



Links between the Maltreatment of Girls and Later Victimization or Use of Violence



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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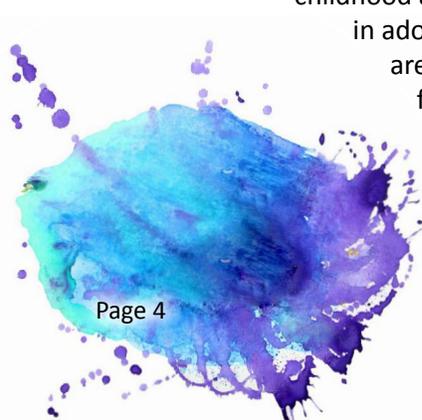
Preamble: Important language considerations

It is impossible to adequately examine the many nuances and complexities involved in violence against women and girls in one discussion paper. We therefore provide an overview of the literature, rather than a comprehensive summary. In addition, the current paper should be read in the context of the following issues:

1. The term “violence against women and girls” will be used to refer to woman-identified individuals, which includes trans* and cisgender women as well as others who identify themselves along this spectrum of gender identity.
2. Women and girls may identify as belonging to more than one group. The broader social context in which diverse groups of women are situated (e.g. social disadvantage, historical and current oppressions) impacts their lived experience. Currently, there is limited research on trajectories of violence across the life course for many groups of women, such as Indigenous women; women with disabilities; women who live in northern/remote/rural areas; women who identify as lesbian, bisexual, or queer; trans* women; women from various cultural, racial/ethnic, and/or linguistically diverse backgrounds; and women who are older. This paper reviews existing high quality evidence on general patterns of violence over the life course, but recognizes that women and girls are not a homogenous group, and that more research needs to be done with attention to their diversity.
3. Violence against women and girls occurs in many forms, including violence in close relationships (e.g. intimate partner violence, child maltreatment), sexual violence in all public and private spheres of life (e.g. sexual assault, harassment), human trafficking, harmful sociocultural practices (e.g. forced child marriages, female genital mutilation) and structural violence (e.g. sexism, ageism, racism). This paper will often refer to sexual or physical abuse in childhood and sexual or physical assault in adolescence or adulthood. These are the most commonly studied forms of violence involved in revictimization. However, these forms of violence are also part of a larger continuum and more work is needed on experiences of other forms of violence

across the life course (e.g. sexual harassment, economic violence) and how they may intersect.

4. Consistent with the current literature, this paper uses the term “revictimization” for readability, but recognizes not all experiencing violence identify with or use the term “victim”.



Violence against women and girls as a public health issue

Violence against women and girls is a global public health issue and a significant violation of human rights (World Health Organization, 2013). It is estimated that 1 in 3 women in Canada and around the world will experience at least one incident of physical or sexual violence in their lifetime (Sinha, 2013a; World Health Organization, 2013). For approximately one third of Canadian women, abuse first occurs in childhood (Afifi et al., 2014; Burczykcka & Conroy, 2017; Public Health Agency of Canada, 2006), and for many of these women, violence is not limited to a single incident or point in time. Women and girls who experience violence are at an increased risk of being physically or sexually revictimized (Classen, Palesh, & Aggarwal, 2005; Lalor & McElvaney, 2010; Noll, 2005; Roodman & Clum, 2001; Spatz Widom, Czaja, & Ann, 2008) and/or using violence in subsequent peer or intimate relationships (Auslander, Sterzing, Threlfall, Gerke, & Edmond, 2016; Carvalho & Nobre, 2015; Espelage & De La Rue, 2013; Hong, Espelage, Grogan-Kaylor, & Allen-Meares, 2012; Milaniak & Spatz Widom, 2015).

While most perpetrators of violence against women and girls are men, women and girls also use violence, and do so most commonly in intimate or family relationships. Canadian statistics on female perpetrators of violence are limited and may be underestimated given their reliance on police, court, or correctional administrative data. Available data indicate that 46% of women accused of committing a violent offence did so against a spouse or other intimate partner and 12% did so against another family member (e.g. sibling, child, or other relative by blood, marriage, adoption, or foster care) (Mahony, 2011). Overall, however, rates of violent offending among female youth under 18 years of age generally exceed those of adult women (Mahony, 2011). Nevertheless, when women and girls use violence, they are more likely to do so in the context of their own victimization.

Multiple experiences of victimization can markedly shape the life trajectories of women and girls, resulting in cumulative health impacts (Chen et al., 2010; Cook, Dinnen, & O'Donnell, 2011; Davies et al., 2015; Kimerling, Alvarez, Pavao, Kaminski, & Baumrind, 2007). When women and girls use violence in relationships, they – and those impacted – can also experience negative health consequences (Ard & Makadon, 2011; Blosnich & Bossarte, 2009; Kimberg, 2008; Moore et al., 2014; Norman et al., 2012; Tucker, Finkelhor, Turner, & Shattuck, 2013). Exploring how violence may unfold over time for women

and girls is therefore critical to improving public health prevention efforts.

Describing violence against women and girls: Key definitions

The focus of this paper is to provide an overview of the literature linking girls' early experiences of violence to subsequent experiences of victimization or use of violence in relationships. Common forms of violence experienced or used by women and girls are defined in Table 1.



Table 1. Definitions of common forms of violence experienced or used by women and girls

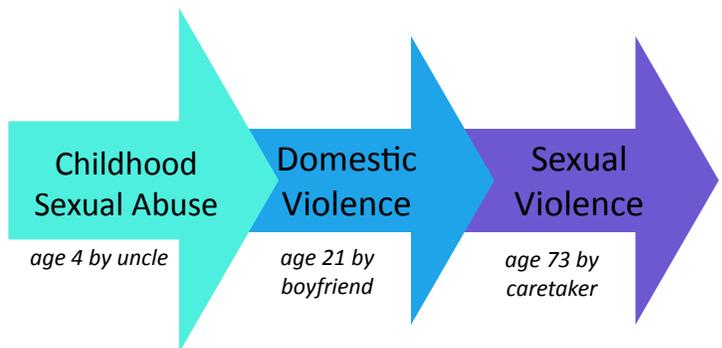
Child maltreatment*	Includes all forms of physical abuse, sexual abuse, and psychological abuse directed toward a child as well as neglect of a child and exposure to intimate partner violence.
Sexual violence	Any sexual act committed against a person without their freely given consent. This includes 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).

* For detailed definitions of the various forms of child maltreatment, see Appendix A. (Public Health Agency of Canada, 2008, 2014; Sinha, 2013a)

The link between early and later experiences of victimization is commonly referred to as revictimization (see Figure 1). Revictimization can occur within the same life stage or across life stages and involves more than one perpetrator (Classen et al., 2005; Messman & Long, 1996):

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

Figure 1. Revictimization across the life course



Women and girls may experience repeated victimization by the same perpetrator during one life stage (e.g. abuse perpetrated by a parent throughout childhood) or across life stages (e.g. abuse perpetrated by a long-term partner, from young adulthood to old age). Women and girls may also experience more than one type of abuse perpetrated by the same person (i.e. poly-victimization). It is important to distinguish revictimization as defined here from repeated victimization and poly-victimization (see Table 2). These instances have important cumulative impacts on the lives of women and girls and can involve separate phenomena which are beyond the scope of this

paper. This paper focuses on revictimization but recognizes that repeated victimization or poly-victimization may characterize the instances of victimization involved. 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).

Table 2. Clarifying terminology: Revictimization vs. repeated victimization vs. poly-victimization*

Revictimization	The experience of victimization at two different life stages or during the same life stage by more than one perpetrator.
Repeated victimization	Multiple experiences of victimization by the same perpetrator during one life stage or across life stages.
Poly-victimization	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 can be involved in revictimization.	

Understanding violence and health from a life course perspective

The life course perspective (Elder, Johnson, & Crosnoe, 2003) is a useful framework for examining cumulative experiences of violence or abuse. According to the life course perspective, individual lives are characterized by a series of pathways or trajectories that span from early to later life. Examining experiences of violence at only one point in time ignores previous experiences, which not only impact current vulnerabilities to abuse, but also, current and long-term health outcomes (Davies et al., 2015). The life course perspective draws attention to the ways in which multiple occurrences of victimization interact or accumulate over time, creating unique experiences of vulnerability and health. In this way, the life course perspective is most congruent with women’s actual experiences of violence, particularly given the prevalence with which women experience violence across time (R. Campbell, Greeson, Bybee, & Raja, 2008).

Through attention to the cumulative impacts of violence and their impact on health, the life course perspective

also emphasizes contextual factors such as poverty and inequality. This is compatible with a social determinants of health view, which draws attention to the social, economic, environmental, and cultural factors that influence individuals’ health (Canadian Council on the Social Determinants of Health, 2015). Under a life course framework, previous experiences of victimization can be considered social determinants of health in themselves, given their tremendous impacts on health outcomes over time (Greenfield, 2010). Of course, these experiences interact with a complex array of other factors across individual, interpersonal, community, and societal levels. This comprehensive view provides a foundation for understanding the multi-level risk factors for revictimization and use of violence presented in Tables 3 and 4.



Table 3. 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	Sociocultural 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		

Some risk factors are shared with other forms of victimization (e.g. single or repeated episodes of violence). (Classen et al., 2005; Hong & Espelage, 2012a; Kuijpers, van der Knaap, & Lodewijks, 2011; Lalor & McElvaney, 2010; Messman & Long, 1996; Montesanti et al., 2015)

Table 4. Risk factors for use of violence 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		

(M. H. Bair-Merritt et al., 2010; Correctional Service Canada, 2008; Cotter & Smokowski, 2016; Hong & Espelage, 2012a; Langhinrichsen-Rohling & Capaldi, 2012; Massetti et al., 2011; Molnar, Roberts, Browne, Gardener, & Buka, 2005; Montesanti et al., 2015; Murray, Farrington, & Sekol, 2012; Odgers & Moretti, 2002; Wood & Sommers, 2011)

Adopting a life course perspective provides a more nuanced and comprehensive understanding of abuse, facilitating holistic approaches in policy and practice (A. Bowes & Daniel, 2010; Davies et al., 2015). For example, service providers are encouraged to recognize how an adult woman's experiences of violence and its consequences may be shaped by her previous experiences in childhood or adolescence. A life course framework also recognizes the continuities and discontinuities in the circumstances and experiences of women and girls. While patterns of violence over time may be constant, they do not have to be inevitable. A longitudinal view of women's lives makes it possible to identify what could be modified and at what point in time to alter a trajectory's course.

Health consequences of violence against women and girls

The health impacts of violence have been well-documented across numerous short- and long-term health consequences and are summarized in Table 5 (Alsaker, Moen, & Kristoffersen, 2008; Black, 2011; Briere & Jordan, 2009; Greenfield, 2010; Roodman & Clum, 2001; Wathen, 2012; World Health Organization, 2010). Childhood maltreatment has been linked to attachment difficulties, anxiety and depression, behavioural problems, suicide attempts, eating disorders, substance use, and risky sexual behaviour (Afifi et al., 2014; M. Bair-Merritt, Blackstone, & Feudtner, 2006; Maniglio, 2009; Norman et al., 2012; Wood & Sommers, 2011). These associations have been documented for both boys and girls, although some research finds that women may be more vulnerable to the long-term negative health effects of child maltreatment than men (for a review see M. Bair-Merritt et al., 2006; Greenfield, 2010).

Victimization in adolescence and adulthood is associated with such outcomes as injury, sexually-transmitted infections, depression, chronic disease and pain, depression, post-traumatic stress disorder, gastrointestinal issues, alcohol and substance use, and psychiatric disorders (J. C. Campbell, 2002; Chen et al., 2010; Cook et al., 2011; Devries et al., 2013, 2014; Lagdon, Armour, & Stringer, 2014; Trevillion, Oram, Feder, & Howard, 2012).

While the consequences of victimization for health are often similar across life stages, some are specific to adulthood. In adulthood, the consequences of child or adolescent victimization begin to emerge as chronic disease, disorders, or pain. Victimization at earlier points in adulthood can

also lead to these negative long-term outcomes. Use of violence, particularly in childhood and adolescence, is also associated with girls' development of mental health problems (Cleverley, Szatmari, Vaillancourt, Boyle, & Lipman, 2012; Hébert, Cénat, Blais, Lavoie, & Guerrier, 2016; Kelleher et al., 2008; L. S. Smith & Stover, 2015).

