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Examining Perceptions of Neighborhood Safety and Social Capital Among African Americans Living in Disadvantaged Neighborhoods in Atlanta

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Examining Perceptions of Neighborhood Safety and Social Capital Among African Americans Living in Disadvantaged Neighborhoods in Atlanta

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An abstract of
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Abstract

Examining Perceptions of Neighborhood Safety and Social Capital Among African Americans Living in Disadvantaged Neighborhoods in Atlanta
By Sara Shilling

Background: Neighborhood characteristics can affect wellbeing. Living in a disadvantaged neighborhood has been previously linked to exposures such as violence and disorder, physical decay and disorder and crime, as well as other neighborhood stressors (Lowe et al., 2015; Mair, Diez Rouz, & Morenoff, 2010; Sampson, Raudenbush & Earls, 1997). Residents' perceptions of their neighborhood may influence social connections among residents, a concept that can be measured through the construct of social capital. Social connection has previously been identified as a protective factor when examining health outcomes; as social disconnectedness increases, a corresponding increase in various negative health behaviors, such as tobacco and alcohol use and physical inactivity, has been observed (Berkman, Glass, Brissette, & Seeman, 2000). Social capital has also been linked to self-reported health, with results showing that individuals reporting high levels of social capital also report better health (Kawachi, Kennedy & Glass, 1999).

Objective: The purpose of this study is to examine the relationship between perceived neighborhood safety characteristics and social capital among African Americans living in disadvantaged neighborhoods in Atlanta, Georgia.

Methods: This study was a secondary cross-sectional analysis of the baseline data from a neighborhood survey, which examined peoples' perceptions of how their neighborhood impacted their actions, attitudes, and behaviors conducted in Atlanta, Georgia. Pearson correlation tests and multiple linear regressions were conducted in order to measure the associations between perceived neighborhood safety characteristics and social capital.

Results: The study found statistically significant associations between perceived neighborhood disorder and social capital and observed crime and social capital. The association between perceived neighborhood disorder and social capital was negative, indicating that increased perceptions of neighborhood disorder were associated with decreased social capital. The association between observed crime and social capital was positive, indicating that increased levels of observed crime was associated with increased social capital. Further, on average, males, individuals living in the neighborhood for three years or more, and individuals with higher educational attainment had higher levels of social capital.

Conclusions: Perceived neighborhood disorder and observed crime were identified as predictors of social capital among African Americans living in disadvantaged neighborhoods in Atlanta, Georgia. These findings indicate the need for longitudinal research to better understand the causal pathways that may exist between perceptions of neighborhood safety and social capital among disadvantaged urban neighborhoods. These findings should also be considered when developing initiatives that seek to improve social capital within this population.

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This project was inspired by my experience working in the neighborhoods of Chicago. The neighborhoods and individuals that I had the privilege to work with were the true inspiration for this thesis project. Without this experience I would not have thought to explore these research questions.

A very special thank you to my thesis committee, Dr. Eric Nehl, Dr. Kirk Elifson, and Dr. Robert Agnew, for all their guidance during this project. Thank you so much to Dr. Kirk Elifson and Dr. Claire Sterk for allowing me to use their data for this research project. Finally, thank you to my family, friends and classmates for your wealth of support through this process.

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Chapter 1
Significance

Introduction

Neighborhood characteristics can affect wellbeing. Researchers have long explored the role that neighborhood characteristics play in various social, economic, and health outcomes. Particularly, there has been a focus on understanding the ways that characteristics of disadvantaged neighborhoods, as defined by racial and ethnic minority groups living urban neighborhoods with high levels of poverty and unemployment, may influence residents in a variety of ways. Research has focused on the ways in which residents' perceptions of their neighborhood may influence social connections among residents, a concept that can be measured through the construct of social capital.

Though various interpretations of social capital exist, it can commonly be understood to be a resource comprised of social ties between individuals that provide networks, which create norms and trust within a group (Putnam, 2002). Social capital plays an important role in research on neighborhoods and crime. The social connectedness of a community can be seen through the social bonds of the community and the level of trust and closeness that exists among its members (Berkman & Kawachi, 2000).

Robert Putnam's book Bowling Alone explores the recent decline in social capital in America. Among his findings, Putnam (2000) shows that between 1980-1995 states with high murder rates tended to have lower levels of social capital. Additionally, Southern states such as Georgia, Alabama, Tennessee, Louisiana, South Carolina, North Carolina, Mississippi and Kentucky all score low on social capital measures and have high murder rates (Putnam, 2000). Furthermore, Putnam (2000) found that social capital was an even stronger predictor of the

murder rate than education level, rate of single-parent households, and income inequality, all of which are often used as markers of neighborhood disadvantage. Putnam (2000) suggests that social capital could be the linkage explaining this, as this finding holds steady even when controlling for other predictors of murder rates, such as race, poverty, and urbanization.

Urban neighborhoods provide environments where the social connections that create social capital have the potential to thrive or decay. Some of the factors that distinguish neighborhoods include levels of disorder, safety, and crime. The level of disorder in a neighborhood refers to physical and social disorder. Physical disorder may include vandalism and the presence of garbage, while social disorder is measured by public behavior, such as public drug use (Sampson, 2012). Neighborhood safety may be measured by assessing resident perceptions of crime in their neighborhood or how safe they feel walking around their neighborhood. Neighborhood crime rates may be measured by asking residents about how much violent and non-violent criminal activity they see in their neighborhood. Collectively these measures (perceived neighborhood disorder, safety and crime) may be referred to as neighborhood safety characteristics. Various research studies have been conducted using these types of measures to examine the relationships between neighborhood safety characteristics and social connections within neighborhoods (Sampson, Raudenbush, & Earls, 1997).

Neighborhoods with high levels of disadvantage are also likely to have high levels of both physical and social disorder (Skogan, 1990). Further, prior research has found an inverse relationship between neighborhoods with high levels of disadvantage on a neighborhood level and the perception of social connectedness among residents (Bjornstrom and Ralston, 2014). Namely, this relationship demonstrates that high levels of disadvantage in a neighborhood correspond with low levels of perceived social connectedness. Individual residents' perceptions

of disorder and as well as their fear of criminal victimization have previously been found to be associated with mechanisms that inhibit the ability of neighborhoods to create a strong social networks (Skogan, 1986; Sampson, 2012; Gibson et al., 2002). Additionally, using data from a youth survey on neighborhood violence, David Harding (2009) found that the perceptions of violence in a neighborhood inhibited the formation of strong social connections within those neighborhoods.

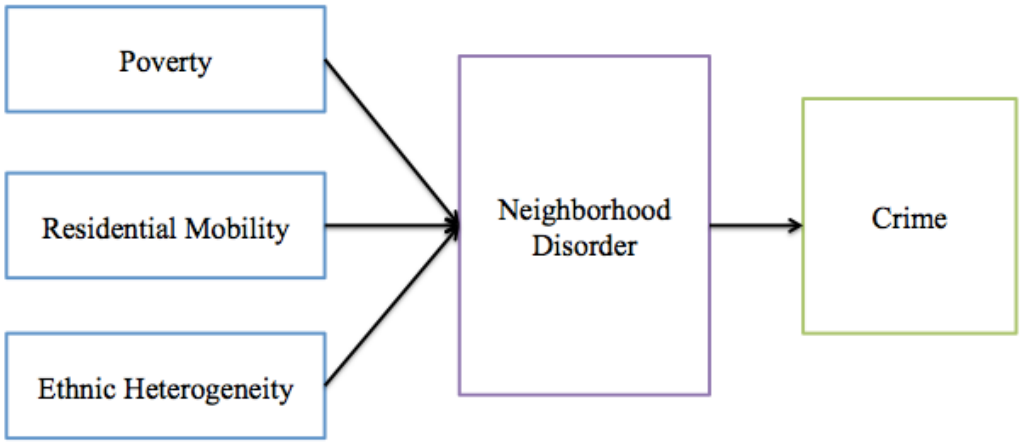
Many of the studies mentioned above explore the relationships among neighborhood characteristics and social capital use social capital as a predictor of neighborhood safety characteristics. This study takes a different approach, studying social capital as an outcome of perceived neighborhood characteristics. Specifically, this study examines the relationship between perceived neighborhood safety characteristics and social capital among African Americans in Atlanta. This study will explore the idea that individuals' perceptions of neighborhood characteristics (as measured by perceptions of neighborhood disorder, crime fear, safety, and observed crime) may be associated with perceptions of social capital. The expectation of this study is that if an individual perceives their neighborhood to be unsafe, high in crime and high in disorder they will be more likely to have may low perceptions of social capital in their neighborhood. Given that many studies have found social capital to be linked to wellbeing, it is important to understand the factors that influence social capital. This study attempts to do this by examining how perceived neighborhood safety characteristics are related to social capital.

