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Informal social support, gender-based violence, and mental health among female college students

Apoyo social informal, violencia de género y salud mental en estudiantes universitarias

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Gender-based violence affects women's mental health and constitutes a problem within Higher Education Institutions (HEIs). This study identifies the support sought by college female students who have experienced gender-based violence with their intimate partners, and analyzes responses provided by their informal social support networks. A mixed sequential design (from quantitative to qualitative) with a qualitative emphasis was used. Participants were 10 female college students from the University Center of La Ciénega, University of Guadalajara, and 9 members of their informal social support networks (N=19). The instruments used were the Index of Spouse Abuse, the Multidimensional Scale of Perceived Social Support, and semi-structured interviews. The female college students reached out to their peers and requested emotional support. Facilitating, hindering, and mixed responses were identified. Active listening, validation, and emotional accompaniment within the process favored the acknowledgement of violence and the search for resources. A feeling of guilt, minimization, pressure and withdrawal of support augmented isolation and discomfort. Those who provided help expressed uncertainty and feelings of burnout, a finding that supports the proposal for second-order support networks. In conclusion, it is necessary to strengthen and articulate informal networks within institutional services as an expansion of college strategies for violence prevention and community mental health care.

Palabras clave:
gender-based violence, informal social support, mental health, female college students, institutional policies

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La violencia de pareja basada en el género afecta la salud mental de las mujeres y constituye un problema para las instituciones de educación superior. Este estudio identificó el apoyo solicitado por estudiantes universitarias que experimentaron violencia de pareja y analizó las respuestas de sus redes de apoyo informal. Se empleó un diseño mixto secuencial Cuant→CUAL con predominio cualitativo. Participaron diez estudiantes del Centro Universitario de la Ciénega y nueve integrantes de sus redes de apoyo social informal (N=19). Se aplicaron el Index of Spouse Abuse, la escala multidimensional de apoyo social percibido y entrevistas semiestructuradas. Las estudiantes recurrieron a amistades universitarias y solicitaron apoyo emocional. Se identificaron respuestas facilitadoras, obstaculizadoras y mixtas. La escucha, la validación y el acompañamiento favorecieron el reconocimiento de la violencia y la búsqueda de recursos. La culpabilización, minimización, presión y retirada del apoyo incrementaron el aislamiento y el malestar. Quienes brindaron ayuda expresaron incertidumbre y desgaste, lo que sustenta la propuesta de redes de apoyo de segundo orden. Se concluye que fortalecer y articular las redes informales con servicios institucionales puede ampliar las estrategias universitarias de prevención de la violencia y cuidado comunitario de la salud mental.

Keywords:
violencia basada en el género, apoyo social informal, salud mental, estudiantes universitarias, política institucional

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Introduction

Couple violence constitutes one of the most frequent expressions of gender-based violence and represents a significant public health and human rights issue. Although in literature the terms "gender-based violence" and "violence against women" are used interchangeably, this work employs the concept of "gender-based violence" since it emphasizes that this violence has its roots in unequal power relations and gender norms. Higher Education Institutions (HEIs) are not immune to this problem; on the contrary, violent relations also develop within university contexts and they impact students' mental health.

National (National Institute of Statistics and Geography: INEGI, 2024) and international (World Health Organization: WHO, 2021) evidence shows that a substantial proportion of young women experience violence by their partners, with estimates ranging from 27% to 39.9% of the total population and with a global prevalence of intimate partner violence against adolescent girls aged 15-19 estimated at 24% (Sardinha et al., 2024), and when the age range is extended to 49 years, the prevalence increases to 27 percent. Furthermore, entry into higher education coincides with a life stage characterized by the construction of romantic relationships, the consolidation of identity and the emergence of numerous mental health problems (Cuijpers et al., 2019; Mason et al., 2025).

In the same manner, various studies have documented the fact that couple violence within this stage of life is associated with increased physical and mental health problems such as depression, anxiety, PTSD, substance abuse, sleep disorders, eating disorders and suicide (Amor et al., 2002; Blanco et al., 2004; García-Moreno y Stöckl, 2017; WHO, 2003, 2005; Plazaola-Castaño & Pérez, 2004; Ponte-González et al., 2023; Tourné García et al., 2024). As a consequence, gender-based violence and particularly that of a couple, constitutes a mental health problem for HEIs.

