Knowledge Synthesis – Survivors of IPV and Likelihood of Being Re-Victimised

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In September 2021 NEVR, on behalf of the Surrey Women's Centre, commissioned 5 masters students in Professor Jen Marchbank's class GSWS 824 Gender, Violence and Resistance at Simon Fraser University.

NETWORK TO ELIMINATE VIOLENCE IN RELATIONSHIPS

Contents

Introduction

The Commission

There is a decent amount of literature on violent offenders and the risk of reoffending. There are assessment tools to use to gauge the risk of reoffending. However, there is little on survivors and their risk of being revictimized. Surrey Women's Centre are requesting that you conduct a full literature review (both academic and grey literature).

- How likely are survivors of IPV likely to be revictimized?
- What data do we have on revictimization in relation to women, men, children, seniors, sexual and gender minorities?
- What factors make survivors potentially at risk for revictimization?
- What assessment tools exist and how effective/useful are they?
- What resources are available to proactively prevent further victimisation?

What is Knowledge Synthesis?

The Canadian Institutes for Health Research (CIHR) define synthesis as the contextualisation and integration of research findings on a topic. It must be reproducible, be transparent in its methods and can use both qualitative and quantitative methods or a combination (Jeremey Grimshaw, MBChB, PhD, FCAHS for CIHR at https://cihr-irsc.gc.ca/e/41382.html) . Knowledge Syntheses recognise that individual studies may be misleading due to sample size; bias or other factors. KS provide an overview of research in the field for a more nuanced understanding of the issues under investigation. KS can establish the key messages from a research field as well as indicate gaps and pathways for future research.

Methodology

The team found 84 research papers relevant to this commission and 82 were included in the KS. These sources were organised in the data management program Zotero. The team tagged each bibliographic reference with key words. Then the keywords were grouped into seven categories. See table.

Revictimisation Assessment	Vulnerability	Measurement	Sexual Violence	Psychology	IPV	Age	Other
	Poverty Disability Sexual & Gender Minorities (SGM) Sex work Isolation Ethnic Minority Immigration Abuse Threat	Danger assessment Risk assessment Risk factors Statistics Treatment outcomes Risk recognition	Rape Sex offences Sexual assault Sexual victimisation Sexual abuse	Drug use	Battered women Crime victims Domestic violence Multiple victimisation Polyvictimisation Survivors of abuse Historical child abuse	Child Older adult Youth Adolescent Students Adult Women	Geography Culture

Team members each took several of the keyword tags and created bibliographies for those keywords to analyse and describe. It was soon realised that 'Age' as a category was not required as age appeared across all the other categories. Obviously, some research articles appeared in more than one keyword tag and so have been included in more than one section of the KS. Three other tags (isolation; threat and sex work) did not garner any specific articles but are discussed under other keywords.

Structure of the KS

The KS begins with the reports on Vulnerability; Measurement; Sexual Violence; IPV; and Other. Each keyword report contains a bibliography of the articles discussed in that section. An overall bibliography is provided at the end of the KS.

Conclusion

The works detailed here go some way to answering the questions set in the commission. What was found is that there do not appear to be pre-existing tools/measurements to assess the likelihood of a person being revictimized in relation to interpersonal and in particular, sexual violence. However, we believe this KS is the first step in the creation of such a measure.

Knowledge Synthesis – Vulnerability – Section 1, Part A - Overview

There were 21 sources on vulnerability. Groups specifically vulnerable to sexual victimization or revictimization or intimate partner violence (IPV) include: those who have been previously victimized (Davis et al., 2006; Dutton, 1996; Fargo, 2009; Testa et al., 2010; Weisel, 2005), especially those victimized in childhood (D'Abreu et al., 2016; DePrince, 2013; Edalati et al., 2016; Etherington & Baker, 2018; Messman-Moore & Long, 2003); sexual minorities (Morris & Balsam, 2003; Schramm, 2016); women with disabilities (Sasseville et al., 2020); elderly women (Sasseville et al., 2020); those experiencing homelessness (Edalati et al., 2016; Wright et al., 2021); and immigrant women (Jayasuriya-Illesinghe, 2018; McDonald, 2018; Okeke-Ihejirika et al., 2020; Salgado & Gurm, 2020; Sasseville et al., 2020). Other tags that were frequently used in sources tagged with vulnerability were: risk factors, child abuse, sexual victimization, and immigration abuse.

Previous Victimization

Women who have experienced sexual victimization at any point in their life are more vulnerable to sexual revictimization (Davis et al., 2006; Dutton, 1996; Testa et al., 2010), as sexual victimization can initiate psychological processes that lead to behaviours that increase a victim's exposure to potential offenders and their vulnerability to the tactics of those offenders (Davis et al., 2006). However, revictimization has been shown to depend on "intervening experiences and risk factors, rather than directly on prior experiences of sexual victimization" (Fargo, 2009, pg. 1786). Among child sexual abuse survivors, there is limited or mixed support for the role of intrapersonal factors, aside from sexual behaviour, in revictimization (Messman-Moore & Long, 2003). Therefore, it is important to utilize a life course perspective, "which views individual lives as a series of pathways or trajectories spanning from early to later life," to evaluate how previous experiences impact current vulnerabilities to abuse (Etherington & Baker, 2018, pg. 4).

Childhood domestic trauma, among other factors, has been shown to be significantly associated among women who experience IPV by multiple partners (Ørke et al., 2018). Further, adolescent girls who were previously abused, especially those who are now in the child welfare system, face higher vulnerability to revictimization in teen dating relationships (DePrince, 2013).

Women who have been sexually victimized in adolescence were shown to engage in higher risk taking in college (i.e., heavy drinking, hookups), which increased their vulnerability to sexual victimization in college (Testa et al., 2010). Among a sample of female and male Brazilian college students, vulnerability

factors for sexual victimization included alcohol consumption, casual sex, ambiguous communication, and child sexual abuse (D'Abreu et al., 2016).

Sexual Minorities

Sexual minority college students were shown to be approximately two times more likely than heterosexual college students to be victims of IPV, additionally, sexual minority college students were more vulnerable to revictimization (Schramm, 2016). Among a sample of lesbian, bisexual, and gay women (LGB) in the United States, over a third reported sexual victimization before the age of 16, and Native American women reported the highest rates of victimization (Morris & Balsam, 2003).

Homelessness

Young people experiencing homelessness, who suffered victimization at home before becoming homeless, are more vulnerable to revictimization when homeless (Wright et al., 2021). Further, a study of homeless adults in BC showed that those who were sexually victimized as adults had higher exposure to childhood neglect, and exposure to physical neglect showed a significant relationship to adult sexual victimization (Edalati et al., 2016).

Women with Disabilities, Elderly Women, and Immigrant Women

Women with disabilities, elderly women, and immigrant women are more vulnerable to IPV, especially if they belong to more than one of these groups; therefore, an understanding of the intersections of vulnerabilities is important to understanding women's experiences of IPV (Sasseville et al., 2020).

Immigrants and refugees to Canada are vulnerable to IPV (Jayasuriya-Illesinghe, 2018; McDonald, 2018; Okeke-Ihejirika et al., 2020), especially those who are already in abusive relationships (Salgado & Gurm, 2020). Globally, mail order brides are especially vulnerable to violence and death (McDonald, 2018).

Vulnerabilities tied to migration include the stress from migration, geographic and social isolation, power imbalances between partners, loss of culture/family, and change in social networks (Salgado & Gurm, 2020). Female survivors of IPV from different Canadian immigrant groups have been shown to have crucial differences in their perceptions and experiences of IPV, responses to IPV, and coping mechanisms (Okeke-Ihejirika et al., 2020). There is also a tendency to place blame for IPV on cultural values and practices that immigrants bring to Canada, and the majority of services and policies available to immigrant women suffering from IPV have been shown to be unsuited to their needs (Okeke-Ihejirika

et al., 2020). Further, structural conditions within Canada increase immigrant and newcomer women's vulnerability to IPV, while reducing services and supports available to them (Jayasuriya-Illesinghe, 2018).

Responses and Measurement

When it comes to measuring vulnerability, the Danger Assessment (Campbell, 2019), which is a risk assessment tool, has been shown to help assess the level of risk a woman may face of being killed by her partner (Campbell et al., 2003). A woman's vulnerability to being killed by her partner increases if the partner threatens or assaults her with a gun or other weapon, threatens her with murder, attempts to choke her, forces sex, or exhibits extreme jealousy (Campbell et al., 2003).

From a law enforcement perspective on repeat offences of various crimes, "previous victimization is the single best predictor of victimization," and domestic violence victims are most vulnerable to repeat victimization, especially if no protective measures are taken (Weisel, 2005, pg. 2).

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Vulnerability – Section 1 Part B – Poverty, Disability, SGM (Sexual and Gender Minorities)

There were 10 articles tagged as poverty, disability and sexual and gender minorities (SGM) together covering United States, Canada and England. Research has suggested that beyond the individual factors of determining revictimization, the microsystem, macrosystem and exosystem must be analyzed. Exosystem factors such as unsafe neighborhoods, social and economic deprivation variables such as poverty are important to understand when it comes to revictimization. (Tusher, 2007; Kimerling et al., 2007) Homelessness, a state of extreme lack of resources as well as little or no social power arising because of poverty, is categorized as a type of trauma and homeless women experience more violence in their daily lives, particularly physical and sexual violence, as compared to women that are not homeless or women that are housed, thus making homelessness an additional risk factor for revictimization. (Tusher, 2007) Additionally, an increase in female-headed households (often poor and include children) puts them at additional risk for homelessness and violence since homeless women with children are the poorest amongst homeless groups – these groups are also overrepresented by minorities in the United States. (Tusher, 2007) Poverty also has a significant relation to adult revictimization where the survivor has a history of child abuse. (Poister Tusher & Cook, 2010; Edalati et al., 2016) While there is a risk for increased victimization when income is below poverty level, the converse is also true, victimization increases women's likelihood of unemployment and reduced income. (Kimerling et al., 2007) Negative consequences arising out of revictimization of homeless groups include depression, anxiety, PTSD, substance use disorders and engagement in risky behaviors, all of which further increase vulnerability. (Edalati et al., 2016, p.2) Some factors that account for increased victimization in homeless population are prostitution and panhandling, frequent moving from city to city, drug dealing, shoplifting, sex work and substance use. (Edalati et al., 2016, p.15)

Many research studies have shown that women with disabilities are at a significantly higher risk of experiencing intimate partner violence as compared to women without disabilities. (Sasseville et al., 2020) Care received for a disability has also been associated with victimization during adulthood along with increased dependence on spouse due to disability and traditional gender socialization process for women with disabilities to be tolerant and complacent, inhibiting their acquisition of capacity to

establish boundaries around violence. (Sasseville et al., 2020) Violence against disabled women can also include limiting their access to medication and other comforts as well as sexual touch during dressing or bathing. (Sasseville et al., 2020; Probst et al., 2011) Further, women with severe disabilities are at more risk (auditory, visual, mental or physical, learning, development disabilities) compared to women with lesser disabilities. (Sasseville et al., 2020; Probst et al., 2011) Adults with severe intellectual disabilities are also more vulnerable to violence since they may be incapable of giving consent because of impaired judgment or understanding consequences of sexual activity and the same holds true when it comes to the reporting of sexual abuse. (Probst et al., 2011)

Sexual minority population are significantly greater at risk for revictimization in terms of intimate partner violence as compared to heterosexual relationships with bisexual women reporting greater IPV as compared to lesbian or heterosexual women. (Schramm, 2016) SGM population is more vulnerable because of their high assault rates as well as mental health symptoms. (López & Yeater, 2021) Even amongst college students, sexual minority groups are at increased risk of revictimization but the study found that they are more likely to seek help from formal or informal sources, with sexual minority population seeking help from at least one source. (Schramm, 2016) Lesbian and bisexual women were at a significant risk of anti-LBG verbal harassment, with even their children being harassed because of their mother's sexual orientation. (Morris & Balsam, 2003) Lesbian and bisexual women are as vulnerable to physical and sexual violence as compared to heterosexual women. (Morris & Balsam, 2003) It is also assumed that lesbian and bisexual women undertake more feminist values and attend psychotherapy, they are more likely to self-report abuse. SGM groups are also at a higher risk of revictimization and polyvictimization and assessing victimization as a dichotomy may mask the important finding that LGB people are at a risk for revictimization. (Daigle & Hawk, 2021)

While the vulnerability of homeless groups has been researched in relation to victimization, there is still a lack of literature in terms nuances of revictimization with only mentions of risk of increase. Further, childhood sexual abuse has been studied extensively in relation to adult revictimization, however, other factors have not been similarly weighed. Homelessness has been a theme for research studies but poverty that does not comprise of homelessness does not appear in literature for understanding revictimization rates. Similarly, in terms of disability, research has indicated their vulnerability to violence but revictimization is under-researched as well as forms of violence. Treatment options have also been inconclusive and many research studies have focused on elderly women with disabilities while adult women with disabilities have not been expanded on. The studies on SGM are conflicting in nature,

while some say that they are more vulnerable to violence others state that they are as vulnerable as heterosexual groups. The assumption in the research study that SGM groups are more likely to self-report abuse because of feminist values and psychotherapy is made without evidence or support. This contrast is also present when it comes to understanding help-seeking behavior with some studies indicating higher and others indicating lower as compared to heterosexual women. This area is under-research and is inconclusive in its findings, evident from opposing results.