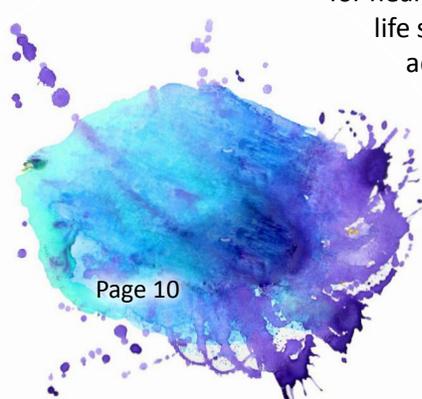


Table 5. The health consequences of violence against women and girls^a

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. (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)

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. As a result, women and girls can become increasingly vulnerable to poor health outcomes. Many outcomes are shared with other forms of victimization, but some are particularly prevalent or severe for women and girls who have been revictimized. There is considerable evidence that revictimization is associated with increased levels of distress; major depression; depressive symptoms; suicide attempts; post-traumatic stress disorder (PTSD); anxiety; schizophrenia; bipolar disorder; dissociation; coping, affect regulation, and information processing difficulties; suicide attempts; high risk sexual behaviours; alcohol and substance use; difficulties in interpersonal relationships; social problems (e.g. running away, low educational attainment); lost work days due to pain, and poor physical health (Classen et al., 2005; Davies et al., 2015; Kimerling et al., 2007; Lalor & McElvaney, 2010; Messman & Long, 1996).

Summary

When experiences of abuse are examined in isolation, the cumulative impact of repeat victimization (same perpetrator) and/or revictimization (more than one perpetrator) are missed. In reality, a large proportion of women have experienced violence at more than one point in their lives or use violence based on earlier experiences. Violence has a wide range of consequences for the health of women and girls, which can accumulate over time. A life course framework is a useful way to conceptualize trajectories of violence and health extending from early to late life. The following sections explore these pathways in greater depth.

Life course associations between girls' maltreatment and future victimization and/or use of violence

Theoretical explanations

Revictimization Theories

In general, explanations of revictimization focus on how early experiences of abuse negatively affect psychological and psychosocial adjustment, which in turn increase vulnerability to later victimization. Because of abuse, individuals' ability to recognize risk and expectations of adult relationships may be altered. Specific outcomes of abuse particularly prevalent among women and girls who have experienced revictimization include: psychological distress, personality disorders, depression, anxiety, suicidal and self-destructive behaviour, poor self-esteem, substance abuse, sexual problems (e.g. difficulty with arousal), feelings of isolation and stigma, poor social and interpersonal functioning, high-risk sexual behaviour, difficulty trusting others, dependency, dissociation, perception of threat, and impaired coping skills (Arata, 2002; Breitenbecher, 2001). We describe one of the most frequently cited theories of revictimization in detail below, with others summarized in Table 6.

Traumagenic Model

One frequently cited theory is Finkelhor and Browne's (1985) Traumagenic Model. Though specifically used in the context of childhood sexual abuse, several of the generalized dynamics proposed by the authors are applicable to other kinds of maltreatment which result in trauma (Finkelhor & Browne, 1985).¹ According to the model, abuse results in four trauma-causing factors, which together may shape children's vulnerability to further victimization experiences. The first factor is **traumatic sexualisation**, which refers to the "process in which a child's sexuality (including both sexual feelings and sexual attitudes) is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion as a result of sexual abuse" (p. 531). For example, a child may be rewarded by their abuser for engaging in inappropriate sexual behaviour. A child may also learn that sexual behaviour can be exchanged for affection, attention, and other rewards. This can lead children to believe that this way of giving and obtaining affection is normal. Traumatic sexualisation also results in inappropriate sexual behaviours and confusion or misconceptions about sexual self-concept, which are brought into adulthood.

The second factor is **betrayal**, defined as the "dynamic by which children discover that someone on whom they were vitally dependent has caused them harm" (p. 531). This sense of betrayal can result in a powerful need to reclaim trust and security, and is exacerbated when the abuser is a family member. Betrayal can also impair judgements of the trustworthiness of others and result in overdependency (i.e. need to be in a relationship for meaning or purpose). These outcomes can put the individual at risk for future abuse as individuals may form or maintain unhealthy relationships.

The third factor, **stigmatization**, involves "negative connotations (e.g. badness, shame, guilt) that are communicated to the children around the experiences [of abuse] and that then become incorporated into the child's self-image" (p. 532). Having low self-esteem and a negative self-image can put individuals at risk for later revictimization, as children come to believe they are "spoiled merchandise" and undeserving of or unable to attain a loving partner.

Finally, early experiences of abuse can create **feelings of powerlessness**. Children may come to expect abuse in relationships and may perceive an inability to act when others try to manipulate or harm them. These feelings can persist into adolescence and adulthood, and may also reduce coping skills. In turn, other problems, such as academic or employment difficulties and running away may develop, which are risk factors in themselves for victimization.

¹It is important to note that trauma is not always an outcome of maltreatment.



Table 6. Revictimization Theories

Theory	Central Tenets
<p>Sociodevelopmental approach (Cloitre, 1998)</p>	<ul style="list-style-type: none"> • Childhood abuse interferes with development of affect regulation and interpersonal relatedness. • Difficulty identifying feelings, dissociation, “fight or flight” response, numbing, substance abuse may also result. • Development interference and above symptoms can affect awareness of danger and the ability to respond to threatening situations.
<p>Revictimization theoretical model (Gold, Sinclair, & Balge, 1999)</p>	<ul style="list-style-type: none"> • Childhood abuse leads to impaired attachment, psychological symptoms, and negative attributions and coping behaviours. • These variables result in behaviours and characteristics which increase risk for future victimization (e.g. risky sexual behaviour, delinquency, substance abuse).
<p>Emotional avoidance theory (Polusny & Follette, 1995)</p>	<ul style="list-style-type: none"> • Childhood abuse results in emotional avoidance behaviours (e.g. dissociation, substance abuse, self harm) to minimize or reduce negative emotions. • These behaviours are reinforced by reduced or suppressed intense emotional responses. For example, high risk sexual behaviours moderate emotional pain and provide pleasure. • Dissociation and other avoidance behaviours cause individuals to ignore or minimize social cues of danger. They also interfere with information processing of danger cues. • These factors combine to increase risk of revictimization.
<p>Unnamed model (Steel & Herlitz, 2005)</p>	<ul style="list-style-type: none"> • Abuse in childhood or adolescence results in poor self worth and self-esteem, depressive symptoms, lack of assertiveness, PTSD, and feelings of unworthiness. • These outcomes inhibit information processing in sexual situations and/or heighten affection seeking in adolescence or adulthood through risky sexual behaviour.
<p>Traumagenic model (Finkelhor & Browne, 1985)</p>	<ul style="list-style-type: none"> • Childhood abuse creates four trauma-causing dynamics, which together increase vulnerability to revictimization: <ol style="list-style-type: none"> 1. traumatic sexualisation → interference with appropriate sexual development 2. betrayal → impaired judgement around trustworthiness and overdependency in relationships 3. stigmatization → negative impacts on self-esteem 4. feelings of powerlessness → expectations of abuse in relationships and perceived inability to act against manipulation or harm.
<p>Learning theory (Bandura, 1977; Messman & Long, 1996)</p>	<ul style="list-style-type: none"> • Initial abuse results in learned maladaptive beliefs, attitudes, and behaviours and the failure to learn adaptive behaviours. • Inappropriate sexual behaviours are learned through modeling, instruction, direction, reinforcement, punishment from the abuser. • Inappropriate beliefs about sex are learned through verbal and non-verbal messages from the abuser. • Diminished self-efficacy results from the abuser’s disregard for the child’s wishes and the child’s lack of control over their own body. This leads to increased vulnerability to revictimization. • If children are exposed to the abuse of their mother, they may come to expect their partner will also mistreat them, through similar learning processes (modeling, reinforcement, etc.).
<p>Learned Helplessness (Walker, 1984; Walker & Browne, 1985)</p>	<ul style="list-style-type: none"> • Multiple experiences of abuse over time lead to the perception of decreasing options for escaping abuse. • Individuals then focus on minimizing injury and coping with pain/fear instead. • This increases vulnerability to helplessness in later abusive relationships as abuse comes to be expected and acceptable.

Moving Beyond an Individualistic Focus

The theoretical explanations outlined above emphasize how early experiences of maltreatment affect individuals' personalities and behaviors in ways that may increase vulnerability to revictimization. While childhood maltreatment can certainly have these effects, a focus only on individualistic factors can contribute to "victim-blaming" interpretations. Individual-centered theories ignore the ways in which processes of revictimization operate in a broader context. Instead, Grauerholz (2000) proposes an ecological approach to revictimization, which incorporates individual, interpersonal, community

and societal factors (Table 7). For example, while some survivors of sexual abuse may experience low self-esteem or low self-worth, which may increase the likelihood of entering a relationship with a potential abuser, there are also factors affecting the likelihood of aggression from the abuser. This relationship dynamic can be impacted by socioeconomic disadvantage, which creates stressors due to a lack of resources and may also limit escape options. Societal norms that facilitate violence against women and victim-blaming also play a role. These norms may cause abusers to feel that the victim "deserved it" and may inhibit the victim from disclosing abuse.

Table 7. Ecological approach to revictimization (Grauerholz, 2000)*

Ecological Level	Factor (or variable)
Ontogenic Development: Individual personal history	<ul style="list-style-type: none"> The initial victimization experience. Possible effects include: traumatic sexualization, alcohol and drug abuse, dissociative disorders, low self-esteem, powerlessness, stigmatization, learned expectancy for victimization, social isolation, running away from home, deviance, and early/premarital pregnancy. Early family experiences. Possible correlates include: family breakdown, disorganization and dysfunction, marital dysfunction, unsupportive parents, and patriarchal structure.
Microsystem: Family and other relationships	<ul style="list-style-type: none"> Exposure risk. Factors increasing this risk include: traumatic sexualisation, dissociative disorder, alcohol abuse, involvement with deviant activities, stigmatization, and low self-esteem. Increased risk of perpetrator acting aggressively due to perception of victim as easy target, feeling justified in behaving aggressively, and victim's decreased ability to respond assertively and effectively to unwanted sexual advances.
Exosystem: Larger social systems in which the individual/family is located	<ul style="list-style-type: none"> Lack of resources. Related factors include: low socioeconomic status, unsafe living conditions, early childbearing, single motherhood, and divorce. Lack of alternatives due to weak family ties or support and social isolation.
Macrosystem: cultural norms and institutions	<ul style="list-style-type: none"> Cultural tendency to blame victim. Good girl/bad girl construction of femininity. Gender power imbalances.

*As noted by Messman-Moore and Long (2003), the original ecological model proposed by Bronfenbrenner conceived the family environment as part of the microsystem.

Source: Lalor & McElvaney (2010)

Gender inequality and violence against women and girls

While many multi-level factors contribute to the victimization of women and girls, it is important to remember that in each of these instances of violence, women and girls are targeted *because of their gender* (Australian Institute of Family Studies, 2014a; World Health Organization, 2010). 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 (Australian Institute of Family Studies, 2014a; Montesanti et al., 2015; World Health Organization, 2010). In other words, because of their unequal position in society based on their gender, women and girls face increased vulnerability for violence.

Theories linking the victimization of women and girls and their subsequent use of violence

Theories linking victimization to subsequent aggressive behaviours and use of violence in family, peer or other contexts are summarized in Table 8. While some theories are explicitly on female-perpetrated violence such as the feminist ecological model and the framework for female perpetrators of IPV, many are not gender-specific and many do not consider age or type of violence. Consequently, more work is needed to further understand how the perpetration of different types of violence may differ for women and girls relative to men and boys at different life stages. We discuss below one example of a female-specific theory and one example of a theory applied to both girls/women and boys/men.

Feminist ecological model

Similar to the ecological approach to revictimization (Grauerholz, 2000), the feminist ecological model (FEM) draws attention to the importance of context in understanding why women and girls use violence (Ballou, Matsumoto, & Wagner, 2002). While not specific to one type of violence or life stage, the FEM accounts for multiple complex interactions between individual, institutional, historical, and social factors across four levels. The first level considers aspects of individuals' identity (e.g. age, socioeconomic status, race/ethnicity) as well as cognitions, socialization, temperament, and interactions with significant others.

