

## **Community Safety, Perceptions, and Psychosocial Factors: A Selective Review**

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### **Abstract**

*Community safety, regardless of setting and specific defining features is now a global concern of significant proportions. In this selective review we consider research that contributes to a broader understanding of individuals' perspectives and perceived vulnerability to crime and violence. Of interest also are linkages between perceptions, social support, mental health and wellbeing, and cognitive emotion regulation within the contexts of risk, safety, and exposure to violence.*

**Keywords:** community safety, violence, social support, coping

### **1. Introduction**

The community safety paradigm today is not only multifaceted but also variously defined across global institutions and jurisdictions. Arguably, and possibly due to the broad reach of the construct, the community safety evidence base appears not to capture the breadth of this dynamic and evolving field. Moreover, it is not uncommon to find community safety policy formulated without clear reference to the volume of research that is available. The World Health Organisation's (1989) interpretation of community safety primarily focuses on the prevention of both intentional and unintentional accident and injury. Depending on community needs and government policy, community safety programs can encompass road safety initiatives, health reform, natural and man-made disaster relief, and crime safety and prevention. In war torn countries community safety typically includes the use of armed forces to quell civil unrest, to provide humanitarian aid, and to facilitate movement and accommodation of refugees. The primary focus of community safety in less developed nations may be, for example, disease prevention and sanitation. In historical terms, the development of Australian community safety policy is underpinned by the British model developed in the late 90's through statutory partnerships between local governments and police aimed at reduction of crime and disorder (Squires, 2006).

This early approach to community safety was seen as a merging of social and criminal justice policy with a substantive focus on more socially inclusive strategies intended to reduce social exclusion and marginalisation (Gilling, 2001; Squires, 2006). This particular perspective is closely aligned with the criminological viewpoint that crime in already deprived communities acts to increase impoverishment and social exclusion, and that crime is a direct outcome of "disadvantage, discrimination, social divisions and blocked opportunities" (Squires, 2006, p. 2). More recently community safety policy has been criticised for being increasingly concerned with management rather than prevention. Furthermore, it is seen by some to benefit the rights of more affluent consumers of community safety rather than those people in the community it was originally intended to help (Squires, 2006).

To make manageable our task of selective review, we consider here community safety from the perspective embracing individuals' personal experiences and perceived vulnerability to becoming victims of crime, and a range of relevant psychosocial factors. Central to this perspective is the context in which community safety has been narrowly described as a more positive approach to crime prevention and civil insecurity, and where action is taken at the community level to correct imbalances of expenditure on punitive measures on the one hand, and crime prevention on the other (Gilling, 2001; Matt, 2011; Whitzman, 2008). In 2009 for example, the Queensland state government in Australia established a Department of Community Safety (DCS) tasked to coordinate diverse agencies including corrective services, ambulance, fire, and emergency services.

The DCS has proposed a total allocation of resources on the order of \$A1.9 billion to these agencies in the 2013-2014 financial year (Department of Community Safety, 2013). Such expenditures, particularly those allocated to crime and justice, are supported by an evidence base that scarcely encompasses aspects of individual perceptions of community safety and the psychosocial factors that mediate the impacts of exposure to violence. The available literature highlights, for example, disagreements in the outcomes of research exploring how public perceptions of community safety are actually shaped (see, for example, Whitzman, 2008). Compounding this situation is debate concerning identification of indicators of community safety and how community perceptions of crime risk are reliably measured (Koskela & Pain, 2000; Whitzman, 2008; Worrall, 2006).

## ***2. Perceptions of Safety and Incivilities***

A great deal of the relevant literature has focused on physical and social incivilities gauging peoples' perception of risk of crime and community safety. Physical incivilities include the physical environment and the perception that it is uncared for and unkempt, as indicated by abandoned buildings, graffiti, litter, unlit areas, and lack of communal spaces (La Grange, Ferraro & Supancic, 1992; Worrall, 2006). Social incivilities, on the other hand, include behaviours toward the individual, which may indicate threat of violence, such as loitering, drunken behaviour and visible evidence of crime (e.g., prostitution, drug dealing, and gangs) and disorder (La Grange, Ferraro, & Supancic, 1992; Worrall, 2006). These incivility approaches are partially based on theoretical foundations that include, for example, the mechanisms for formation of protective behaviours when people are exposed to environments in which they perceive a greater risk of threat. Notably, objectively rated physical incivilities such as neighbourhood deterioration and signs of decay have been shown to predict higher levels of crime although, paradoxically, people's subjective perceptions of these physical incivilities have not been similarly predictive (Brown, Brown, & Perkins 2004).