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Vulnerability – Section 1, Part C - Ethnicity

Salgado & Gurm (2020) highlight some factors associated with migration that might increase the potential for relationship violence and abuse. There are certain stressors that are associated with migration such as the pre/post migration stigma and strain, isolation, changes in economic status, loss of support system, changes in gender roles and responsibilities alongside other factors that may increase the risk of abuse. Immigrants and refugees are a diverse group made up of individuals from different religious, cultural, social and ethnic backgrounds. Financial dependence and independence post migration has an impact on relationship violence because a migrant woman that is dependent on her partner might feel compelled to stay in an abusive relationship because of that dependence. Whereas a migrant woman that is more financially stable than her male partner might be perceived as a threat to the ego of her partner and is therefore at a high risk of experiencing relationship violence.

Salgado & Gurm (2020) also note that cultures that are strongly linked to patriarchal power and cultural acceptance of gender inequality play a critical role in the occurrence of intimate partner violence. Women migrants from ethnic minority groups where traditional roles and religion is used as a tool to maintain male dominance may be more likely to suffer intimate partner violence.

The problem of sexual victimization in university and college has been examined around the world. D'Abreu et al. (2016) take a look at the vulnerability to sexual victimization of male and female students in college in Brazil. Risk factors for sexual victimization (alcohol consumption, casual sex, and ambiguous communication) in participants' cognitive scripts for consensual sex were linked to sexual victimization via their translation into risky sexual behaviour. Pornography use was indirectly linked to sexual victimization through its influence on risky sexual scripts and sexual behaviour. They found few gender differences between the participants. This study also highlighted that low socioeconomic and educational status, black skin colour, being separated or divorced, a history of sexually transmitted diseases and a lack of religious commitment were all factors that were identified to increase the probability of reporting sexual victimization.

D'Abreu et al., (2016) highlights that pornography may be linked to the sexual victimization of men because men may be scared to say no to the sexual advances of women for fear of being seen as not masculine enough. Pornography promotes the acceptance of casual sex, alcohol use and ambiguous sexual communications which when assimilated by students, makes them more likely to engage in risky sexual behaviour that puts them at a higher risk of sexual victimization.

According to Relyea & Ullman (2017) writing about the USA, there is an intersection between sociocultural factors and economic status that puts women of colour at the risk of victimization. Women of colour face greater economic disparities and lack linguistic and culturally appropriate services. Additionally, black women may be less likely to access rape crisis helplines and mental health services whilst white women may have greater privilege and access to resources that confer greater protection. There is also the increased likelihood that black women are less likely to be believed and face cultural rape myths that increase their risk of victimization. They also found that white women showed lower rates of all forms of revictimization than other women, 39% of white women were revictimized whereas 55% of black women were revictimized. It was also noted that Black women had higher chances of forcible assault in comparison with White women or survivors of other races.

Morris & Balsam (2003) reported rates of victimization among different ethnic/racial groups of lesbian and bisexual women in the USA. There were significant differences based on race, with Asian American and white participants reporting lower rates of victimization than other participants. Native American women reported the highest rates, followed by Latina and African American women. Lesbian women of colour are at a higher risk of victimization because they must contend with racism, sexism and homophobia which increases their vulnerability to violence.

Again, in the USA, Nguyen et al., (2021) found that between 20% and 50% of Asian American women report experiencing partner violence. Nearly half of Partner Violence victims experience their first assault between the age of 18 and 24 years, suggesting that Asian American college women may be particularly at risk of Partner Violence. History of child abuse was a predictor of Partner Violence history and PTSD symptoms. Child abuse and partner violence predicted fewer escape behavioural intentions which diminished current and future risk perception. Higher risk perception predicted lower likelihood of staying in the relationship. They found that victimization history is associated with increased risky behavioural intentions among Asian American college women.

Aujla (2021) research focuses on South Asian women's experience of domestic violence in Canada. South Asian women in this context refers to those who have migrated from the top three countries of origin, namely, India, Pakistan, and Sri Lanka. South Asian women face unique barriers in reporting and accessing support, some of these barriers include stressors from migration/acculturation, cultural norms about marriage, lack of language skills, economic dependency on the abuser/sponsor, lack of knowledge of immigration laws and policies, discrimination, and limited access to available services. There are also certain barriers that keep South Asian migrant women in dysfunctional relationships such as isolation,

limited ability to speak English, immigration status, financial dependency, fear of losing children, distrust of authorities, marriage obligations, extended family interference, and a lack of knowledge about supports. All these barriers alongside the added pressure of trying to assimilate to a new country with different norms whilst trying to maintain their cultural tradition and values increases the vulnerability of South Asian women to intimate partner violence and revictimization. It is also noted that South Asian women may hold strong patriarchal beliefs which may affect their ability to identify abuse and seek help from professionals. This study also found that domestic abuse in South Asian families did not occur in the typical gender binary framework as we know it. The different culture of the South Asian family meant that women were suffering domestic abuse at the hands of any dominating member of the family, which could be more than one person.

It was found that most of the studies that had been tagged under ethnic groups, minus the 6 above, simply mentioned ethnic group or minorities in passing but did not do anything significant into the peculiarities of these ethnic groups in experiencing intimate partner violence and revictimization. Out of the 13 sources that were tagged under ethnic group/minorities, only these 6 went into detail and specifically targeted factors that addressed the realities of ethnic groups. This highlights the fact that there is a major gap in research studies in this area.

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Vulnerability – Section 1 Part D – Immigration Abuse

There were 8 articles on immigration abuse. Specific risk factors for immigrant women are isolation, cultural changes and barriers, losing social network/support, changing gender-roles post migration and marginalization. (Salgado & Gurm, 2020; Abraham & Tastsoglou, 2016) There is lack of conclusive data on prevalence of IPV in immigrant women. (Salgado & Gurm, 2020; Sasseville et al., 2020) Forms of IPV threat include threat of migration process (such as deportation) or immigration law itself, where partners have to be married for a certain duration for obtaining legal immigrant status. (Sasseville et al., 2020; McDonald, 2018) While one study claims that immigrant women from developing countries (compared to developed counties) are a larger population of abused women possibly because cultural acceptance or adherence to patriarchy another claims the opposite because these women come from educated, economically self-sufficient and have exposure to western values. (Sasseville et al., 2020; Hyman et al., 2006) Though there is no conclusive evidence that mail order brides have higher rates of IPV, some nonprofits have reported such increased rate. (McDonald, 2018) Those immigrant women who have lost host-language skills also suffer because of low chances of jobs and inability to communicate their situation. (McDonald, 2018) Living with one's family or community may help in communication but may have adverse effects if orthodox views of gender govern. (McDonald, 2018) In the Canadian context, neoliberalism in the last two decades has contributed to a shift in immigration policies that favoring economic class of immigrants, those of high skilled labor, education and wealth, often from which women are excluded when coming from patriarchal societies where access to education and jobs is limited. (Jayasuriya-Illesinghe, 2018) They also have a 3-year sponsorship agreement with the spouse and lack of access to public funds such as healthcare, welfare, sponsored

language training for 10 years. (Jayasuriya-Illesinghe, 2018) It was also found that prevalence of IPV was lower in recent immigrant women compared to non-recent immigrant women. (Hyman et al., 2006)

South Asian immigrant women in Canada also have barriers to access support because of language skills, lack of knowledge of immigration laws, cultural norms, economic dependency on abuser and limited access to services. (Aujla, 2021) Many South Asian immigrant women feel they cannot trust their friends, family, neighbors, coworkers, or broader South Asian communities as they would be revictimized. (Aujla, 2021) Even with mainstream support organizations there were language and cultural barriers and with South Asian women's organizations that they were further betrayed or abused. (Aujla, 2021)

Though there is some literature of disabled women, elderly women and immigrant (DEI) women facing abuse, there is little on the intersectionality of all three. One article identifies this and shows that risk factors of DEI women to abuse are victimization during childhood, spouse's controlling temperament, physical and psychological health problem. (Sasseville et al., 2020)

Though there is some amount of literature on immigrant women's' position to IPV, and even so in the Canadian context, this still remains an under-researched area. The inconclusive data about the rate of prevalence of IPV in immigrant communities creates a challenge – their unique vulnerability is marginalized without accurate data. Most of the Canadian based literature focused on the Ontario area. Risk recognition, types of immigration (or other) abuse, childhood sexual abuse, rates of treatment, seriousness and frequency of abuse remained largely absent in relation to immigrant women's analysis. Moreover, nearly all the data speaks of victimization but there is scarcity of information on revictimization faced by immigrant women.

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Measurement – Section 2 Part A - Danger & Risk Assessment

There are 16 articles under the categories of danger assessment and risk assessment. There is not a lot of data available under danger assessment specifically, however, this topic can be subcategorized under risk assessment. The danger assessment relates to the risk factors associated with increased risk of homicide in violent relationships. They used the word 'he' to assess the perpetrator, despite promoting the assessment for both genders – quite outdated and alienating, last being revised in 1988. Women who score 8 or higher on the danger assessment are at grave risk and 4 or higher at great risk. Over a third of the women with a score of 4 or higher, were not murdered in this study. This assessment is therefore to be seen as an indicator, not a tool, due to uncertainty in results.

Risk assessment tools are processes to assist victims and professionals in better understanding the risk level associated with their abuse. It is proven that women who are victims of sexual assault are at much higher risk of revictimization. Several of the studies show that there was no reduction of risk after their intended prevention methods, which includes knowledge on risk factors, behaviour in dating relations, handlings risky situations. Lack of results can show that often intense therapy is needed before other risk assessment measurement can be used.

The studies have used different types of interventions as preventative methods, such as the Social Learning/Feminist Intervention (health-promotion approach to help girls develop healthy relationships and to respond to abuse in their relationships), the Risk Detection/Executive Function intervention (mindfulness-based, cognitive interventions to build skills for responding to risky situations), general prevention intervention, with some getting a moderate level of predictive accuracy and marked as promising. Other types of assessments include the Sara Assault Risk Assessment tool (SARA) (structural professional judgment method offering guidelines for collecting relevant information and making decisions), combining primary prevention and risk reduction strategies, using an ecological framework, unstructured clinical decision making (the use of clinical experience and knowledge of a patient to assess

violence risk), actuarial approach (statistically calculated prediction of the likelihood) and structured clinical judgement (combination of actuarial tools and unstructured clinical judgments). Taking sociocultural factors into consideration as well as substance abuse and sexual risk behaviour was also a common approach.

Results include that an avoidant attachment style and anxious attachment style are risk factors in IPV revictimization. They all agree that risk assessment methods come with limitations, that it's important to note the victim's history, and that more research is needed in order to obtain a better knowledge of revictimization and the risk factors included.