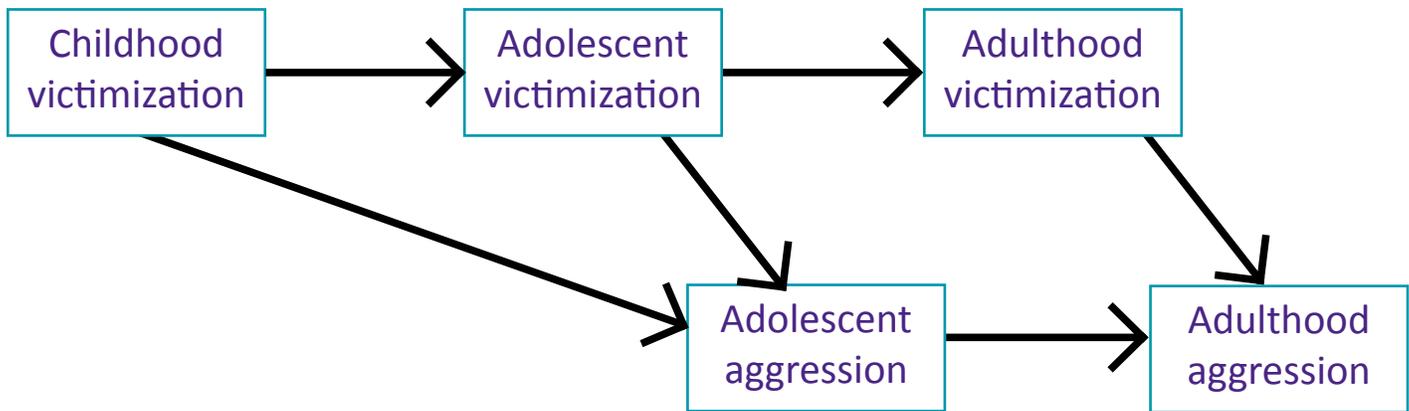
The second level (microsystem) examines the role of the family environment in shaping the thoughts and beliefs of individuals. Importantly, the FEM specifies that sociocultural norms about gender influence

interactions between individuals and their family/ immediate environment. At the third, or exosystem level, broader community-level factors are examined, including individuals' schools and neighborhoods. Interactions between the exosystem (e.g. school) and microsystem (e.g. family) are hypothesized to influence individual's development. Finally, the macrosystem (i.e. larger society) includes factors such as culture, media influences, power relations and patterns of stratification or inequality. Each of the four levels interacts with one another. This reciprocal interaction shapes individuals' lives. For example, girls exposed to family violence (microsystem), negative peer influences at school or neighborhood gangs (exosystem), and who have limited resources and face racial oppression (individual) as a result of social inequalities in society (macrosystem) may have an increased likelihood of engaging in aggressive behaviour.

Lifetime victimization and aggression model

Another useful model for understanding the links between victimization and aggression over the life course is proposed by Logan-Greene, Nurius, Hooven, & Thompson, 2015. Support for this model has been found in studies involving both women and men, where victimization in childhood, adolescence, or adulthood is linked to later adolescent or adult use of physical aggression against a romantic partner or another person (e.g. a peer or stranger). By highlighting the relatively strong relationship between victimization and aggression, this model demonstrates the need for interventions to address the impacts of victimization across the life course. Specifically, the model shows how experiencing violence and engaging in violence are mutually reinforced over time through both direct (e.g. childhood victimization leading to adolescent aggression or adolescent victimization) and indirect (e.g. childhood victimization leading to adolescent victimization, which then leads to adolescent aggression, and later, adult aggression) pathways. Concurrent victimization and use of violence were strongly associated in both adolescence and adulthood, however, victimization may play a larger role in adolescent aggression. One limitation of this model, however, is that the authors did not examine the link between childhood victimization and childhood aggression, which is in turn associated with adolescent and adult aggression (Villodas et al., 2015).

Figure 2. Hypothesized model of lifetime victimization and aggression (Logan-Greene et al., 2015)



Note: This model did not consider the pathway from childhood victimization to childhood aggression and subsequent adolescent and adulthood aggression. Other studies find evidence for this association.

Table 8. Theories linking victimization to subsequent use of violence

<p>Lifetime victimization and aggression model (Logan-Greene et al., 2015)</p>	<ul style="list-style-type: none"> • Mutual reinforcement of “trauma-based ties” between revictimization and aggression. • Paths from victimization to later use of violence may be direct or indirect. • Early exposure to violence sets the stage for revictimization and later aggression. • This may occur through developmental trauma-related disorders, which in turn, can cause behavioral disorders such as aggression.
<p>Social learning theory (Bandura, 1977)</p>	<ul style="list-style-type: none"> • Children develop attitudes and behaviours through imitation and internalization of principles learned in the family environment. • Children model the behaviours of others and learn violence is an effective way to solve problems. • Violence becomes learned, normalized and legitimized when abuse or family violence is present.
<p>Neurobiological explanations (Lee & Hoaken, 2007; Shonkoff et al., 2012)</p>	<ul style="list-style-type: none"> • Early maltreatment results in neurobiological changes (e.g. dysregulated stress hormone response). • This leads to hypervigilance and dysregulation of emotions, and interferes with adaptive coping. • As a result, individuals may become pre-disposed to aggression. For example, an elevated stress response can cause individuals to respond to stressful situations with aggression.



<p>Feminist ecological model (Ballou et al., 2002)</p>	<ul style="list-style-type: none"> • Women’s use of violence is impacted by: <ol style="list-style-type: none"> 1. Individual factors: cognitions, temperament, socialization, interactions with significant others, dimensions of identity (e.g. ethnicity, class, age). 2. Microsystem factors: family environment. 3. Exosystem factors: community, school, neighborhood. 4. Macrosystem factors: culture, socioeconomic conditions, media, societal norms. • Use of violence influenced by exposure to violence in family of origin, in the community, and in larger society. • Women’s use of violence can be a reaction to male dominance and abuse as well as patriarchal societal values that devalue women’s roles.
<p>Typology of female perpetrators of intimate partner violence (IPV) (S. C. Swan & Snow, 2006)</p>	<ul style="list-style-type: none"> • Women’s violence best understood in the context of their own victimization. • Female perpetrators of IPV are often abused by their (male) partners and/or have previously experienced violence in childhood. • As abuse by one partner increases, so does abuse by the other. • Motives may be defensive (e.g. protecting children from harm) or active (e.g. retribution is the main goal). • Adverse psychological consequences of abuse play a role (e.g. PTSD, depression, anxiety, substance abuse). • Contextual factors impact the nature and meaning of women’s use of violence (e.g. ethnicity, culture, socioeconomic status).
<p>Trauma Theory (Fainsilber Katz, Stettler, & Gurtovenko, 2015)</p>	<ul style="list-style-type: none"> • Child maltreatment leads to the onset of post-traumatic stress symptoms or disorder. • Heightened perceptions of threat result from dysregulation of anger and arousal.
<p>Attachment theory (Ainsworth, 1989; Bowlby, 1989)</p>	<ul style="list-style-type: none"> • Violence disrupts secure attachment (i.e. bond between child and primary caregiver). • Children come to view relationships as unpredictable and dangerous. • As a result, children develop a hostile orientation toward others and respond with aggression.
<p>Social Information Processing Model (Dodge, Bates, & Pettit, 1990)</p>	<ul style="list-style-type: none"> • Deficiencies in the ability to process social information result from abuse. • This leads to ambiguous or harmless interactions being interpreted as hostile and subsequently, the use of aggressive behaviour.



Summary

There are many theories which can be applied to the link between early maltreatment and later victimization or use of violence experiences. Most theories of revictimization focus on how early victimization alter psychological and psychosocial adjustment, abilities to recognize risk, and expectations of adult relationships. These alterations may increase vulnerability to later victimization. It is important to consider, however, the role of other factors outside of those associated with the individual. Vulnerability to victimization can also result from interpersonal, community, and societal factors. Grauerholz's (2000) ecological approach to revictimization is one attempt to move beyond the individualistic focus of other theories. However, more theoretical work is needed to incorporate the role of context in explaining revictimization. Theories related to the link between victimization and later use of violence also face limitations. Most theories are not gender-specific or are used most often to discuss the use of violence by boys and men. Yet, similar factors may apply to girls and women. Logan-Greene and colleague's (2015) model of lifetime revictimization and aggression is one promising approach, as are feminist ecological approaches. Still, more work is needed to further understand women's and girls' pathways to using violence.



Reviewing the evidence I: Revictimization

It is important to remember that not all women who experience maltreatment early in their lives will have subsequent experiences of victimization as they age. The evidence presented in this section should also not be used to stereotype women and girls who have experienced violence, but rather, should be interpreted within the larger social context, including the impacts of violence and trauma, as well as the multi-level factors that facilitate or promote violence against women and girls (e.g., gender-based inequalities, structural violence) (Montesanti et al., 2015). Finally, while many factors may increase vulnerability to victimization and revictimization, this does not suggest that those who victimize others are not accountable for their actions – the responsibility for violence must never fall away from those who perpetrate it.

Numerous systematic reviews consistently indicate that women who experience any form of childhood violence are more likely to be victimized again in childhood, adolescence and/or adulthood (Arata, 2002; Breitenbecher, 2001; Capaldi, Knoble, Shortt, & Kim, 2012; Classen et al., 2005; Cook et al., 2011; Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009; Kuijpers et al., 2011; Lalor & McElvaney, 2010; Messman & Long, 1996; Noll, 2005; Roodman & Clum, 2001). Some research finds that revictimization risk in adulthood is approximately 6 times that of women who were never victimized as children (Kimerling et al., 2007). Currently, the evidence is strongest for early experiences of sexual and physical abuse and subsequent revictimization. For example, girls who experience sexual abuse in childhood are 7 times more likely to be revictimized one year later (Finkelhor, Ormrod, & Turner, 2007) and two to three times more likely to be revictimized in adolescence and/or adulthood (Classen et al., 2005). A similar relationship exists between physical abuse in childhood and sexual revictimization after the age of 16 years (Classen et al., 2005). Specific cross-sectional and longitudinal findings are reviewed below.

Cross-sectional studies

Cross-sectional research on the association between incidents of abuse across the lives of women and girls spans several decades. One of the first studies of this issue found that over 60% of

women who experienced sexual abuse prior to age 14 also experienced sexual assault or attempted sexual assault after age 14 (D. Russell, 1986). These results have been consistently replicated over the last 30 years using clinical, community, and post-secondary samples (for reviews, see Arata, 2002; Breitenbecher, 2001; Classen et al., 2005; Lalor & McElvaney, 2010; Messman & Long, 1996; Polusny & Follette, 1995; Roodman & Clum, 2001). A selection of cross-sectional, retrospective studies published in the last 10 years is included in Table 9. Where both men/boys and women/girls were studied, only outcomes for women/girls are reported.

Many studies of revictimization are based on samples of women who are in university or college. Early experiences of sexual abuse, physical abuse, or exposure to IPV in childhood and/or adolescence appear to be strongly linked to sexual and physical assault while attending a post-secondary institution (Al-Modallal, 2016; Conley et al., 2016; Filipas & Ullman, 2006; Fortier et al., 2009; Rinehart, Yeater, Musci, Letourneau, & Lenberg, 2014; Zamir & Lavee, 2016; Zurbriggen, Gobin, & Freyd, 2010). For example, one large study of university students finds a significant relationship between pre-university victimization (in childhood and/or adolescence) and victimization during the first year of study (Conley et al., 2016). Notably, 30% of female first year students reported some form of sexual violence prior to starting university, and 41% of these students experienced sexual revictimization while in university (Conley et al., 2016). Other studies find emotional abuse, physical abuse, sexual abuse, and exposure to IPV in childhood and/or adolescence predict partner violence victimization while in university or college (Al-Modallal, 2016; Zamir & Lavee, 2016).

Importantly, revictimization can also occur in the context of peer and sibling violence. Studies using elementary and high-school-based samples report that children and adolescents who experience aggression from siblings are at a greater risk of later victimization by peers, including bullying (Tippett & Wolke, 2015; Tucker, Finkelhor, Turner, & Shattuck, 2014). Physical abuse, sexual abuse and exposure to IPV in childhood are also associated with bullying victimization in childhood and adolescence (M. K. Holt, Finkelhor, & Kantor, 2007; M. K. Holt, Kaufman Kantor, & Finkelhor, 2009; Mustanoja et al., 2011; Tucker et al., 2014). Children victimized by bullying may be victims only or may be bully-victims, meaning they both

perpetrate and are victimized by bullying (M. K. Holt et al., 2007). These processes of revictimization occur for both girls and boys, with many studies not reporting separate effects by gender.

