

Child Abuse Rate Rises With Fathers' Combat Deployment

BY MARY ANN MOON
Contributing Writer

The rate of child abuse in U.S. Army families who are prone to such maltreatment rises significantly when the soldiers are deployed for combat, researchers reported.

Most of this increase is attributable to civilian wives of the Army enlisted personnel.

Their rates of inflicting moderate to severe child abuse and neglect are nearly four times higher when their husbands are deployed on combat-related duties than when their husbands are not deployed, reported Deborah A. Gibbs of RTI International, an independent research institute in Research Triangle Park, N.C., and her associates.

Clinicians in communities with military populations should be aware of this added stressor, and of the need for enhanced support for these families, the investigators noted.

Ms. Gibbs and her associates linked information from two confidential U.S. Army databases to study substantiated incidents of child maltreatment among 1,771 families of enlisted soldiers worldwide from 2001 through 2004. Maltreatment included incidents of neglect, physical abuse, emotional abuse, and sexual abuse.

The researchers emphasized that they restricted their study to army families known to have at least one substantiated report of child abuse, and

did not assess army families in general. There were 3,334 separate incidents of abuse against 2,968 children during the 40-month study period. Boys and girls were abused in approximately equal numbers.

The rate of maltreatment was 42% higher during periods of deployment than during times when the soldiers were not deployed. The severity of abuse also increased during deployment, and the rate of incidents involving multiple types of abuse was "quite elevated" during deployment, the investigators said (JAMA 2007;298:528-35).

Rates of child abuse were much higher for civilian mothers than for civilian fathers married to soldiers, "suggesting that these two groups may be different in terms of the stress that they experience during their spouses' deployment, how they cope with such stress, or how they mobilize resources such as assistance with child care," Ms. Gibbs and her associates said.

Child abuse rates also were markedly higher in white families than in black or Hispanic families. "This difference may reflect racial-ethnic patterns in factors that are potentially related to the stress associated with soldier deployments, such as civilian parent employment or use of formal and informal support services," they noted.

The study findings indicate that supportive and preventive services for army families are particularly important during times of deployment, they said. ■

Geriatrician Shortage Looms As U.S. Population Is Aging

BY JOYCE FRIEDEN
Senior Editor

WASHINGTON — The number of physicians choosing to specialize in geriatrics will not be anywhere near enough to meet the needs of the elderly patients of the future, Dr. Christine Cassel said at a meeting sponsored by the American Thyroid Association and Johns Hopkins University.

In 1987, the American Board of Internal Medicine (ABIM) and the American Board of Family Medicine created a certificate of added qualification (CAQ) in geriatric medicine. To date, 7,422 such CAQs have been issued, including 263 in 2006, said Dr. Cassel, ABIM president. "That rate is not nearly enough to keep up with the predictions" of the number of geriatric specialists needed, she said.

Geriatrics is challenging because "it's not about mastering one area in great depth, but being comfortable enough dealing with a wide range of specialties ... that you will be referring to," she noted. The physician must also understand the difference between

disease and aging, and know how to evaluate physiologic age.

In addition, "no geriatrician thinks you can be a solo practitioner in an office by yourself." Instead, geriatric medicine specialists need to know how to integrate advanced practice professionals, social workers, pharmacists, and others into the practice team, Dr. Cassel said.

Dr. Cassel noted that Japan, Germany, and Sweden—countries where life expectancy for males and females is higher than in the United States—not only provide universal health insurance for the entire population, but also universal, government-funded long-term care insurance. "Somehow they managed to do this and still spend less money than we do," she said. "This idea that the United States provides the best quality of care is getting less and less defensible."

The lesson to be learned from these other countries is that "there has to be a way to figure out how to provide comprehensive, affordable, good care with an aging population," she said. ■

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