Along with these environmental cues, fear of crime is also proposed to be shaped by characteristics of individuals such as age, gender, and past victimisation of crime (Kruger, Hutchison, Munroe, Reischl, & Morrel-Samuels, 2007). The gender-fear paradox, for example, suggests that women are more likely to report fear of victimisation than men, although official statistics in some jurisdictions (see, for example, Australian Bureau of Statistics [ABS], 2006) indicate that it is men who are more likely to be victims of crime (Ferraro, 1996; May, Rader, & Goodrum, 2010). It has been proposed that sexual assault acts as a master threat within a woman's environment causing increased fear of victimisation (Ferraro, 1996). Consequently, although women are less likely to be victims of crime they are more likely to perceive their community environment as being unsafe. Moreover, indices of criminal offences tend to broadly group and may fail to distinguish that women are more likely to be victims of interpersonal violence, stalking, and sexual assault (Fox, Nobles, & Piquero, 2009).

In addition to gender differences, perceived social support and cognitive coping strategies have also been explored as significant individual characteristics that may shape perceptions of community safety. The prominent buffering hypothesis proposes that social support protects a person from the detrimental effects of stressful life events (Cohen & Wills, 1985). Moreover it has been inferred that certain coping strategies become more maladaptive in times of high stress, and low social support may mediate negative emotion regulation processes when exposure to community violence is high (Scarpa & Haden, 2006). In this context it is important to note that apart from official recorded crime statistics there are the insidious unofficial accounts of family and peer violence hidden in the home and community (WHO, 2002).

## ***3. Exposure to Community Violence***

The World Health Assembly declared in 1996 that violence in all its forms (self-directed, interpersonal and collective) is a global public health problem and estimated that annually over one million people worldwide lose their lives as a direct result of violence and this is one of the leading causes of death globally for people aged 15 to 44 years (WHO, 2002). Violent crime rates in Australia remain somewhat stable and show decline in some offences and jurisdictions (Davis & Dossetor, 2010; Indermaur & Roberts, 2005). Despite this trend, in the period 2010-2011 there were an estimated 1.5 million incidents of physical assault and a further 2.4 million threatened face-to-face physical assaults (ABS, 2012). More than 77,000 people were victims of robbery and a further 54,900 over the age of 18 were victims of sexual assault. When ABS survey respondents were asked if they perceived their neighbourhood to have at least one form of social disorder issue 59% agreed. Of the group of respondents that stated the issue was "large to moderate", a majority of these said their perception was due to personal experience (ABS, 2012).

Commonly, definitions of community violence distinguish between victim of violence or witness to violence, in and around the home, educational setting or the wider community (Scarpa, 2003). Without distinction, these types of violence do not necessarily cause death, injury or disability but they can nevertheless result in serious individual psychological trauma and collective social and community disorder (WHO, 2002). Associations have been reported between exposure to community violence (ECV; typically, high versus low exposure) and increased likelihood of post-traumatic stress disorder (PTSD) symptomatology (Scarpa, 2003; Scarpa et al., 2002), depression (Cammack, Lambert, & Lalongo, 2011; Kennedy, Bybee, Sullivan, & Greeson, 2010; Latzman & Swisher, 2005; Rosenthal, 2000), increased aggressive behaviour, and anxiety disorders (Scarpa & Haden, 2006; Scarpa, Fikretoglu, & Luscher, 2000).

Research on ECV and associated negative consequences has mainly focused on early childhood, adolescence and young adulthood. The focus has been primarily on high-risk populations in the United States and the Americas, and on inner city areas of low socio-economic determination and minority ethnic populations (Buka, Stichick, Bird thistle, & Earl, 2000). Within high-risk populations where ECV was considered to be chronic in nature, significant clusters of complex PTSD symptomatology have been found (Jones, 2007). Utilising a New York college student group Rosenthal (2000) investigated two types of ECV in relation to anger, depression, anxiety, and disassociation. All four types of trauma were significantly associated with high ECV in both witness and victim groups. Although symptoms are likely to be more severe and complex within high-risk populations, low risk groups may also display signs of trauma symptomatology. Scarpa et al (2002), for example, investigated the effects of ECV in a low risk university sample and reported that those in high witnessing and high victimisation groups showed significant clusters of PTSD symptoms.

