

## LINKS BETWEEN THE MALTREATMENT OF GIRLS & LATER VICTIMIZATION OR USE OF VIOLENCE

### VIOLENCE AGAINST WOMEN AND GIRLS: A PUBLIC HEALTH ISSUE

*1 in 3 Canadian women will experience at least one incident of physical or sexual violence in their lifetime.<sup>1</sup>*

Violence against women and girls is a global public health issue and a significant violation of human rights. Approximately one third of Canadian women will first experience abuse in childhood.<sup>2</sup> Many of these women will continue to experience violence across the life course; some will use violence in subsequent peer, intimate, or family relationships.<sup>3</sup> Multiple experiences of violence can result in negative health outcomes that accumulate over time.<sup>4</sup> Exploring how trajectories of violence may unfold for women and girls is critical to improving prevention efforts. This newsletter provides an overview of the literature linking early experiences of violence to later use or revictimization.

#### Using the term “revictimization”

The link between early and later experiences of victimization is commonly referred to as revictimization. We use this term for readability; however, we recognize **not all experiencing violence identify with or use the term “victim.”**

### FUNDAMENTALS TO REMEMBER

1

#### IDENTITY IS COMPLEX

Women and girls affected by violence may identify anywhere along the spectrum of gender identity (e.g. trans\*, cisgender, genderqueer).

Women and girls are diverse and may simultaneously identify with multiple groups (e.g. Indigenous, older, disAbled).

2

#### VIOLENCE AS A CONTINUUM

Violence occurs in many forms. This includes but is not limited to: physical violence, sexual violence (e.g. assault, harassment), psychological violence, harmful sociocultural practices (e.g. female genital mutilation), and structural violence (e.g. sexism, ageism, racism).

3

#### CONTEXT IS KEY

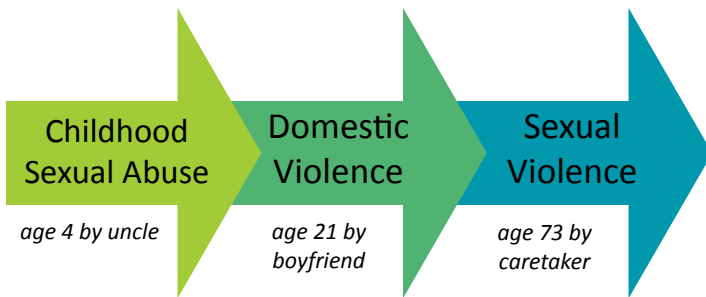
Violence and violence causing serious injury or death is disproportionately perpetrated against women by men. Women who use violence often do so in the context of their own victimization. The broader social context (e.g. historical and current oppressions) impacts these lived experiences.

# REVICTIMIZATION ACROSS THE LIFE COURSE

Revictimization can occur within the same life stages or across life stages and involves **more than one perpetrator**:

1. Victimization during childhood and victimization during adolescence or adulthood
2. Victimization during adolescence and victimization during adulthood
3. Victimization during childhood, adolescence or adulthood

CLARIFYING TERMINOLOGY	
<b>Revictimization:</b>	The experience of victimization at two different life stages or during the same life stage, by more than one perpetrator.
<b>Repeated victimization:</b>	Multiple experiences of victimization by the same perpetrator during one life stage or across life stages.
<b>Poly-victimization:</b>	Experiencing more than one type of victimization during one life stage (e.g. sexual, physical and emotional abuse in childhood).



*Repeated victimization and poly-victimization are distinct from, but can be involved in, revictimization. For example, a girl may experience emotional and physical abuse (i.e. poly-victimization) throughout her childhood from a caregiver (i.e. repeated victimization) and later as a teen experience bullying by a peer (i.e. revictimization), and then as an adult experience intimate partner violence (i.e. revictimization) in the form of sexual and physical abuse (i.e. poly-victimization) multiple times (i.e. repeated victimization).*

## UNDERSTANDING VIOLENCE AND HEALTH FROM A LIFE COURSE PERSPECTIVE

According to the life course perspective:<sup>5</sup>

- Individual lives are characterized by a series of pathways or trajectories that span from early or later life.
- Examining experiences of violence at only one point in time ignores previous experiences.
- Previous experiences impact current vulnerabilities to abuse or use of violence as well as current and long-term health outcomes.
- The cumulative impact of violence on health 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).



