



**Preventing Revictimization
and Use of Aggression
Following Girls'
Maltreatment:
A life course approach**

The Centre for Research & Education on Violence Against Women & Children promotes the development of community-centred, action research on gender-based violence. The Centre's role is to facilitate the cooperation of individuals, groups and institutions representing the diversity of the community to pursue research questions and training opportunities to understand and prevent abuse.

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INTRODUCTION

One in three Canadian women will experience violence or abuse at least once in their lifetime, often first during childhood (Afifi et al., 2014; Burczykcka & Conroy, 2017; Public Health Agency of Canada, 2006; Sinha, 2013). Women and girls with prior experiences of victimization are at a greater risk for subsequent revictimization and/or use of relational aggression than those without this experience (Benedini, Fagan, & Gibson, 2016; Classen, Palesh, & Aggarwal, 2005; Hong, Espelage, Grogan-Kaylor, & Allen-Meares, 2012; Lee & Hoaken, 2007). This lifetime exposure to violence has significant immediate and long-term physical, psychological/emotional, behavioural, and interpersonal health consequences (Table 1). The events that take place after the initial victimization are therefore critical (Arata, 2002) and there is a substantial need to take action following childhood victimization (Simmel, Postmus, & Lee, 2012). This discussion paper provides an overview of research-based and promising programs to prevent and reduce revictimization and use of relational aggression among women and girls who have experienced childhood maltreatment.

Setting the context

Early experiences of violence create initial vulnerabilities that are exacerbated by subsequent victimizations in childhood or adolescence, making it necessary for violence and health prevention efforts to account for prior victimization history (Casey & Nurius, 2005). This requires taking a life course approach, which views individual lives as a series of pathways or trajectories spanning from early to later life, rather than examining violence at only one point in time (Greenfield, 2010). The life course perspective emphasizes how previous experiences impact current vulnerabilities to abuse or use of relational aggression as well as current and long-term health outcomes (Campbell, Greeson, Bybee, & Raja, 2008; Davies et al., 2015). Outcomes of violence result from a cumulative process, which is shaped by social, economic, environmental, and cultural factors (i.e. the social determinants of health) that work across multiple levels (e.g. individual, interpersonal, community, societal) and are most salient at different life stages (e.g. family factors in childhood, peer factors in adolescence) (Carnochan et al., 2013; Maniglio, 2009; Roodman & Clum, 2001).

Factors that increase the likelihood for revictimization and use of relational aggression operate in dynamic ways across the lives of women and girls, and understanding these factors can facilitate reduction of vulnerability to future violence and resilience building after early victimization (Hanson, 2016; Macy, 2008). Focusing on women and girls, however, is not meant to imply that they are responsible for the occurrence or prevention of the violence they have experienced. Indeed, most perpetrators of violence against women and girls are men and boys (Sinha, 2013). Eliminating this violence remains an enormous challenge, and requires intervention to reduce risk and improve protective factors among women and girls while simultaneously working to prevent its perpetration by men and boys. It is also important to recognize that female-perpetrated violence exists, often as a result of early maltreatment, and its prevention has implications for breaking the intergenerational transfer of violence (Shorey, Strauss, Haynes, Cornelius, & Stuart, 2016).

Preventing violence and its health impacts requires attention to the systemic, social, and individual factors that affect the vulnerability, resources, resilience, and well-being of women and girls from childhood to adulthood (Macy, 2007). At the same time, it must be acknowledged that women and girls are not a homogenous group, and pathways to revictimization or use of relational aggression may operate differently for different individuals (Macy, 2008). Trajectories of violence and abuse are complex, and this discussion paper should be read with the fundamental concepts outlined by Figure 1 in mind.

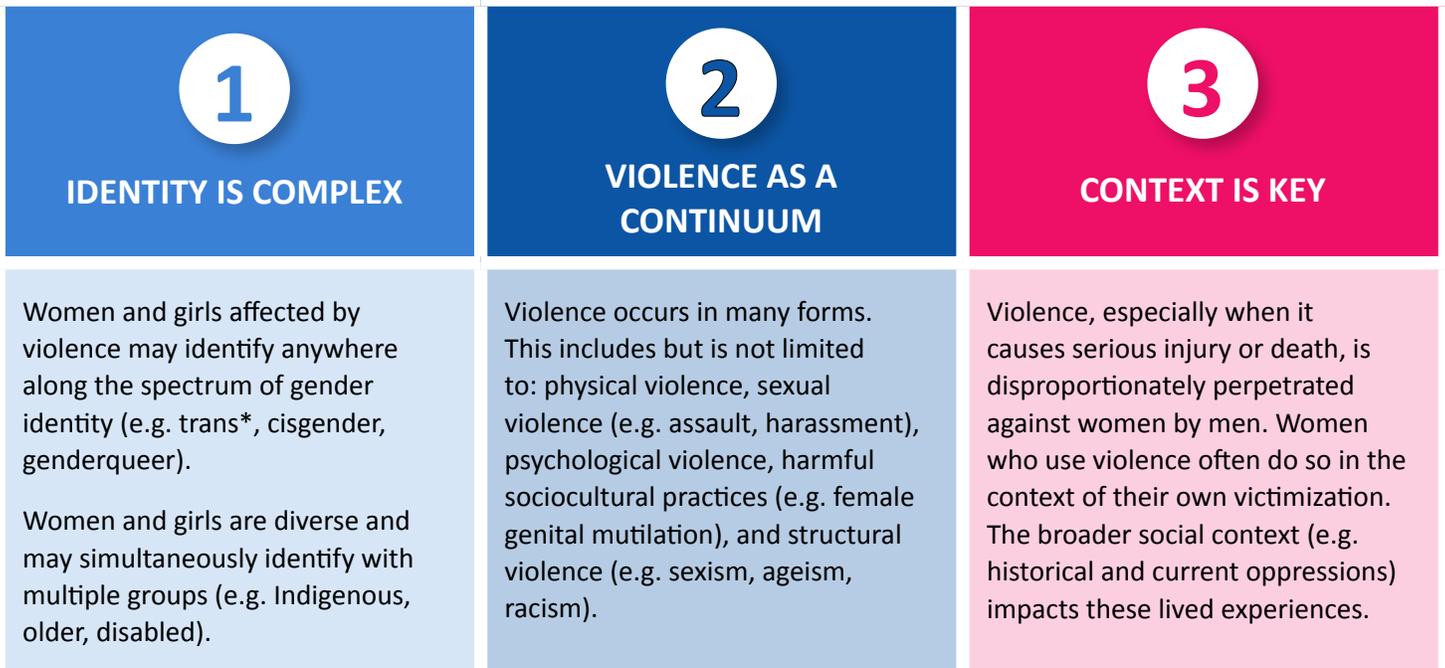
Finally, this paper uses the term “revictimization”, which is commonly used to refer to the link between early and later experiences of victimization. However, the authors recognize that not all women and girls who have experienced violence identify with or use the term “victim.”

Table 1. The health consequences of violence against women and girls^a

Physical	Psychological/Emotional	Behavioural	Interpersonal
Poor self-reported physical health and quality of life	Posttraumatic stress disorder	Substance abuse	Difficulty forming or maintaining relationships
High medication use	Depression	Self-harm	Social impairment
Arthritis	Anxiety	Eating disorders	Perpetration of abuse
Breast cancer	Suicidality	Risk-taking behaviours	<i>Bullying</i>
Alzheimer's disease	Psychological distress	High-risk sexual behaviours	Vulnerable to later re-victimization
Injuries (e.g. cuts, bruises, sprains, broken or fractured bones)	Dysthymia		Frequent relationship conflict
Sleep disorders	Obsessive compulsive disorder		
Somatoform disorders	Personality disorders		
Chronic pelvic pain	Bipolar disorder		
Sexually transmitted infections	Dissociation		
Cardiovascular disease	Affect regulation difficulties		
Increased rates of hospitalization	<i>Conduct disorder</i>		
Hypertension	Anger management problems		
Irritable bowel syndrome	Poor self-rated mental wellness		
Chronic pain			
Reproductive and gynecological health problems			
Digestive problems			
Seizures			
Traumatic brain injury			
Disability			
Death			

^aBolded outcomes are unique to adulthood. Italicized outcomes are unique to childhood and adolescence. Source: Etherington & Baker, 2017

Figure 1. Fundamental considerations in understanding the link between girls' maltreatment and subsequent revictimization or use of relational aggression



GIRLS' EXPERIENCES OF CHILDHOOD VICTIMIZATION

Evidence consistently indicates that women and girls who experience maltreatment in childhood are more likely to be victimized again or to use relational aggression in childhood, adolescence, and/or adulthood. Common forms of violence experienced or used by women and girls are summarized in Table 2.

Table 2. Definitions of common forms of violence experienced or used by women and girls	
Child maltreatment	Includes all forms of physical abuse, sexual abuse, and psychological abuse directed toward a child as well as neglect of a child and exposure to intimate partner violence
Sexual violence	Any sexual act committed against a person without their freely given consent. This includes physical and verbal coercion as well as non-contact acts of a sexual nature. Sexual violence can occur in partner and non-partner relationships
Intimate partner violence	Refers to a range of abusive behaviours perpetrated by a current or former partner, including but not limited to: physical, sexual, and psychological or emotional harm
Dating violence	A type of intimate partner violence often referred to in the context of adolescent relationships. It occurs between two people in a dating relationship and involves physical, psychological, and sexual abuse
Sibling violence*	Physical, emotional, and/or sexual violence committed against one sibling by another
Peer violence	Aggression or violence that occurs between peers (i.e. individuals who are not related or romantically involved)
Source: Etherington & Baker, 2017	

*See [Sibling Violence Issue-based Newsletter](#)



Understanding the connection between maltreatment as a girl and revictimization

Revictimization (Figure 2) is defined as the experience of victimization at two different life stages (e.g. adolescence, adulthood) or during the same life stage (e.g. throughout childhood) by more than one perpetrator (e.g. uncle, boyfriend) (Classen, Palesh, & Aggarwal, 2005; Messman & Long, 1996). Revictimization can also involve repeated victimization (i.e. multiple experiences of victimization by the same perpetrator during one life stage or across life stages) or poly-victimization (i.e. experiencing more than one type of victimization during one life stage, e.g. sexual, physical, and emotional abuse in childhood). While any experience of violence can impact the health and well-being of survivors, revictimization typically involves unique pathways, sequelae, and implications for prevention.

Both cross-sectional and longitudinal research finds links between childhood maltreatment and:

- maltreatment later in childhood;
- sexual assault in adolescence/adulthood;
- physical assault in adolescence/adulthood;
- dating or intimate partner violence in adolescence/adulthood;
- peer victimization (e.g. bullying) in childhood and adolescence; and,
- abuse or aggression from siblings in childhood and adolescence (for a review, see Etherington & Baker, 2017).