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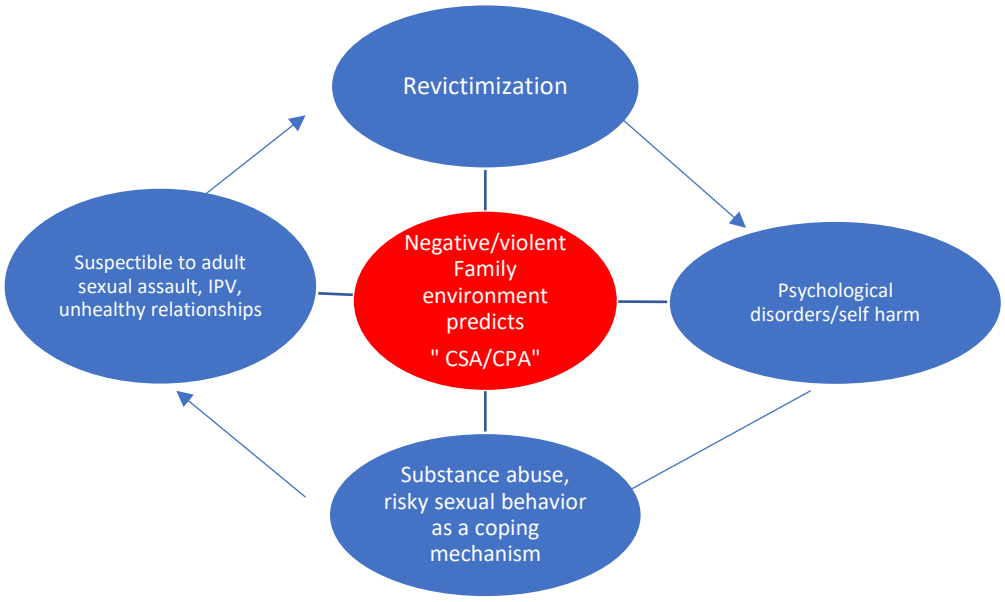
Measurement – Section 2 Part B – Risks Factors in Childhood

Among all 45 articles there was general consensus around childhood maltreatment (physical, sexual, neglect, emotional) being the most researched and a key risk factor in revictimization (Butler et al., 2020;Coid et al., 2001;Hanna et al.,2017;Messman & Moore & Long, 2003;Pittenger et al., 2018;Ullman et al., 2009;Herbert et al., 2019;Fargo,2009;Cusack et al, 2021); most studies highlighted its deleterious impact on development of emotional regulation. Deficits in emotional regulation increases vulnerability for psychological disorders (PTSD, depression, suicidality) and self-harm behaviors, anxiety, substance abuse, disassociation, interpersonal difficulties, self- blame, guilt which indirectly and directly effects susceptibility and plays a mediating role in the pathway to revictimization (Messman-Moore et al., 2010; Pittenger et al., 2016; Gold et al., 1999; Classen et al., 2005; Culatta et al., 2020). The prominent themes are divided into – Family risk factors, risky sexual behavior/risk taking behavior, peer risk factors, psychological factors, and immigration.

Family Risk Factors

Witnessing IPV/DV Victimization. Most studies state that there are significant correlations between childhood maltreatment and DV victimizations (Herbert et al., 2019). The importance of early interactions with caretakers was identified as a predictor as it shapes representations of self and others hence negative family environment, neglect, witnessing violence, physical abuse, witnessing IPV leads to normalization of violence in future adult romantic relationships. Childhood family environment is a significant predictor of CSA and child physical abuse, and youth exposed to violence at home are more likely to tolerate victimization (Herbert et al., 2019; Fargo, 2009; Pittenger et al., 2016; Mason et al., 2009; Kuijper et al., n.d).

Childhood Sexual Abuse. Victims of Child sexual abuse (CSA) are between 2 and 11 times more likely to be sexually assaulted in adulthood, risk increases dependent on the severity of CSA and is directly linked to sexual victimization (Pittenger et al., 2016; Messman-Moore et al., 2010;D'Abreu, 2016;Cusack et al., 2021; Cold et al, 2001). All studies pointed to survivor's psychological sequelae as a result of CSA being a contributing factor, and its role in amplifying the risk, resulting in an ongoing revolving door for revictimization.



Child Physical Abuse. Messman-Moore (2010) state based on the results of their study that 24% of CPA victims were revictimized, and CPA has been positively associated with revictimization (DV, Adult physical assault) but there are mixed results around association of CPA for adult sexual victimization (Classen et al., 2005).

Risky Sexual Behavior & Alcohol/drug Use

Risky sexual behavior and risk-taking behavior i.e. frequent alcohol use, sex with strangers, failure to use condoms, drug use, casual sex has been a consistent predictor of revictimization (Fargo, 2009; Messman- Moore et al., 2010; Messman -Moore & Long, 2003; Pittenger et al., 2016; D'Abrue et al., 2016;Cusack et al.,2021); this behavior can be a reactive coping mechanism for survivors and a stand-alone pre -existing lifestyle more so prevalent and heavily researched among college/university students (Cusack et al., 2021).

Gap: There was no research found specifically studying sex -workers, street entrenched folks or minorities.

Psychological Disorders

Survivors reactionary psychological effects to CSA, CPA, IPV has been a prominent theme among all the research articles cementing its contribution to revictimization by making them an "easy target" (Messman- Moore et al., 2010). PTSD, depression, dissociation, low risk recognition, attachment anxiety, interpersonal difficulties, and social isolation are some of the psycho-social effects identified in the studies (Kuijpers et al., n.d; Bockers et al., 2014; Messman- Moore et al., 2010; Messman -Moore & Long, 2003). Trauma related distress, alcohol use, and depression were all positively related to greater high risk of revictimization (Cusack et al., 2021).

Immigration

Precarious status, post migration strain, social isolation, loss of family, and gender roles have been identified as risk factors for revictimization (Salgado and Gurm, 2020**;** Sassevile et al., 2020**).**

Gaps: Comprehensive research needs to be done around role of cultural factors such as patriarchy, strict gender roles, lack of knowledge around rights, economic status among migrant women in revictimization.

Peer Risk Factors

Peer victimization, sexual harassment, deviant peers were identified by Herbert et al (2019) as potential factors.

Gaps: There is little research out there exploring the role of peer support (negative/positive/deviant) in maintaining/contributing/preventing adolescent, and adult revictimization.

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Measurement – Section 2 Part C – Sexual Assault

There were 15 sources on the measurement and assessment of sexual assault and/or revictimization. The themes throughout showed that when measuring sexual assault and revictimization it is important to ask victims about broader aspects of their lives and not just whether they have been assaulted (Cotter & Savage, 2019; Grauerholz, 2000). There are many assessment tools available for assessing the likelihood of an offender to re-offend, and although these tools have limitations, they can be used effectively to assess risk (Campbell et al., 2003; Northcott, 2012). None of the sources addressed a specific tool to measure the victim's risk of sexual revictimization, although there was a guide to identify and understand revictimization of various crime victims (Weisel, 2005). Other tags that were frequently used in sources tagged with measurement or assessment were: risk factors, prevention, and vulnerability.

Measuring for gender-based violence (including sexual assault) is found to be complex as victims may not view incidences of assault as being rooted in larger social structures or systems (Cotter & Savage, 2019). When using or developing measurement or assessment tools, it is important to use contextual

information (i.e., gender, relationship status, nature and impact of the incident) about the victim or perpetrator to ask about all experiences of violence, as specifically asking about sexual assault on a measurement or assessment tool may not lead to accurate conclusions (Cotter & Savage, 2019). When measuring the odds of being a victim of sexual assault in one survey, Statistics Canada uses age group, gender, marital status, history of childhood physical or sexual abuse, experience of harsh parenting, binge drinking, and marijuana use as specific characteristics (Government of Canada, 2018, p. 3).

Statistics Canada uses the following surveys to collect data on sexual assault/gender-based violence: Survey of Safety in Public and Private Spaces (SSPPS) to measure the prevalence and nature of unwanted sexual behaviours faced by many Canadians while accessing public spaces, while online, or while in the workplace; Incident-based Uniform Crime Reporting (UCR) Survey for police-reported data; and the General Social Survey (GSS) on Canadians' Safety (Victimization) for self-reported data (Conroy & Cotter, 2017; Cotter & Savage, 2019). The GSS measures three types of sexual assault among those surveyed (Canadian population over 15 years): sexual attacks, unwanted touching and sexual activity where the victim was unable to consent (Conroy & Cotter, 2017).

There are many existing assessment tools that are meant to assess the risk that an offender will re-offend against an intimate partner, yet it has been identified that although clinicians recognize the importance in routinely assessing clients for sexual assault, this is not always done (Probst et al., 2011). Existing assessment tools fall into one of three models of assessment: unstructured clinical judgement, structured clinical judgement, and the actuarial approach (Northcott, 2012). Unstructured clinical judgement tools involve the professional collecting information and rendering a risk assessment based on their own subjective judgement; in contrast, structured clinical judgement tools have a set of specific guidelines and risk factors that should be considered (Northcott, 2012). The actuarial method assigns numerical values to specific risk factors and a total score is generated through an algorithm, with the score being used to estimate the probability the offender will re-offend in a specific time period (Northcott, 2012). Strengths of the unstructured clinical judgement model is that it allows for flexibility and the professional to consider specifics about the offender, however, this model has been critiqued for lacking validity and replicability and relying too much on the professionals personal discretion (Northcott, 2012). The structural clinical judgment approach also has strengths in its flexibility as well as the way the tools are developed based on empirical evidence so links can be made between risk factors and intervention; however, this approach still does ultimately rely on the professional's discretion of the final evaluation of the total score (Northcott, 2012). The actuarial method has strengths in its

predictability and replicability, and limits in the fixed set of factors used, as well as not providing much information on violence prevention strategies (Northcott, 2012).

An example of a structured clinical judgement approach tool is the Danger Assessment (Campbell, 2019), which is a questionnaire designed to measure a woman's risk in an abusive relationship. An evaluation of the Danger Assessment showed that it can be used with some reliability as a tool to identify women who may be killed by their intimate partners (Campbell et al., 2003).

When it comes to assessing revictimization from a law enforcement perspective, it is most effective to direct crime prevention strategies at those who are most likely to be victimized (Weisel, 2005). Although it is difficult to predict the most likely victims of crime, "previous victimization is the single best predictor of victimization" and much repeat victimization occurs within a short period of time from the first crime (Weisel, 2005, pg. 2).

Studies specifically assessing sexual revictimization have looked at associations between adolescent sexual victimization and sexual victimization experiences in the first year of college (Testa et al., 2010); as well as assessed sexual revictimization through an ecological model to take a more integrated approach by addressing the structural relationship among individual, familial, community and cultural factors (Grauerholz, 2000). Studies have also assessed the effect of help-seeking on the revictimization of sexual minorities (Schramm, 2016). As well as examined alcohol and drug use, sexual behaviour, dissociation, posttraumatic symptomology, poor risk recognition, and interpersonal difficulties as linked to childhood sexual abuse (Messman-Moore & Long, 2003).

Assessments of sexual assault prevention programs have found that programs are effective at reducing sexual assault by combining both primary prevention and risk reduction approaches (Menning & Holtzman, 2015). Sexual revictimization prevention programs have used measures to assess history of sexual assault, self-efficacy (measure of the extent to which participants believed they could successfully resist forceful sexual advances), and psychological functioning (Marx et al., 2001); and focused on decreasing revictimization among child welfare-involved girls (DePrince et al., 2015).

