Perceptions of Community Safety: Exposure to Community Violence in a Low Risk Australian Population

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Abstract

This investigation was primarily concerned with individual perceptions of community safety. We examined the influence of exposure to community violence, cognitive coping styles, gender, and personality constructs on perceptions of community safety among 279 adults (76 males and 203 females; mean age = 27.8 years) in regional Queensland, Australia. The results indicated that males exposed to high levels of community violence were significantly more likely to perceive their community as unsafe compared to males exposed to lower levels of violence. In contrast, females who had been exposed to higher levels of community violence did not perceive their community to be less safe. Moreover, while females were more likely to perceive they had social support, there was no evident relationship between social support and community safety for either females or males in the studied group.

Keywords: safety; community safety; coping; social support; violence; crime

1. Introduction

In many national and international jurisdictions community safety is increasingly seen as a solution to correcting community level disparities between expenditure on judicial and policing measures on the one hand, and crime prevention on the other (Gilling, 2001; Matt, 2011; Whitzman, 2008). In Australia, for example, the Queensland state government established an overarching agency in 2009 (Department of Community Safety) to co-ordinate diverse utilities such as police, corrective services, emergency services, ambulance, and fire brigade. The direction of the initiative has been an emphasis on safe and secure communities. Having regard for the considerable cost of community initiatives such as these, it is surprising that the question of how perceptions of community safety are shaped has gained relatively little attention in the research literature. The focus of our study was the interaction of social environment and exposure to violence, both in the home and the wider community, with personality variables and gender, and how these factors influence individual perceptions of community safety.

Crime rates within Australia over the past decade have remained reasonably stable with declines in some offences and jurisdictions (Australian Bureau of Statistics [ABS], 2012; Davis & Dossetor, 2010). However official crime statistics are unable to capture the likely extent of under-reported violence that occurs in and around the home, educational, and work settings (Scarpa, 2003; World Health Organisation [WHO], 2002). Although violence such as this may not leave an individual with a visible disability or injury, the emotional and psychological toll has wider implications for the community and society in general (WHO, 2002). Exposure to community violence (ECV), for example, has been studied primarily in high risk urban areas and has been associated with the development of post traumatic stress disorder (PTSD; Aisenberg & Mennen, 2000; Foster, Kuperminc, & Price, 2004; Mazza & Reynolds, 1999; Paxton, Robinson, Shah, & Schoeny, & 2004; Scarpa et al., 2002), depression, and anxiety disorders (Haden & Scarpa, 2008; Hertweck, Ziegler, & Logsdon, 2010; Kennedy, Bybee, Sullivan, & Greeson, 2010, Latzman & Swisher, 2005; Rosenthal, 2000). Community violence has also been implicated in aggressive behaviours in children, adolescents, and adults (Lambert, Nylund-Gibson, Copeland-Linder, & Lalongo, 2010; Scarpa, Fikretoglu, & Luscher, 2000; Scarpa & Haden, 2006; Zhang & Anderson, 2010), diminished ability to cope with life stressors (Gudino, Nadeem, Kataoka, & Lau, 2011; Jones, 2007), and withdrawal from social and communal environments (O'Donnell, Schwab-Stone, & Ruchkin, 2006).

Although ECV and perceptions of community safety are believed to be related,

there is debate about how these two factors interact within the social environment (Cammack, Lambert, & Lalongo, 2011; LaGrange, Ferraro, & Supancic, 1992; Maschi, Perez, & Tyson, 2010; May, Rader, & Goodrum, 2010; Worrall, 2006). One theoretical perspective of community safety deriving its focus from earlier research in the 1970s has come to be known as the incivilities hypothesis (LaGrange, Ferraro, & Supancic, 1992; Worrall, 2006). More recently the concept has been broken down into two dimensions of incivilities: physical and social. Physical incivilities entail the physical environment of the individual, such as abandoned buildings, refuse and graffiti, lack of parkland and communal facilities (LaGrange, Ferraro, & Supancic, 1992; Worrall, 2006). Social incivilities are the threat of violence a person perceives in their environment from others and encompasses visible criminal activity, gangs, and disorderly conduct of others within the communal space (LaGrange, Ferraro, Supancic, 1992; Worrall, 2006). Notably,Worrall (2006) reports that although objective measures of high physical incivilities predicted high crime victimisation within neighbourhoods, people's perceptions of physical incivilities do not.

