

Evidence Compass



Summary Report

What is the prevalence of risk-taking behaviours in the children of former or current military personnel?

Summary of the Rapid Evidence Assessment

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Executive Summary

- This literature review examines the evidence for the prevalence of risk-taking behaviour by children of former or current military personnel. The review examines risk-taking behaviour by focusing on the evidence for the following specific behaviours that carry an immediate or near immediate risk of harm or are proxies of such behaviour: high-risk drinking, illicit drug use and pharmaceutical misuse, dangerous driving, unsafe sex, crime, delinquency and school absenteeism.
- Using the Rapid Evidence Assessment (REA) methodology developed for the Department of Veterans' Affairs (DVA) by Phoenix Australia—Centre for Posttraumatic Mental Health (previously known as the Australian Centre for Posttraumatic Mental Health (ACPMH)), a systematic literature search was undertaken of all research studies published between 2001–15 that investigated the prevalence of one or more of the specific risk behaviours in a population of children of former or current military personnel.
- Strict inclusion and exclusion criteria were applied to the search. Studies were excluded if they did not investigate the defined REA population, did not explore the specific risk behaviours, focused on a non-OECD population, or did not contain useable empirical data from a primary research study, systematic review, meta-analysis or REA.
- Eleven (11) studies met the REA inclusion criteria. All studies were conducted in the USA, with the exception of one Australian study of the offspring of Vietnam veterans and Vietnam-era personnel.
- The included studies investigated various specific risk behaviours: four considered alcohol and drug use; three investigated school absenteeism; and four investigated multiple risk behaviours.
- Ten (10) of the eleven (11) studies focused on juvenile and adolescent children of military personnel and were undertaken in the USA.
- One (1) study addressed an Australian population of adult children of Vietnam-era military personnel and Vietnam veterans.
- None of the included studies were rated as “good” quality or as highly generalisable to the target population.
- The heterogeneity of methods and samples used by the studies included in the review meant that it was not possible to produce a meaningful overall prevalence rate for risk-taking behaviour by the children of military parents.

- The evidence for unsafe sex, delinquency and school absenteeism by the children of past or present military parents (whether adult or juvenile) was too contradictory and/or of insufficient quantity, quality and generalisability, to allow for the extrapolation of meaningful prevalence rates for each of these behaviours.
- It was possible to extract prevalence rates for recent binge drinking, marijuana use, use of other illegal drugs and criminal behaviour for some sub-groups within the larger population of people with a past or present military parent. However, the lack of any studies rated as “good” quality or that were highly generalisable to the target population means that there is very low certainty that any of these rates reflect the true prevalence rates for even a subsection of the target population:
- High risk drinking (drinking with a risk of immediate harm) rates for the adolescent children of current military personnel were as follows:
 - past fortnight to 30-day binge drinking of between 9% and 17% for (USA) students in Grade 8
 - adolescent past fortnight to 30-day binge drinking of between 25% and 33% for (USA) students in grades 10 to 12;
 - past 30-day alcohol use of between 19% and 22% for (USA) students in grades 8 to 12.
- Illicit drug use rates were as follows
 - adolescent children of current military personnel past 30-day (USA) marijuana use rates of 10% to 14%;
 - adolescent children of current military personnel past 30-day (USA) other drug use rates of 8% to 10%;
 - adult children with a past or present military parent: lifetime marijuana use: 56% to 68%;
 - adult children with a past or present military parent: past 12-month marijuana use: 18%.
- Although some reviewed studies suggested that the adolescent children of military parents might have a greater propensity for binge drinking and the use of illicit drugs (other than marijuana), other studies of equal quality found no significant difference between the populations. The one study investigating the adult children of past or present military personnel did not include a civilian comparison group.
- A single study of moderate quality and generalisability reported that 4% to 7% of the surveyed adult children of Vietnam veterans and contemporaneous Defence members had a recorded criminal conviction. A comparable civilian population was not surveyed. The focus on a specific generational cohort of

military offspring, and the lack of any supporting studies, means there is very low certainty that this rate reflects the true prevalence rates in target population.