In recent years, investigations and interventions regarding gender-based violence and mental health have undergone a shift in focus: increasingly, research is focused on understanding social conditions and relations which favor the process of recovery and well-being of women who have experienced violent relationships. From this perspective, mental health is no longer understood solely as the absence of psychopathology, but rather as a process constructed through interaction with community resources and the so-called social determinants of mental health.

Within this framework, informal social support has acquired a central role as one of the main protective resources against the consequences of couple violence. Various studies demonstrate that the quality of responses received upon disclosing violence can facilitate abuse recognition, reduce isolation, strengthen coping strategies and promote help-seeking. Conversely, responses based on guilt, blame, habituation, minimization or constant questioning of experiences can intensify the psychological distress, reinforce isolation and hinder the processes of recovery (Bloom et al., 2023; Cho et al., 2025; Laz-Figueroa et al., 2025; Pir et al., 2023; Tostado-Calvo et al., 2024; Vicary et al., 2025a, 2025b). As a consequence, social networks not only constitute a context for disclosure of violence, but also an active component which can favor or limit the restoration of psychological well-being of women and, consequently, their mental health.

This perspective is particularly relevant in the university context as this stage represents a decisive moment for mental health, coinciding with the peak period of onset for mental disorders (Bruffaerts, 2026; Cuijpers et al., 2019; Hyseni Duraku et al., 2024). Furthermore, during this stage, the first affective relationships of adulthood are established: a circumstance that constitutes one of the most significant determinants of young women's psychological well-being.

Gender-based violence constitutes a documented problem within Mexican higher education institutions. Frías (2026), based on an analysis of data from 42 Mexican universities, found that almost one out of five female university students experienced harassment or sexual harassment during the previous year.

Although HEIs have progressively strengthened their response mechanisms, significant challenges persist in ensuring timely and effective responses. Hence, the National Network of HEIs, "Caminos para la Igualdad", 2021, (RENIES Igualdad) in collaboration with the National Association of Universities and HEI of Mexico (ANUIES) elaborated a model of response regarding gender-based violence; developed from a review of 20 university protocols and oriented to create institutional pathways for response to different types of violence.

In this context, HEIs possess characteristics that distinguish them from other community settings. Daily interaction amongst students, constant relationships with peers and professors, as well as the presence of equality offices and institutional protocols offer specific opportunities for prevention, detection, referral, and support for female students experiencing gender-based violence. In concordance with this, the General Law of Higher Education establishes that these institutions must create protocols for prevention, attention, sanctioning, and eradication of different types of violence particularly the one performed against women as part of the actions to guarantee the right to education (Cámara de Diputados del H. Congreso de la Unión, 2021).

On the other hand, there is evidence that social support is an important factor to prevent and reduce the risk and consequences of violence. Support networks are understood as the social resources that an individual perceives as available when in need of help (Gottlieb & Bergen, 2010). In other words, social support is a protective factor which modulates the impact of intimate partner violence, favoring the process of recovery regarding physical and mental health of victims (Beeble et al., 2008; Bellot et al., 2022; Coker et al., 2003; Davies et al., 2023; Dias et al., 2020; Edwards et al., 2015; Edwards & Dardis, 2020; Estrada et al., 2012; Ghoshal et al., 2023; Melgar Alcantud et al., 2021; Ogbe et al., 2020; Plazaola-Castaño et al., 2008; Plazaola-Castaño y Pérez, 2004; Sylaska y Edwards, 2014; Wadji y Langevin, 2024; Wright, 2015).

Scientific literature indicates that women who are victims of gender-based violence seek help to identify violence, end it, and where applicable, end relationships with their partners primarily turning to informal social support networks such as family members and friends (Ansara y Hindin, 2010; Johnson y Belenko, 2021; Latta y Goodman, 2011; Schucan Bird et al., 2022, 2024a, 2024b; Wachter et al., 2021). Diverse studies estimate that between 75% and 87% of women disclose violence to individuals in their immediate environment -Relatives, friends, colleagues or neighbors- before going to formal instances, a pattern that has also been recorded in recent investigations performed within the Mexican context (Ansara y Hindin, 2010; Melgar Alcantud et al., 2021; López-Moreno, 2026; Macias-Esparza et al., 2021; Macias-Esparza et al., 2023).

It is generally considered that the perception of the available support (perceived social support) is usually linked with well-being and health, even if help is not always actually received (social support received). However, this idea is still controversial since most of the studies examine perceived support rather than received support (Haber et al., 2007; Helgeson, 1993; Nurullah, 2012).