Research using large national samples provides gender-specific findings in the significant link between child maltreatment and later experiences of physical and sexual violence. One Canadian study finds women who were sexually abused as children are 2.5 times more likely to experience psychological violence within an intimate relationship compared to women who had no experience of childhood abuse (Daigneault, Hébert, & McDuff, 2009). They are also 3 times more likely to be physically assaulted by an intimate partner and 4 times more likely to be sexually assaulted by an intimate partner in adulthood (Daigneault et al., 2009). US research further adds that physical abuse in childhood places women at greater risk for physical assault in adulthood (Kimerling et al., 2007), while both US and Norwegian studies find the experience of multiple types of abuse in childhood to increase risk of sexual assault and IPV in adulthood by as much as 7 times (Aakvaag, Thoresen, Wentzel-Larsen, & Dyb, 2016; Kimerling et al., 2007).

Several cross-sectional studies lend support to theories of revictimization focusing on the mediating role of psychological and behavioural outcomes in the link between childhood abuse and later revictimization. Specifically, when trauma, PTSD, coping difficulties, or risky behaviours result from early experiences of maltreatment, women and girls become at risk for revictimization (Auslander, Tlapek, Threlfall, Edmond, & Dunn, 2015; Conley et al., 2016; Filipas & Ullman, 2006; Fortier et al., 2009; Rinehart et al., 2014). In addition, psychological distress resulting from childhood sexual abuse is associated with other risk factors for revictimization, such as risk-taking, social problems, and maladaptive cognitions (Pittenger et al., 2016). Greater emotional regulation may act as a buffer in the relationship between emotional, physical, and sexual abuse in childhood and later IPV victimization (Zamir & Lavee, 2016), but further research is needed on protective factors involved in other experiences of violence.



Table 9. Cross-sectional evidence for the association between early experiences of maltreatment and the subsequent revictimization of women and girls: A sample of studies from 2006-2016

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Aakvaag et al., 2016)	2437 adult women (18-75 years)	CSA, PA, CIPV, EA, EN prior to age 13			Age Ethnicity Parental mental health problems Education Relationship to perpetrator Characteristics of abuse	CSA → Adult sexual assault*** EA → Adult sexual assault*** CIPV → Adult sexual assault* EA → Adult IPV 2+ types of abuse in childhood → Adult sexual assault***, Adult IPV***
(Al-Modallal, 2016)	97 college-aged women (18-25 years)	PA, SA, EA, CIPV prior to age 12			Year of study Marital status Residential status Parents education Monthly income	PA, CIPV → Partner violence in college***
(Conley et al., 2016)	7603 first-year university students (61.1% women; mean age = 18.53 years)	Sexual assault pre-university		Gender	Family relations Peer deviance Personality Social support Resilience Alcohol use Depression Anxiety Race/ethnicity Mental health Trauma history	Sexual assault before starting university → Sexual assault since starting university***

Table 9. Cross-sectional evidence for the association between early experiences of maltreatment and the subsequent revictimization of women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Das & Otis, 2016)	3283 women (n=1746) and men (n=1525) (60-99 years)	CSA prior to age 13		Gender	Age Race/ethnicity Parent education Self-rated health Childhood socioeconomic status Experience/witness other forms of violence 6-16 years Childhood family environment Characteristics of abuse Current sexual behaviours Current mental health Lifetime sexual patterns Current sexual attitudes	CSA → Later sexual assault (anytime after age 13)** CSA → Any later sexual victimization (sexual assault or harassment, any time after age 13)*

Table 9. Cross-sectional evidence for the association between early experiences of maltreatment and the subsequent revictimization of women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Pittenger et al., 2016) ^b	72 girls 29 boys 7 to 14 years 60 girls 5 boys 11-18 years All have experienced CSA and attending treatment group	CSA prior to 18 years	Psychological distress		Gender Age Ethnicity Family history Family environment Characteristics of abuse	CSA → Psychological distress → Risk indicators for revictimization (risk taking, social problems, maladaptive cognitions, PTSD) ^{***}
(Werner et al., 2016)	1514 twins (981 female) 1050 non-twin siblings (618 female) Age 18 and older	CSA, PA, CIPV prior to 18 years		Gender	Age PTSD Depression Substance use Socioeconomic class Family status prior to age 16 Maternal and paternal alcohol misuse	CSA → Adult sexual assault** PA → Adult sexual assault** CIPV → Adult sexual assault**
(Zamir & Lavee, 2016)	425 female graduate students (25-62 years)	PA, SA, EA, prior to 17 years	Emotional regulation		Relationship quality Age Marital status Economic status Number of children Citizenship	Any form of childhood abuse (EA, PA, SA) → Adult IPV**

Table 9. Cross-sectional evidence for the association between early experiences of maltreatment and the subsequent revictimization of women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Auslander et al., 2015)	234 girls (12-19 years) involved with child welfare system	EA, PA, SA, PN prior to 17 years	PTSD Depression		Placement instability Use of services Age Race	EA → PTSD → Interpersonal revictimization in childhood or adolescence (physical or psychological aggression by a peer) ^{***} EA → Depression → Revictimization ^{**} CSA → PTSD → Revictimization ^{***} CSA → Depression → Revictimization ^{**} PA → PTSD → Revictimization ^{***} PA → Depression → Revictimization ^{***} PN → PTSD → Revictimization ^{***} PN → Depression → Revictimization ^{***}
(Edlati, Krausz, & Schütz, 2015) ^b ♦	500 homeless women and men (19 years and older, 39.2% female)	CS, EA, PA, EN, PN, Cumulative maltreatments (CM) prior to 17 years			Age Ethnicity Marital status Education level Housing situation Gender	EA → Adult emotional violence ^{**} PA → Adult emotional violence ^{**} CSA → Adult emotional violence ^{**} CM → Adult emotional violence ^{**} EA → Adult physical violence ^{**} PA → Adult physical violence ^{**} SA → Adult physical violence [*] CM → Adult physical violence ^{**} EA → Adult sexual violence ^{**} PA → Adult sexual violence ^{**} SA → Adult sexual violence ^{**} EN → Adult sexual violence [*] PN → Adult sexual violence [*] CM → Adult sexual violence ^{**}

Table 9. Cross-sectional evidence for the association between early experiences of maltreatment and the subsequent revictimization of women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Tippett & Wolke, 2015) ^b	4237 children and adolescents 10-15 years (50.7% female)	Sibling aggression perpetration and victimization last 6 months			Gender Age Sibling and household composition Sibling gender Parent-child relationships Parent education Family income	Sibling aggression victimization → Peer bullying victimization* Sibling aggression perpetration → Peer bullying and victimization (both perpetrator and victim)*
(Koeppel & Bouffard, 2014) ^b	14109 men (n=6893) and women (n=7216) over 18	PA prior to 18 years		Sexual orientation	Race/ethnicity Age Employment status Education Annual personal income Gender	PA → Adult IPV**
(Rinehart et al., 2014)	785 female university students (mean age=19.8 years)	CSA prior to age 14	Number of lifetime sexual partners		Ethnicity Age Academic status Sexual attitudes	CSA → Sexual assault after age 14** CSA → Lifetime sexual partners → Sexual assault after age 14**

Table 9. Cross-sectional evidence for the association between early experiences of maltreatment and the subsequent revictimization of women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Tucker et al., 2014)	3059 children and adolescents 3-17 years with at least one sibling under 17 (49% female)	PA, CIPV, Sibling victimization past year			Gender Age Language Race/ethnicity Parent education	PA → Peer victimization in adolescence*** CIPV → Peer victimization in adolescence Sibling victimization → Peer victimization in adolescence***
(Balsam, Lehavot, & Beadnell, 2011)	871 adult lesbians (n=322), gay men (n=214), and heterosexual women (n=335)	CSA prior to age 18	Substance use Psychological distress Suicidality and self-injurious behaviour Eating disorder symptoms	Gender	Age Education Race/ethnicity Annual household income Employment status Occupation Individual income Sexual orientation	CSA → Adult sexual assault (lesbian women)* CSA → Adult sexual assault (heterosexual women)***
(Loeb, Gaines, Wyatt, Zhang, & Liu, 2011)	835 women (18 and older)	CSA prior to age 18			Age Ethnicity Family status Characteristics of abuse	CSA → Negative sexual experiences and revictimization in adulthood*
(Mustanoja et al., 2011)	508 adolescent psychiatric inpatients (300 females, 208 males, ages 12-17)	CIPV prior to age 17		Gender	Psychiatric disorders Age at admission to hospital Parent(s) working status	CIPV → Bullying victimization*

Table 9. Cross-sectional evidence for the association between early experiences of maltreatment and the subsequent revictimization of women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Parks, Kim, Day, Garza, & Larkby, 2011)	477 women attending a hospital prenatal clinic (18 years and older)	PA, SA, EA, PN, EN prior to age 17			Race Marital status Monthly income Age Education Social support Substance use Adult household structure	Any child maltreatment → Any adult violent victimization (sexual or physical)***
(Zurbriggen et al., 2010)	79 male 105 female university students (m=19 years)	EA, PA, CSA prior to age 18		Gender	Age Race/ethnicity Social desirability	CSA → Adolescent sexual assault***
(Daigneault et al., 2009) ♦	9170 women 7823 men 18 and older	CSA prior to 18 years			Age Household income Education Aboriginal status Marital status Place of birth Activity limitations Ownership of residence	CSA → Psychological violence by an intimate partner in adulthood** CSA → Physical violence by an intimate partner in adulthood** CSA → Sexual violence by an intimate partner in adulthood**

Table 9. Cross-sectional evidence for the association between early experiences of maltreatment and the subsequent revictimization of women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Fortier et al., 2009)	99 female undergraduate students who reported a history of CSA	CSA prior to age 17	Coping strategies Trauma symptoms Sexual experiences		Age Characteristics of abuse Ethnicity Family income during childhood Current family income	CSA → Adult sexual assault* CSA → Trauma symptoms → Adult sexual assault**
(M. K. Holt et al., 2009) ^b	205 5 th grade students (111 girls, 89 boys, ages 10-12)	PA, CIPV prior to 5 th grade			Age Gender Race/ethnicity Parent education Family income	PA → Bullying victim age 10-12**
(Engstrom, El-Bassel, Go, & Gilbert, 2008)	416 women in methadone treatment (18-55 years)	CSA prior to 15 years			Mental health Drug and alcohol use Social support Financial independence Age Annual income Education Race/ethnicity Marital status Gender of partner(s) Lifetime history of incarceration Lifetime history of homelessness HIV-positive status	CSA → Lifetime IPV** CSA → Past 6 months IPV*

Table 9. Cross-sectional evidence for the association between early experiences of maltreatment and the subsequent revictimization of women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(M. K. Holt et al., 2007) ^b	689 5 th grade students (333 girls, 347 boys, ages 10-12)	PA, CSA, CIPV prior to 5 th grade			Gender Age Grade Race/ethnicity Internalizing problems Conventional crime victimization	PA → Bullying victim age 10-12** PA → Bully-victim age 10-12** CSA → Bully-victim age 10-12** CIPV → Bully-victim age 10-12** Bully-victim refers to individuals who engage in bullying others but who have also been victimized by bullying.
(Kimerling et al., 2007)	11056 adult women (18 years and older)	CSA and PA prior to 18 years			Ethnicity Age Poverty status Education	PA → Adult physical assault*** CSA → Adult physical assault*** Any childhood violence (PA or CSA) → Adult physical assault*** PA → Adult sexual assault*** CSA → Adult sexual assault*** Any childhood violence (PA or CSA) → Adult sexual assault***
(Bassuk, Dawson, & Huntington, 2006)	436 homeless women (16-58 years)	CSA, CIPV prior to age 17			Age Race/ethnicity Marital status Children Income Education Work history Housing history Self-esteem Parental bonding	CSA → Adult IPV*** CIPV → Adult IPV**

Table 9. Cross-sectional evidence for the association between early experiences of maltreatment and the subsequent revictimization of women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Filipas & Ullman, 2006)	577 female university students	CSA prior to age 14	PTSD Attribution of blame Coping responses		Age Year of study Ethnicity Marital status Employment status Income Number of children Characteristics of abuse	CSA → Adult sexual assault*

^a CSA = child sexual abuse; CIPV = childhood exposure to intimate partner violence; EA = psychological/emotional abuse; EN = emotional neglect; PA = physical abuse; PN = physical neglect
^b These studies did not separate effects by gender
 *p<0.05 ** p<0.01 *** p<0.001
 ◆ Canadian study



Longitudinal studies

Longitudinal research has proliferated over the last 10 years, with most studies involving children and adolescents (Table 10). Similar to cross-sectional findings, longitudinal evidence suggests that adolescence and young adulthood are critical to revictimization experiences. Child maltreatment is strongly linked to dating violence and sexual victimization experiences in adolescence (Benedini, Fagan, & Gibson, 2016; Cascardi, 2016; Fisher et al., 2015; Matta Oshima, Jonson-Reid, & Seay, 2014; Meinck, Cluver, & Boyes, 2015). In addition, sexual assault in adolescence appears to place female youth at the greatest risk of later victimization in university or college (Classen et al., 2005).