Theoretical Framework

Clifford Shaw and Henry McKay's (1942) social disorganization theory provides the framework for this study. Shaw and McKay's central tenets for social disorganization theory are

that three main predictors can explain variation in crime at the neighborhood level: low-economic status (poverty), ethnic heterogeneity, and residential instability (Shaw & McKay, 1942) (See Figure 1). Shaw and McKay (1942) explain that these characteristics are not tied to a specific racial or ethnic group, but rather created within neighborhoods.

Figure 1: Social Disorganization Framework



The basis of social disorganization theory (SDT) is that the variation in crime that is observed in different communities related to the neighborhood disorder and the strength of social connections among residents. Thus, communities with strong social connections have less crime than communities with weak social connections. To break this down further, Shaw and McKay's believe that the pathway is as follows: Figure 1 shows that neighborhoods with higher levels of poverty, racial and ethic heterogeneity, and resident turnover lead to greater disorder within a neighborhood. SDT posits that this disorder leads to criminal activity and the support for criminal culture. Referring to Figure 1, this arrow connecting neighborhood disorder and crime indicates that as a result of the neighborhood disorder, an environment exists that is now supportive and welcoming of criminal behavior, which leads to criminal activity.

SDT asserts that what causes the arrow in Figure 2 from neighborhood disorder to crime is the idea that neighborhood disorder may produce a social environment in which neighbors and community members do not form social connections and bonds with one another, which SDT posits is vital for creating a social environment that can effectively deal with social issues such as crime. If residents do not form these social connections, a sense of collective effort to maintain a crime free neighborhood and the ability to handle social problems like crime will decline. Finally, this trend will make individuals within the neighborhood more likely to engage in criminal behaviors.

To articulate these concepts through an example, if juveniles live in a neighborhood where physical disorder is high (i.e. there is graffiti and litter) they may perceive that crime is accepted in that neighborhood. The juveniles may then spray graffiti in this neighborhood because crime like this is accepted. The residents of this neighborhood are unlikely to take action to stop the juveniles. SDT would argue that this is because the residents lack social connections with their neighbors, and these social connections are what drive residents to work towards common goals together, such as keeping the neighborhood clean and free of graffiti.

Although this study will challenge aspects of social disorganization theory, it will still draw from aspects of SDT's framework, specifically by examining how neighborhood disorder contributes to a lack of social connections within a neighborhood.

Study Purpose

The purpose of this study is to examine the relationship between perceived neighborhood safety characteristics and social capital among African Americans living in disadvantaged neighborhoods in Atlanta.

Research Question

How do perceptions of neighborhood disorder, crime fear, safety, and observed crime influence social capital among African Americans living in disadvantaged neighborhoods in Atlanta?

Hypothesis: Individuals with higher levels of perceived disorder, crime fear, lack of safety and observed crime in their neighborhood will have lower levels of social capital.

Theoretical Application

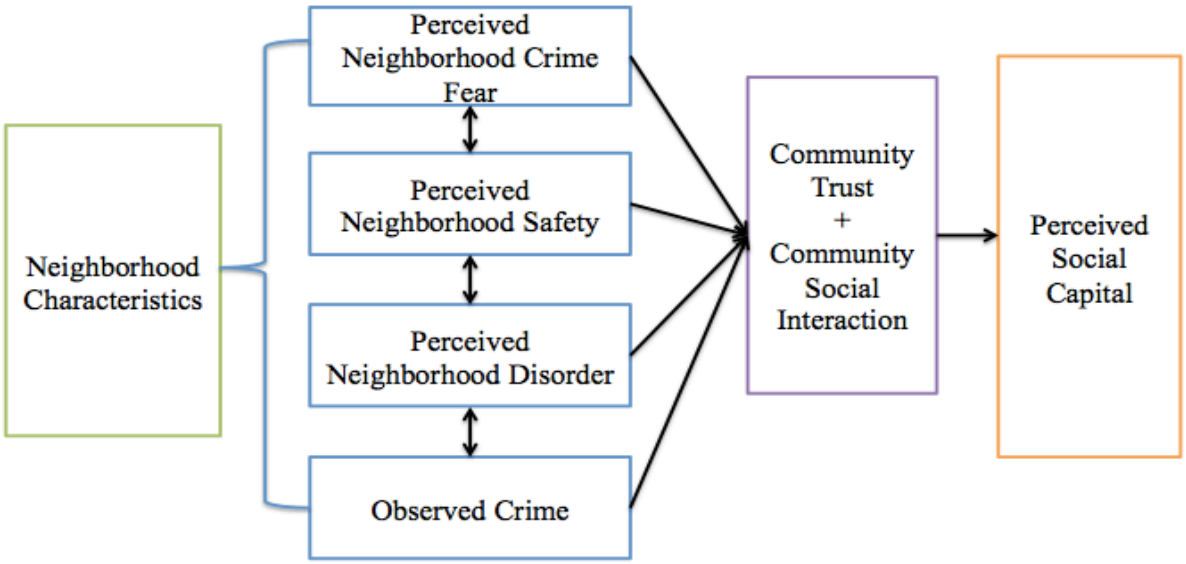
Shaw and McKay's (1942) social disorganization theory proposes that certain neighborhood characteristics are related to the variation in crime among neighborhoods. Depending on the context of a neighborhood, neighborhood characteristics may lead to poor social connections and thus poor social capital among neighborhood residents, which then creates a culture where crime and criminal behavior are able to occur. In other words, social disorganization theory suggests that certain neighborhood characteristics create an environment where crime and criminal behavior are able to occur. This study presents a different hypothesis about the causes of social capital. Rather than assuming that neighborhood disorder fails to create social capital and that this is a cause of crime, this study hypothesizes that social capital is influence by perceived neighborhood characteristics such as perceptions of disorder, crime fear, perceived safety and observed crime.

This study deviates from social disorganization's conceptual framework and presents an alternative framework, one showing that perceived neighborhood characteristics, represented by how much crime is observed, perceptions of neighborhood disorder, perceptions of crime fear, and feelings of safety will be associated with the strength of social capital (See Figure 2). That is, if individuals perceive high levels of crime and disorder and feel fearful and unsafe in their

neighborhood, then social networks will not form, which will lead to low perceptions of social capital. For example, if residents feel unsafe, they may spend less time outside or feel less trusting of neighbors. In sum, perceptions of disorder, crime and safety in one's neighborhood will lead to less community interaction and therefore less trust among neighbors. This will prevent social networks from developing, which are necessary for the formation of social capital.

Conceptual Model

Figure 2: Conceptual Model



Significance of the Study

In the United States over 46 million people live in poverty (US Census Bureau, 2015). The environments in which we live in have previously been shown to have an important influence on various aspects of wellbeing. Living in a disadvantaged neighborhood is linked to exposures such as violence and disorder, physical decay and disorder and crime, as well as other neighborhood stressors (Lowe et al., 2015; Mair, Diez Rouz, & Morenoff, 2010; Sampson, Raudenbush & Earls, 1997).