- There was also some evidence that military dependents have similar or lower rates of hospital admissions for motor vehicle related injuries in which they were the driver than do non-military dependents. The lack of any supporting evidence of even moderate quality and generalisability means that there is a very low certainty that these results can be applied to the target population.
- No conclusions can be drawn as to whether there is a meaningful difference between the propensity of military and non-military offspring to engage in the measures of risk-taking behaviour investigated here.
- Further research is required, particularly in the Australian context, to obtain a better understanding of either the rates of risk-taking behaviour in the children of military parents or the relative propensity of military children to engage in risk-taking behaviour.

Background

This report summarises the results of a Rapid Evidence Assessment (REA) undertaken to examine and synthesise the recent research evidence for the prevalence of risk-taking behaviour by the children of current and former military personnel. In particular, the review focuses on the following high-risk behaviours or proxies for high-risk behaviour:

- **high-risk drinking**—defined here as drinking leading to a risk of short-term harm; i.e. “binge drinking” (more than five drinks in one sitting) and/or underage drinking (National Health and Medical Research Council [NHMRC], 2009);
- **illicit drug use** and **pharmaceutical misuse**—defined as the use of illegal substances and the non-medical use (misuse) of pharmaceuticals (prescription or non-prescription) (Australian Drug Foundation, 2015);
- **dangerous driving**—defined as a driving under the influence of alcohol or drugs, at a dangerous speed, or in a reckless or negligent manner which may result in the death or injury of another person (*Crimes Act 1958* (Vic.));
- **unsafe sex**—defined as having unprotected sex;
- **criminal behaviour**—defined as having been formally convicted of a crime in a court of law;
- **delinquency**—defined as misbehaviour and wrongdoing (potentially overlapping with criminal behaviour in relation to minor crime); and
- **school absenteeism**—time spent not in school as a result of truancy, suspension or expulsion.

There is a growing body of research evidence addressing the health and wellbeing of the family and children of military members. In particular, there is increasing understanding of the potential for intergenerational transmission of war and combat-related trauma and of the possible psychosocial impacts of parental deployment on military-connected children (Davidson & Mellor, 2001; Herzog, Everson & Whitworth, 2011; Maršanić, Paradžik, Bolfan, Zečević & Grgić, 2014; Creech, Hadley & Borsari, 2014; see also Aranda, Middleton, Flake & Davis, 2011; Chandra, Martin, Hawkins & Richardson, 2010; Chandra et al., 2010; Chartrand, Frank, White & Shope, 2008; Flake, Davis, Johnson & Middleton, 2009; Gorman, Eide & Hisle-Gorman, 2010; Huebner & Mancini, 2005; McGuire et al., 2012; Orthner & Rose, 2005).

Of particular relevance to the Australian context, and to the context of this literature review, are two studies on the health of Australian Vietnam veterans' families suggesting that the children of Vietnam veterans have relatively high rates of accidental death. The Vietnam Veterans Health Study (Australian Institute of Health and Welfare [AIHW], 1999), for example, investigated the self-reported health of all Australian Vietnam veterans and their partners and children and found significantly higher rates of deaths due to accident among male veterans' children than in the general population. Deaths from accident/other causes were approximately 1.6 times as high as expected based on the Australian community standard (AIHW, 1999, pp. 31-32). The authors of this report hypothesised that military-connected children may have a particular propensity to engage in risky behaviour, hence the high accidental death rates.

The more recent Vietnam Veterans Family Study (Commonwealth of Australia, 2014) advanced and updated this prevalence data. The 2014 study similarly reported a significantly higher rate of death due to external causes (such as motor vehicle accidents and injuries) among the offspring of Vietnam veterans than in the general population. Further, the study found that children from the families of Vietnam veterans had 5.72 more deaths from external causes per 1,000 children than did the children of Australian ex-Army men who did not serve in the Vietnam War; that is, twice the rate of deaths from external causes (Forrest, Edwards & Daraganova, 2014a, pp.94-95). Again, these higher death rates from external causes were again hypothesised as suggestive of 'a tendency to engage in risky and unhealthy behaviours' (Commonwealth of Australia, 2014, p. 66).

In light of this background research, this literature review aims to gather and assess empirical evidence for the prevalence of risk-taking behaviour in children of former and current military personnel.

Results

Evidence screening results

Eleven studies were included at the end of the REA search and screening process. One of the included papers addressed an Australian population; the remaining ten papers were conducted in the US. All included studies were published in the last ten years. See Appendix B:

Evidence Profile in the Final Technical Report for details of the reviewed papers.

