JOINING FORCES
Joining Families

Social-Cognitive Theory Applied to Maltreating Parents
An Interview with Sandra T. Azar, PhD

James E. McCarroll, PhD (EM)

In This Issue

As practitioners, researchers and advocates working in the field of family violence, we must continually strive to examine new models that can help us better interpret, educate and treat our clients. The fall issue of *Joining Forces Joining Families* features the work of Sandra T. Azar, a noted psychologist from Penn State University. Dr. Azar's work focuses on social-cognitive theory as applied to maltreating parents.

Using data from the Army Central Registry and the Health Risk Appraisal, Nicole Bell and Cara Fuchs show the importance of considering both past and current alcohol drinking practices on spouse maltreatment.

Our statistics article provides some guidelines on understanding and interpreting the differences between data obtained from (1) enumerating and (2) estimating an event. Both types of data are frequently quoted when describing spouse or child maltreatment. Websites of Interest gives some examples of data described in the statistics article as well as sources of information on maltreatment statistics.

—*James E. McCarroll, PhD, Editor-in-Chief*

Table of Contents

Dr. Azar is a clinical psychologist and a Professor of Psychology at The Pennsylvania State University where she teaches and conducts research. She received her PhD in psychology from the University of Rochester in 1984. Her distinguished career includes membership on the editorial board of numerous scientific journals and she has received many federal grants from the U.S. and Canada. Her research interests include child abuse and neglect, gender and aggression, parenting, family interactions, developmental aspects of self-control, adolescent depression, and legal processes and families. Currently, her work centers on the relation between cognitive processes and parenting, particularly under adverse conditions such as poverty and parental disability.

EM How did you get started in child maltreatment work?

Dr. Azar: My first studies as an undergraduate were on memory and the role of cognitive mediation. That's where my interest in social cognition came from, but even then I was interested in poverty and at-risk children.

EM: You have worked in many different areas of child maltreatment.

Dr. Azar: Child maltreatment is an interdisciplinary topic and includes pediatricians, social workers, public policy people, and others.

The field just does not lend itself to a traditional psychological approach.

EM: How would you explain the concept of child maltreatment to a lay audience, to people who say "How could this kind of thing happen?" or "How could somebody do that?"

Dr. Azar: Parenting is a very complex cognitive task. Often, we just say, "Parenting is instinct." Parenting is a job, but often in our society we do not see it that way. Parents have to juggle: "The kid needs to learn how to keep his shoes tied. I've got to get the other three children to school. I'm tired. They kept me up last night because one of them had a fever." Each of those stresses requires cognitive capacity to solve. But, when you put them all together in individuals who may be limited in some capacities or may have difficulty being flexible, the task becomes impossible.

There are multiple causes for child maltreatment. In some cases I see it as a learning deficit. Some people have grown up in families where the standards for parenting are different from the norms of the rest of society. These parents are isolated and lack resources and social support and have distorted scripts for the parenting process. They may misin-

terpret a child's behavior, which can lead them to a perception of exceptional malevolence on the child's part. They may think, "This child is doing this on purpose and is trying to get to me." That kind of appraisal will heighten their arousal and lead them to do things they might not otherwise engage in.

EM: How do you work with a parent who experiences those distortions?

Dr. Azar: All my work has been aimed at challenging those distortions, but it's a very tricky task. To them, their distortions are as familiar and as natural as breathing. As a result, you have to produce lots of exemplars before people shift their thinking and are willing to realize that it is their thinking gets them into trouble.

The process that I use can work in ten or twelve weeks with home visitors and groups. Groups are very important because people are much better at seeing distortions operating in other people than in themselves. If people can engage in the process of exploring why they are in trouble and how they might change their behavior, you can change these distortions in a short span of time. But, you need to be very skilled at *tenderly* moving them through the challenging process.

