

UNDERSTANDING INTIMATE PARTNER VIOLENCE: DEFINITIONS AND RISK FACTORS



ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY

LILY GLEICHER, PHD, RESEARCH ANALYST, CENTER FOR JUSTICE RESEARCH & EVALUATION

Abstract: Though underreported, intimate partner violence affects a large number of women, as well as men and individuals in the LGBTQIA+ community. Intimate partner violence can affect the mental and physical health of the person who experienced violence and negatively impact children in the home. Over the past two decades, researchers have identified typologies of people who have perpetrated intimate partner violence based on the forms of abuse, types of person who perpetrated violence, types of violence, and motivations for use of violence. An understanding of IPV typologies can help create more effective and individualized prevention and intervention policies and programs. This article discusses typologies, as well as risk assessments that can guide the justice system in measuring risk for perpetrating or experiencing violence. Information on typologies and risk of intimate partner violence perpetration can provide information to support more effective, individualized treatment and services for individuals.

Understanding Intimate Partner Violence: Definitions and Risk Factors

First in a two-part series

By Lily Gleicher

Abstract: Though underreported, intimate partner violence affects a large number of women, as well as men and individuals in the LGBTQIA+ community. Intimate partner violence can affect the mental and physical health of the person who experienced violence and negatively impact children in the home. Over the past two decades, researchers have identified typologies of people who have perpetrated intimate partner violence based on the forms of abuse, types of person who perpetrated violence, types of violence, and motivations for use of violence. An understanding of IPV typologies can help create more effective and individualized prevention and intervention policies and programs. This article discusses typologies, as well as risk assessments that can guide the justice system in measuring risk for perpetrating or experiencing violence. Information on typologies and risk of intimate partner violence perpetration can provide information to support more effective, individualized treatment and services for individuals.

Introduction

More than 10 million individuals are physically abused by an intimate partner each year in the United States, averaging 20 people per minute.¹ In Illinois, Uniform Crime Report data indicated 107,075 reported domestic crime incidents to law enforcement in 2018.² However, researchers, advocates, and service providers estimate many IPV incidents go unreported (particularly by men who have experienced IPV), suggesting that these numbers provided on IPV-related incidents are likely higher than estimates.³

Of the people who have experienced intimate partner violence (IPV),⁴ 85% are women.⁵ In the United States, about one in four women and one in seven men report experiencing severe *physical* IPV in their lifetime. One in six women and one in 14 men report experiencing *sexual* IPV in their lifetime;⁶ however, approximately 50% of domestic violence (DV) incidents are ever reported to the police in the United States.⁷ Research also indicates similar or higher rates of IPV offending among same-sex partners, transgender women, and women who have experienced human trafficking.⁸ According to the Centers for Disease Control and Prevention's National Intimate Partner and Sexual Violence Survey, the average annual lifetime prevalence of IPV among women in Illinois is between 39.9% and 45.3%.⁹

People who have experienced IPV experience mental and physical health issues, with studies suggesting IPV as a leading cause of emergency room visits for injuries to women.¹⁰ IPV also is associated with increased risk for post-traumatic stress disorder, sleep disorders, insomnia, panic attacks, depression, anxiety, strokes, heart disease, asthma, fetal injury and loss, suicide, gastrointestinal issues, substance misuse, and heavy drinking.¹¹ Further, IPV may negatively impact children in the home physically and psychologically.¹² Experiencing IPV results in increased health care costs, hospitalizations, and decreased productivity to the tune of approximately \$2.3 to \$8.3 billion a year in the United States.¹³

Because of the widespread impact of IPV, it is important to consider how it may be prevented in addition to the response of the criminal legal system regarding people who commit IPV offenses in terms of interventions, services, and treatments. This article provides definitions of IPV, typologies of IPV offending, and IPV risk factors and assessment tools. The second part of the series provides an overview of IPV prevention and intervention efforts and treatment models for people who have perpetrated violence.

Defining IPV

Although used synonymously, the terms *IPV* and *DV* are nuanced in their meanings (other terms used include family violence, spousal abuse, marital violence/aggression).¹⁴ Historically, *DV* is described as abuse between married individuals of the opposite sex. Upon expansion of society's understanding and perceptions of relationships (and violence within those relationships), *IPV* became the more encompassing term used today to reference violence within intimate relationships. The term *IPV* acknowledge various types of personal relationships (current and former) between individuals, regardless of gender, marital status, or sexual orientation, and strays from assigning gender to the person who perpetrated violence nor the person who experienced violence.¹⁵ *IPV* occurs among all cultural, geographic, religious, and socioeconomic groups.¹⁶

According to the U.S. Centers for Disease Control, *IPV* can include the use of physical, sexual, and/or psychological aggression and/or coercion; financial abuse; threats and intimidation; control and/or coercion over contraception, pregnancy, or medical care; use of children; and/or isolation and stalking.¹⁷ Similarly, though less descriptive, the World Health Organization classifies *IPV* into physical, sexual, and psychological abuse categories.¹⁸ Conceptually, *IPV* operates on a continuum of behavior from non-violent aggression to lethal violence. One way this is conceptualized is through the [Domestic Abuse Intervention Program's Power and Control Wheel](#).¹⁹ However, the wheel is limited to offending behaviors related to an individual's use of power and control in a relationship, and *not all IPV offending is based on the power and control dynamic*. Despite minimal programming success based on the Duluth Model's Power and Control Wheel (see part two in this series), it is still frequently used and a standard for people who have perpetrated *IPV*.

Legal Definitions

Legal definitions and terms for *IPV* may differ between states and jurisdictions. In Illinois, the statute that incorporates *IPV* is the charge of [domestic battery](#) (or [aggravated domestic battery](#)); however, domestic battery includes many types of relationships other than that of an intimate partner. Classes of offense and sentences for domestic battery and aggravated domestic battery range from misdemeanors to felonies based on prior conviction history and the injury severity to the person who experienced violence.²⁰ However, domestic battery is not the only offense in which a person may be charged if *IPV* occurs in the relationship. For example, if an intimate partner is sexually abusing their significant other, the offense may fall under sexual assault or sexual abuse statutes; threats and intimidation may fall under stalking statutes ([720 ILCS 5/12-7.3](#) [stalking], [720 ILCS 5/12-7.4](#) [aggravated stalking], [720 ILCS 5/12-7.5](#) [cyberstalking]). In addition, those who have experienced violence have the ability to obtain an order of protection

([750 ILCS 60/214](#)) which can help protect them from people who have perpetrated IPV against them in that, they prohibit those who have perpetrated violence from certain actions, and, if violated, can result in arrest.²¹

Illinois Domestic Battery Statutes

[720 ILCS 5/12-3.2](#) – Domestic Battery

(a) A person commits domestic battery if he or she knowingly without legal justification by any means:

- (1) Causes bodily harm to any family or household member;*
- (2) Makes physical contact of an insulting or provoking nature with any family or household member.*

[720 ILCS 5/12-3.3](#) – Aggravated Domestic Battery

(a) A person who, in committing a domestic battery, knowingly causes great bodily harm, or permanent disability or disfigurement commits aggravated domestic battery.

(a-5) A person who, in committing a domestic battery, strangles another individual commits aggravated domestic battery. For the purposes of this subsection (a-5), “strangle” means intentionally impeding the normal breathing or circulation of the blood of an individual by applying pressure on the throat or neck of that individual or by blocking the nose or mouth of that individual.

Types of People who have Perpetrated IPV

Over the past two decades, researchers have identified and evaluated various types of people who have perpetrated IPV/DV. These types are commonly based on form of abuse, type of person who has perpetrated violence, type of violence, and motivations for use of violence.²² An understanding of IPV typologies can help create more effective and individualized prevention and intervention policies and treatment programs, as there is no one-size-fits-all strategy for IPV/DV treatment.²³

The two schools of thought regarding types of people who have perpetrated IPV come from the feminist-based perspective and the family violence perspective—both relevant to helping explain the heterogeneity in IPV perpetration.²⁴ Several researchers in these two schools of thought have proposed different types of people who have perpetrated IPV, which have been refined through research on IPV offending and information on people who have experienced violence.²⁵ Research on typologies, specifically from family violence researchers, come in the form of national surveys about violence in relationships. In contrast, much of the feminist-based typology research comes from qualitative methodology that typically has been biased toward the more severe cases of women who have been abused (e.g. people who have experienced violence from hospital settings, women’s shelters).²⁶ The more nationally representative research by family violence researchers showed that more frequently, violence among intimate partners stemmed from conflicts or arguments, that the violence was less frequent and severe in nature, and importantly, that women and men were just as likely to perpetrate IPV.²⁷ There is also a type of person who has perpetrated IPV that fits the feminist-based theory in which IPV is a product of power and control dynamics.²⁸ Overall, more research and testing of the typologies is still

needed in the area of IPV perpetration, but all typologies have the ability to inform our understanding of IPV. Greater understanding can enhance assistance for people who have experienced violence and programming and services for people who have perpetrated violence.

