

Partner Abuse: Guidelines for Authors

Partner Abuse is published quarterly, in January, April, July, and October of each year. Contributions are sought primarily from academic researchers, batterer intervention providers, and other clinicians and victim advocates; and also from individuals in law enforcement, the courts, and policymakers. Please use the guidelines below for developing and submitting a manuscript to ensure that the editorial board is able to review your manuscript.

1. Manuscripts [submitted](#) to *Partner Abuse* should be professionally prepared in accordance with the Publication Manual of the American Psychological Association, 6th edition, 2009. Instruments(s) may be included in an appendix, to be published at the discretion of the editors.
2. An abstract of between 125 and 250 words should be included. Authors are also asked to supply a list of four to six keywords, not appearing in the title, which will be used for indexing.
3. Manuscript format and length should conform to the guidelines below, depending on the type of manuscript submitted. We may, however, consider a manuscript that is longer than specified.
4. Double-space everything, including references, quotations, tables and figures. Margins should be set at 1" all around, and type should be set at 12 point font, Times New Roman.
5. All figures should be submitted in camera ready form. In addition, photos and line art figures should be sent as a tiff (300 ppi) or eps files.
6. Quotations of 300 words or more from one source require written permission from the copyright holder for reproduction. Adaptation of tables and figures also require reproduction approval from the copyrighted source. It is the author's responsibility to secure such permission, and a copy of the publisher's written permission must be provided to the journal editors immediately upon acceptance of the manuscript for publication.
7. Authors should submit manuscripts online via the ScholarOne Manuscript Central system at <https://mc.manuscriptcentral.com/partnerabuse> .

Note: Authors bear full responsibility for the accuracy of references, quotations, tables, and figures. During the online submission process, authors must fill out a Copyright Transfer Agreement and agree to transfer all copyright ownership of their articles to Springer Publishing Company, LLC, in the event that the article is accepted and published in this journal. If the paper is rejected or withdrawn, the rights revert back to the author.

ADDITIONAL GUIDELINES

The use of certain terms may confuse, rather than elucidate, and suggest an ideological bias even when one may not exist. It is not uncommon, for instance, for victims of partner abuse to be referred to with the pronoun “she,” and for perpetrators to be referred to as “he.” In accordance, therefore, with the journal’s evidence-based, gender-inclusive orientation, we suggest the following guidelines regarding terminology:

1. Use the pronouns “he” or “she” when referring to either victims or perpetrators, to indicate that the statement applies to both genders. Alternatively, plurals (such as they, them, or their) may also be used.
2. When referring generically to individuals of either gender who are physically and/or emotionally abusive to partners, use the term “partner-violent” or “partner abusive.”
3. Only use the term “batterer” when term has been defined specifically (e.g., repeat, severe violence; physical violence and control.)
4. When referring to men or women court-mandated to batterer intervention programs, refer to them as “offenders” or “perpetrators.”
5. Victims should generically be referred to as *victims of partner abuse*; the term “battered women” or “battered men” should be used when referring specifically to victims who have been subjected to a defined pattern of battering behavior.

Contribution Categories

Contributions will be considered in the following categories. All manuscript submissions must conform to the length and format guidelines.

- **Scholarly original research papers and literature reviews** of between 20 and 30 pages manuscript length, including references and tables. Use standard format of introduction, literature review, methods, results and conclusions.
- **Viewpoint and Theory articles** on current research, theories of partner abuse, clinical practice, or public policy and the law. These are limited to 25 pages. Theoretical articles should be well-referenced. Articles that seek to present a particular point of view should include appropriate references, but with an emphasis on advancing, challenging, and clarifying issues of partner abuse by presenting a set of arguments and opinions, rather than conducting a formal literature

review or describing in detail a particular research project. Viewpoints may be critical of existing research, programs or policies, but the tone must always remain respectful.

