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Racial/ethnic variation in the relationship between physical limitation and fear of crime: An examination of mediating and moderating factors

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Abstract

This study has four objectives. First, we confirm the previously observed association between physical limitations and fear of crime. Second, we assess the role of age in this relationship. Third, we identify factors that mediate this relationship. Fourth, we assess whether this relationship is observed across racial/ethnic groups. Adjusting for perceptions of personal control and disability-related stigma reduces the magnitude of this relationship to non-significance for black and white respondents, but not for Hispanics. Also, we find that age is inversely related to fear of crime for blacks and whites.

For over three decades, scholars have devoted considerable attention to the fear of crime (FOC) and its consequences (see Hale 1996 for a comprehensive review of the FOC literature). Although crime rates, especially violent crime, have declined in recent years, research continues to show that fear of victimization remains a prominent concern for many (Clemente and Kleiman 1977; Heath et al. 2001; Farrall and Gadd 2004; Gibson et al. 2002). For example, Hough (1995) has reported that fear of rape and burglary elicited greater concern among study participants than job loss, automobile accidents, illness, or personal debt. Moreover, fear of victimization has been shown to erode one's sense of physical and psychological well-being (Ross 1993; Adams and Serpe 2000).

At the aggregate level, fear of crime reduces the sense of community among its constituents, reduces support for liberal penal policies while increasing support for conservative practices such as incarceration (Box et al. 1988:340–341). Fear of crime is argued to be a key component in perpetuating the actual occurrence of crime in a community. This is so because the lack of social integration among community members reduces the effectiveness of informal social control measures, which in turn provides greater opportunity for criminal activity (Maxfield 1984).

At the individual level, FOC also adversely affects the quality of life of individuals who feel that they are forced to stay at home, spend resources on protection, avoid activities that they perceive as risky, and interact with people who they perceive as threatening. Adams and Serpe

(2000) suggest that fear of crime acts as a chronic stressor. From this perspective FOC serves to reduce one's personal well-being, adversely affecting overall physical and mental health, and reduces social interaction (Geis and Ross 1998; Ross 1993; Pain 2000). The research cited earlier makes clear that fear of crime remains an important social issue worthy of continued research attention.

A major focus of previous research has been on the social distribution of fear of crime (Liska et al. 1982; Pain 1997, 2001; Chiricos et al. 2001; Scott 2003). This research has shown that such concerns vary by gender, marital status, race/ethnicity, and socioeconomic status, although the veracity of the predictive utility of some of these correlates has been disputed (Ferarro 1995, 1996; Rountree 1998). One group that is potentially at greater risk for heightened perceptions of fear of crime is the physically impaired. Because they tend to be frail, elderly, socially isolated, and economically disadvantaged, individuals with physical limitations likely perceive themselves to be particularly vulnerable to victimization. Moreover, given the profound demographic transition toward an older population that the United States is currently undergoing, the number of people experiencing physical limitations will substantially increase in the coming decades (Day 1996). Also salient to this issue is evidence documenting that advanced age and physical decline are linked to increased declines in personal efficacy and social integration (Schieman and Turner 1998; Mendes de Leon et al. 2003; Schoeni et al. 2005).

In the present study we examine the association between the level of reported physical limitations and fear of crime among a community-based sample of adults ($n=1,505$), one third of whom self-reported being physically disabled. We do so to address the following objectives. First, we document the nature of the relationship between level of physical limitation and fear of crime. Second, we assess the role of age in the relationship between physical limitation and fear of crime. Third, we assess the extent to which self perceptions of mastery and disability-related stigma mediate the observed relationship. Finally, we examine the moderating role of race/ethnicity in the explication of the linkage between physical limitation and fear of crime.

Background

Physical Limitation and Fear of Crime

Despite the voluminous fear of crime literature, little attention has focused on potential linkages between physical limitations and fear of crime. This lack of consideration is particularly surprising given the relatively high prevalence of physical impairment in the United States and evidence suggesting that people with physical limitations are at increased risk for criminal victimization. For example, the U.S. National Center for Health Statistics report (2005) has estimated that just under 25% of all U.S. citizens experience chronic disease related activity limitations. Moreover, the social distribution of activity limitations closely mirrors that of FOC: It is inversely related to socioeconomic status, women are at greater risk than men, and whites are more advantaged than ethnic minorities. When assessed by age, rates of activity limitations rise from 6% for people between the ages of 18–44 to 44% for individual 75 and older (National Center for Health Statistics, 2005).

There is also ample evidence that physical impairment increases the likelihood of being a victim of crime. Rosen (2006) recently reviewed the literature on violence against females with disability and concluded that they experience a 50% greater risk for assault compared to non-disabled men and women. Research also suggests that disabled individuals are at even greater risk if they reside in institutional settings (Sobsey 1994; Jacobson and Richardson 1987). Rosen also cited a National Center for Injury Prevention study that found that only 19–23% of sexual attacks against disabled women were limited to a single episode.

One recently published study has examined the association between physical limitations and FOC. Stiles and colleagues (2003), using data collected from a cohort study tracking former students from Houston public schools, found that having a physical disability was a predictor of fear of crime among 5,395 young adults (mid to late twenties). Accordingly, these authors conclude that the physical vulnerability hypothesis is applicable to those who suffer from physical limitations:

Those who have disabilities or physical limitations have objective indications related to their ability to defend themselves against crime or to flee from a dangerous situation. Individuals with disabilities must deal with more than just perceptions of limitations in regard to protecting themselves; they must face actual measurable physical limitations. This knowledge may lend itself to feelings of helplessness or vulnerability, and consequently to fear, in actually or potentially harmful situations. (Stiles et al. 2003:246)

Although this study provides an important preliminary assessment of the relationship between physical limitations and fear of crime, several questions remain unanswered. First, because the Stiles et al. (2003) study was only able to evaluate this relationship among young adults, the question of whether the association between physical limitations and fear of crime persists with advancing age remains unresolved.