Although the available evidence indicates that both low and high-risk groups show signs of trauma with varying severity, researchers have begun to focus on protective psychosocial factors operating within an individual's environment. Investigation of an inner city sample of African American children by Jones (2007) highlights this point. Although relationships between high ECV and complex PTSD symptomatology were found, this was effectively mitigated by formal kinship, spirituality, and combined social supports. Further, a comparative study of perceptions of neighbourhood safety and objective measures of neighbourhood violence in an inner-city urban sample of youth (Fite, et al., 2010) found that perceiving the neighbourhood to be more safe was associated with enhanced overall academic performance. Notably, neighbourhood violence was shown by these researchers to be associated with statistically significant decreases in reading and mathematics achievement. Disturbingly, it also has been suggested that perceptions of neighbourhood safety effect levels of proactive (calculated) aggressive behaviour in children (Fite, et al., 2010). These researchers' findings also include a positive association between proactive aggression and delinquency. Moreover, these antisocial behaviours were seen to increase in communities that children perceived as less safe. While studies such as these suggest that people's perceptions of safety in their community may be influenced by their perceptions of their wider social network systems, these systems also may effectively act to reduce threats operating within their social environment.

#### ***4. Social Support and Community Safety***

Social support is widely accepted as an important psychosocial resource with links to both physical and psychological health and wellbeing (Cobb, 1976; Cohen & Wills, 1985; Yap & Devilly, 2004). However, social support has been identified as a dynamic process and distinctions have been made between different kinds of social support, including that which is actually received in contrast to perceived social support (PSS). In both instances the reference here is to the belief that there is a social network available to help the person in times of stress (Kaniasty & Norris, 1992; Yap & Devilly, 2004). Alternatively, social support has been viewed as a resource that has benefits regardless of whether or not the person is experiencing stress (Cohen & Wills, 1985). While there has been a great deal of research in relation to the buffering hypothesis of social support, results are mixed (Yap & Devilly, 2004). Haden and Scarpa (2008), for example, found that high PSS among young adult victims of community violence acted as a buffer to depression. However, where social support is broken down into sub factors of family, friend or significant other support, distinct effect variations appear. The findings reported by Scarpa, et al (2006) show that participants who perceived having high levels of support from family and friends experienced decreased PTSD symptom severity, although the buffering effect of that support appeared to breakdown as community violence and victimisation increased. Paxton, Robinson, Shah and Schoeny (2004) also investigated PSS as buffer to depression and PTSD among a sample of young African American males exposed to community violence.

While high exposure to community violence increased the likelihood of psychopathology, this was not moderated by high PSS. It may be that while social support acts as a moderator in the short term, where exposure is sustained over an extended period of time perceptions of social support erode and buffering effects diminish (Lepore, Evans, & Schneider, 1991). However, a study of recently homeless mothers and their children exposed to high family and neighbourhood violence in the UK, found that low family and professional support was a significant predictor of symptoms of psychopathology for both mothers and children (Bellerby, Vostanis, Tischler, Cumella &, 2001).

Similarly, in an investigation of associations between parental social constraints, ECV, PSS and depression in a population of young adolescents, Kaynak, Lepore, and Kliever (2011) reported that high PSS moderated the effects of ECV on depression independent of levels of parental social constraints. Gender differences also have been highlighted in the research investigating moderating effects of PSS in life stress. For example, one cross-national European study yielded results indicating that while women appeared to have higher levels of social support than had men in relation to negative life events, those women who reported low levels of social support were more vulnerable to depression than were men in the same group (Dalgard et al., 2006). Likewise, Swickert and Owens (2010) reported similar associations between men and women but only when the personality dimension of neuroticism was low. However, increased levels of measured neuroticism resulted in no gender difference in social support. Similarly, Cheng and Chan (2004) obtained mixed results when investigating the sub factors of friend and family support among a group of Chinese adolescents. It was found that girls reported greater perceived friend support and less perceived family support than did boys. Additionally, age appeared to mitigate this effect with older adolescents reporting less family support overall than the younger cohort. Notably, the extent to which findings such as these can be confidently generalised to Western populations may be questionable due to cross-cultural differences. While the results of investigations such as these are mixed, findings overall point to the beneficial effects of social support in times of stress. While researchers have been concerned to consider how factors prominent in the literature of community safety, such as ECV and PSS, interact to affect perceptions, the role of coping strategies in how people deal with stressful life events has also generated interest within this context.

