, assess and support the informal supporters who are vital in the care and recovery process. Integrating these considerations into broader healthcare and social support systems can enhance the overall effectiveness and sustainability of care provided to vulnerable populations who routinely rely on informal social networks.

8 | Conclusion

In this perspective paper, an extended social network approach to IPV survivor support has been proposed. While the previous model (Goodman and Smyth 2011) focussed on survivor support, this proposed model includes a comprehensive assessment of informal supporter readiness and well-being of these supporters. By assessing the readiness of informal supporters with the ISRI and focussing on supporter well-being, our proposed model provides a more holistic approach to survivor support. The implications of this extended model serve to promote supporters not only being willing but also practically and emotionally prepared to provide effective aid, thereby enhancing safety for both survivors and supporters (Davies, Rice, and Rock 2023). Additionally, by promoting supporter well-being, the risk of burnout and secondary trauma is reduced, ensuring supporters can continue to provide stable and effective support, which benefits the survivors' recovery journey (Davies, Rice, and Rock, in review-b). Moving forward, future research should focus on testing the extended model through longitudinal studies to understand the long-term effects of support networks on survivor recovery. This research will strengthen our understanding of how sustained support impacts the well-being of both survivors and their informal supporters, and how changes in network dynamics over time affect the recovery process. By incorporating these insights, we can develop more holistic and dynamic support models that are responsive to the changing needs of IPV survivors. Ultimately, professional supporters using the extended model will be able to foster more resilient and enduring support networks. These networks will be better equipped to address IPV with empathy and effectiveness, thereby promoting sustainable recovery and empowerment for survivors.

9 | Relevance for Clinical Practice

The extended social network-oriented support model presented in this paper has implications for clinical practice. By incorporating the ISRI and emphasising the well-being of informal supporters, this model offers a framework that extends beyond traditional survivor-centric approaches. For clinicians, this model provides practical tools to conceptualise, assess and enhance the readiness of informal supporters, ensuring that they are both emotionally and practically prepared to offer effective support. Additionally, it highlights the importance of monitoring and promoting the well-being of these supporters, thereby aiding in prevention of burnout and secondary trauma. Integrating this model into clinical practice can lead to more resilient and sustainable support networks for IPV survivors, supporting improved recovery outcomes and fostering a holistic approach to care.

Acknowledgements

Open access publishing facilitated by University of New England, as part of the Wiley - University of New England agreement via the Council of Australian University Librarians.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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