Berkman, Glass, Brissette, & Seeman, (2000) discuss the ways that social ties can be a protective factor when examining health outcomes; as social disconnectedness increases, a corresponding increase in various negative health behaviors, such as tobacco and alcohol use and physical inactivity has been observed. Social capital has also been linked to self-reported health, with results showing that individuals reporting high levels of social capital also report having better health (Kawachi, Kennedy & Glass, 1999).

There is a significant gap in the literature on social capital regarding the causes of social capital within disadvantaged neighborhoods, as many studies examine constructs of social networks (typically using collective efficacy to examine social networks) as a predictor of crime in neighborhoods (Sampson, Raudenbush, & Earls, 1997). This study fills this gap by examining the possible association between perceived neighborhood safety characteristics and social capital. The majority of the identified literature on this topic relies on data collected in the urban Northeast and Midwest. Furthermore, it appears that very little research on this subject has been conducted in the urban American South. Urban neighborhoods in the American South may differ from those in Midwestern cities such as Chicago, where data for a bulk of the relevant literature has been collected. This project will extend the body of research on social capital and neighborhood characteristics using new data collected in an urban Southern city.

The linkages between neighborhood characteristics and neighborhood social connections are complex. Though much research has been conducted in this arena, there is a need for continued exploration to understand the mechanisms that may be associated with social capital. This study will seek to understand the pathways linking perceived neighborhood characteristics, such as disorder, crime fear, lack of safety and observed crime, to social capital.

Because social capital influences various other realms of life such as health, economics, safety, and happiness, it is important to understand what factors may be associated with social capital in order to understand how to intervene to improve wellbeing.

Operationalization of Terms

Social Capital: Though various interpretations of social capital exist, it can commonly be understood to be a resource comprised of social ties between individuals that provide networks, which create norms and trust within a group (Putnam, 2002).

Social Cohesion: Trust, shared norms, and connectedness within an individual's community (Bjornstrom and Ralston, 2014).

Observed Crime: A measurement of observed crime.

Disorder: Sampson (2012) defines the two widely accepted forms of neighborhood disorder: social disorder and physical disorder. Physical disorder is defined by the presence of graffiti or vandalism, garbage, and the cleanliness of the neighborhood. Social disorder is typically measured by public behavior, such as the presence of loitering and public drug or alcohol use.

Crime Fear: A measurement of perceived fears related to crime (Theall, Sterk, and Elifson, 2009).

Collective efficacy: Sampson defines collective efficacy as "the linkage of cohesion and mutual trust among residents with shared expectations for intervening in support of neighborhood social control" (Sampson, 2012).

Neighborhood Characteristics: When referenced within this paper, this term refers to perceptions of neighborhood disorder, crime, safety, and crime fear.

Chapter 2
Literature Review

Introduction

The purpose of this study is to utilize data collected from the Be Health and People and Places study of African Americans in Atlanta to examine the relationship between perceived neighborhood safety characteristics and social capital among African Americans living in disadvantaged neighborhoods in Atlanta.

This literature review will cover research on social capital and its benefits for wellbeing as well as different types of neighborhood characteristics that can be linked to the formation of social connections and social capital within neighborhoods.

The chapter is organized into the following sections: Neighborhood Disorder; Crime Fear; Defining Social Capital; Importance of Social Capital; Negative Aspects of Social Capital; Social Disorganization Theory; Summary.

Neighborhood Disorder

In his book *Great American City*, Sampson gives an overview of how neighborhood disorder has been linked to crime rates. Sampson (2012) defines the two widely accepted forms of neighborhood disorder: social disorder and physical disorder. Physical disorder is defined by the presence of graffiti or vandalism, litter, and the cleanliness of the neighborhood. Social disorder is typically measured by public behavior, such as the presence of loitering and public drug or alcohol use. Sampson (2012) suggests that the presence of disorder may create a sense of unease among community members, which may in turn undermine community trust. Further, this disorder may discourage residents from taking part in neighborhood activism.

The presence of disorder in the neighborhood has been linked to negative outcomes on the individual level. A study by Ross, Reynolds and Geis (2000) used data collected from

Illinois' residents of disadvantaged neighborhoods and findings showed that neighborhood disorder is associated with several adverse health outcomes including physical decline, depressions, psychological distress and perceived powerlessness. In another study, which utilized data from an Illinois community crime and health study, Ross and Mirowsky (2001) examine the role of perceived disorder in disadvantaged neighborhoods. The results showed that residents living in disadvantaged neighborhoods had poorer health (both self-rated and more chronic diseases) than residents living in less disadvantaged neighborhoods. Further, they found that this result was mediated by the residents' perceptions of disorder in their neighborhood. This finding led the authors to call for further examination of the hypothesis that an individual living in neighborhoods where disorder is perceived to be high may experience stress and physiological responses that may adversely affect health.

A study conducted by Sterk, Elifson, and DePadilla (2014) used data from disadvantaged neighborhoods in Atlanta to explore the association between perceived neighborhood disorder and crack cocaine use among African Americans. Findings from this study showed that perceived neighborhood disorder was associated with increased frequency of crack cocaine use. However, this relationship was not significant when accounting for individual drug use practices and the social context of drug use. This indicates a need for further research to explore the link between perceived neighborhood disorder and frequency of drug use.

Some argue that the connection between neighborhood disorder and crime is spurious. Sampson (2012) explains that because disorder can actually be a crime, for example vandalism, findings that show disorder is a cause of crime may in fact be stating that crime causes crime, which isn't explaining the more root causes of crime. Furthermore, Sampson (2012) provides an alternative account in which disorder functions as an "inhibitor" of collective efficacy among

neighborhood residents. Sampson (2012) defines collective efficacy as "the linkage of cohesion and mutual trust among residents with shared expectations for intervening in support of neighborhood social control." Sampson, Raudenbush and Earls (1997) found that collective efficacy functions as a predictor of observed neighborhood disorder as well as violent crime using data from a Chicago neighborhood survey. This finding leads to the understanding that collective efficacy may be a vital piece of the pathway to understanding variation in crime rates.

Crime Fear

The role that an individual's fear of crime and victimization plays is another important factor determining how social capital is developed or inhibited at the neighborhood level. As part of a review of relevant literature on crime fear and mental wellbeing, Lorec et al. (2012) articulates various potential causal pathways between crime fear and social capital, explaining that individual's perceptions of crime fear may be linked to reduced social network strength. According to the authors, heightened crime fear leads residents to avoid leaving their homes, which in turn limits social interaction with neighbors. Lorec et al. (2012) also argue that the anxieties that come from fear of crime impacts mental health.

Wesley Skogan (1986) discusses the influence that individuals' crime fear may have on social control and the social organization of a neighborhood. If crime fear is high, individuals may withdraw both physically and socially from their community. This withdrawal weakens informal and formal social connections, which may have otherwise prevented crime and disorder from developing. Although Skogan's article was written in 1986, he cites the minimal research that had been conducted on crime fear and the neighborhood environment, and further, he mentions the lack of research and knowledge available on these topics from Southern cities, which remains true today.

Previous studies have shown that neighborhood level social cohesion is related to individuals' fears related to safety and crime. A study conducted in three cities in the Midwest and Pacific Northwest showed that social integration, which was measured by assessing how many neighbors residents knew by name and how often residents talked with their neighbors, had a significant effect on individuals' perceptions of crime fear (Gibson et al., 2002). However, in the same study it was found that social integration was mediated by perceptions of social cohesion and collective efficacy (Gibson et al., 2002).

Data from a neighborhood study conducted in Los Angeles showed that a perceived lack of safety in a neighborhood was a predictor of perceived social cohesion (Bjornstrom and Ralson, 2014). This finding shows that there is an important link between an individual's perceptions of the safety of their neighborhood and the level of perceived social connectedness and trust that exists in a neighborhood.

However, this finding is inconsistent with an early study by Hartnagel (1979), which used data from a Canadian city and identified no relationship between residents' perceptions of fear of crime and indicators of social cohesion and social activity. In this study, social cohesion was defined by asking how often residents got together with neighbors and how many of adults in their neighborhood they knew by name. This study did find evidence that fear of crime was negatively related to residents' satisfaction with their neighborhood (Hartnagel, 1979). However, these findings are dated, and similar hypotheses have not been tested in more recent years.

