

EXPERT COMMENTARY

Military Wives' Private Battles

Rarely do we think about how stressful it is for soldiers' wives who are left behind when their husbands are deployed.

The findings of a recently published study featured in "Child Abuse Rate Rises in Families Affected by Combat Deployment" (FAMILY PRACTICE NEWS, Aug. 15, 2007, p. 5) suggest it's time to look at the factors that might explain such violence.

The spouse must take on all of the responsibilities that formerly had been handled by both parents. In addition, in most cases, the mother is now totally responsible for all discipline and, in the event that she was the comforter of the children when her husband was the disciplinarian, she might have difficulty switching roles. Therefore, she might become more rigid and "violent" than she might have been had her soldier husband stayed home.

Such switches in roles also are hard on the children, who might be accustomed to mom as the soft parent. As a result, the children sometimes become more difficult to control than they are with dad, whose role as the disciplinarian was well understood.

This change in family dynamics can exacerbate the children's negative behaviors

and mom's exasperation with the children. Yet, this is only one of the wife's frustrations and stressors.

The greatest problem may be the wife's sense of aloneness. For those women who had been the more dependent partner to be thrust into control of the house, the money, and the children, many new stressors are added into the equation. Much depends on the predeployment division of labor in the family and the amount of social interaction to which she had grown accustomed before the deployment.



BY PAUL J. FINK, M.D.

One study that examined these issues in military families found distinct differences between the genders in child abuse potential. The study of 175 fathers (93% active duty) and 590 mothers (16% active duty) in a home visitation program sponsored by the Army found that the unique predictors

for child physical abuse potential for mothers included marital dissatisfaction, low social support, and low family cohesion. The only unique predictor found for fathers was low family expressiveness (J. Fam. Violence 2005;20:123-9).

Despite the findings of the JAMA study showing higher rates of child abuse in civilian wives because of added stressors (JAMA 2007;298:528-35), we also need to

remember that the stressors on military men also are heightened.

The Army's desire to redeploy young enlisted men to Iraq or Afghanistan can prove devastating to the soldier and his wife—and the entire family. The threat of injury or death is increased, and the wife might not be as "patriotic" as her husband, so she might be less enthusiastic than he about his returning to the combat area.

The more combat he sees, the more likely he is to develop posttraumatic stress disorder or acute stress disorder, which can be a motivator for his own increasing negative behavior toward his children.

Children's vulnerability to being treated badly is increased whenever life's circumstances change—and war does terrible things to people. Evidence shows that military families in general have more family violence than the average American family.

In war, soldiers have permission to act out violently. We are horrified when they act out violently against innocent civilians or they act sadistically against helpless prisoners. It is not much of a jump to go from prisoners under your control to children under your control. The impulses toward cruelty and harming others are the basic unconscious reality that these soldiers learn in the Middle East, and many take those impulses home to Middle America.

In addition, there is some evidence that men in the armed forces tend to do more abuse to children than do men in the gen-

eral population. All of the armed forces are top down. Those at the top give the orders; those at the bottom follow the orders.

This takes us full circle to the role of wives while husbands are deployed. Particularly for wives who have been controlled and dominated, the freedom and essential release can be exhilarating and frightening, and their subsequent abuse of their children can be fraught with guilt and depression.

We must develop a whole new set of skills to understand, and, where necessary, intervene in the families of soldiers where domestic violence or child abuse takes place.

The JAMA article concentrates on the number of incidents of child abuse by soldiers and their wives, but it does not look at the destruction of the family that occurs as a result of deployment.

Clearly, family therapy may be essential. Individual therapy, cognitive-behavioral therapy, or psychodynamic therapy may be necessary for one or both parents, and couples therapy may work best in all cases.

Providing adequate pharmacologic intervention for wives in distress when their husbands are deployed, and certainly for those soldiers coming home damaged and hurt, is also critical. Finally, it is vital to do preventive work with these families. ■

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Suicide Rate Among Army Personnel Climbs to 26-Year High

BY TIMOTHY F. KIRN
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The U.S. Army's report that its 2006 suicide rate was the highest in the 26 years it has been keeping records was greeted with concern by experts, but also with some circumspection.