The work involves modeling. I show them how thoughts influence behavior. Different thoughts produce very different outcomes. I get them to help me think about generating their ideas. I may present scenarios. For example, "You save up for weeks to buy a new white dress, and you are very happy wearing it. Then little Johnny comes toddling toward you with this glass of red cool-aid and spills it all over your new white dress." I get them to imagine very slowly that situation and ask them to tell me what they are feeling physically and then what is going on in their head. "What thoughts are you having about Johnny?" Typically, you get things like, "It's not fair. Why me? I never get to have nice things. This kid really doesn't care. He did this on purpose. He's just like his father." I will try to give some links to other people in their lives who do not care about them or who treat them unfairly. Then I will work on discriminating the child from those other people and teaching them self-statements that will cool the fire of their anger and frustration with the child. Examples are, "He's only two. He doesn't know any better. It's my job to

The Social-Cognitive Theory of Parenting
A Brief Review of the Work of Sandra T. Azar

James E. McCarroll, PhD

Dr. Sandra T. Azar is widely published in the topics of child maltreatment and parenting. She has written extensively on the termination of parental rights by the courts due to child maltreatment. She advises mental health professionals to be extremely cautious in their evaluations and statements because of the lack of data that exists in this arena. Such caution is particularly advised given the diversity of today's families and the fact that existing databases on families are largely based on studies of middle class, two-parent families and lack information on single parents, low socio-economic class families, very young families, or other complex family situations.

Her work advances an assessment approach that focuses on parental behavior and functioning as opposed to a model that emphasizes personality and intelligence. Accordingly, she strongly encourages more research in building a more extensive database of information about families and parenting. She believes that many current models are inadequate to explain the processes involved in parenting and that a newer, broader model is needed.

Her model is cognitive-behavioral and is based on the principle that thoughts influence behavior. Parenting is viewed within a general stress-coping model, which examines what the individual brings and what is required. Expectations about the self tend to be flexible and allow a wide range of enactment of the role of parent. She asks, "Is parenting a doable task? If so, what are its demands?" The social and cognitive tasks to be negotiated are *relational* and generally involve capacities that are required for many domains of adult development. The emphasis in her model is on improving the capacity to problem-solve and to remain cognitively flexible in the face of changes in the child and the changing contexts of life. Having realistic expectancies for the parenting role and the capacity to recognize where these expectancies may be ineffective and to re-adjust them are key to parental development. Her cognitive-behavioral model will work across the many varying circumstances of parenthood in today's world in that it does not require a biological basis, just the capacity to learn the parental role and to have gone into it with accurate percep-

Her work advances an assessment approach that focuses on parental behavior and functioning as opposed to a model that emphasizes personality and intelligence.

tions of what that role entails.

The following review is taken from a chapter entitled "Adult Development and Parenthood" (Azar, 2002) in which Dr. Azar describes her perspectives on parenting. Additional references are provided.

How does one learn to be a parent?

Azar reviews two opposing theories of parenthood. The first sees parenthood as a stage in normal adult development. In this view, parenting is seen as essentially instinctive. As a result, criticism of the parent is highly likely in the event of failure. (How could one fail at something that is instinctive?) Azar argues against the parenting-as-normal-development theory. She presents the view that an individual's life course is flexible, random, and driven by context. Parenting, a unique context for the development of psychological maturity, involves stresses that can lead to personal growth or to maladaption. For some, parenting may be overwhelming and result in child maltreatment, depression, and other negative outcomes. For others, the stresses of parenting are within their "developmental reach" and this stage can lead to personal growth, greater maturity, and improved parenting skills.

What affects parenting?

In Azar's view there are three major areas that impact parenting. The first is the environment (or the context of parenting). Differences in parenting would be expected in a high-crime area compared to parenting in the suburbs in terms of how much control is exercised over a child. The second is the child. Different parenting strategies and challenges would be expected for a special needs child, an adopted child, a foster child, or a child from a spouse's previous marriage. The third area is that of the parents. In today's world, there are many decisions to be made about parenthood and the role requirements imposed on parents by society. The heterogeneity of the parental role defies narrow boundaries typically seen in developmental literature. She addresses the Whether, Who, How, When, Where, and How Long of parenting. Each of these is a question and a choice point to be considered in assessing their impact on the relation between the parents and the child.

