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ABSTRACT

Previous research has shown that heightened fear of crime in the elderly does not reflect actual crime rates as much as a perceived vulnerability due to diminished physical and economic resources. As part of a larger Los Angeles study on personal emergency response systems, this study examined the relationships among fear of crime, crime rates, leaving one's residence, self-reported health, income, and sense of personal mastery in the elderly. Sixty older adults (11 males, 49 females; mean age, 77.5 years), who were medically vulnerable and living alone, were interviewed and completed numerous paper measures of health, personal mastery, and fear of crime. A supplemental index of actual crime was established through police statistics. An analysis of the results showed that men tended to report leaving their residences slightly more often than women and endorsed higher levels of functional health, health status, mastery, and income. Women expressed significantly more fear than did men, but residential patterns or crime rates did not differ significantly by sex. Physical inabilities rather than fear of crime affected the frequency with which a frail older adult left his residence. The findings suggest that effective intervention with elderly individuals should focus on physical and mental health services that increase mobility through personal mastery of the environment. (BL)

FEAR OF CRIME IN THE ELDERLY: ITS RELATION TO LEAVING ONE'S ABODE, SELF REPORTED HEALTH AND SENSE OF PERSONAL CONTROL

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I. Introduction and Overview of Literature

The purpose of this study was to examine relationships among fear of crime, actual crime rates, leaving one's residence, self reported health, income and sense of personal mastery in the elderly.

It is generally believed that the elderly exhibit greater fear of crime than other age groups, although there is some disagreement among statisticians as to whether the aged actaully are more victimized than other groups (Adkins, 1975; Harris, 1975; Braungart, Hoyer, & Braungart, 1979; U.S. Department of Justice, 1979; Sunderland, 1980). On the one hand, the view that "old people are victims of violent crime more than any other group" (Butler, 1975, p. 300) is pervasive in the popular press. Patterson (1978a) also portrays the elderly as experiencing more elevated rates of assault, larceny with personal contact and robbery with personal injury than other segments of the population. On the other hand, Cohn (1981) disputes this finding, "even for crimes of personal larceny, such as purse and wallet snatchings, the elderly were victimized no more often than other groups" (p. 1). Other surveys report mixed results with the elderly demonstrating the lowest rates of robbery and assault but the highest rate of personal larceny with contact (U.S. Department of Justice, 1979).

Whether or not one finds the elderly to be more victimized than other groups, it is the differential impact of this experience which is believed to be the basis for their increased fear. Goldsmith and Goldsmith (1975) in their overview of the National Conference on Crime Against the Elderly described physical and economic components, which were responsible for the magnification of crime's impression upon the aged. First of all, physical factors such as

decreased strength and agility make resistance to attack less effective and more dangerous. Age-related changes in vision, hearing and musculature, coordination and speed of response have all been well documented (Birren & Schaie, 1977). The criminal may also perceive the elderly as more vulnerable due to these proposed "host factors" (Lawton, Nahemow, Yaffe, & Feldman, 1976). It has further been suggested (Goldsmith & Goldsmith, 1976) that the prospect of injury from an encounter with crime, which is increased with physical disability, heightens one's fear of being victimized. Second, Goldsmith and Goldsmith (1975) noted a financial element; specifically, they proposed that decreased economic resources of the elderly force them into residence in areas of high crime, while increasing the salience of loss of a few dollars.

Losses in the biological and environmental areas such as those just described may create psychological factors which account for a heightened fear of crime in those now old (Lawton et al., 1975). Neugarten and associates at the University of Chicago (1964) defined a personality trait of active mastery, which is the extent to which individuals see themselves as able to handle problems. They suggest that the elderly move toward the passive pole of this dimension. In Rotter's terms (1966), these individuals would be said to exhibit an external locus of control. Pearlin & Schooler (1978) would define this condition as one of little sense of personal mastery over one's life, or fatalism. The notion here is that the older person's recognition of lessened effectiveness is fed back into the individual's conception of self and environment. In relation to crime, the older person, who is physically assailable, also feels vulnerable.