Similar inconsistencies have been found within gender and have given rise to the theoretical construct known as gender-fear paradox (Ferraro, 1996). The theory holds that women are more fearful of being victimised and subsequently perceive their community environment to be hostile. Paradoxically official statistics report that men are more likely to be victims of crime (ABS, 2012; Ferraro, 1996). Primarily this theory rests on the specific fear of sexual assault which acts as a master threat within a woman's environment causing fear of all crime regardless of offence type (Ferraro, 1996; May, Rader, & Goodrum, 2010). However, although men are more likely to be victims of crime in general, women are more likely to be victims of sexual assault, stalking, and interpartner violence (Fox, Nobles, & Piquero, 2011). Similarly, there appear to be differences in perceived social support between males and females (Dalgard et al., 2006). These researchers found that women reported more social support than men, although women with low perceived social support were more susceptible to depression in times of high stress than men in the same category. Moreover, research suggests that those individuals who have high perceived social support are more likely to see their environment as less hostile and employ more adaptive coping strategies when ECV is high (Brookmeyer, Henrich, Cohen, & Shahar, 2011; Haden & Scarpa, 2008). Coping, in this context, includes both the behavioural and cognitive strategies used when a person is confronted with stressors in their environment (Garnefski & Kraaij, 2006; Garnefski, Kraaij, & Spinhoven, 2001; Gross,

2002). Garnefski and Kraaij's (2006) theory of cognitive emotion regulation (CER) stipulates the separation of cognitive and behavioural coping strategies (Garnefski & Kraij, 2006; Garnefski, Kraaij, & Spinhoven, 2001; Gross, 1999, 2002; Skinner, Edge, Altman, & Sherwood, 2003). This model of coping has been explored in relation to the specific life stressor of ECV, as well as associations with perceived social support, and aggression (Scarpa & Haden, 2006). Findings indicated that exposure to high levels of community violence with low perceived social support, and high use of avoidant and emotion focused coping, was associated with increased aggression.

Although coping variables have been considered in relation to the topic of ECV, perceived social support, and perceptions of community safety, it appears that optimism about one's future, as a dispositional influence, has not. Optimism has been described as a personality construct that captures a person's outlook on their future, with pessimists perceiving more negative future outcomes and optimists perceiving more positive future outcomes (Carver, Scheier, & Segerstrom, 2010; Peterson, 2000; Solberg Nes, Carlson, Crofford, de Leeuw, & Segerstrom, 2011; Solberg Nes & Segerstrom, 2006). Although there are few studies of optimism in relation to perceptions of community safety, the construct has been linked to efficacious health outcomes (Kubzansky, Kubzansky, Maselko, 2004) and has been reported to act as a buffer against stressors in the environment (Grote, Bledsoe, Larkin, Lemay, & Brown, 2007; Korkeila et al., 2003). It does not appear to have been closely examined as an influencer of perceptions of community safety.

Having regard for the potential impact of psychosocial factors such as those previously outlined, we aimed to explore perceptions of community safety among a low risk group of Australian adults. It was hypothesised that males would report higher levels of ECV than would females, and that regardless of violence exposure females would report perceiving their community to be less safe overall. Furthermore, males were expected to report less perceived social support compared with females and that overall those with low support or low optimism would perceive their community as being less safe. Additionally, we hypothesised that males and females who reported higher use of maladaptive coping styles perceived community safety to be low and, conversely, those reporting higher use of adaptive coping styles would perceive their community safety to be high. Finally, we expected that a psychosocial model of behaviour involving exposure to community violence, and including the nine cognitive emotion regulation styles proposed by Garnefski and Kraaij (2006) plus perceived social support and optimism, would account for a

significant amount of the variance in people's perceptions of community safety.

2. Method

The study utilised an on-line survey measuring general demographics, exposure to violent events, perceptions of community safety and social support, and personality dimensions.

2.1 Participants

Participants (N = 279) were recruited from the general public (n=122; 43%) and a regional public university in Queensland, Australia (n=158; 57%). Students were enrolled in first and second year psychology subjects and earned credits for participation. The age range of all participants was 18 to 72 years and the mean age was 27.8 years.

2.2 Measures

2.2.1 Community Safety Scale (CSS)

The CSS (Shoffner & Vacc, 2002) purports to measure perceived social and physical incivilities and has been used to measure the perceived environment of neighbourhoods and communities. The scale consists of 15 items using a five point Likert-type response option (1 = strongly agree to 5 = strongly disagree). Perceptions of community safety scores can be calculated as a sum of the total items or of the two sub-scales of *Social Incivilities* (10 items) or *Physical Incivilities* (five items). The readability index for the CSS is set at the tenth grade reading level and the authors report a Cronbach's alpha coefficient of .84 for the total scale. The equivalent obtained reliability estimate in the current study was .76.