Studies have often focused on the strong link between sexual abuse in childhood and later sexual violence victimization, with one systematic review concluding that

two out of three women sexually abused as children will be sexually revictimized at some time during their lives (Classen, Palesh, & Aggarwal, 2005). However, the links between other forms of childhood maltreatment and subsequent revictimizations have also been established (Spatz Widom, Czaja, & Ann, 2008) and proposed pathways and implications for practice from the sexual revictimization literature offer insights into revictimization following other forms of child maltreatment (Hanson, 2016).

The multi-level factors that increase vulnerability to revictimization can be generally grouped as:

1. those that increase vulnerability to both the initial and subsequent victimizations (e.g. poverty, neighbourhood violence, gender inequality, parental mental health and substance use issues); and,
2. those that are set in motion by the initial experience of abuse (e.g. affect dysregulation, low self-esteem, post-traumatic stress disorder) (Hanson, 2016).

Most hypotheses on revictimization focus on the second group of factors, and maintain that alterations in psychological and psychosocial adjustment, abilities to recognize risk, and expectations of adult relationships increase vulnerability to later victimization (for a review, see Etherington & Baker, 2017). The first group of factors, however, are equally if not more important to address in preventing revictimization. Further, factors from each group can interact with each other in complex ways across the life course. Each of these factors is summarized in Table 3.

Figure 2. Revictimization across the life course



Table 3. Factors that increase the likelihood of revictimization for women and girls

Individual factors	Characteristics of abuse	Interpersonal factors	Community factors	Societal factors
Multiple traumas	Recency of abuse	Relationship to perpetrator (greatest risk if family member)	Poverty	Gender inequality
Childhood physical abuse	High Frequency	Poor parental attachment	School environment (e.g. violence, bullying)	Structural violence (e.g. colonization, institutionalized racism, sexism, ageism)
Childhood sexual abuse	High Severity	Change in caregivers	Neighborhood violence/crime	Socio-cultural norms and beliefs about violence, masculinity and femininity
Running away	Long Duration	Drug/alcohol problems of family member		
Involvement in prostitution	Type of contact (abuse involving intercourse = greatest risk of revictimization)	Family/parental conflict		
Psychological difficulties (e.g. post-traumatic stress symptoms, emotional dysregulation)		Presence of physical abuse or neglect		
Adolescent sexual victimization		Mental health problems in family		
Substance misuse				
Risky sexual practices (e.g. not using condoms, multiple partners)				

Some risk factors are shared with other forms of victimization (e.g. single or repeated episodes of violence).

Table adapted from: Etherington & Baker, 2017, with supplemental information from: Hanson, 2016



Understanding the connection between maltreatment as a girl and later use of relational aggression

Evidence suggests the use of relational aggression by women and girls is intricately linked to their early experiences of victimization (for a review, see Etherington & Baker, 2017), although more work is needed to further examine this relationship and understand gender-specific pathways. Currently, most research on the association between childhood maltreatment and later use of relational aggression is based on samples comprised of both boys and girls rather than girls only. Nevertheless, both cross-sectional and longitudinal studies demonstrate a strong association between childhood maltreatment, sibling violence, bullying victimization, or future use of relational aggression by girls and women (Auslander, Sterzing, Threlfall, Gerke, & Edmond, 2016; Bair-Merritt, Crowne, Thompson, Sibinga, Trent, & Campbell, 2010; Capaldi, Knoble, Shortt, & Kim, 2012; Carvalho & Nobre, 2015; Costa et al., 2015; Dixon, Browne, & Hamilton-Gilchristis, 2009; D. L. Espelage & De La Rue, 2013; (Benedini, Fagan, & Gibson, 2016; Classen, Paresh, & Aggarwal, 2005; Hong, Espelage, Grogan-Kaylor, & Allen-Meares, 2012; Massetti, Vivolo, Brookmeyer, Degue, Holland, Holt, & Matjasko, 2011; Milaniak & Spatz Widom, 2015; Odgers & Moretti, 2002; Schelbe & Geiger, 2017; Swan, Gambone, Caldwell, Sullivan, & Snow, 2008; Voisin & Hong, 2012; Wood & Sommers, 2011). The relational aggression used by women and girls is typically targeted at peers, dating or intimate partners, or children (Mahony, 2011). Limited research has examined the link between childhood victimization and adult use of aggression against aging parents.

Girls who have been maltreated often begin to use violence in late childhood and adolescence, although the effects of victimization on relational aggression have been observed as early as age 4 (Villodas et al., 2015). Childhood maltreatment is associated with the following forms of relational aggression during late childhood and adolescence:

- physical assault/fighting (Dehart & Moran, 2015; Duke, Pettingell, McMorris, & Borowsky, 2010; D. K. Smith, Leve, & Chamberlain, 2006),

- aggressive behaviour toward peers (Auslander et al., 2016; Ballif-Spanvill, Clayton, & Hendrix, 2007; Villodas et al., 2015),
- bullying (Hong, Espelage, Grogan-Kaylor, & Allen-Meares, 2012; Massetti, Vivolo, Brookmeyer, Degue, Holland, Holt, & Matjasko, 2011; Odgers & Moretti, 2002; Voisin & Hong, 2012; Wood & Sommers, 2011),
- cyberbullying (Hébert, Cénat, Blais, Lavoie, & Guerrier, 2016),
- sexual harassment (Espelage, Basile, De La Rue, & Hamburger, 2015; Espelage, Basile, & Hamburger, 2012),
- sexual assault (Carvalho & Nobre, 2015; Krahe & Berger, 2016; Zurbriggen, Gobin, & Freyd, 2010),
- physical dating violence (Dardis, Edwards, Kelley, & Gidycz, 2013; Kendra, Bell, & Guimond, 2012; McMahon, Hoertel, Wall, Okuda, Limosin, & Blanco, 2015),
- and young mothers' maltreatment of their own children (Dixon et al., 2009; Schelbe & Geiger, 2017).

In general, violent offence rates are greater among female youth under 18 years of age than among adult women (Mahony, 2011).

Most theories linking early victimization to later use of aggression are not gender-specific, and like revictimization models, focus primarily on individual factors. More work is needed in this area, but one promising approach is the feminist ecological model, which accounts for multiple complex interactions between individual, interpersonal, community, and societal risk factors (Grauerholz, 2000). Risk factors for use of relational aggression by women and girls across all levels are summarized in Table 4.

Table 4. Risk factors for use of relational aggression by women and girls

Individual risk factors	Interpersonal risk factors	Community risk factors	Societal risk factors
Unemployment	Parental violence	Poverty	Gender inequality
Low academic achievement	Sibling violence	Limited educational and vocational opportunities	Structural violence (e.g. institutionalized racism, sexism, ageism)
Exposure to family violence	Parental substance abuse	Neighborhood violence/ crime	Sociocultural norms that promote rigid, narrow stereotypes of masculinity and femininity, and that support the use of violence
Physical or sexual victimization in childhood	Parental mental health problems		
Substance or alcohol use	Incarcerated parent		
Psychological difficulties (e.g. depression, anxiety, anger management problems)	Risky behavior by peers		
Gang membership	Peer violence		
Hyperactivity/inattention/ impulsivity	Partner violence		
Abuse from an intimate partner	Low parental monitoring		
Personality disorders (e.g. antisocial)	Delinquent friends		
Incarceration	Peer pressure		
Suicide ideation/previous suicide attempts	Parent-child conflict		
Conduct disorders	Parent criminality		
	Family dysfunction		

Source: Etherington & Baker, 2017



Summary

Childhood maltreatment is strongly linked to subsequent revictimization or use of relational aggression among women and girls. Numerous individual, interpersonal, community, and societal factors impact these trajectories of violence. Lifetime exposure to violence, through both victimization and use, has significant short- and long-term consequences for health. It is critical for prevention efforts to consider women's and girl's histories of violence using a sociological and life course perspective.



THE COMPELLING CASE FOR PREVENTION

Primary, secondary, and tertiary prevention

Primary prevention aims to intervene before the occurrence of victimization or use of aggression by preventing the development of associated risk factors (e.g. limited educational opportunities, parental substance use) (Perlson & Greene, 2015). Secondary prevention targets girls or women at high risk of experiencing victimization or using aggression, such as those who live in low-income

neighborhoods. It aims to prevent the occurrence or progression of these outcomes. Tertiary prevention takes place after victimization or use of aggression has been identified, with interventions intended to minimize the impact of victimization for survivors and decrease the risk of recurring use of aggression (Perlson & Greene, 2015).

Levels of Prevention

Primary prevention: aims to intervene before the occurrence of victimization or use of aggression by preventing the development of associated risk factors (e.g. limited educational opportunities, parental substance use).

Secondary prevention: targets girls or women at high risk of experiencing victimization or using aggression, such as those who live in low-income neighborhoods.

Tertiary prevention: takes place after victimization or use of aggression has been identified, with interventions intended to minimize the impact of victimization for survivors and decrease the risk of recurring use of aggression.

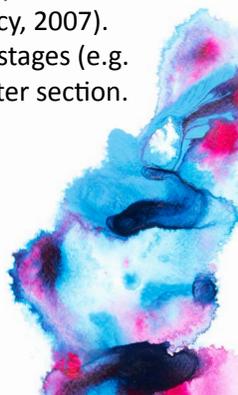
Methods

Literature searches were conducted in the electronic databases PsycINFO, Embase (via OVID), Medline and Medline in Process (via OVID), as well as grey literature sources (e.g. child development websites, government health agency websites, prevention program websites), from inception to February 2018. Reference lists of identified relevant studies and previously published systematic reviews were also searched. Search results were first screened by title and abstract to determine eligibility for inclusion in this review. The full-texts of those studies identified as potentially relevant were then examined. Studies were included if they assessed a program intended to prevent (at any level) victimization, revictimization, or use of aggression and if girls/women were the target population of the intervention (or part of it, if sample included both boys/men and girls/women).

Included studies were classified as research-based (i.e. based on randomized controlled trials, quasi-experimental designs, or another design with a control group such as a prospective/retrospective cohort study) or promising

programs (i.e. strategies with emerging research but without experimental evaluation). Given the breadth of research on preventing victimization or use of violence, the list provided here is not intended to be exhaustive, but rather, to provide an overview of primary, secondary, and tertiary prevention programs which have been evaluated.

Prevention strategies are organized by life stage given the importance of the timing of prevention programs for program efficacy (Langhinrichsen-Rohling & Capaldi, 2012) and the emphasis of a public health/life course approach on optimal times for intervention (Lutzker & Wyatt, 2006). In addition, timing of initial victimization has important implications for revictimization prevention (Macy, 2007). Programs with applications across multiple life stages (e.g. pre-school and school age) are reviewed in a later section.



Limitations

Not all studies included are based on female-only samples and of these, only a small number test for differences in program effectiveness between girls/women and boys/men. Yet, research indicates that there are often gender differences in experiences of victimization and use of aggression, as well as in the development of particular vulnerabilities (for a review, see Massetti, Vivolo, Brookmeyer, Degue, Holland, Holt, & Matjasko, 2011). Results from mixed-gender samples included in this paper should therefore be interpreted in light of this limitation.