Also, the Styles et al. study employed a measure that is limited because it “does not mention fear, is not an index, and only refers to one type of crime, and this crime is not violent and therefore may not support the vulnerability hypothesis as strongly as if reference were made to violent crimes” (Stiles et al. 2003:240). Indeed, the measurement of the concept of fear of crime has been a subject of considerable discussion and debate (DuBow et al. 1979; Ferraro, 1995; Ferraro and LaGrange 1987; Rountree 1998; Rountree and Land 1996; Gabriel and Greve 2003), with some contending that the inconsistent findings regarding the predictive utility of several correlates and the fear of crime are partly due to measurement differences. The concept of fear of crime is now generally characterized as being multidimensional in nature (Rountree 1998), with (at least) two core components—a cognitive component, which is essentially a risk assessment by the respondent, and an emotional component, which is capturing feelings of fear, anxiety, and related emotions (Ferraro and La Grange 1989). This distinction has proven to be crucial, because extant research suggests that there is some distinctiveness in the covariates of each component (Rountree 1998; Rountree and Land 1996; LaGrange and Ferraro 1989). Hence, it is plausible that the use of single item measures may not capture the emotional content of fear. Preferably, research should employ multidimensional indicators of fear of crime that capture emotional responses to potential criminal victimization, including interpersonal violence (Skogan and Maxfield 1981; Adams and Serpe 2000).

Age, Physical Limitation, and Fear of Crime

It is plausible that the relationship between physical limitation and fear of crime is moderated by age. There are two alternative explanations for anticipating conditional relationships. The first explanation is an extension of the aforementioned vulnerability hypothesis. If the elderly are more fearful of the prospect of crime victimization due to their perception that they are more vulnerable to attack, having a physical disability would tend to amplify such fears (Mawby 1988; as cited in Stiles et al. 2003). However, there are a number of reasons to rebuff the vulnerability hypothesis, including: (a) studies that suggest the relationship between FOC and age is spurious (e.g., Baldassare 1986; Braungart et al. 1980; Janson and Ryder 1983); and (b) that there are a number of conditional factors that moderate the relationship between FOC and age, such as living in large cities (Akers et al. 1987), living alone (Braungart et al. 1980), being a racial/ethnic minority (Akers et al. 1987; Braungart et al. 1980), and/or living in poverty (Akers et al. 1987; Baldassare 1986; Mullen and Donnermeyer 1985; as cited in Chadee and

Ditton 2003:420). Perhaps the most important challenge to the vulnerability hypothesis, however, is the repeated finding that there exists either no relationship between age and fear of crime (e.g., Chiricos et al. 1997; Eve and Eve 1984; Greve 1998; Ito 1993; McKee and Milner 2000; Tulloch 2000; Pain 1995) or that the association is negative—that the youngest age group has the highest fear of crime whereas the elderly have the lowest FOC. The finding that the elderly are least fearful of crime was first reported by Ferraro and LaGrange (1992), but it has also been found by subsequent research (Chadee and Ditton 2003; Kanan and Pruitt 2002).

The finding of a negative association between FOC and age inspires an alternative hypothesis, which we refer to as a *lifestyle mismatch* hypothesis. This explanation suggests that young people with disabilities may be especially fearful of crime relative to the elderly because of the mismatch between the normative expectations and risks involved in living a youthful lifestyle while being physically disabled. We generate this hypothesis based on a couple of observations. First, there is considerable evidence that the young are at an increased risk of actual victimization (Yin 1980) and have fewer resources and experiences at their disposal to reduce their vulnerability. Because they experience higher levels of victimization, younger individuals who suffer from physical limitations may be particularly concerned about their vulnerability. Second, physical impairment is a more normative experience for the elderly. Thus, physical limitations may matter far more in the prediction in perceived vulnerability among the young compared to elderly adults. Regardless of which explanation is most valid, or even if there exists no age-based conditional relationship between physical disability and FOC, we argue that such a question needs to be addressed.

Race/Ethnicity and the Fear of Crime

The vulnerability hypothesis has also been used to explain the association between fear of crime and such social characteristics as gender and race/ethnicity (Pain 2000; Braungart et al., 1980; Fattah and Sacco 1989; Ferraro 1995; Hill et al. 1985; Rountree 1998; Warr 1984; Maguire and Pastore 1996; Clarke and Lewis 1982; Will and McGrath 1995; Whitely and Prince 2005; Parker et al. 2001). The vulnerability hypothesis posits that females and ethnic minorities should be more fearful of crime because they are less able to resist attack (Skogan and Maxfield 1981) and/or that such groups have been socialized to be sensitive to their vulnerabilities (Scott 2003; Stanko 1995). Most important, racial/ethnic minorities' heightened sense of FOC is primarily the result of living and working in high risk environments (Ortega and Myles 1987; Skogan and Maxfield 1981). From this perspective, race/ethnicity is a proxy for social disadvantage and low SES. As such, FOC is a rational response to exposure to social circumstances (e.g., communities with high crime rates) that increase the risk of victimization.