Another study conducted outside of the United States in Brazil determined that social cohesion was not associated with lower levels of crime (Villarreal & Silva, 2006). Furthermore, social cohesion was found to be associated with a higher perceived risk of crime victimization

(Villarreal & Silva, 2006). Both of these international studies are contrary to what is often found among studies based in the United States, which may indicate that there is an additional cultural component to understanding these concepts.

Finally, individual perceptions of crime fear have also been linked to health. Specifically, these perceptions have been shown to be an indicator of specific health behaviors, such as drug use. In a survey of urban young adults in Georgia, Theall, Sterk, & Elifson (2009) reported that respondents who indicated higher levels of fear of their neighborhood also had higher levels of illegal drug use than respondents who indicated lower levels of fear.

Defining Social Capital

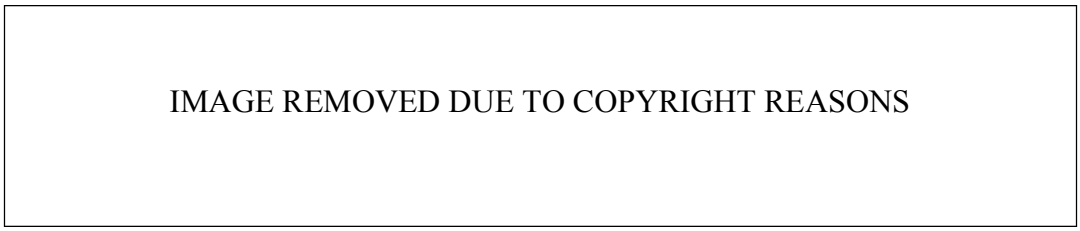
Social capital has been defined and operationalized in a multitude of ways. This terms also has social capital has many related concepts, including social cohesion, collective efficacy, social control and social networks. This literature review included studies that used a variety of terminologies in order to cover the scope of research that has been conducted surrounding social connections on the neighborhood level in order to demonstrate the various research which aid in understanding ways in which social capital operates within neighborhoods.

Social capital is a complex and multifaceted concept. It is agreed that social capital and the social networks that are involved in forming social capital are valuable to humans (Putnam, 2000). It is also understood that social capital is most beneficial when it is part of a "dense network of social relationships" (Putnam, 2000). It must be noted that there are a multitude of definitions of social capital. Kawachi, Berkman and Glymour (2014) define social capital simply as "the resources that are accessed by individuals as a result of their membership of a network or group." Furthermore, it is largely accepted that regardless of the specific definition used for social capital, that social capital has two distinct features: it is a resource and it is

created through social connections (Kawachi, Berkman & Glymour, 2014). Bourdieu (1986), who wrote extensively on the topic of social capital, defined it as, "the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition."

Social capital definitions can be operationalized in various ways. Perkins and Long (2002) proposed different dimensions of social capital, as well as emphasized the ways in which these dimensions relate to one another. For instance, the authors distinguish between formal or informal social capital. Additionally, these categories can be expressed by either cognition, i.e. the way that individuals think or feel, or by their behavior, i.e. and individual's actions. As seen in Figure 3, social capital can be operationalized in the form of collective efficacy, sense of community, neighboring, and citizen participation. These constructs fall under the umbrella of either informal or formal forms of social capital. These various dimensions are measured using different scales.

Figure 3: Dimensions of Social Capital (Perkins & Long, 2002)



Perkins and Long (2002) describe the overlap of informal social capital with behavior as "neighboring." Neighboring behavior is part of the informal relationship between neighbors. This may include sharing information as well as assisting neighbors. A multi-city longitudinal study conducted with residents of Salt Lake City, New York City and Baltimore found that the neighboring construct is the strongest single predictor of involvement in community

organizations, such as neighborhood associations (Perkins & Long, 1996). This dimension is related to the social capital concept of reciprocity.

Reciprocity

Robert Putnam's seminal book *Bowling Alone* examines the decline in social capital that can be observed over the past several generations. In the book's chapter on "Reciprocity, Honesty, and Trust," Putnam (2000) explains that the social capital principle of reciprocity entails the premise that an individual is willing to do something for another without a guarantee of receiving anything in return. He cites examples on the neighborhood level such as watching a neighbor's child, raking a neighbor's leaves and watching over a friend's home while they are away (Putnam, 2000).

Putnam (2000) explains that high levels of reciprocity, honesty, and trust are related to reduced "transaction costs." These transaction costs can be understood as the daily costs of living life and might include worrying about whether or not you locked your house or whether or not you received the correct amount of change back at the store (Putnam, 2000). These transaction costs are hypothesized to be related to everyday stress levels, which in the long term may exert a negative impact on health.

Importance of Social Capital

The importance of social capital is multifold. It has benefits on an individual level as well as a community level. In Putnam's book *Bowling Alone* (2000*)*, he articulates the significant benefits of social capital in various realms of human life: child welfare, education, health and happiness, neighborhood safety, and economics.

Social capital has previously been linked to crime at the neighborhood level. A study by Sampson, Raudenbush, and Earls (1997) used a neighborhood survey in Chicago to examine the

relationship between collective efficacy and crime rates. They found a negative association between collective efficacy and crime, meaning that neighborhoods with higher levels of collective efficacy had lower reports of perceived violent crime among residents (Sampson, Raudenbush & Earls, 1997). This study also found a positive association between concentrated disadvantage and residential instability. Additionally, violent crime was mediated by collective efficacy (Sampson, Raudenbush & Earls, 1997). This highlighted the significant role that collective efficacy may play in reducing violent crimes at the neighborhood level.

Finally, research has shown that social capital plays a role in health. Greater social capital has been linked to improved health outcomes. For example, communities that are more trusting, a key principle of social capital, have been found to have increased life expectancies (Putnam, 2000). A nationwide survey of over 150,000 individuals showed that social capital was associated with higher levels of self-rated health, even when adjusting for income and health behaviors (Kawachi, Kennedy & Glass, 1999).

Negative Aspects of Social Capital

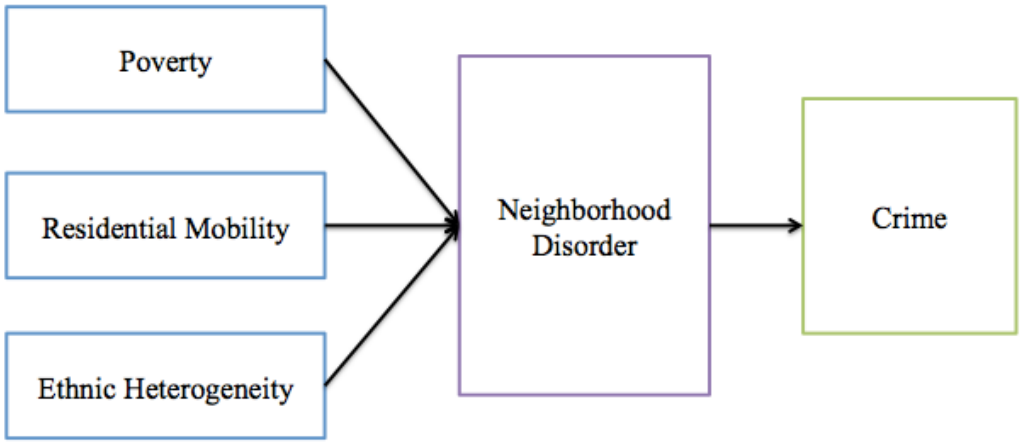
Not all studies have confirmed the beneficial nature of social capital. Browning, Feinberg, and Dietz (2004) challenge the conventional ideas that collective efficacy and social control reduce crime in disadvantaged areas. The basis for their argument is the inability of previous research to account for the existence of neighborhoods that are both socially organized and also have high crime rates. Findings from the Browning, Feinberg, and Dietz (2004) study used data from a Chicago neighborhood study to support the argument that social capital may create a source of capital for criminal offenders living in the neighborhoods with high collective efficacy, and this is associated with a diminishing of the benefits that collective efficacy has been shown to have on crime.