Whether, why, and when to become a parent?

In the U.S., the number of persons marrying has declined, the age of marriage and the age of the parent at the birth of the first child has increased, but these vary by ethnicity. Children used to provide old age security for parents. In some cases, this is still true, but in highly industrialized countries, less and less so. Teen parenting, once a norm in the U.S., is now considered a hazard. On the other end of the scale, technology makes parenthood possible for older and older people. Both of these age differences can create "out of sync" parents. These differences have implications for the parent's role expectations for their children.

Who becomes a parent?

Parents today include biological, teenage, adoptive, foster, grand, and gay and lesbian parents and a child may live with any of these as a single parent. Cultural practices, social class, and race and ethnicity interact with all the categories of who becomes a parent. An increasing number of families live in poverty. Most parenting studies have focused only on mothers. Data on fathers as parents is extremely lacking, especially in minorities and lower socioeconomic class families.

How does one become a parent?

Many new scientific advances can transform the origin of parenthood: artificial insemination, implantation, and fertility treatment. In addition to standard adoption, international adoption involving children of different races, ethnicities, and cultures is prevalent.

Where is one a parent?

Location can facilitate or restrict assess to physical resources needed to parent. Suburban, rural, and high crime areas: each influences the range of parenting behaviors and a child's response, both to the parenting and to the environment.

How long is one a parent?

The traditional idea that parenting continues only until the child leaves home is also undergoing change. Depending on culture and economic circumstances, children take parents into their homes and vice versa. Foster care is another example of both implicit and explicit time limitations on parenting, neither of which may be clear to the child or to the foster or biological parents. These differences and their impact on nurturing are not well understood.

In summary, the heterogeneity of the parental role defies narrow boundaries typically seen in developmental literature. Azar shows how the social-cognitive model of adult development applies to parenthood across all these variations. The basic assumption of this theory is that for development to occur, the role requirements must be within the adults' zone of proximal development. This model explains the learning of parenting skills in the context of social relationships as well as the set of capacities that might be needed to confront the disturbances in social and emotional functioning and contextual factors that can interfere with it. Such social and cognitive factors play a role in adult competence, well-being, self-efficacy, and life satisfaction.

Dr. Azar's work provides a multitude of suggestions for research and clinical practice in the assessment of parenting. For example, managing the many stresses of life in today's military is a cognitive and social challenge. Army soldier and family programs might gain from using Dr. Azar's social-cognitive theory to (1) describe and (2) seek pathways that can contribute to growth and prevent disruption of personal development.

Additional Reading

1. Azar ST. (2002). Adult development and parenthood. A social-cognitive perspective. In J. Demick and C. Andreoletti (Eds.). *Handbook of Adult Development* (pp. 391–415). New York: Plenum Press.

2. Azar ST. (2002). Family research and the law: Can family research help Solomon? Contributions and challenges. In J. McHale & W. Grolnick (Eds.). *Retrospect and Prospect in the Psychological Study of Families* (pp. 283–320), Mahwah, NJ: Erlbaum.

3. Azar ST & Cote LR. (2002). Sociocultural issues in the evaluation of the needs of children in custody decision making. What do our current frameworks for evaluating parenting practices have to offer? *International Journal of Psychiatry and the Law, 25*:193–217.

4. Azar ST, Benjet CL, Fuhrmann GS, & Cavallero L. (1995). Child maltreatment and termination of parental rights: Can behavioral research help Solomon? *Behavior Therapy, 26*:599–623.