2.2.2 Cognitive Emotion Regulation Questionnaire Short Form (CERQ-S)

The CERQ-S is an 18-item scale formulated by Garnefski, Kraaij, and Spinhoven (2006) to measure the extent to which respondents use particular cognitive coping strategies. The scale records participant agreement using a five point Likert-type response option (1 = almost never to 5 = almost always). The CERQ-S is comprised of nine sub-scales of cognitive coping styles consisting of two items each with a maximum score of 10 for each sub-scale. The sub-scales can be categorised as either adaptive coping strategies (*Acceptance*, *Refocus on Planning*, *Putting into Perspective*, *Positive Reappraisal*, and *Positive Refocusing*) or maladaptive coping strategies (*Rumination*, *Catastrophising*, *Self-Blame*, and *Other-Blame*). The reported range of Cronbach's alpha coefficients for the CERQ-S sub-scales is .67 to .81 (Garnefski, Kraaij & Spinhoven, 2006). Cronbach's alpha internal consistency estimates for the current study ranged between .69 and .89.

2.2.3 Life Orientation Test Revised (LOT-R)

The LOT-R (Scheier, Carver & Bridges, 1994) is a research tool comprised of 10 items designed to measure how optimistic a person feels. The respondent is asked to record the extent to which they agree with the statements on a five point Likert-type scale where 1 = agree a lot, to 5 = disagree a lot. Four items are fillers, three items are positively scored for optimism, and three items are negatively scored for pessimism.The authors' reported Cronbach's alpha is .82. Our obtained Cronbach's alpha coefficient was .81.

2.2.4 Multidimensional Scale of Perceived Social Support (MSPSS)

The MSPSS is a 12-item measure devised by Zimet, Dahlem, Zimet and Farley (1988) to measure the extent to which individuals believe they have adequate social support. Participants are asked to rate the extent to which they agree on a seven point Likert-type scale (1 = very strongly disagree to 7 = very strongly agree). The MSPSS generates a total score of *Perceived Social Support* and three scores for each of the sub-scales which have four items each and are labelled *Significant Other, Family Support* and *Friend Support*. The reported Cronbach's alpha coefficient for total perceived social support is .88 (Zimet, Dahlem, Zimet & Farley, 1988) and our obtained Cronbach's alpha was .94.

2.2.5 Scale of Exposure to Community Violence-Short Form (SECV-SF)

The SECV-SF (Richters & Saltzman, 1990) is a 24 item questionnaire that measures the frequency of an individual's exposure to violence both in and around the home and the community at large. Participants are asked to indicate how often they have been exposed to different forms of violent events and whether they were a witness to or victim of the events. The items can be summed to generate a single score for *Exposure to Community Violence* or two sub-scale scores can be generated to indicate the extent to which the participant has been either primarily a *Witness* to, or *Victim* of, violence. The authors report a Cronbach's alpha of .84 and our obtained Cronbach's alpha was .88.

3. Results

Means and standard deviations for all measures and subscales by gender are shown in Table 1. Of our participants, 97% had been exposed to at least one instance of community violence, 91% had been victimised at least once, and 92% had been a witness to violence at least once. Perception of community safety in the current sample was moderate to high for 66% of the participants.

A Mann-Whitney *U* test was used to compare differences between gender in

exposure to community violence. Male participants (*Mean Rank = 161.41*) were significantly more likely to have been exposed to community violence than were female participants (*Mean Rank = 131.99*), $U = 6087$, $z = -2.71$ (corrected for ties), $p = .007$. The effect size according to Cohen (1988) was small ($r = .16$) and there was no significant gender difference in perceptions of community safety. Similarly, a Mann-Whitney *U* test was applied to compare differences between gender and perceived social support. Female participants (*Mean Rank* = 142.55) were significantly more likely to perceive they had social support compared with male participants (*Mean Rank* = 142.55), $U = 5297$, $z = -3.12$ (corrected for ties), $p = .002$. Here also the effect size (Cohen, 1988) was small ($r = .19$).