Safety mechanisms, treatment programs, screening methods, and policies can be refined with research-informed IPV typologies.²⁹ There are many IPV typologies, however the following three typologies have an empirical-base and are most commonly described in research: Gondolf (1988), Holtzworth-Munroe & Stuart (1994), and Johnson (1995, 2008, 2009).³⁰

Gondolf Typologies

Instead of approaching typologies purely as personality attributes that tend to negate the larger social issue and behaviors in favor of psychological personality traits or disorders, Gondolf (1988) approached his typology based on behavior.³¹ Behavioral patterns of people who have perpetrated IPV are more likely to be predictive of future violence, measures for behavior are more easily obtained, and the behavior of people who have perpetrated IPV are of more immediate concern for the person who has experienced violence and for intervention type, according to Gondolf.³² Using data from 6,000 women who sought help at shelters, Gondolf developed three main typologies of what Gondolf deemed “male batterers.”³³ They include sociopathic, antisocial, and typical “batterers.”

Sociopathic Batterers

This subtype of people who have perpetrated violence—both to their partners and children—have a greater likelihood of weapon use.³⁴ There’s a greater likelihood that people categorized in this subtype are sexually abusive and tends to blame, make threats, and make sexual demands of their partner. Further, people categorized in this subtype are likely to have varying and unpredictable responses to their abusive behavior and are likely to have a wide range of police or criminal legal system contact for property, violent, and/or drug- or alcohol-related crimes.³⁵ Significant others of these men are more likely to call police and obtain resources for their experience with IPV.³⁶

Antisocial Batterers

Somewhat similar in the extent of physical and verbal abuse to the sociopathic batterer, this subtype of males who have perpetrated violence are likely to be physically and verbally abusive, but less likely to have contact with the police or criminal legal system than the sociopathic batterer.³⁷ People who have experienced violence from this subtype are also more likely to contact various sources of help.³⁸

Typical Batterers

People categorized in this subtype generally commit less severe and less extensive verbal, sexual, and physical abuse than the other two subtypes, and are less likely to use a weapon.³⁹ “Typical batterers” more frequently fit the clinical profiles of people who have perpetrated violence—they tend to be apologetic after abusive incidents, they are less likely to have police or

criminal legal contact, and they commit lower rates of general violence.⁴⁰ People who have experienced violence from this people categorized in this IPV subtype are less likely to engage in services or contact police, also increasing the likelihood the person who has experienced violence will return to the person who has perpetrated IPV against them.⁴¹ Gondolf's research found between 30-40% of people who have perpetrated IPV identified as "antisocial batterers" and only 5-8% identified as "sociopathic batterers."⁴² However, further research is needed in this area.

Holtzworth-Munroe Typologies

Holtzworth-Munroe's typologies (1994) classify men who have perpetrated IPV into three subtypes based on a) severity and frequency of IPV and other abuse, including psychological and sexual violence; b) violence generality, both familial, extrafamilial, and general illegal or antisocial behavior; and c) the psychopathology or personality disorders (as diagnosed by clinicians).⁴³ These typologies are derived from a review of the deductive and inductive research and literature on men who have perpetrated violence. Upon empirical testing, Holtzworth-Munroe and colleagues identified four types of people who have perpetrated violence: family only, dysphoric-borderline, generally violent-antisocial men, and low-level antisocial.⁴⁴

Family Only

People categorized in the family only subtype are considered moderately violent and tend to be inappropriately assertive and misinterpret social cues within relationships, resorting to violence for conflict resolution. They also are more likely to apologize after engaging in violent behaviors. Several studies suggest the prevalence of this typology is approximately 50% among people who have perpetrated IPV.⁴⁵ Further, people categorized in the family only subtype are least likely to have a history of IPV perpetration and tend to have fewer psychological concerns.⁴⁶ Based on a study by Thijssen and de Ruiter (2011), this subtype exhibited a recidivism rate of 7%.⁴⁷

Dysphoric-Borderline

Engaging in more moderate to severe IPV, people categorized in the dysphoric-borderline subtype are the most psychologically distressed and emotionally volatile and may engage in both psychological and sexual violence. This subtype has a prevalence of about 25% among people who have perpetrated IPV.⁴⁸

Generally Violent-Antisocial Men

Most violent are those categorized in the generally violent-antisocial men subtype who frequently engage in severe intrafamilial violence and more general criminal behavior.⁴⁹ This subtype of person who has perpetrated IPV is more likely to engage in psychological and sexual violence, use weapons, inflict severe injury on partners or other family members, and/or have a substance use disorder. They also are more likely to be diagnosed with antisocial personality disorder or psychopathy.⁵⁰ This subtype has a prevalence of about 25% among people who have perpetrated IPV.⁵¹

Low Level Antisocial

A later identified subtype, low-level antisocial, was also identified, and is characterized by moderate extra- and intra-familial violence.⁵² Longitudinal research suggests risk factors for IPV perpetration differ among these four subtypes, though dysphonic-borderline and generally violent-antisocial men groups had some overlap on antisocial measures, supporting evidence that can be difficult to differentiate.⁵³ Further, this typology was developed based on men who have perpetrated IPV; how women who have perpetrated violence may fit into them is unknown.⁵⁴

Johnson's Typologies

Johnson's typologies (1995, 2008, 2009) includes five qualitatively different types of people who have perpetrated IPV that range in relation to the presence or absence of control rather than the seriousness or frequency of perpetrated violence.⁵⁵ These typologies are identified on a spectrum of violence and have been refined over the years. This stems from Johnson and colleagues' beliefs that both the feminist perspective and family research are important to explaining subtypes of people who have perpetrated IPV/DV. Johnson's typology includes coercive controlling violence, violent resistance, situational couple violence, mutual violent control violence, and separation-instigated violence.

Coercive Controlling Violence

Likely comprising a smaller portion of the population, this subtype refers to a possible combination of physical and sexual violence that is more severe, occurring on a more frequent basis, and escalating over time. People categorized in this IPV subtype perpetrate violence to manipulate, control, and coerce an intimate partner. Behavior may include, controlling an intimate partner through surveilling and monitoring an intimate partner's actions, relationships, and activities; intimidation; economic abuse; use of denial, blame, and minimization; assertion of male privilege; and/or other avenues for coercion and threats.⁵⁶

Misogyny and gender traditionalism play a larger role in this typology, particular in heterosexual relationships.⁵⁷ Previously used terms to define this subtype of include "patriarchal terrorism" and "intimate terrorism," but has since changed to coercive controlling violence. Individuals who fall into this subtype and the people who they have perpetrated violence towards are more likely to encounter law enforcement, the courts, DV shelters, and hospitals.⁵⁸ Further, people who are categorized in this subtype are more likely to be men. For example, in Johnson's (2006) study, 97% of a sample of people categorized as coercive controlling violence were men. In a sample of British people categorized as coercive controlling violence, Graham-Kevan and Archer (2003) found 87% were men.⁵⁹ While little research exists regarding woman categorized in the coercive controlling violence subtype, a handful of studies indicate women can perpetrate coercive controlling violence in both heterosexual and same-sex relationships.⁶⁰

Violent Resistance

Violence perpetrated in this typology comes from both parties; however, the violence perpetrated by the person experiencing IPV is in resistance to a coercive, controlling intimate partner.⁶¹ Terms previously used to define this subtype include “female resistance,” “resistive/reactive violence,” and “self-defense.”⁶² This subtype incorporates those with “battered women syndrome”, as well as women who use violence to protect or defend themselves or stop violence; however, women may quickly realize that the violence used in resistance is ineffective and can escalate the situation, especially in heterosexual relationships.⁶³ There is limited research on men’s resistive behavior, but much of the research regarding violence resistance is derived from information on women who ultimately resort to killing their intimate partners.⁶⁴