5. Azar ST, Lauretti AF, & Loding BV. (1998). The evaluation of parental fitness in termination of parental rights cases: A functional-contextual perspective. *Clinical Child and Family Psychology Review, 1*:77–100.

Heavy Alcohol Consumption and Spouse Abuse in the Army

Nicole S. Bell, ScD, MPH, and Cara Fuchs, MPH

Heavy drinkers are also at greater risk to perpetrate spouse abuse even though alcohol may not have been consumed prior to the abuse event.

Dr. Nicole Bell received her Doctor of Science degree from Harvard University in 1994 focusing on program evaluation, injury epidemiology, and biostatistics. She is the principal investigator for two ongoing studies of alcohol and injury-related events, one funded by NIH to explore alcohol abuse and intentional injury, the other funded by the Department of Defense to assess alcohol abuse and serious injury and repeat injury events among active duty Army soldiers.

Ms. Cara Fuchs received her BA in Psychology from Tufts University in 2000 and her MPH in Epidemiology from Boston University in May of 2005. She has focused on projects investigating the relationship between alcohol use and intentional injuries among US Army personnel. This fall she will begin a clinical psychology PhD program at University of Massachusetts, Boston, where she will pursue her research interest in the psychological consequences of traumatic life events.

Spouse abuse is an important, preventable health and social problem encountered among both civilian and military couples. Among military families, abuse not only causes extensive emotional and physical harm to the family members and the surrounding communities, but also may decrease mission readiness. Rates of abuse among military and nonmilitary spouses appear to be fairly comparable once differences in race, gender and other factors are taken into account.[1] However, specific patterns of spouse abuse and various risk factors, such as alcohol abuse and military deployments, are less well documented and understood.

There are both direct and indirect links between alcohol and spouse abuse. Heavy drinking has been associated with abuse events where the perpetrator or the victim (or both) have been drinking as well as with abuse where neither party has been drinking.[2–4] There are also indirect associations between alcohol and spouse abuse. Individuals with alcohol dependence might experience personality changes that increase risk for abuse even when they have not been drinking.[5] Research emphasizing the importance of typical drinking on the perpetration of spouse abuse suggests that couples with alcohol problems are more prone to conflicts with their spouses, but conflicts that escalate to violence do not necessarily need to involve alcohol.[6] It may also be that heavy drinking covaries with other behaviors or social norms, such as lack of impulse control, aggression or gender models idealizing power.[7]

Alcohol abuse may not only increase the likelihood of abuse occurring, it may also result in more severe abuse. A study of 11,870 male, active-duty Army soldiers cohabitating with a partner on 38 US Army bases, found that compared to male soldiers who were mildly physically aggressive towards their partner in the previous year, male soldiers who were severely physically aggressive were more likely to report an alcohol problem.[8] A recently published study of the relationship between alcohol consumption and spouse abuse among enlisted, male U.S. Army soldiers found that soldiers who drink heavily are more likely to abuse their spouses both when they are and when they are not drinking alcohol.[2] A history of heavy drinking was also associated with spouse abuse even when drinking habits were measured years prior to the abuse. Put another way, women who live with heavy drinkers are more likely to be victims of interpersonal violence.

Participants in this study were all active duty, male, enlisted Army spouse abusers identified in the Army's Central Registry who had also completed an Army Health Risk Appraisal Survey between the years of 1991 and 1998 (n=9,534). Their data were compared with that of 21,786 controls who were matched on gender, rank, marital status and who had also completed an HRA.

This was a case-control study since the subjects were selected on the basis of the outcome (spouse maltreatment) and then differences in prior exposure (alcohol abuse) were examined. However, it is important to note that the key exposure data (alcohol consumption history) reported on health behavior surveys was measured prior to and independent of the spouse maltreatment event. This is an important strength of this study because the measurement of alcohol drinking behaviors was not influenced by the spouse abuse event as is possible during cross-sectional studies when both the outcome and the risk factor are measured at the same time.