# THE IMPACT OF VIOLENCE ON THE HEALTH OF WOMEN AND GIRLS

The health consequences of any experience of violence can be severe. When violence is experienced across the life course, its impacts can accumulate over time. Adaptations that help girls and women survive violence may compromise their later functioning and well-being in other contexts (e.g. dissociation). As a result, women and girls can become increasingly vulnerable to poor health outcomes. Many outcomes are shared with other forms of revictimization, but some are particularly prevalent or intensified for women and girls who have

been revictimized (e.g. post-traumatic stress disorder, depression, poor physical health, alcohol/substance use). While the consequences of victimization for health are often similar across life stages, some are specific to or begin to emerge at certain time points. For example, the consequences of child or adolescent victimization appear as chronic disease, disorders, or pain in adulthood. The use of violence, particularly in childhood and adolescence, is also associated with adverse health outcomes for girls, such as the development of mental health difficulties.

## The health consequences of violence against women and girls<sup>a</sup>

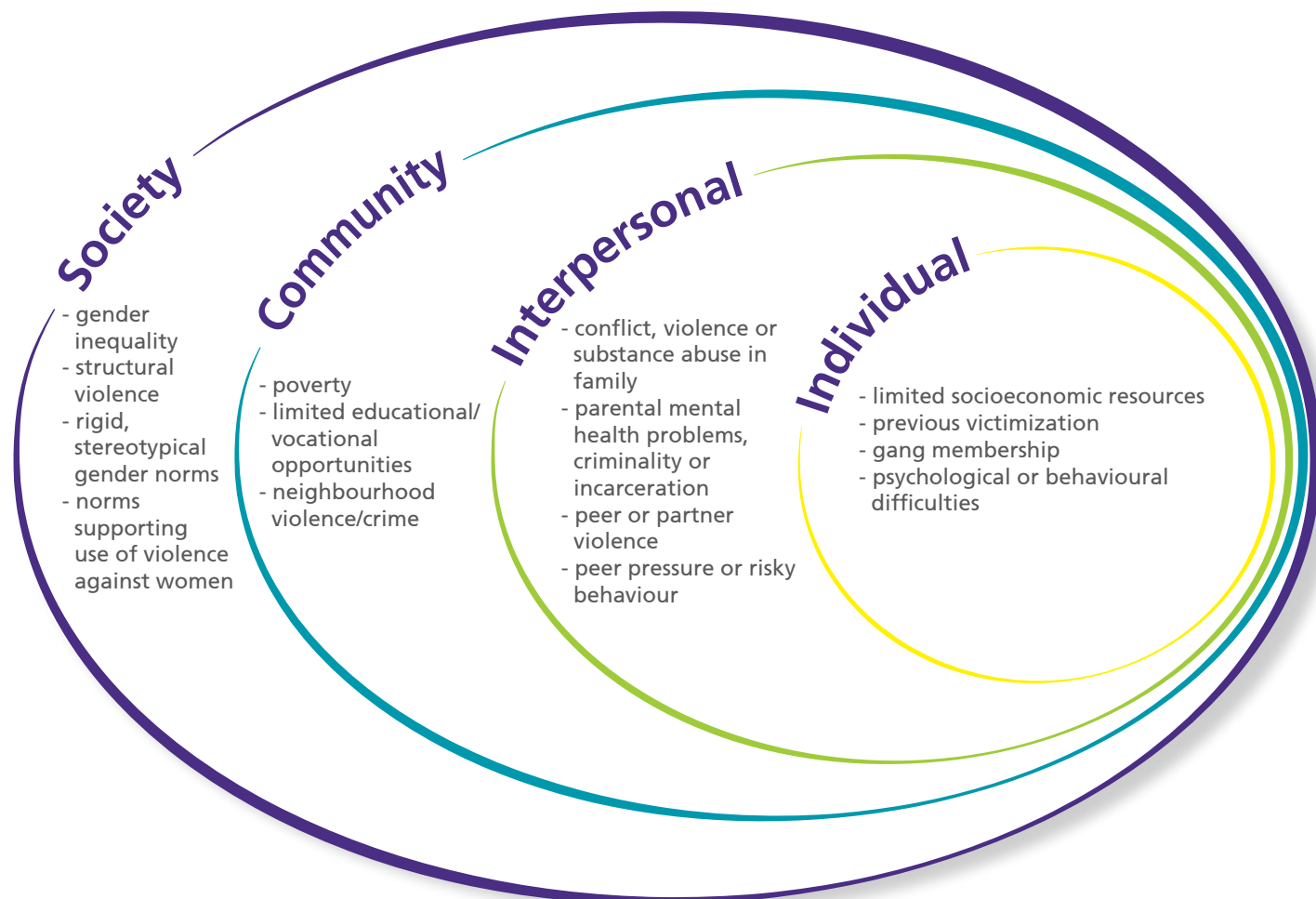
Physical	Psychological/Emotional	Behavioural	Interpersonal
Poor self-reported physical health and quality of life <b>High medication use</b> <b>Arthritis</b> <b>Breast cancer</b> <b>Alzheimer's disease</b> Injuries (e.g. cuts, bruises, sprains, broken or fractured bones) Sleep disorders <b>Somatoform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