In literature it has been assumed that there is a positive connection between the support network and the well-being where it is assumed that available support and the one received is always beneficial, although this is not always the case. Evidence shows that the way in which friends, relatives, and other significant people react when experiences of violence are disclosed constitutes a crucial factor which can favor or limit the psychological well-being and mental health of the victims (Dworkin et al., 2019; Edwards et al., 2015; Ullman, 2023). In fact, social support may not be beneficial in certain circumstances and it can even generate negative results; especially when the needs and expectations of the help-seeker do not align with those of the provider. Nurullah (2012) states that, on occasion, the reception of instrumental social support which is perceived as "mandatory or obligatory" can cause more stress and discomfort since the recipients can interpret it as an invasion of their privacy; thus, experiencing feelings of indebtedness or guilt because of the support provided.

In the case of victims of violence, it is common for support networks to react with disbelief upon disclosure and even recommend continuing with the relationship in order to protect the family unit or the children by giving new opportunities which make the social support actually useless.

Findings suggest that responses provided by informal social support networks constitute a relational mechanism through which the university community can contribute or, in some cases, hinder the mental health recovery process of female students experiencing couple violence.

Despite the importance of social support networks, research to date suggests that women who are victims of violence have small support networks with weak ties (Kalish y Robins, 2006; Macias-Esparza et al., 2021, 2023; Melgar Alcantud et al., 2021; Salazar Martínez et al., 2021).

In this regard, strengthening the capacity of informal support networks to offer empathic, respectful and articulated responses based on institutional resources can be understood as a strategy to promote community mental health. From this perspective, violence prevention and mental health care cease to be the exclusive responsibility of clinical services to become a shared task for the university community without substituting specialized care by expanding the social conditions that make recovery, well-being, and mental health possible for students in higher education.

It is important to note that this study does not aim to directly evaluate mental health indicators nor to establish causal relationships between social support response and psychological well-being or mental health of the participants. However, a substantial body of evidence has constantly documented the close relation between quality of social support, experience of couple violence and mental health processes. From this perspective, responses from the informal social support network identified within this study become relevant not only because of the influence in the search of help but also since they represent relational conditions which,

according to available literature, can favor or hinder coping processes, recovery, and well-being of college female students experiencing intimate partner violence.

The purpose of this research is to specify the type of social support which victims of violence seek and identify the responses provided by informal social support networks in the face of situations of violence. The results can inform the design of socio-community interventions to prevent and respond to types of violence in the university context in order to strengthen responses of informal networks and articulate them with existing institutional mechanisms.

Furthermore, this study becomes relevant since it includes the voice of women victims and their support networks, an aspect not documented previously. Although there are numerous studies which explore the victim's experience, few studies have investigated both perspectives simultaneously (Gregory et al., 2016, 2017; Latta y Goodman, 2011), of which most have been performed in different contexts. This would be one of the few studies conducted with a Mexican population and, by extension, Latin American populations, that integrates both perspectives –those of the victims and their support network–; thus, becoming a novel study which can provide new insights.

Methodology

The current study was carried out with a quantitative-to-qualitative sequential mixed design and an exploratory and descriptive scope (Echeverría, 2017). The aim was to identify the responses from informal social support in response to help-seeking by female university students who have experienced gender-based violence by their intimate partner.

Sequential mixed designs are characterized because quantitative and qualitative components are developed successively, allowing the results obtained in the first phase to serve as inputs for the next step. According to Echeverría (2017) when the second phase depends methodologically on data obtained from the first one, the design will be of a sequential combined nature. In the case of this study, its nature is quantitative-qualitative since the quantitative phase precedes the qualitative and guides its orientation whereas the qualitative component becomes the principal axis for knowledge generation and interpretation.

In the first phase standardized instruments were used to identify participants who match the inclusion criteria, characterize the violence experienced (Index of Spouse Abuse: ISA), and describe social support perceived based on the Multidimensional Scale of Perceived Social Support (MSPSS). This information allowed for the characterization of the sample and the selection of participants for the second phase in which both female students who experienced violence and the members of their informal social support networks were interviewed. This provided the opportunity to understand relational and meaning-making processes which isolated quantitative instruments do not explain by themselves. Finally, both components were integrated during the interpretation of results using quantitative data to contextualize and enrich the qualitative analysis.

