PERU

Program Evaluation and Research Unit

Warrior Caste: Mental Health Considerations for Multigenerational Military Families

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Learning Objectives

By the end of this module, you will be able to do the following:

- Discuss mental health implications for military youth
- Define the term **Warrior Caste** and identify the strongest predictor of military service
- Identify differences between Vietnam-era Veterans and Post-9/11era Veterans (ACEs and service-connected disability)
- Discuss **mental health considerations** for multi-generational military families



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Children of Vietnam Veterans

Adult children, 40 years after the war....

- >1.5 times more likely to have been diagnosed with anxiety and depression
- >2 times more likely to have had thoughts of suicide and self-harm
- >3.5 times more likely to have made suicidal plans
- They also reported **poorer current mental health**



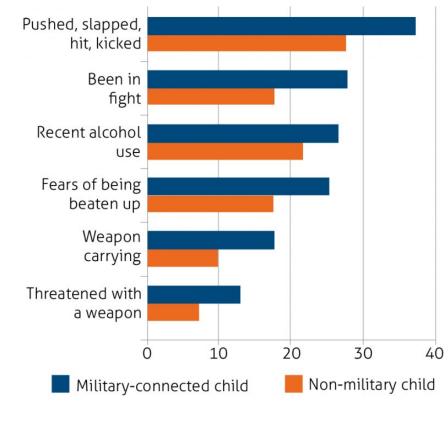
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Military-Connected Youth

Higher familial income

- Health insurance
- Married caregivers
- Higher rates of ADHD
- Higher rates of conduct problems
- Adverse Childhood Experiences
 - especially living with someone who is mentally ill

Differences Between Military- and Non-Military-Connected Youth





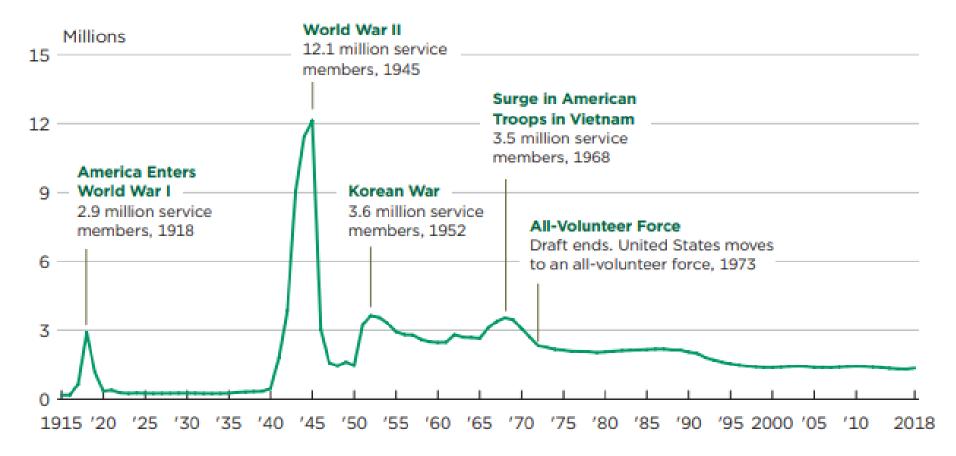


Military-Connected Youth Suicide Risk

- 24% of military-connected youth reported seriously considering suicide compared to 18.1% of non-military-connected youth
- Nearly **12%** of military-connected youth reported attempting suicide, compared to **7.3%** of non-military-connected youth
- Military-connected youth were at **1.71 increased odds** of a suicide attempt requiring medical treatment than their non-military connected counterparts



A Century of Service



Source: U.S. Department of Defense, Defense Manpower Data Center; U.S. Census Bureau, Statistical Abstracts of the United States.



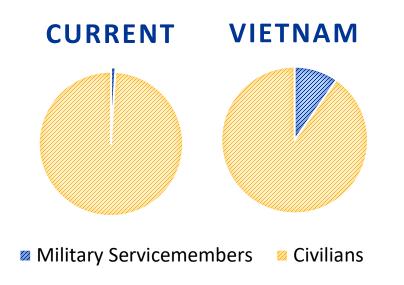


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Warrior Caste

<1% of U.S. population presently serves in the military compared to **9.7%** during the Vietnam service era



As of 2022...

- 60% of Veterans under 40 have an immediate family member who served
- 30% of new recruits have a **parent** in the military
- 70% of new recruits have a family member in the military





Adverse Childhood Experiences (ACEs)

- Men in the all-volunteer era were more than twice as likely as men without a history of military service to report being forced to have sex before the age of 18
- Men in the all-volunteer era had more than twice the prevalence of experiencing ACEs in 4 or more categories
- Overall lack in differences among women between these eras (women were not drafted)

Adjusted Odds Ratios (95% CIs) for ACEs Among Men With a History of Military Service by Service Era

Adverse Childhood Experience	All-Volunteer Era (n=10,941)	Draft Era (n=12,910)
Household mental illness	1.88 (1.38-2.56)	0.94 (0.73-1.21)
Parental separation or divorce	2.00 (1.58-2.55)	1.31 (1.02-1.67)
Household drug use	2.00 (1.46-2.75)	0.86 (0.63-1.18)
Household alcohol use	2.24 (1.74-2.88)	1.26 (1.02-1.55)
Household physical abuse	2.28 (1.74-2.99)	1.16 (0.93-1.43)
Incarcerated household member	2.07 (1.37-3.15)	1.24 (0.78-1.97)
Exposure to domestic violence	2.37 (1.78-3.16)	1.28 (1.00-1.65)
Emotional abuse	1.81 (1.43-2.28)	1.09 (0.91-1.30)
Touched sexually	2.43 (1.47-4.02)	0.97 (0.71-1.32)
Made to touch another sexually	2.43 (1.41-4.19)	1.03 (0.73-1.44)
Forced to have sex	2.19 (1.34-3.57)	0.86 (0.55-1.36)



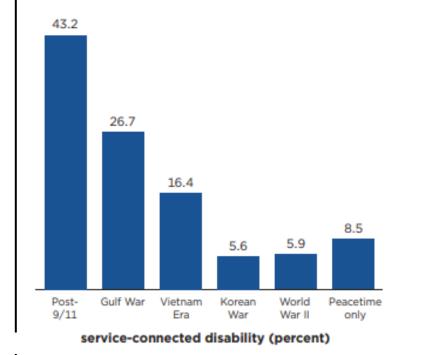


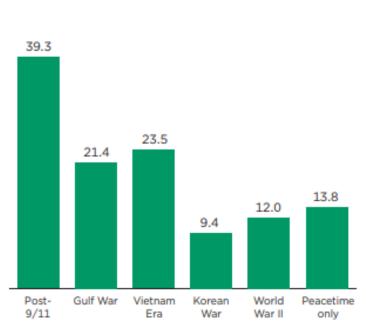
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Veteran Disability

Predicted Probability of Having a Service-Connected Disability or Disability Rating of 70 Percent or Greater





70 percent or higher disability rating (percent)

- Medical advances
- Diagnosing and treating PTSD
- PTSD is the third most prevalent service-connected disability for Post-9/11 Veterans







Upstream Considerations

- How does the existence of a warrior caste influence mental health outcomes for multigenerational military families?
- Did the prevalence of mental illness and SUDs amongst Vietnam-era Veterans affect the ratio of servicemembers reporting ACEs in 2014?
- What sort of policies or programs could be implemented to build resilience, decrease risk factors, and build protective factors to impact the intergenerational MH of our military families?
- How might we take action to break the cycle of trauma transmission among military families?



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