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Measurement – Section 2 Part D – Risk Recognition & Treatment Outcome

There were 13 articles on risk recognition and 6 articles on treatment outcomes. Risk recognition and revictimization have a strong linkage and the method used to assess threat underlying behavioral responses must be investigated further. (Waldron et al., 2015) The data on revictimization in crimes such as domestic violence is often masked and inaccurate. (Weisel, 2005) Risk recognition has been linked to revictimization because of deficits in women's abilities to identify or act upon dangerous situations. Risk recognition is the ability to identify danger cues and danger situations. (Bockers et al., 2014, p.1) Risk recognition is measured by response latency that is the length of time women took to press a button to note their discomfort. (Bockers et al., 2014) It is important to link crime prevention strategies to those likely to be victimized as it makes policies more effective. (Weisel, 2005) Women who fail to exhibit self-protective behavior have an association to factors such as low self-esteem, less assertive to avoid risky situations. (Messman-Moore & Long, 2003) It is important to apply risk factors to oneself as per her interpersonal and social context while undertaking risk recognition and consider positive as well as negative consequences of self-protective behavior. (Messman-Moore & Long, 2003) Revictimized women had a longer response latency in identifying threat as compared to single-assault victims or non-victims. (Marx et al., 2001, Messman-Moore & Long, 2003) Women with higher symptomatic or high levels of hyperarousal PTSD recognized risk faster than non-symptomatic PTSD women. (Messman-Moore & Long, 2003) Those who underwent victimization during childhood have a better risk recognition as compared to those victimized and revictimized in adulthood. (Bockers et al., 2014) Treatment is a part and parcel of risk assessment strategies. Risk assessment and treatment outcomes are related in the sense that the former can be used at various stages of trial, including pre-sentencing, correctional intake and pre-release stages for making appropriate treatment plans

determining parole conditions, conditions for release and its suitability for offenders of intimate partner violence. (Northcott, 2012) Women placed in control (where no intervention/teaching/therapy were conducted) or intervention (where intervention was conducted) groups during the research study indicated that incidences of rape revictimization decreased for those women in the control group, however, an overall assessment of variables (like being overwhelmed by arguments/pressure, threat of physical force, given drugs or alcohol) indicated that there was no significant difference in rates of revictimization even after the intervention and intervention groups did not increase risk recognition abilities. (Marx et al., 2001) While some studies show that intervention groups reduced risk of revictimization, other studies show that though there is an increase in sexual assault awareness, confidence in handling difficult situations but no significant difference found in reducing sexual victimization outcomes. (Gidycz et al., 2001, p.1076, Davis et al., 2006, pp.44, 45, 52)

The studies largely focused on risk recognition and prevention methods based on what survivors should do as individuals rather than recognizing systemic concerns and methods. The studies also used 'response latency' as the primary method to determine risk recognition ability and did not explore other methods. Some studies that analyzed groups that underwent intervention did not come back with positive results of increased risk recognition suggesting that methods used for intervention were not effective. Many of these studies contradict each other – while one shows significant treatment outcome after intervention, another shows no significant treatment outcome. Most treatments focus on teaching about sexual assault, sharing stories, discussing risk reduction strategies, assertiveness and communication skills and role-plays to show protective behavior. The treatments were generalized in nature without specificity or studying uniqueness of each woman's experience.

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Measurement – Section 2 Part E – Statistics

There were 7 articles tagged on statistics. These statistics were gathered by different articles by a variety of methods, including, (1) Statistics Canada's Incident-Based Uniform Crime Reporting Survey, (2) Statistics Canada's General Social Survey on Canadians Safety (Victimization) for self-reported data, (3) Statistics Canada's Survey of Safety in Public and Private Spaces specifically on Canadians experience of

gender-based violence in public spaces, (4) literature search from academic, online, government and Canadian advocacy organizations, (5) data from Police Information Module in Quebec, (6) literature review based on person centered models and latent growth models and (7) survey conducted by research study by recruiting participants. A study conducted in a large metropolitan area in Quebec revealed that repeated victimization amounts to 26.1% of all recorded domestic violence cases. ((Ouellet et al., 2017) Where the victim is a woman and perpetrator is a man, domestic violence is 2.79 times more likely to re-occur. (Ouellet1 et al., 2017) Younger victims are more at risk and victims with criminal history or those that have experienced other types of victimization are twice as likely to be victimized. (Ouellet et. al., 2017) 2009 data from *General Social Survey of Victimisation* reveals that 6.2% of Canadians 15 years or older reported spousal violence and 17% experience financial or emotional abuse. (Northcott, 2012) Rates of revictimization according to a 2013 study showed that 57% of the partner violence survivor-participants reported multiple perpetrations by same partner and 31% showed multiple perpetrations by different partners. (Nguyen et al., 2021, p. 3082) 76% of unwanted sexual behavior is experienced by bisexual women, 61% of women aged between 15-24 years, 57% of women attending school, 54% of women who were single or never married, 51% of lesbian women, and 50% of women between 25-34 years old with prevalence being high amongst First Nations women (40%), Métis (40%), women with disability (39%) and employed women (39%). (Cotter & Savage, 2019) Nine in ten women said that a man was responsible when it came to most serious instances experienced and 30% of the women said the incident was related to alcohol or drug use of the perpetrator (however 32% of the women did not know if the incident was alcohol or drug-use related). (Cotter & Savage, 2019) 52% of women made a change in their behavior after one instance of unwanted sexual behavior. (Cotter & Savage, 2019, p.10) 18% of women reported unwanted sexual behavior in an online or virtual space in the previous 12 months with 1/3 of women being in the age bracket of 15-24 with 28% of women not knowing the perpetrator. (Cotter & Savage, 2019, pp. 11-13) 30% of women reported to having been sexually assaulted at least once since the age of 15 with 63% of bisexual women reporting this statistic and 55% of indigenous women as against 38% of non-indigenous women. (Cotter & Savage, 2019, p.16) However, the survey showed that immigrant women are less likely to report having been victimized in the past 12 months and since the age of 15. (Cotter & Savage, 2019) A 2014 report shows that more than 1 in 5 Aboriginal women is sexually assaulted and single women reported a rate 9 times higher than married or common-law women. (Conroy and Cotter, 2017) Those who rated their mental health as 'poor' were 12 times higher to be sexually assaulted as against those who rated their mental health as 'excellent'. (Conroy and Cotter, 2017) Women who undertook binge drinking in the past month to the

2014 survey reported 3 times higher rate of sexual assault as compared to women who did not. (Conroy and Cotter, 2017) Victims of sexual assault were also less likely to trust people in the neighborhood and lower confidence with the police. (Conroy and Cotter, 2017) The most common reason (71%) of victims of sexual assault did not report to the police because the crime was regarded as 'minor', (67%) because the matter was private, and nobody was harmed (63%). Only 19% of women victimized consulted a support service with most (64%) talking to a friend or neighbor, (41%) to a family member, (24%) to a coworker and (6%) to a doctor or nurse. (Conroy and Cotter, 2017, p. 18)

Intersectional statistics of revictimization is still majorly lacking as is more current research and statistics on sexual abuse or intimate partner violence revictimization. Generally, even though there are statistics on victimization, there is limited statistics on revictimization. Data is also not updated and does not reflect up to date statistics with latest survey being conducted in 2018 . Further, some data is even controversial for instance, immigrant women being less abused than non-immigrant women.

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Sexual Violence – Section 3, Part A – Sexual Victimization

Understanding sexual victimization requires that one consider the dynamics of the history of child sexual abuse and adult sexual assault. Grauerholz (2000) calls attention to the broader societal values of emphasizing traditional gender roles and promoting prejudiced views of sexual assault victims in how they might lead to repeat victimization. Victim-blaming attitudes are culprits in promoting revictimization, citing those notions of "good girl" versus "bad girl" and society's value of sexual virtue for women encourages suspicion of those who have experienced sexual abuse or assault (Grauerholz, 2000).

Pittenger et al., (2018) identify individual, familial and community factors and abuse characteristics associated with risk for revictimization. For the individual level younger children, girls, ethno-racial minority youth and those who identified mental health problems where most likely to experience revictimization. Pittenger et al., (2018), also found that some interpersonal factors such as the presence of non-caregiving adults in the home, being in mental health treatment and experiencing domestic violence in the family were responsible for increased vulnerability. It was also noted that community-level factors did not predict revictimization and only individual factors significantly predicted the risk of revictimization. There were also other interesting things that were noted in this research such as the fact that people that had been revictimized reported being younger compared to those that were singly victimized. It was also noted that ethno-racial individuals with lower socioeconomic status and other minorities were more likely to be revictimized.

This research focused on individuals from Lincoln Nebraska, therefore it is limited in its population scope and it makes no mention of immigrants when discussing the likelihood of minorities being revictimized. Immigrants can sometimes fall under the lower socioeconomic class and this in conjunction with the language barrier could potentially have an impact on revictimization. Additionally, it does not mention anything about people of other sexualities or genders, rather just focuses on girls and boys and heterosexual interactions.

Sexual Violence is a significant problem with serious consequences for women's well-being, including an increased risk of subsequent RV (Macy, 2008). DePrince, (2013) purported that victimization leads to reduced risk detection and executive function. Risk detection and executive functioning are potentially

dangerous disruptions in the ability to detect and respond to risky situations or people due to problems in executive function. According to (DePrince, 2013) the ability to notice and respond to cues requires a range of cognitive skills that are collectively referred to as executive functions. Executive Functioning skills refer to as set of attention skills, including the ability to shift, inhibit and focus attention; maintain focus in the face of distracting information; updating new information in the working memory system; think flexibly about potential solutions; plan and initiate actions. Child abuse is linked to a deficit in executive function which leads to a higher risk of being taken advantage of and entering risky dating situations because of a failure to detect violations of social and safety information. Adolescent girls who were previously abused had a high risk of revictimization in teen dating relationships and revictimization in adolescents puts girls at higher risk for adulthood intimate partner violence because they are five times more likely to not report sexual victimization (DePrince, 2013).

Exposure to sexual or physical violence in childhood is a strong general risk factor for exposure to violence as an adult (Kimerling et al., 2007). Adverse childhood events including sexual abuse have an impact on the elevated levels of victimization. Prior sexual victimization led to individuals taking longer to indicate that they would leave a threatening situation and were more likely to use less direct and assertive forms of resistance (Noll & Grych, 2011). The read-react-respond model describes the processes involved in adaptive responses to sexual pressure or coercion and identifies how disruptions in these processes can increase the risk for victimization. This process involves reading for cues, reacting to perceptions of threat triggers and then giving a behavioural response to the threat triggers. Noll & Grych (2011) concluded that experiencing child sexual abuse has an influence on how adolescent females read potentially dangerous situations. Sexual attitudes, attachment styles, emotion decoding, alcohol and drug use are four factors that influence how adolescent females read potentially dangerous situations that may be influenced by experiencing child sexual abuse.

Almost half of child abuse survivors are sexually victimized in the future (Walker et al., 2019). According to Coid et al., (2001) repetition and severity of childhood abuse were independently associated with specific types of adult victimization. Unwanted sexual intercourse during childhood is associated with domestic violence in adulthood while severe beating by parents or carers in childhood is associated with domestic violence, rape, and other traumas. Edalati et al. (2016) highlighted that exposure to all types of sexual abuse in childhood maintained a strong direct association with victimization in adulthood, regardless of demographic characteristics, including age, ethnicity, marital status, education level, and

housing situation. The cumulative experience of childhood maltreatment was consistently associated with the cumulative risk of experiencing adult victimization. Gender had no significant effect on these relationships (Edalati et al., 2016).

Experiencing childhood abuse may have a negative impact on a woman's capacity to perceive risk during a potential IPV experience and findings indicate that victimization history is associated with increased risky behavioural intentions among victims. These findings from Nguyen et al. (2021) indicate that for survivors of violence, learning history and other cultural/sociocultural factors, perhaps more so than trauma symptoms, may play a significant role in women's risk perception and protective responses to future victimization. (Nguyen et al., 2021). Individuals who experienced multiple types of abuse were three, six, and seven times more likely than those who experienced no abuse to have experienced physical abuse, IPV, and sexual victimization, respectively (Butler et al., 2020). The strongest predictor of each adulthood violence outcome was experiencing multiple forms of abuse in childhood (Butler et al., 2020).

Child sexual abuse survivors report long-term harm to their mental health, sexuality, and intra- and interpersonal relationships. Gender differences in response to child sexual abuse have been reported with women tending to internalize their experience (i.e., mood disorders) and men tending to externalize the abuse (i.e., physical aggression or violence) (Henning et al., 2018). Henning et al., (2018) found similar traumatic-causing dynamics such as traumatic sexualization, stigmatization, powerlessness, and revictimization in both men and women However, women survivors of CSA may be living with a residual sense of shame or embarrassment caused by the CSA experience and an associated sense of powerlessness. A sense of distrust and betrayal from CSA is also a strong memory among women survivors. Thus, survivors may not report on their experiences for fear of social stigmatization and risk of having to psychologically re-experience the trauma. Furthermore, developmental arrest is a major risk for women with a history of CSA, as well as other devastating long-term effects, which have yet to be fully estimated (Henning et al., 2018).