Participants

The sampling was non-probabilistic, purposive, and snowball-based where the inclusion criteria were as follows:

Sample 1: female university students from the University Center of La Ciénega, University of Guadalajara, residing in the state of Jalisco who had an intimate heterosexual relationship lasting at least one year between 2022 and 2024 in which they experienced violence (physical, psychological, sexual, digital, or economic).

Sample 2: individuals from the informal social support networks of the female students who experienced gender-based violence identified by the victims as persons who have provided any type of support during the violent experience.

Instruments

Three main sources of information were used:

a) Index of Spouse Abuse (ISA) (Hudson & Mcintosh, 1981; Plazaola-Castaño et al., 2006) which evaluates partner violence and classifies as physical or non-physical.

B) Multidimensional Scale of Perceived Social Support (MSPSS) (Dahlem & Farley, 1988) translated by Santos Vega et al. (2021) to identify the social support perceived from family members, friends, and other significant individuals.

C) A semi-structured interview script for the female victims and another for their informal social support network. The interviews explore the violent experience, the individuals from whom help was sought, the type of support requested and received, the responses provided by the network and the challenges found during the process.

Procedure

The research was conducted in three phases.

The first phase consisted of the recruitment and sampling.

Recruitment was carried out through social networks, inviting participants to complete an online questionnaire that included an informed consent form. After that, inclusion criteria were presented along with the Index of Spouse Abuse (ISA) by Hudson and McIntosh (1981), in its Spanish version as adapted by Plazaola-Castaño et al. (2006) to evaluate intensity and type of violence. At the end, participants were invited to receive their test results and to participate in the qualitative interview phase: for this purpose, they were asked to provide contact information and reliable means of communication. Once the data were analyzed, the results were provided to the female participants who had provided their contact information. During this feedback session, the type and level of violence according to the ISA was informed as well as various resources to address the violence. Participants were invited to continue with the next phase of the study which consisted of a brief interview; first with them and then with their support network.

The second phase: interview with the victims.

In this phase, semi-structured interviews were performed and audio recordings were made with participants' consent: participants were again provided with an informed consent form and reminded that participation was voluntary and anonymous. The information collected consisted of sociodemographic data, the application of the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet et al., 1988), data about the intimate relationship and that of the informal social support network as well as the type of support requested and received at the moment of the violence experienced by their partner. The interviews were conducted in spaces that ensured privacy and security of the female victims and were aligned with ethical guidelines of the World Health Organization (1999) to research violence against women. After the interview, the victims were requested to help contact the individuals who were part of their informal support network and invite them to participate into the third phase. Additionally, they were provided with a directory of specialized services for response to gender-based violence and mental health. Once the female participants had contacted these services, the researcher was notified and proceeded to communicate with the participants of the informal support network to arrange an interview.

Third phase: interview with the informal social support network.

In this phase, individuals from the informal social support network who had given their approval and provided their contact data were contacted. In the same manner, they were again provided with an informed consent form, and the following topics were addressed: sociodemographic data, the victim's request for help, type of help requested, response to the request of help, factors that influenced their response and challenges faced. The audio of the interviews was recorded with consent and it was explained how the data would be handled.

Data analysis

The quantitative data were analyzed with the statistical software Jamovi® whereas the interviews were fully transcribed and analyzed with the software Atlas.ti®. For the analysis of the interview a system with 21 codes was generated (10 for the victims and 11 for the support network).

A category system was developed under deductive-inductive criteria (Mejía, 2011) in which categories previously defined by the theoretical framework and emerging categories from the coding processes are incorporated.

The qualitative analysis process was developed as an iterative coding process: involving successive cycles of coding, revision, refinement and recoding of the interviews. The initial coding was done by the primary author responsible for the fieldwork and then revised by the second author and the rest of the research team by using a deferred review process that allowed for the verification and redefinition of the code assignment as defined by Rädiker and Kuckartz (2020). The coding was used in two different stages and it was a collaborative simultaneous coding.

In the collaborative analysis sessions, the information segments were discussed jointly until a consensus was reached regarding their definition. These sessions included the research director and, occasionally, thesis readers during research colloquia, whose observations contributed to the refinement of the category system.

Furthermore, it is highlighted that a triangulation of sources was performed when contrasting the perspectives of women who sought support with those of individuals in their social support network. This allowed for the identification of convergences and divergences regarding the relational process.