Situational Couple Violence

Situational couple violence is the most common subtype of IPV of these typologies. Those that fall into this subtype typically do not use coercive or controlling patterns, but use more reflective of inappropriate conflict management where non-violent arguments can turn violent.⁶⁵ Approximately 40% of these cases result in minor incidents but can include more serious violence.⁶⁶ Terms previously used to define this subtype include “conflict motivated violence” or “common couple violence.”⁶⁷ Both men and women initiate this type of violence at similar rates of around 12-13% among the general population.⁶⁸

Mutual Violent Control Violence

Mutual violent control violence includes dually coercive, controlling, and violent partners, supporting the notion of gender symmetry of IPV.⁶⁹ This subtype is less common than the others and there is less information as to the characteristics, the frequency of violence within this subtype, and consequences of this type of violence.⁷⁰

Separation-Instigated Violence

Separation-instigated violence occurs among couples who generally do not have a history of violence during their relationship. The initiation and process of separation or divorce is what instigates violence of this subtype.⁷¹ The violence within this type is predominately the result of traumatic experiences, such as coming back to an empty house after a significant other’s departure, children’s departure from the home, allegations against the significant other, feeling shock from the separation or divorce, or humiliation.⁷² This type of violence is what some deem an “atypical and serious loss of psychological control” (Ali et al., 2016, p. 13).⁷³

Overall, more research is needed to identify the prevalence of each typology and their subtypes among people who have perpetrated IPV and the frequency and types of violence associated with each typology and their subtypes to craft more effective policies, practices, and treatment programming. In particular, more research is needed regarding LGBTQIA+ relationships⁷⁴ and women who perpetrate IPV and whether or not the typologies hold for these interpersonal relationships.

Women who Perpetrate IPV

More recently, and with the increase in arrests of women for IPV, researchers and practitioners acknowledge the potential for violence inflicted by women toward a partner of either sex; however, less is known about women who have perpetrated IPV. Some research suggests that while men and women may perpetrate IPV at similar rates, men may be more likely to use violence as a means of coercion or control (and more severe forms of violence), whereas women may be more likely to use violence as a means of self-defense, retaliation/retribution, control, protecting children, and/or in response to men perpetrating violence.⁷⁵ For example, about 20% of the women who are partners of men in a batterer intervention program indicated using physical tactics (e.g. pushing, shoving,) at a 15-month follow-up from the intake of the men entering a batterer intervention program ($N = 215$).⁷⁶ However, 44% of the woman who are partners of men in the program indicated they never used “severe” physical tactics (.e.g., forced sex, use of a weapon, beating, choking).⁷⁷

Researchers also suggest considering the experience of violence among women who have perpetrated IPV in shaping their motivations to engage in IPV.⁷⁸ An overall review of women who have perpetrated IPV generally points to three typologies:

1. IPV perpetrated in self-defense;
2. Violence used to exert power and control in a relationship that is mutually violent; and
3. Women as the primary person who has perpetrated IPV who may or may not also engage in general violence.⁷⁹

There is limited research on women who have perpetrated IPV and little is known about the underlying motivations or effective assessment and intervention⁸⁰ In their systematic review of women who have perpetrated IPV, Bair-Merritt and colleagues (2010), identified common motivations including, anger (as a primary or secondary motivation, sometimes coupled with other emotions, such as jealousy), the desire for their partner’s attention, self-defense, and retaliation. Motivations for women who have perpetrated IPV may differ depending on the characteristics/qualities of the woman and/or the nature of the intimate relationship.⁸¹

LGBTQIA+ Individuals who Perpetrate IPV

Although there is less research on IPV in LGBTQIA+ relationships,⁸² studies indicate gay men and bisexual women may be more likely to experience physical violence, such as being beaten, choked, or burned, compared to their heterosexual counterparts.⁸³ Violence perpetrated in LGBTQIA+ relationships is similar to that perpetrated in heterosexual relationships, that may include coercion, control, and manipulation through physical, sexual, and psychological abuse; use of violence in self-defense; mutually inflicted violence and control; and poor anger and conflict management.⁸⁴ More specifically, LGBTQIA+ individuals who perpetrate IPV also may use other control and manipulation tactics based on societal factors, such as outing a partner’s sexual orientation or gender identity to family members, coworkers/employers, community members, friends, and others; and/or draw on societal prejudices such as homophobia, biphobia, and transphobia.⁸⁵

Further, bisexual and lesbian women also report IPV by both men and women—almost 90% of bisexual women reported experiencing violence at the hands of only men and 67% of lesbian women reported experiencing violence by only women, according to the CDC.⁸⁶ For bisexual and gay men, the lifetime prevalence for IPV perpetration is about the same—with some estimates slightly higher—than the general population.⁸⁷ Lifetime prevalence of IPV perpetration among transgender individuals may be at similar, and potentially higher levels, than lesbian or bisexual women and gay or bisexual men.⁸⁸ More research is needed regarding IPV perpetration among LGBTQIA+ individuals and relationships.

Risk Factors for IPV

Although there is no single pathway to IPV perpetration, there are several factors that may increase one's likelihood of engaging in IPV perpetration. The past two decades of research and evaluation of DV and IPV (and intimate partner homicide) provides some consensus on risk categories and incorporate the complexities of IPV offending. They include:

- Actual or attempted violent acts (including sexual violence, use of weapons).
- Violent threats or thoughts (including stalking, intimidation).
- Escalation (severity, frequency, violence diversity) over time.
- Court order violations.
- General antisocial behavior that is persistent, frequent, or diverse (general criminality).
- Intimate relationship problems (e.g. conflict, separation).
- Chronic unemployment and/or financial difficulties.
- Substance use that impairs social and health functioning.
- Mental health concerns (e.g. delusions, anger, impulsivity, or suicidality).⁸⁹

Additional factors related to risk of men who have perpetrated IPV include, but are not limited to:

- Experience of child abuse, witness to inter-adult abuse in childhood, or experience family violence.
- History of conduct disorder in adolescence.
- Antisocial personality traits/disorder in adolescence.
- Post-traumatic stress disorder (PTSD), particularly among veterans.
- Substance use disorder(s).
- Psychiatric disorders that include depression, dysthymia, generalized anxiety, adult antisocial behavior, alcohol dependence, and nonaffective psychosis.
- Borderline personality features.
- Attachment issues.
- Anger problems and/or negative emotion dysregulation.
- Poor verbal skills or limited verbal ability.
- Head or traumatic brain injuries that result in neurocognitive impairments involving impulsivity, limited executive functions, and poor response inhibition.
- Low income or unemployment.
- Acculturation, financial, and/or work-related stress.
- Hostility or aggression.
- Experience of poor child-rearing, harsh parental discipline.⁹⁰

Women who perpetrate IPV have similar risk factors to men, though may be differentially correlated (stronger or weaker). Risk factors for women who have perpetrated IPV, in addition to the factors mentioned above, include, but are not limited to:

- Trauma symptoms.
- Emotional dysregulation or loss of control.
- Unstable mood.
- Interpersonal dependency.⁹¹

IPV/DV Risk Assessment Instruments

IPV and/or DV risk assessments are generally identified using three approaches: unstructured clinical judgement, structured professional judgement, and actuarial assessment.⁹² These assessments are meant to guide the decision-making process of police, the courts, and corrections by identifying and qualifying potential risk for perpetrating or experiencing IPV/DV, and in the case of IPV, the risk for a fatal situation.⁹³

- **Unstructured clinical judgment** is one of the more widely used approaches in which decisions are made based on professional discretion of an evaluator, justified based on an evaluator's qualifications and experience.⁹⁴ Critics of this judgement include overestimation of risk, subjectivity, and poor reliability of decisions.⁹⁵
- **Actuarial risk assessments** are designed to identify the potential probability of an individual's likelihood to reoffend compared to the norm-based population.⁹⁶ These risk assessments are most frequently used to identify increased risk for reoffending, law enforcement contact, and/or repeat IPV perpetration. Critiques of actuarial assessments include lack of flexibility in decision-making and potential for race and ethnicity bias.
- **Structured clinical/professional judgment** incorporates both clinical judgment and the structure of actuarial assessments and information gathering, providing guidelines for factors to evaluate while also incorporating the professional's experience and qualifications.⁹⁷ Proponents say this combination is more reliable and accurate compared to unstructured clinical judgement alone.⁹⁸

IPV and DV risk assessments come in various forms, including ratings and information by the person who experienced violence, assault risk scales, general and/or violent risk scales, and the perception of threat from the person who experienced violence.⁹⁹ While most assessments attempt to identify the likelihood of future violence, imminence, nature, frequency, and seriousness of the violence also need consideration.¹⁰⁰ Some assessments may be used by law enforcement upon initial contact with a domestic situation, clinicians on scene, clinicians who work with IPV/DV populations, probation and parole personnel who work with individuals with IPV/DV histories or offenses, and IPV/DV service providers.