<sup>a</sup>Bolded outcomes are unique to adulthood. Italicized outcomes are unique to childhood and adolescence. (M. Bair-Merritt et al., 2006; J. C. Campbell, 2002; Chen et al., 2010; Cook et al., 2011; Devries et al., 2013, 2014; Elliott, Alexander, Pierce, Aspelmeier, & Richmond, 2009; Lagdon et al., 2014; Maniglio, 2009; Norman et al., 2012; Richmond, Elliott, Pierce, & Alexander, 2008; Trevillion et al., 2012; Turner, Finkelhor, & Ormrod, 2006; Wood & Sommers, 2011)<sup>16</sup>

## RISK FACTORS FOR THE REVICTIMIZATION OF WOMEN AND GIRLS

Individual risk factors	Characteristics of abuse	Interpersonal risk factors	Community risk factors	Societal risk 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. institutionalized racism, sexism, ageism)
Childhood sexual abuse	High severity	Change in caregivers	Neighborhood violence/crime	Socio-cultural norms that promote rigid, narrow stereotypes of masculinity and femininity, and that support the use of violence against women.
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		Presence of physical abuse or neglect		
Adolescent sexual victimization		Mental health problems in family		

## RISK FACTORS FOR THE USE OF VIOLENCE BY WOMEN AND GIRLS



## THEORETICAL FRAMEWORKS

Most theories of revictimization focus on how early victimization alters psychological and psychosocial adjustment, abilities to recognize risk, and expectations of adult relationships. These alterations may then increase vulnerability to later victimization. Vulnerability to victimization can also result from interpersonal, community, and societal factors.

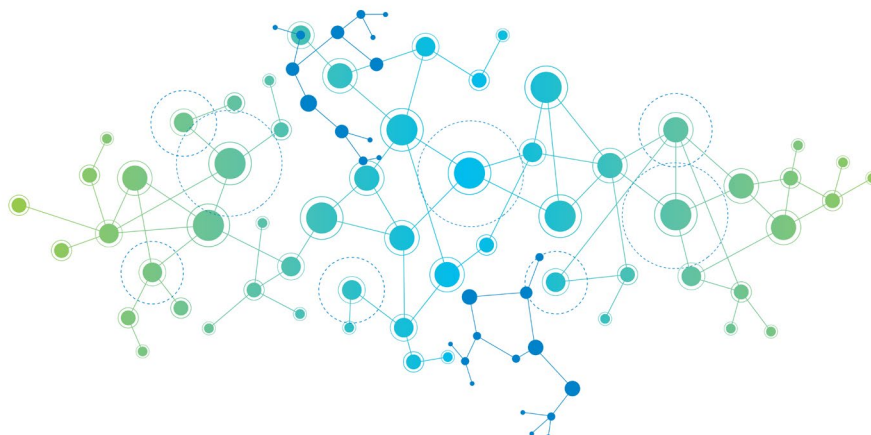
Discussing vulnerability for revictimization must not be interpreted as suggesting in any way that girls and women are responsible for the abuse they experience. Rather, explanations of vulnerability help to inform safety planning, effective supports, and prevention.

Many theories linking victimization to later use of violence draw attention to these factors and how they interact. According to the feminist ecological model, for example, girls exposed to family violence, negative peer influences

at school or neighbourhood gangs, and who have limited resources and face racial oppression as a result of social inequalities in society may have an increased likelihood of engaging in aggressive behaviour. Still, more work is needed on how pathways to violence may be unique for women and girls relative to men and boys.