It is also important to note that some evidence suggests violence prevention programs targeted at women and girls are not effective for those who have already experienced victimization (i.e. do not prevent re-victimization) (Classen, Palesh, & Aggarwal, 2005; Hanson, 2016). Women and girls who have already been victimized in the past may have unique needs relative to those with no victimization experiences and this might have implications for preventing future victimization or use of aggression. Thus, interventions designed for those without any history of victimization or that do not take into account prior experiences of victimization may not be as effective as those which do consider victimization history. Nevertheless, the significant body of work on violence prevention in general can help to inform prevention efforts with women and girls who have experienced prior victimization (Macy, 2007). Where possible, this paper will highlight programs specifically intended for girls and women with victimization histories as well as those specifically designed to address revictimization.

There are many mechanisms involved in revictimization and it may be important for violence prevention strategies to specifically target these mechanisms. Evidence suggests the psychosocial impacts of victimization, including posttraumatic stress symptomology (Auslander et al., 2016; Berlin, Appleyard, & Dodge, 2011; Fortier, Peugh, Dililio, Messman-moore, Denardi, & Gaffey, 2009; Grauerholz, 2000; Messman-Moore, Ward, & Brown, 2009), depression (Auslander et al., 2016; Hong & Espelage, 2012), reduced threat detection capacity (Berlin et al., 2011), hypervigilance (Berlin et al., 2011), social isolation (Berlin et al., 2011; Grauerholz, 2000), affect dysregulation (Berlin et al., 2011; Lee & Hoaken, 2007), substance use (Breitenbecher, 2001; Fortier,

Peugh, Dililio, Messman-moore, Denardi, & Gaffey, 2009; Grauerholz, 2000), and certain sexual behaviours (e.g. initiation of sex at an early age, unprotected sex, multiple partners, prostitution) (Fargo, 2009; Grauerholz, 2000), are primary mechanisms through which vulnerability to later victimization or use of aggression develops. Some of these mechanisms, like emotional dysregulation, predict many other high-risk behaviours (e.g. substance abuse), and may be key targets for prevention strategies (Messman-Moore, Walsh, & DiLillo, 2010). The research on revictimization prevention, however, is still in its initial stages and more work is needed to develop programs intended specifically for this experience of violence. Due to the limited number of studies on reducing revictimization, we also include programs for survivors of violence that reduce the consequences of victimization discussed above, which may in turn reduce risk of subsequent victimization.

Finally, when addressing the violence experienced by women and girls across the life course, it is clear that preventing violence from being disproportionately perpetrated against them by men and boys in the first place is ideal. While the strategies designed to reduce vulnerabilities to violence and its consequences among women and girls reviewed in this paper are important, there is a need for macro-level (e.g. community/societal-based) interventions to address the root causes of gender-based violence (e.g. gender inequality, unhealthy masculinities, intersecting systems of oppression). These community and societally-based factors can be critical mechanisms in the pathways from early to later experiences of violence (Grauerholz, 2000). There has, however, been limited systematic evaluation of macro-level approaches. Accordingly, these programs are not reviewed extensively within the context of this paper but should be a focus of future work.

PREVENTION ACROSS THE LIFE COURSE

Infancy/pre-school

Research-based programs

Risk of maltreatment is highest for infants and pre-school aged children, largely due to their relative dependency, vulnerability, and social invisibility compared to older children (Gewirtz & Edleson, 2007; World Health Organization & International Society For Prevention of Child Abuse Neglect, 2006). Table 5 summarizes four research-based programs for children 0-5 years old, which mainly occur in the home. Three programs (Psychoeducational Parenting Intervention, Nurse-Family Partnership, Healthy Start Program) target children and families at high risk of victimization or use of aggression (i.e. secondary prevention). Child-Parent Psychotherapy, a tertiary program, is aimed at children who have experienced victimization.

Each program has been shown to reduce early life risk factors for future victimization or use of aggression. These risk factors include child developmental and behavioural problems, poor parenting skills, insecure attachment, post-traumatic stress disorder symptoms, and actual incidents of abuse or neglect. Studies on these programs involved both girls and boys. Child-Parent Psychotherapy is described in more detail here. Additional information on the other mentioned programs can be found in Table 5.

Child-Parent Psychotherapy

Child-parent psychotherapy (CPP) is specifically targeted to children five years of age and younger who have experienced abuse, neglect, or exposure to intimate partner violence. Since CPP takes place after victimization has occurred, it can be considered a tertiary-level intervention. CPP focuses on the parent-child relationship, providing treatment to both the child and primary caregiver. Together, the child and caregiver develop an account of the traumatic event, working to identify and address associated triggers. This is accomplished through weekly supervised sessions over the course of one year. The components of CPP are summarized in Table 6.

Research demonstrates that CPP successfully improves secure attachment and reduces behaviour problems and traumatic stress symptoms among children (Cicchetti, Rogosch, & Toth, 2006, 2011; Guild et al., 2017; Lieberman et al., 2006; Stronach et al., 2013). Insecure attachment,

behaviour problems, and traumatic stress symptoms are all risk factors for revictimization and future use of aggression (Auslander et al., 2016; Berlin et al., 2011; Breitenbecher, 2001; Fargo, 2009; Fortier, Peugh, Dililio, Messman-moore, Denardi, & Gaffey, 2009; Grauerholz, 2000; Hong, Espelage, Grogan-Kaylor, & Allen-Meares, 2012; Lee & Hoaken, 2007; Messman-Moore et al., 2009).



Table 5. Summary of research-based revictimization/future use of aggression prevention programs: Infancy/pre-school

Program name, Country of implementation	Level of prevention	Purpose/ description	Significant outcomes	Selected references
<p>Nurse-Family Partnership, Netherlands and United States</p> <p>*Feasibility and acceptability tested in Canada, RCT underway (Catherine et al., 2016; Jack et al., 2015)</p>	<p>Secondary</p>	<p>Targets low-income families experiencing first-time pregnancy with the goal of assessing quality of relationships and identifying violence before it starts. Program also aims to improve pregnancy outcomes, child health and development, and economic self-sufficiency of family</p> <p>Home visits by registered nurse from pregnancy until baby is 2 years old</p>	<p>Improvement in parenting skills (mothers) and children’s developmental outcomes</p> <p>Reduction in child abuse and neglect</p> <p>Increase in father involvement</p> <p>Reduction in emergency room visits for accidents and poisoning</p> <p>Reduction in child arrests at age 15</p> <p>Reduction in behavioural/ intellectual problems at age 6</p> <p>Reduction in child protective services reports</p> <p>Improvement in children’s internalizing behaviour</p>	<p>(Canadian NFP Network, 2011; Eckenrode et al., 2017; Mejdoubi, Van Den Heijkant, Van Leerdam, Heymans, Crijnen, & Hirasig, 2015; Nurse-Family Partnership, 2014)</p>

Table 5. Summary of research-based revictimization/future use of aggression prevention programs: Infancy/pre-school

Program name, Country of implementation	Level of prevention	Purpose/ description	Significant outcomes	Selected references
Healthy Start Program, United States	Secondary	<p>Aims to prevent child abuse/neglect and promote child health and development among families with newborns at risk for poor child outcomes (e.g. families with intimate partner violence, poor mental health, parental substance use, etc.)</p> <p>Two components: (1) early identification of families with newborns at risk of abuse/neglect; (2) home visiting by trained paraprofessionals (up to age 3; continue until age 5 if necessary)</p> <p>Frequency of home visits decreases as family functioning improves</p>	<p>Moderate prevention of neglect</p> <p>Reduction in incidents of physical partner violence</p> <p>Reduction in hospitalizations from child maltreatment</p> <p>Greater accessibility, engagement, and sharing of responsibility among violent fathers who saw child’s mother infrequently at baseline</p>	(Dew & Breakey, 2014; Duggan, Fuddy, Burrell, et al., 2004; Duggan, Fuddy, McFarlane, et al., 2004; Duggan et al., 1999)
Psychoeducational parenting intervention, United States	Secondary	<p>Visitation by nurses to homes of low-income teenage mothers of newborns over 2-year period; nurses provided home-based education program supplemented with cognitive and behavioural techniques to address parenting skill deficits and social-ecological factors</p>	<p>Improvement in children’s secure attachment</p>	(Cicchetti, Rogosch, & Toth, 2006, 2011; Guild, Toth, Handley, Rogosch, & Cicchetti, 2017; Lieberman, Ghosh Ippen, & VAN Horn, 2006; Lieberman, Van Horn, & Ippen, 2005; Stronach, Toth, Rogosch, & Cicchetti, 2013)



Table 5. Summary of research-based revictimization/future use of aggression prevention programs: Infancy/pre-school

Program name, Country of implementation	Level of prevention	Purpose/ description	Significant outcomes	Selected references
Child-Parent Psychotherapy, United States	Tertiary	<p>Targets children aged 0-5 who have experienced a trauma and their caregivers</p> <p>Child and primary caregiver participate in treatment together with goal of strengthening caregiver-child relationship to restore and protect child's mental health</p> <p>Recommended intensity and duration: Weekly 1-1.5 hour sessions for 52 weeks</p>	<p>Reduction in parent and child traumatic stress disorder symptoms</p> <p>Reduction in child behaviour problems</p> <p>Increase in secure attachment among children</p>	(Cicchetti et al., 2006, 2011; Guild, Toth, Handley, Rogosch, & Cicchetti, 2017; Lieberman, Ghosh Ippen, & Van Horn, 2006; Lieberman, Van Horn, & Ippen, 2005; Stronach, Toth, Rogosch, & Cicchetti, 2013)



Table 6. Essential components of child-parent psychotherapy

Component	Features
Focus on safety	<ul style="list-style-type: none"> a) Attend to safety issues in the environment as needed b) Promote safe behavior c) Legitimize feelings while highlighting the need for safe/appropriate behavior d) Foster appropriate limit setting e) Help establish appropriate parent-child roles
Affect regulation	<ul style="list-style-type: none"> a) Provide developmental guidance regarding how children regulate affect and emotional reactions b) Support and label affective experiences c) Foster parent's ability to respond in helpful, soothing ways when child is upset d) Foster child's ability to use parent as a secure base e) Develop/foster strategies for regulating affect
Reciprocity in relationships	<ul style="list-style-type: none"> a) Highlight parent's and child's love and understanding for each other b) Support expression of positive and negative feelings for important people c) Foster ability to understand the other's perspective d) Talk about ways that parent and child are different and autonomous e) Develop interventions to change maladaptive patterns of interactions
Focus on the traumatic event	<ul style="list-style-type: none"> a) Help parent acknowledge what child has witnessed and remembered b) Help parent and child understand each other's reality with regards to the trauma c) Provide developmental guidance acknowledging response to trauma d) Make linkages between past experiences and current thoughts, feelings, and behaviors e) Help parent understand link between her own experiences and current feelings and parenting practices f) Highlight the difference between past and present circumstances g) Support parent and child in creating a joint narrative h) Reinforce behaviors that help parent and child master the trauma and gain a new perspective
Continuity of daily living	<ul style="list-style-type: none"> a) Foster prosocial, adaptive behavior b) Foster efforts to engage in appropriate activities c) Foster development of a daily predictable routine

From: Etherington & Baker, 2016



School-age

Research-based programs

Table 7 summarizes 13 programs that can be implemented to prevent victimization or use of aggression among school-aged children and are mainly implemented in a school setting. Of these, six are primary-level prevention programs, two are secondary-level, and six are tertiary-level. One program, Friend to Friend, is specifically intended to reduce social aggression among urban, predominantly African-American fifth-grade girls. It will be described in detail here. It should be noted that this program does not account for prior victimization history, which may be why girls are using aggression to begin with, but may be useful to inform prevention of aggression among maltreated girls given the positive results of the program. Information on the other 12 programs can be found in Table 7.