The range of IPV offending—from minor, infrequent physical violence (e.g. pushing, shoving) to long-term sexual violence—suggests varying implications regarding the management of people who have perpetrated violence, safety and planning for people who experience violence, treatment for people who have perpetrated violence, and criminal legal intervention.¹⁰¹ These variances necessitate risk assessments and/or professional expertise that can capture situational, contextual, personal, and interpersonal factors that may help police and other criminal legal

practitioners identify not only the risk for future violence, but also imminence, severity, and frequency of that violence.¹⁰²

There are several validated risk assessments, predominately used to identify potential risk for future IPV/DV and are primarily used and tested on men who have perpetrated violence. Risk assessment tools most commonly found in the research with more substantial validation and reliability include the following.

- [Danger Assessment \(DA\)](#) uses structured professional judgement to assess risk for intimate partner homicide and is completely directed by those who have experienced the violent situation.¹⁰³ This assessment was originally designed for emergency department nurses but is also used to help with safety planning and provide education and awareness of intimate partner homicide for those who have experienced violence by advocates, social workers, and/or clinicians in a variety of settings.¹⁰⁴ Currently, the DA is not as accurate in identifying risk posed by the person who perpetrated violence, but it can be used to predict DV recidivism in high-risk violence cases.¹⁰⁵
- [Domestic Violence Screening Inventory-Revised \(DVSI-R\)](#) uses both a brief actuarial assessment and structured professional judgement questions to identify potential risk for recidivism and non-compliance in court and probation.¹⁰⁶ Most frequently, the DVSI-R is used for intake, probation, and case supervision.¹⁰⁷ This assessment offers generally good concurrent and predictive validity.¹⁰⁸
- [Spousal Assault Risk Assessment \(SARA\)](#) uses a combination of a structured professional judgement and actuarial assessment—utilizing interviews of both the person who perpetrated violence and the person who experienced violence, a 20-item scale, and collateral consequences to identify potential risk for future IPV (wife assault, specifically). The SARA has generally good validity, inter-rater reliability, and is easy to use. However, the tool has only been validated to predict likelihood of re-assault and not necessarily lethality of future assaultive behavior.¹⁰⁹ The SARA tool is recommended for use with a mental health professional as it can help determine appropriate treatment plans, interventions, and levels of supervision.¹¹⁰ A byproduct of the SARA, a more brief, time-limited assessment tool was created specifically for law enforcement and criminal legal practitioners, called the Brief Spousal Assault Form for the Evaluation of Risk ([B-SAFER](#)).¹¹¹
- [Ontario Domestic Assault Risk Assessment \(ODARA\)](#) uses an actuarial assessment intended for frontline police officers to assess risk for domestic assault based on readily available information (does not require specialist information), including the arrest or police contact for other domestic incidents, non-domestic incidents, prior correctional sentences, substance use, among others. This assessment helps officers make detention and support service decisions.¹¹² Further, the tool aims to predict future spousal violence, including frequency and severity; however, its predictive accuracy regarding violence lethality may have limited use for case management purposes.¹¹³ The tool may be used by police officers, service providers, case workers, and probation and other correctional services and staff. Access to criminal legal information is necessary to complete the tool, which has only been validated for men who have perpetrated violence.¹¹⁴

- [Psychopathy Checklist-Revised \(PCL-R\)](#) Though not initially created as a risk assessment tool for IPV, the PCL-R uses structured professional judgment to measure psychopathy in clinical, research, and forensic settings. There is a generally well-established link between psychopathology and DV, particularly in what may be an overlap in other risk factors among clinical-forensic samples (those that incorporate psychology and criminal and/or legal matters).¹¹⁵ Total psychopathy scores have demonstrated utility in predicting IPV, particularly Factor 1 (manipulation, callousness, lack of remorse, and lack of empathy) and Factor 2 (traits similar to antisocial personality disorder, e.g. risk-taking, aggressiveness, reckless disregard for others' safety, and irresponsibility).¹¹⁶

Other instruments that have been used to evaluate IPV risk include the Domestic Violence Risk Appraisal Guide (DVRAG or DVRAG-4 when incorporating the Facet 4 score from the PCL-R), Kingston Screening Instrument for Domestic Violence (K-SID), and Propensity for Abusiveness Scale (PAS), among others. Further, some risk/needs assessments for general and/or violent offending, including the Level of Service Inventory-Revised (LSI-R) and Violence Risk Appraisal Guide (VRAG) have demonstrated some potential for predictive validity of reoffending by people who have perpetrated violence (though not necessarily IPV-related offenses).¹¹⁷ Further, the same factors associated with violent and general reoffending are also associated with IPV reoffending.¹¹⁸

Conclusion

IPV impacts individuals and families physically and mentally, can lead to increased healthcare-related costs, and may lead to loss of productivity. To better understand IPV perpetration, it is helpful to know the different typologies of IPV/DV perpetration and incorporate the appropriate risk assessment tool and professional expertise to capture potential risk for future IPV and general offending. An understanding of the different IPV/DV typologies can assist law enforcement and other criminal legal practitioners in making more informed decisions for arrest, diversion, prosecution, and treatment purposes.

Funding Acknowledgement: This project was supported by Grant #16-DJ-BX-0083, awarded to the Illinois Criminal Justice Information Authority by the U.S. Department of Justice Office of Justice Programs' Bureau of Justice Assistance. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice or grant-making component, or the Illinois Criminal Justice Information Authority.

Suggested Citation: Gleicher, L. (2021). Understanding intimate partner violence: Definitions and risk factors. Illinois Criminal Justice Information Authority.

-
- ¹ Centers for Disease Control. (n.d.). *Preventing intimate partner violence*. Author. <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>
- ² Illinois Criminal Justice Information Authority. (2019). *Illinois Uniform Crime Reports (UCR) domestic crime offense*. <https://icjia.illinois.gov/researchhub/datasets/illinois-uniform-crime-reports-ucr-domestic-crime-offense>
- ³ Illinois State Police. (2016). *Crime in Illinois 2016: Annual uniform crime report*. <http://www.isp.state.il.us/crime/cii2016.cfm>
- ⁴ For the purpose of this article, IPV will be used in lieu of DV. See <https://inpublicsafety.com/2015/10/domestic-violence-and-intimate-partner-violence-whats-the-difference/>
- ⁵ Bureau of Justice Statistics Crime Data Brief, Intimate Partner Violence, 1993-2001, February 2003.
- ⁶ Centers for Disease Control. (n.d.). *Preventing intimate partner violence*. Author. <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>
- ⁷ Morgan, R. E., & Kena, G. (2018). *Criminal victimization, 2016: Revised (Report No. NCJ 252121)*. Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. <https://www.bjs.gov/content/pub/pdf/cv16.pdf>
- ⁸ Jewkes, R. (2002). Intimate partner violence: Causes and prevention. *The Lancet; London*, 359(9315), 1423–1429.
- ⁹ Smith, S. G., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., Walling, M., & Jain, A. (2017). *The national intimate partner and sexual violence survey (NISVS): 2010-2012 state report*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/nisvs-staterreportbook.pdf>
- ¹⁰ Dienemann, J., Boyle, E., Baker, D., Resnick, W., Wiederhorn, N., & Campbell, J. (2000). Intimate partner abuse among women diagnosed with depression. *Issues in Mental Health Nursing*, 21(5), 499–513. <https://doi.org/10.1080/01612840050044258>; Coker, A.L., Smith, P. H., Thompson, M. P., McKeown, R. E., Bethea, L., & Davis, K. D. (2002). Social supports protects against the negative effects of partner violence on mental health. *Journal of Womens Health and Gender Based Medicine*, 11(5), 465-476. <https://doi.org/10.1089/15246090260137644>; Centers for Disease Control. (2008). Adverse health conditions and health risk behaviors associated with intimate partner violence. *Morbidity and Mortality Weekly Report*. www.cdc.gov/mmwr/preview/mmwrhtml/mm5705a1.htm
- ¹¹ Dienemann, J., Boyle, E., Baker, D., Resnick, W., Wiederhorn, N., & Campbell, J. (2000). Intimate partner abuse among women diagnosed with depression. *Issues in Mental Health Nursing*, 21(5), 499–513. <https://doi.org/10.1080/01612840050044258>; Coker, A.L., Smith, P. H., Thompson, M. P., McKeown, R. E., Bethea, L., & Davis, K. D. (2002). Social supports protects against the negative effects of partner violence on mental health. *Journal of Womens' Health and Gender Based Medicine*, 11(5), 465-476. <https://doi.org/10.1089/15246090260137644>; Centers for Disease Control. (2008). Adverse health conditions and health risk behaviors associated with intimate partner violence. *Morbidity and Mortality Weekly Report*. February. Available at: www.cdc.gov/mmwr/preview/mmwrhtml/mm5705a1.htm; Dicola, D., & Spaar, E. (2016). Intimate partner violence. *American Family Physician*, 94(8), 646-651. <https://www.aafp.org/afp/2016/1015/p646.html>
- ¹² Campbell, J. C., Webster, D. W., & Glass, N. (2009). The danger assessment: validation of a lethality risk assessment instrument for intimate partner femicide. *Journal of Interpersonal Violence*, 24(4), 653–674. <https://doi.org/10.1177/0886260508317180>
- ¹³ Dicola, D., & Spaar, E. (2016). Intimate partner violence. *American Family Physician*, 94(8), 646-651.
- ¹⁴ Centers for Disease Control. (n.d.). *Preventing intimate partner violence*. Author. <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>
- ¹⁵ Centers for Disease Control. (n.d.). *Preventing intimate partner violence*. Author. <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>