Wager (2011) found that individuals that experienced a period of amnesia due to their abuse are at greatest risk for sexual revictimization during this amnesic phase. Intervention endeavours tend to target only known victims of child sexual abuse and negate the needs of these unrecognized victims, who are at greatest risk. Universal psycho-educational programmes aimed at reducing the risk of sexual

assault demonstrate a level of success for some young people, they have been found to be ineffective with those with a history of CSA because the focus of intervention is to facilitate enhanced risk-detection and the use of escape/avoidance behaviours in sexually threatening situations. If an individual automatically dissociates in response to a threat they are unlikely to be able to utilize newly learned behaviours.

Survivors of child sexual abuse demonstrated a significantly greater risk of experiencing sexual assault in adolescence in comparison to their non-abused counterparts. Wager (2011) found that survivors that reported amnesia for abuse-related memories had a higher rate (6 times) of adolescent revictimization than those who retain the memories. Experience of child sexual abuse predicts future revictimization with a three times higher risk of revictimization. Factors such as socioeconomic demographic, ethnic minority status and the gender of the victim also have an impact on revictimization because these people are less likely to access psychotherapeutic interventions. Dissociation is another major factor that has an impact on revictimization because victims are less able to monitor their surroundings for possible risk factors, they cannot identify many danger cues and are less able to initiate escape abilities thereby attracting risky encounters and making them suitable targets (Wager, 2011).

Risk factors for sexual victimization i.e., alcohol consumption, casual sex, and ambiguous communication were linked to sexual victimization due to their translation into risky sexual behaviour (D'Abreu et al., 2016). Pornography use was indirectly linked to sexual victimization through its influence on risky sexual scripts and sexual behaviour. Child sexual abuse predicted sexual victimization. Experience of violence in the family, early sexual debut and a higher number of sexual partners was associated with a higher risk of revictimization. The residual effects of early childhood family environment and childhood physical abuse also indirectly predict sexual revictimization (Fargo, 2009). The relationship between child and adult sexual victimization is complex and there are many intermediary factors that affect the risk for a heightened vulnerability to sexual revictimization (Fargo, 2009).

According to Filipas & Ullman (2006) aside from child sexual abuse, sexual attitudes, and PTSD, indicators of maladaptive coping responses such as alcohol use and increased sexual activity were predictors of future victimization.

The relationship between sexual victimization either as a child or adult, PTSD, and revictimization may form a feedback loop such that sexual victimization leads to PTSD, which in turn increases the risk of revictimization and subsequent increased PTSD symptoms (Ullman et al., 2009). There is also evidence that the relationship between substance use and sexual victimization is bidirectional (Ullman et al., 2009).

Just like previous research, (Gold et al., 1999) acknowledged that women who were victims of child sexual abuse are at an increased risk of revictimization. Women with a childhood sexual abuse experience are at least twice as likely to be revictimized as an adult. A child sexual abuse survivor with an insecure attachment style, especially if the style reflects a negative attitude toward self and a positive view of others, may be prone to seek out men to validate her worth and to help her feel cared for and valued. Given that a certain percentage of men are sexually aggressive, the more men that a women dates, the greater her chances of encountering a sexually aggressive man.

Hyper-femininity refers to an extreme adherence to a traditional and stereotypic gender role. Rigid adherence to such traditional gender roles is associated with an increased risk for involvement in sexual aggression for both men and women. Hyperfeminine women, who are attracted to more "macho men" may value relationships with men so highly that they stay in relationships with aggressive men rather than face being alone (Gold et al., 1999).

Following their meta-analysis of revictimization rates (Roodman & Clum, 2001) purported that the inclusion of physical abuse in the definition of revictimization should also be considered by researchers. Some of the studies they encountered found that child physical abuse significantly predicted adult victimization more so than child sexual abuse. Physical abuse is undoubtedly occurring in these samples, but it is not being investigated in most studies and, therefore, the true effects of this variable are unknown.

Sexual victimization is prevalent on US college campuses and has received national attention. Adolescent sexual victimization was an important predictor of sexual revictimization in college women; blackout drinking may confer a unique risk for revictimization (Valenstein-Mah et al., 2015). According to Testa et al. (2010) adolescent sexual victimization was associated indirectly, via high school risk behaviours, with increased first semester college risk behaviours, which were, in turn, strong predictors

of sexual victimization experiences in the first year of college. (Decker & Littleton, 2018) concluded that reduction of these primarily alcohol-related risk-taking behaviours may reduce vulnerability to college sexual victimization. An estimated 20 - 25% of women will encounter sexual assault during their college years. Undergraduate women have an annual projected rape rate that is 5 times higher than the general population. Being a victim of sexual violence, particularly rape can have an impact on college students' psychological health, overall well-being and academic performance thereby leading to unhealthy coping mechanisms which put them at a greater risk of being revictimized (Decker & Littleton, 2018).

Research shows that college women with a history of sexual assault supports and women who accept rape myths are at increased risk for sexual assault (Decker & Littleton, 2018). Sexual scripts that state that men initiate sex and women are gatekeepers reinforces ideas that men cannot control their sexual urges whereas women can. These scripts allow for a society where rape myths persist and the responsibility of revictimization is placed on the woman.

Norris et al. (2021) note that prior history of victimization is a strong predictor of sexual victimization in college. Alcohol consumption and intoxication is a major contributing factor to college women being revictimized because it impairs women's abilities to identify and respond to risk in sexual scenarios. Risky sexual behaviours such as hookups and numerous casual sex partners also contribute to the victimization-to-revictimization pathway because this exposes women to men who are more likely to commit assaults (Davis et al., 2006). Messman-Moore et al. (2010) noted that emotional dysregulation had an indirect effect on revictimization via its impact on risky sex, but also retained a significant direct effect on revictimization. Risky sexual behaviour is a significant direct relationship between emotional dysregulation and revictimization. Therefore, emotional dysregulation is a critical mechanism to address, and that doing so may reduce rates of risky sexual behaviour and subsequent revictimization. Although risky behaviour with a regular partner did predict revictimization, such behaviour within a relationship may often lead to other negative outcomes, especially given that risky sexual behaviour is a stronger predictor of sexual victimization by non-intimate perpetrators (Messman-Moore et al., 2010).

Classen et al. (2005) stated that two out of three individuals who have been victimized will be revictimized at some point in their lifetime. Other factors such as the experience of childhood sexual abuse, the severity of sexual abuse, childhood physical abuse and the recency of sexual victimization have an influence on the risk of revictimization. The likelihood of sexual revictimization increases with

cumulative trauma. Other demographic factors such as being a member of an ethnic minority or having a dysfunctional background increase the risk of revictimization. Relyea & Ullman(2017) found that white women had lower rates of revictimization compared to Black women in America.

Experiences of adolescent sexual victimization increase depressive symptoms and substance use, which increase target attractiveness and exposure to motivated offenders, while reducing guardianship (Culatta et al., 2020). Some offenders choose targets who have already been victimized because they are aware that they have reduced levels of risk recognitions which makes them easier targets. There is a correlation between sexual victimization, depressive symptoms, and sexual abuse, these are all factors that work collaboratively to increase the risk of revictimization.

Iverson et al. (2013) found that PTSD hyperarousal symptoms, dissociations, engagement coping and disengagement coping significantly predicted physical IPV revictimization. Disengagement coping was associated with higher revictimization risk whilst engagement coping was associated with lower revictimization risk. Disengagement coping is using more passive techniques such as problem avoidance, wishful thinking, self-criticism, and social withdrawal which often leads to withdrawal, therefore, increasing the risk of revictimization. Engagement coping is actively engaging in problem-solving, cognitive restructuring, expressing emotions and social support subscales. It was found that following Cognitive Behavioural therapy, there was a reduction in PTSD symptoms which reduces the risk of revictimization. Some PTSD symptom clusters such as hyperarousal and dissociation were linked to predicting revictimization because dissociation for example hinders information processing during potentially risky situations which increases the risk of revictimization (Iverson et al., 2013). PTSD symptoms in adulthood may lead to alcohol-related problems via drinking to regulate emotional experiences (Hannan et al., 2017)

Kuijpers et al. (2012) highlights that PTSD is a consequence of victimization and a risk factor of revictimization. There are four PTSD symptom clusters i.e., reexperiencing, arousal, avoidance, and numbing. PTSD re-experiencing symptoms predict re-victimization of partner violence and physical IPV revictimization whilst the other three clusters have no correlation with revictimization. IPV victims with higher levels of PTSD reexperiencing symptoms may be more likely to perpetrate psychological IPV themselves.

According to Dutton (1996) victimization often leads to PTSD which leads to increased vulnerability to revictimization. There are several pathways to revictimization such as numbing of responsiveness, reduced energy levels, suicidal or self-harm, downward social mobility. These can lead to dependency on others, anger and hostility, damage of self-perception causing a decrease in the likelihood of taking protective action and diminishing the ability to develop healthy emotional attachments. They will often idolize the perpetrator, normalize violence and stereotype gender role socialization leading to an inability to set boundaries, lack of protection and less likely to seek help and utilize available resources.

Dutton(1996) states that the best mode of prevention is risk assessment and safety planning such as universal violence screening, however universal violence screening can only be in effect if the victims seek help and if they actually go to a medical center or hospital which most victims do not, therefore, they are unable to benefit from this universal violence screening. The several protocols that are in place for risk identification and assessments are limited to people that actively seek help therefore limited in scope and reach.

Whilst exploring the impact of homelessness on the youth, Wright et al. (2021) noted that experiencing houselessness puts adolescents and young adults at high risk for interpersonal victimization while on the streets, they also report a higher rate of victimization before leaving their homes. Common psychological reactions to victimization (such as PTSD and depression) may contribute to differences in behaviours that reflect attempts to cope with the consequences of victimization, while also increasing the risk of revictimization. Avoidance or dissociation symptoms may reduce the ability to detect risk in offenders or situations (Wright et al., 2021). Similarly, vulnerability may increase for individuals experiencing symptoms of PTSD or depression due to their lowered perception of risky situations. Unhealthy coping mechanisms also increase the likelihood of revictimization. Unstable housing increases the risk of revictimization and the potential for psychological distress which makes them more vulnerable for further revictimization.

Homelessness is an exosystem factor that has an impact on the increased likelihood of revictimization (Tusher, 2007). Being homeless can increase one's vulnerability or potential exposure to other potential traumas, through realities such as being restricted to public transportation, working late hours, and spending time or living in high crime areas. The homeless women were more likely to report physical and sexual child abuse, and that they had been physically abused or threatened with violence as an

adult. Consideration of homelessness as a moderator of the revictimization relation conceptualizes homelessness as an additional risk factor to child abuse for adult victimization in some groups.

Poister Tusher & Cook, 2010) found that victimization histories have been linked with criminal activity and incarceration. Findings across studies suggest that rates of most types of traumatic events are higher for incarcerated women than women not in prison. Few studies have examined revictimization in incarcerated women, and community samples typically include primarily young White women and lack diversity in terms of race, age, and socioeconomic status (Poister Tusher & Cook, 2010). However, it is important to note that the sample selection affects rates of revictimization, college students are more commonly used in these studies, therefore, results from these samples cannot be generalized to other samples such as marginalized women.

Rates of child abuse and revictimization were higher for incarcerated women than for nonincarcerated women. Rates of physical revictimization for incarcerated women indicated that these women rarely experience only child abuse; almost all were revictimized in adulthood. Incarcerated women were 2 to 3 times more likely to report adult victimization than women who were not incarcerated after accounting for the effect of child abuse. The mental health needs of marginalized women cannot be overlooked in the provision of services, and prisons and indigent care centers should be more aware that most of the inmates and patients, respectively, have been victimized, often by an adult caretaker, intimate partner, or both (Poister Tusher & Cook, 2010)

Individuals who are lesbian, gay and bisexual are at a high risk of being victimized by intimate partner violence and sexual abuse, they are more likely to experience revictimization and polyvictimization (Daigle & Hawk, 2021). Polyvictimization is the experience of different types of victimization experiences that can carry negative consequences for victims. LGB females had a higher risk of being victimized, revictimized, and polyvictimized when compared to their heterosexual counterparts. Fewer differences emerged between LGB males and male heterosexuals (Daigle & Hawk, 2021).