Childhood and adolescence are also key life stages where bullying can occur. Longitudinal studies report exposure to IPV in childhood is linked to bullying victimization later in childhood (Knous-Westfall, Ehrensaft, Watson MacDonell, & Cohen, 2012) as well as in adolescence (L. Bowes et al., 2009). Physical abuse prior to age 5 also predicts becoming a bully-victim by age 7 (L. Bowes et al., 2009). The experience of bullying in childhood and early adolescence can have implications for future victimization in late adolescence and young adulthood. A meta-analysis of longitudinal evidence reports that school bullying victimization, typically studied between ages 8 and 15, significantly increases the risk of experiencing physical partner violence, sexual violence, aggression from peers, and/or criminal violence an average of 6 years later (Ttofi, Farrington, & Lösel, 2012).

The continuity of violence from childhood to young adulthood has also been observed for sexual violence victimization. Several studies demonstrated that childhood sexual abuse predicts subsequent sexual revictimization in adolescence and throughout post-secondary school (Krahé & Berger, 2016; Miron & Orcutt, 2014; Valenstein-Mah, Larimer, Zoellner, & Kaysen, 2015). For example, women who reported sexual abuse prior to age 14 were more likely to experience sexual assault in their first year of university, which then increases the likelihood of experiencing sexual victimization again in second year (Krahé & Berger, 2016). Physical abuse and emotional abuse have also been linked to adolescent sexual assault, and in turn, sexual victimization in university/college (Miron & Orcutt, 2014). In addition, patterns of child sexual abuse to multiple adult experiences of sexual violence and IPV have been observed for adult women beyond young adulthood (Cole, Logan, & Shannon, 2008; Ullman & Vasquez, 2015).

2015).

Many studies also indicate that experiences of abuse in childhood increase vulnerability to subsequent sexual, dating violence, or IPV victimization in adolescence or adulthood indirectly through such factors as: negative sexual self-esteem, risky sexual behaviour, depression, having sex to reduce negative emotions, being more likely to have sex with a person one has just met, PTSD, numbing symptoms, psychological distress, emotional dysregulation, problem drinking, exchanging sex for money, and lack of assertiveness in refusing sex (Cascardi, 2016; Krahé & Berger, 2016; Miron & Orcutt, 2014; Ullman, Najdowski, & Filipas, 2009; Ullman & Vasquez, 2015). Of course, oppressions based on race/ethnicity, socioeconomic status, place of residence, sexual orientation, and other factors can create an environment that facilitates being targeted for revictimization (e.g. Meinck, Cluver, & Boyes, 2015; Relyea & Ullman, 2016; Stockdale, Logan, Sliter, & Berry, 2014). Peer social support may be a protective factor in sexual revictimization (Meinck et al., 2015).

Table 10. Longitudinal evidence for the association between early experiences of maltreatment and the subsequent revictimization of women and girls: A sample of studies from 2006-2016

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Benedini et al., 2016)	831 children (52% girls, 4-6 years at baseline)	PA, CSA prior to age 12		Gender	Age Race/ethnicity Household income Family structure	PA → Physical assault by peers at age 16** PA → Intimidation by peers at age 16** CSA → Physical assault by peers at age 16*
(Cascardi, 2016)	532 girls (11+ years at baseline)	EA, PA, CIPV	Psychological distress		Age Race/ethnicity Home status Sexual activity status	EA → Psychological Distress → Dating violence victimization at 18 years*** PA → Psychological distress → Dating violence victimization at 18 years*** CIPV → Psychological distress → Dating violence victimization at 18 years***
(Krahé & Berger, 2016)	2251 university students (1331 women, 920 men, Mean age=21.3 years) first year at baseline	CSA prior to age 14	Risky sex behaviour Sexual self-esteem		Sexual experience background Gender Age Nationality Home university Subject of study Relationship status	CSA → Sexual victimization 1st year university*** CSA → Sexual victimization 1st year university → Sexual victimization 2nd year university*** CSA → Risky sex behaviour 1st year university → Sexual victimization 2nd year university** CSA → Negative sexual self-esteem 1st year university → Sexual victimization 2nd year university***

Table 10. Longitudinal evidence for the association between early experiences of maltreatment and the subsequent revictimization of women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Relyea & Ullman, 2016)	1012 women 18+ with "unwanted sexual experience" since age 14	CSA prior to age 14			Race/ethnicity Sexual orientation Income Employment status Education Parental status Marital status Substance use Stressful life events Psychological symptoms Maladaptive coping Negative social environment Sexual behaviours	37% sexual revictimization at Wave 2 (1 year later) 32% sexual revictimization at Wave 3 (2 years later) CSA → Sexual revictimization in adulthood*
(Fisher et al., 2015) ^b	2232 children (1116 twin pairs) followed from birth	CIPV, PA, PN prior to age 12			Childhood SES Gender	CIPV → Sexual violence in adolescence CIPV → * Maltreatment in adolescence* CIPV → Exposure to IPV in adolescence* CIPV → Polyvictimization in adolescence* PA → Sexual violence in adolescence* PA → Exposure to IPV in adolescence* PA → Maltreatment in adolescence* PA → Polyvictimization in adolescence* PN → Maltreatment in adolescence* PN → Polyvictimization in adolescence*

Table 10. Longitudinal evidence for the association between early experiences of maltreatment and the subsequent revictimization of women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Meinck et al., 2015)	3401 children (56.7% female, 10-17 years at baseline)	CSA, PA, EA, CIPV prior to baseline survey age		Gender	School dropout School non-attendance Positive parenting Parental monitoring Consistent discipline Physical assault in the community Social support Child chronic illness Parental mortality Orphan status Caregiver relationship to child Household employment Household size Poverty Age Province Rural/urban location Disability	CSA → CSA 1 year later*

Table 10. Longitudinal evidence for the association between early experiences of maltreatment and the subsequent revictimization of women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
<p>(Ullman & Vasquez, 2015)</p>	<p>1094 adult women who had sex in the past year and who experienced sexual assault at age 14 or older (18-75 years)</p>	<p>CSA prior to age 14 Sexual assault victimization after age 14 (ASA)</p>	<p>Emotional dysregulation Exchanging sex for money Sexual refusal assertiveness</p>		<p>Age Race Education Marital status</p>	<p>CSA+ASATime1 → Sexual revictimization at Time 2 (3 years later)** CSA+ASATime1 → Emotion dysregulation → Sexual revictimization at Time 2 (3 years later)*** CSA+ASATime1 → Emotion dysregulation → Exchanging sex for money → Sexual revictimization at Time 2 (3 years later)** CSA+ASATime1 → Emotion dysregulation → Sex refusal assertiveness → Sexual revictimization at Time 2 (3 years later)** CSA+ASATime1 → Exchanging sex for money → Sexual revictimization at Time 2 (3 years later)*** CSA+ASATime1 → Emotion dysregulation → Exchanging sex for money → Sex refusal assertiveness → Sexual revictimization at Time 2 (3 years later)***</p>
<p>(Valenstein-Mah et al., 2015)</p>	<p>860 female undergraduate students</p>	<p>CSA prior to age 14, Adolescent sexual victimization prior to Time 1</p>		<p>Drinking habits</p>	<p>Age Race Sexual orientation Class</p>	<p>Blackout drinking X Adolescent Sexual Victimization → Sexual revictimization at Time 2 (30 days later)*</p>

Table 10. Longitudinal evidence for the association between early experiences of maltreatment and the subsequent revictimization of women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Miron & Orcutt, 2014)	541 sexually active college women (M age 19.6 at Time 1)	PA, EA prior to age 14 CSA prior to age 13 Adolescent sexual assault 13-18 (AdolSA) Adult sexual assault (Adult SA)	Sex to reduce negative affect (SRNA) How likely to have sex with person just met (Likely sex) Depressive symptoms		Age Race/ethnicity Sexual orientation Sexual history	PA → T2 Adult sexual assault* PA → T1AdolSA*** PA → T1AdolSA → T2AdultSA* PA → Depressive symptoms → T2 AdultSA* PA → AdolSA → Depressive symptoms → T2 AdultSA* PA → SRNA → Likely sex → T2AdultSA*** PA → T1AdolSA → Depressive symptoms → SRNA → Likely sex → AdultSA*** CSA → AdolSA*** CSA → AdolSA → AdultSA* CSA → AdolSA → Depressive symptoms → AdultSA* CSA → Depressive symptoms → SRNA → Likely sex → Adult SA EA → AdultSA** EA → AdolSA → AdultSA* EA → Depressive symptoms → SRNA → Likely sex → AdultSA** EA → AdolSA → Depressive symptoms → SRNA → Likely sex → AdultSA**
(Matta Oshima et al., 2014)	555 children who experienced CSA (reports)	CSA prior to age 18		Gender	Race Age at time of CSA report Family poverty Characteristics of abuse Family size Caregiver mental health Median household income Household mobility Services received	CSA report → Second CSA report in adolescence*

Table 10. Longitudinal evidence for the association between early experiences of maltreatment and the subsequent revictimization of women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Stockdale et al., 2014)	710 adult women who obtained protective order against male partner	CM prior to age 18 IPV in adulthood			Age Race Number of children Education Employment status Income Job-gender context Posttraumatic stress symptoms	CM → Sexual harassment in adulthood*** IPV Time 1 → Sexual harassment Time 2**
(Waldron, Wilson, Patriquin, & Scarpa, 2015)	14 undergraduate women (Mage 19.15)	CSA prior to age 14 Adult sexual assault prior to Time 1			Race/ethnicity Age Depressive symptoms Heart rate	CSA → Time 2 sexual assault (3 months later)* Adult sexual assault → Time 2 sexual assault (3 months later)**
(Knous-Westfall et al., 2012)	129 children and adolescents followed from ages 3-11 to 10-18 (56.7% female)	CIPV 3-11		Gender	Age Externalizing behaviours Internalizing behaviours Parenting practices	CIPV → Bullying victimization 10-18*
(Ttofi et al., 2012)	Meta-analysis School bullying victimization at age 8-15.54 years					Bullying → Later violent victimization age 10-24.64 years)*** (physical violence, sexual violence, aggression, criminal violence)

Table 10. Longitudinal evidence for the association between early experiences of maltreatment and the subsequent revictimization of women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(L. Bowes et al., 2009) ^b	2232 children followed from age 5-7 (51% female)	CIPV, PA prior to age 5			Total number of children in school Percentage of children at school eligible for free meals Neighborhood vandalism Problems with neighbours Family SES disadvantage Mothers with depression Parent's antisocial behaviour Maternal warmth Stimulating activities with family Internalizing behaviours Externalizing behaviours Gender	CIPV → Victim of bullying by age 7** PA → Bully-victims (have bullied others and have been victimized by bullies) by age 7**
(Ullman et al., 2009)	555 adult women who reported sexual assault since age 14	Adult sexual assault at Time 1 (ASA) CSA prior to age 14	PTSD symptoms Problem drinking Illicit drug use		Age Ethnicity Household income Education Current employment Current school status Sexual orientation Marital status Parental status	CSA+ASA → Numbing symptoms → Sexual revictimization Time 2 (3 years later)** CSA+ASA → PTSD symptoms → Problem drinking → Sexual revictimization Time 2 (3 years later)**

Table 10. Longitudinal evidence for the association between early experiences of maltreatment and the subsequent revictimization of women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Cole et al., 2008)	756 women who had obtained a protective order against a male partner in the last 6 months (17+ years at baseline)				Age Race Educational level Past year income Current employment status Number of children Social support Depression PTSD Substance use	Cumulative lifetime victimization index at Time 1 → Adult IPV at Time 2 (1 year later, different partner)* Prior psychological abuse by a partner at Time 1 → Adult IPV at Time 2 (1 year later, different partner)* Prior stalking by a partner at Time 1 → Adult IPV at Time 2 (1 year later, different partner)* Prior physical abuse by a partner at Time 1 → Adult IPV at Time 2 (1 year later, different partner)* Prior sexual assault by a partner at Time 1 → Adult IPV at Time 2 (1 year later, different partner)* EA → Adult IPV* CSA → Adult IPV*
(Tyler, Johnson, & Brownridge, 2008)	360 children and adolescents 11-14 at baseline (58.1% female)	PA, CSA, N 11-14 years	Running away School engagement	Gender	Positive parenting Disadvantaged neighbourhood Gender Race Age Income	N → Peer physical victimization at 14-17*

Table 10. Longitudinal evidence for the association between early experiences of maltreatment and the subsequent revictimization of women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Spatz Widom et al., 2008)	892 children with documented cases of PA, N and CSA 1967-1971 and matched control group with no maltreatment experiences (ages at baseline not reported)	PA, CSA, N			Gender Age Race Family socioeconomic status	Any abuse or neglect → physical assault abuse*** Any abuse or neglect → sexual assault/abuse*** PA → physical assault abuse*** PA → sexual assault/abuse*** N → physical assault abuse*** N → sexual assault/abuse*** CSA → sexual assault/abuse*** PA+CSA → physical assault/abuse*** PA+CSA → sexual assault/abuse*** Outcomes over lifetime as reported by participants in 2000-2002; age at subsequent victimization experience not reported

^a CSA = child sexual abuse; CIPV = childhood exposure to intimate partner violence; EA = psychological/emotional abuse; EN = emotional neglect; PA = physical abuse; PN = physical neglect

^b These studies did not separate effects by gender

*p<0.05 ** p<0.01 *** p<0.001



Summary

Cross-sectional and longitudinal research consistently demonstrates a link between early and later experiences of violence. Many of these studies support revictimization theories that draw attention to the indirect relationship between childhood maltreatment or peer/sibling victimization and victimization in adolescence and adulthood. Adolescence and young adulthood appear to be critical life stages, with the effects of early victimization manifesting at these times and increasing vulnerability to future abuse. There is also evidence that many other individual, interpersonal, and societal level factors impact trajectories of victimization for women and girls across the life course.