- **Book Reviews**, maximum 6 double-spaced manuscript pages in length. These should include: Name of book and author; other books by the author; a description of the book, including content and style; comparison to similar books in the field; book's relevance to field of partner abuse; strengths and weaknesses.
- **Programs, Policies and Practice**, maximum 20 pages. This type of article can be descriptions of promising evidence-based, gender-inclusive programs, legislation and policies. The format is as follows:

- Description of the problem or issue
- Existing programs, policies, or law/legislation including strengths and limitations
- New program, policy or law/legislation
- Description
- How it compares to existing programs, policies, or law/legislation
- Its impact on the field of intimate partner abuse, intended and/or actual
- Conclusions and recommendations (e.g., future research)

- **Clinical Case Studies**, maximum 20 pages.
 - a. Your case study should be focused on abuse between intimate partners, although we encourage discussion of its impact on the family system when applicable. You are free to choose a case that involves individual, group, couples or family therapy, or any combination. Please structure your manuscript into the following subheadings:
 - Introduction
 - Description of Individual(s) Treated and Assessment Procedure
 - Treatment Goals and Treatment Plan
 - The Course of Treatment
 - Conclusion and Outcomes
 - b. Each case study should contain *an introductory section*, comprising about 3-4 pages of the recommended 15-20 page manuscript total, that contains essential information about where you work, the types of cases you typically see, your theoretical orientation, and research supporting your approach (including a few key references).
 - c. The case study itself comprises the remaining 12 to 16 pages. Start with a *description of the individual, couple or family* you are working with, how they were referred to your practice/agency, what other agencies they were involved with prior and concurrent with seeing you, and who attended the first session. Case studies are in some ways like fiction: it

is your job to bring these people alive for the reader. Be sure, then, to give details of each client, including physical appearance, mannerisms, mood, how they relate to their partner or other family members, as well as occupation, grade level in school, etc. Be careful, however, to preserve each client's privacy and confidentiality, so avoid using their real names or information that would clearly identify them. Composite sketches work well, so long as they remain true to the essential facts of the case.

- d. Describe your *assessment procedure*, including any instruments you may have used to determine the extent of the abuse, and the level of danger to victims.
- e. Clearly articulate your *initial treatment goals*. Remember that you are writing about domestic violence. Therefore, whatever else you may be attempting to accomplish in treatment, *elimination of violence and a reduction in emotional abuse* must be your primary goals. Let the reader know if you have primary and secondary goals, and/or if your goals changed over the course of treatment.
- f. State your *reasons for deciding on a particular course of treatment, especially with respect to safety*. If there has been a history of severe violence by one or both partners, did you expect them to complete a batterer intervention program, or obtain individual treatment for their violence prior to, or concurrent with, working with them in couples or family sessions? How did you arrive at these decisions?
- g. *Have a gender-inclusive, evidence-based, multi-causal and systemic perspective*. This means that you acknowledge that domestic violence is not simply a gender problem of men battering their spouses and children, but rather a complex phenomenon in which males and females, parents and children, can be perpetrators or victims. Whatever your theoretical orientation, show how it informed your treatment choices.
- h. How you present the case material is up to you. You may simply *describe your case in narrative fashion*, based on memory and/or a review of your notes. You can make your case material more immediate and interesting if you include, at least in some sections, *either verbatim transcripts or paraphrased dialogue*. Be sure, though, to keep the case narrative simple, with a beginning, middle and end.
- i. Your narrative should include an account of outside agencies the individual or family members have been involved with throughout the course of treatment (child protective services, probation or parole, other therapists, a batterer intervention program, etc.). *Describe the ways you may have collaborated with these other agencies and treatment providers* on your case. Also indicate if the client was court-referred, and whether this was for a criminal conviction of spousal abuse. Do not hesitate to discuss how any of these outside agencies may have posed a help or hindrance to your work or treatment goals.

- j. As you present your narrative and describe how your interventions are advancing your treatment goals, please address the following:
- The extent of each person's abuse, physical and psychological, and its impact on the partner, as well as on the children if applicable.
 - The risk factors that may have contributed to the abuse, including: attitudes and belief, mental health status, personality, attachment style, coping and relational skills, employment and socio-economic status, substance abuse, and childhood of origin issues.
 - Relationship dynamics. Does one person tend to attack and the other defend or withdraw? Is the abuse unilateral, or reciprocal? Are both partners abusive but in different ways – e.g., does one person tend to engage in physical aggression, while the other engages in emotional abuse and controlling behaviors?
 - Family structure (level of differentiation and organization, boundaries and hierarchies, accessibility to outside influences, adaptability)
 - The relationship between domestic violence issues (anger, violence, emotional abuse, control) and the other issues your client(s) is/are presenting. How are all these issues impacting on one another? Which ones have you been primarily concerned with, at various stages in the course of treatment, and why?
- k. Your manuscript should have a conclusion section that addresses the relative success you had in achieving your treatment goals. If the treatment failed in some ways, discuss why, and suggest ways you might have worked with the client(s) differently.