Within this article the results regarding four thematic axes are presented: 1) individuals to whom the victims turned for support, 2) types of requested support, 3) responses provided by the informal social support network, 4) needs identified by the networks themselves to provide support and accompaniment.

Ethical considerations

The research followed international recommendations for research on violence against women proposed by the World Health Organization (1999). All participants provided their informed consent and confidentiality of information was guaranteed. Measures were implemented to protect their security throughout the research process.

Results

Sample characteristics

After the call for participation, 83 women completed the online screening questionnaire. Of the total number, 37 met the inclusion criteria and were invited to participate in the qualitative phase. In the end, ten women accepted to take part in the interviews and authorized contact with the individuals who made up their informal social support network. Subsequently, nine individuals from these networks were interviewed, resulting in a final sample of 19 participants.

Thus, the sample consisted of ten female victims of intimate partner violence (n_1= 10) and nine individuals of the informal social support network (n_2= 9): in other words, nineteen participants in total (N= 19). At the time of the interviews, the age range for both victims and support network members was between 19 and 30 years and the relationship with the victims was primarily friendship or family. Regarding the identified violence by the ISA, six participants reported having experienced both physical violence (ISA-PV) and non-physical violence (ISA-NPV), four reported experiencing only non-physical violence (ISA-NPV). Of the ten victims, only one remained in the relationship with her partner. In terms of perceived social support, seven victims obtained a medium score and three obtained high scores on the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, & Farley, 1988). (Table 1).

Table 1. Socio-demographic data

Data of the female victims (*n*= 10)	*n*	%
Age		
19- 25 years old	9	90
26- 30 years old	1	10
Marital status		
Single	10	100
Education Level		
Undergraduate	9	90
Postgraduate	1	10
Score of the Index of Spouse Abuse (ISA)		
With physical violence (ISA-PV)	6	60
Without physical violence (ISA-PV)	4	40
With non-physical violence (ISA-NPV)	10	100
Without non-physical violence (ISA-NPV)	0	0
Score in the Multidimensional Scale of perceived Social Support (MSPSS)		
High perceived support	3	30
Medium perceived support	7	70
Characteristics presented during the relationship with an intimate partner		
Duration of the relationship		
1 to 3 years	7	70
4 to 6 years	3	30
Cohabitation		
Cohabited	1	10
Did not cohabit	9	90
Information about the violent partner		
Age		
19- 25 years old	7	70
26- 30 years old	1	10
31- 35 years old	0	0
36- 40 years old	1	10
41- 45 years old	0	0
46- 50 years old	1	10
Occupation		
Professional	2	20
Employee	3	30
Student	5	50
Is the person student of Centro Universitario de la Ciénega		
Yes	4	40
No	6	60
Information about the support network (n=9)		
Age		
20- 25 years old	6	66.6
26- 30 years old	3	33.3
Gender		
women	6	66.6
men	3	33.3
Marital Status		
Single	9	100
Occupation		
Student	5	55.5
Professional	3	33.3
Employee	1	11.1

Type of relationship		
Friendship	8	88.8
Family member (brother)	1	11.1

Help-seeking begins

As part of the interview to the victims, they were asked to mention whom they turned to when they started to experience intimate partner violence. In total, there were 50 requests for help since each participant sought help from more than one person during the violent experience. The primary recipients were female friends from the university context, who accounted for nearly half of the support requests. Mothers were the second most common source of support followed by brothers, sisters, male friends and other relatives, though with less frequency.

The support sought was predominantly emotional. The participants described the need to be heard, understood, and supported as well as guidance to help them understand what was happening. These findings confirm that the informal social support network is the first resource women turn to in trying to understand violence before seeking formal help.

Not all responses constitute support

Although all participants turned to significant people whom they trusted, the responses received were not always perceived as support.

From the combined analysis of the interviews with the victims and the people of the support network, three types of responses were identified: facilitating, hindering, and mixed (see Table 2).

The classification of the responses was carried out by the research team who considered the assessment provided by the participants themselves regarding the usefulness of the support: that is, the female victims were the ones who defined whether the responses had been facilitating, hindering or mixed.

Facilitating responses

The facilitating responses were characterized by active listening, empathy, emotional validation, unconditional accompaniment, gestures of affection such as hugs and kind words, as well as activities that prevented the victim's isolation, and avoiding minimization of violence while remaining available even when the participants decided not to continue with the violent relationship. Social networks also provided information about violence through digital media, which allowed them to stay informed and up to date.