A concluding point of Browning, Feinberg, and Dietz (2004) explains that when examining the social organization of neighborhoods in order to understand violent crime, social organization measures cannot accurately represent the capacity that a community has to mobilize and control violent crime.

Social Disorganization Theory

Research examining mechanisms of neighborhood characteristics and crime have used Shaw and McKay's social disorganization framework as a foundation. Shaw and McKay's (1942) seminal work *Juvenile Delinquency and Urban Areas* uses data from Chicago to better understand the variations in crime rates among neighborhoods. Social disorganization theory identifies three predictors of delinquency in urban areas: low-economic status, ethnic heterogeneity, and residential instability (Shaw and McKay, 1942). The theory of social disorganization has been used to support research on crime at the neighborhood level since its conception in 1942.

Figure 1: Social Disorganization Framework



Shaw and McKay's central idea is based on the idea that neighborhoods with high levels of poverty, mixed racial and ethic groups, and frequent turnover of residents cause disorder

(Shaw & McKay, 1942). This disorder produces a social environment in which neighbors and community members do not form social ties with one another, something that is vital for creating a social environment that can effectively deal with social issues and life problems. When this social environment ceases to exist, individuals turn to crime and delinquent behavior. The authors explain that these characteristics are not tied to a specific racial or ethnic group, but rather created within neighborhoods (Shaw & McKay, 1942).

In understanding these theoretical underpinnings, we follow the causal pathway that the neighborhood disorder is caused by the three main predictors mentioned above and neighborhood disorder functions in a way that interrupts or erodes social connections among residents. If residents do not form these social connections, a sense of collective effort and ability to handle social problems will cease to exist, or if it does exist, it may not be strong.

Finally, Shaw and McKay strongly believed that crime was not an "isolated phenomenon" and was strongly linked to various other social network issues, such as a social capital, as well as other physical and economic neighborhood conditions (Shaw & McKay, 1942). They pointed out that these same neighborhoods with high crime rates also had an array of other public health issues including low birth weight, physical abuse, tuberculosis, and mental health disorders (Shaw & McKay, 1942).

Summary

Social capital is an important concept, which influences various spheres of the human condition, both individually and collectively. Previous research demonstrates the possible ways in which social capital may influence and is influenced by health, crime, economics, education, and overall wellbeing. Previously research has identified neighborhood characteristics and social networks as a major factor related to crime at the neighborhood level. Though many studies

have been conducted to examine the relationships between crime and various forms of social network organization, relatively little has been done to examine the specific relationship between resident perceptions of neighborhood characteristics and social capital, particularly to examine neighborhood characteristics as a predictor of social capital.

Findings from this study will inform understandings of possible pathways through which social capital is formed or eroded, with a particular focus on how perceptions of neighborhood disorder, crime fear, safety, and observed crime influence social capital. These findings can facilitate the creation of interventions and programs that work to create and build social capital in neighborhoods that may lack this vital element.

Chapter 3
Methods

Introduction

This study is a secondary analysis of data from the People and Places study. People and Places is an observational study of people's perceptions of how their neighborhood impacted their daily lives and actions conducted in disadvantaged neighborhoods in Atlanta, Georgia. The Be Healthy study is the longitudinal component of the People and Places study, which included three data collection points: baseline, 6 months, and 12 months. The purpose of this study is to examine the relationship between perceived neighborhood safety characteristics and social capital among African Americans in Atlanta. The Emory University IRB determined that this study was exempt from IRB review (Appendix 1).

Participants

For this study 1,862 participants were recruited and represented 61 census block groups (CBGs). In order to determine eligibility to participate in the People and Places study a member of the research team screened each participant. Eligibility criteria included: being at least 18 years of age, identifying as African American or Black, and living in the study area for at least 12 months leading up to recruitment. A nonprobability-sampling frame was used within identified CBGs in order to obtain a varied sample by gender, age (under 35 and over 35) and drug use (drug user and non drug user). In order to ensure participants were active drug users, "drug user" was defined as having used drugs at least once in the last week and at least four times within the past 90 days. For this study, drug use referred to powder cocaine, crack cocaine, and/or heroin. "Non drug user" participants in this study referred to participants who had not used powder cocaine, crack cocaine, and/or heroin in the past 5 years. Additionally, a participant was not eligible to participate in the study if they were in a drug treatment program

(or institutional setting), appeared intoxicated, or showed signs of cognitive impairment during recruitment.

Participant Recruitment

Participants were recruited for the study through street outreach as well as through posting flyers outlining the study in public locations, such as bars, message boards, and telephone poles. Additionally, participants were able to refer individuals to the study. Census block groups (CBGs) that were identified for recruitment were selected based on neighborhood characteristics and included the following seven criteria: (1) the percentage of household incomes greater than 20% above or below the federal poverty level, (2) the percentage of adults without a high school degree or its equivalent, (3) the percentage of female-headed households, (4) the percentage of people who were currently unemployed, (5) the percentage of single-unit housing structures, (6) the percentage of owner occupied homes, and (7) the percentage of vacant housing.

Trained members of the research team invited study participants to a local research site after informed consent was acquired. Participants completed computer-assisted surveys and responded to questions regarding socio-demographic characteristics, psychological/psychosocial functioning, childhood maltreatment, reproductive health, sexual history and recent sexual activity, and substance use. Surveys typically lasted between 1-2 hours. Participants were given $30 for their participation and were offered any appropriate referrals to health or social service agencies. The Emory Institutional Review Board approved the protocol.

Design

People and Places was designed as a two part study. The first component was a cross-sectional study completed during baseline data collection. The second component was a

longitudinal study, Be Healthy, which included three data collection points: baseline, 6 months, and 12 months. This secondary analysis in the study, discussed below, will use the baseline data. The purpose of the People and Places study was to examine people's perceptions of how their neighborhood impacted their actions, attitudes, and behaviors (McCarty, DePadilla, Elifson, & Sterk, 2012). This study was conducted in disadvantaged neighborhoods in Atlanta, Georgia.

Measures

Demographics

Demographic measured included age, gender, educational attainment (less than high school; high school degree or equivalent; at least some college), and employment status (unemployed, employed part time, employed full time), sexual orientation (heterosexual or gay, lesbian, bisexual), relationship status (partnered or non-partnered), living situation (own/rent own home or live in someone else's home) and years in neighborhood (less than 3 years or 3 years or more). Yearly income was measured through a series of questions about the amount of income received in the past 30 days from a variety of sources including legal employment, ''under the table'' income, public assistance, retirement benefits, unemployment benefits, family sources, illegal income, and other sources. Yearly income was calculated.

Social Capital

For this study social capital was measured using the social capital dimension of reciprocity. Reciprocal exchange was measured using a 5-item Reciprocal Exchange scale (Sampson & Graif, 2009). Respondents were asked to indicate how often they participated in certain activities (0 = never; 3 = often). Sample items included, "About how often you and people in your neighborhood do favors for each other? By favors we mean such things as watching each other's children, helping with shopping, lending garden or house tools, and other

small acts of kindness" and "How often do you and other people in this neighborhood visit in each other's homes or on the street?" A total social capital scale was computed by summing the responses to all 5 items. Higher scores indicated a higher level of social capital (alpha = .773).

Perceptions of Neighborhood Disorder

Perceived neighborhood disorder was measured using the 8-item Ross and Mirowsky (1999) neighborhood disorder scale. This scale measures both physical disorder as well as social disorder. Respondents were asked to indicate how strongly they agreed or disagreed with statements about their neighborhood (Strongly Disagree = 0; Disagree = 1; Neither agree or disagree=2; Agree = 3; Strongly Agree = 4). Sample items included, "There is a lot of graffiti in my neighborhood," "There are a lot of abandoned buildings in my neighborhood" and "There is too much drug use in my neighborhood." Three items were reverse coded for analysis. A total perceived disorder scale was computed by summing the responses to all 8 items. Higher scores indicated a higher level of perceived disorder (alpha = .817).