Friend to Friend

Friend to Friend (F2F) is a school-based program designed for urban, mostly African American fifth-grade girls with the aim of reducing physical and relational aggression among those exhibiting these behaviours (S. S. Leff et al., 2009). The program also aims to improve girls' problem-solving skills and increase prosocial behaviours. F2F was developed in collaboration with parents, teachers, community members, and girls themselves using a participatory action framework (S. Leff et al., 2007). This strength of the F2F has enabled it to be highly accepted by participants and their teachers as well as culturally sensitive (S. S. Leff, Waasdorp, & Crick, 2010). Relationally aggressive girls are also grouped with prosocial role models. F2F has been found to significantly decrease relational and physical aggression, loneliness, and hostile attributions, and to increase prosocial behaviour and problem solving abilities (S. S. Leff et al., 2009; S. S. Leff, Paskewich, Waasdorp, Waanders, Bevans, & Jawad, 2015; S. S. Leff, Waasdorp, & Paskewich, 2016). Peer likeability, as reported by teachers, also improved for relationally aggressive girls who received the F2F intervention. Of course, given the specific target group of this intervention, it may not be generalizable to other populations.

Nevertheless, it is a noteworthy example of a program for girls who live at the intersection of two systems of oppression (i.e. race and gender).

Promising programs

The Early Childhood Friendship Project, a school-based primary prevention program, is summarized in Table 8 (Ostrov et al., 2009; Ostrov & Keating, 2004). The intervention was tested using groups of both boys and girls; however, the study did not test for gender differences in its effect. The program was found to reduce physical and relational aggression as well as physical victimization. It also increased prosocial behaviour.

Table 7. Research-based revictimization/future use of aggression programs: School-age

Program name, Country of implementation	Level of prevention	Purpose/ description	Significant outcomes	Selected references
I Can Problem Solve (ICPS), United States	Primary	Curriculum-based program designed to reduce aggressive behaviour and increase prosocial behaviour among kindergarten and elementary-aged children	Increase in prosocial behaviour Reduction in overt and relational aggression	(Boyle & Hassett-Walker, 2008)
Walk Away, Ignore, Talk, Seek Help (WITS), Canada	Primary	Comprehensive multi-setting program (i.e. schools, families, and communities) designed to improve social/emotional competence, increase social responsibility, and reduce victimization Kindergarten to third grade	Reduction in relational and physical victimization Increase in social competence	(Leadbeater & Hoglund, 2006; Leadbeater, Hoglund, & Woods, 2003)
Second Step, United States	Primary	Classroom-based program designed to address social competence and aggression among sixth and seventh grade students	Improvement in social competence and behaviour Reduction in bullying, physical aggression and antisocial behaviours	(D. L. Espelage, Low, Polanin, & Brown, 2013; D. L. Espelage, Rose, & Polanin, 2015; Frey, Bobbitt Nolen, Van, Edstrom, & Hirschstein, 2005; Low, Cook, Smolkowski, & Buntain-Ricklefs, 2014; Van Schoiack-Edstrom, Frey, & Beland, 2002)
Life Skills Training, United States	Primary	School-based intervention with material on violence and the media, anger management, and conflict resolution skills Targets sixth-grade students	Reduction in verbal aggression, physical aggression, delinquency, and alcohol, marijuana, polydrug use	(Botvin et al., 2006; Spoth, Randall, Trudeau, Shin, & Redmond, 2008)

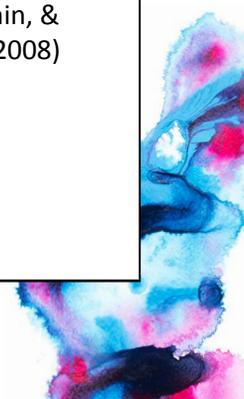


Table 7. Research-based revictimization/future use of aggression programs: School-age

Program name, Country of implementation	Level of prevention	Purpose/ description	Significant outcomes	Selected references
PATHS (Promoting Alternative Thinking Strategies), United Kingdom and United States	Primary	<p>Multi-year prevention program for elementary school-aged children</p> <p>Classroom curriculum is designed to promote emotional and social competencies</p>	<p>Reduction in peer problems, emotional symptoms, conduct problems, externalizing and aggressive behaviours</p> <p>Increase in social-emotional competence and pro-social behaviour</p>	(Crean & Johnson, 2013; Group, 1999; Humphrey et al., 2016; Kam, Greenberg, & Kusché, 2004)
Linking the Interests of Families and Teachers (LIFT), United States	Secondary	<p>Targets first and fifth grade children (and their families) living in at-risk neighborhoods</p> <p>Three main components: classroom-based child social skills training, playground “Good Behaviour Game”, parent management training</p>	Reduction in physical aggression, disruptive behaviour, and substance use	(DeGarmo, Eddy, Reid, & Fetrow, 2009; Eddy, Reid, & Fetrow, 2000; Reid, Eddy, Fetrow, & Stoolmiller, 1999)

Table 7. Research-based revictimization/future use of aggression programs: School-age

Program name, Country of implementation	Level of prevention	Purpose/ description	Significant outcomes	Selected references
Seattle Social Development Project, United States	Secondary	<p>3 part school-based intervention for students in grades 1-6 and their teachers and parents</p> <p>Tested in elementary schools from high crime urban areas</p> <p>Teacher training: proactive classroom management, interactive teaching, cooperative learning</p> <p>Parent training: child behaviour management, academic support, skills to reduce drug use risk</p> <p>Child training: interpersonal problem solving and refusal skills</p>	<p>Reduction in aggression, antisocial, externalizing behaviours; alcohol and delinquency initiation; and violent delinquency</p> <p>Improved functioning in school, work, emotional health, mental health</p>	(Hawkins Catalano, Morrison, O'Donnell, Abbott, & Day, 1992; J. Hawkins, Von Cleve, & Catalano, 1991; J. D. Hawkins, Kosterman, Catalano, Hill, & Abbott, 2005; O'Donnell, Hawkins, Catalano, Abbott, & Day, 1995)
Community-provided trauma-focused cognitive behaviour therapy, United States	Tertiary	45-minute individual therapy sessions provided over 8 weeks to parents and children 7-14 years old exposed to IPV and exhibiting symptoms of PTSD	Decrease in children's IPV-related PTSD and anxiety symptoms	(Cohen, Mannarino, & Iyengar, 2011; de Arellano et al., 2014)
Making Choices: Social Problem Skills for Children (MC), United States	Tertiary	School-based intervention addressing social information processing deficits in aggressive children 6-12 years	<p>Improvement in prosocial behaviour, emotional regulation, social contact, goal formation, response decision, and cognitive concentration</p> <p>Reduction in hostile attribution biases, relational and social aggression</p>	(Fraser et al., 2005; Fraser, Day, Galinsky, Hodges, & Smokowski, 2004)

Table 7. Research-based revictimization/future use of aggression programs: School-age

Program name, Country of implementation	Level of prevention	Purpose/ description	Significant outcomes	Selected references
Friend to Friend (F2F), United States	Tertiary	<p>School-based program to address aggressive behaviour, improve problem-solving skills, and increase prosocial behaviour</p> <p>For relationally aggressive girls in grades 3 to 5 (urban, primarily African American)</p>	<p>Improvement in teacher-reported peer likeability</p> <p>Reduction in relational and physical aggression, hostile attributions, and loneliness</p> <p>Increase in prosocial behaviours and knowledge of social problem solving skills</p>	(Leff, Angelucci, Goldstein, Cardaciotto, Paskewich, & Grossman, 2007; S. S. Leff et al., 2009; S. S. Leff, Paskewich, Waasdorp, Waanders, Bevans, & Jawad, 2015; S. S. Leff, Waasdorp, & Paskewich, 2016)
Community-Based Intervention Program, United States	Tertiary	<p>Targets children 6-12 exposed to IPV with goal of improving knowledge, attitudes, beliefs about family violence as well as emotional/social adjustment</p> <p>Lessons provided in group therapy format spanning 10 weeks</p>	<p>Decrease in children's externalizing and internalizing behaviours</p> <p>Positive change in children's attitudes</p>	(Graham-Bermann, Lynch, Banyard, DeVoe, & Halabu, 2007)
Project Support I and II, United States	Tertiary	<p>Aims to reduce conflict problems and harsh parenting and provide support in transition from abusive home for children aged 4-9 who have been exposed to IPV (and their mothers)</p> <p>Involves weekly home visits by therapist for up to 8 months. Support and positive role modelling by trained university students provided to child</p>	<p>Improvement in children's social relationships and happiness</p> <p>Reduction in children's oppositional defiant/ conduct disorders, behavioural problems, emotional problems</p> <p>Reduction in harsh parenting, ineffective parenting practices, and referrals to child protective services for child maltreatment</p>	(Jouriles McDonald, Rosenfield, Stephens, Corbitt-Shindler, & Miller, 2009; Jouriles et al., 2010; McDonald, Dodson, Rosenfield, & Jouriles, 2011; McDonald, Jouriles, & Skopp, 2006)

Table 7. Research-based revictimization/future use of aggression programs: School-age

Program name, Country of implementation	Level of prevention	Purpose/ description	Significant outcomes	Selected references
Strengths- and Community-Based Support and Advocacy, United States	Tertiary	<p>Weekly group sessions over 2.5 months to provide safety and emotions education for children aged 7-11 exposed to IPV. Program also features advocacy component for mothers</p> <p>Program activities to educate children about safety, feelings and respect were varied and frequently used physical activity</p>	<p>Increased child self-competence</p> <p>Decreased daily contact with perpetrator</p> <p>Improvement in mother’s depression symptoms and self-esteem over time</p>	(Sullivan, Bybee, & Allen, 2002)



Table 8. Promising revictimization/future use of aggression programs: School-age

Program name, Country of implementation	Level of prevention	Purpose/ description	Significant outcomes	Selected references
Early Childhood Friendship Project, United States	Primary	<p>Classroom-based preventive intervention for pre-school aged children</p> <p>Uses activities (e.g. puppet shows, art projects, role play) to teach lessons with reinforcement during free play (20-30 minute lessons every week)</p> <p>Designed to increase prosocial behaviours and reduce physical aggression, relational aggression, and peer victimization</p>	<p>Reduction in physical aggression/victimization and relational aggression</p> <p>Increase in prosocial behaviour</p>	(Ostrov et al., 2009; Ostrov & Keating, 2004)