Morris & Balsam (2003) found that over 60% of LGB women in their study reported experiencing bias-related victimization because they are a sexual minority. 39.3% report sexual victimization before the age of sixteen and 36.2% at age sixteen or older. Each type of victimization was significantly related to current psychological distress, and the more types of victimization a participant experienced, the greater

the psychological distress. In addition, there were significant differences in the history of victimization by race/ethnicity. Native American participants reported the highest rates followed by Latinas, African Americans, Asian Americans, and Whites. Lesbian and bisexual women, who must contend with homophobia as well as racism and sexism, could conceivably experience even greater vulnerability (Morris & Balsam, 2003)

There were no significant differences between sexual minority women and heterosexual women in terms of the contextual features (i.e., situational, interpersonal) of their most distressing (i.e., severe) sexual victimization experiences or their post-assault experiences (López & Yeater, 2021). However, results revealed significant associations between sexual minority status and victimization severity and sexual revictimization, with sexual minority women reporting more severe victimization histories and higher rates of sexual revictimization relative to heterosexual women. Additionally, sexual minority women reported more substance use relative to heterosexual women. Future work should endeavour to identify the reasons for these important differences and seek to develop appropriate interventions for sexual minority women who have experienced sexual violence.

The coming out process may influence how victimization experiences affect sexual minority women by either helping women regain control of the situation by allowing them to come out and facilitating their post-victimization recovery or by hindering their ability to come out to others. Childhood sexual victimization disproportionately burdens sexual minority women, and that sexual minority women report higher rates of childhood physical and emotional abuse (López & Yeater, 2021).

Results from a longitudinal study by (Schramm, 2016) show that sexual minorities were approximately two times more likely than their heterosexual counterparts to be victims of IPV. The lifetime prevalence of physical IPV victimization was 36.3% of lesbian women, 55.1% of bisexual women, and 29.8% of heterosexual women. Bisexual women were significantly more likely to report severe physical IPV (49.3%) than lesbian (29.4%) or heterosexual (23.6%) women. Approximately one in every three heterosexual victims of IPV was re-victimized as compared to one in every four sexual minority victims. This added risk for re-victimization faced by sexual minorities means that the negative consequences associated with violence victimization, including detriments to mental and physical health, are more likely to be compounded in this population by continued violence. (Schramm, 2016)

Cotter & Savage (2019) found that the prevalence of unwanted sexual behaviours increased depending on age and sexuality as sexual minorities and younger individuals were more likely to get unwanted comments about their sexuality. Lesbian, gay, and bisexual Canadians are more likely than heterosexual Canadians to experience violent victimization.

Besides gender, being younger, having experienced harsh parenting, having been physically or sexually abused by an adult during childhood, and being single, never married, all play a role in experiencing gender-based violence. Indigenous identity increased the odds of experiencing unwanted sexual behaviour in public among men by 1.6 times compared to non-Indigenous men when controlling for other factors. More specifically, when disaggregating to examine the odds among First Nations, Métis, and Inuit men separately, the odds were higher among Métis men but not among any other group of Indigenous men (Cotter & Savage, 2019).

Being a minority is linked to discrimination, which produces stress. This stress may lead individuals to engage in coping strategies that may enhance their victimization risks, such as using alcohol or illicit drugs. Engaging in such behaviours allows offenders to perceive them as vulnerable targets, and these behaviours are linked to their initial victimization risk, if they continue to participate in these actions, their likelihood of experiencing subsequent victimizations will be heightened (Daigle & Hawk, 2021).

Social support is an extra individual factor that may be relevant in determining the likelihood of a woman being revictimized (Mason et al., 2009). This details the way people in a survivor's immediate or distant environment respond when she discloses her victimization. Responses and reactions can provide support and may affect her recovery; therefore, negative responses and reactions have the potential of being a contributing factor to revictimization. Responses from others could lead to self-blame which may increase survivors indulging in negative behaviour such as excessive use of alcohol and drugs, this leaves her vulnerable to the risk of revictimization. Negative social reactions have a detrimental effect on recovery (Mason et al., 2009).

Women with a history of rape or attempted rape were two times more likely to experience sexual assault during college. Women with a history of victimization have an inadequate response to risk cues which can account for increased vulnerability to revictimization. The combination of the psychoeducational program developed by Hanson and Gidycz (1993) with a modified relapse-prevention

approach that included identification of high-risk situations, problem-solving, coping skills training, assertiveness training, and the development of communication skills was used for a revictimization prevention program and was effective in reducing the incidence of rape revictimization by increasing feelings of self-efficacy in resisting sexual aggression (Marx et al., 2001). Therefore, there should be more programs that are specifically targeted at preventing revictimization rather than the general programs that address risk recognition.

The life course perspective states that previous experiences impact current vulnerabilities to abuse or the use of relational aggression as well as current and long-term health outcomes. Etherington & Baker (2018) identify that there are three levels of protection: the primary level which is activated before the occurrence of victimization or use of aggression by preventing the development of associated risk factors. The secondary level targets individuals with a higher risk of experiencing victimization or using aggression such as in low-income households or lower socioeconomic classes. The tertiary level which comes into play after victimization and the use of aggression has been identified and then focuses on minimizing the impact of victimization for survivors and decreasing the risk of recurring use of aggression.

It was extremely important that this research acknowledges that women and girls are not a homogeneous group and pathways to revictimization, or the use of relational aggression may operate differently for different individuals. Urquiza & Goodlin-Jones (1994) acknowledge that there may be many different cultural factors that contribute to these differences.

Waldron et al. (2015) prove that there is a physiological blunting across the autonomic nervous system after victimization has occurred. Individuals who have suffered child sexual abuse or suffered victimization as an adult are not able to physiologically recognize the sexual threat, therefore they are at greater risk of sexual revictimization. This lack of response to sexual cues may make these women unaware of threatening situations and therefore less likely to leave these situations. This study is important because it highlights how psychoeducation could be an important stage of recovery to help women identify future potential threat cues. This could include training related to identifying and monitoring social cues, emotional cues, and/or physical cues associated with risky situations or people.

There are certain factors that are linked to domestic violence and revictimization such as gender, alcohol, race and ethnicity, mental disorders, personality traits, family context, social and cultural context, marital and cohabitation status, minorities, socio-economic e.g. income status, educational or occupational disparity within a relationship, childhood violence and power disparity (Mears, 2003).

Tarzia (2021) concluded that intimate partner sexual violence (IPSV) is associated with mental health issues. Tarzia examines the 'invisible impacts' of IPSV which may be the pathways that cause trauma. Trauma-informed principles are important as a starting point for dealing with SV, but practitioners and service providers working with women victims/survivors should consider addressing the sense of acute betrayal survivors may be feeling as well as trying to ameliorate women's self-blame and shame.

Mears (2003) highlights that there are different interventions for reducing domestic violence revictimization. Mears defines domestic violence to include any form violence on intimate partners including physical, verbal, emotional, or sexual violence. Legal interventions include reporting requirements, protective or restraining orders, arrest, treatment for offenders, criminal prosecution, and specialized courts. There are also systemic approaches that focus on integrating law enforcement, the courts, social and health agencies with advocacy organizations e.g., criminal justice personnel training. There are also social interventions such as shelters, support groups, and advocacy services. We also have Mental Health Services and screenings, and identification and medical care which fall under Health Services.

Clinicians agree that knowledge of clients' sexual victimization histories is invaluable in conceptualizing cases and choosing treatment interventions (Probst et al., 2011).

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Sexual Violence – Section 3 Part B – Rape & Sex Offenses

There are 13 articles under the categories of rape and sex offenses, mostly from North America. There can be triggering material under these categories. “Females who were sexually abused in childhood are especially vulnerable to revictimization: this population is 2–3 times more likely to be sexually assaulted in adolescence and adulthood than females without a sexual abuse history” (Noll & Grych, 2011, P. 2). Therefore, the understanding of why this is, is essential for the women’s development and this paper uses the read-react-respond model to try and gain an understanding.

All the papers agree that there is a lack of data on revictimization and lack of data between genders (Walsh et al., 2020). Walsh et al. (2020) show a 64% prevalence of sexual revictimization in a study of 305 college students in America, with an incidence rate of 20-25% of college women experiencing sexual assault during college. “Repeat victims had concerning substance use and unprotected sex patterns and were less likely than singly victimized students to use alcohol harm reduction behaviors.” (Walsh et al., 2020, p. 683). Another study also focussed on college students, on a more systemic level of what could be done in micro/macro systems, and argues that this could improve institutions’ immediate response, as well as change the general cultural acceptance of rape (Decker & Littleton, 2018).

Sexual revictimization prevalence was linked to alcohol and in several studies (Hannan et al., 2017; Ullman et al., 2009), the latter also mentioning numbing symptoms as a result of PTSD to be a factor. This is related to the risky sexual behaviour seen in many women with a history of sexual abuse from

childhood. (Messman-Moore et al., 2010). Messman-Moore et al. (2010) name this behaviour as one of several proximal risk factors for revictimization. Both alcohol and risky sexual behaviour are also mentioned to be a tool for regulating emotions or a way of handling PTSD (Hannan et al., 2017).

Studies have also been made into intervention programmes to limit sexual revictimization in adult women (Mouilso et al., 2011), with a moderate to positive result in the reduction of risk. Messman-Moore & Long (2003) also covered clinical intervention and prevention programming. They all argue that whilst it seems there are some positive outcomes, there is not enough research conducted into their effectiveness in certain areas, such as self-reported sexual victimization and aggression (Gidycz et al., 2001).

Most of these studies and articles are very aware of their shortcomings and limitations. They all agree that more research is needed in this area. Messman-Moore & Long (2003) have specific suggestions, arguing that "Future studies should also consider in more depth the context of sexual activity… the nature of the relationship with the perpetrator… and perpetrator characteristics" (Messman-Moore & Long, 2003 P. 974). Urquiza & Goodlin-Jones, 1994) specifically argue that more research is needed into the relationship between rape of women of colour and sexual revictimization as a result of child sexual abuse, as a study from 1987 shows that where 16% of white women reported rape, a substantial 40% of native American women reported rape. They are basically arguing that, as with everything else, we should take an intersectional approach to further research.

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Sexual Violence – Section 3 Part C – Battered Women

There are 4 articles under the tag of *Battered Women*. Note that this term is mainly used in Canada and is not an official term in many other countries, hence this term might be triggering for people outside of Canada and some of the articles have been tagged as such, regardless of whether this specific term was actively used. None of these articles go into depth about revictimization specifically, and this should be noted when looking through the lens needed for this specific research.

The Medical Dictionary defines it as a woman who has been physically or sexually assaulted by a partner or former partner. Tarzia argues that there is very little understanding of the mechanisms that cause trauma to these survivors (Tarzia, 2021). She used the method of interpretative phenomenological analysis to gain a deeper understanding and reached four themes of the core of Intimate Partner Sexual Violence, which I've summarized here: Betrayal and loss of trust; Sexual violence impacts women in a different way to physical/psychological violence; dehumanizes you; long term impact on sexuality and relationships. The result was clear – more research is needed, but a few suggestions were made to practitioners: address the sense of betrayal and aim to eliminate women's self-blame and shame. Support them to deal with long-lasting impact and acknowledge that sexual assault needs a different approach than other IPV victims.

Other authors, such as Abraham & Tastsoglou, have looked further into the systematic issues of immigrant and racialized women (their term) and what role the states play. (Abraham & Tastsoglou, 2016). They argue that violence against women is highly linked to cultural factors that subordinate women, such as limited rights. This is written as a critical literature review and therefore focuses more on the structural aspect of our issue and not so much on the immediate help for survivors. McDonald makes the same argument and goes into more depth as to how culture plays a part in the perception of women in different countrie (McDonald, 2018). They argue that there are different outcomes of different studies, but some show immigrant women to be of higher risk of IPV than natives (in Europe specifically).