Schooler (1970) found perceived threat to comprise an important component

in fear. The mere expectations of being made to relocate was severe enough to cause declines in moral and functional health in the aged in his investigation. A common response to fear is withdrawal. It seems reasonable to believe that individuals attempt to decrease their contact with possible sources of threat. Specifically, Conklin (1975, p. 20) has suggested that "elderly with an elevated fear of crime leave their homes less often than those with as sense of security". Some researchers describe the frigtened older adult as living a life of self imposed confinement (Lawton & Kleban, 1971; Schooler, 1970). Isolated from much of the outside world, these individuals are viewed as "prisoners in their own homes" (Braungart et al., 1979). Attention (Conklin, 1971) has been given to this indirect victimization of the elderly in which disruption of lifestyle is incurred even without personal involvement with crime.

To summarize the previous investigations, it has been demonstrated or at least suggested that heightened fear of crime in the elderly may not reflect actual crime rates (Cohn, 1981). Rather, it results from a perceived vulnerability due to diminishing physical and economic resources (Goldsmith & Goldsmith, 1975) or belief in lack of control over prevention of crime (Lawton et al., 1976; Patterson, 1978; Cohn, 1981). Researchers (Conklin, 1975; Braungart et al., 1979) have further described the impact of this fear upon the behavior of those now old as resulting in lessened leaving of their residences. However, given the multiplicity of proposed factors responsible for fear of crime and the pervasiveness of the phenomenon of decreased activity outside the home with increasing age, it seems reasonable to assume the existence of explanations other than fear of crime in accounting for an older adult's desire to remain home. For instance, a combination of alternative factors (e.g. decreased night vision or

other physical handicaps, and/or inability to operate or afford a vehicle) may be responsible for this phenomenon. It is not yet clear the extent to which fear of crime is a factor.

Focusing now on fear of crime itself, there are a few non-age specific etiological studies in the literature. Agreement exists in these findings that fear of crime is not a consequence of direct experiences as a victim or residing in a high crime area" (Boggs, 1971, p.22; see also Ennis, 1967; McIntyre, 1976; & Conklin, 1971). These investigators have suggested that intensity of concern about crime may vary according to physical (e.g. size and height) and social (e.g. sex and income) factors. However, systematic analyses of these hypotheses are scarce.

A similar paucity of evidence exists to support the notions of physical, economic and psychological factors as responsible for an elevated fear of crime in the elderly (Janson & Ryder, 1983). Health status, income and sense of personal mastery have received little empirical attention in relation to the fear variable. Yet the theoretical literature offers reason to pursue an investigation which examines and quantifies fear of crime by older adults, while exploring its possible relationship to their income, perceptions of health and sense of mastery or control over the environment.

Despite research findings with all age groups (Boggs, 1971; McIntyre, 1976) depicting actual crime and victimization rates as not primarily responsible for fear of crime, crime prevention programs (Pope & Feyerherm, 1976) and environmental and structural redesign (Lawton & Byerts, 1973; Weiss, 1969) for the elderly have been aimed at achieving a decrease in these rates. Efforts to strengthen police and community interactions (Poister & McDavid, 1976) have

also mainly focused on crime prevention. Certainly a decrease in criminal activity is desirable. However, without addressing the issue of fear of crime and its possible causes (e.g. lessened sense of personal mastery, health status; and decreased income) a program designed to eradicate crime and the fear associated with it may serve to decrease the former component while potentially fostering the latter (Norton & Courlander, 1982). In other words, one could obtain less crime but produce more fear.

The purpose of this study is to test the following hypotheses:

1. The amount an older individual leaves his or her residence depends more upon health status and sense of personal mastery than either fear of crime or actual crime rate.

2. Fear of crime in older adults is more greatly determined by their health status, sense of personal mastery and income than by the actual crime rate in their area.

II. Methods

A. Subjects

The subjects in the study comprise 60 older adults. Their age range was 54 to 99 with an average age of 77.5. 49 women and 11 men were included in the group. The mean number of years of education was 10.7. About half of the respondents had an income of $4000-7000 per year. (See Table 1 for demographic information). They resided in four communities in metropolitan Los Angeles. These subjects were participants in a large program evaluation project, which concerns a personal emergency alert response system operated by a hospital in each community. To be eligible for the service, individuals were assessed by

the hospitals as medically vulnerable and living alone (See Table 2 for screening instrument). The present study draws upon that larger data set in order to investigate several research questions pertaining to fear of crime.