Some suggested that it might reflect stress from the duration of the wars in Iraq and Afghanistan, but no one immediately jumped to major criticism of the military or its efforts at mental health provision and promotion.

The "report underscores even more powerfully the urgency of getting our soldiers the care and assistance they need before they deploy, while they are in combat, and most importantly, when they return," Sen. John Kerry (D-Mass.) said in a statement.

"Although a 1-year increase does not make for a significant and lasting increase from a scientific perspective, it's certainly alarming, particularly when you take into consideration the documented high rates of posttraumatic stress disorder and depression among those having served in combat in Iraq and Afghanistan," M. David Rudd, Ph.D., chair of the department of psychology at Texas Tech University, Lubbock, said in an interview.

"This problem is certainly different from the Gulf War, when I was an Army psychologist," added Dr. Rudd, a past president of the American Association of Suicidology. "The prolonged nature of the conflict and limited troops has resulted in some challenging and unforeseen mental health consequences."

According to the 2006 Army Suicide Event Report, there were 99 suicides among active-duty personnel in 2006, with two more suspicious deaths still under investigation. Twenty-seven of those suicide deaths occurred in Iraq, and three occurred in Afghanistan. The report also

counted 948 serious suicide attempts that were not successful.

Of the suicides, 71% involved the use of firearms. Seventy percent of the individuals were under 25 years of age, and 10% were female. Ninety-eight percent of the persons were enlisted, and 91% were from the regular army.

In announcing the report, Col. Elspeth C. Ritchie, MC USA, a psychiatry consultant to the Army Surgeon General, said that the investigators were unable to find a direct relationship between deployment, combat, and suicide, although they looked closely.

Instead, the common features were those associated with suicide in general: financial problems, previous mental illness, and failed marital relationships. In fact, a failed marital relationship accounted for 55% of the completed suicides and 40% of the attempted suicides.

"Very often, a young soldier gets a 'Dear John' or a 'Dear Jane' letter and then takes his weapon and shoots himself," Dr. Ritchie said at a Pentagon news conference.

She did note, however, that repeated deployment put a strain on relationships.

The suicide rate for the entire 500,000-person Army, the report said, was 17.3 per 100,000 persons. That is the highest rate since the Army began counting in 1980.

That rate, however, is not that different from what one sees in the general population, if one considers only those of the same demographic of young males, Army officials and others have said. The rate for males of a comparable age is 18.6 per 100,000.

The highest number of suicides in the Army was 102 in 1991, the year of the Persian Gulf War. The lowest rate was 9.1 per 100,000 in 2001. In 2005, the Army had 88 suicides.

A few days after the Army report, the Army National Guard's Suicide Prevention Program announced that the National Guard has had 42 suicides through Aug. 13 for

fiscal year 2007, which ranks suicide as the third most common cause of death behind combat and accidents.

Since the start of the Iraq War, the Army and the Veterans Administration have been overwhelmed by the mental health needs of military personnel. Both have come in for criticism, but both also have worked to increase funding and services and, in the case of the Army, to reduce some of the stigma that has been attached to seeking mental health help in the military.

The Army is currently seeking to recruit an additional 250 mental health professionals, including psychiatrists, but both the Army and the VA have reported that they are having a hard time finding such personnel.

It is estimated that 20% of soldiers returning from the current wars have signs of posttraumatic stress disorder.

The Army's contention that suicides are not tied to combat and deployment is very plausible because it is consistent with what is seen in other branches of the service, said Dr. (Lt. Col.) Steven Pflanz, chief of the Air Force Suicide Prevention Program, which is seen as a model for all the military branches.

"We see the same stuff that you see in civilian populations—legal, financial, marital problems," he said.

The high rate of suicide in the Army is not surprising because it is made up of young males who have guns at hand, said Mark Kaplan, Dr.P.H., professor of community health at Portland (Ore.) State University, who recently published a study showing that male veterans are twice as likely to commit suicide as their counterparts with no military experience.

Although this year's increase might represent some reflection of a growing disaffection for the war among soldiers, it may also just be a 1-year blip, he said. "There needs to be more aggressive interventions. But there may be limits to how much you can bring rates down," he noted. ■