Adolescence/secondary school and young adulthood

Adolescence and young adulthood may be a particularly important time for revictimization prevention given it is when women are simultaneously engaging in dating/intimate romantic relationships and are at significant risk of sexual victimization (Rinehart, Yeater, Musci, Letourneau, & Lenberg, 2014). This is not to say that women are responsible for their own victimization, but rather, that this is a key time to develop their resilience and reduce their vulnerability to future violence, particularly for those who have already been maltreated in childhood. Therefore, prevention strategies may include the development of risk-recognition, self-protection/self-defense skills, assertiveness, problem-solving and communication skills, self-esteem, and self-efficacy as well as strategies to address the psychological consequences of childhood victimization (Bair-Merritt, Crowne, Thompson, Sibinga, Trent, & Campbell, 2010; Breitenbecher, 2001; Chiodo, Crooks, Wolfe, Mclsaac, Hughes, & Jaffe, 2012; Kearns & Calhoun, 2010; R. Macy, 2008; R. J. Macy, 2007; Van Bruggen, Runtz, & Kadlec, 2006)

Research-based programs

Fourteen research-based programs for adolescents and young adults are summarized in Table 9. These programs typically take place in a group setting (school, peers, or family). Of the 14 programs, four engage in primary prevention (Sisters of Nia; The Fourth R; Enhanced Assess, Acknowledge, Act Sexual Assault Resistance Program; Families for Safe Dates), two in secondary prevention (Web-based combined sexual assault risk and alcohol use reduction program, Moms and Teens for Safe Dates), and seven in tertiary prevention (DePrince Group Interventions, Revictimization Prevention Program, Youth Relationships Project, Multidimensional Treatment Foster Care, Functional Family Therapy, Multisystemic Therapy, Sexual Assault Risk Reduction Program). One program, Safe Dates, has both primary and secondary components.

Six of the programs are intended specifically for girls/young women (Sisters of Nia; DePrince Group Interventions; Web-based combined sexual assault risk and alcohol use reduction program; Revictimization Prevention Program; Sexual Assault Risk Reduction Program; Enhanced Assess, Acknowledge, Act Sexual Assault Resistance Program) and of these, three explicitly address or investigated revictimization (Revictimization Prevention Program;

Sexual Assault Risk Reduction Program; Enhanced Assess, Acknowledge, Act Sexual Assault Resistance Program). The Revictimization Prevention Program and Enhanced Assess, Acknowledge, Act Sexual Assault Resistance Program are discussed in further detail below.



Table 9. Research-based revictimization/future use of aggression programs: Adolescence/secondary school and young adulthood

Program name, Country of implementation	Level of prevention	Purpose/ description	Significant outcomes	Selected references
Enhanced Assess, Acknowledge, Act Sexual Assault Resistance Program, Canada	Primary	<p>Targets first-year female university students</p> <p>Program includes: four 3-hour units involving information-providing games, mini-lectures, facilitated discussion, application and practice activities</p> <p>Goal: teach women how to assess risk, acknowledge danger, engage in self-defence</p>	<p>Reduction in 1-year risk of completed rape and attempted rape</p> <p>Reduction in risk of completed and attempted rape, attempted coercion, and non-consensual sexual contact at 2 years</p> <p>Increase in perception of personal risk, self-defense self-efficacy, knowledge of effective verbal and physical resistance strategies</p> <p>Reduction in rape myth acceptance and woman blaming</p> <p>Increase in risk detection</p>	(Senn et al., 2015, 2017)
The Fourth R, Canada	Primary	<p>School-based program integrated into Grade 9 Health and Physical Education curriculum through 21, 75-minute lessons</p> <p>Sex-segregated classes aim to define and practice healthy relationships skills, increase interpersonal and problem-solving skills, and reduce risk behaviours associated with dating violence among adolescents</p>	<p>Reduction in perpetration of physical dating violence but more effective for boys</p> <p>Reduction in likelihood of engaging in violent delinquency, especially for maltreated youth</p>	(Crooks, Scott, Ellis, & Wolfe, 2011; Wolfe et al., 2009)

Table 9. Research-based revictimization/future use of aggression programs: Adolescence/secondary school and young adulthood

Program name, Country of implementation	Level of prevention	Purpose/description	Significant outcomes	Selected references
Sisters of Nia, United States	Primary	<p>Small group program that addresses gender roles, ethnic identity, and appropriate social behaviours</p> <p>Designed for African American female adolescents</p>	<p>Higher ethnic identity scores</p> <p>Lower levels of relational aggression</p> <p>Reduction in verbally aggressive behaviour</p>	(Aston, Graves, McGoey, Lovelace, & Townsend, 2018; Belgrave et al., 2004)
Families for Safe Dates Program, United States	Primary	<p>Family-based program consisting of 6 booklets delivered to families by mail</p> <p>Booklets include activities for caregivers and teens to complete together to reduce risk factors for dating abuse</p> <p>Booklets are completed in-home and health educator calls caregiver 2 weeks after each booklet is mailed</p>	<p>Reduction in teen and caregiver acceptance of dating abuse</p> <p>Improvement in caregiver's perceived severity of dating abuse, self-efficacy for talking about dating abuse, knowledge of dating abuse, belief in importance of involvement in teen dating</p> <p>Reduction in onset of physical abuse victimization</p>	(Foshee, McNaughton Reyes, Ennett, Cance, Bauman, & Bowling, 2012)
Safe Dates Program, United States	Primary/Secondary	<p>School-based program targeting students in grades 8 and 9 with focus on changing dating norms and gender stereotyping, developing conflict management skills, and promoting positive help-seeking behaviour</p> <p>Program aims to prevent first perpetration of dating violence and to stop further perpetration of violence</p>	<p>Decrease in acceptance of dating violence</p> <p>Increased perception of negative consequences for engaging in dating violence</p> <p>Enhanced awareness of victim and perpetrator services</p> <p>Reduction in psychological, physical, sexual violence perpetration at 4-year follow-up</p>	(Foshee, Bauman, Arriaga, Helms, Koch, & Linder, 1998; Foshee et al., 2000)



Table 9. Research-based revictimization/future use of aggression programs: Adolescence/secondary school and young adulthood

Program name, Country of implementation	Level of prevention	Purpose/description	Significant outcomes	Selected references
Moms and Teens for Safe Dates, United States	Secondary	<p>Prevention program for teens exposed to intimate partner violence</p> <p>Mothers formerly victimized by IPV deliver program to their teens</p> <p>Program consists of 6 booklets of IPV prevention information and interactive activities</p>	<p>Improvement in teen conflict management skills and feelings of family closeness/cohesion</p> <p>Improvement in awareness of dating abuse, self-efficacy in enacting prevention efforts, comfort in communication with teen</p>	(Foshee et al., 2016)
Web-based combined sexual assault risk and alcohol use reduction program, United States	Secondary	College women between ages of 18 and 20 who engaged in heavy episodic drinking provided with psychoeducational web-based program for alcohol use and sexual assault risk reduction	Less incapacitated attempted or completed rapes, less severity of sexual assault, less heavy episodic drinking among women who had a higher severity of sexual assault at baseline	(Gilmore, Lewis, & George, 2015)



Table 9. Research-based revictimization/future use of aggression programs: Adolescence/secondary school and young adulthood

Program name, Country of implementation	Level of prevention	Purpose/description	Significant outcomes	Selected references
Multidimensional Treatment Foster Care, United States	Tertiary	<p>Targets adolescents aged 15-19 in the juvenile justice system; originally developed for boys but subsequently adapted for girls</p> <p>Standardized components: (a) Daily telephone contact with foster parents; (b) weekly foster parent group training, supervision and support meetings; (c) individual therapy for each girl; (d) family therapy (for family of origin) to improve parent management strategies; (e) close monitoring of school functioning; (f) program staff on call for youth, foster and biological parents; (g) psychiatric consultation</p> <p>Gender-sensitive approach to social/relational aggression and developing strategies for handling stress</p>	Reduction in delinquency, criminal behaviour, assaults	(Chamberlain, Leve, & Degarmo, 2007; Fisher & Gilliam, 2012)
Functional Family Therapy, Australia, Canada, Denmark, England, Ireland, Netherlands, New Zealand, Norway, Scotland, Singapore, United States	Tertiary	<p>Targets adolescents in juvenile justice system</p> <p>12 family-based sessions over a 3-6 month period delivered by therapists in youths' home</p>	Reduction in conduct problems, youth violence, drug abuse, delinquency and crime	(Alexander, Pugh, Parsons, & Sexton, 2000; Gordon, Graves, & Arbuthnot, 1995; Hartnett, Carr, Hamilton, & O'Reilly, 2017; Sexton & Turner, 2010)



Table 9. Research-based revictimization/future use of aggression programs: Adolescence/secondary school and young adulthood

Program name, Country of implementation	Level of prevention	Purpose/ description	Significant outcomes	Selected references
Multisystemic Therapy, Australia, Canada, Chile, Denmark, Germany, Iceland, Netherlands, New Zealand, Norway, Sweden, United Kingdom, United States	Tertiary	Targets 12-17 year old adolescent offenders Multidimensional therapeutic approach that uses present-focused, action-oriented interventions to address intrapersonal and systemic factors associated with adolescent antisocial behaviour	Reduction in peer aggression, arrests (including for violent offenses), violent delinquency, revictimization, PTSD, out-of-home placements, substance use	(Borduin et al., 1995; Henggeler, Melton, & Smith, 1992; Henggeler & Schaeffer, 2016; MST Services, 2018; Schaeffer & Borduin, 2005)
DePrince Group Interventions, United States	Tertiary	Two 12-session group interventions Targets teen girls with existing child protection concerns Risk detection/ executive (RD/EF) function intervention taught mindfulness, problem-solving, recognition of social threat Social learning/ feminist (SL/F) intervention focused on developing health relationship skills and teaching young women about societal influences on abuse	RD/EF group 5x less likely to report sexual revictimization in the 6 months following SL/F group 3x less likely to report physical violence re-victimization at follow-up	(DePrince, Chu, Labus, Shirk, & Potter, 2015)



Table 9. Research-based revictimization/future use of aggression programs: Adolescence/secondary school and young adulthood

Program name, Country of implementation	Level of prevention	Purpose/description	Significant outcomes	Selected references
Revictimization Prevention Program, United States	Tertiary	<p>Combined psychoeducational and modified relapse prevention program (two 2-hour sessions) targeted at undergraduate women with histories of sexual victimization as adolescents or adults</p> <p>Overall objective to reduce incidence of acquaintance sexual revictimization</p>	<p>Reduced incidence of sexual assault revictimization</p> <p>Improvement in self-efficacy</p> <p>Decreased overall ratings of distress</p>	(Marx, Calhoun, Wilson, & Meyerson, 2001)
Sexual Assault Risk Reduction Program, United States	Tertiary	Psychoeducational group-based program (two 4-hour sessions) for undergraduate women who have experienced revictimization	Reduction in PTSD symptoms	(Mouilso, Calhoun, & Gidycz, 2011)
Youth Relationships Project, Canada	Tertiary	<p>Group program targets adolescents 13-17 maltreated as children to facilitate development of healthy, non-abusive relationships</p> <p>Involves 18 weekly two-hour sessions focusing on understanding gender-based violence, skill development, and social action</p>	<p>Reduction in incidents of physical and emotional abuse and symptoms of emotional distress</p> <p>Greater reduction in threatening behaviours for girls than boys</p>	(Wolfe Wekerle, Scott, Straatman, Grasley, & Reitzel-Jaffe, 2003)



Revictimization Prevention Program

The Revictimization Prevention Program (Marx et al., 2001) targets undergraduate women who have experienced sexual victimization in adolescence or young adulthood. The combined psychoeducational and modified relapse prevention program aims to accomplish the following goals:

1. Increase factual knowledge of sexual assault
2. Increase understanding of social factors that facilitate environments which are conducive to sexual violence
3. Teach practical strategies to prevent unwanted sexual experiences (e.g. meeting in a public place)
4. Alter dating behaviours associated with sexual assault (e.g. alcohol safety)
5. Develop effective problem solving, assertiveness, communication, and risk-recognition

These goals are accomplished over two sessions, which are each two hours in length. The content of the sessions is summarized in Table 10. Completion of the program is associated with improved self-efficacy, decreased ratings of distress, and reduced incidences of sexual assault revictimization.