-
- ¹⁶ World Health Organization. *Understanding and addressing violence against women: Intimate partner violence*. Author.
http://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf;jsessionid=DED5430996ED7C089B7BB3A0B6EBB0F0?sequence=1
- ¹⁷ Centers for Disease Control. (n.d.). *Preventing intimate partner violence*. Author.
<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html> Illinois State Police. (n.d.). *Domestic violence*. <https://www.isp.state.il.us/crime/domesticviol.cfm>
- ¹⁸ World Health Organization. (2002). *World report on violence and health: Summary*. Author.
- ¹⁹ Bowen, E. (2011). An overview of partner violence risk assessment and the potential role of female victim risk appraisals. *Aggression and Violent Behavior, 16*(3), 214–226.
<https://doi.org/10.1016/j.avb.2011.02.007>
- ²⁰ See Illinois Domestic Violence Act of 1986 (750 ILCS 60/101) and 720 ILCS 5/12-3.2.
- ²¹ Illinois State Police. (n.d.). *Domestic Violence*. <https://www.isp.state.il.us/crime/domesticviol.cfm>.
- ²² Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior, 31*(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>
- ²³ Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior, 31*(1), 16–25.
<https://doi.org/10.1016/j.avb.2016.06.008>; Cavanaugh, M. M., & Gelles, R. J. (2005). The utility of male domestic violence offender typologies: New directions for research, policy, and practice. *Journal on Interpersonal Violence, 20*(2), 155–166. <https://doi.org/10.1177/0886260504268763>; Pence, E., & Dasgupta, S. (2006). *Re-examining “battering”: Are all acts of violence against intimate partners the same?* Duluth, MN: Praxis International, 1-19.; Holtzworth-Munroe, A., & Stuart, G. L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin, 116*(3), 476–497. <https://doi.org/10.1037/0033-2909.116.3.476>
- ²⁴ Carlson, R. G., & Jones, K. D. (2010). Continuum of conflict and control: Conceptualization of intimate partner violence typologies. *The Family Journal: Counseling and Therapy for Couples and Families, 18*(3), 248-254. <https://doi.org/10.1177/1066480710371795>
- ²⁵ Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior, 31*(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>
- ²⁶ Carlson, R. G., & Jones, K. D. (2010). Continuum of conflict and control: Conceptualization of intimate partner violence typologies. *The Family Journal: Counseling and Therapy for Couples and Families, 18*(3), 248-254. <https://doi.org/10.1177/1066480710371795>; Johnson, M. P. (2006). Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence Against Women, 12*(11), 1003-1018. <https://doi.org/10.1177/107780120629332>
- ²⁷ Johnson, M. P. (2006). Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence Against Women, 12*(11), 1003-1018. <https://doi.org/10.1177/107780120629332>.
- ²⁸ Johnson, M. P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and Family, 57*(2), 283-294.
<https://doi.org/10.2307/353683>; Johnson, M. P. (2006). Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence Against Women, 12*(11), 1003-1018.
<https://doi.org/10.1177/1077801206293328>.
- ²⁹ Carlson, R. G., & Jones, K. D. (2010). Continuum of conflict and control: Conceptualization of intimate partner violence typologies. *The Family Journal: Counseling and Therapy for Couples and Families, 18*(3), 248-254. <https://doi.org/10.1177/1066480710371795>; Cavanaugh, M. M., & Gelles, R. J. (2005). The utility of male domestic violence offender typologies: New directions for research, policy, and practice. *Journal on Interpersonal Violence, 20*(2), 155-166.
<https://doi.org/10.1177/0886260504268763>; Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review: An Interdisciplinary Journal, 46*(3), 476-499. <https://doi.org/10.1111/j.1744-1617.2008.00215.x>
- ³⁰ Note. This is not an exhaustive list as other typologies exist.
- ³¹ Gondolf, E. W. (1988). Who are those guys? Toward a behavioral typology of batterers. *Violence and*

-
- Victims; New York*, 3(3), 187–203. <http://doi.org/10.1891/0886-6708.3.3.187>
- ³² Gondolf, E. W. (1988). Who are those guys? Toward a behavioral typology of batterers. *Violence and Victims; New York*, 3(3), 187–203. <http://doi.org/10.1891/0886-6708.3.3.187>
- ³³ Holtzworth-Munroe, A., & Stuart, G. L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin*, 1(16), 476-497. <https://doi.org/10.1037/0033-2909.116.3.476>
- ³⁴ Gondolf, E. W. (1988). Who are those guys? Toward a behavioral typology of batterers. *Violence and Victims; New York*, 3(3), 187–203. <http://doi.org/10.1891/0886-6708.3.3.187>
- ³⁵ Gondolf, E. W. (1988). Who are those guys? Toward a behavioral typology of batterers. *Violence and Victims; New York*, 3(3), 187–203. <http://doi.org/10.1891/0886-6708.3.3.187>
- ³⁶ Gondolf, E. W. (1988). Who are those guys? Toward a behavioral typology of batterers. *Violence and Victims; New York*, 3(3), 187–203. <http://doi.org/10.1891/0886-6708.3.3.187>
- ³⁷ Gondolf, E. W. (1988). Who are those guys? Toward a behavioral typology of batterers. *Violence and Victims; New York*, 3(3), 187–203. <http://doi.org/10.1891/0886-6708.3.3.187>
- ³⁸ Gondolf, E. W. (1988). Who are those guys? Toward a behavioral typology of batterers. *Violence and Victims; New York*, 3(3), 187–203. <http://doi.org/10.1891/0886-6708.3.3.187>
- ³⁹ Gondolf, E. W. (1988). Who are those guys? Toward a behavioral typology of batterers. *Violence and Victims; New York*, 3(3), 187–203. <http://doi.org/10.1891/0886-6708.3.3.187>
- ⁴⁰ Gondolf, E. W. (1988). Who are those guys? Toward a behavioral typology of batterers. *Violence and Victims; New York*, 3(3), 187–203. <http://doi.org/10.1891/0886-6708.3.3.187>
- ⁴¹ Gondolf, E. W. (1988). Who are those guys? Toward a behavioral typology of batterers. *Violence and Victims; New York*, 3(3), 187–203. <http://doi.org/10.1891/0886-6708.3.3.187>
- ⁴² Gondolf, E. W. (1988). Who are those guys? Toward a behavioral typology of batterers. *Violence and Victims; New York*, 3(3), 187–203. <http://doi.org/10.1891/0886-6708.3.3.187>
- ⁴³ Holtzworth-Munroe, A., & Stuart, G. L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin*, 1(16), 476-497. <https://doi.org/10.1037/0033-2909.116.3.476>; Weber, T., & Bouman, Y. H. A. (2017). Intimate partner violence: Variations in perpetrators and treatment allocation. *Journal of Interpersonal Violence*, 35(3-4) 1-23. <https://doi.org/10.1177/0886360517692994>
- ⁴⁴ Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, 31(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>
- ⁴⁵ Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, 31(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>; Dixon, L., & Browne, K. (2003). The heterogeneity of spouse abuse: A review. *Aggression and Violent Behavior*, 8(1), 107-130. [https://doi.org/10.1016/S1359-1789\(02\)00104-0](https://doi.org/10.1016/S1359-1789(02)00104-0)
- ⁴⁶ Weber, T., & Bouman, Y. H. A. (2017). Intimate partner violence: Variations in perpetrators and treatment allocation. *Journal of Interpersonal Violence*, 35(3-4) 1-23. <https://doi.org/10.1177/0886360517692994>
- ⁴⁷ Thijssen, J. & de Ruiter, C. (2011). Identifying subtypes of spousal assaulters using the B-SAFER. *Journal of Interpersonal Violence*, 26(1), 1307-1321. <https://doi.org/10.1177/0886260510369129>
- ⁴⁸ Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, 31(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>; Dixon, L., & Browne, K. (2003). The heterogeneity of spouse abuse: A review. *Aggression and Violent Behavior*, 8(1), 107-130. [https://doi.org/10.1016/S1359-1789\(02\)00104-0](https://doi.org/10.1016/S1359-1789(02)00104-0)
- ⁴⁹ Holtzworth-Munroe, A., & Stuart, G. L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin*, 1(16), 476-497. <https://doi.org/10.1037/0033-2909.116.3.476>; Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, 31(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>; Dixon, L., & Browne, K. (2003). The heterogeneity of spouse