Participants' scores on perception of community safety were split at the median (48.0) to establish low and high categories, and low and high frequency of exposure to community violence groups was similarly established (Median = 18.0). Pearson's chi-square test of contingencies (with $\alpha = .05$) was used to analyse the relationship between perceptions of community safety within ECV and gender (see Table 2). The chi–square test was statistically significant for males, χ^2 (1, $N = 72$) = 5.35, $p < .05$, but not for females. The association between the two variables for males was small, $\phi = .27$. Men within the high category of ECV ($n = 38$), were 9.1 percentage points more likely than women in the same category to perceive their community as being less safe.

To analyse associations between perceptions of community safety and perceived social support separately for females and males, the median value of 5.66 was used to establish low and high categories of perceived social support. Pearson's chi-square test of contingencies (with $\alpha = .05$) for perceived social support by perceptions of community safety within gender was not significant (see Table 3). Sixty-four percent of males who reported that they had high social support perceived their community environment to be less safe compared to 46% of females within the same category.

Associations between perceptions of community safety and coping, within gender, were separately considered for adaptive and maladaptive preferred style of coping. Five of the CERQ's subscales were theoretically derived to be adaptive coping strategies. These are *Acceptance*, *Positive Refocusing*, *Refocus on Planning*, *Positive Reappraisal* and *Putting into Perspective*. Participants' scores on these sub-scales were divided at the median (27.5) to establish low and high adaptive coping groups. Pearson's chi-square test of contingencies for perceptions of community safety within adaptive coping by gender was not significant (see Table 4). Males, however, were 11.1% more likely to perceive their community to be less safe within the high adaptive coping group compared to women

within the same category.

The remaining four subscales of the CERQ were considered from a theoretical perspective to be maladaptive coping strategies: *Catastrophising*, *Rumination*, *Other-Blame*, and *Self-Blame*. Low and high maladaptive coping groupings were again established (Median = 48.0) within gender. Pearson's chi-square test of contingencies for perceptions of community safety within maladaptive coping strategies by gender was not significant (see Table 5).

Analysing the association between measured optimism and perception of community safety, the median of optimism scores (20.0) was used to divide participants into low and high optimism groups. Pearson's chi-square test of contingencies for perceptions of community safety by optimism within gender was not significant (see Table 6). The proportion of males whose scores fell within the high optimism group (n = 16; 53.3%) and who perceived their community to be less safe was only marginally higher than females within the same category (n = 50; 49.5%).

To determine an account of variance in perceptions of community safety attributed to the combined set of predictors (optimism, perceived social support, exposure to community violence and nine measured coping styles) a multiple linear regression model was established. Controlling for Type I error rate a bonferroni adjusted alpha of .004 was applied and assumptions were evaluated prior to analysis. The combined set of predictors accounted for 8.3% of the variance in perceived community safety (R^2 = .083, adjusted R^2 = .038, F (12, 247) = 1.863, p = .039). Unstandardised (B) and standardised (β) regression coefficients for all predictors in the regression model are reported in Table 7.

4. Discussion

It was hypothesised that males would report more exposure to community violence than females, although females would be more likely to perceive their community as being unsafe overall, regardless of violence exposure. This hypothesis was partially supported as males were significantly more likely to have been exposed to community violence. This is reflected in official ABS (2010) statistics which indicate that males are more likely to be victims of homicide related offences and robbery, and to be accosted outside the home than are females. Although the gender-fear paradox hypothesis was not supported in these findings it was evident that males exposed to high levels of violence were significantly more likely to perceive their community as unsafe compared to those in the low exposure group. Similarly, previous research has found, for example, that males are more likely to show distress to being a victim of violence rather than a witness, whereas for women there

is no difference between these two subtypes (Foster, Kuperminc, & Price, 2004).

Regardless of gender, overall ECV has been implicated in perceiving the community to be less safe, and further extrapolated to affect behavioural functioning in relation to aggressive (Lambert, Nylund-Gibson, Copeland-Linder, & Lalongo, 2010; Scarpa, Fikretoglu, & Luscher, 2000; Scarpa & Haden, 2006; Zhang & Anderson, 2010) and depressive symptoms (Cammack, Lambert, & Lalongo, 2011; Haden & Scarpa, 2008; Hertweck, Ziegler, & Logsdon, 2010; Kennedy, Bybee, Sullivan, & Greeson, 2010, Latzman & Swisher, 2005; Rosenthal, 2000). Although 97% of our participants had been exposed to at least one incidence of community violence, the frequency of these events was low and generalising these findings to higher risk populations is unwise.