### **5. Cognitive Emotion Regulation**

Although cognitive processes are fundamental to all human behaviour, cognitive emotion regulation specifically may help individuals maintain some measure of emotional stability when faced with traumatic and stressful life events, as well as acting to prevent the individual becoming overwhelmed (Garnefski, Kraaij, & Spinhoven, 2001). Defined as “the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions” (Thompson, 1991, p. 271), emotion regulation also has been conceptualised as encompassing biological, behavioural and social processes either at cognitively conscious or unconscious levels (Gross, 1999; 2002; 2010). Although the study of cognitive emotion regulation is primarily interested in thought processes at the conscious level of awareness, the function of emotion regulation at both conscious and unconscious levels has engaged the interest of researchers seeking to better understand how people cope during times of stress. Coping is broadly described by Rosario and colleagues as “strategies used to eliminate, reduce, or tolerate stress” (2008, p. 44). The construct has been explored in relation to traumatic life events and, more specifically, the emotional stress encountered in community violence.

Garnefski and Kraaij (2006; 2007) propose a nine-factor model of cognitive coping. The factors include the adaptive coping styles of positive reappraisal, constructing positive meaning of the experience, positive refocusing, thinking about positive and happier experiences, putting into perspective, acceptance, and refocus on planning. Self-blame, other-blame, rumination, and catastrophising are theoretically identified as maladaptive coping styles (Garnefski & Kraaij, 2006; 2007). Somewhat more parsimoniously, Gross (1999; 2002; 2010) conceptualises emotion regulation as two types of reappraisal: modification of how a person evaluates a situation, and the suppression or inhibition of emotional behaviour. While more than 400 ways of coping are identified in the literature (Skinner, Edge, Altman & Sherwood, 2003), evidence-based models of coping such as these two appear to have utility in the context of better understanding how the negative effects of ECV may be mitigated. Despite these differences in definition, the concern for how people cognitively regulate their emotions has given rise to hypothesis testing in laboratory experiments.

For example, investigation of exposure to negative stimuli of emotionally arousing photographs suggests that reappraisal is more likely to be employed when the arousing stimuli are low, however suppression predominates when negative arousal is high (Scheibe, Sheppes, Suri, & Gross, 2011). Conversely, Volokhov and Demaree (2010) have demonstrated that exposure to negative stimuli via an emotionally arousing film clip resulted in more frequent use of reappraisal coping rather than suppression, although these findings were contingent upon physiological differences in participants. While purely experimental laboratory research in this field may be limited in the extent to which results can be confidently generalised to a wider population, useful questions are raised where findings are extrapolated to contexts involving exposure to real life stressors such as community violence.