The female participants also described that these types of responses helped them understand violence and question the normalization of mistreatment at the same time that they recognized the need to seek other forms of support. In addition, these responses helped build confidence and the ability to take decisions regarding the relationship. Female friends were those who most frequently offered this type of support, accounting for 11 of the 24 facilitating responses addressed to them.

The following are fragments of the interviews which illustrate some of these responses:

> They heard me, and it was like letting go of everything I had kept inside. It was such a relief that someone listened to me, it was what helped me… And it was not one time; they were many and they listened to me as though it were the first time they were hearing it (Victim 3, Interview, 2025).

> I told my best friend and then she said to me 'Don't you think that what you experienced was psychological violence?' (Victim 5, Interview, 2025).

> My best friend helped me. That was when I realized it was violence. She started sending me information. I thought 'Yes. That was violence' (Victim 8, interview, 2025).

These testimonies show that the facilitating responses were not limited to empathic listening but rather they allowed for the recognition of violence and the strengthening of trust in their own decisions: even when the participants decided to temporarily continue with the relationship. These responses diminished isolation and facilitated mobilization toward other support resources.

Hindering responses

Hindering responses were characterized by a lack of empathy, blame, assignment of responsibility and minimizing the violent acts as well as undermining the victim's decisions or exerting pressure to end the relationship immediately. This withdrawal of support was perceived as a barrier to face violence and women who participated in the research described these judgements increased feelings of guilt, confusion, isolation, hopelessness and anxiety.

Some examples of hindering responses included the following:

> There were times in which I felt judged, reprimanded. They told me, 'it's because you allowed it' and those kinds of comments made me feel bad, stupid (Victim 1, interview, 2025).

> They told me: he does it because he loves you, he does it because he's worried about you, that's why is so jealous… They supported his reasoning (Victim 8, interview, 2025).

> Most of the advice I received ignored what I was feeling. It was easy to say 'just leave him'… but what do you do with what you feel? (Victim 4, interview, 2025).

In contrast to facilitating responses, hindering responses implicitly or explicitly placed the responsibility for violence on the victims themselves through mechanisms of guilt, minimization or normalization of violence. These types of responses increased the uncertainty and emotional discomfort while diminishing the confidence in the support network itself.

Mixed responses

Between these two extremes, a third type of responses was identified, combining supportive behaviors with rejecting ones; these were referred to as mixed responses.

Mixed responses are characterized by an initial willingness to listen and support the victims; however, the support was progressively replaced by exhaustion,

distance, and judgement which reduced their availability to help. This pattern appeared principally amongst mothers, but also amongst close friends. Women also described it as especially confusing and with similar repercussions to those described in the hindering responses.

This type of responses is illustrated with the following interview fragments:

> I told my friends that I wanted to leave him… but I went back to him… And then my friends didn't really help me because they said, 'it's because you went back, you must like being there' (Victim 3, Interview, 2025).
>
> One of my friends got desperate and told me "I mean, I don't like seeing you like that, but I honestly don't think there's anything I can do" (Victim 6, Interview, 2025).
>
> I lost important support networks… I regained the support of an aunt, but on the condition that I wouldn't talk about it anymore (Victim 2, Interview, 2025).

Mixed responses reveal an initial willingness to listen, but that willingness does not guarantee the continuity of the support. These findings suggest that one of the main challenges of the informal social support does not lie in a lack of initial willingness to help, but rather in the absence of resources to understand the cyclical nature of violence, identifying violence and sustaining support and accompaniment processes without judgement: thus, the need to strengthen institutional support networks was identified.

Table 2. Support requests by type of relationship with the recipient

Individuals from whom support was sought	*n*	%
Female friend	24	48
Mother	9	18
Male friend	7	14
Sister	3	6
Aunt	2	4
Father	2	4
Female cousin	1	2
Brother	1	2
Grandma	1	2
Individuals who responded in a facilitating manner		
Female friend	11	22
Mother	0	0
Male friend	6	12
Sister	0	0
Aunt	1	2
Father	0	0
Female cousin	0	0
Brother	1	2
Grandma	1	2

Individuals who responded in a hindering manner		
Female friend	10	20
Mother	5	10
Male friend	0	0
Sister	3	6
Aunt	0	0
Father	2	4
Female cousin	0	0
Brother	0	0
Grandma	0	0
Individuals who responded in a mixed manner		
Female friend	3	6
Mother	4	8
Male friend	1	2
Sister	0	0
Aunt	1	2
Father	0	0
Female cousin	1	2
Brother	0	0
Grandma	0	0

*The number of requests exceeds the number of victims, as each participant sought help from more than one person.