abuse: A review. *Aggression and Violent Behavior*, 8(1), 107-130. [https://doi.org/10.1016/S1359-1789\(02\)00104-0](https://doi.org/10.1016/S1359-1789(02)00104-0)

⁵⁰ Holtzworth-Munroe, A., & Stuart, G. L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin*, 1(16), 476-497. <https://doi.org/10.1037/0033-2909.116.3.476>; Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, 31(1), 16–25.

<https://doi.org/10.1016/j.avb.2016.06.008>; Dixon, L., & Browne, K. (2003). The heterogeneity of spouse abuse: A review. *Aggression and Violent Behavior*, 8(1), 107-130. [https://doi.org/10.1016/S1359-1789\(02\)00104-0](https://doi.org/10.1016/S1359-1789(02)00104-0)

⁵¹ Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, 31(1), 16–25.

<https://doi.org/10.1016/j.avb.2016.06.008>; Dixon, L., & Browne, K. (2003). The heterogeneity of spouse abuse: A review. *Aggression and Violent Behavior*, 8(1), 107-130. [https://doi.org/10.1016/S1359-1789\(02\)00104-0](https://doi.org/10.1016/S1359-1789(02)00104-0)

⁵² Holtzworth-Munroe, A., Meehan, J. C., Herron, K., Rehman, U., & Stuart, G. L. (2000). Testing the Holtzworth-Munroe and Stuart (1994) batterer typology. *Journal of Consulting & Clinical Psychology*, 68(6), 1000-1019. <https://doi.org/10.1037//0022-006x.68.6.1000>; Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, 31(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>; Holtzworth-Munroe, A., & Meehan, J. C. (2004). Typologies of men who are maritally violent: scientific and clinical implications. *Journal of Interpersonal Violence*, 19(12), 1369–1389. <https://doi.org/10.1177/0886260504269693>

⁵³ Weber, T., & Bouman, Y. H. A. (2017). Intimate partner violence: Variations in perpetrators and treatment allocation. *Journal of Interpersonal Violence*, 35(3-4) 1-23.

<https://doi.org/10.1177/0886260517692994>; Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, 31(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>

⁵⁴ Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, 31(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>

⁵⁵ Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, 31(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>; Johnson, M. P., & Leone, J. M. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women Survey. *Journal of Family Issues*, 26(1), 322-349. <https://doi.org/10.1177/0192513X04270345>

⁵⁶ Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, 31(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>

⁵⁷ Johnson, M. P. (2011). Gender and types of intimate partner violence: A response to an anti-feminist literature review. *Aggression and Violent Behavior*, 16(4), 289-296.

<https://doi.org/10.1016/j.avb.2011.04.006>.

⁵⁸ Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: research update and implications for interventions. *Family Court Review*, 46(3), 476-499.

<https://doi.org/10.1111/j.1744-1617.2008.00215.x>

⁵⁹ Graham-Kevan, N., & Archer, J. (2003). Intimate terrorism and common couple violence: A test of Johnson's predictions in four British samples. *Journal of Interpersonal Violence*, 18(11), 1247-1270. <https://doi.org/10.1177/0886260503256656>

⁶⁰ Beck, C. J., Anderson, E. R., O'Hara, K. L., & Benjamin, G. A. H. (2013). Patterns of intimate partner violence in a large, epidemiological sample of divorcing couples. *Journal of Family Psychology*, 27(5), 743. <https://doi.org/10.1037/a0034182>; Hines, D., Brown, J., & Dunning, E. (2007). Characteristics of callers to the domestic abuse helpline for men. *Journal of Family Violence*, 22(2), 63-72.

<https://doi.org/10.1007/s10896-006-9052-0>; Migliaccio, T. A. (2002). Abused husbands: A narrative analysis. *Journal of Family Issues*, 23(1), 26-52. <https://doi.org/10.1177/0192513x02023001002>;

Renzetti, C. M. (1992). *Violent betrayal: Partner abuse in lesbian relationships*. Newbury Park, CA: Sage.

⁶¹ Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, *31*(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>

⁶² Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, *31*(1), 16–25.

<https://doi.org/10.1016/j.avb.2016.06.008>; Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: research update and implications for interventions. *Family Court Review*, *46*(3), 476-499. <https://doi.org/10.1111/j.1744-1617.2008.00215.x>

⁶³ Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, *31*(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>

⁶⁴ Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, *31*(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>

⁶⁵ Johnson, M. P. (2011). Gender and types of intimate partner violence: A response to an anti-feminist literature review. *Aggression and Violent Behavior*, *16*(4), 289-296.

<https://doi.org/10.1016/j.avb.2011.04.006>.

⁶⁶ Johnson, M. P. (2011). Gender and types of intimate partner violence: A response to an anti-feminist literature review. *Aggression and Violent Behavior*, *16*(4), 289-296.

<https://doi.org/10.1016/j.avb.2011.04.006>.

⁶⁷ Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, *31*(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>

⁶⁸ Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, *31*(1), 16–25.

<https://doi.org/10.1016/j.avb.2016.06.008>; Straus, M. A., & Gelles, R. J. (1986). Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. *Journal of Marriage and Family*, *48*(3), 465-479. <https://doi.org/10.2307/352033>; Kwong, M. J., Bartholomew, K., & Dutton, D. G. (1999). Gender differences in patterns of relationship violence in Alberta. *Canadian Journal of Behavioural Science*, *31*(3), 150-160. <https://doi.org/10.1037/h0087083>

⁶⁹ Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, *31*(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>

⁷⁰ Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, *31*(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>

⁷¹ Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, *31*(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>

⁷² Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, *31*(1), 16–25.

<https://doi.org/10.1016/j.avb.2016.06.008>; Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: research update and implications for interventions. *Family Court Review*, *46*(3), 476-499. <https://doi.org/10.1111/j.1744-1617.2008.00215.x>

⁷³ Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, *31*(1), 16-25. <https://doi.org/10.1016/j.avb.2016.06.008>

⁷⁴ LGBTQIA+ refers to Lesbian, Gay, Bisexual, Pansexual, Transgender, Genderqueer, Queer, Intersexed, Agender, Asexual, and Ally community.

⁷⁵ Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, *31*(1), 16-25. <https://doi.org/10.1016/j.avb.2016.06.008>;

Swan, S., & Snow, D. (2003). Behavioral and psychological differences among abused women who use violence in intimate relationships. *Violence Against Women*, *9*(1), 75-109.

<https://doi.org/10.1177/1077801202238431>; Miller, S., & Meloy, M. (2006). Women's use of force: Voices of women arrested for domestic violence. *Violence Against Women*, *12*(1), 89-115.