What is less clear, however, is whether blacks and Hispanics experience significant differences in FOC, all things being equal. Although there exists some evidence that black respondents experience greater levels of fear of crime than whites (Covington and Taylor 1991; Braungart et al. 1980; Garofalo 1977; Parker et al. 1993; Skogan and Maxfield 1981), few studies have examined the association between Hispanics and FOC—most prior studies that have only explored white versus black contrasts (e.g., Lane and Meeker 2003; Madriz 1997; Menjivar and Bejarano 2004). Indeed, the implicit assumption underlying this dichotomization of race/ethnicity into two groups suggests that whether one is African American or Hispanic/Latino is inconsequential in understanding variation in FOC. However, the few studies that have examined racial and ethnic differences in FOC have found that Hispanics have greater levels of FOC than blacks (Parker et al. 1993; Haghghi and Sorenson 1996). Indeed, a Florida statewide survey of fear of crime conducted in 1998 found that both Hispanic males and females had the highest rates of “high” fear of crime (i.e., an average of 8 or higher on a 10 point fear of crime scale) than either their African-American or white non-Hispanic counterparts (Florida

Department of Juvenile Justice 2000). Hence, extant research suggests that Hispanic respondents in the present study will report higher levels of FOC than either white non-Hispanics or blacks.

However, there exists little compelling insight available as to why one would expect to find systematic differences in FOC between blacks and Hispanics. Parker et al.'s study (1993:730) suggested that black respondents were more likely than Hispanic respondents to take precautionary measures, such as avoiding riding the subway after certain hours or traveling in groups. Likewise, Madriz (1997) reported that Hispanic women may be especially fearful of criminal victimization because of their inability to be understood by people who do not speak Spanish. And Menjívar and Bejarano (2004) found that some Hispanic immigrants may be particularly fearful of retaliation if they contact the police. Based on this limited information, a combination of cultural (i.e., language and retaliation fears) and the lack of precautionary measures may explain the FOC gap between Hispanics and African Americans. Nonetheless, the paucity of research and theorizing into exploring and understanding potential differences in FOC between black and Hispanic respondents warrants further examination, including the possibility that the association of FOC and physical limitation may differ by the race or ethnicity of the respondent.

The Mediating Roles of Mastery and Stigma

We hypothesize that personal mastery and disability-related stigma mediate the relationship between physical limitation and FOC. Krause (1997:335) defines mastery as an individual's belief that "changes in the social environment are responsive to and contingent upon their own choices, efforts, and actions. In contrast, people with a weak sense of personal control believe that events in their lives are shaped by forces outside their influence, and that they have little ability to affect the things that happen to them." Consistent with this perspective, physical frailty has been shown to erode one's sense of competency, which, in turn, heightens perceptions that one's environment is threatening.

As noted by others (e.g., Rodin 1990; Turner et al. 1999; Skinner 1995) mastery is one of several conceptualizations of personal control. Other conceptualizations include effectance motivation (White 1959, 1960), locus of control (Rotter 1966; Lefcourt 1982), self-efficacy (Bandura 1977, 1997), learned helplessness (Seligman 1975), fatalism (Wheaton 1983), autonomy orientation (Deci and Ryan 1985), mastery orientation (Dweck and Leggett 1988), and self-directedness (Rodin 1990). Although there are differences in the way these variables have been defined and operationalized, they all share a common focus on the perception of one's control over his or her environment (Turner et al. 1999). Although we are aware of no studies that have examined the role of mastery in the context of assessing the association between physical limitations and FOC, Jackson (2004) recently found that a crime-specific indicator of self-efficacy was a significant predictor of the frequency of worry about crime.

We believe that the stigma associated with physical limitation may account for an important part of the relationship between physical limitation and FOC. According to Link and Phelan (2001), the stigmatization process is comprised of four components: (1), labeling differences, which they define as a personal characteristic or status that can be used to differentiate the stigmatized individual from others; (2), the negative stereotyping of the labeled characteristic; (3), the emergence of social distance or separation between the stigmatized and others; and (4), enacted stigmatization, which results in status loss and discrimination. From a health perspective, we anticipate that perceived stigma will be amplified if the disability is visible, chronic, or degenerative. Moreover, if a person is suffering from a visible impairment or limitation she or he may perceive themselves to be particularly vulnerable to victimization. Overall, we believe that the salience of physical limitation in understanding fear of crime and its consequences deserves specific attention.

Method

Sample

The objective of obtaining a representative sample of adults with disabilities that is unbiased with respect to treatment or service involvement required a community screening process. By applying detailed national age- and ethnicity-specific as well as age- and gender-specific disability rates to the Dade County distributions of ethnicity, and of age and gender within ethnic groups, we estimated the number and distribution of persons with activity limitations in each category. This information dictated that approximately 10,000 households would need to be screened in order to meet our sampling requirements.