B. Procedures and Measures

Both interview and paper-and-paper measures were included in the data set. Measures employed to assess health included Perceived Health Stautus (Sherwood & Morris, 1980), which provides a measure of self reported health, and Activities of Daily Living (Pfeiffer, 1975), which evaluates ability independently to perform shopping, housework, preparing meals, laundry, regulating medication, handling money and using the telephone (α = .84). The Boston Hebrew Rehabilitation Center for the Aged Leave Residence Scale (Sherwood & Morris, 1980) was used to calculate frequency with which individuals left their residences, streets and neighborhoods (α = .92). These three measures were administered in face to face interviews. The Pearlin Mastery Scale (Pearlin & Schooler, 1978), which provides a measure of sense of mastery over outcomes in one's life and perceived locus of control (α = .78) and the Patterson (1978b) Fear of Crime Scale (α = .79) that evaluates the amount of anxiety related to crime, were given to the subjects at time of interview. The respondents were provided instructions concerning the measures and told to complete them and mail them back within two to three days of the interview.

In addition to these measures from the larger study, for purposes of evaluating hypotheses about the relationship of fear of crime to actual crime, a supplemental index of actual crime was established. Each respondent was assigned to a crime reporting district within a police division using tract designations in conjunction with maps of the city and county of Los Angeles. Reporting district crime

rates for residential burglary, street robbery (e.g. purse snatching), aggravated assault (e.g. murder and rape) and total "Part I" crimes reported (e.g. all of above, larceny and fraud) for time of interview were matched with resondents in each area. Detailed data on reported victimizations by the Los Angeles Police and Sheriff Departments were used with the awareness that they may represent an undercounting of incidents (Janson & Ryder, 1983; Decker, 1977; Center & Smith, 1973). However, the official crime rates will provide sufficiently accurate estiamtes of neighborhood variation in true crime rates.

III. Results

The mean levels of personal variables (e.g. functional health, health status, mastery, income and leave of residence) and crime variables (e.g. residential burglary, street robbery, aggravated assault, and total Part I crimes reported) are respectively given in Tables 3 and 4, broken down by sex. Men tended to report leaving their residences slightly more often than women and endorsed higher levels of functional health, health status, mastery and income. However, none of these differences were statistically significant. Women expressed having significantly ($p < .001$) more fear than did men but residential patterns and hence crime rates did not differ significantly by sex.

A. Hypothesis 1

Correlational analyses were used to explore associations between the dependent measure of leave of residence and the independent variables, which included self reported health, functional health, personal mastery, fear of crime and actual crime rates (e.g. residential burglary, street robbery, aggravated

assault and total Part I crimes reported). The leave of residence scale displayed a highly significant negative correlation ($r = -.57$, $p < .001$) with functional health, which indicates that individuals who are able to perform activities of daily living are more likely to leave their homes than those who report being less capable of undertaking these tasks (See Table 5). When the effects of personal mastery were controlled this relationship was maintained ($r = -.53$, $p < .001$).

Significant negative correlations between leave of residence and personal mastery ($r = -.24$, $p < .05$) and area rate of assault ($r = -.22$, $p < .05$) were also discovered. In other words, those older adults endorsing greater personal mastery over life's outcomes went out more, as did those residing in areas with lower assault rates. However, when the influence of functional health was controlled using partial correlations, these significant relationships were not sustained. No clear pattern of association was exhibited between any of the remaining actual crime or fear of crime measures and the leave of residence scale.

The findings of stepwise multiple regression of leave of residence on functional health, self reported health, personal mastery, reporting district crime rates and fear of crime provide further support for the importance of functional health in predicting the amount an older adult goes out. Separate equations were computed using each of the four types of crime rates due to the interdependence of the measures. (See Table 6) Functional health comprised the strongest predictor of leaving residence. It still accounted for 27% of the variance when entered last into the regression formula. Area rate of assault and personal mastery were not significant predictors. Each component

contributed only .022 and .002, respectively to the overall prediction.

B. Hypothesis 2

Relationships between the fear of crime dependent measure and the independent variables of self reported health, functional health, personal mastery and actual crime rates for residential burglary, street robbery, aggravated assault and total Part I crimes were investigated using correlational analyses. A highly significant positive association was discovered between personal mastery and fear of crime ($r = .37$, $p < .005$), which implies that individuals with heightened fear of crime reported having less sense of mastery over their lives. (See Table 7). Fear of crime was negatively correlated with personal income ($r = -.24$, $p < .05$), which reveals that those with fewer financial resources are most afraid of losing them. Correlations of actual crime rates with fear of crime did not significantly improve when effects of personal mastery and income were controlled.

