Earlier, when a social-learning conceptualization of child abuse was first described, we noted that parent anger is often an immediate antecedent to a child-abusive act. With the unusual exception of parents who calmly, intentionally seek to injure their children, or those who exhibit violent behavior so frequently that it becomes an acceptable and unemotional response, most abusive parents inflict injuries at times when they are angry (Statistical Report on Child Abuse and Neglect in Hawaii, 1975). Impulsive anger has been a personality characteristic widely observed in clinical reports of abusive parents (Green, 1976; Kempe, 1973; Kempe et al., 1962; Steele & Pollock, 1968). More recently, controlled studies have demonstrated that abusive parents exhibit atypical, heightened physiological arousal and self-reported anger when presented with realistic cues of aversive child behavior (Disbrow et al., 1977; Frodi & Lamb, 1980; Wolfe et al., in press). Taken together, all of these findings suggest that anger arousal accompanies many instances of child abuse and, therefore, that the likelihood of violent behavior in such families should be reduced if the parent develops appropriate means to handle anger more effectively. This is particularly true if the parent’s current high-
probability response when angry is physical aggression directed toward the child.

Before one can intervene to reduce a parent's likelihood for exhibiting child-directed violence when angry, it is important to consider carefully what specific stimuli, situations, or other factors actually elicit anger. In the chapter on assessment, we noted that a variety of different events can serve to evoke anger, including arousal to aversive cues emitted by the child (such as crying or screaming), intensified anger resulting from unsuccessful attempts to handle a difficult management situation, or frustration and anger elicited by some event other than the child. An example of the latter is a parent who encounters frustration in relationships or owing to economic stress and, when experiencing this heightened degree of emotional arousal, is more apt to respond aggressively toward his or her child.

The source or the stimuli which elicit anger determine the type of intervention that is needed to help parents cope with it. For example, if a parent experiences anger arousal when his or her child simply emits an aversive cue such as crying, a desensitization procedure that teaches the parent to use relaxation and self-calming skills in the presence of those cues may be an adequate anger-control intervention. On the other hand, if a parent experiences arousal when s/he is unable to handle a child's repeated misbehavior, anger-control training alone is probably an insufficient treatment; here, the parent would need to learn effective child-management skills and acquire techniques for self-calming in the troublesome situation. In similar fashion, frustration which stems from some difficulty outside the parent–child relationship (such as marital discord, joblessness, or financial problems) may well require attention to both reducing the external stress and helping the parent learn to cope more effectively with feelings of anger or frustration. For these reasons, anger-control treatment for abusive parents is ordinarily combined with some other training in the specific competencies that are needed to actually handle the difficult situation more skillfully. To date, anger-control intervention has most often been combined with child-management skills training (Crozier & Katz, 1979; Denicola & Sandler, 1980; Mastria et al., 1979; Wolfe et al., 1981c). The aim of this combination treatment is to help the parent control anger, avoid making an immediate aggres-