



Original article

Joint Consideration of Distal and Proximal Predictors of Premature Mortality Among Serious Juvenile Offenders

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A B S T R A C T

Purpose: Juvenile offenders are at heightened risk of death in adolescence and young adulthood compared to adolescents in the general population. The current study extends previous research by testing the joint contributions of distal (historical and demographic characteristics) and proximal (closer to the time of the death) predictors of mortality. We also tested whether proximal variables were potential mediators of the effects of distal variables on mortality.

Methods: Participants were 1,354 serious juvenile offenders, 45 (3.32%) of whom were deceased by the completion of the study. Data were collected through self-reports and official records.

Results: Significant distal predictors of mortality were being African-American and having a history of substance use disorder. Proximal predictors that added significantly to prediction included gun carrying, gang membership, and substance use problems. Potential mediators of the effects of substance use disorder history were continuing substance use problems and gang membership. However, proximal variables could not explain the heightened risk for African-Americans.

Conclusions: Gang membership, gun carrying, and substance use problems are risk factors for early mortality among juvenile offenders, but they do not explain the elevated risk for death among African-Americans. Thus, further research is needed to understand the mechanisms underlying risk for premature death among African-American adolescent offenders.

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IMPLICATIONS AND
CONTRIBUTION

Findings suggest that interventions to reduce substance use problems, gang membership, and gun carrying have the potential to reduce risk of mortality for serious juvenile offenders. However, these factors cannot explain the heightened risk for death among African-American participants.

Juvenile offenders are at increased risk for many negative outcomes, including mental health and substance use disorders [1,2], and adverse health outcomes [3,4]. Moreover, a growing body of literature has linked juvenile offending to higher rates of premature mortality [2,5–8]. However, the factors that link the

two remain unclear [5,7]. The current study expands existing knowledge by examining predictors of mortality in a sample of serious juvenile offenders, followed over 7 years, testing an expanded array of risk factors including those more proximal to the death, and testing whether these proximal factors can explain the effects of more distal predictors.

As in the larger adolescent population, the most common causes of death for juvenile offenders include homicides, suicides, and accidents, rather than disease [5,7]. However, adolescents in the general population are most likely to die from

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accidents, with homicide and suicide being the second and third most common causes of death, respectively [9]. In contrast, mortality among juvenile offenders is caused by homicide, accidents, and suicides, in that order [2,10].

Previous research has identified multiple predictors of mortality among juvenile offenders. Although studies have not explicitly categorized them, these predictors might be considered to be either distal factors (historical characteristics and demographic factors) or factors more proximal to the death (e.g., current behaviors such as weapons carrying). The current study expanded previous research by testing whether proximal risk factors make a contribution over and above distal factors when considered jointly and whether proximal factors can explain the effects of more distal predictors. Proximal factors are of particular interest because they are potentially more modifiable than are distal variables that include demographic statuses and long-standing historical or trait factors. Our selection of distal and proximal factors was guided by prior research.

In terms of distal predictors, being African-American increases the risk for premature death [10–12] as does low socioeconomic status [13] and being male [2,6]. Accordingly we tested race/ethnicity, gender, and parent education as distal predictors. Moreover, both offending and early mortality have been attributed to the increased impulsive behaviors that are common among juvenile offenders [5,6,11,14,15]. Thus, we tested impulse control as a distal predictor as well as the adolescent's lifetime total number of court petitions [16]. Finally, a history of mental health disorders has been reported to be a predictor of mortality [5], so we tested lifetime diagnoses of substance use disorders and internalizing disorders as distal predictors.

In terms of more proximal variables, substance use has been identified as a predictor of mortality [5,10]. Acute effects of substance use include impaired judgment and reduced cognitive control [17]. Substance use also may place adolescents in peer contexts in which accidents and/or violence are more likely [18]. Accordingly, we examined adolescents' substance use-related consequences as an indicator of the severity of their recent substance use involvement. In addition, affiliation with delinquent peers (including gang membership) [19–21], as well as weapon carrying, increase the risk of exposure to dangerous situations and predict mortality [10], as does high-rate current criminal behavior [10,22]. Thus, these factors were tested as proximal predictors. Moreover, because exposure to violence could be the common mediator of the effects of these predictors, we also tested adolescents' self-reported exposure to violence as a proximal predictor. Finally, we extended previous research by testing adolescents' residence as a proximal predictor. Although previous studies have examined neighborhood conditions [23], none, to our knowledge, have examined the living arrangement of the juvenile before death. Adolescents who live with parents may experience more monitoring and constraints on risky behavior and thus may be at lowered risk for mortality.

In short, we both replicate previous work and extend it by testing whether proximal factors (on average 6 months before the death) add significantly to prediction over and above distal historical and demographic factors and whether proximal factors can potentially explain the effects of distal predictors. Finally, unlike previous research, we focus on serious juvenile offenders over an age range from adolescence to early adulthood that captures the important transition phase when many criminal careers (and their negative consequences) end but others continue [4,24].

Methods

Participants

Participants were enrolled in the Pathways to Desistance study, a longitudinal investigation of the transition from adolescence to young adulthood in serious adolescent offenders. Participants are adolescents who were found guilty of a serious offense (almost entirely felony offenses) in the juvenile or adult court systems in Maricopa County, Arizona or Philadelphia County, Pennsylvania. Participants were ages 14 through 18 ($M = 16.5$) years at the baseline interview (one was 19). A total of 1,354 adolescents were enrolled, representing approximately one in three adolescents adjudicated on the enumerated charges in each locale during the recruitment period (November 2000 through January 2003). The sample is comprised mainly of non-white (44% African-American, 29% Hispanic) males (86%), who had an average of three court petitions prior to the baseline interview. Participants completed interviews every 6 months for the first 3 years and then annually thereafter through 7 years. Information regarding the study rationale can be found in Mulvey et al. [25], while additional details regarding the study design, sample, and methodology are in Schubert et al. [26]. Additional information regarding the measures can be found at www.pathwaysstudy.pitt.edu.

Measures

Descriptive data are presented in Table 1 for the total sample and for deceased and nondeceased subgroups by race/ethnicity.

Dependent variable

Our outcome variable is death before the end of the study (84 months after baseline). A record search of the National Death Index was requested for 95 participants who were not successfully contacted at the last interview (including those whose deaths had been reported over the course of the study and those consistently not located in earlier waves). Results indicated that 43 individuals were matched with sufficient certainty to be considered a "true match" and their dates and causes of death were provided. The remaining 52 cases were examined through a Web-based search of the Social Security Death Index, resulting in two additional confirmed deaths (with the dates but not causes of death available). Our 45 confirmed deaths, out of 1,354 original participants, create a prevalence of 3.32%. This is much higher than the rate of .00062 found in the general population of adolescents aged 15–19 years [27], but is similar to other studies of juvenile offenders [2,8].

Distal predictors

Distal variables (static demographic characteristics, traits, or historical variables) were obtained at the initial (baseline) interview.

Race/ethnicity. We tested race/ethnicity as "African-American" versus all others because of previous evidence (confirmed in our data, see below) that African-Americans were at highest risk for mortality.

Parent education. Parent education was reported by the participant and a collateral (usually a parent) and was the mean of the biological mother's and father's education, using the lowest level

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