We also hypothesised that males perceive their social support to be low compared to females and that overall those with high social support would perceive their community to be safe. This was partially supported by the findings as females were significantly more likely than males to perceive they had social support, yet there was no evident relationship between social support and community safety for both genders. This may suggest that social support is more relevant to the interpersonal environment and not to interactions of the individual within wider social contexts. While social support is thought to buffer against stressors within the environment (Brookmeyer, Henrich, Cohen, & Shahar, 2011), it was surprising that of the males who perceived they had high social support, the majority of this group (64%) had a low perception of community safety; whereas females within the same group were distributed fairly evenly between low (46%) and high (54%) perceptions of community safety.

Our results indicate that the association of optimism with perceptions of community safety was very similar for both females and males. This finding is consistent with Peterson's (2000) supposition that optimism as a personality variable is a natural part of the human condition, with most people falling at the middle of the spectrum. Levels of adaptive coping were comparable to levels of optimism, with only a slight increase for high adaptive coping within low perceptions of community safety for males (59%) compared with females (47.9%) who were distributed almost equally in the high adaptive category between low (47.9%) and high (52.1%) perceptions of community safety. This may indicate that males perceiving the community to be less safe may utilise more adaptive ways of coping as a mechanism to predict threat and therefore protect one's self within the community environment. These results also suggest that males are more likely to be exposed to community violence and by implication perceive more threat within the

community. Differences such as these, however, are small and by no means conclusive.

We expected that maladaptive coping would be associated with low perceptions of community safety; however no support was found for this hypothesis. There was a roughly equal distribution of both males and females within the high maladaptive coping group between perceptions of low and high community safety. Although some previous research suggests that those who utilise maladaptive coping strategies are more likely to perceive their environment as hostile (e.g., Maschi, Perez, & Tyson, 2010; Rasmussen, Aber, & Bhana, 2004), findings are varied. Furthermore, much research has focused on the developmental stages of childhood and adolescence when coping is considered to be more malleable (Amirkhan & Auyueng, 2007; Skinner & Zimmer-Gembeck, 2007). Additionally the majority of studies utilise samples drawn from high density urban environments where ECV may be endemic and the need for research is perceived to be greatest.

Overall, the expected gender differences in perceptions of community safety and the investigated psychosocial variables were not unequivocally supported by the results. Furthermore, the psychosocial model of perceptions of community safety was not supported in our findings, although there was a negative relationship between community safety and the predictor variable of ECV**.** This was previously highlighted where males in our high exposure group were more likely to perceive their community to be less safe. While the gender difference is surprising and opposite to that hypothesised, the premise that those who have been more exposed to violence will perceive their community to be less safe is supported by previous community safety research (LaGrange, Ferraro, & Supancic, 1992; May, Rader, & Goodrum, 2010; Worrall, 2006).

Our study has several limitations. The scope of the project did not allow for analysis of the many subscales within the measures used and future research could make better use of these underlying constructs to achieve a more fine-grained analysis of the determinants of community safety perceptions. Additionally, the use of official and local crime statistics rather than self-report alone for frequency of community violence exposure would make clearer the associations between people's perceptions of community safety and the actual level of crime risk within the community. Furthermore, our study utilised a low risk regional group, including university students, and the generalisability of the findings is constrained. It may be that further development of the Community Safety Scale is warranted as there are few, if any, robust short form measures that have utility in investigations of perceptions of community safety. Community safety research itself

remains somewhat contentious, especially in regard to which variables are actually relevant (Gilling, 2001; Matt, 2011; Whitzman, 2008). Furthermore, the commitment of funds to enhance community safety is growing in many jurisdictions and there is a clear need for research to maintain pace with this expenditure. Concerns have been raised, however, that some elements of community safety are more punitive than corrective, and that how people perceive the safety of their community environment has impacted on the politics of implementation of such government measures (Gilling, 2001). It follows that research focused on how individual perceptions of community safety are shaped, and the collective effect these perceptions have on particular social groups, appears worthy of further consideration.