Authors like Campbell has a more direct approach, as they're analysing the Danger Assessment and found, that despite of limitations, it can with some precision predict whether a battered woman is in danger of being killed by an intimate partner (Campbell et al., 2003).

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Interpersonal Violence – Section 4 Part A – IPV

There were 18 articles tagged as IPV. IPV is the most common type of violence against women affecting 30% of women globally. (McDonald, 2018) Women who experience IPV from multiple partners after leaving an abusive partner as opposed to one partner have a significantly stronger tendency to have a history of trauma (childhood emotional, physical, sexual abuse and witnessing parents' physical abuse) and these women's risk of IPV is increased by characteristics of violence in previous relationships such as serious violence and stalking. (Ørke et al., 2018) In studying victim-related psychological mechanisms to understand IPV revictimization, it was found that from a gender perspective, an anxious attachment style puts the victim at a risk for revictimization and from a mutual IPV perspective, avoidant attachment style (rejecting/pushing away partner) puts the victim at risk of revictimization. (Kuijpers et al., 2012) Another study researching the relation between PTSD and IPV revictimization indicated that history of repeated IPV builds frustration and negative emotion in the victim causing psychologically violent outbursts from the victim which in turn increases risk for IPV revictimization. (Kuijpers et al., 2012) Intimate partner sexual violence (IPSV) encompasses both IPV and sexual violence, which can occur standalone or along with other types of abuse (physical, emotional, financial) where sexual contact instead of being intimate is experienced as a gendered violence perpetrated by someone the woman should have been able to trust. (Tarzia, 2021) IPSV has been linked to PTSD, depression, anxiety, shame,

hyperarousal and suicidal ideation and the impact of IPSV on women has been scarcely studied in research. (Tarzia, 2021) In an Australian study, invisible impacts of IPSV were found as confusion, betrayal, emotional vulnerability during intimacy, shame, inability to defend, numbing effects that were described as worse than physical or psychological violence with repeated themes of self-blame and loss of self-esteem. (Tarzia, 2021) DEI (Disability, Elderly, Immigrant) women have a significantly higher risk of IPV, but statistics differ based on whether studies have used population-based methods or clinical-based sample data with the former showing lower rates for immigrant and elderly women possibly due to language barriers or ambiguity on definition of 'elderly'. (Sasseville et al., 2020) While risk factors (individual, environmental, relational) have been developed to study IPV amongst DEI women, the context of vulnerability on these factors is not known because of generic nature of risk factors. (Sasseville et al., 2020) With Canada's neoliberal policies in the last two decades oriented to meet economic class immigrants to meet labor market demands, women from Global South are more likely to get excluded, become dependents, less access to education and work in a points-based system resulting in immigration policies reinforcing gender norms and male hegemony that disadvantage women post-migration to Canada with immigration status being tied to their sponsor. (Jayasuriya-Illesinghe, 2018) A review of literature on IPV faced by immigrant women in Canada showed immigrant women differ in perceptions and experiences of IPV as well as coping strategies, inadequate policies and services to meet their needs and research has a tendency to pathologize immigrant women or immigrant communities. (Okeke-Ihejirika et al., 2020) Mail order brides are a source of high risk of violence and death as these women migrate from poor countries with little or no access to information about their partner, hoping to escape to a developed country for a better life. (McDonald, 2018) When it comes to South Asian women experiencing IPV in Canada, women struggle to leave abusive relationships because of shame upon community and families, double victimization by people who they reached out for help and risk of losing community support. (Aujla, 2021)

The articles identified risks of IPV and literature reviews of IPV consisting of different groups of women, however, revictimization still remains an area that has limited research. Ironically, even the few articles that did study revictimization focused on the victim's psychology rather than understanding what structural and societal factors can be implemented to prevent revictimization, placing the burden of revictimization on the victim. While many studies theorize the risks for IPV or impacts of IPV on women, little do the job of creating tools to enable preventive mechanisms and information on how to enable women to leave abusive relationships as well as strategies for women to cope in future relationships after having experienced IPV.

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IPV – Section 4 Part B – Domestic Violence & Survivors of Abuse

There were 21 sources on domestic violence and survivors of abuse, with sources specifically covering the United States (Abraham & Tastsoglou, 2016; Decker & Littleton, 2018; Mason et al., 2009; Nguyen et al., 2021; Urquiza & Goodlin-Jones, 1994; Weisel, 2005), Canada (Abraham & Tastsoglou, 2016; Etherington & Baker, 2018; Ouellet et al., 2017), the United Kingdom (Coid et al., 2001), Brazil (D'Abreu et al., 2016), and Germany (Bockers et al., 2014). Childhood sexual abuse is consistently shown to increase the risk of revictimization (D'Abreu et al., 2016; Messman-Moore & Long, 2003; Scully, 2020; Walker et al., 2019). Ecological approaches are often used to understand revictimization and evaluate responses and prevention of revictimization (Decker & Littleton, 2018; Grauerholz, 2000; Mason et al., 2009; Messman-Moore & Long, 2003). Other tags that were frequently used in sources tagged with domestic violence and survivors of abuse were: child abuse, risk assessment, prevention, revictimization and vulnerability.

Causes/Influences

Child sexual abuse survivors are consistently shown to be at a greater risk of victimization later in life (D'Abreu et al., 2016; Messman-Moore & Long, 2003; Scully, 2020; Walker et al., 2019). A theoretical model found that "the psychological impact of being a woman with a history of child sexual abuse increases the risk of revictimization" (Gold et al., 1999, pg. 466-67). However, in terms of explanatory variables, there is limited or mixed support for the role of intrapersonal factors, aside from sexual behaviour, in revictimization; this shows a need for ecological frameworks when investigating this relationship (Messman-Moore & Long, 2003).

Ecological models have shown how the victim's personal history, the relationship in which revictimization occurs, the community, and the larger culture, can multiply determine sexual revictimization (Grauerholz, 2000); and how college programming can be developed to improve institutional responses and reduce sexual revictimization (Decker & Littleton, 2018). Additionally, risk recognition ability, attachment anxiety, self-efficacy, and state dissociation have been shown to play a key role in revictimization (Bockers et al., 2014). Risky sexual behaviour was linked to sexual victimization among female and male Brazilian college students as a result of risk factors including: alcohol consumption, casual sex, and ambiguous communication (D'Abreu et al., 2016). Severe beatings by parents/carers and unwanted sexual activity (<16 years) has been shown to be associated with domestic violence in adulthood (Coid et al., 2001).

Immigrants from countries where “anti-woman cultural practices” are prominent are especially vulnerable to domestic violence; additionally, immigration laws can disadvantage these women (McDonald, 2018, pg. 75), and mail order brides face a high risk of violence and death as a result of domestic violence (McDonald, 2018). The role of the Canada and the United States in addressing domestic violence has been shown to impact immigrant and racialized women facing domestic violence (Abraham & Tastsoglou, 2016). Among Asian American women, one study showed 20-50% reported experiencing partner violence, with nearly half of the victims experiencing their first assault between the ages of 18-24 (Nguyen et al., 2021). Therefore, a broader cultural context is needed when viewing sexual victimization, especially as one study found the majority of women who had been raped in adulthood had suffered child sexual abuse, however, women of different ethnic backgrounds were impacted differently (Urquiza & Goodlin-Jones, 1994).

Responses

Survivors of abuse face increased vulnerability to revictimization in the form of sexual assault, domestic violence and sexual harassment (Dutton, 1996; Scully, 2020); revictimization can also occur when violence and abuse is continued by the initial offender over time or when domestic violence is chronic (Dutton, 1996). Domestic violence victims face a high likelihood of repeat victimization if no protective measures are taken, and this can occur within a short time period and offenses do not always take place in the same location (Weisel, 2005).

Revictimized and non-revictimized survivors differ in who they disclose their assault to (Mason et al., 2009), and revictimized survivors are more likely to receive victim-blaming reactions and less informational and emotional support (Mason et al., 2009; Scully, 2020).

There are many ethical considerations when researching sexual revictimization, including avoidance of harm (both to participants and researchers), anonymity of participants, and potential impacts of participating in trauma research (Wager, 2011). Better data is needed to understand and evaluate efforts and interventions to reduce revictimization of domestic violence (Mears, 2003); however, understanding how the violence developed, victimization experiences, and criminal background has been shown to be important in explaining recidivism of domestic violence (Ouellet et al., 2017). One tool to assess the risk a woman faces of being killed by her intimate partner is the Danger Assessment, which is a series of 15 questions administered by a practitioner and designed to measure a woman’s risk in an abusive relationship (Campbell, 2019).

Prevention strategies to address revictimization need to be intersectional and multi-level to address all levels of prevention (primary, secondary, tertiary) across all ecological levels (individual, family, school, community, society) and life stages (infancy, childhood, adulthood, old age) (Etherington & Baker, 2018).

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IPV – Section 4 Part C – Multiple Victimization & Polyvictimization

There were 19 sources on multiple victimization (other terms in the literature include repeat victimization and revictimization) and polyvictimization, with sources specifically covering the United States (Aujla, 2021; Daigle & Hawk, 2021; Davis et al., 2006; Decker & Littleton, 2018; DePrince, 2013; Fargo, 2009; Schramm, 2016; Tusher, 2007; Walsh et al., 2020; Weisel, 2005), Australia (Tarzia, 2021), and Canada (Cotter & Savage, 2019). Revictimization is defined as the same type of crime incident being experienced by the same victim within a certain period of time (Weisel, 2005); the occurrence of two or more instances of violence (DePrince, 2013); and victimization occurring at different points in time (Tusher, 2007). Revictimization is often linked to child sexual abuse victims being victimized later in life (Grauerholz, 2000), and women who are victims of sexual assault are at a higher risk than other women to be victimized again (Davis et al., 2006). Revictimization is commonly examined through an ecological framework (Decker & Littleton, 2018; Grauerholz, 2000; Pittenger et al., 2016). Polyvictimization is often experienced by marginalized groups and is defined as a person experiencing different types of victimization (Daigle & Hawk, 2021; Salgado & Gurm, 2020). Other tags that were frequently used in sources tagged with multiple victimization or polyvictimization were: risk factors, vulnerability, and sexual victimization.

Causes and Impacts

Revictimization has been examined through an ecological model to understand how personal, interpersonal, and sociocultural factors contribute to revictimization of child sexual abuse victims later in life (Grauerholz, 2000); to show that multiple victimization is common among children, adolescents and adults with histories of child sexual abuse (Pittenger et al., 2016); and to provide insight into

developing programming to reduce sexual revictimization among college women (Decker & Littleton, 2018).

Groups at high risk of revictimization include: child sexual abuse survivors (Messman-Moore & Long, 2003; Tusher, 2007), women (Cotter & Savage, 2019); women who are victims of sexual assault (Davis et al., 2006); women who are homeless (Tusher, 2007); college students (especially those associated with concerning substance use and unprotected sex patterns) (Walsh et al., 2020); and adolescent girls in the child welfare system (DePrince, 2013).

Pathways to revictimization include numbing of responsiveness to the environment, reduced energy level, downward social mobility, anger and hostility, damage to self-perception, disruptions in the ability to develop healthy emotional attachments, socialization to abuse, stereotypic gender-role socialization, and experiences of lack of support (Dutton, 1996). Sexual victimization, especially in childhood or adolescence, can result in behaviours that increase a victim's exposure and vulnerability to potential offenders (Davis et al., 2006); and the relationship between child and adult sexual victimization is complex in that many factors affect risk and heightened vulnerability to revictimization (Fargo, 2009). There are significant differences between women who experienced IPV in a single relationship, compared to women who experienced IPV with multiple partners; and IPV experienced with multiple partners was associated with childhood domestic trauma, drug abuse, IPV characteristics, and attachment style (Ørke et al., 2018).