While many multi-level factors contribute to the victimization of women and girls, it is important to remember that women and girls are targeted **because of their gender**. Institutional practices and social norms have historically maintained unequal power relations between men and women, which can perpetuate or promote violence against women and girls. In other words, because of their unequal position in society (based on their gender), women and girls face increased vulnerability to violence.

Revictimization Theories	Theories Linking Victimization to Later Use of Violence
Sociodevelopmental approach	Lifetime victimization and aggression model
Revictimization theoretical model	Social learning theory
Emotional avoidance theory	Neurobiological explanations
Steel & Herlitz model	Feminist ecological model
Traumagenic model	Typology of female perpetrators of intimate partner violence
Learning theory	Trauma theory
Learned helplessness	Attachment theory
Ecological approach to revictimization	Social information processing model
*For a detailed summary of each theory, please <a href="#">click here</a> and see Table 6 (p. 14), Table 7 (p. 15) and Table 8 (p.17).	



## REVIEWING THE EVIDENCE: REVICTIMIZATION

The evidence presented here is not intended to suggest that all women who experience violence early in their lives will have subsequent experiences of victimization as they age. It should be interpreted within the larger social context affecting women and girls' vulnerability to violence (e.g. gender-based inequalities, structural violence). While many factors may increase vulnerability to victimization and revictimization, those who victimize others remain responsible for their actions.

The evidence consistently indicates that women who experience any form of childhood violence are more likely to be victimized again in childhood, adolescence, and/or adulthood.

Both cross-sectional and longitudinal studies find 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
- abuse or aggression from siblings in childhood and adolescence

Adolescence and young adulthood appear to be key life stages for revictimization to occur. For example, significant relationships have been found between victimization in childhood or adolescence and victimization during the first or second year of post-secondary study.<sup>9</sup> Sexual assault in adolescence, in particular, appears to place male youth at the greatest risk of later victimization in university or college.<sup>10</sup> Bullying victimization prior to age 15 also increases the risk of experiencing physical partner violence, sexual violence, aggression from peers, and/or criminal violence by age 21.<sup>11</sup>

### RESEARCH HIGHLIGHTS

Girls who experience sexual abuse in childhood are 7 times more likely to be revictimized one year later and 2 to 3 times more likely to be revictimized in adolescence and/or adulthood compared to girls who have not been abused.<sup>6</sup>

Women victimized as children are 6 times more likely to be revictimized in adulthood compared to women never victimized as children.<sup>7</sup>

30% of female first-year students report some form of sexual violence prior to starting university; 41% of these women experience sexual revictimization while in university.<sup>8</sup>

### Key Definitions

#### **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 noncontact acts of a sexual nature. Sexual violence can occur in partner and non-partner relationships.

**Intimate partner violence (IPV):** refers to a range of abuse behaviours perpetrated by a current/former partner, including but not limited to physical, sexual, and psychological or emotional harm.

**Dating violence:** a type of IPV often referred to in the context of adolescence 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).

## REVIEWING THE EVIDENCE: LINKING MALTREATMENT AND LATER USE OF VIOLENCE

While more female-specific studies are needed to further examine this relationship and understand gender-specific pathways, the evidence suggests women's use of violence is intricately linked to their victimization experiences.

Cross-sectional and longitudinal research finds a strong association between childhood maltreatment, sibling violence, or bullying victimization and the future use of violence by women and girls. Girls and women most commonly use violence against dating or intimate partners, children, or peers. There is, however, limited available evidence linking childhood maltreatment to the use of violence in adulthood against parents once they have aged.

Late childhood and adolescence are significant life stages where maltreated girls may begin to use violence. Overall, rates of violent offending among female youth under 18 years of age generally exceed those of adult women.<sup>12</sup>

Childhood maltreatment is associated with the perpetration of the following forms of violence during these periods:<sup>13</sup>

- aggressive behaviour toward peers
- physical assault
- cyberbullying
- bullying
- fighting
- sexual harassment
- sexual assault
- physical dating violence
- child maltreatment (by young mothers against their own children)