Perceptions of Neighborhood Safety

Perceptions of neighborhood safety were measured using 3 items. Two of the 3 items were from Perkins & Taylor (1996), and a third item, "Consider neighborhood to be safe or dangerous," was created for this survey. Respondents were asked to respond to the following items, "Afraid if a stranger stopped you at night in your neighborhood," and "Uneasy if heard footsteps behind you at night in your neighborhood" (0 = No; 1 = Yes). Respondents were also asked to respond to the following item, " Consider neighborhood to be safe or dangerous" (0 = Safe; 1 = Dangerous). A total perceptions of neighborhood safety scale was computed by summing the responses to all 3 items. Higher scores indicated a lower level of perceived neighborhood safety.

Observed Crime

Observed crime was measured using 7 items from the Community Experiences Questionnaire (Schwartz & Proctor, 2000). Respondents were asked to indicate how often they had witnessed each item in the past year (0 = never, 1 = seldom, 2 = sometimes, 3 = often). Sample items included, "How often seen or heard gun shots," "How often seen somebody get threatened," and "How often seen somebody get arrested or taken away by the police." A total observed crime score was computed by summing the responses to all 7 items. Higher scores indicated greater levels of observed crime (alpha = .872).

Perceived Crime Fear

Perceived crime fear was measured using an 18-item scale modified from the Perceived Fear of Victimization Scale (Warr and Stafford, 1983). Respondents were asked to indicate how afraid they were about becoming the victim of different types of crimes (0 = not at all afraid to 4 = very afraid). The scale included both violent and non-violent items. Sample items include "Fear being murdered," and "Fear being robbed or mugged on the street." A total perceived crime fear scale was computed by summing the responses to all 18 items. Higher scores indicated greater levels of fear (alpha = .956). Two subscales were also computed. A non-violent crime fear scale was computed by summing the responses to 7 nonviolent items. Higher score indicated greater levels of fear (alpha = .870). The violent crime fear scale was computed by summing the responses to the 11 violent items. Again, higher scores indicated greater levels of fear (alpha = .943).

Treatment of the Data

Data entry was completed using SPSS. Data were entered by researchers and checked for consistency and completeness. The normality of each variable was checked. Non-normal

variables were dichotomized. Missing data was coding accordingly, with each variable containing less than 5% missing data. After the data were cleaned and checked for consistency and completeness, they were entered in SPSS, which was used to conduct statistical analyses.

Preliminary Analysis

First, descriptive statistics of the sample's demographic variables was conducted to assess normality and obtain means and frequencies. Socio-demographic variables included age, gender, education level, employment status, sexual orientation, relationship status, living situation, years in neighborhood and income.

Second, frequencies were run on each scale item as well as on total scales to determine normality, means and standard deviations. Scales included social capital, perceptions of neighborhood disorder, perceptions of neighborhood safety, observed crime, total perceived crime fear, perceived crime fear (violent) and perceived crime fear (non-violent).

Third, bivariate correlations were run. Bivariate correlations were run in order to assess the significance of the relationship between each independent variable and the dependent variable, social capital. This also served to determine which variables would be entered into the final model. Pearson correlations were run between all the socio-demographic variables and the dependent variable, social capital. Next, Pearson correlations were run to examine the relationship between each of the 7 scales and the dependent variable, social capital. Independent variables that were significantly correlated with the dependent variable ($p \leq 0.05$) were included in the final regression model.

Fourth, a sequential multiple linear regression was run to examine the association between the dependent variable, social capital, and the independent variables. The first block included: demographic variables such as gender, years in neighborhood and education. The

second block included the scale variables: perceived disorder, observed crime, perceived neighborhood safety, non-violent crime fear, and violent crime fear.

Addressing the Hypothesis

Hypothesis: Individuals with higher levels of perceived disorder, crime fear, lack of safety and observed crime in their neighborhood will have lower levels of social capital.

This hypothesis was tested by running a sequential multiple regression. A combination of the bivariate analyses, findings from relevant research and the conceptual model for this study were used to determine which variables would be entered into the final regression model. The variables that were entered into block one of the regression were demographic variables: gender, years in neighborhood, and education. Perceived crime subscales were entered into the final model rather than the total perceived crime fear scale in order to separtely examine the associations between violent and non-violent perceived crime fear with social capital. The variables that were entered into block two of the regression were scale items: perceived disorder, observed crime, perceived neighborhood safety, perceived violent crime fear, and perceived non-violent crime fear.

Chapter 4
Results

Introduction

The purpose of this study is to examine the relationship between perceived neighborhood safety characteristics and social capital among African Americans living in disadvantaged neighborhoods in Atlanta. This chapter presents the results of the data analysis and is divided into the following sections: Sample characteristics; Neighborhood characteristics scales; Correlations between predictor variables and social capital; Correlations between demographic variables and social capital; Correlations between neighborhood characteristic scales and social capital; Associations between predictor variables and social capital; and Summary of findings.

Sample Characteristics

As seen in Table 1, the study had a total of 1864 African American participants. The average age of participants was 37.35 (SD = 13.11). Males represented 56.2% (n = 1047) and females represented 43.8% (n = 817) of the total sample. The average yearly income of the sample was 10016.43 (SD = 7200). The large majority of the sample 92.7% (n = 1712) identified their sexual orientation as heterosexual or "straight." When asked about living situation, 57.6% (n = 1048) of the sample reported owning or renting their own home. When looking at educational attainment, 38.9% (n = 726) of the sample had completed less than a high school degree or equivalent. The majority of the sample, 71.5% (n = 1333) reported being unemployed. Just over half, 53.7% (n = 1001), of the sample reported living in their neighborhood for three years or longer.

Neighborhood Characteristics Scales

As seen in Table 2, social capital scale scores ranged from 0 to 20 (mean = 9.13; SD = 3.86). Perceptions of neighborhood disorder scores ranged from 0 to 40 (mean = 17.29; SD = 6.08). Perceptions of neighborhood safety scores ranged from 0 to 3 (mean = 1.90; SD = 1.01). Observed crime scores ranged from 0 to 28 (mean = 11.65; SD = 5.89). Perceived crime fear scores ranged from 0 to 90 (mean = 35.39; SD = 20.36). The perceived crime fear subscales were as follows; perceived non-violent crime fear scale scores ranged from 0 to 35 (mean = 11.33; SD = 7.58) and perceived violent crime fear scale scores ranged from 0 to 55 (mean = 24.12; SD = 13.42).

Correlations between predictor variables and social capital

Correlations between demographic variables and social capital

As seen in Table 3, bivariate Pearson correlation tests were computed in order to examine the relationships between demographic and scale predictor variables. These relationships were examined in order to identify which variables would be entered into the final model. Pearson correlation coefficients summarized the associations between age, gender, sexual orientation, relationship status, living situation, years in neighborhood, income, education, and employment with the dependent variable social capital.

Results indicate that gender ($r = -.093$); education ($r = .060$); and years in neighborhood ($r = .105$) were statistically related ($p \leq 0.01$) to social capital. These results suggest that males, respondents living in the neighborhood for three years or longer, and respondents with higher levels of education have higher social capital scores.

No statistically significant associations were found between age, sexual orientation, relationship status, living situation, income, or employment and the dependent variable social capital. Therefore, these variables were excluded from the final regression model.

Correlations between neighborhood characteristic scales and social capital

As seen in Table 4, all perceived neighborhood safety characteristics scales were statistically significant ($p \leq 0.01$) with the outcome variable. These had the following correlations: perceived neighborhood disorder ($r = -.154$); observed crime ($r = .129$); perceived neighborhood safety ($r = -.104$); perceived crime fear total ($r = -.057$); perceived violent crime fear ($r = -.057$); and perceived non-violent crime fear ($r = -.059$). All these items had a negative relationship with social capital, with the exception of observed crime, indicating that higher levels of perceived disorder, perceived neighborhood safety and crime fear, are associated with lower levels of social capital and that higher levels of observed crime are associated with high levels of social capital.