Women who experience intimate partner sexual violence (IPSV), that is intimate partner violence and sexual violence, experience many mental and physical health issues as well as invisible impacts of IPSV that may be pathways to trauma (Tarzia, 2021). Lesbian, gay, bisexual (LGB) individuals are more likely to experience revictimization and polyvictimization than heterosexual individuals; further, LGB females were more likely to be victimized, revictimized and polyvictimized when compared to heterosexual females (Daigle & Hawk, 2021). IPV in immigrant and refugee communities is also often experienced with social isolation and threats of deportation (Salgado & Gurm, 2020).

Responses

Although much research has focused on individual factors that contribute to revictimization, studies reviewed provide limited or mixed support for the role of intrapersonal factors (aside from sexual behaviour) in revictimization (Messman-Moore & Long, 2003); additionally, there is evidence that

external influences on the individual can influence risk of subsequent victimization (Pittenger et al., 2016).

Increasing evidence shows the need to screen for and address trauma as part of providing effective physical and mental healthcare (DePrince, 2013); while also acknowledging and working to reduce levels of mistrust, mistreatment and revictimization some survivors may face when disclosing their abuse (Aujla, 2021). Risk assessment and safety planning have been shown to be essential in the prevention of revictimization (Dutton, 1996). There are many tools available to assess whether an offender will reoffend, however, there is no discussion of tools to assess how likely a victim is to be revictimized; additionally, more research is needed to determine which tool is most accurate at predicting intimate partner violence recidivism (Northcott, 2012).

From a police perspective, “the predictability of repeat victimization (of various crimes including sexual assault) and the short time period of heightened risk after the first victimization provide a very specific opportunity for police to intervene quickly to prevent subsequent offenses” (Weisel, 2005, pg. 3).

Help-seeking behaviour and accessing supports has not been shown to influence the risk for revictimization among IPV sexual minority college student victims (Schramm, 2016); nor was a workshop designed to reduce the risk of further victimization among previously victimized women shown to be effective (Davis et al., 2006).

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Other Tags – Section 5 Part A – Culture & Geography

In reading through the three articles and publications under the *geography* tag it was found that they mainly shared a similarity in terms of their geographical focus being Canada. They generally identify the prevalence of various forms of violence in different genders, the factors that contribute to these experiences and factors that might increase or decrease the likelihood of unwanted behaviour.

There was a consensus that women were at a greater risk of being victims of online, workplace and public abuse. This included unwanted sexual behaviour e.g. unwanted physical contact, indecent exposure, unwanted comments about sex or gender, unwanted sexual attention(Cotter & Savage, 2019). It was also noted that the prevalence of unwanted sexual behaviours increased depending on age and sexuality as sexual minorities were more likely to get unwanted comments about their sexuality. It was also noted that women in larger cities were more likely to experience unwanted behaviour in public and often by a solo male stranger. 1 in 3 women and 1 in 8 men in Canada have experienced unwanted sexual attention that they have reported as making them uncomfortable whereas 18% of women and 14% of men have been victims of online harassment (Conroy & Cotter, 2017)

The articles were lacking in geographically particular factors that had an impact on IPV e.g., was there a higher prevalence during the winter months or in colder parts of Canada? Additionally, the articles do not directly contain building blocks or any tools for measuring reoffending or revictimization, however they were very useful in providing details about the prevalence of abuse in Canada with quantitative data that will be useful during further exploration of the material.

The five articles under the *culture* tag mention the impact of cultural differences on the perception and reporting of IPV but do not really go into details but rather offer a peripheral acknowledgement. There was a finding that the prevalence of IPV between recent and nonrecent immigrant women are similar, however, factors such as country of origin, age, marital status and activity limitation are associated with an increased risk of IPV (Hyman et al., 2006). There is also a mention that birth in a non-western country increases the risk of IPV which could be directly or indirectly related to the cultural practices and understanding of IPV in these countries. IPV is more common in non-traditional source countries where cultural values, social mores and religious beliefs dictate male dominance and create separate codes of conduct for men and women(Okeke-Ihejirika et al., 2020).

These articles do not draw relevant links between culture and revictimization or a tool for measurement, however they do offer insight into the correlation between culture, migration and increased risk of IPV. There are also cultural differences in behavioural manifestations and interpretations of IPV e.g., psychological abuse had particular meanings to for Tamil women. Portuguese women included viewing women as second class citizens, having to obey male partners and sole responsibility of domestic duties as types of IPV (Jayasuriya-Illesinghe, 2018). Standardised scales for assessing IPV do not include these subtle factors which attests to the fact that conceptualization of abuse differs culturally, and immigrants are not homogenous. South Asian women who upheld patriarchal values and beliefs were less likely to recognise many forms and aspects of spousal abuse.

One of the articles also noted IPV or any form of spousal violence suffered by immigrant women were more likely to be addressed under the frame of "honour killings" and viewing abuse through ethnocultural lens could be seen as victim blaming and undermining their experiences of IPV. IPV was more likely to be linked to culturally or religiously motivated when talking about Muslims, Hindus, Sikhs or South Asian and Middle Eastern women as they were portrayed as those who upheld traditional cultural values (Jayasuriya-Illesinghe, 2018)

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Other – Section 5 Part B – Crime Victims

There were 9 sources on crime victims. In regards to victims of sexual assault crimes, many of the sources focused on vulnerability and/or revictimization among college students (Cusack et al., 2021; D'Abreu et al., 2016; Nguyen et al., 2021). Additionally, child sexual abuse was shown to be a strong predictor of revictimization in multiple sources (D'Abreu et al., 2016; Relyea & Ullman, 2017; Ullman et al., 2009). Other tags that were frequently used in sources tagged with crime victims were: risk factors and sexual assault.

Some individuals are particularly vulnerable to crime, and previous victimization is a "a better predictor of future victimization than any other characteristic of crime" (Weisel, 2005, pg. 2). Based on this, crime preventions strategies are most effective when directed at those most likely to be revictimized (Weisel, 2005). When it comes to victims of sexual assault crimes, there are various findings about how revictimization can be assessed and addressed among previous victims, and these are outlined below (Cusack et al., 2021; Hanson et al., 2007; López & Yeater, 2021; Nguyen et al., 2021; Ouellet et al., 2017; Relyea & Ullman, 2017).

Strong predictors of sexual assault revictimization include social environments hostile to survivors, race, childhood sexual abuse, decreased refusal assertiveness, and having more sexual partners (Relyea & Ullman, 2017). Specifically, child sexual abuse was shown to predict more post-traumatic stress disorder (PTSD) symptoms in adult sexual assault victims, and PTSD numbing symptoms directly predicted revictimization (Ullman et al., 2009).

In a study of college students in the United States, there was a revictimization rate of 39.5%, and rates of revictimization were higher among women, as compared to men, and those identifying as white, as compared to those identifying as Asian or another race (Cusack et al., 2021). Among a study of Asian American college women in the United States, a history of victimization was associated with increased risky behavioural intentions which suggests that targeted interventions to improve these victims' awareness of risk cues is warranted (Nguyen et al., 2021). In Brazil, vulnerability factors for sexual victimization among female and male college students included alcohol consumption, casual sex, ambiguous communication, and child sexual abuse (D'Abreu et al., 2016).

Findings from a survey of heterosexual women and sexual minority women in the United States found that sexual minority women reported more severe victimization histories and higher rates of sexual revictimization compared to heterosexual women (López & Yeater, 2021).

A Canadian study in Quebec found that understanding how the violence developed, victimization experiences, and criminal background were important in explaining recidivism in domestic violence cases (Ouellet et al., 2017). Further, a meta-analysis of the predictive accuracy of different approaches and tools used to assess the risk of recidivism among male offenders of domestic violence found that the most accurate tools were those in which the predictors were selected empirically (Hanson et al., 2007).

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Other - Section 5 Part C – Drug/Substance Use

There are six journal articles under the tag *drug use*. All six studies identified drug/substance use as a pathway to revictimization, and/or a maladaptive coping mechanism for victims of violence (Gold et al.,1999; Ørke et al., 2018; Ullman et al., 2009; Filipas & Ullman, 2006; Messman-Moore & long ,2003). Substance abuse, alcohol, and hard drug use have been positively associated with increasing the odds of women engaging in high – risk sexual behavior and experiencing violence relative to women who don't; sexual minority women reported significantly more substance use relative to heterosexual women (Gold et al.,1999; Ørke et al., 2018;Lopez & Yeater, 2021).

Looking at Illicit drug use/substance use as a *pathway* elaborates on women who have engaged in early sexual experiences, delinquency, and currently engage in high- risk behaviors, end of this road leads them down the path of revictimization (Gold et al.,1999; Ørke et al., 2018; Ullman et al., 2009; Filipas & Ullman, 2006; Messman-Moore & long ,2003). It further highlights the high prevalence of rape, and sexual violations due to stigma attached to women as being a member of the "substance abuse culture" (Gold et al.,1999; Filipas & Ullman, 2006). Victims of CSA (child sexual abuse) and ASA (adult sexual abuse) are more likely to use drugs to cope with their experiences i.e. trauma, alleviation of distress and coping with numbing symptoms further increasing their chances for revictimization (Gold et al., 1999; Filipas & Ullman, 2006; Messman -Moore & Long, 2003). The role of drug use in the maintaining the cycle of revictimization unpacks the effects of child sexual abuse/adult physical abuse on the women's coping mechanism and cognitive abilities (Gold et al., 1999; Filipas & Ullman, 2006). PTSD, anxiety, insecure attachment styles, maladaptive coping skills and frequent relationship changes are all predictors and pathways of drug use (Ullman et al., 2009; Filipas & Ullman, 2006). PTSD in conjunction with maladaptive coping i.e. drug use decreases survivor's ability to detect risk in the immediate environment (low risk recognition, dissociation) and increases their chances of being revictimized as they are considered "easier targets" by predators (Ullman et al., 2009; Filipas & Ullman, 2006).

Gaps: Lack of data for sexual minorities, immigrant, refugee and sex workers.

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Other – Section 5 Part D – Revictimization Prevention & Prevention

Studies have shown that there are crucial aspects in developing approaches to RV prevention such as creating risk assessment and analyzing risk factors, but not many of the programs have direct results in reducing the risk of future RV (Classen et al., 2005; Davis et al., 2006; Etherington & Baker, 2018; Mears, 2003). Much of the present findings present potential, future research avenues such as integrating different approaches (DePrince et al., 2015), conceptualizing revictimization interventions to more efficiently target high-risk groups (Messman-Moore et al., 2010; Tusher, 2007; Wright et al., 2021), and investigating the complex relationships among revictimization as well as psychological variables (Marx et al., 2001). There are strong emphasis on conducting more research analyzing the association between RV and women experiencing mental health issues like PTSD, anxiety, and depression (Decker & Littleton, 2018; Kimerling et al., 2007). It has also been highlighted that a history of child abuse and its severity is a

key risk factor of revictimization (Classen et al., 2005) and is worth researching and developing effective interventions to reduce victimization at its earliest occurrence (Classen et al., 2005; Etherington & Baker, 2018; Tusher, 2007).

In the last two decades, primary and secondary intervention and risk reduction programs have been created to protect women and reduce violence against women, primarily addressing rape culture and gender-based violence on college/university campuses (Classen et al., 2005; Cusack et al., 2021; Decker & Littleton, 2018). Throughout campus across the United States, there has been the implementation of psycho-education sexual assault prevention programs and peer-based intervention programs. Once again, there is not sufficient evidence demonstrating reductions in overall sexual reduction rates, but studies show positive outcomes (Decker & Littleton, 2018).

Though are many promising strategies and approaches that exist such as legal, social service, and health care interventions and risk reduction programs, most do not have direct results in reducing the risk of future revictimization (Etherington & Baker, 2018; Mears, 2003). However, evidence points to some positive results such as increased knowledge of sexual assault issues, confidence and self-awareness, reduction in PTSD symptoms, psychological distress, and sexual symptoms (Etherington & Baker, 2018; Mears, 2003; Messman-Moore et al., 2010). Risk reduction programming is only going to help some individuals; therefore, tackling the root of the issue will only be possible through prevention programming with men. Effective risk reduction programming for women does not equate to rape prevention; thus, true prevention of revictimization requires working with perpetrators (Messman-Moore & Long, 2003; Tusher, 2007).

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