A number of studies have directly investigated relations between coping styles and exposure to violence. For example, the experience of persistent and ongoing violence and the mediating effects of coping styles was investigated by Besser and Priel (2010) in a group of Israeli men and women who had been either directly or indirectly exposed to life threatening acts of violence. The researchers found that low perceived social support and increased maladaptive coping accompanied severity of PTSD symptoms, particularly in relation to self-blame (Besser & Priel, 2010). Similarly, in a study of Ugandan war survivors the negative appraisal coping strategies of denial, blaming others, and rumination were found to be more prevalent in the presence of problematic symptoms of psychopathology (Amone-P'Olak, Garnefski & Kraaij, 2007). However, unlike the previous study, the effects of self-blame were unclear due to the measure's low reliability when administered to the war survivor participants. Also utilising a multifactorial coping model, Schwartz and Proctor (2000) compared coping styles of children differentiated by their experience of either victimisation or witnessing of violence. They concluded that emotionderegulation in young children within the victimisation group was a mediator of poor social outcomes such as being bullied; whereas witnessing violence was strongly linked to increases in aggressive behaviour. However, a similar study by Reid-Quinones, et al. (2011) of an older group of inner-city youth obtained contrasting results. It was found the victim group participants were more likely to use aggressive coping strategies such as anger and revenge, whereas the violence witness group resorted to more avoidant coping strategies involving fear, withdrawal and fleeing. Seen from a somewhat different perspective, it has been demonstrated that relations between styles of coping and experience of violence can also depend on the type of violence witnessed. For example, a mixture of coping styles has been identified (e.g., aggression, withdrawal, help seeking and little to no response) among children who have witnessed interparental violence (Allen, Wolf, Bybee, & Sullivan, 2003). Whereas studies such as these focus more on behavioural coping and less on cognitive coping, their relevance to the establishment of a community safety empirical foundation is unquestionable, although the findings may well be specific only to the studied age groups. It is useful, therefore, to consider examples from the volume of literature that view cognitive emotion regulation as changing across the lifespan. It is commonly understood that greater cognitive control of emotion is a developmental construct that improves with age (see, for example, Tottenham, Hare & Casey, 2011). Although it has been suggested that the same coping strategies may be employed across developmental stages, the use of problem solving and less avoidant strategies of coping has been seen to increase with age (Amirkhan & Auyeung, 2007; Hur, McGregor, Cherkas, Williams, & Spector, 2012). This has been attributed to the acquired experience with age of the costs and benefits of particular strategies (Gross & John, 2003; John & Gross, 2004; Urry & Gross, 2010). However age effects have been investigated mainly in relation to the stressors of everyday life rather than traumatic life events, and more generally explained through normal developmental processes. Somewhat less distinguishable than age-related variations are the differences in coping that have been observed between genders. For example, research utilising Garnefski and Kraaij's (2006) nine factor cognitive model demonstrates that females have been observed to be more likely to use rumination and putting into perspective strategies, compared with males who may be more likely to blame others when exposed to stressful events (Zlomke & Hahn, 2010). It should be noted that researchers studying diverse population groups have not replicated this difference. At least one earlier study, however, concluded that women are more likely than men to use rumination, catastrophising, and positive refocusing strategies, although no gender differences were identified in the use of other-blame, or the remaining five coping strategies within the model (Garnefski, Teerds, Kraaij, Legerstee, & van den Kommer, 2004). More broadly, it has been suggested that women tend to use a range of emotion regulation strategies higher on effortful control, whereas men appear to use more non-conscious automatic emotion regulation (Nolen-Hoeksema, 2011).

More generally, however, these investigations of the operation of psychosocial processes in the community safety context suggest that coping is not a unitary concept and its constituent dimensions, or sub factors, need be considered if it is to have utility in applied contexts including exposure to community violence. The association of psychosocial processes such as these with community violence and well-being has also attracted the interest of researchers in the field. For example, Kliewer, Lepore, Oskin, and Johnson (1998) reported high ECV and low PSS had the greatest effects on well-being. Significant associations also have been found between these variables and symptoms of depression, anxiety, and increased intrusive thoughts. Moreover, internalised symptoms of anxiety, depression, and trauma have been predicted by low levels of perceived support from family and friends, increased levels of ECV, and maladaptive coping styles (Rosario, Salzinger, Feldman, & Ng-Mak, 2007). Alternatively, at least one comparative neighbourhood study has found no difference in coping and negative perceptions of safety across neighbourhoods with low crime rates, whereas increased incidence of maladaptive coping strategy use and negative perceptions of safety were evident in high crime rate neighbourhoods (Rasmussen, Aber, & Bhana 2004).

## 6. Conclusion

In summary, the reviewed volume of literature emphasises personal attributes including perceptions, social support, mental health and wellbeing, and cognitive emotion regulation that are legitimate and necessary elements of a broad and diverse conceptualisation of community safety. We have considered investigations of associations between incivilities, gender and perceptions of risk, and a range of studies concerned with the negative psychological effects of exposure to community violence. A burgeoning volume of social support and cognitive emotion regulation research has been identified. Notably, a group of studies that focus on relations between coping styles and exposure to violence holds particular promise in terms of identifying gender differences in coping responses to community violence. In the main we have included examples of research that may usefully inform policy and intervention developments, bringing attention as they do to a range of psychosocial factors that may mitigate the effects of exposure to community violence in diverse settings and also to effective allocation of community resources.

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