We obtained a complete list of county properties from Miami-Dade County in the form of its Property Appraisal File, current as of January 2000 (screening began in May 2000). Of the 704,175 properties listed, 600,536 were defined as residential. Although this file did not distinguish individual residences within multifamily buildings, we were able to reliably ascertain that information from the Miami-Dade On-Line Public Access System. The Property Appraiser File organizes properties within square-mile blocks, which form the primary sampling units for the multi-stage sampling design we employed. There are 1,489 square mile blocks in the county, of which 404 had at least 100 non-commercial residences. We randomly selected 100 of these 404 square mile blocks. A total of 206,234 households were contained within these 100 blocks. Our target screening population was a simple random sample of these households. Although substantial effort was expended on telephone screening, this method proved ineffective and most screening was done in person. This process extended from May through November 2000 when 10,000 randomly selected households had been screened with respect to the age, sex, ethnicity, disability status, and the language preference of all adults 18 and older. In accord with traditional World Health Organization (WHO) (1976) procedures, information on the presence of disability was secured within the screening process utilizing the single question, "Do any adults in the household have any physical health condition or physical handicap that has resulted in a change in their daily routine or that limits the kind of or amount of activity they can carry out? For instance work, housework, school, recreation, shopping, or participation in social or community activities." Where the respondent indicated that he or she or another adult in the household had such limitations, information on the nature of the condition was obtained. Thus, the presence of a physical disability was either self-reported or reported by a family member. We drew a random sample of those screened as having activity limitations such that half were women, and non-Hispanic whites, African Americans, Cubans Americans, and non-Cuban Hispanics were equally represented. The non-disabled comparison sample was assembled based on the closest neighbor of each sampled person with activity limitations that was without such limitations and of the same gender, race/ethnicity and age (within five years). A total of 2,005 Wave 1 interviews were completed during 2004, with a success rate of 82%. However, analyses revealed that 19 participants in the screened disabled group did not meet inclusion criteria and had been incorrectly interviewed. They were without physical limitation, having been disabled solely as a consequence of emotional or psychiatric difficulties. Our final sample is 1986, of which 1,048 are women and the resulting racial/ethnic distribution is non-Hispanic white 452, Cuban 479, non-Cuban Hispanic 440, and African American 583. However missing data, most of which occurred within our measures of activity limitation, forced us to limit analyses to 1,505 study participants.

In addition, only 63% of those screened as disabled confirmed this status in the interview (418 confirmed from 674 screened as disabled). Preliminary analyses showed the proportions among men and women as being virtually identical. In contrast, significant differences are observed across both race/ethnicity and age. The proportion confirming the presence of activity limitations varies from 46% among the non-Cuban Hispanic group to 72% among African

Americans, and those in the youngest category were substantially less likely to confirm limitations than older participants (49% 18–49 years; 64% 50–69 years; 72% 70–93 years). In the descriptive analyses presented next, we distinguish each of the three disability categories: screened non-disabled, screened disabled, and confirmed disabled.

Measures

Fear of Crime was measured with a 10-item scale ($\alpha = .97$) based on the work of Ferraro and LaGrange (1987). It was designed to measure the extent to which the respondent is concerned about becoming the victim of a crime. Respondents are asked how afraid they are of the following 10 events: someone breaking into their house while they are away, being sexual assaulted or raped, being physically attacked, having their wallet stolen, being robbed, someone breaking into their house while they are home, being carjacked, being harassed by gang members, being conned, and having a family member being victimized by a crime. The response categories and values for these questions were (1) “very afraid,” (2) “moderately afraid,” (3) “mildly afraid,” and (4) “not at all afraid.” Responses were reverse coded and summed to create a global measure with higher scores indicating a greater fear of crime. The measure ranges from 10 to 40 and has a mean of 19.243, and a standard deviation of 10.374.

Activity Limitations were assessed with seven items ($\alpha = .88$) that ask respondents about various physical activities they may or may not have trouble doing. The activities include: reaching up above your head to grab a five pound object, bending down to pick up an object of the floor, turning a faucet on or off, walking a quarter of a mile, stooping or crouching down, lifting 10 pounds, and sitting for more than two hours. Study participants were asked to choose which of the five possible response categories best describes how easily they are able to do that activity. The response categories and values for these items are (0) Easily, (1) With some difficulty, (2) With much difficulty, and (3) Unable to do. Responses to these items were summed so that higher scores indicate a higher level of physical limitation. The measure ranges from 0 to 21 and has a mean of 3.095, and a standard deviation of 4.499.

Exposure to Crime was measured with nine items that assess the respondent's personal and vicarious experience of five different criminal events. Since Skogan and Maxfield (1981), some researchers have found that those who have been victims of crime are more fearful of crime than others (Kanan and Pruitt 2002; Ferraro, 1995; Lee and Ulmer 2000) although the finding is not universal (e.g., Liska et al. 1988). Thus, a measure of exposure to crime serves as an important control variable. Four of these items ask of personal exposure to rape, assault, robbery, and physical attacks. The other five items ask whether the respondent witnessed someone being killed, raped, assaulted, robbed, or attacked. Responses were coded (1) if the event occurred and (0) if the event did not occur. Events were counted to create a continuous measure of exposure to crime. Scores on this measure range from 0 to 8. Of all respondents, 678 (35.74%) reported exposure to at least one event. The mean of this measure is .607 and the standard deviation is 1.029.

Mastery has been defined as “the extent to which one regards one's life chance as being under one's own control in contrast to being fatalistically ruled” (Pearlin and Schooler 1978:211). We used Pearlin and Schooler's (1978) sevenitem scale to assess mastery. Respondents were asked to rate themselves on a five point scale ranging from “strongly agree” to “strongly disagree” with respect to items such as, “I have little control over the things that happen to me” and “I can do just about anything I really set my mind to.” Higher scores on the mastery scale indicate a greater sense of mastery. The internal reliability for this scale was .78.

Perceptions of Stigma Associated with a Physical Limitation was measured with seven items ($\alpha = .85$) that ask about experiences people may have as a result of physical challenges. These experiences include people staring at you, people avoiding close contact with you,

feeling embarrassed or ashamed about your physical appearance, people acting as if your physical limitation is your own fault, people acting as if having a physical limitation is a sign of weakness, feeling different from other people because of your physical limitation, and incurring rude comments from others in regard to your physical limitation. Response categories and values for all of these items were (1) Never, (2) Rarely, (3) Sometimes, (4) Often, and (5) Always. Responses to these items were summed to create a measure of perceived stigma. Those who responded “Never” on all seven items were given a value of “0” on the measure. Scores on the measure ranged from 0 to 35. The mean score for the measure is 2.227 and the standard deviation is 5.564.