Heavy drinking is associated with spouse abuse even when drinking habits were measured years before the abuse.

Those who were classified as the heaviest drinkers, 22 or more drinks per week, were 66 percent more likely to abuse their spouses than those classified as abstainers. In addition, moderate (8 to 14 drinks per week) and heavy drinkers (15 to 21 drinks per week) were three times as likely, and light drinkers (1 to 7 drinks per week) were twice as likely, as soldiers who report they typically consume less than one drink per week, to be drinking during the time of the abuse.

The study's findings argue for early identification of heavy drinkers in order to provide treatment that may significantly reduce the consequences of the drinking, including spouse abuse. The findings also argue for further research between drinking and abuse, particularly for the relation between drinking, spouse abuse, and child abuse. While an abuse event may not be associated with alcohol misuse, careful exploration of an offender's history of drinking may also provide useful clinical material.

References:

1. Heyman RE, Neidig PH. (1999). A comparison of spousal aggression prevalence rates in U.S. Army and civilian representative samples. *Journal of Consulting and Clinical Psychology*, *67*:239–42.

2. Bell NS, Harford T, McCarroll JE, & Senier L. (2004). Drinking and spouse abuse among U.S. Army soldiers. *Alcoholism: Clinical & Experimental Research*, *28*:1890–1897.

3. Fals-Stewart W. (2003). The occurrence of partner physical aggression on days of alcohol consumption: a longitudinal diary study. *Journal of Consulting and Clinical Psychology, 71*:41–52.

4. Testa M, Quigley BM, Leonard KE. (2003). Does alcohol make a difference? Within-participants comparison of incidents of partner violence. *Journal of Interpersonal Violence*, *18*:735–43

5. Murphy CM, O'Farrell TJ, Fals-Stewart W, Feehan M. (2001). Correlates of intimate partner violence among male alcoholic patients. *Journal of Consulting and Clinical Psychology*, *69*:528–40.

6. Quigley BM, Leonard KE. (2000). Alcohol and the continuation of early marital aggression. *Alcoholism: Clinical & Experimental Research*, *24*:1003–10.

7. Fulwiler C, Eckstine J, Kalsy S. (2005). Impulsive-aggressive traits, serotonin function, and alcohol-enhanced aggression. *Journal of Clinical Pharmacology 45*:94–100

8. Pan HS, Neidig PH, O'Leary KD. (1994). Predicting mild and severe husband-to-wife physical aggression.*Journal of Consulting and Clinical Psychology, 62*:975–81

There is a high overlap between child abuse and domestic violence so we have to be very frightened for children in such situations.

stay calm in these moments." Then I help them problem-solve. "What could I do next time to prevent this?" For a while during the therapy the child is invisible. It is the parents' needs, their wishes, their hopes, their thoughts that take prominence. It is my job is to help them see how those thoughts are detrimental.

I always tell my clients, whether they are child abusers or not, that they have to be the central character in their story. When they stop being the central character in their story then they are just reacting to everything around them as opposed to creating the action.

A lot of the work involves metaphors. Metaphors help people process and retain information.

EM: Can you give us examples of some of your favorites?

Dr. Azar: In trying to explain the concept of child development and age-appropriate tasks and behaviors, I might approach a mother and place something in front of her. I'll say, "Here's a carburetor. I want you to fix this carburetor." And the mother will laugh and look at me. I then say, "Don't laugh! You cannot leave this room until you get this carburetor fixed." (Occasionally, I run into one who can.) I use that metaphor when a mother brings up a developmentally inappropriate behavior she has demanded in a child. I'll say, "Maybe you are asking him to fix a carburetor. That's what it is like for children."

EM: How would you recommend that people measure parenting?