The included studies were:

- Acion, L., Ramirez, M.R., Jorge, R.E. & Arndt, S. (2013). Increased risk of alcohol and drug use among children from deployed military families. *Addiction*, 108(8), 1418-1425.
- Forrest, W., Edwards, B., & Daraganova, G. (2014b). *Vietnam Veterans Family Study. Volume 2, A study of health and social issues in Vietnam Veteran sons and daughters*. Canberra: Department of Veterans' Affairs.
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- Harpaz-Rotem, I., Rosenheck, R.A. & Desai, R. (2006). The mental health of children exposed to maternal mental illness and homelessness. *Community Mental Health Journal*, 42(5), 437-448.
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- Hutchinson, J. W. (2006). Evaluating Risk-Taking Behaviors of Youth in Military Families. *Journal of Adolescent Health*, 39(6), 927-928.
- Pressley J.C., Dawson P. & Carpenter, D.J. (2012). Injury-related hospital admissions of military dependents compared with similarly aged nonmilitary insured infants, children, and adolescents. *Journal of Trauma and Acute Care Surgery*, 73(4), S236-242.
- Reed, S.C., Bell, J.F. & Edwards, T.C. (2011). Adolescent Well-Being in Washington State Military. *American Journal of Public Health*, 101(9), 1676-1682.
- Weber, E.G. (2005). Geographic Relocation Frequency, Resilience, and Military Adolescent Behaviour. *Military Medicine*, 170(7), 638-642.
- Wickman, M., Greenberg, C. & Boren, D. (2010). The relationship of perception of invincibility, demographics, and risk behaviors in adolescents of military parents. *Journal of Pediatric Health Care*, 24(1), 25-33.

Evaluating the evidence

The Phoenix Australia-designed methodology used for this REA includes criteria for assessing evidence quality for prevalence studies. The quality assessment process evaluated four components of the evidence:

- **Quality and risk of bias** – this reflects the scientific benchmarks for prevalence studies; top quality evidence is considered to involve randomly selected samples, clearly defined populations and risk behaviours of interest, the use of validated tools and appropriate statistical analyses, and reporting information on non-responders. Studies were rated against the quality assessment criteria designed by Phoenix Australia (ACPMH 2014, p.17) and using a scoring system adapted from Giannakopoulos et al. (2012). The highest possible quality score was 10. Studies with a total quality score of 0-3 were rated as ‘poor’, those with a score of 4-7 were rated as ‘moderate’, and studies with a score of 8-10 as ‘good’;
- **Data source** – this examines whether primary or secondary data were collected in the study; primary data sources are collected such that researchers can control or manipulate relevant variables to increase the likelihood of obtaining the true prevalence rate; by comparison, secondary data sources are collected at a time point after the diagnosis was made and are opportunistic, which may increase or decrease the chance of bias depending on the phenomenology of interest.
- **Quantity of evidence** – this considers the number of studies included as the evidence base, as well as the number of participants in the study; and
- **Generalisability** of the body of evidence to the target population (i.e., contemporary Australian children of military personnel) – this considers how well findings of the included studies can be generalised to the target population, and is influenced by population issues such as gender, age, ethnicity and/or nationality.

According to Phoenix Australia (ACPMH 2014, p.18), evidence for prevalence questions does not generally lend itself to being ranked. Typically, if there is ample quantity of good quality, highly generalisable evidence then this can be extrapolated ‘with a high degree of certainty as to the prevalence of a particular condition’ (in this case, a specific risk behaviour). As such, our results section provides a summary of evidence rather than a ranking.

Evidence summary

High-risk drinking

The results of the included studies were mixed, with some consistency in overall prevalence rates for adolescent binge drinking, past 30-day alcohol use and current alcohol use, but divergent results when comparing such drinking rates to non-military children. The two studies of past 30-day underage binge drinking (Acion et al., 2103 & Reed et al., 2011) reported broadly similar prevalence rates for military-connected youth with drinking rates increasing according to age. Past fortnight to 30-day binge drinking for the children of military and/or deployed military in grade 8 ranged between 9% and 17% (compared to 5–9% for non-military youth). For grades 10 to 12, the rates ranged between 25% and 33% (compared to 18–25% for non-military youth). Acion et al. (2013), however, measured past 30-day binge drinking, while Reed et al. (2011) measured past-fortnight binge drinking, meaning caution must be exercised in comparing the results.