Enhanced Assess, Acknowledge, Act Sexual Assault Resistance Program

The Enhanced Assess, Acknowledge, Act Sexual Assault Resistance Program was developed, pilot tested, and implemented in Canada (Senn et al., 2015). The program consists of four 3-hour units, summarized in Table 11, which aim to teach young women how to assess risk, acknowledge danger, and engage in self-defence (either verbal or physical).

In a randomized-controlled trial involving 3 Canadian universities (Windsor, Guelph, Calgary), first-year university women were assigned to the resistance group or a control group involving the common university prevention practice of making brochures available in clinics and counselling centers on campus (Senn et al., 2015). At 1-year follow-up, women in the resistance group had a significantly lower risk of both reported attempted rape and reported completed rape (Senn et al., 2015). The program also found that while previously victimized women had an elevated risk of completed rape, the resistance group still had a lower risk of reported completed rape at 1-year compared to the control group.

There was also no significant difference in the effect of the intervention according to women's prior victimization history, suggesting it may have similar effects for women regardless of past victimization (Senn et al., 2015).

After 2 years, the program was still found to significantly reduce the risk of attempted and completed rape, as well as attempted coercion and non-consensual contact, with reductions ranging from 30-64% (Senn et al., 2017). Significant increases were also found in perceptions of personal risk, risk detection, self-defense self-efficacy, and knowledge of effective verbal and physical resistance strategies. General rape myth acceptance and woman blaming decreased over the 2-year period (Senn et al., 2017).

Promising programs

There are two primary prevention programs (Sexual Assault Education and Prevention Program, The Fourth R: Uniting Our Nations), one secondary prevention program (MAC-UK), and two tertiary prevention programs (Trauma Systems Therapy, Brief Acceptance and Mindfulness-Based Program) which show promise in their potential to prevent revictimization or future use of aggression (Table 12). Two target young women (Sexual Assault Education and Prevention Program, Brief Acceptance and Mindfulness-Based Program), while the others are not gender-specific. The Brief Acceptance and Mindfulness-Based Program specifically aims to reduce risk for revictimization among young women with a history of childhood sexual abuse. This program is summarized below.

The Brief Acceptance and Mindfulness-Based Program

The Brief Acceptance and Mindfulness-Based Program involves two, 2-hour group sessions spaced one week apart (Hill et al., 2011). The program does not contain any sexual assault-specific content, but instead uses psychoeducational and experiential exercises to: (a) increase awareness of internal responses to events; (b) encourage observation of the present moment; (c) improve awareness of self-judgements about one's own thoughts and experiences; (d) cultivate compassion toward one's internal experience; and (e) learn to differentiate between internal experiences and behaviour. At two-month follow-up, the program was found to reduce likelihood of sexual assault for women with a history of childhood sexual abuse who participated. A program overview is included in Table 13.

Table 10. Revictimization Prevention Program Session Content (Marx et al., 2001)

Session 1	<ul style="list-style-type: none">• Group leaders present definitions of sexual assault and statistics of its frequency in postsecondary school settings• Information on situational and personal risk factors as well as offender characteristics and danger signals is shared• Common post-victimization feelings (e.g. self-blame, guilt) are discussed• Participants view a video of events leading to a sexual assault by an acquaintance that occurs at a college party, reflecting situational factors (e.g. alcohol consumption)• The video is paused intermittently for discussion of risk factors and possible behaviours that might be helpful to reduce risk• Following the video, participants complete a Preventive Strategies Information Sheet as well as a worksheet listing the perpetrator, situational, and personal risk factors involved in their own victimization
Session 2	<ul style="list-style-type: none">• Topics include: risk recognition and response, problem-solving skills, assertiveness, and communication skills• Participants are invited to discuss their risk-factors worksheets (completed in Session 1), which is followed by group discussion of strategies to use if they find themselves in a similar situation in the future• Strategies for successful problem solving, generation of alternative solutions, decision-making, and solution implementation in high-risk situations are presented• Group exercises are used to teach each skill followed by open discussion• Upon completion, participants are given additional sexual violence resources, including contact information for local support agencies



Table 11. The Enhanced Assess, Acknowledge, Act Sexual Assault Resistance Program (Senn et al., 2015)

Unit	Goals
Unit 1: Assess	<ul style="list-style-type: none">• Improve assessment of risk of sexual assault by male acquaintances• Develop problem-solving strategies to reduce advantages of perpetrator
Unit 2: Acknowledge	<ul style="list-style-type: none">• Increase speed at which danger is acknowledged in situations that have become coercive• Develop strategies to overcome emotional barriers to resisting unwanted sexual behaviours of known acquaintances• Practice resisting verbal coercion
Unit 3: Act	<ul style="list-style-type: none">• Learn effective resistance options (self-defense training) for situations involving acquaintances and perpetrators larger than the woman
Unit 4: Sexuality and Relationships	<ul style="list-style-type: none">• Provide information on sexual activities and safer-sex practices• Explore sexual attitudes, values, desires• Develop strategies for communication



Table 12. Promising revictimization/future use of aggression programs: Adolescence and young adulthood

Program name, Country of implementation	Level of prevention	Purpose/description	Significant outcomes	Selected references
The Fourth R: Uniting Our Nations, Canada	Primary	Promote healthy relationships, cultural connectedness, and educational success among Indigenous Grade 8 youth through mentoring programs and cultural leadership initiatives	Improved relationships, sense of belonging, student success, confidence, leadership skills	(Crooks, Hughes, & Sisco, 2015)
Sexual Assault Education and Prevention Program, United States	Primary	One-hour didactic education program on sexual assault (e.g. prevalence, risk factors, general prevention, options when assault occurs) presented to undergraduate sorority women	Increased knowledge of sexual assault issues but did not reduce risky sexual behaviours, victimization, or substance use	(Davis, DeMaio, & Fricker-Elhai, 2004)
MAC-UK, United Kingdom	Secondary	Works with young people who are typically offending, in gangs, and experiencing mental health difficulties Engages them in projects of interest (involving music or sport) and offers “street therapy” where and when young people feel comfortable	Reduction in criminal offending Increased engagement in employment, education, and training	(Chakkalackal & Cyhlarova, 2013; Ruback, Clark, & Warner, 2014)
Brief Acceptance and Mindfulness-Based Program, United States	Tertiary	Two 2-hour group sessions involving psychoeducational and experiential exercises targeted at undergraduate women with history of childhood sexual assault	Reduction in likelihood of sexual assault at 2-month follow-up	(Hill, Vernig, Lee, Brown, & Orsillo, 2011)

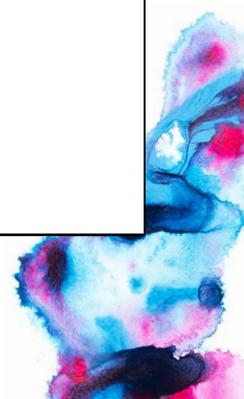


Table 12. Promising revictimization/future use of aggression programs: Adolescence and young adulthood

Program name, Country of implementation	Level of prevention	Purpose/ description	Significant outcomes	Selected references
Trauma Systems Therapy, New York	Tertiary	Aims to enhance engagement of children and families in trauma-focused work through multiple methods including education about trauma, problem-solving, and collaboratively mapping the therapeutic journey	Reduction in posttraumatic stress and aggression Slight improvement in home safety	(Saxe, Ellis, Fogler, & Navalta, 2012)



Table 13. Overview of Brief Acceptance and Mindfulness-Based Program (Hill et al., 2011)

<p>Session 1</p>	<ul style="list-style-type: none"> • Phase I (20 minutes) Greeting the group, introducing facilitators Brief introduction to what will be involved Discussion of common college stressors • Phase II (20 minutes) Discussion of strategies to cope with stressors Coping strategies categorized as: social support, behavioural activation, or internal control • Phase III (30 minutes) Evaluation of benefits and consequences of the strategy to attempt to control internal events (e.g. thoughts, emotions, physiological sensations) • Phase IV (30 minutes) Discussion of limits/costs of labeling, judging, attempting to control internal experiences Learning to find the usefulness of “negative” emotions Acceptance/mindfulness as potential alternatives to internal control strategies • Phase V (20 minutes) Breathing exercise Distribution and review of readings and self-monitoring forms
<p>Session 2</p>	<ul style="list-style-type: none"> • Phase I (20 minutes) Breathing exercise Overview of readings, self-monitoring forms, breathing exercises • Phase II (20 minutes) Discussion of basic concept of mindfulness Exercise in accepting internal experiences • Phase III (30 minutes) Discussion of willingness and personal values Exercise to illustrate obstacles keeping oneself from desired goals • Phase IV (30 minutes) Mediation exercises to emphasize empowerment, practicing one’s values, engaging in one’s life in a way consistent with one’s values • Phase V (20 minutes) Summary of mindfulness in everyday life Distribution of self-monitoring forms, readings, take-home exercises



Adulthood

Research-based programs

The Healing Our Women (HOW) Project (Table 14) is a trauma-focused intervention for HIV-positive African American and Latina women with child sexual abuse histories (Wyatt et al., 2004, 2011). The HOW Project involves peer-facilitated sessions with weekly trauma writing, communication skills training, relaxation techniques, peer modeling of disclosure, and problem-solving strategies. The program has been found to reduce psychological distress, PTSD symptoms, and sexual symptoms stemming from trauma.

