



Examining fear and stress as mediators between disorder perceptions and personal health, depression, and anxiety

Danielle Wallace *

Arizona State University, School of Criminology and Criminal Justice, 411 N. Central Ave., Room 600, Phoenix, AZ 85050, United States

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ABSTRACT

Research examining the effect of neighborhoods on personal health has often focused on neighborhood disorder, or visual cues in neighborhoods perceived as personally threatening or noxious. Neighborhood disorderliness is thought to elevate individuals' fear of crime, thereby negatively impacting personal and mental health. Unfortunately, the pathways between disorder, fear of crime, and health have yet to be established. This study examines the pathways between neighborhood disorder, fear of crime, and three health outcomes. Using the Community, Crime and Health Survey, this study employs structural equation modeling to examine how general (being afraid of walking alone) and offense-specific fear of crime (being afraid of specific crimes) mediate the relationship between individuals' disorder perceptions and self-rated health, depression and anxiety. Results show that fear of crime does mediate the relationship between disorder perceptions, self-rated health and depression, though the mediating pathways are weak. This study suggests that the disorder-fear of crime-health nexus should be re-examined theoretically.

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1. Introduction

Neighborhood conditions have long been acknowledged as having a direct impact on individual health (Chadwick, 1842). Recent literature, though, has focused on the indirect ways in which neighborhoods affect an individual's health, such as commercial decline (Browning et al., 2006) or neighboring behavior (Ross and Jang, 2000). For example, one such study finds that social isolation, or residents' inability to move out of a neighborhood combined with neighborhood poverty leads to high levels of psychological distress (Ross et al., 2000). Unfortunately, connecting neighborhood social dynamics to a person's health can be challenging; understanding how neighborhoods and their social environments are difficult to test and have yet to be fully theorized (MacIntyre and Ellaway, 2003). This is not due, however, to a lack of academic interest, but rather a deficiency of data. Only recently has data become available that captures both neighborhood social characteristics, such as social isolation or collective efficacy, and a throng of individual health measures using sampling strategies suitable for neighborhood modeling (for example, see Cagney et al., 2009 or Sampson and Raudenbush, 1999). Until most recently, scholars have been left to hypothesize about the indirect pathways between neighborhoods and health, rather than empirically test them.

One such case is the relationship between neighborhood disorder and health. Neighborhood disorder is the visual, physical and social conditions in a neighborhood environment that are seen as threatening or noxious (Sampson and Raudenbush, 1999). Disorder has been associated with a slew of negative, physical and mental health outcomes for individuals, such as coronary risk factors, heart disease mortality, low birth weight, smoking, morbidity, psychological stress, heavy drinking, feelings of powerlessness, physical decline, depression, all-cause mortality, and self-reported health (Cutrona et al., 2000;

* Fax: +1 602 496 2366.

E-mail address: danielle.wallace@asu.edu

Geis and Ross, 1998; Hill et al., 2005a; Linares et al., 2001; Lowenkamp et al., 2003; Ross and Jang, 2000; Ross and Mirowsky, 2001; Sampson and Raudenbush, 2004). The majority of work, investigating the relationship between disorder and health, suggests that the relationship is mediated through fear of crime – specifically, perceiving your environment as disordered generates fear of crime which in turn leads to negative physical and mental health consequences (Geis and Ross, 1998; Haney, 2007; Jackson and Stafford, 2009; Latkin and Curry, 2003; Ross, 1993, 2000a; Ross and Jang, 2000; Ross and Mirowsky, 2001; Ross et al., 2000, 2001; Wen et al., 2006). Yet, no studies to date have established the pathways between disorder, fear of crime, and health.

Furthermore, recent research has brought to light methodological issues surrounding how individuals perceive and interact with neighborhood disorder; as a result, the relationship between disorder, fear of crime, and health is called into question. Specifically, several studies have shown that individuals perceive and interpret disorder differently (Hipp, 2010; Katz et al., 2011; Latkin et al., 2009; Sampson and Raudenbush, 2004; Taylor, 2009; Wallace, forthcoming; Wallace et al., forthcoming). As a result, the theorized interpretive meanings behind disorder cues, particularly those that convey the potential for criminal victimization, may not be what individuals read into disorder cues (Wallace, forthcoming). If disorder is indeed interpreted differently, specifically if it is interpreted in ways that does not generate fear of crime, then the path between disorder and health breaks down. As a consequence, the pathways between disorder, fear of crime, and health need to be established so that current and future work in this arena is valid.