Dr. Azar: Parenting may not be the core of the evaluation. First and foremost should be a careful, functional, analytic view of the incident that precipitated their being identified. Try to understand its antecedents and look for clues from that. One can ask, "What specifically does

When a mother brings up a developmentally inappropriate behavior she has demanded in a child, I'll say, "Maybe you are asking him to fix a carburetor. That's what it is like for children."

this parent have difficulties with? Is it discipline? Is it daily organization of the child's life? Is it providing nutritious meals?" There may be hundreds of parenting education classes, but they do slightly different things and often there is no recognition of the specific needs of the parents. Another problem may be the way in which material is presented. Some parents have learning disabilities. We need to present information in multiple modalities to help them process it. In some cases, you can role-play and be more active in the intervention as opposed to giving a lecture about how children develop.

I talk about kid's "paycheck." Parents pay kids for things they *do not* like to see. If the kid has a choice between playing quietly and hitting his sister and the parent's attention is the paycheck, then they are going to hit their sister because Mom will be over there in a second. I try to illustrate the importance of reward and praise to keep a behavior going. You have to be a bit charismatic and approach parents in ways that they have not been approached before, such as by legal and child protection people. Parents have to believe that you think that inside there is a good person.

Therapeutic practice requires an engagement process with parents. That means hearing their definition of what their difficulties are and how they frame the problem and then trying to link that frame to what we know may be core etiological factors The parent's cognitive map is so important. What we present is not going to register is their schema about parenting is disparate from the helper's view.

EM: What are the most crucial needs in the child maltreatment field?

Dr. Azar: We need more research. It is hard to get funded as a child abuse researcher because we don't have a diagnosis like those who study depression or schizophrenia. It's harder to define what our problem is.

There is also a lack of dissemination of research results. We have some very promising approaches for assessment and intervention. In spite of existing empirical data, much of what is being carried out in most localities does not fit those models.

EM: Do you see public policy regarding child maltreatment focusing on the right problems?

Dr Azar: The recent addition of family violence into the Centers for Disease Control has been a good policy move. Placing family violence in the bailiwick of public health is a good public policy move. This is one of the ways we can help to fortify families to strengthen them against risk.

EM: Can you tell us a little of what you are working on now?

Dr. Azar: I am trying to explore some elements of cognitive incapacities that might produce risk to children. Here, I am focusing on neglect, not on child abuse. However, I do not see child abuse and neglect as disparate. They are both failures in judgment. One involves a little more impulsivity; the other a little more passivity in terms of children's needs. They both involve not being able to identify problems and respond to them appropriately.

EM: I certainly appreciate your time. You have been very generous We will all look forward to your continued good work.

Dr. Azar: Thank you. Take care, bye

Important Websites on Maltreatment Statistics

There are many websites that present statistics on child and spouse maltreatment. Such websites are sponsored by a variety of organizations: government, professional organizations, advocates, and others. As emphasized in the article on statistics in this issue of JFJF, the reader should be aware of (1) the purpose of the website, and (2) the source of the statistics. The latter point is particularly necessary to keep in mind when citing research information obtained from the Internet as, unfortunately, many organizations present data without giving its source.

■ The National Criminal Justice Reference Service (NCJRS): **http://www.ncjrs.org**. This website is maintained by the U.S. Department of Justice. Within the vast amount of material presented here, most statistics of interest are under the two sections entitled "Victims of Crime" and "Statis-

tics". One can obtain full text publications here, which can be very valuable because they are not as limited in space as are journal articles and book chapters. They provide reports from the most recent major prevalence study of domestic violence in the U.S. by Tjaden and Thoennes. Note that there are two reports, one in July 2000 (The Extent, Nature, and Consequences of Intimate Partner Violence) and November 2000 (Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women). These are comprehensive reports of telephone surveys of 8,000 women and men to questions on domestic violence including rape and assault. They are found under the numbers NCJ 181867 for the July 2000 report and NCJ 183781 for the November 2000 report.

How is Maltreatment Measured?