Reviewing the evidence II: Links between girls' maltreatment and later use of violence

While the majority of perpetrators of violence against women and girls are men (Sinha, 2013b), women can also use violence in relationships, and are at an increased risk of doing so if they experience maltreatment in childhood. Most of what is known about the association between childhood maltreatment and later use of violence, however, comes from studies involving both boys and girls rather than female-specific samples. Nevertheless, strong evidence across several systematic reviews links early experiences of victimization to female-perpetrated partner violence in romantic relationships in both adolescence and adulthood (M. H. Bair-Merritt et al., 2010; Capaldi et al., 2012; Costa et al., 2015; Massetti et al., 2011; Odgers & Moretti, 2002; S. Swan, Gambone, Caldwell, Sullivan, & Snow, 2008; Wood & Sommers, 2011). Bullying and aggressive behaviour against siblings is also a consequence of girls' early experiences of maltreatment (Hong et al., 2012; Massetti et al., 2011; Odgers & Moretti, 2002; Voisin & Hong, 2012; Wood & Sommers, 2011) in addition to future maltreatment of their own children (Dixon, Browne, & Hamilton-Gilchristis, 2009; Lisa Schelbe & Geiger, 2017). Overall, the cross-sectional and longitudinal studies summarized below indicate women's use of violence is tied to their victimization experiences.

Cross-sectional studies

Cross-sectional research on women's use of violence is primarily based on adult samples (18 years and older), including university and national samples (Table 11). When women use violence against an intimate partner in the context of a dating or long-term relationship, it can emerge out of their experiences of victimization within that relationship. Some research focuses on women's use of "bidirectional" or "reciprocal" violence, where both they and their partner use violence (McMahon et al., 2015; Renner & Whitney, 2012). These studies, however, do not distinguish between who perpetrated violence first. Others studies do report that victimization in a relationship prior to perpetration is a pathway to violence against a partner for young women (Dardis, Edwards, Kelley, & Gidycz, 2013). With regard to early experiences of maltreatment, many studies find indirect links with aggressive behaviour toward peers and partner violence. For example, child maltreatment is associated with PTSD, depression, and antisocial traits and behaviours, which are in turn

associated with use of violence (Auslander et al., 2016; Cubellis, Peterson, Henninger, & Lee, 2016; Taft, Schumm, Orazem, Meis, & Pinto, 2010). Systematic review evidence also finds emotional dysregulation, depression, anger, social skills deficits, low school success, problematic peer interactions, increased psychological problem behaviours, parenting, and peer support to play a key role in pathways from child maltreatment to later bullying in childhood and adolescence (Hong et al., 2012). As with revictimization, multi-level factors such as relationship stress, living in poverty, and neighborhood crime shape women's use of violence (Roberts, McLaughlin, Conron, & Koenen, 2011).

Overall, cross-sectional research largely demonstrates that girls who experience childhood maltreatment are at an increased risk of engaging in dating violence as well as bullying and peer aggression from childhood through adolescence (Auslander et al., 2016; Ballif-Spanvill, Clayton, & Hendrix, 2007; Carvalho & Nobre, 2015; Duke, Pettingell, McMorris, & Borowsky, 2010; Hong & Espelage, 2012b; Kendra, Bell, & Guimond, 2012; Linares, Shrout, Nucci-Sack, & Diaz, 2013; Reid et al., 2012; Voisin & Hong, 2012). Specifically, studies have found links between physical abuse, sexual abuse and IPV exposure prior to fifth grade, and becoming a bully or a bully-victim (i.e. both perpetrating bullying and being victimized by peer bullies) later in childhood (M. K. Holt et al., 2007, 2009). Experiencing victimization through sibling aggression in childhood and early adolescence is also associated with peer bullying perpetration (Tippett & Wolke, 2015). Additionally, using sibling aggression is linked to becoming a bully-victim (Tippett & Wolke, 2015).

Beyond its association with later dating, partner, and peer violence, childhood maltreatment is also associated with an increased likelihood of maltreating one's own children (i.e. the intergenerational transmission of childhood maltreatment) (Mapp, 2006; Milner et al., 2010; L Schelbe & Geiger, 2017). For example, one study reports young mothers with histories of physical abuse are four times more likely to neglect their own children than mothers with no such histories (Dym



Bartlett & Easterbrooks, 2012). Mothers with experiences of multiple types of maltreatment in childhood are also more likely to perpetrate more than one type of maltreatment against their children (Cort, Toth, Cerulli, & Rogosch, 2011). This intergenerational transmission of violence may be best explained by social learning theory, where children first learn to use violence in the family (Bandura, 1977).

Social learning theory has also been used to suggest that adults who were maltreated as children are more likely to perpetrate abuse of older parents, or elder abuse (Bonnie & Wallace, 2003; Korbin, Anetzberger, & Austin, 1995). However, there is limited empirical research to support the assertion that child maltreatment increases the likelihood of using violence in adulthood against parents once they have aged. Available evidence is mixed and faces many methodological limitations, such as sample generalizability (Jackson & Hafemeister, 2011; Walsh et al., 2007).

Table 11. Cross-sectional evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: A sample of studies from 2006-2016

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Auslander et al., 2016)	237 adolescent girls involved in child welfare (12-19 years)	EA, PA, CSA prior to age 18	PTSD symptoms Depression		Age Race/ethnicity Living situation Use of services	EA → PTSD → Adolescent aggressive behaviours towards others (last 3 months)*** EA → Depression → Adolescent aggressive behaviours towards others (last 3 months)***
(Cubellis et al., 2016)	13659 university students (71.4% female, Mage=23)	CSA prior to age 18	Antisocial traits and behaviours	Gender	Age Socioeconomic status Length of relationship Cohabitation status Relationship commitment Social desirability Prior physical abuse	CSA → Antisocial traits and behaviours → Adult IPV perpetration**

Table 11. Cross-sectional evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Carvalho & Nobre, 2015)	260 female university students (Mage=21.53 years)	CSA prior to age 18			Age Marital status Past diagnose of psychiatric problems Current sexual partners Frequency of sexual intercourse Age of first sexual intercourse Drug use Sexual-esteem Sociosexual orientation Sexual cognitions Sexual compulsivity Sexual inhibition/excitation Social desirability	CSA → Sexual aggression toward a male partner in young adulthood**
(McMahon et al., 2015)	11850 men 13928 women 18+	CSA, PA, EA, EN, PN, CM (shared effect of above) prior to age 17		Gender	Age Personal income Education Race/ethnicity	CM → Adult IPV perpetration *** CM → Adult reciprocal violence *** CSA → Adult reciprocal violence* PN → Adult reciprocal violence**
(Trabold, Swogger, Walsh, & Cerulli, 2015)	202 men 72 women Pretrial supervision program 18-62 years	CSA prior to age 18		Gender	PTSD Major depressive disorder Lifetime violent charges	CSA → Adult Severe IPV perpetration (past year)* CSA → Lifetime history of aggression*

Table 11. Cross-sectional evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Dardis et al., 2013)	303 women 292 men university undergraduates (18-28 years)	Dating violence victimization (DV) since age 14 PA, EA, CSA, N prior to age 14		Gender	Age Race/ethnicity Family income Attitudes toward dating violence	Psychological DV victimization → Psychological DV perpetration *** Physical DV victimization → Physical DV perpetration *** CSA → Sexual DV perpetration ** All outcomes age 14-28
(Linares et al., 2013)	40 disadvantaged sexually active female adolescent patients at adolescent health center (14-17 years)	PA, CSA, EN, PN prior to age 18			Age Ethnicity School/psychosocial functioning Reproductive health/relationship quality Cortisol level	CSA → Adolescent physical abuse of partner (past year)**
(Kendra et al., 2012)	496 female undergraduates (Mage=18.81)	PA and/or CSA prior to age 18	PTSD symptoms Anger arousal		Age Race/ethnicity Annual family income	Childhood abuse history → Adolescent physical dating violence perpetration* Childhood abuse history → Adolescent psychological dating violence perpetration*
(Maneta, Cohen, Schulz, & Waldinger, 2012)	109 heterosexual couples (18 and older)	SA, PA, EA, PN, EN prior to age 17	Anger expression	Gender	Relationship status Number of children Ethnicity Annual family income Education Characteristics of abuse	PA → Intimate partner aggression in adulthood**

Table 11. Cross-sectional evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Renner & Whitney, 2012)	15197 adolescents (18-27, 51.4% female)	N, PA prior to 6 th grade		Gender	Age Race Sexual orientation Relationship status Income Highest education level Employed 10+ hours/week Alcohol use Self-esteem Depressive symptoms Prior suicide attempts	N → IPV young adulthood** N → Bidirectional IPV young adulthood*** PA → Bidirectional IPV young adulthood***
(Tippett & Wolke, 2015) ^b	4899 children and adolescents 10-15 years (50.7% female)	Sibling aggression perpetration and victimization last 6 months			Gender Age Sibling and household composition Sibling gender Parent-child relationships Parent education Family income	Sibling aggression victimization → Peer bullying perpetration* Sibling aggression perpetration → Peer bullying and victimization (both perpetrator and victim)*

Table 11. Cross-sectional evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Dym Bartlett & Easterbrooks, 2012)	92 adolescent mothers (age 14-16)	PA prior to age 16			Maternal history of childhood care Parenting program involvement Age Socioeconomic status	PA → Perpetration of child neglect*
(Cort et al., 2011)	104 adult mothers of children ages 10-12	Multi-type CM prior to age 18			Maternal romantic attachment Maternal psychological distress Maternal IPV victimization	Multi-type CM → Perpetration of multi-type CM**
(Roberts et al., 2011)	20089 women 14564 men 18+ years	PA, EA, CSA, EN. PN, CIPV prior to age 18		Gender	Family dysfunction (e.g. divorce) and adversity (e.g. poverty) Traumatic childhood events (e.g. kidnapping) Adulthood stressors: financial, relationship, crime and violence, other (e.g. illness)	PA → Adult IPV perpetration*** EA → Adult IPV perpetration*** CSA → Adult IPV perpetration*** PN → Adult IPV perpetration*