Sociodemographic Variables—In the analyses presented next, *age*, *gender*, and *race/ethnicity* were based on respondent self-report. Socioeconomic status was estimated using a composite score based on household income level, occupational category (Hollingshead 1965), and educational attainment. Scores on the three status dimensions were standardized, summed, and divided by the number of status dimensions for which data were available. Marital status was dummy coded so that a value of 1 corresponds to those who are currently married and a value of 0 corresponds to individuals who are not currently married.

Results

Our initial objective, to identify whether there is a relationship between physical limitation and FOC, is addressed in Table 1. To make this assessment, we examined how FOC varies across level of physical limitation status, both within and across other relevant social statuses. The first row of Table 1 suggests a positive and linear relationship between physical limitation and FOC. The remainder of Table 1 assesses whether there are social status differences in the association between physical limitation and FOC. Consistent with previous research, women report higher levels of FOC and gender differences persist across limitation categories. With respect to race/ethnicity, Hispanic respondents (Cuban and non-Cuban Hispanics) report substantially higher levels of FOC relative to their non-Hispanic counterparts. Moreover, these differences appear to systematically vary by level of activity limitation, such that increased impairment is associated with higher levels of FOC. Moreover, the magnitude of these increases is greater for Hispanics. There also appears to be a negative relationship between age and FOC. However, this relationship is more pronounced among respondents with no activity limitations, and therefore fails to support the lifestyle mismatch hypothesis. In fact, there is very little age variation in FOC scores among respondents with activity limitations. Consistent with expectation, exposure to crime, stigma, and mastery are associated with FOC in the hypothesized direction.

In Table 2, FOC is regressed on activity limitations, social status, and hypothesized mediating factors with data from the full sample ($n = 1,896$). Equation 1 reinforces the finding of a bivariate relationship between activity limitations and fear of crime. Indeed, this relationship is only slightly attenuated in Equation 2 when social status variables are introduced into the model. Although gender is not a central issue for the present study, we acknowledge that there is some evidence that the relative influence of explanatory variables on FOC may differ by gender (Schafer et al. 2006). Equation 3 shows that the focal association is not simply an artifact of either observed or experienced criminal victimization but rather demonstrates that the link between physical limitation and FOC is largely independent of such exposures. Equations 4 through 6 address our second specific aim, to evaluate the mediating role of mastery and stigma in the relationship between physical limitation and FOC. As shown, in Equation 4, mastery accounts for almost 50% of the magnitude of the relationship between activity limitations and FOC observed in Equation 2 (the coefficient is reduced by 44% from .323 to .147). Likewise, we observe almost a one-third decrease in the magnitude of the activity limitation coefficient (from .323 in Equation 2 to .205 in Equation 5) when perceived stigma is entered into the

equation. When both variables are simultaneously entered into the model (Equation 6), the activity limitations coefficient becomes non-significant ($b = .114$). Also, the coefficient for stigma is reduced to non-significance, demonstrating its empirical overlap with mastery. This finding demonstrates that perceptions of mastery are the primary mediating factor in the relationship between physical limitations and FOC.

In accord with our third specific aim, we evaluate interactions between race/ethnicity and physical limitation. In additional analyses, not shown, we also examined whether gender and age conditioned the relationship between activity limitations and FOC. These interaction terms were not significant. Following the instruction of Aiken and West (1991) the values for activity limitations were centered around its mean. The coefficients for these interaction terms are presented in the bottom two rows of Equation 7. These tests revealed that physical limitations increase risk for FOC much more so for Hispanics relative to non-Hispanic whites. On the other hand, the coefficient for African Americans, although positive, was not statistically significant. These differences are illustrated in Figure 1. These findings, coupled with the descriptive results presented earlier, demonstrate substantial racial/ethnic differences in the distribution of physical limitation, FOC, and their correlates. Black and white responses are more similar than dissimilar to one another and each sharply contrasts to those reported by their Hispanic counterparts. As such, we believe that these findings necessitate the subgroup analyses presented later.

Tables 3 and 4 present separate regression models for non-Hispanics and Hispanics, respectively. Although both of the ADL coefficients presented in model 1 are statistically significant, the magnitude of the relationship between level of physical limitation and FOC is roughly double that for Hispanics compared to the coefficient for blacks and whites. A test of equality (Paternoster et al. 1998) of the two ADL coefficients presented in Model 1 was performed. It confirmed that the magnitude of the Hispanic ADL coefficient was significantly greater than that for non-Hispanics ($t = 2.65 p < .01$). Equation 2 confirms racial/ethnic differences in the association between age ($t = 10.42 p < .01$) and marital status ($t = 21.62 p < .01$), respectively, and FOC. In the top panel a negative relationship between age and fear of crime is observed in five (i.e., all but one) of the regression models. However, the bottom panel shows that when other demographic variables are controlled for age is unrelated to FOC among Hispanic study participants. Finally, Equations 4 through 6 assess the mediating effects of mastery and stigma. For blacks and whites, controlling for mastery and perceived stigma almost entirely mediates the physical limitation–FOC relationship (the coefficient is reduced from .205 in Equation 3 to $-.008$ in Equation 6). Among Hispanics, however, although a portion (approximately 23%) of the physical limitation coefficient is accounted for by mastery and stigma (from .363 in Equation 3 to .281 in Equation 6), it remains statistically significant.