Women were also more likely than men to endorse greater levels of fear ($r = .47$, $p < .0001$). Moreover, it is recalled that the women's means for all other variables were not significantly higher than those of the men. (Review Tables 3 & 4). No clear relationships were found between the health measures or actual crime rates and fear of crime.

Stepwise multiple regression of fear of crime on personal mastery, income, self reported health, functional health and reporting district crime rates identified personal mastery as a significant predictor in this sample of older adults ($F = 8.98$, $p < .01$). (See Table 8). However, it accounted for only 5% of the variance when all other variables were allowed to first enter the regression equation. Personal income contributed only .01 to the prediction of

fear of crime.

Overall, sex of respondent became the most important factor in the formula in accounting for 22% of the variance in fear of crime. Consequently, separate analyses were carried out for men and women in order to ascertain predictors of fear of crime for each. These results revealed self reported and functional health to strongly predict fear of crime for the 11 men ($F = 9.32$, $p < .01$). These variables remained significant predictors when entered last into the regression equations. (See Table 9.) They accounted for a large 69% of the total variance in the overall prediction of fear.

For women, the picture is less clear. Personal mastery still comprised a significant component in forecasting fear ($F = 6.57$, $p < .05$). However, it was responsible for only 8% of the variance when all other variables were allowed to first enter the regression equations. (See Table 10). No other variables were significant predictors of the amount of fear reported by the women in the sample.

IV. Discussion

The first hypothesis received mixed support from the findings. The amount an older individual from this sample leaves his or her residence does appear to depend more upon functional health status than upon fear of crime or actual crime rates. Personal mastery and reporting district assault rates were correlated with leaving residence but did not comprise significant predictors when the variables were considered together in a multiple regression. It seems reasonable that, for those elderly who are independently able to perform shopping, housework, and other activities of daily living, one could

predict an increase in leaving home. Moreover, the elderly who feel less sense of control over their lives may be those who cannot leave their residences as often as those with greater personal mastery. Older individuals residing in areas with elevated rates of the most serious crimes (e.g. aggravated assault, murder and rape) appear to go out less regularly than those living in other areas. However, functional health does play an important mediating role in these relationships.

In sum, what is important is that fear of crime has not been demonstrated significantly to impact the amount a frail older adult leaves his or her residence, which disputes some previous notions (Conklin, 1975; Braungart et al., 1979). Perhaps, those who are "prisoners in their own homes" (Braungart et al., 1979, p. 24) do not leave their residences more often due to physical inabilities than to fear. Furthermore, lack of findings supporting the relationship of fear of crime and elevated crime rates (See hypothesis 2) decreases the probability that fear arising from actual crime in these areas is a salient factor in keeping the elderly in their homes.

Replication of earlier results (Boggs, 1971), that dispelled the common belief of fear of crime being linked to crime rates, was achieved. The etiology of fear of crime in the elderly, which was explored in testing the second hypothesis, appears most importantly to involve lack of personal mastery. In other words, support was found for the idea that an older person's recognition of lessened effectiveness over the environment makes him or her feel more vulnerable to the threat of crime and thereby enhances fear of victimization (Lawton et al., 1976; Patterson, 1978b; Cohn, 1981). Decreased economic resources may also heighten the impact of loss (Goldsmith & Goldsmith, 1979), while

compounding the problem by forcing an individual to live in an area that feels less secure. For men, it can be speculated that concerns about physical assailability become most important in the creation of fear of crime. However, this hypothesis awaits examination with a larger group of men. The need for identification of more significant predictors of women's greater expressed fear is evident.

The results of the study must be interpreted with several limitations in mind. In particular, causality cannot be inferred from the correlational analyses. Generalizability of findings of sex differences in fear of crime prediction is limited by the small number of males in the sample. Also, it must be recalled that the older adults were frail and medically vulnerable, which possibly elevated the importance of functional health in their getting out. Moreover, an investigation that is needed would be to include prior victimization across all age groups in order to elucidate factors helpful in decreasing fear of crime.

V. Practical Implications

Results from this investigation point to the necessity of looking beyond the belief that barred houses keep their fearful elderly inhabitants locked inside. Interventions in the form of health and mental health services may enable the older adult to more often leave their residences with a sense of increased effectiveness and control over his or her life.