Associations between predictor variables and social capital

Hypothesis: Individuals with higher levels of perceived disorder, crime fear, lack of safety and observed crime in their neighborhood will have lower levels of social capital.

Bivariate analyses indicated that gender ($p \leq 0.01$), education ($p \leq 0.01$), and years in neighborhood ($p \leq 0.01$) were significantly related to social capital. Bivariate analyses also indicated that perceived neighborhood disorder ($p \leq 0.01$), observed crime ($p \leq 0.01$), perceived neighborhood safety ($p \leq 0.01$), perceived violent crime fear ($p \leq 0.01$), and perceived non-violent crime fear ($p \leq 0.01$) were all significantly correlated with social capital. Therefore, all of these scale variables were included in block two of the final regression analysis model.

As seen in Table 5, results of the regression model indicate that gender ($p \leq 0.001$), years in neighborhood ($p \leq 0.001$), and education ($p \leq 0.01$) were all significantly associated with social capital. Specifically, males on average had social capital scores .742 points higher than females ($B = -.742$; 95% CI = -1.107, -.377; $p \leq 0.001$). On average, respondents reporting living

in the neighborhood for 3 years or more had a social capital score .739 points higher than respondents reporting living in the neighborhood for 3 years or less (B = .739; 95% CI = .377, 1.101; p≤ 0.001). On average, respondents with more education had social capital scores .113 points higher than respondents with less education (B = .113; 95% CI = .033, .194; p = .006). The R^2 for this model was .024, indicating that gender, years in neighborhood and education accounted for only 2.4% of the variance in social capital scores.

As seen in Table 5, results of the regression model indicate that perceived neighborhood disorder (p≤ 0.001) and observed crime (p≤ 0.001) were significantly associated with social capital. Specifically, on average higher perceived neighborhood disorder scores had social capital scores that were .219 points lower than respondents reporting lower perceived neighborhood disorder (B = -.219; 95% CI = -.257, -.181; p≤ 0.001). On average, higher observed crime scores were associated with social capital scores .225 points higher than respondents with low observed crime scores (B = .225; 95% CI = .188, .262; p≤ 0.001).

Perceived neighborhood safety (p = .116), perceived violent crime fear (p = .308) and perceived non-violent crime fear (p = .407) were not significantly associated with social capital. The R^2 for this model was .120, indicating that perceived neighborhood characteristic scales accounted for 12% of the variance in social capital scores.

Summary of Findings

The purpose of this study was to examine the relationship between perceived neighborhood safety characteristics and social capital among African Americans in Atlanta with the hypothesis that individuals with higher levels of perceived disorder, crime fear, lack of safety and observed crime in their neighborhood will have lower levels of social capital. At the bivariate level, gender, years in neighborhood, level of education, and all perceived

neighborhood safety scales showed statistically significant correlations with social capital. In the final regression model, males, individuals living in the neighborhood for at least 3 years and individuals with higher levels of education had higher social capital scores on average.

However, among the perceived neighborhood safety characteristics, only perceived neighborhood disorder and observed crime were significantly associated with the outcome of social capital. This finding indicates that perceptions of low levels of neighborhood disorder and high levels of observed crime are both associated with high social capital scores.

Chapter 5
Discussion

Introduction

The purpose of this study was to examine the relationship between perceived neighborhood safety characteristics and social capital among African Americans living in disadvantaged neighborhoods in Atlanta. This chapter presents a discussion of the results articulated in the earlier chapter and is organized into the following sections: Findings by Perceived Neighborhood Characteristics; Observed Crime and Social Capital; Perceived Neighborhood Disorder and Social Capital; Perceived Crime Fear, Neighborhood Safety and Social Capital; Other Findings; Strengths; Limitations; Implications and Recommendations; Summary.

Findings by Perceived Neighborhood Characteristics

Perceived Neighborhood Disorder and Social Capital

This study found that perceived neighborhood disorder was a statistically significant predictor of social capital. Specifically, results indicated that perceptions of high levels of neighborhood disorder are associated with low social capital scores, which is consistent with the study hypothesis. This finding is supported by the work of Robert Sampson (2012), who hypothesized that both social and physical disorder in a neighborhood may create a sense of unease in among residents, which may not be conducive to the creation of bonds and the generation of trust with one another. These bonds and trust are needed in order to build social capital.

Additionally, this finding adds to existing evidence about the pathway that connects neighborhood disorder and social network strength. A previous study determined that low levels

of collective efficacy predicted high levels of perceived neighborhood disorder (Sampson, Raudenbush & Earls, 1997). The current study's findings support the reverse pathway by identifying neighborhood disorder as a significant predictor of social capital. Despite this difference, both studies find that perceived neighborhood disorder and social capital are inversely related.

Findings from this study partially supports piece of the pathway of Social Disorganization Theory, which posits that neighborhood disorder leads to crime (Shaw & McKay, 1942). SDT suggests that this occurs through the following mechanism: the presence of disorder in a neighborhood reduces social interactions and erodes social ties that would form social capital among residents if kept intact. This study found that perceptions of high levels of neighborhood disorder are associated with low social capital scores, which supports this piece of the SDT pathway.

Finally, findings from this study suggest that initiatives that seek to promote social capital among residents in disadvantaged neighborhoods should focus on improving the physical appearance of neighborhoods in order to help improve social capital. As Sampson (2012) proposes, if residents perceive less disorder in their neighborhood, they may be more likely to spend time outside of their homes and interacting with neighbors.

Observed Crime and Social Capital

This study found that observed crime was a statistically significant predictor of social capital. Specifically, results indicate that higher levels of observed crime are associated with higher levels of social capital, which is a novel finding and inconsistent with the study hypothesis. Though different from the current study in that the authors examined the influence of social networks on neighborhood characteristics, prior research by Sampson, Raudenbush &

Earls (1997) found that collective efficacy had a significant, inverse relationship with violent crime.

One possible explanation for the findings from the current study is that respondents who observe high level of crime in their neighborhood actually try to build social capital with their neighbors (having them watch over their homes, asking them for advice, and getting to know them) in order to assuage fears they have about crime and their safety.

Because this finding differs from prior research, future research should examine the possible reasons behind this positive relationship between observed crime and social capital by retesting this hypothesis with similar populations.

Perceived Crime Fear, Neighborhood Safety and Social Capital

This study's finding that perceived neighborhood safety, as well as both non-violent and violent crime fear, were not significantly associated with social capital, does not support the study's hypothesis. This finding aligns with the findings from a study by Hartnagel (1979), who found no association with residents' perceptions of crime fear and social activity. However, these findings of perceived crime fear and the lack of relationship with social capital also belie existing studies by Skogan (1986) and Lorec et al., (2012), which argue that crime fear inhibits residents' interaction and socialization with their neighbors. Findings from this study indicate that resident perceptions of crime fear and neighborhood safety may not be the best focus for an initiative that aims to improve social capital among residents of disadvantaged neighborhoods. Rather, these initiatives should address other factors, such as perceptions of neighborhood disorder.

Other Findings

Additionally, this study found that gender, years in neighborhood, and level of education were all significantly associated with social capital. Respondents who were male, respondents who had lived in their neighborhood for three years or longer, and respondents with higher levels of education all had higher social capital scores on average.

Previous research supports the finding that length of time in a neighborhood is associated with social capital in disadvantaged neighborhoods, as it has previously been found that residents who have lived in a neighborhood longer have increased social support and higher perceptions of the exchange of psychosocial support among neighbors (Keene, Bader & Ailshire, 2013). This study supports this finding and suggests that initiatives that aim to improve social capital in disadvantaged neighborhoods should target newer residents. Further, this is particularly important for this population, as previous evidence shows that residential turnover is high in low-income areas (Desmond, Gershenson, & Kiviat, 2015; Phinny, 2013).