Promising programs

Table 15 summarizes three promising tertiary programs offered in institutional settings for women who have used violence. There are also three programs for women who have used violence which are not shown since they have not yet been evaluated, but are worth noting

given their emphasis on addressing past experiences of victimization. Two of the programs, Sex Offender Therapy for Women and the Anger and Emotion Management Program, are both offered at women's correctional facilities across Canada (Correctional Service Canada, 2008). Each addresses histories of abuse as a factor influencing women's use of aggression/violence. Women are taught key skills for managing anger and other emotions associated with violence. The Anger and Emotion Management Program in particular addresses the relational context in which women's use of aggression or violence tends to occur (Correctional Service Canada, 2008). The third program, Emotion Control Therapy, is offered by many correctional facilities and includes individual sessions to address experiences of past abuse or traumatic events, recognizing the role these experiences play in women's pathways to violence (Correctional Service Canada, 2008).

Table 14. Research-based revictimization/future use of aggression programs: Adulthood

Program name, Country of implementation	Level of prevention	Purpose/description	Significant outcomes	Selected references
Healing Our Women Project, United States	Tertiary	11-session gender specific and culturally congruent intervention provided to HIV-positive African-American and Latina women with histories of sexual abuse and violence Involved peer-facilitated sessions with weekly trauma writing in journals	Reduction in PTSD symptoms, psychological distress, and sexual symptoms	(Wyatt et al., 2004, 2011)

Table 15. Promising revictimization/future use of aggression programs: Adulthood

Program name, Country of implementation	Level of prevention	Purpose/ description	Significant outcomes	Selected references
Sexual Assault Education/Prevention Program for Female U.S. Navy Personnel	Primary	Program for women in the U.S. Navy; uses lectures, slides, discussions, films to provide information on sexual assault (risk factors, consequences, prevention, relevant military regulations)	Increased knowledge of sexual assault and empathy for victims	(Rau et al., 2011)
Intensive Treatment Program for Female Offenders, Canada	Tertiary	<p>Targets incarcerated women who have used violence</p> <p>Aims to address aggression/violence through group exercises that promote insight into own behaviours and pro-social alternatives to dealing with anger</p> <p>Other program goals include: improving communication and social skills, taking responsibility for one’s actions, changing criminal attitudes</p>	<p>Increase in confidence, empathy, patience, self-awareness</p> <p>Ability to reduce violent behaviour remains unknown</p>	(Irving, Taylor, & Blanchette, 2002)



Table 15. Promising revictimization/future use of aggression programs: Adulthood

Program name, Country of implementation	Level of prevention	Purpose/ description	Significant outcomes	Selected references
Spirit of a Warrior Program, Canada	Tertiary	Targets incarcerated Indigenous women who have used violence Aims to help women understand their use of violence and the impact of intergenerational violence on their behaviour; also focuses on improving family relations, communication, and coping skills	Initial results indicate positive changes in emotional awareness and anger management; viewed favourably by participants and staff	Correctional Service Canada, 2008)

Prevention programs with applications for multiple life stages

Research-based programs

Table 16 summarizes 11 research-based programs. Primary programs include the Incredible Years Program and Raising Healthy Children while Parent-Child Interaction Therapy and Brief Strategic Family Therapy are secondary programs. Tertiary programs include Trauma-focused Cognitive Behavioural Therapy, Game-based Cognitive Behavioural Therapy, Dialectical Behaviour Therapy, and Multisystematic therapy. The Strengthening Families Program and Triple P Parenting Program provide both primary and secondary interventions, while the Olweus Bullying Prevention Program has applications across all three levels of prevention. None of the interventions listed are specific to girls/women, and evaluations of some interventions, such as the Incredible Years Program, have been based on samples including more boys than girls (Menting, Orobio de Castro, & Matthys, 2013). Nevertheless, these are all well-established approaches for preventing or addressing victimization or use of aggression, with applications spanning from infancy/pre-school to adolescence and young adulthood.

We highlight the Raising Healthy Children intervention below.

Raising Healthy Children

Raising Healthy Children (RHC) is a multi-faceted, school-based prevention program that uses a social developmental approach to promote positive development. The program includes teacher, parent, and student components and targets both risk and protective factors across multiple levels (Table 17). RHC has applications for grades one through twelve. Though not specifically intended to prevent revictimization or future use of violence among those who have experienced child maltreatment, RHC effectively reduces many risk factors associated with each (e.g. substance use, family conflict).

Table 16. Research-based revictimization/future use of aggression programs: Applications across life stages

Program name, Country of implementation	Level of prevention	Purpose/ description	Significant outcomes	Selected references
Incredible Years Program, United States	Primary	<p>Psycho-educational group program design to develop self-esteem of parents and skills for managing children’s behaviour in socioeconomically disadvantaged families</p> <p>Five programs: Baby (0-12 months), Toddler (1-3), Preschool (3-6), School Age (6-12), Advance (4-12)</p>	<p>Improvement in parent-child interactions, positive family relationships, and children’s problem-solving, emotional regulation, school readiness</p> <p>Reduction in children’s externalizing and internalizing problems</p>	(Carnochan et al., 2013; Menting, Orobio de Castro, & Matthys, 2013; Perlson & Greene, 2015)
Raising Healthy Children, United States	Primary	<p>Multi-faceted, longitudinal school-based prevention program for teachers, parents, and students</p> <p>Aims to promote positive development, reduce academic risks, and reduce early aggressive behaviours among elementary to high school students</p> <p>Teacher workshops: instructional improvement and classroom management</p> <p>Parenting workshop: how to help children succeed in school</p> <p>Student intervention: school summer camp and in-home services</p>	Reduction in antisocial behaviour; alcohol and marijuana use	(Brown, Catalano, Fleming, Haggerty, & Abbott, 2005; Catalano Mazza, Harachi, Abbott, Haggerty, & Fleming., 2002)

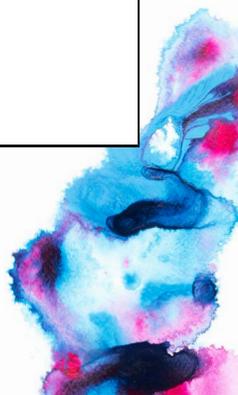


Table 16. Research-based revictimization/future use of aggression programs: Applications across life stages

Program name, Country of implementation	Level of prevention	Purpose/ description	Significant outcomes	Selected references
Strengthening Families Program, United States	Primary/Secondary	<p>Group-based parenting program developed to strengthen parenting for both high-risk and general population families</p> <p>Programs available for children 3-5, 6-11, 12-16, and 7-17</p>	<p>Improvement in parenting skills and family relationships</p> <p>Reduction in child maltreatment</p> <p>Reduction in children’s problem behaviours, delinquency, and substance abuse</p> <p>Improvement in children’s social competence and school performance</p>	(Kumpfer, Magalhaes, & Greene, 2015; Kumpfer, Whiteside, Greene, & Allen, 2010)
Triple P Parenting Program, Australia, Austria, Belgium, Canada, Curacao, France, Germany, Hong Kong, Iran, Ireland, Japan, New Zealand, Netherlands, Romania, Scotland, Singapore, Sweden, Switzerland, United Kingdom, United States, Wales	Primary/Secondary	<p>Parenting and family support system designed to prevent social, emotional, behavioural, and developmental problems in children by enhancing knowledge, skills, and confidence of parents</p> <p>Five intervention levels matched to intensity of family needs</p> <p>Families with children 0-12 with extensions available for families with teens 13-16</p>	<p>Reduction in child behavioural and emotional problems</p> <p>Improvement in parents’ well-being and parenting skills</p> <p>Decreased rates of child abuse</p> <p>Decreased hospitalizations from child abuse injuries</p>	(Graaf, Speetjens, Smit, & Wolff, 2008; Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009; Sanders, 2012; Sanders, Kirby, Tellegen, & Day, 2014)

Table 16. Research-based revictimization/future use of aggression programs: Applications across life stages

Program name, Country of implementation	Level of prevention	Purpose/description	Significant outcomes	Selected references
Olweus Bullying Prevention Program, Norway and United States	Primary/Secondary/Tertiary	<p>Intervention targets students ages 5-15</p> <p>All students participate in most aspects of program; students identified as bullies or bullying victims receive additional interventions</p> <p>Includes long-term school-level, classroom-level, individual-level, and community-level components</p>	<p>Reduction in bullying and bullying victimization</p> <p>Reduction in general antisocial behaviour (e.g. vandalism, fighting, truancy)</p> <p>Improvement in classroom social climate</p>	(Black, 2003; Limber, 2004; D Olweus, 1991; Dan Olweus & Limber, 2010)
Parent Child Interaction Therapy, Australia, Cyprus, Germany, Japan, Hong Kong, Indonesia, South Korea, New Zealand, Netherlands, Norway, Singapore, Switzerland, Taiwan, United States	Secondary	<p>Parent training program to develop parenting skills and improve parent-child interactions</p> <p>For families with children 2-6 years old exhibiting emotional and behavioural problems</p>	<p>Reduction in children's behaviour and conduct problems, recurrence of maltreatment, mother's stress, coercive discipline techniques</p> <p>Improvement in parenting outcomes</p>	(Chaffin et al., 2004; Nixon, Sweeney, Erickson, & Touyz, 2004; Thomas, Abel, Webb, Avdagic, & Zimmer-Gembeck, 2017; Thomas & Zimmer-Gembeck, 2007)
Brief Strategic Family Therapy, Australia, Chile, Norway United States	Secondary	<p>Targets children and adolescents ages 8-17 displaying behavioural problems or at risk of developing them</p> <p>100-minute sessions once a week for 12 weeks</p>	<p>Reduction in conduct problems, physical aggression, delinquency, substance use</p>	(Nickel et al., 2006; Robbins et al., 2011; Santisteban, Coatsworth, Perez-Vidal, Mitrani, Jean-Gilles, & Szapocznik, 1997; Santisteban, Coatsworth, & Perez-Vidal, 2003)



Table 16. Research-based revictimization/future use of aggression programs: Applications across life stages

Program name, Country of implementation	Level of prevention	Purpose/ description	Significant outcomes	Selected references
Trauma-focused Cognitive Behavioural Therapy, United States	Tertiary	<p>Individual counselling for children and adolescents 3-17 who were abused or exposed to IPV and their parents</p> <p>Treatment is comprised of psychoeducation, parenting sessions, skill development, and processing trauma</p>	Reduction in emotional and behavioural problems in children, including PTSD and anxiety	(Cohen & Mannarino, 2008; Cohen et al., 2011)
Game-based Cognitive Behaviour Therapy, United States	Tertiary	<p>Group-based approach for children aged 5-13 years and their parents; treatment delivered in “fun” manner using developmentally appropriate games</p> <p>Topics include communication skills, emotional expression skills, self-protection skills, coping skills, and psychoeducation about child abuse, exposure, and processing of sexual abuse</p>	<p>Reduction in anxiety, depression, withdrawal, oppositional behaviour, disobedience, conduct disordered behaviour, sexually inappropriate behaviours</p> <p>Improvement in children’s knowledge of abuse and personal safety skills</p>	(Misurell & Springer, 2013; Springer & Misurell, 2010)
Dialectical Behaviour Therapy, United States	Tertiary	<p>Offered as group or individual approach</p> <p>Focuses on developing emotion regulation, distress tolerance, mindfulness, interpersonal skills</p>	Reduces self-harm and suicidal behaviour in young people	(Fleischhaker Böhme, Sixt, Brück, Schneider, & Schulz, 2011; Goldstein TR, Axelson DA, Birmaher B, & Brent DA., 2007; Linehan, 2014)