<https://doi.org/10.1177/1077801205277356>

⁷⁶ Gondolf, E. W. (2012). Physical tactics of female partners Against male batterer program

participants. *Violence Against Women*, 18(9), 1027–1044. <https://doi.org/10.1177/1077801212460755>.

⁷⁷ Gondolf, E. W. (2012). Physical tactics of female partners Against male batterer program participants. *Violence Against Women*, 18(9), 1027–1044. <https://doi.org/10.1177/1077801212460755>.

⁷⁸ Miller, S., & Meloy, M. (2006). Women’s use of force: Voices of women arrested for domestic violence. *Violence Against Women*, 12(1), 89–115. <https://doi.org/10.1177/1077801205277356>; Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, 31(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>

⁷⁹ Miller, S., & Meloy, M. (2006). Women’s use of force: Voices of women arrested for domestic violence. *Violence Against Women*, 12(1), 89–115. <https://doi.org/10.1177/1077801205277356>; Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, 31(1), 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>

⁸⁰ Bair-Merritt, M. H., Crowne, S. S., Thompson, D. A., Sibinga, E., Trent, M., & Campbell, J. (2010). Why do women use intimate partner violence? A systematic review of women’s motivations. *Trauma, Violence, & Abuse*, 11(4), 178–189. <https://doi.org/10.1177/1524838010379003>; Swan, S. C., & Snow, D. L. (2002). A Typology of Women’s Use of Violence in Intimate Relationships. *Violence Against Women*, 8(3), 286–319. <https://doi.org/10.1177/107780120200800302>

⁸¹ Bair-Merritt, M. H., Crowne, S. S., Thompson, D. A., Sibinga, E., Trent, M., & Campbell, J. (2010). Why do women use intimate partner violence? A systematic review of women’s motivations. *Trauma, Violence, & Abuse*, 11(4), 178–189. <https://doi.org/10.1177/1524838010379003>; Swan, S. C., & Snow, D. L. (2002). A Typology of Women’s Use of Violence in Intimate Relationships. *Violence Against Women*, 8(3), 286–319. <https://doi.org/10.1177/107780120200800302>.

⁸² LGBTQIA+ refers to Lesbian, Gay, Bisexual, Pansexual, Transgender, Genderqueer, Queer, Intersexed, Agender, Asexual, and Ally community. For definitions of terms see <https://www.uis.edu/gendersexualitystudentservices/about/lgbtqaterminology/>

⁸³ Brown, T. N. T., & Herman, J. L. (2015). *Intimate partner violence and sexual abuse among LGBT people: A review of existing research*. University of California, the Williams Institute.

⁸⁴ Ristock, J. L. (2005). Exploring dynamics of abusive lesbian relationships: Preliminary analysis of a multisite, qualitative study. *American Journal of Community Psychology*, 31(3/4), 329–341. <https://doi.org/10.1023/a:1023971006882>; Walters, M. L., Chen, J., & Breiding, M. J. (2013). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on victimization by sexual orientation*. Atlanta, GA: National Center for Injury Prevention and Control.

⁸⁵ The National Domestic Violence Hotline. (n.d.). *LGBTQ relationship violence*. Austin, TX: Author. <https://www.thehotline.org/is-this-abuse/lgbt-abuse/>; Messenger, A. (2011) Invisible victims: Same-sex IPV in the National Violence Against Women survey. *Journal of Interpersonal Violence*, 26(11), 2228–2243. <https://doi.org/10.1177/0886260510383023>

⁸⁶ Brown, T. N. T., & Herman, J. L. (2015). *Intimate partner violence and sexual abuse among LGBT people: A review of existing research*. University of California, the Williams Institute.; Walters, M. L., Chen, J., & Breiding, M. J. (2013). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on victimization by sexual orientation*. National Center for Injury Prevention and Control.

⁸⁷ Brown, T. N. T., & Herman, J. L. (2015). *Intimate partner violence and sexual abuse among LGBT people: A review of existing research*. Los Angeles, CA: University of California, the Williams Institute.; Messenger, A. (2011) Invisible victims: Same-sex IPV in the National Violence Against Women survey. *Journal of Interpersonal Violence*, 26(11), 2228–2243. <https://doi.org/10.1177/0886260510383023>; Walters, M. L., Chen, J., & Breiding, M. J. (2013). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on victimization by sexual orientation*. Atlanta, GA: National Center for Injury Prevention and Control.; Balsam, K. F., & Szymanski, D.M. (2005). Relationship quality and domestic violence in women’s same-sex relationships: The role of minority stress. *Psychology of Women Quarterly*, 29(3), 348–269. <https://doi.org/10.1111/j.1471-6402.2005.00220.x>; Goldberg, N., & Meyer, I. (2013). Sexual orientation disparities in history of intimate partner violence: Results from the California Health Interview Survey. *Journal of Interpersonal violence*, 28(5), 1109–1118. <https://doi.org/10.1177/0886260512469384>

-
- ⁸⁸ Brown, T. N. T., & Herman, J. L. (2015). *Intimate partner violence and sexual abuse among LGBT people: A review of existing research*. University of California, the Williams Institute.; Risser, J. M. H., Shelton, A., McCurdy, S., Atkinson, J., Padgett, P., Useche, B., Thomas, B., & Williams, M. (2005). Sex, drugs, and HIV status among male-to-female transgender persons in Houston, Texas. *International Journal of Transgenderism*, 8(2-3), 67-74. https://doi.org/10.1300/J485v08n02_07
- ⁸⁹ Kropp, P. R. (2008). Intimate partner violence risk assessment and management. *Violence and Victims; New York*, 23(2), 202–220. <https://doi.org/10.1891/0886-6708.23.2.202>
- ⁹⁰ Taft, C. T., Watkins, L. E., Stafford, J., Street, A. E., & Monson, C. M. (2011). Posttraumatic stress disorder and intimate relationship problems: A meta-analysis. *Journal of Consulting and Clinical Psychology*, 79(1), 22–33. <https://doi.org/10.1037/a0022196>; Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse*, 3(2), 231–280. <https://doi.org/10.1891/1946-6560.3.2.231>
- ⁹¹ Laskey, P. (2016). Systematic review of female perpetrators of intimate partner violence and their treatment. *Journal of Applied Psychology and Social Science*, 2(1), 62-88. <https://ojs.cumbria.ac.uk/index.php/apass/article/view/299>
- ⁹² Kropp, P. R. (2008). Intimate partner violence risk assessment and management. *Violence and Victims; New York*, 23(2), 202–220. <https://doi.org/1891/0886-6708.23.2.202>; Dutton, D. G., & Kropp, P. R. (2000). A review of domestic violence risk instruments. *Trauma, Violence, & Abuse*, 1(2), 171-181. <https://doi.org/10.1177/152483800001002004>
- ⁹³ Northcott, M. (n.d.). *Intimate partner violence risk assessment tools: A review*. Department of Justice Canada, Research and Statistics Division. https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_8/rr12_8.pdf
- ⁹⁴ Kropp, P. R. (2008). Intimate partner violence risk assessment and management. *Violence and Victims; New York*, 23(2), 202–220. <https://doi.org/10.1891/0886-6708.23.2.202>
- ⁹⁵ Henning, K., Martinsson, R., & Holdford, R. (2009). Gender differences in risk factors for intimate partner violence recidivism. *Journal of Aggression, Maltreatment & Trauma*, 18(6), 623–645. <https://doi.org/10.1080/10926770903103248>
- ⁹⁶ Kropp, P. R. (2008). Intimate Partner Violence Risk Assessment and Management. *Violence and Victims; New York*, 23(2), 202–220. <https://doi.org/10.1891/0886-6708.23.2.202>
- ⁹⁷ Kropp, P. R. (2008). Intimate Partner Violence Risk Assessment and Management. *Violence and Victims; New York*, 23(2), 202–220. <https://doi.org/10.1891/0886-6708.23.2.202>
- ⁹⁸ Andrews, D. A., Bonta, J., & Wormith, J. S. (2006). The recent past and near future of risk and/or need assessment. *Crime & Delinquency*, 52(1), 7-27. <https://doi.org/10.1177/0011128705281756>; Hanson, R. K., & Bussière, M. T. (1998). Predicting relapse: a meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology*, 66(2), 348–362. <https://doi.org/10.1037/0022-006X.66.2.348>; Henning, K., Martinsson, R., & Holdford, R. (2009). Gender differences in risk factors for intimate partner violence recidivism. *Journal of Aggression, Maltreatment & Trauma*, 18(6), 623–645. <https://doi.org/10.1080/10926770903103248>
- ⁹⁹ Kercher, G., Weiss, A., & Rufino, K. (2010). *Assessing the risk of intimate partner violence*. Crime Victims' Institute, Criminal Justice Center, Sam Houston State University. http://www.ncdsv.org/images/CVI_Assessing-the-Risk-of-IPV_1-2010.pdf
- ¹⁰⁰ Kropp, P. R. (2008). Intimate Partner Violence Risk Assessment and Management. *Violence and Victims; New York*, 23(2), 202–220. <https://doi.org/10.1891/0886-6708.23.2.202>
- ¹⁰¹ Kropp, P. R. (2008). Intimate Partner Violence Risk Assessment and Management. *Violence and Victims; New York*, 23(2), 202–220. <https://doi.org/10.1891/0886-6708.23.2.202>
- ¹⁰² Kropp, P. R. (2008). Intimate Partner Violence Risk Assessment and Management. *Violence and Victims; New York*, 23(2), 202–220. <https://doi.org/10.1891/0886-6708.23.2.202>
- ¹⁰³ Heckert, D. A., & Gondolf, E. W. (2004). Battered women's perceptions of risk versus risk factors and instruments in predicting repeat reassault. *Journal of Interpersonal Violence*, 19(7), 778-800. <https://doi.org/10.1177/0886260504265619>; Kercher, G., Weiss, A., & Rufino, K. (2010). *Assessing the risk of intimate partner violence*. Crime Victims' Institute, Criminal Justice Center, Sam Houston State