Discussion

We believe that the analyses presented in this article have several important implications for understanding how the experience of physical impairment relates to fears of criminal victimization. As hypothesized, level of physical limitation was strongly associated with fear of crime, even after controlling for the effects of previous victimization. Moreover, personal mastery and perceived stigma improved our understanding of the relationship between physical limitation and fear of crime. Indeed, when these risk and protective factors were simultaneously entered into the regression model, the association between physical impairment and fear of crime was statistically non-significant, with a notable exception that is discussed later.

There were strong theoretical rationale for anticipating the observed mediating effects of mastery and stigma. That loss of physical acumen is negatively related to perceptions of mastery over one's environment can be no surprise. And, as Wheaton has written over two

decades ago (1983:211), declines in mastery result in the “tendency to believe in the efficacy of the environment rather than personal forces in understanding the causes of life outcomes.” The findings presented here suggest that this sense of fatalism extends to perceptions of increased vulnerability to criminal assault.

Similarly, perceived stigma was found to mediate much of the linkage between physical limitation and FOC, at least among non-Hispanic study participants. The findings presented here are consistent with past research demonstrating the socially devaluing effects of having a physical impairment. Disability often creates social distance between the healthy and the impaired. Individuals with a physical impairment often interpret subsequent social interactions to be threatening or requiring physical efforts that they are unable to meet (Heatherton et al. 2003). Our analyses show that these perceptions are also positively related to FOC.

Although the inclusion of the aforementioned mediators reduced the physical limitation coefficient to non-significance, we found evidence of an important moderator—the ethnicity of the respondent. Our results revealed that even with the mediators included, physical limitation remained an important predictor of the dependent variable for Hispanics. However, this was not the case with either African Americans or non-Hispanic whites. We find this conditioning role to be quite provocative, because the observed ethnic differences in the strength of the physical limitation–FOC link is not based on higher rates of victimization. Consistent with other studies, we found that African Americans are at greatest risk of being the victim of a crime, while Hispanics in South Florida are more likely to reside in affluent, lower risk, ethnically integrated neighborhoods. Therefore, the heightened sense of vulnerability experienced by Hispanic study participants cannot be attributed to their residential location or socioeconomic position. Although provocative, this finding is consistent with an earlier study conducted with this dataset. Turner and colleagues found that, among disabled respondents, Hispanics were almost twice as likely to meet criteria for DSM-IV psychiatric and substance use disorders (Turner et al. 2006). Additional descriptive analyses from this same study (not yet published) have documented that Hispanic study participants have reported higher levels of depressive symptoms and anger compared to blacks and whites. Thus, it may be that for Hispanic Americans, physical limitation is a predictor of a wide array of additional problems. Identifying the cultural, historical, and environmental factors that underlie this general pattern of findings will be a prominent focus of our future research efforts.

Albeit speculative, one possible explanation of this finding is inferred from extant research on Hispanic communities that suggests that residents are significantly less likely to initiate contact with the police than either non-Hispanic whites or African Americans (Langan et al. 2001; Walker et al. 2007). This has been attributed to the fact that many Hispanics do not speak English and therefore have difficulties communicating with the police (Walker et al. 2007). If Hispanics are less likely to initiate contact with the police because of language barriers (real or perceived), this problem may contribute to a heightened fear of crime among this community—Hispanics may feel that they are not capably protected or served by local law enforcement (relative to other groups). Furthermore, Hispanics may also fear contacting the police due to concerns about possible immigration issues, further exacerbating the problem (Walker et al. 2007). And, while these perceptions likely have little bearing on actual risk of criminal victimization, they may play an important role in fear of being a victim. Nonetheless, further research is necessary to better understand the factors that underlie this association between ethnicity and FOC.

Finally, our findings demonstrate that among the physically impaired, age is an important factor in distinguishing who is fearful of becoming a victim of crime. Consistent with prior research (Chadee and Ditton 2003; Kanan and Pruitt 2002; Farraro and LaGrange 1987), we found that younger respondents reported higher fear of crime scores compared to their older counterparts.

Although this pattern of reporting can be partially attributed to the higher rates of victimization reported by the young, other factors might contribute as well. For example, a study conducted by Schieman and Turner (1998) found support for what they have labeled a “normative reference process.” They hypothesize that “the disabled compare themselves to nondisabled age peers and that these comparisons influence differences in mastery” (Schieman and Turner 1998:184). From this perspective, physical impairment may be more damaging for younger individuals because it reduces their ability for status attainment and occupancy in age-normative social roles. The findings presented here suggest that this process may extend to fear of crime as well.

Although our study reveals several provocative findings regarding the link between physical limitation and fear of crime, some limitations must be acknowledged. First, the composition of the sample may undermine the generalizability of these findings to other populations. Although our data were drawn from a large community-based sample, Miami-Dade County is in many ways unique compared to other large metropolitan areas. This distinctiveness was evident in terms of the elevated fear of crime scores reported by persons of Hispanic heritage. Our findings contrast with those reported by Stiles et al. (2003), who found that African-American and Mexican-American study participants were not more likely to report fear of crime than non-Hispanic whites.

It is important to note that the sampling framework employed here was designed to stratify on race/ethnicity such that half of the Hispanic study participants were Cuban and half were non-Cuban. Consistent with the population of Miami-Dade County, the two largest non-Cuban Hispanic ethnic groups in this sample were of Colombian and Nicaraguan descent. However, preliminary analyses of the data revealed that response patterns were very similar for all Hispanics, regardless of their ethnicity. We therefore combined all Hispanic responses into a single ethnic category. Based on these observations, we are confident that the findings presented here are generalizable to South Florida, but we are much less confident that they extend to Hispanic populations residing in different geographical regions.