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Table 1
Means and Standard Deviations for All Measures and Subscales

Measures and Subscales	Males		Females	
	M	*SD*	*M*	*SD*
SECV	27.12	18.22	20.63	15.59
Victim	10.67	7.84	7.62	7.44
Witness	16.45	12.00	13.01	10.45
CSS	47.17	7.98	47.61	7.24
SI	33.73	8.25	34.21	8.19
PI	13.43	2.58	13.41	3.14
PSS	5.21	1.04	5.65	1.03
SO	2.06	0.55	2.32	0.54
Family	5.21	1.35	5.52	1.35
Friends	5.26	1.12	5.63	1.20
AC	28.16	8.38	27.19	7.42
Acceptance	5.68	2.43	5.27	2.24
PR	4.62	1.98	4.60	2.07
ROP	5.60	2.19	5.54	2.07
PRA	6.03	2.06	6.25	2.12
PIP	6.23	2.38	5.54	2.25
MC	18.29	4.61	17.21	5.30
SB	3.85	1.58	3.46	1.66
OB	5.19	1.93	4.91	2.26
Rumination	4.96	1.84	4.91	2.14
Catastrophising	4.29	1.99	3.94	1.80
Optimism	20.44	4.66	21.19	4.70

Note. SECV = Scale of Exposure to Community Violence. CSS = Community Safety Scale. SI = Social Incivilities. PI = Physical Incivilities. PSS = Perceived Social Support. SO = Significant Other. AC = Adaptive Coping. PR = Positive Refocusing. ROP = Refocus on Planning. PRA = Positive Reappraisal. PIP = Putting into Perspective. MC = Maladpative Coping. SB = Self-Blame. OB = Other-Blame

Table 2
Crosstabulation of Perceptions of Community Safety by ECV within Gender

	ECV Low		ECV High	
CS	%	*n*	%	*n*
Males				
CS Low	35.7	10	63.6	28
CS High	64.3	18	36.4	16
Females				
CS Low	45.1	46	54.5	48
CS High	54.9	56	45.5	40

Note. ECV = Exposure to Community Violence. CS = Community Safety

Table 3
Crosstabulation of Perceptions of Community Safety by PSS within Gender

	PSS Low		PSS High	
CS	%	*n*	%	*n*
Males				
CS Low	46.8	22	64	16
CS High	53.2	25	36	9
Females				
CS Low	54.5	42	46	52
CS High	45.5	35	54	61

Note. PSS = Perceived Social Support. CS = Community Safety

Table 4
Crosstabulation of Perceptions of Community Safety by Adaptive Coping within Gender

	AC Low		AC High	
CS	%	*n*	%	*n*
Males				
CS Low	45.5	15	59.0	23
CS High	54.5	18	41.0	16
Females				
CS Low	51.0	49	47.9	45
CS High	49.0	47	52.1	49

Note. AC=Adaptive Coping. CS=Community Safety

Table 5
Crosstabulation of Perceptions of Community Safety by Maladaptive Coping within Gender

	MC Low		MC High	
CS	%	*n*	%	*n*
Males				
CS Low	57.6	19	48.7	19
CS High	42.4	14	51.3	20
Females				
CS Low	47.7	51	51.8	43
CS High	52.3	56	48.2	40

Note. MC = Maladaptive Coping. CS = Community Safety.

Table 6
Crosstabulation of Perceptions of Community Safety by Optimism within Gender

	Opt Low		Opt High	
CS	%	*n*	%	*n*
Males				
CS Low	52.4	22	53.3	16
CS High	47.6	20	46.7	14
Females				
CS Low	49.4	44	49.5	50
CS High	50.6	45	50.5	51

Note. Opt = Optimism. CS = Community Safety

Table 7
Predictors of Perceptions of Community Safety

	Perceptions of Community Safety		
Variable	*B* [95% CI]	β	Sig
ECV	-.117 [-1.75, -.060]	-.259	.000*
PSS	.242 [-.670, 1.154]	.034	.599
Optimism	.028 [-.211, .268]	.018	.809
Acceptance	.148 [-.343, .638]	.045	.552
SB	.334 [-.429, 1.097]	.070	.369
OB	.116 [-.364, .595]	.033	.635
Rumination	.079 [-.562, .720]	.021	.796
PR	.453 [-.048, .955]	.123	.071
ROP	-.055 [-.612, .502]	-.015	.837
PRA	-.175 [.804, .455]	-.048	.566
PIP	-.099 [-.603, .404]	-.030	.700
Catastrophising	-.296 [-1.025, .434]	-.072	.422

Note. $*p < .001$. $N = 279$. CI = Confidence Interval. ECV = Exposure to Community Violence. PSS = Perceived Social Support. SB = Self-Blame. OB = Other-Blame. PR = Positive Refocusing. ROP = Refocus on Planning. PRA = Positive Reappraisal. PIP = Putting into Perspective