Strengths

This study had several strengths. First, this study focused on studying a population of African Americans living disadvantaged neighborhoods. Further, this study utilized multiple recruitment methods to obtain a large sample size of 1,862. Additionally, it was conducted in the urban American South, which is a unique location for a large-scale neighborhood study. The current study also utilizes this data to examine questions around perceptions of neighborhood level safety and its relationship to social capital, using a different conceptual model than has typically been used by other research studies.

Limitations

A limitation of this study is that it does not establish a causal pathway between perceived neighborhood characteristics and social capital. A longitudinal analysis would need to be

performed in order to make a causal argument. Another limitation of this study is that the sample consisted solely of African Americans. Further studies should use a sample of various racial and ethnic groups in order to understand the relationship that race and ethnicity may have with social capital in disadvantaged neighborhoods. Finally, the data were based on self-reports by the respondents and are subject to response bias.

Implications and Recommendations

Findings from this study indicate that there is a statistically significant association between both perceived neighborhood disorder and observed crime and social capital. Future research should employ a longitudinal analysis of perceived neighborhood safety characteristics and social capital in order to understand if there is truly a causal pathway between perceived neighborhood characteristics and social capital. This relationship may be cyclical in nature and further research is needed in order to parse this out.

This study adds to the body of literature on neighborhood safety characteristics and their influence on the social networks and fills a gap in this type of research by focusing on a city in the American South. This study had the specific goal of testing the hypothesis that residents' perceptions of safety in their neighborhood are associated with social capital. Findings from this study can inform neighborhood-level initiatives as well as macro-level policies that aim to improve social capital by improving the appearance of disadvantaged neighborhoods, in order to reduce the appearance of disorder in disadvantaged neighborhoods. Additionally, based on these findings, neighborhood-level initiatives to improve social capital in disadvantaged urban settings should consider involving residents in the following groups: female, residents who are new to the neighborhood, and residents with lower educational attainment.

Understanding what factors influence social capital is important, as social capital has been previously linked to wellbeing and health (Kawachi, Kennedy & Glass, 1999; Putnam, 200l; Ross, Reynolds & Geis, 2000).

Summary

This study aimed to analyze the association between perceived neighborhood safety characteristics and social capital. The results show that residents' perceptions of certain neighborhood safety characteristics are associated with their levels of social capital. Specifically, perceived neighborhood disorder and observed crime were statistically significantly associated with social capital. Further, the role of gender, years in the neighborhood and education were also statistically significant with social capital. Findings from this study provide evidence that the relationship between the perceived neighborhood safety characteristics of disorder and observed crime with social capital is positive and statistically significant. However, more research is needed in order to establish a causal pathway. Finally, findings from this study may be taken into consideration when designing initiatives that aim to improve social capital among disadvantaged urban neighborhoods.

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Tables

Table 1 People and Places study demographic variables descriptive statistics (n = 1864)

	Overall Mean (SD)
Age	37.35 (13.11)
Yearly income	10016.43 (7200)
	n (%)
Gender (0=Male)	
Male	1047 (56.2)
Female	817 (43.8)
Sexual orientation (0=Gay, lesbian or bisexual)	
Heterosexual	1712 (92.7)
Gay, lesbian or bisexual	134 (7.2)
Relationship status (0=non-partnered)	
Partnered	1051 (56.4)
Non-partnered	812 (43.6)
Living situation (0=living in someone else's home)	
Own or rent own home	1048 (57.6)
Live in someone else's home	771 (42.4)
Years living in neighborhood (0=less than 3 years)	
Less than 3 years	863 (46.3)
3 years or more	1001 (53.7)
Education	
Less than high school	726 (38.9)
High school graduate/GED	721 (38.7)
At least some college	417 (22.4)
Employment status	
Unemployed	1333 (71.5)
Employed part-time	281 (15.1)
Employed full-time	162 (8.7)

Table 2 People and Places study scale descriptive statistics

	N	Mean (SD)	Range	Cronbach's Alpha
Perceived Neighborhood Disorder	1858	17.29 (6.08)	0-40	.817
Observed Crime	1853	11.65 (5.89)	0-28	.872
Perceived Neighborhood Safety	1859	1.90 (1.01)	0-3	NA
Perceived Crime Fear (all items)	1778	35.39 (20.36)	0-90	.956
Perceived Crime Fear (violent)	1864	24.12 (13.42)	0-55	.943
Perceived Crime Fear (non-violent)	1778	11.33 (7.58)	0-35	.870
Social Capital	1861	9.13 (3.86)	0-20	.773

Table 3 Bivariate Correlations Demographics and Social Capital

	2	3	4	5	6	7	8	9	10	11
1. Age	-.077**	.033	-.108**	.105**	.143**	-.010	.130**	-.030	-.008	.016
2. Gender		-.090**	.098**	.100**	-.086**	-.021	.013	-.012	-.011	-.093**
3. Sexual Orien-tation			.024	.016	.039	-.027	-.039	.051*	-.017	.018
4. Relation-ship Status				.068**	-.073**	.031	-.044	.011	.024	.027
5. Living Situation					-.085**	.166**	.119**	.124**	.091**	-.037
6. Years in Neighbor-hood						.003	-.021	-.030	.023	.105**
7. Income							.128*	.296**	.091**	.041
8. Education								.113*	.093**	.060**
9. Work (FT)									-.137**	.017
10. Work (PT)										.017
11. Social Capital										

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant and the 0.05 level (2-tailed).

Table 4 Bivariate Correlations Scales and Social Capital

	Observed Crime	Perceived Neighborhood Safety	Perceived Crime Fear (all items)	Perceived Crime Fear (violent)	Perceived Crime Fear (non-violent)	Social Capital
Perceived Neighborhood Disorder	.606**	.445**	.024	.034	.013	-.154**
Observed Crime		.291**	-.045	-.034	-.056*	.129**
Perceived Neighborhood Safety			.226**	.234**	.200**	-.104**
Perceived Crime Fear (all items)				.982**	.941**	-.057**
Perceived Crime Fear (violent)					.860**	-.057**
Perceived Crime Fear (non-violent)						-.059**
Social Capital						

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant and the 0.05 level (2-tailed).

Table 5 Results from the sequential regression analyses for perceived neighborhood characteristics and social capital

	Dependent Variable: Social Capital		
Predictors	**β^1**	**β^2**	**R^2**
Gender	-.094***	-.060*	
Years in Neighborhood	.095***	.083***	
Education	.065**	.084***	.024
Perceived Neighborhood Disorder		-.343***	
Observed Crime		.341***	
Perceived Neighborhood Safety		-.041	
Perceived Non-Violent Crime Fear		.046	
Perceived Violent Crime Fear		-.036	.120

* p<.05. ** p<.01. *** p<.001

Appendix A

EMORY UNIVERSITY | Institutional Review Board

May 19, 2016

Name: Sara Shilling
Address: Rollins School of Public Health
Grace Crum Rollins Building Floor 07
1518 Clifton Rd NE
Atlanta, GA 30322

RE: Determination: No IRB Review Required
Title: *An Examination of Social Cohesion and Crime Fear in Low-Income Urban Neighborhoods*
PI: Sara Shilling

Dear Ms. Shilling:

Thank you for requesting a determination from our office about the above-referenced project. Based on our review of the materials you provided, we have determined that it does not require IRB review because it does not meet the definition of "research" as set forth in Emory policies and procedures and federal rules, if applicable. Specifically, in this project, you will obtain de-identified data from a study that was conducted by Kirk Elifson and Claire Sterk in Atlanta, GA. The results of the project are to be used to fulfill academic requirements for completing your MPH thesis.

Please note that this determination does not mean that you cannot publish the results. This determination could be affected by substantive changes in the study design, subject populations, or identifiability of data. If the project changes in any substantive way, please contact our office for clarification.

Thank you for consulting the IRB.

Sincerely,

Michael Deryck, BS, CIP
IRB Operations Manager

Signature: Michael Deryck (May 19, 2016)

Email: mderyck@emory.edu