A network for the network: Second-order support networks

One of the most relevant findings of the research was discovered when analyzing the experiences and needs of those who provided help. Although most network members considered that they had acted in good faith and in the best possible way, practically all of those interviewed expressed uncertainty about the real usefulness of their responses.

Finally, the support network members were asked to assess the effectiveness of their support towards the victim. The nine participants assessed it positively; however, they expressed uncertainty about whether their support had really been "helpful" since the victims continued with their intimate partner. This suggests that the effectiveness of the support was evaluated based on whether the relationship ended. Thus, continuing the relationship was perceived as a failure in terms of the support provided, and led to demotivation regarding future support requests.

Based on their experience, they reported that accompanying a person who experienced violence affected them considerably emotionally because they had difficulty understanding the process of violence, fear of saying something inadequate, doubts of how to intervene, and concern about making the situation worse and causing risk situations. As a consequence, they turned to other trusted individuals, relatives or even their own psychotherapist to seek guidance on how to better accompany and respond. This observed phenomenon was termed "network of the network", or, in systemic terms, "support networks of second order".

These findings suggest that support networks do not only constitute a resource for women who experience violence, but also that these networks themselves are embedded in a broader social network of support. Thus, social support can be understood as a community resource that also needs to be strengthened and, in the context of this research, an important resource for the promotion of mental health in university contexts.

Discussion

The purpose of this research was to identify the type of informal social support requested and provided to female university students who experience intimate partner violence while incorporating the perspectives of both the victims and the individuals who make up their support networks, in order to identify the responses.

Besides describing how informal social support networks respond towards partner violence, the main contribution of this research consists in the foundation of knowledge about a relatively unexplored aspect within the university context about the relational and community conditions which can favor or hinder the process of mental health-illness process and, by extension, the promotion of mental health in female students who experience violence.

Although this research did not evaluate directly clinical indicators of mental health, the results, combined with existing empirical evidence, allow for the understanding of how certain forms of responses towards the request of support can constitute either protective or risk factors linked with facilitating, hindering, or mixed responses described in this study.

In this sense, the findings allowed for the establishment of a bridge between the psychological consequences of violence which are well documented to move toward the community and social conditions which make possible the prevention or reversal of these consequences. Thus, from this psychological and community perspective, mental health is conceived as a process which depends on the quality of available relationships and social resources which one can access which is compatible with the perspective of mental health social determinant.

One of the findings confirms help-seeking occurs principally outside specialized services due to the participants going firstly to the informal social support; principally friends and relatives before considering institutional resources (either university or external instances). These results coincide with research done in different cultural context (Ansara y Hindin, 2010; Johnson y Belenko, 2021; Melgar Alcantud et al., 2021; Melgar et al., 2021; Schucan Bird et al., 2022, 2024a, 2024b; Vicary et al., 2025); therefore, we can infer that the first need for help is not juridical or clinical but relational.

This result is particularly relevant for mental health promotion in the university context since this illustrates that university friends are the first people to whom a person goes to understand violence, validate the experience and to expand their help-seeking options. For this reason, these friends open or close the door to future recovery processes. This makes informal network a strategic resource for universities not only to favor early detection but also to generate relational conditions that diminish isolation and facilitate specialized help.

Another finding to highlight is the fact that not all response offered by the network is actually support. Even if this might appear as obvious, it has not been discussed widely in specialized literature since it is assumed that there is a positive association between the existence of social support, wellbeing and mental health without considering that the effect of support depends concretely on how it is provided and whether it responds correctly to the needs of the individual who requested it.

It can be, then, affirmed that it is not enough that the victims have a wide social support network, but rather that this network needs to have the informative and relational resources to be able to respond sensibly to the needs of the individuals who experience violence; therefore, it is necessary to think that the quality of the support becomes more important than the quantity of it.

The results allow for the proposal of an expansion of the role that informal social support networks have since they have been traditionally conceived as available resources for victims and people who experience violence; however, the findings confirm that those who provide support also face uncertainty, emotional fatigue and challenges to respond. This suggests that the effectiveness of the informal support depends not only on the existence of disposition and close relationships but also the capacities of these relationships to sustain these processes.

