

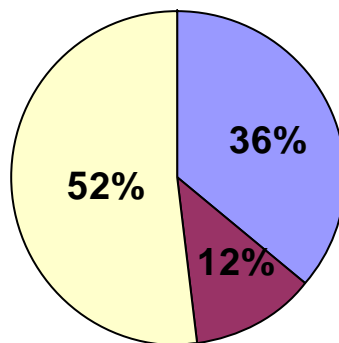
## Personal Strengths

**Many survivors have strengths such as resilience, mastery, social support, employment skills, income, and family functioning. These strengths are resources that help women manage the many challenges they face after leaving.**

While the Women's Health Effects study (WHES) study makes clear the many challenges women face during the first few years after separating from an abuser, the findings also highlight their strengths. Often these are ignored. Personal strengths were reflected in survivors' earning capacity and active engagement in building their financial security.

- 45% of women were employed
- for those employed full-time, the median personal income was \$27,550 and for those employed part time it was \$16,570 as compared to a median income of \$12,000 for those unemployed
- 25% of survivors owned their own home; of NB participants, 30% reported this asset.
- survivors had an average of 13.4 years of education
- 16% were looking for work
- 16% were enrolled in education/training programs
- 36 % of women reported an increase in their standard of living since leaving their abusive partner.

### Standard of Living Since Leaving



■ Increased    ■ Stayed the same    ■ Decreased

In the WHES, we used self-report scales to measure resilience, mastery, health work, family functioning and social support. *Resilience* refers to the personal capacity to maintain optimism and determination and to persevere in the face of adversity. *Mastery* is a term used to describe one's confidence in having control of one's life and life chances. Survivors in the WHES had scores for resilience and mastery comparable to those reported in studies of men and women in the general population. *Health work* refers to how participants perceived their families' management of health situations and abilities to meet goals related to health. WHES families' health work scores were similar to those of families living with chronic health challenges and to those of other single parent families.

We also measured survivors' interpersonal capacities of family functioning and social support. *Family functioning* refers to the ability of the family to meet its members' needs for emotional support, a sense of connection, socialization, growth and development. Family functioning scores of women in the WHES were similar to those found in a large survey of Ontario families, and slightly better than those of single parent families in the same study. This finding is contrary to common assumptions about single parent families and abused women.

Social support refers to emotional, psychological, financial and instrumental support from social networks that include family, friends, neighbours or co-workers. *Social support* scores for the WHES survivors were similar to or higher than those found in studies of women in the general population. Another indicator of survivors' strengths is the degree to which they disclose the abuse and reach out for support: 44% of survivors reported disclosing when asked directly by a professional while 36% said they partly disclosed. As well, 51% disclosed abuse to a professional without being asked (14% partly). When asked about strategies used to stop, prevent or escape from violence, 95% had reached out to clergy, an employer, a health professional, police, a domestic violence service or legal aid.

We found that, together, current personal, social and economic resources mediated the relationship between severity of intimate partner violence and current health in survivors. These findings suggest that one of the mechanisms by which abuse severity affects health is through resources. Thus, programs designed to enhance survivors' personal, social and economic resources have the potential to improve their health. Social support had a direct effect on physical health for women whose social conflict levels were low, but not for those whose social conflict scores were high. Thus survivors who have high levels of conflict in their social networks, such as ongoing harassment, may not benefit from traditional social support programs. Importantly, we found that economic resources mediated the effects of abuse severity on mental health. ***Programs that assist women to increase their financial security such as retraining, higher education, employment experience, or support for home ownership are important for improving the long term health of survivors.***