Second, the scope of the present study did not allow consideration of other elements of social context, such as neighborhood and work environments, which prior research has shown to contribute to perceptions of vulnerability. Inclusion of these additional contextual factors may have yielded different results. As such, additional research is warranted. Finally, although our research employed a measure of fear of crime that was based on the work of Ferraro and LaGrange (1987), the aforementioned discussion about the debate over the conceptualization and measurement of fear of crime is applicable to the present study. For example, we did not capture the full array of criminal offenses in our measure that have been employed in some studies (e.g., Ferraro 1996; LaGrange and Ferraro 1989; Warr and Strafford 1983).

In spite of these limitations, we hope that the present study inspires further research into clarifying and testing the vulnerability hypothesis and how various risk and protective factors serve to generate fear of crime. Our findings reinforce the notion that differing combinations of such factors produce different levels of fear of crime among individuals, with such associations potentially conditioned by both individual and neighborhood characteristics.

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Biographies

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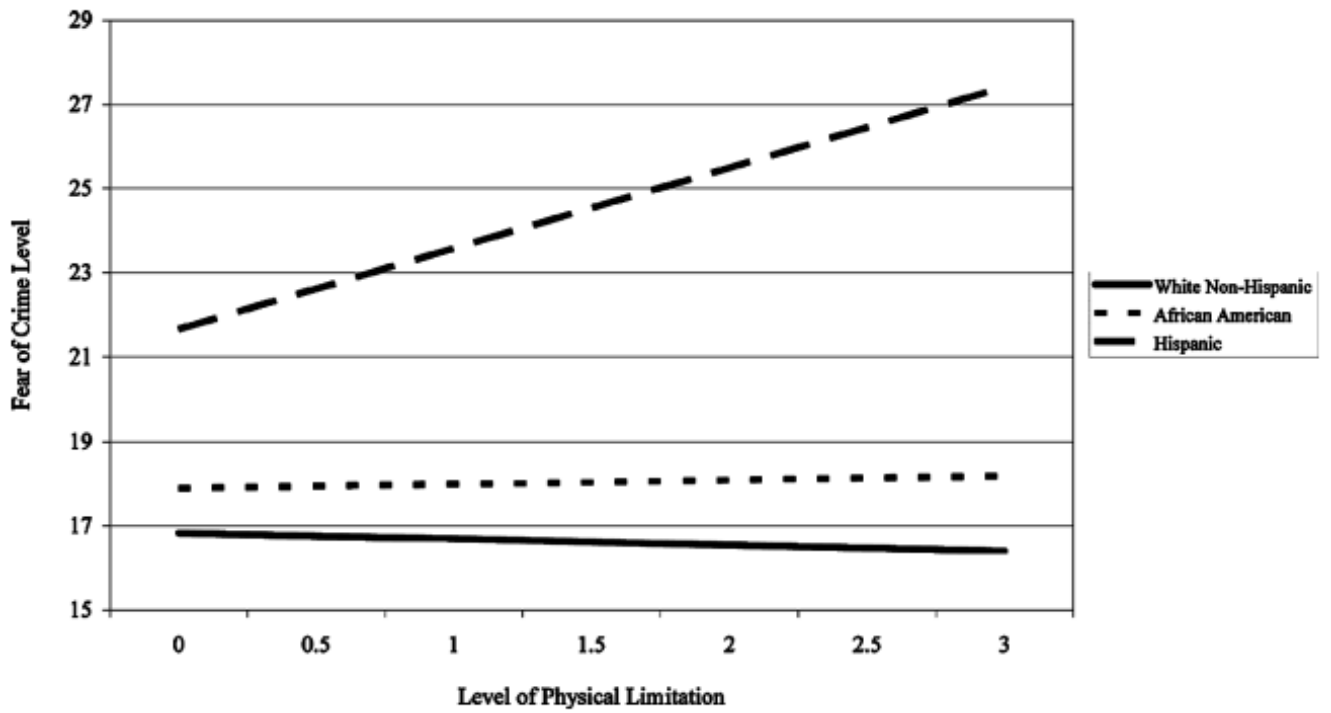


Figure 1.
The association between physical limitation and fear of crime across race/ethnic groups.

Table 1
The Distribution of Fear of Crime Scores across Activity Limitations

	No limitation	Moderate limitation	High limitation
Total	17.457 ^a	20.405	21.377
Gender			
Male	16.119 ^{a,b}	17.963 ^b	19.454 ^b
Female	19.142 ^a	22.477	22.391
Marital status			
Not currently married	17.004 ^a	20.700	20.497 ^b
Currently married	17.913 ^a	20.145	22.489
Race/Ethnicity			
Non-Hispanic white	14.323 ^{a,b}	17.076 ^b	17.303 ^b
Cuban	20.992 ^a	23.629	26.038
Non-CubanHispanic	18.565 ^a	22.836	24.238
African American	15.713 ^a	19.072	19.048
Age group			
18 to 49years	18.768 ^{a,b}	21.665	21.614
50 to 69years	16.828 ^a	20.938	21.711
70 to 93years	15.387 ^a	18.817	20.949
Socioeconomic status			
High	17.281 ^a	18.966	20.089
Medium	17.654 ^a	20.751	22.274
Low	17.455 ^a	21.638	21.379
Exposure to crime			
Not exposed	17.034 ^{a,b}	19.977	19.946 ^b
Exposed	18.394 ^a	21.077	23.433
Mastery			
High	15.327 ^b	15.912 ^b	16.724 ^b
Medium	18.784	20.383	21.221
Low	20.632 ^a	25.803	23.694
Stigma			
High	—	21.201	23.876 ^b
Medium	17.437	18.469	21.089
Low	17.458 ^a	20.598	20.507

^aDenotes a significant difference across activity limitation categories.