University. http://www.ncdsv.org/images/CVI_Assessing-the-Risk-of-IPV_1-2010.pdf; Campbell, J. C., Webster, D. W., & Glass, N. (2009). The danger assessment: validation of a lethality risk assessment instrument for intimate partner femicide. *Journal of Interpersonal Violence*, 24(4), 653–674. <https://doi.org/10.1177/0886260508317180>

¹⁰⁴ Northcott, M. (n.d.). *Intimate partner violence risk assessment tools: A review*. Department of Justice Canada, Research and Statistics Division. https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_8/rr12_8.pdf; Guo, B., & Harstall, C. (2008). *Spousal violence against women: Preventing recurrence*. Alberta, Canada: Institute of Health Economics.

¹⁰⁵ Northcott, M. (n.d.). *Intimate partner violence risk assessment tools: A review*. Department of Justice Canada, Research and Statistics Division. https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_8/rr12_8.pdf; Guo, B., & Harstall, C. (2008). *Spousal violence against women: Preventing recurrence*. Alberta, Canada: Institute of Health Economics.

¹⁰⁶ Williams & Houghton (2004); Williams, K. R., & Grant, S. R. (2006). Empirically examining the risk of intimate partner violence: The Revised Domestic Violence Screening Instrument (DVSI-R). *Public Health Reports*, 121(4), 400–408. <https://doi.org/10.1177/003335490612100408>

¹⁰⁷ Kropp, P. R. (2008). Intimate partner violence risk assessment and management. *Violence and Victims; New York*, 23(2), 202–220. <http://dx.doi.org/10.1891/0886-6708.23.2.202>; Northcott, M. (n.d.). *Intimate partner violence risk assessment tools: A review*. Department of Justice Canada, Research and Statistics Division. https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_8/rr12_8.pdf

¹⁰⁸ Williams, K. R., & Grant, S. R. (2006). Empirically examining the risk of intimate partner violence: The Revised Domestic Violence Screening Instrument (DVSI-R). *Public Health Reports*, 121(4), 400–408. <https://doi.org/10.1177/003335490612100408>; Kropp, P. R. (2008). Intimate partner violence risk assessment and management. *Violence and Victims; New York*, 23(2), 202–220.

<http://dx.doi.org/10.1891/0886-6708.23.2.202>; Northcott, M. (n.d.). *Intimate partner violence risk assessment tools: A review*. Department of Justice Canada, Research and Statistics Division. https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_8/rr12_8.pdf

¹⁰⁹ Kropp, P. R., & Hart, S. D. (2000). The Spousal Assault Risk Assessment (SARA) guide: Reliability and validity in adult male offenders. *Law and Human Behavior*, 24(1), 101–118.

<https://doi.org/10.1023/A:1005430904495>; Northcott, M. (n.d.). *Intimate partner violence risk assessment tools: A review*. Department of Justice Canada, Research and Statistics Division. https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_8/rr12_8.pdf; Guo, B., & Harstall, C. (2008). *Spousal violence against women: Preventing recurrence*. Alberta, Canada: Institute of Health Economics.

¹¹⁰ Northcott, M. (n.d.). *Intimate partner violence risk assessment tools: A review*. Department of Justice Canada, Research and Statistics Division. https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_8/rr12_8.pdf

¹¹¹ Kropp, P. R. (2008). Intimate partner violence risk assessment and management. *Violence and Victims; New York*, 23(2), 202–220. <http://dx.doi.org/10.1891/0886-6708.23.2.202>; Kropp, P. R., Hart, S. D., & Belfrage, H. (2005). *Brief spousal assault form for the evaluation of risk (B-SAFER)*. User manual. <http://urn.kb.se/resolve?urn=urn:nbn:se:miun:diva-3711>

¹¹² Hilton et al. (2008); Hilton, N. Z., & Radatz, D. L. (2018). The criminogenic and noncriminogenic treatment needs of intimate partner violence offenders. *International Journal of Offender Therapy and Comparative Criminology*, 62(11), 3247–3259. <https://doi.org/10.1177/0306624X17740015>

¹¹³ Northcott, M. (n.d.). *Intimate partner violence risk assessment tools: A review*. Department of Justice Canada, Research and Statistics Division. https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_8/rr12_8.pdf; Guo, B., & Harstall, C. (2008). *Spousal violence against women: Preventing recurrence*. Alberta, Canada: Institute of Health Economics.; Kropp, P. R. (2008). Intimate partner violence risk assessment and management. *Violence and Victims; New York*, 23(2), 202–220. <http://dx.doi.org/10.1891/0886-6708.23.2.202>

¹¹⁴ Northcott, M. (n.d.). *Intimate partner violence risk assessment tools: A review*. Department of Justice Canada, Research and Statistics Division. https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_8/rr12_8.pdf; Guo, B., & Harstall, C. (2008). *Spousal violence against women: Preventing*

recurrence. Alberta, Canada: Institute of Health Economics.; Millar, A. (2009). *Inventory of spousal violence risk assessment tools used in Canada*. Ottawa, ON: Department of Justice Canada.

¹¹⁵ Rock, R. C., Sellbom, M., Ben-Porath, Y. S., & Salekin, R. T. (2013). Concurrent and predictive validity of psychopathy in a batterers' intervention sample. *Law and Human Behavior, 37*(3), 145–154.

<https://doi.org/10.1037/lhb0000006>; Mager, K. L., Bresin, K., & Verona, E. (2014). Gender, psychopathy factors, and intimate partner violence. *Personality Disorders: Theory, Research, and Treatment, 5*(3), 257-267. <https://doi.org/10.1037/per0000072>

¹¹⁶ Mager, K. L., Bresin, K., & Verona, E. (2014). Gender, psychopathy factors, and intimate partner violence. *Personality Disorders: Theory, Research, and Treatment, 5*(3), 257-267.

<https://doi.org/10.1037/per0000072>; Hare, R. D. (2003). *Manual for the Revised Psychopathy Checklist*

(2nd ed.). Toronto, Ontario, Canada: Multi-Health Systems.; Holtzworth-Munroe, A., & Stuart, G. L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin, 116*(3), 476–497. <https://doi.org/10.1037/0033-2909.116.3.476>

¹¹⁷ Henning, K., Martinsson, R., & Holdford, R. (2009). Gender differences in risk factors for intimate partner violence recidivism. *Journal of Aggression, Maltreatment & Trauma, 18*(6), 623–645.

<https://doi.org/10.1080/10926770903103248>

¹¹⁸ Hanson, R. K., & Wallace-Capretta, S. (2004). Predictors of criminal recidivism among male batterers. *Psychology, Crime & Law, 10*(4), 413–427. <https://doi.org/10.1080/10683160310001629283>; For additional information on assessments, see <https://www.bwjp.org/our-work/topics/risk-assessment.html>