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TABLE 1

DEMOGRAPHIC INFORMATION

AGE

50-54	1
55-59	1
60-64	4
65-69	4
70-74	14
75-79	10
80-84	10
85-89	13
90-94	2
95-99	1

MEAN = 77.50

SEX

Female	49	(81.7%)
Male	11	(18.3%)

ETHNICITY

Caucasian	52	(88.1%)
Black	4	(6.8%)
Latino	2	(3.4%)
Asian	1	(1.7%)

EDUCATION

0-7	11
8-11	10
12	23
13-15	9
16	4
16 (or more)	2

MEAN = 10.70 years

INCOME

$0-$1999/yr.	3.7%
$2000-$3999/yr.	7.4%
$4000-$6999/yr.	50.0%
$7000-$9999/yr.	18.5%
$10,000-$14,999/yr.	7.4%
$15,000-$19,999/yr.	3.7%
$20,000-$24,999/yr.	5.6%
$25,000 or more/yr.	3.7%

DWELLING

Own House	28
Rent House	3
Apartment or Condo	23
Retirement Home or Hotel, B & C	5
Trailer	1

TABLE 2

SCREENING INSTRUMENT

Subset 1. Social Isolation	YES	NO
1. Is there at least someone who you speak to or see everyday?	53	7
2. If this person(s) does not see you or hear from you on any given day, would they be worried and try to get in touch with you?	49	1
3. If this person(s) cannot reach you on the phone, would they come over to check on you or call a neighbor or someone else to check on you to make sure you are all right?	51	
Scoring: If "no" has been checked for any of the 3 questions, client is socially isolated. Check SI box. If "yes" is checked for all 3 questions, check NSI box.	NSI	SI
	49	11
Subset 2. Degree of Functional Impairment		
1. Do you currently receive help in doing daily cooking? (yes=87; no=0)	30	30
2. Do you currently receive help in taking out the garbage? (yes=72; no=0)	34	26
3. Are you healthy enough to walk up and down stairs without help? (yes=0; no=103)	33	27
4. Are you healthy enough to do the ordinary work around the house without help? (yes=0; no=62)	27	33
5. In the last month, how many days a week have you usually gone out of the house or building in which you live? (2 or more days =0; one day a week or less=35)	43	17
6. Do you use a walker, at least some of the time, to get around? (yes=95; no=0)	23	37
7. Are you able to dress yourself (including socks and shoes) without help? (yes=0; no=25)	56	4
8. Could you please tell me what year it is? (correct=0; incorrect =62)	56	4
9. How much of the time does bad health, sickness or pain stop you from doing things you would like to be doing? (almost never, seldom, or sometimes=0; frequently or most of the time=31)	31	29
Scoring: Sum the numbers, subtract 45. If the functional score is greater than 119, client has poort functioning; check PF box. If the functional score is between 1 and 119, client has moderate functioning; check MF box.	MF	PF
	18	33

SCREENING INSTRUMENT

(Cont.)

Subset 3. Medical Vulnerability	YES	NO
1. Do you often experience dizziness or lightheadedness?	31	28
2. In the last year, have you had a seizure or uncontrolled muscle spasms?	16	44
3. Do you often pass out, lose consciousness?	7	52
4. Do you have pains in your chest?	22	38
5. Are you currently taking medication prescribed for a heart condition?	32	28
6. Are you currently taking medication prescribed for hypertension (high blood pressure)?	29	30
7. Are you currently taking medication prescribed for diabetes (sugar in the blood)?	6	54
Scoring: If any of the 7 questions were answered "yes", client is medically vulnerable; check MV box.		MV 50

Subset 4. History of Falling		
1. In the past year, have you fallen down in your home, someone else"s home or outside?	33	27
2. If yes, on any of these occasions, were you unable to get up on your own, that it, had to have help from someone else?	21	13
Scoring: If answer to both questions is "yes", check HF box.		HF 21

TABLE 3

MEANS AND STANDARD DEVIATIONS FOR PERSONAL VARIABLES

VARIABLE		TOTAL SAMPLE (N=60)	MEN (N=11)	WOMEN (N=49)
*FUNCTIONAL HEALTH	Mean	13.967	13.000	14.184
	SD	5.657	6.663	5.461
*HEALTH STATUS	Mean	2.833	2.727	2.857
	SD	0.806	0.647	0.842
*MASTERY	Mean	15.115	14.011	15.363
	SD	4.620	3.824	4.780
PERSONAL INCOME	Mean	3.704	4.000	3.637
	SD	1.469	1.483	1.473
LEAVE OF RESIDENCE	Mean	18.067	18.091	18.061
	SD	5.092	7.816	4.375