^bDenotes a significant difference within activity limitation categories.

Table 2
Fear of Crime Regressed on Study Variables (Full Sample $n = 1,896$)

Variable	1	2	3	4	5	6	7
Level of activity limitations	.357*** (.052)	.323*** (.053)	.281*** (.053)	.147** (.053)	.205** (.062)	.114 (.061)	-.020 (.112)
Female		3.720*** (.466)	4.141*** (.469)	4.063*** (.457)	4.216*** (.469)	4.099*** (.458)	4.060*** (.458)
Currently married		1.557** (.473)	1.678*** (.470)	1.766*** (.458)	1.732*** (.469)	1.789*** (.458)	1.715*** (.458)
Age		-.012 (.014)	-.001 (.014)	-.005 (.013)	.002 (.014)	-.003 (.013)	-.008 (.013)
African American		1.079 (.660)	.854 (.656)	1.001 (.640)	.856 (.655)	1.000 (.640)	1.065 (.742)
Hispanic		5.664*** (.623)	5.773*** (.619)	4.788*** (.611)	5.795*** (.618)	4.814*** (.612)	4.821*** (.700)
Socioeconomic status		-.228 (.256)	-.288 (.254)	.256 (.254)	-.273 (.254)	.255 (.254)	.280 (.254)
Exposure to crime			1.240*** (.223)	1.128*** (.217)	1.189*** (.223)	1.106*** (.218)	1.064*** (.218)
Mastery				-.388*** (.038)		-.382*** (.039)	-.387*** (.039)
Perceived stigma					.114* (.047)	.052 (.046)	.045 (.046)
Hispanic \times AL ^a							.294* (.130)
African American \times AL ^a							.034 (.135)
Constant R ²	18.136*** .024	13.243*** .122	11.717*** .136	22.897*** .179	11.450*** .139	22.603*** .180	23.555*** .183

OLS Unstandardized Regression Coefficients.

* $p < .05$,

** $p < .01$,

*** $p < .001$.

^a Interaction terms for Hispanic by activity limitations and African American by activity limitations, respectively.

Table 3
Fear of Crime Regressed on Study Variables (Non-Hispanics $n = 999$)

	1	2	3	4	5	6
Level of activity limitations	.267 ^{***} (.059)	.231 ^{***} (.061)	.205 ^{**} (.060)	.053 (.061)	.082 (.069)	-.008 (.068)
Female		3.166 ^{***} (.560)	3.652 ^{***} (.566)	3.617 ^{***} (.547)	3.698 ^{***} (.563)	3.645 ^{***} (.546)
Currently married		-.498 (.577)	-.155 (.577)	-.076 (.558)	-.022 (.575)	-.006 (.558)
Age		-.057 ^{***} (.016)	-.040 [*] (.016)	-.046 ^{**} (.016)	-.032 (.016)	-.042 ^{**} (.016)
Socioeconomic status		-.041 (.297)	-.088 (.294)	.462 (.291)	-.073 (.292)	.443 (.291)
Exposure to crime			1.137 ^{***} (.260)	1.048 ^{***} (.251)	1.059 ^{***} (.259)	1.009 ^{***} (.251)
Mastery				-.392 ^{***} (.046)		-.373 ^{***} (.047)
Perceived stigma					.198 ^{***} (.054)	.111 [*] (.054)
Constant R ²	15.941 ^{***} .019	18.076 ^{***} .068	15.972 ^{***} .086	27.510 ^{***} .148	15.405 ^{***} .098	26.621 ^{***} .151

OLS Unstandardized Regression Coefficients.

* $p < .05$,

** $p < .01$,

*** $p < .001$.

Table 4
Fear of Crime Regressed on Study Variables (Hispanics $n = 897$)

	1	2	3	4	5	6
Level of activity limitations	.541 ^{***} (.084)	.411 ^{***} (.091)	.363 ^{***} (.092)	.250 ^{**} (.092)	.371 ^{**} (.109)	.281 ^{**} (.107)
Female		4.098 ^{***} (.753)	4.378 ^{***} (.757)	4.249 ^{***} (.742)	4.364 ^{***} (.763)	4.195 ^{***} (.748)
Currently married		3.395 ^{***} (.757)	3.309 ^{***} (.755)	3.395 ^{***} (.739)	3.305 ^{***} (.756)	3.381 ^{***} (.740)
Age		.016 (.023)	.022 (.023)	.018 (.023)	.022 (.023)	.017 (.023)
Socioeconomic status		-.412 (.394)	-.458 (.393)	.066 (.394)	-.460 (.394)	.062 (.394)
Exposure to crime			1.061 ^{**} (.379)	.907 [*] (.372)	1.067 ^{**} (.381)	.926 [*] (.374)
Mastery				-.392 ^{***} (.063)		-.394 ^{***} (.063)
Perceived stigma					-.012 (.079)	-.044 (.078)
Constant R ²	20.391 ^{***} .043	15.891 ^{***} .088	15.060 ^{***} .096	25.355 ^{***} .133	15.083 ^{***} .096	25.501 ^{***} .134

OLS Unstandardized Regression Coefficients.

* $p < .05$,

** $p < .01$,

*** $p < .001$.