The two moderately generalisable studies of past 30-day alcohol use among adolescents, Acion et al. (2013) and Gilreath et al. (2013), also reported broadly similar rates of past 30-day alcohol use—with an average use across the measured school grades of between 19% and 22%—but divergent results relative to the civilian population. That is, despite their similar use of US statewide school survey data (albeit from different states), Acion et al. (2013) reported past 30-day alcohol use as significantly *higher* for youth with a deployed parent than for youth in non-military families (at 15%), while Gilreath et al. (2013), in contrast, reported past 30-day alcohol use as *lower* for youth with a military parent than for students with no military connection (at 21%).

Hutchinson's (2006) exploration of current drinking rates was assessed as of low generalisability, but was consistent with the above two studies in reporting a current alcohol use of 21% by the children (in grades 9 to 12) of active and retired military personnel. However, the author reported that this was significantly *lower* than alcohol use in the general national adolescent population. Despite the broad similarity in age-specific rates for high-risk drinking, the results of these US-specific and deployment-focused studies have to be applied to the Australian context with caution, particularly given the inconsistency of measured *civilian* rates of high-risk alcohol use.

The lack of any studies rated as “good” quality studies or that were highly generalisable to the target population means that there is very low certainty that

such rates reflect a true prevalence rate for the target population or indicate a meaningful difference between military and non-military offspring.

Illicit drug use and pharmaceutical misuse

Eight studies of moderate quality captured a range of drug use prevalence rates (including current, past 30-day, past year and lifetime as well as drug-related poisoning admissions) against different drug types (including marijuana/hashish, pharmaceuticals, illegal or other drugs and, for drug-related poisonings, psychotropic and non-psychotropic medications and drugs).

The different measures of usage and the range of drug types measured in these studies make comparison of usage rates difficult. However, two studies of moderate quality and moderate generalisability did use similar measures in reporting past 30-day drug use rates for marijuana use and “other drug” use (Acion et al., 2013; Gilreath et al., 2013). When considering the two studies together, the following prevalence rates can be extrapolated:

- past 30-day marijuana use prevalence rates for the children of military parents ranged from 10% to 14% (compared to 5–14% for civilian offspring); and
- past 30-day other drug use prevalence rates ranged from 8% to 10% for military offspring (compared to 3–7% for civilian offspring).

The different methods and measures used by Pressley et al. (2012) do not allow for comparison with the above studies but are indicative of higher rates of illicit drug use and pharmaceutical misuse by military children. Reed et al. (2011) also suggest higher rates of all illicit drug use (combined) by military adolescents, with the differences most significant for students in grades 10 and 12.

Although the extrapolated prevalence ranges suggest possible higher rates of illicit drug use (particularly drugs other than marijuana) among military juveniles and adolescents in comparison to civilian juveniles and adolescents, the lack of a single study rated as “good” quality or of high generalisability to the target population means that there is very low certainty that these rates reflect a true prevalence rate for the adolescent or juvenile section of the target population. Moreover, although Acion et al. (2013) reported higher rates of past 30-day marijuana, other drug and pharmaceutical misuse by adolescent military offspring, and Gilreath et al. (2013) reported marginally higher past 30-day “other drug” use by military offspring, Gilreath et al. (2013) also reported non-significant differences and/or lower military offspring rates for marijuana use and for lifetime rates for marijuana, other drug and

pharmaceutical misuse. The low generalisability studies by Hutchinson (2006) and Wickman et al. (2010) also reported lower drug use by military offspring.

Forrest et al. (2014b) was the only study to report drug use prevalence rates among adult military offspring. However, the rates of 56% to 68% for lifetime marijuana/hashish use and 17.6% to 18.4% for past 12-month use among Vietnam veteran offspring and Vietnam-era personnel offspring respectively, were not compared with a civilian population.

School absenteeism

No overall prevalence rate for school absenteeism was able to be determined due to the diversity of prevalence rates reported by the studies as well as the variety of different proxy indicators used for the risk behaviour. Two studies of poor quality and two of moderate quality found variable prevalence rates among their study populations. Prevalence rates for school suspension/expulsion ranged from 11% in Weber's (2005) US population (of low generalisability) to between 33% and 43% in Forrest et al.'s (2014b) Australian population. Forrest et al. (2014b) also found statistically significant prevalence rates of between 5% and 10% for school absenteeism/bullying, and between 31% and 38% for school drop out. The study did not compare prevalence in the study population to the general population.