Table 16. Research-based revictimization/future use of aggression programs: Applications across life stages

Program name, Country of implementation	Level of prevention	Purpose/ description	Significant outcomes	Selected references
Multisystemic therapy, Australia, Canada, Chile, Denmark, Germany, Iceland, Netherlands, New Zealand, Norway, Sweden, United Kingdom, United States	Tertiary	<p>Home-based and clinical therapy for children and adolescents 10-17 of families being followed by child protective services for child abuse/neglect</p> <p>Treatment aims to mitigate effects of abuse/neglect and keep children at home with their families</p>	<p>Reduction in child mental health symptoms and problematic behaviours, parent emotional distress, parenting behaviours associated with maltreatment, and child out-of-home placements</p> <p>Decrease in neglectful parenting, minor/ severe child abuse, psychological aggression</p>	(Henggeler & Schaeffer, 2016; MST Services, 2018; Swenson, Schaeffer, Henggeler, & Mayhew, 2010)



Table 17. Risk and protective factors addressed by Raising Healthy Children

Protective Factors		
Level	Target Area	Purpose/description
Individual	Problem-solving skills Refusal skills Skills for social interaction	Early initiation of antisocial behaviour Favourable attitudes towards drug use Substance use
Peer	Interaction with prosocial peers	Interaction with antisocial peers
Family	Attachment to parents Opportunities for prosocial involvement with parents Parent social support Parental involvement in education Rewards for prosocial involvement with parents	Family conflict/violence Parental attitudes favourable to antisocial behaviour Parental attitudes favourable to drug use Poor family management
School	Opportunities for prosocial involvement in education Rewards for prosocial involvement in school	Low school commitment and attachment Poor academic performance
Neighborhood/ Community	Opportunities for prosocial involvement Rewards for prosocial involvement	Laws and norms favourable to drug use/crime
Blueprints for Healthy Youth Development, 2017		



Developing protective resources and resilience

Beyond focusing on reducing risk factors, building strengths and promoting resilience may be especially important to preventing revictimization and future use of aggression by girls/women who have experienced childhood maltreatment (Chiodo, Crooks, Wolfe, McIsaac, Hughes, & Jaffe, 2012; Macy, 2008). Although many of the prevention programs listed in the preceding section include components to develop protective resources, little research has actually examined what factors may have been involved to prevent revictimization among survivors of early abuse or violence who never experienced subsequent victimization or use of aggression. Initial research suggests that higher levels of protective factors in adolescence among youth with high levels of cumulative risk exposure may be particularly important for reducing later odds of violence (Kim, Gilman, Hill, & Hawkins, 2016). Self-efficacy, sense of mastery, proactive coping, and situational assertiveness may play a role in breaking the links between early and later victimization (Breitenbecher, 2001; Macy, 2007). Empowering women, improving self-esteem, and teaching anger management strategies may also be helpful in preventing their use of aggression (Bair-Merritt et al., 2010). Feminist therapy and empowerment strategies may also assist girls/women in recognizing the gendered context of the violence they experience and how this may put them at risk for future victimization or use of aggression (Kearns & Calhoun, 2010).

Macro-level approaches to prevention

Violence against women and girls is ultimately a systemic issue, rooted in gender inequality, which must be eradicated in order to prevent victimization, revictimization, and use of aggression (World Health Organization, 2009). Achieving gender equality is a key Sustainable Development Goal and involves removing all legal, social, and economic barriers to women's and girls' empowerment (UNDP, 2015). This requires policy-changes and programs to: eliminate childhood poverty, increase access to educational and economic opportunities, recognize and reduce unpaid work, achieve food security, increase access to clean water and sanitation, and make all rural and urban areas safe, inclusive, and sustainable (UNDP, 2015). Challenging gender norms and attitudes and raising awareness of gender-based violence is also important and may be achieved through media interventions and public awareness campaigns (World

Health Organization, 2009) such as the White Ribbon Campaign.

At the community level, it is also important to note that neighbourhood risk factors are among the most salient and consistent predictors of violence (Herrenkohl, Lee, & Hawkins, 2012). Community interventions must therefore focus on reducing poverty, increasing safety and neighborhood cohesion, and economically empowering women in addition to addressing gender norms and attitudes (Popkin, Acs, & Smith, 2009; World Health Organization, 2009). It is also essential to engage men and boys as partners in ending violence against women and girls (World Health Organization, 2009). One promising approach may be fostering healthy masculinities in a community-based setting. There is currently an ongoing cluster-randomized controlled trial to test this type of intervention among adolescent males from disadvantaged communities (Miller, 2018).

Summary

This section has summarized research-based and promising strategies which may be used to prevent future victimization or use of aggression among women and girls who have experienced neglect, abuse, or violence earlier in life. There are a wide range of primary, secondary, and tertiary programs available for specific and multiple life stages, although the adult-specific programs reviewed were tertiary in nature. Programs exist at the individual, family, and school level and there is a need for further development and evaluation of prevention strategies that target community and societal-level factors. Not all programs for preventing victimization or use of aggression are specifically intended for girls and women with victimization histories, but rather, are intended to prevent initial victimization or use of aggression in general. However, these programs may still be useful in breaking the links between childhood maltreatment/early life victimization and later experiences of violence given overlapping risk factors. Most programs addressing revictimization specifically are targeted toward adolescence and young adulthood, a key time for prevention. These programs primarily focus on preventing sexual assault. More work is needed to incorporate other forms of violence along the continuum.



CONSIDERATIONS AND FUTURE DIRECTIONS

Previous victimization increases the risk of revictimization and the potential of using aggression for women and girls. Though not inevitable, this strong association has important implications for initiatives aiming to prevent or reduce victimization and use of aggression, their reoccurrence, and their negative health impacts. Due to the complexity of these pathways over the life course, a public health approach emphasizing interdisciplinary partnerships and multi-level prevention is key. This type of approach can ensure services for women and girls address their victimization histories as well as risk factors that occur not only at the individual level, but also, at a wider systemic level. Coordination between all stakeholders and sectors directly and indirectly involved in providing services to survivors of violence and those who use aggression as a result is also essential for building resilience and protective capacities.

The prevention strategies reviewed in this paper include research-based and promising approaches to preventing victimization and use of aggression among women and girls. However, not all programs address revictimization specifically. For example, there are some programs intended to prevent initial victimization or reduce its consequences, but it is unclear whether these prevention and intervention strategies can effectively disrupt the pathway toward additional victimization. Further, child maltreatment prevention programs should always consider later revictimization as a possibility, and where possible, work to reduce this risk (Leff, Waasdorp, & Crick, 2010). In addition, revictimization should be considered a risk of child maltreatment regardless of whether the child develops other associated risk factors, such as post-traumatic stress symptoms or behavioural difficulties (Hanson, 2016). Although many of the prevention programs reviewed include components to develop protective resources, little research has actually examined what factors may have been involved to prevent revictimization among survivors of early abuse or violence who never experienced subsequent victimization or use of aggression. Initial research suggests that higher levels of protective factors in adolescence among youth with high levels of cumulative risk exposure may be particularly important for reducing later odds of violence (Kim, Gilman, Hill, & Hawkins, 2016).

Another limitation of victimization and aggression prevention programs is that not all are gender specific. It will therefore be

important for future work to focus on a girl and woman-centered approach to prevention, including systematic evaluation of program effectiveness with girls/woman-identified samples. Existing prevention efforts can better reduce risk and build resilience if factors unique to girls and women are identified and addressed (Masseti et al., 2011). This is especially needed for aggression prevention and intervention programs, which are often based on boys/men. For example, one program identified in our initial search, the Good Behaviour Game (Kellam, Brown, & Poduska, 2008), found a significant impact of the intervention for boys only. The authors hypothesized that the programs may not have adequately addressed gender-specific early developmental processes that impact later aggression.

For adult women who have used aggression, in particular, there is a need to assess victimization history, no matter how distal it may seem. Currently, there are a limited number of prevention programs for adult women using aggression, and these largely take place in a prison context. Not all women who use aggression will be incarcerated and it will be important to reach these women through other avenues. Similarly, for children and adolescents, school-based interventions may not always be optimal as students at risk of revictimization or using aggression may not always be accessible in this way or may not engage in school-based activities (Whitaker et al., 2006). Other potential venues to reach women and girls might include community, cultural and faith-based organizations.

As prevention efforts strive to reach women and girls through multiple channels, it will also be important to address the complexities of revictimization and use of aggression for diverse groups who are typically under-researched and under-served (Leff, Waasdorp, & Crick, 2010). Programming must not only take into account important developmental (i.e. life stage) and gender-related considerations, but also, contextual considerations such as race/ethnicity, culture, socioeconomic status, sexual orientation, immigration or refugee status, living with a disability, and housing status. Just as it is important to take into account how women's and girls' experiences of victimization and aggression are directly related to their status within a gendered society, it is also important to recognize that these experiences are simultaneously complicated by racism, homophobia, classism, ableism, and other systems of oppression.

Despite the importance of intersectionality to understanding violence, only five of the programs reviewed in this paper took into account additional categories beyond gender. One school-age program (Friend to Friend) and one adolescent/young adulthood program (Sisters of Nia) targeted African American females. Another school-age program (Second Step) was assessed for children with disabilities. One adult program (Healing Our Women) targeted African American and Latina women and one adult program (Spirit of a Warrior) targeted Indigenous women. The success of these programs demonstrates the value of addressing diverse experiences within violence prevention work. This may be especially needed in programs for infancy/pre-school and multiple life stages as intersectionality considerations were noticeably limited in this area. Programs also need to be developed for women who are older, as this population was notably overlooked. Finally, programs were primarily urban-based, highlighting the need for development and evaluation of programs for women and girls who live in rural and remote areas. Longitudinal research incorporating an intersectionality-informed qualitative design would help identify differences in trajectories that extend our understanding beyond individuals and individual behaviour to include the influence of factors such as colonization, racialization, socioeconomics, and discrimination. Further, this approach would help identify the salient signposts at different stages of development for different groups of girls/women along pathways of safety and nonviolence, and in turn, better inform prevention programs.

Ultimately, a holistic and intersectional approach is needed at all levels of prevention (primary, secondary, tertiary) as well as across all ecological levels (individual, family, school, community, society) and life stages (from infancy to adulthood and old age). Continued longitudinal research, integration into public policy and community structures, and program evaluation within diverse contexts is key to reducing revictimization and use of aggression among women and girls.



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