From this finding which initially was termed "the network of the network", a proposal of a concept named "Second-Order support networks" was done, understood as the combination of knowledge, institutional resources, both community and relational to strengthen the individuals who make up the informal social support network. From this perspective, friends, family and other significant individuals are not only the providers of spontaneous help, but they have rather become recipients of actions.

Thus, it is affirmed that the quality of support provided to the victims does not depend exclusively of the characteristics and capacities of individual network members, but rather of the existence of community structures as well as, in this case, institutional capable of strengthening this capacity. As a consequence, the promotion of mental health in university contexts does not imply only the development of specialized services to assist victims but also the construction of community capacities which allow for support to those who usually constitute the first space to listen, validate and take care of.

Viewed as this, informal social support is not only a mechanism of resolving violence, but rather a community condition which promotes mental health to favor early detection, isolation reduction, and facilitation of search for specialized help.

A distinctive feature in this study is the methodological design which comprehensively incorporates the perspectives of people who sought support and those who provided. While most of the investigation focused on the victim's experience and their needs (Ansara y Hindin, 2010; Dias et al., 2019, 2020; Edwards et al., 2015; Johnson y Belenko, 2021; Mennicke et al., 2022; Trotter y Allen, 2009) or the support network (Bloom et al., 2023; Gregory et al., 2016, 2017; Latta y Goodman, 2011), this work includes simultaneously both perspectives in the same analytical process. This methodological decision is not simply a broadening of the size of the sample, but this also implies the contemplation of a new unit of analysis since victims and their networks were not studied as independent actors but the focus was in the relational process and the interactions of these.Thus, by integrating both visions,

it is possible to think that social support is not only an available resource but also a process of co-construction between those who sought help and those who provide it, generating a type of different knowledge from that produced in a segmented manner and it acquires a special relevance to think of community and relational interventions.

All of this is relevant since violence prevention programs are traditionally addressed to victims (who, ironically are the actors with fewer resources in a violent situation). The role of the bystanders and the informal network have acquired more importance progressively, they have not yet been fully incorporated to institutional policies. From these results, the need for interventions which articulate institutional existing mechanisms with community strategies which include explicitly informal social support networks is relevant.

Limitations and future research

Although the study is novel in that it incorporates the voice of victims and the social support network, it is important to highlight that the sample of the research was made up of female university students who have experienced gender-based violence which implies particular characteristics to consider when interpreting the results. First, unlike other studies with participants in community contexts in general, the participants in this study are part of a higher education institution that has an institutional specialized support resource (in this case, the Equality Office of the University of Guadalajara and the First Contact Network). This context presents specific conditions and challenges, including information on gender-based violence prevention, clear pathways for victim care, awareness-raising within the university community, training for tutors and faculty on referral, accompaniment and psychological care pathways resulting from institutional policies (Quevedo-Marín & Macias-Esparza, 2023) which are not available to victims in community samples.

Because of the exploratory nature of the study and the reduced size of the sample (n=19), the results must be interpreted with caution. The specific characteristic of the sample -young female university students, single, without children, from a semi-urban environment, in the case of the victims) do not allow for transferability of findings to other women.

These findings suggest alternative roles for higher education institutions in mental health promotion, which have traditionally focused on the provision of specialized mental health services, and point toward expanding and strengthening the protective capacity of support networks.

Conclusions

The results of this study show that the university students who were participants of this sample sought emotional support, primarily to their friends in the university context and to mothers. Informal networks manifested their desire to help, but frequently commented on feeling powerless and having difficulty knowing how to act

Although the research did not evaluate directly clinical indicators of mental health nor did it intend to establish causal relationships between informal social support and psychological wellbeing, its findings, interpreted in the light of existing evidence, allow for the consideration of the responses of the network being relevant conditions to favor or hinder identification processes, coping and recovery of university women who experienced partner violence. In this sense, the university context represents a setting to strengthen the capacities of the informal social support networks as part of institutional and community efforts for violence prevention and promotion of mental health.

Strengthening the preventive and protective capacity of informal social support networks through comprehensive institutional policies represents an opportunity for HEIs to expand their violence prevention and mental health promotion strategies. The findings of this study reveal the need for complementing existing measures (response mechanisms and specialized health services) with other community-based measures that recognize the importance of spontaneous and daily social interactions as a resource for prevention and care. In this sense, moving towards institutional policies that articulate specialized care and community strengthening can contribute to the construction of safer university communities committed to collective care.

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