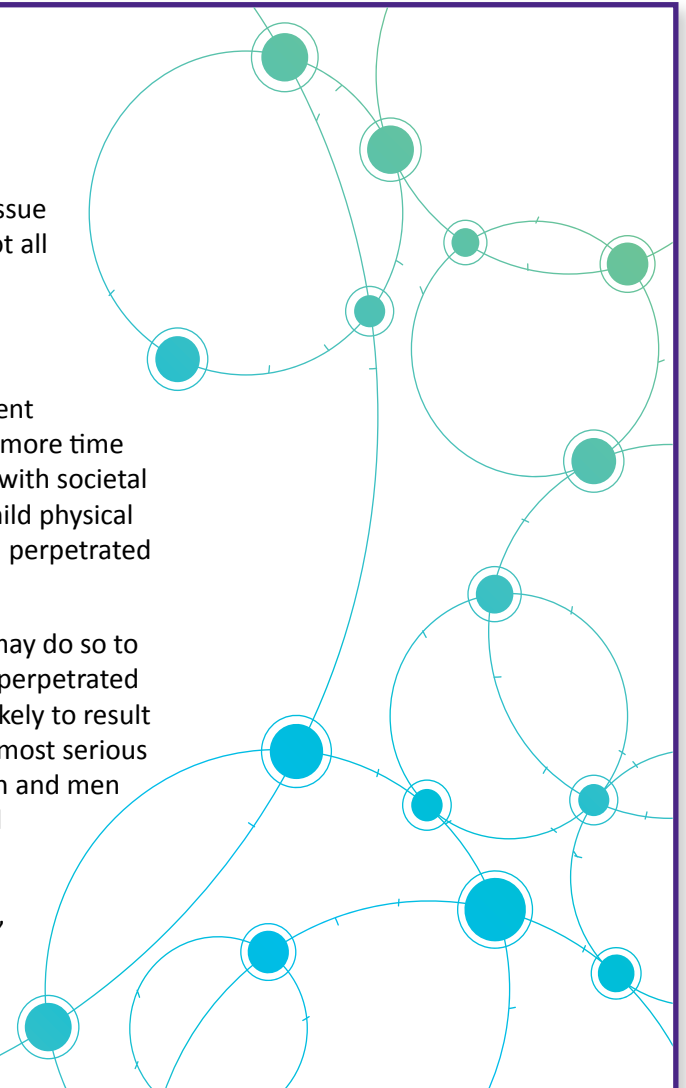
### VIEWING VIOLENCE USED BY WOMEN AND GIRLS IN CONTEXT

Female-perpetrated violence is an important public health issue and often a consequence of experiences of victimization. Not all women and girls who experience victimization will later use violence. Among those who do, it is important to cautiously interpret existing statistics.

For example, higher rates of some forms of child maltreatment perpetrated by women may be a result of women spending more time with their child(ren) as the primary caregiver in accordance with societal gender roles and norms. However, child sexual abuse and child physical abuse resulting in severe injuries or fatalities are more often perpetrated by men.<sup>14</sup>

While women use violence against intimate partners, they may do so to protect themselves or their children. Even when violence is perpetrated against a partner who is not abusing them, violence is less likely to result in serious physical harm or homicide. The fact remains that most serious IPV and sexual violence is committed against women by men and men more often perpetrate violence involving significant physical threats, serious injury, or death of a female partner.<sup>15</sup>

Ultimately, when men use violence against women and girls, it is typically an exercise of power, while women's use of violence is often a response to their powerlessness. In either case, **gender inequality remains a root cause.**



## CONSIDERATIONS AND FUTURE DIRECTIONS

Key issues facing research on the links between the victimization of women and girls and their subsequent revictimization or use of violence:

1. Need to incorporate an intersectional approach: Include diverse groups of women and girls and contextualize experiences within larger systems of oppression, which create inequalities, reinforce exclusion, and increase vulnerabilities to violence.
2. Examine links along the continuum of violence: Determine the relationship between childhood maltreatment and later experiences of sexual harassment, reproductive control, financial abuse, and other forms of violence outside of the more commonly studied experiences of sexual or physical abuse/assault.

3. Increase number of Canadian longitudinal studies.
4. Need for consistency in definitions of abuse, time periods studied, and methodology.
5. Greater attention to female-specific pathways to violence is needed.

Implications for prevention:

1. Late childhood, adolescence and young adulthood are critical life stages for prevention efforts.
2. A trauma-informed approach that takes into account lifetime victimization is needed in services for women who have experienced and/or used violence.

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