Criminal behaviour

Although Forrest et al. (2014b) found prevalence rates of between 4% and 7% for criminal conviction in a population of offspring of deployed and non-deployed Vietnam servicemen, the study did not compare prevalence to a general population. The study population is of moderate generalisability to the population of interest, but the lack of any supporting evidence means the results must be applied to the target population with extreme caution.

Unsafe sex

One study of moderate quality and low generalisability found a prevalence rate of 30% for unsafe sex in a population of low generalisability to the population of interest. This prevalence rate was lower than for the general national adolescent population; however, no statistically significant difference was reported.

Dangerous driving

Two studies of moderate quality found lower prevalence rates for risky driving among military dependents than among other populations. One study reported injury diagnoses indicative of risky driving as occurring at a rate of 16.3 per 1,000 in a population of moderate generalisability. The prevalence rate was not statistically significant when compared to that for non-military dependents and the study did not compare prevalence to a general population.

A second study found a prevalence rate of 4% in a population of low generalisability to the population of interest. When compared to the general national adolescent population no statistically significant difference was reported. The methodological differences between the studies, and the lack of supporting studies, mean that a meaningful overall prevalence rate for risky driving could not be extrapolated.

Delinquency

Of the two moderate quality studies examining delinquency, one reported a prevalence rate of one tenth of the population; however, this study was of low generalisability to the population of interest and did not compare prevalence rates to the general population. The other study did not report prevalence but rather highlighted a significant correlation between feelings of invincibility and delinquency and aggression.

Conclusion

The evidence for each behavioural category of dangerous driving, unsafe sex, criminal behaviour and delinquency was of insufficient quantity, quality and generalisability to allow for the extrapolation of prevalence rates for the children of military parents (whether adult or juvenile). The evidence for school absenteeism was similarly too inconsistent in methods, populations sampled and results to estimate a meaningful prevalence rate.

It was possible to extract rates for the following behaviours; however the quality and generalisability of the evidence was such that there is a very low certainty that the following rates reflect the true prevalence rates in the target population:

High risk drinking (with a risk of immediate harm):

- past fortnight to 30-day adolescent binge drinking of between 9% and 17% for (USA) students in grade 8;
- past fortnight to 30-day adolescent binge drinking of between 25% and 33% for (USA) students in grades 10 to 12;
- past 30-day adolescent alcohol use of between 19% and 22% for (USA) students in grades 8 to 12;

Illicit drug use:

- past 30-day (USA) adolescent marijuana use rates of 10% to 14%;
- past 30-day (USA) adolescent other drug use rates of 8% to 10%;
- Adult lifetime marijuana use: 56% to 68%;
- Adult past 12-month marijuana use: 18%.

Criminal behaviour

- Lifetime criminal conviction rates of 4.1% and 6.7% of total surveyed population of the offspring of Vietnam-veterans and Vietnam-era Defence members

There was also some evidence that military dependents have similar or lower rates of admissions for motor vehicle related injuries in which they were the driver than do non- military dependents, although the nature of the evidence did not allow for the estimation of a prevalence rate. The lack of supporting evidence of even moderate quality and generalisability means that there is a very low certainty that these results can be applied to the target population.

Overall, the lack of any studies rated as of “good” quality or that were highly generalisable to the target population for any of the reviewed measures means that there is very low certainty that the rates reflect the true prevalence rates in even the adolescent section of the target population. Hence, these rates are of questionable usefulness when applied to the target population.

Moreover, when comparing use rates between military offspring and non-military offspring within and across the studies—a comparison that provides the most meaningful measure of whether the children of military personnel have a particular propensity to engage in any of the measures of risk-taking behaviour—the findings were inconsistent. Although some studies suggested that the adolescent children of military parents might have a greater propensity for binge drinking and the use of illicit drugs, particularly drugs other than marijuana, other studies of equal quality found no significant difference. Subsequently, no conclusions can be drawn with any certainty as to whether there is a meaningful difference between military and non-military offspring’s propensity to engage in risk-taking behaviour (at least on the behaviours measured here).

Additional, more focused, research would be required to increase knowledge of risk-taking behaviour—either as a general tendency or in relation to specific high-risk behaviours— among the offspring of past or present Australian military personnel. In particular, there is little research on the adult offspring of military personnel in general or on juvenile Australian children with past or present military parents

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