James E. McCarroll, PhD

In this article we wish to draw a distinction between data that are obtained by (1) counting an existing population (e.g., the number of abused children annually reported to authorities) and (2) estimating from a sample (e.g., the number of spouse abuse victims, annually or lifetime, in the U.S.). Both can be referred to as statistics, but their sources and interpretation are very different.

Descriptions of maltreatment, particularly spouse abuse, are usually given in a numerical format: number of victims, how often victims are abused (e.g., so many every minute), number of homicides, and many others. Such descriptions may represent two different concepts and types of measures. In this article we wish to draw a distinction between data that are obtained by (1) counting an existing population (e.g., the number of abused children annually reported to authorities) and (2) estimating from a sample (e.g., the number of spouse abuse victims, annually or lifetime, in the U.S.). Both can be referred to as statistics, but their sources and interpretation are very different.

Some events can be counted and expressed as frequencies (the number counted), proportions, percentages, or ratios. Examples of population count data are the annual report from the states on child maltreatment to the U.S. Department of Health and Human Services (published annually as *Child Maltreatment)* and the Federal Bureau of Investigation's *Uniform Crime Report*. (For more information on these publications and their use, see Websites of interest in this issue of JFJF.)

On the other hand, other statistics may provide a model of a phenomenon that is difficult or impossible to measure directly. There is no national spouse abuse reporting system (as there is for counting child maltreatment) and states vary in their laws, definitions, and mechanisms for reporting spouse abuse. Therefore, a population estimate seems to be the best way to describe the number of spouse abuse victims. Surveys have been conducted to estimate this number, but they are expensive, usually provide data on only one time point, and may suffer from methodological problems such as difficulty obtaining a representative sample. Two examples of population estimates are the Straus and Gelles (1986) and the Tjaden and Thonnes (2000) studies. Both were well-designed and well-conducted large-scale studies that provided population estimates of domestic violence using the Conflict Tactics Scale (CTS) (Straus, 1979), although different versions of the CTS were used in each study.

The reader who wishes to compile and report statistical data on the frequency or rate of spouse or child maltreatment data must pay attention to (1) the measure used, and (2) whether the frequency or rate is given for the sample studied or for the population as a whole.

References

1. Straus MA. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics Scale. *Journal of Marriage and the Family, 41*:75–88.

2. Straus MA & Gelles RJ (1986). Societal change and change in family vilence from 1975 to 1985 as revealed by two national surveys. *Journal of Marriage and the Family, 48*:465–479.

3. Tjaden P & thoennes N. (November 2000). Full report of the prevalence, incidence, and consequences of violence against women. NCJ 183781.

4. U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. *Child Maltreatment, 2003*. Washington, DC: U.S. Government Printing Office, 2005.

Important Websites on Maltreatment Statistics (continued)

■ The Office of Violence Against Women: **http://www.ojp.usdoj.gov/vawo/**. This website is also maintained by the Department of Justice and includes information about the Office of Violence Against Women including announcements for events (such as conferences), new initiatives, press releases, publications, and laws and regulations. A section entitled "Information About Sexual Assault" includes medical information, reporting procedures, resources, and lists of state sexual assault coalitions and hotlines.

■ The Uniform Crime Reports (UCR): **http://www.fbi.gov/ucr/ucr.htm.** The Federal Bureau of Investigation maintains this website, which contains crime data. The UCR is a report of the compilation of the volume and rate of crime offenses for the nation, the states, and individual agencies. Note that this is crime data reported to the Federal Bureau of Investigation. It is sometimes hard to locate family violence data on this site. "Intimate partner violence" is the best search term for locating such information.

■ *Child Maltreatment, 2003*: **http://nccanch.acf.hhs.gov**. *Child Maltreatment* is an annual publication that provides state-by-state counts of child maltreatment as reported to state child protective agencies and summarized at the national level. It includes the number of children abused or neglected by sex, age, ethnicity, disability, location, type of perpetrator, and other factors on child maltreatment.