Table 11. Cross-sectional evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Duke et al., 2010) ^b	136539 students from 6 th , 9 th , and 12 th grades (50.2% female, Mage=14.4 years)				Gender Race/ethnicity Age Family structure Region Receipt of free or reduced-price lunch at school	PA → Bullying*** CSA → Bullying*** CIPV → Bullying*** PA → Physical fighting*** CSA → Physical fighting*** CIPV → Physical fighting*** PA → Dating violence*** CSA → Dating violence*** CIPV → Dating violence*** All outcomes adolescence
(Milner et al., 2010)	3393 women 2001 men US Navy recruits (Mage=19.70) And 341 men 375 women university students (Mage=19.19 years)	CSA prior to age 14 CIPV, PA prior to age 18	Trauma symptoms	Gender	Age Race Marital status Parenting status	Navy recruit sample: CSA → Adult child physical abuse risk*** CIPV → Adult child physical abuse risk*** PA → Adult child physical abuse risk*** PA → Trauma symptoms → Adult child physical abuse risk*** College sample: CIPV → Adult child physical abuse risk* PA → Adult child physical abuse risk*** PA → Trauma symptoms → Adult child physical abuse risk***
(Taft et al., 2010)	125 women 74 men undergraduates (18-23)	Traumatic life events (incl. CSA, PA, CIPV)	PTSD Anger expression Alcohol use		Age Gender Race/ethnicity Relationship status	Traumatic experiences → PTSD symptoms → Physical dating aggression* Traumatic experiences → PTSD symptoms → Psychological dating aggression* Traumatic experiences → PTSD symptoms → Anger → Psychological dating aggression*

Table 11. Cross-sectional evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Zurbriggen et al., 2010)	79 male 105 female university students (m=19 years)	EA, PA, CSA prior to age 18		Gender	Age Race/ethnicity Social desirability	EA → Adolescent sexual aggression perpetration*
(M. K. Holt et al., 2009) ^b	205 5th grade students (111 girls, 89 boys, ages 10-12)	PA, CIPV prior to 5 th grade			Age Gender Race/ethnicity Parent education Family income	PA → Bully age 10-12* CIPV → Bully age 10-12**
(McKinney, Caetano, Ramisetty- Mikler, & Nelson, 2009)	1615 heterosexual couples (18 and older)	PA, CIPV prior to age 18		Gender	Alcohol consumption Ethnicity Age Household income Employment status	CIPV → Adult IPV* PA → Adult IPV*
(Gover, Kaukinen, & Fox, 2008)	2541 undergraduate students (60.2% female)	Any abuse prior to 18 (CA)		Gender	School Race Relationship status Class standing Lives off campus	CA → Young adulthood physical dating violence perpetration* CA → Young adulthood physical dating violence perpetration*

Table 11. Cross-sectional evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(J. L. Holt & Gillespie, 2008)	276 women 147 men University undergraduates (M age =22.31 years)	CIPV prior to age 18 Adult IPV victimization		Gender	Age Race/ethnicity Marital status Self-esteem Narcissistic personality features Attitudes toward women Religiosity Substance use Sexual risk taking Attachment Family structure	Adult Victimization → Adult IPV perpetration** CIPV → Adult IPV perpetration*

Table 11. Cross-sectional evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Baillif-Spanvill et al., 2007)	27 males 35 females (ages 6-12) Staying at shelter, transitional housing, formerly at shelter, or attending after school program in neighborhood with high IPV	CIPV prior to age 12		Gender	Age Type of simulated conflict	CIPV → Aggression in simulated peer interactions*
(M. K. Holt et al., 2007) ^b	689 5th grade students (333 girls, 347 boys, ages 10-12)	PA, CSA, CIPV prior to 5th grade			Gender Age Grade Race/ethnicity Internalizing problems Conventional crime victimization	PA → Bully age 10-12* PA → Bully-victim age 10-12** CSA → Bully-victim age 10-12** CIPV → Bully age 10-12** CIPV → Bully-victim age 10-12** Bully-victim refers to individuals who engage in bullying others but who have also been victimized by bullying.
(D. K. Smith, Leve, & Chamberlain, 2006)	88 adolescent girls referred to court-mandated treatment for conduct problems (age 13-19)	PA, CSA, CIPV prior to age 13			Age Ethnicity PTSD	Any PA, CSA, or CIPV → Adolescent offending (incl. aggressive behavior)*

Table 11. Cross-sectional evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: A sample of studies from 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Mapp, 2006)	265 adult women (18+) with children ages 2-4		Depression	Locus of control	Neighborhood safety Income Substance abuse Social support Partner violence Race/ethnicity Education Marital status Employment status	CSA → Depression → Risk of physically abusing own children*

^a CSA = child sexual abuse; CIPV = childhood exposure to intimate partner violence; EA = psychological/emotional abuse; EN = emotional neglect; PA = physical abuse; PN = physical neglect

^b These studies did not separate effects by gender

*p<0.05 ** p<0.01 *** p<0.001

Longitudinal studies

Similar to revictimization research, longitudinal studies of women and girls who use violence are mostly based on large national child/adolescent samples and draw attention to the importance of this life stage (Table 12). While childhood victimization experiences perpetrated by parents or caregivers are linked to young women's use of violence in dating/intimate relationships (e.g. Krahé & Berger, 2016; Narayan, Englund, & Egeland, 2013), it is also clear that victimization by intimate partners in adolescence plays a role in subsequent aggressive and violent behaviour against others in young adulthood. For example, a national study of children and adolescents followed from grades 7-12 to young adulthood found relationship violence victimization in adolescence predicted subsequent IPV perpetration at age 24-32 (Cui, Ueno, Gordon, & Fincham, 2013). Victimization by parents/caregivers and partners may also be interrelated in pathways to use of violence. In one study that followed children from grade 5, exposure to intimate partner violence at age 11 was associated with victimization by a romantic partner at age 13, which then led to the perpetration of dating violence at age 18 (Morris, Mrug, & Windle, 2015). The reciprocal relationship between victimization and use of violence is reflective of the lifetime victimization and aggression model (Logan-Greene et al., 2015)

Of all forms of child maltreatment, exposure to IPV in both childhood and adolescence may be particularly relevant to girls' future IPV perpetration in later years of adulthood. IPV exposure has been found to be associated with dating violence perpetration in adolescence, IPV perpetration in young adulthood, and IPV perpetration in middle age (Ireland & Smith, 2009; Jouriles, Mueller, Rosenfield, McDonald, & Dodson, 2012; Menard, Weiss, Franzese, & Covey, 2014; Morris et al., 2015; Narayan et al., 2013; C. A. Smith, Ireland, Park, Elwyn, & Thornberry, 2011) .

Beyond the use of violence with dating or intimate partners, early experiences of maltreatment also impact girls' relationships with peers. These effects appear particularly prevalent in late childhood and adolescence, but signs of aggression may emerge as early as age 4 (Villodas et al., 2015). Specifically, experiences of physical abuse, emotional abuse, neglect, and sexual abuse have been linked to aggressive behaviour against peers, physical assault, cyberbullying, bullying, and fighting during these stages (Dehart & Moran, 2015; Fang & Corso, 2007; Tyler et al., 2008; Vézina & Hébert, 2007; Villodas et al., 2015). Bullying perpetration in childhood and adolescence is linked to the perpetration of sexual harassment (Espelage, Basile, De La Rue, & Hamburger, 2015; Espelage, Basile, & Hamburger, 2012), sexual violence perpetration and physical dating violence perpetration (Foshee et al., 2014)

by girls 6 months to 2 years later. Sibling aggression during these life stages is also linked to subsequent bullying perpetration (Espelage & De La Rue, 2013)

Adolescence is also a significant life stage concerning the intergenerational transmission of child maltreatment. For example, young mothers (under 18) who were neglected or physically abused as children are two to five times more likely to abuse or neglect their own children compared to young mothers without histories of maltreatment (Ben-David, Jonson-Reid, Drake, & Kohl, 2015; Kim, 2009). The intergenerational transmission of child maltreatment has also been found among adult mothers (Milaniak & Spatz Widom, 2015; Lisa Schelbe & Geiger, 2017; Widom, Czaja, & Dumont, 2015). Women with histories of abuse and neglect in childhood, for example, also have high rates of being reported to child protective services for child maltreatment (Widom et al., 2015).



Table 12. Longitudinal evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: 2006-2016

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Hébert et al., 2016) ^{b,♦}	6531 youth (14-18 years)	CSA prior to 18 years			Maternal support Mental health Gender Age Family structure Language Ethnicity	CSA → Cyberbullying in adolescence*** CSA → Bullying in adolescence**
(Krahé & Berger, 2016)	2251 university students (1331 women, 920 men, Mean age=21.3 years) first year at baseline	CSA prior to age 14	Risky sex behaviour Sexual self-esteem	Gender	Sexual experience background Age Nationality Home university Subject of study Relationship status	CSA → Sexual aggression perpetration 1st year university CSA → Sexual aggression perpetration 1st year university → Sexual aggression perpetration 2nd year university* CSA → Risky sex behaviour 1st year university → Sexual aggression perpetration 2nd year university**
(Ben-David et al., 2015)	6989 children 11 or younger at baseline (49.9% female)	PA, CSA, N prior to age 11			Child gender Race/ethnicity History of foster care History of mental health treatment Criminal history Poverty status Education Adolescent behaviour (e.g. runaway, arrest)	N → CM perpetration at age 18-27*** Multiple types abuse/neglect → CM perpetration age 18-27**

Table 12. Longitudinal evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Espelage et al., 2015)	979 students grades 5-12 (Mage=12.61 years, 50.9% female)	Bullying perpetration, sexual harassment perpetration, homophobic teasing perpetration at baseline		Gender	Race/ethnicity Grade Age	Bullying perpetration → Sexual harassment perpetration 2 years later*
(Dehart & Moran, 2015)	100 girls in the juvenile justice system (12-18 years; life history calendar)	CIPV prior to 18 years			Age Race/ethnicity	EIPV → fighting/assault in adolescence*
(Milaniak & Spatz Widom, 2015)	1196 children age 0-11 at baseline (582 females)	PA, CSA, N prior to age 11			Age Gender Race/ethnicity	Any abuse or neglect → Poly-violence perpetration in young adulthood (average age=29)*** CSA → Poly-violence perpetration in young adulthood (average age=29)*** PA → Poly-violence perpetration in young adulthood (average age=29)** N → Poly-violence perpetration in young adulthood (average age=29)*** Poly-violence perpetration includes criminal violence, child abuse, or IPV.

Table 12. Longitudinal evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Morris et al., 2015)	461 grade 5 students at baseline (Mage=11.8 years) (51% female)	CIPV age 11, Romantic aggression victimization age 13		Gender	Age Race/ethnicity Family SES Family structure Harsh discipline Peer deviance Beliefs about general violence Beliefs about dating violence	CIPV age 11 → Romantic aggression victimization age 13 → Dating violence perpetration age 18**
(Villodas et al., 2015) ^b	788 children at risk for maltreatment (4 years at baseline, 51% female)	EA, PA, CSA, N preschool (<4 years), early childhood (4-8 years), late childhood (9-12 years)			Race/ethnicity Gender Living situation Household income	Preschool PA → Aggressive behavior age 4 Preschool EA → Aggressive behavior age 8** Preschool N → Aggressive behavior age 8** Early childhood CSA → Aggressive behavior age 8* Early childhood N → Aggressive behavior age 8* Late childhood PA → Aggressive behavior age 12* Late childhood N → Aggressive behavior age 12*

Table 12. Longitudinal evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Widom et al., 2015)	1575 children under 12 years (50.7% female)				Age Gender Race/ethnicity Social class Health	Abuse/neglect → Perpetration of any maltreatment of own children in adulthood*** PA → Perpetration of any maltreatment of own children in adulthood* SA → Perpetration of any maltreatment of own children in adulthood** N → Perpetration of any maltreatment of own children in adulthood*** Abuse/neglect → Perpetration of sexual abuse of own children in adulthood** PA → Perpetration of sexual abuse of own children in adulthood** SA → Perpetration of sexual abuse of own children in adulthood*** N → Perpetration of sexual abuse of own children in adulthood* Abuse/neglect → Perpetration of neglect of own children in adulthood*** SA → Perpetration of neglect of own children in adulthood*** N → Perpetration of neglect of own children in adulthood***
(Foshee et al., 2014)	1154 sixth grade students (53% female)	Bullying perpetration 6 th grade			Race/ethnicity Gender Age Parent education Family conflict One parent family	Bullying perpetration → Physical dating violence in eighth grade**

Table 12. Longitudinal evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Menard et al., 2014)	726 adolescents 11-17 393 females 333 males	PA, CIPV 11-17		Gender	Race/ethnicity Place of residence Family structure Socioeconomic status Prior perpetration of felony assault Prior violent crime victimization	CIPV adolescence → IPV perpetration 37-43*
(Narayan, Englund, Carlsson, & Egeland, 2014) ^b	99 boys, 83 girls followed from birth, born to high-risk mothers	CIPV 0-5 years	Conflict with best friend		Gender Maternal age at participants' birth Family SES Externalizing behaviour Life stress	CIPV → Dating violence perpetration age 23* CIPV → Conflict with best friend age 16 → Dating violence perpetration age 23*
(Cui et al., 2013) ^b	4048 grade 7-12 baseline 55.6% female	Relationship violence victimization in adolescence PA prior to age 18			General aggression Relationship type Gender Age Race/ethnicity Family structure Parents' education	Adolescent relationship violence victimization → IPV perpetration young adulthood (24-32 years)** PA → IPV perpetration young adulthood (24-32 years)**