In response to this lacuna in research, the aim of this study is to establish whether fear of crime indeed mediates the relationship between disorder, health and mental health. Thus, the primary research question of this study is, simply, does fear of crime mediate the relationship between individual disorder perceptions and health? If disorder perceptions do engender a fear response, then the relationship between disorder and health outcomes should be stable. However, if disorder perceptions do not produce fear of crime, then the relationship between disorder and health is in question. Using structural equation modeling, this study considers that measures of fear of crime mediate the relationship between disorder perceptions and measures of self-rated health, depression, and anxiety.

The bulk of research studying the health consequences of neighborhood disorder suggests a strong relationship between disorder perceptions, fear of crime, and negative health consequences; however, that relationship is predicated on individuals' perceptions of disorder generating a negative emotional response (i.e., fear of crime). A large part of the emotions, stress and health literature focuses on how individuals' perceptions of their personal situation can be more powerful predictors of health (Singh-Manoux et al., 2005). For example, subjective social status is considered a more precise measure of one's social position because it includes individuals' past, current, and future prospects in their evaluation of social position (Singh-Manoux et al., 2005). As a result, subjective social status is a better means of assessing how one's social position impacts health because it takes into consideration how individuals' understandings of their relative social position. Similarly, by exploring the relationship between individuals' disorder perceptions, not objective neighborhood conditions, and personal health, this study enables us to understand how perceptions impact emotionally based fear responses, and how they "gets under the skin" to effect health. While we know that neighborhoods are associated with health, we do not precisely know why (MacIntyre and Ellaway, 2003). The approach of this paper will enable one of those effects, the psychosocial response to neighborhood conditions, to be tested.

2. Literature review

Neighborhood disorder is one means of conceptualizing the effects that deleterious aspects of the neighborhood environment have on personal health. Neighborhood disorder can be seen as visual cues in the neighborhood environment, which signal to residents that they may become a victim of crime and that the neighborhood does not have the ability to mobilize to ameliorate its problems (Hunter, 1978, 1985; Taylor, 2001). Conversely, when defined in terms of social control, effectively, disorder constitutes visual signals that the norms of what is considered appropriate physical and social controls of the neighborhood have been violated (Bursik and Gramsick, 1993; Skogan, 1990). Disorder can take both physical and social forms. Specifically, physical disorder includes "the deterioration of urban landscapes, for example, graffiti on buildings, abandoned cars, broken windows, and garbage in the streets" (Sampson and Raudenbush, 1999, p. 604), while social disorder is behavior by individuals on the street that can be construed as threatening (Sampson and Raudenbush, 1999; Woldoff, 2002). If disorder is considered a continuum (Sampson and Raudenbush, 1999), social disorder is generally considered a more severe type of disorder; its presence conjures fear in residents and eventually withdrawal from community life (Bursik and Gramsick, 1993; Sampson and Raudenbush, 1999; Skogan, 1990; Taylor and Covington, 1993; Wilson and Kelling, 1982). What makes disorder different from other neighborhood conditions related to health is its ability to have both direct and indirect effects on health.

Neighborhoods and health researchers typically discuss the link between neighborhood disorder and health as either an environmental or psychophysiological one. Disorder may impact health in the following ways: either (1) disorder has a direct effect on health by creating a noxious neighborhood environment that is detrimental to health, or (2) disorder has an indirect effect on health as a personal stressor that is also injurious to health. When considered as part of a noxious environment, disorder is seen as a measure of the ambient urban environment that become biological stressors or environmental hazards (Cagney et al., 2009; Ewart and Suchday, 2002). Here, disorder is operationalized slightly outside of the traditional, more criminological, conceptions mentioned earlier. Physical cues such as odor and noise are included as signs of incivility

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