Table 12. Longitudinal evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Espelage & De La Rue, 2013)	576 girls 11-15 years old at baseline	PA, CSA, CIPV, bullying perpetration, sexual violence perpetration, sibling aggression at baseline			Age Race/ethnicity Anger Depression Delinquency Caring behaviours Parental monitoring Family social support School social support Community violence Attitudes toward sexual harassment	Bullying perpetration → Bullying perpetration 1 year later** Sibling aggression → Bullying perpetration 1 year later** Sexual violence perpetration → Sexual violence perpetration 1 year later**
(Espelage et al., 2012) ^b	1391 children and adolescents age 10-15 at baseline (49.8% female)	Bullying perpetration, sexual harassment, sexual assault perpetration at baseline			Age Gender Race/Ethnicity	Bullying perpetration → Sexual harassment perpetration 6 months later*** Sexual harassment perpetration → Sexual harassment perpetration 6 months later** Homophobic teasing → Sexual harassment perpetration 6 months later** Sexual assault perpetration → Sexual assault perpetration 6 months later*
(Jouriles et al., 2012)	88 adolescents (14-17 years at baseline, 43 males, 45 females) Juvenile justice system	CIPV prior to baseline	Trauma symptoms	Gender	Race/ethnicity Family income	CIPV → Dating violence perpetration adolescence (3 months later)**

Table 12. Longitudinal evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Knous-Westfall et al., 2012)	129 children and adolescents followed from ages 3-11 to 10-18 (56.7% female)	CIPV 3-11		Gender	Age Externalizing behaviours Internalizing behaviours Parenting practices	CIPV → Bullying age 10-18**
(Ttofi et al., 2012)	Meta-analysis School bullying at age 8-15.54 years					Bullying → Later use of violence (age 10-24.64 years)*** (physical violence, sexual violence, aggression, criminal violence)
(C. A. Smith et al., 2011)	1000 adolescents Age 14-18 baseline 27% female	CIPV adolescence		Gender	PA Race/ethnicity Family poverty Family transitions Parental education	CIPV adolescence → IPV perpetration young adulthood (21-23)** CIPV adolescence → IPV perpetration young adulthood (21-23) → IPV perpetration adulthood (29-31)***
(Sunday et al., 2011) ^b	67 physically abused adolescents age 12-18 (59.7% female) and 78 comparison participants (57.5% female) at baseline	PA adolescence			Gender Age Marital status History of alcohol abuse/dependence Jealousy CIPV	PA adolescence → IPV perpetration adulthood***

Table 12. Longitudinal evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Manchikanti Gomez, 2010)	4191 adolescents (grades 7-12 at baseline, 2179 boys 2012 girls)	Abuse (PA or CSA) prior to sixth grade	N/A	Gender	Adolescent dating violence victimization Parent's income Family structure Education Relationship status Immigrant status Race/ethnicity	PA or CSA → IPV perpetration in young adulthood**
(Melander, Noel, & Tyler, 2010) ^b	6563 adolescents grades 7-12 at baseline 57% female	PA, CSA, N prior to 6th grade			Depressive symptoms Marijuana use Illicit drug use Relationship status Age Gender Race/ethnicity Education Partner education Parent education	PA → IPV Perpetration 18-27* PA → Bidirectional IPV 18-27*** CSA → Bidirectional IPV 18-27*

Table 12. Longitudinal evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(L. Bowes et al., 2009) ^b	2232 children followed from age 5-7 (51% female)	CIPV, Any abuse or neglect prior to age 5			Total number of children in school Percentage of children at school eligible for free meals Neighborhood vandalism Problems with neighbours Family SES disadvantage Mothers with depression Parent's antisocial behaviour Maternal warmth Stimulating activities with family Internalizing behaviours Externalizing behaviours Gender	CIPV → Bullying by age 7* PA → Bully-victims (have bullied others and have been victimized by bullies) by age 7**
(Ireland & Smith, 2009) ^b	1000 adolescents 14-18 years baseline 27% female	CIPV, PA prior to age 18			Race/ethnicity Gender Family poverty Family transitions Education	CIPV → Intimate partner violence 21-23*

Table 12. Longitudinal evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Kim, 2009)	2977 adolescents age 11-18 at baseline (2041 female, 936 male)	PA, N prior to age 18			Age Age became parent Oldest child's age Education Race/ethnicity Child low birth weight Child health Child irritability Substance use Depression status Parent-child relationship Number of children Whether baby unwanted Relationship status	N → Perpetration of neglect of own children (mother age 18-26)*** PA → Perpetration of physical abuse of own children (mother age 18-26)***
(Fergusson, Boden, & Horwood, 2008)	1003 individuals followed from birth (391 male 437 female)	SA. PA. CIPV prior to age 18	Early aggressive behaviour Child conduct problems Conduct disorder Adolescent violent offending Mental disorders	Gender	Parent education Family living standards Family socioeconomic status Family functioning (e.g. parent drug use, criminality)	CSA → IPV perpetration age 25*** PA → IPV perpetration age 25*** CIPV → IPV perpetration age 25*** Overall abusive environment in childhood → IPV perpetration age 25***

Table 12. Longitudinal evidence for the association between early experiences of maltreatment and subsequent use of violence by women and girls: 2006-2016 cont'd

Citation	Sample	Type and Timing of Initial Maltreatment ^a	Mediators	Moderators	Other Covariates	Significant Outcomes & Life Stage
(Tyler et al., 2008)	360 children and adolescents 11-14 at baseline (58.1% female)	PA, CSA, N 11-14 years	Running away School engagement	Gender	Positive parenting Disadvantaged neighbourhood Well-being Gender Race Age Income	N → Poor school engagement → Delinquency (including physically attacking someone and gang fights) at 14-17*
(Fang & Corso, 2007)	10320 adolescents (grades 7-12, 55.2% female)	N, PA, CSA past 2 years (grades 5-10)		Gender	Age Gender Race/ethnicity Community economic disadvantage Number of crimes in county per 100,000 population Marital status School enrollment Employment status Parent education Family poverty Family structure	N → Adolescent violence (e.g. group fight, physically assaulted peer)* PA → Adolescent violence* N → IPV young adulthood* PA → IPV young adulthood* N → Adolescent violence → IPV young adulthood*

^a CSA = child sexual abuse; CIPV = childhood exposure to intimate partner violence; EA = emotional neglect; EN = emotional neglect; PA = physical abuse; PN = physical neglect

^b These studies did not separate effects by gender

*p<0.05 **p<0.01 ***p<0.001

◆ Canadian study

Viewing violence used by women and girls in context

Though less common and generally resulting in less serious physical harm or homicide than male-perpetrated violence, female-perpetrated violence is a public health issue and often a consequence of experiences of victimization. As previously stated, 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 (Australian Institute of Family Studies, 2014b). Further, 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 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 (Sinha, 2012). 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 (Australian Institute of Family Studies, 2014a; Montesanti et al., 2015; World Health Organization, 2010).

Summary

Longitudinal and cross-sectional research finds an association between childhood maltreatment, sibling violence, or bullying victimization and subsequent use of violence by women and girls. Girls and women may use violence against dating or intimate partners, children, or peers. Research investigating the relationship between childhood maltreatment and later use of violence is based on mixed-gender samples and do not always differentiate effects of victimization among boys and girls. While these studies include girls/women and indicate a relationship, more female-specific studies are needed to further examine its strength and understand gender-specific pathways. Nevertheless, the evidence suggests that women's use of violence is intricately linked to their victimization experiences.



Considerations and Future Directions

Women's and girls' early experiences of victimization increase vulnerability to future victimization and use of violence across the life course. Both victimization and use of violence have negative short- and long-term impacts on the health and well-being of women and girls. It is important for health services to recognize the unique impacts of these patterns on health and well-being to better support survivors. While revictimization and future use of violence may not characterize the life trajectories of every woman or girl who is maltreated, the evidence presented in this paper suggests that this pathway has implications for prevention. Adolescence and young adulthood appear to be particularly relevant stages for prevention efforts. There are also implications for future research, given the remaining gaps in the existing literature. These are discussed below.

There are two key issues facing research on the links between victimization and subsequent revictimization or use of violence for women and girls. First, research must not only include diverse groups of women and girls, but also, must incorporate an intersectional approach (Crenshaw, 1993; McCall, 2005). While some studies and systematic reviews report greater risk of revictimization or use of violence for some groups of women (e.g. Classen et al., 2005; Roberts Williams, Ghandour, & Kub, 2008; Schneeberger, Dietl, Muenzenmaier, Huber, & Lang, 2014), for example, they often do not contextualize these experiences within larger systems of oppression which create inequalities, reinforce exclusion, and increase vulnerabilities to violence (Crenshaw, 1993; Oxman-Martinez, Krane, Corbin, & Loiseau-Leonard, 2002). This limitation results in the risk of perpetrating stereotypes (e.g. black women are violent) and reinforcing oppressive discourses (e.g. racism, ableism, transphobia, homophobia). Theories linking early victimization to revictimization or later use of violence also tend to focus on individual-level factors, and there are many empirical studies which explore these further. More theoretical

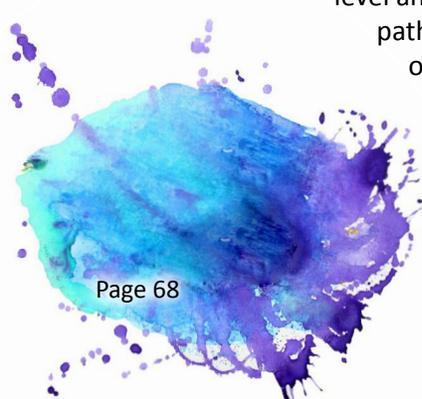
and empirical work is needed on the multi-level and complex factors impacting pathways of victimization and use of violence for women and girls.

Second, more research on the continuum of violence as it relates to the links between women's experiences over the life

course is needed. Emerging studies are examining the relationship between childhood or early adult experiences of violence and later sexual harassment (Das & Otis, 2016; Macintosh, Wuest, Ford-gilboe, & Varcoe, 2015; Stockdale et al., 2014), but further examination is required. In addition, revictimization tends to be discussed in terms of physical or sexual violence, but research would benefit from greater attention to other forms of abuse such as psychological, financial, or reproductive control as well as childhood experiences of neglect.

Other important limitations include the lack of Canadian studies in comparison to US and European samples, as well as variations in definitions of abuse, time periods studied, and methodology. In addition, longitudinal studies tend to stop following participants around young adulthood, and less is known about patterns of revictimization or use of violence in women who are older. There is also limited work using female-specific samples to study the link between child maltreatment and later use of violence. Female-specific studies would facilitate greater understanding of risk and protective factors in the pathway from victimization to use of violence, including greater theoretical development. This would also provide greater support for the use of a trauma-informed approach when dealing with women and girls who have used violence, given the likelihood that they also have a history of victimization.

Continued research on these issues is paramount to enhancing current knowledge on patterns of victimization and use of violence across the lives of women and girls. This can inform prevention efforts as well as health services, and may ultimately lead to improved health and well-being in addition to reduced occurrences of revictimization or use of violence.



Appendix A

Forms of child maltreatment and definitions.	
Physical abuse	Any act of physical aggression directed toward a child (e.g. shaking, pushing, hitting with object, biting, choking).
Sexual abuse	Sexual molestation or exploitation of a child by an adult or older child within or outside the family (e.g. penetration, fondling, pornography).
Emotional/psychological abuse	Terrorizing or threat of violence (e.g. threats against child's cherished objects), verbal abuse or belittling (e.g. name-calling), isolation or confinement (e.g. -purposely cutting child off from other children), inadequate nurturing or affection (e.g. lack of parental interaction), exploiting or corrupting behaviour (e.g. encouraging involvement in criminal behaviour).
Neglect	Failure to provide for child's basic needs, adequate protection, and adequate supervision (e.g. inadequate nutrition, failure to provide medical treatment).
Exposure to intimate partner violence	Child is present during physical or verbal violence between intimate partners and can see and/or hear the violence (direct); child not present during violence but suffers consequences, hears about it, or experiences changes in his/her life as a result (indirect); child is exposed to emotional violence between intimate partners.
See: Public Health Agency of Canada, 2010	



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