*Lower values signify higher levels of variables

TABLE 4

MEANS AND STANDARD DEVIATIONS FOR CRIME VARIABLES

VARIABLE		TOTAL SAMPLE (N=60)	MEN (N=11)	WOMEN (N=49)
FEAR OF CRIME	Mean	57.528	47.230	59.840
	SD	10.387	9.981	9.060
TOTAL CRIME RATE (of reporting dist.)	Mean	0.082	0.084	0.081
	SD	0.060	0.083	0.055
RESIDENTIAL BURGLARY	Mean	0.016	0.015	0.016
	SD	0.009	0.009	0.009
STREET ROBBERY (incl. purse snatch)	Mean	0.005	0.007	0.005
	SD	0.006	0.011	0.005
AGGRAVATED ASSAULT (incl. murder&rape)	Mean	0.005	0.005	0.005
	SD	0.006	0.008	0.005

TABLE 5

CORRELATIONS OF LEAVE OF RESIDENCE WITH INDEPENDENT VARIABLES

INDEPENDENT VARIABLE	ZERO ORDER CORRELATION (N=60)
FUNCTIONAL HEALTH	-.57***
SELF REPORTED HEALTH	-.13
PERSONAL MASTERY	-.24*
FEAR OF CRIME	.01
TOTAL CRIME RATE	.03
RESIDENTIAL BURGLARY	-.08
STREET ROBBERY	-.03
AGGRAVATED ASSAULT	-.22*
PERSONAL INCOME	.15
SEX OF RESPONDENT	-.002
AGE OF RESPONDENT	-.13

*p<.05

***p<.0001

INDEPENDENT VARIABLE	CONTROLLING FOR: PERSONAL MASTERY
FUNCTIONAL HEALTH	-.53***
	CONTROLLING FOR: FUNCTIONAL HEALTH
PERSONAL MASTERY	-.03
AGGRAVATED ASSAULT	-.18

***p<.0001

TABLE 6.9

PREDICTION OF LEAVE OF RESIDENCE

	B	BETA	R^2	R^2 Total	R^2*
FUNCTIONAL HEALTH	-.512	-.570***	.324	.324	.270
FEAR OF CRIME	.548	.112	.012	.336	.011
PERSONAL MASTERY	-.798	-.072	.004	.340	.060
SELF REPORTED HEALTH	-.497	-.079	.005	.345	.0005
TOTAL CRIME RATE	5.430	.064	.003	.348	.009

*Functional health entered last into equation
***p < .001

	B	BETA	R^2	R^2 Total	R^2*
FUNCTIONAL HEALTH	-.512	-.570***	.324	.324	.290
FEAR OF CRIME	.558	.114	.013	.337	.011
PERSONAL MASTERY	-.690	-.063	.003	.340	.060
SELF REPORTED HEALTH	-.529	-.084	.006	.346	.002
RESIDENTIAL BURGLARY	-78.370	-.132	.017	.363	.0006

*Functional health entered last into equation
***p < .001

	B	BETA	R^2	R^2 Total	R^2*
FUNCTIONAL HEALTH	-.512	-.570***	.324	.324	.271
FEAR OF CRIME	.548	.112	.012	.336	.011
PERSONAL MASTERY	-.798	-.072	.004	.340	.060
SELF REPORTED HEALTH	-.497	-.079	.005	.345	.001
STREET ROBBERY	-34.790	-.043	.002	.347	.003

*Functional health entered last into equation
***p < .001

	B	BETA	R^2	R^2 Total	R^2*
FUNCTIONAL HEALTH	-.512	-.570***	.324	.324	.271
FEAR OF CRIME	.070	.144	.019	.343	.018
PERSONAL MASTERY	-.591	-.054	.002	.345	.060
SELF REPORTED HEALTH	-.404	-.064	.003	.348	.003
AGGRAVATED ASSAULT	-136.91	-.150	.022	.370	.030

*functional health entered last into equation ***p < .001

TABLE 7

CORRELATIONS OF FEAR OF CRIME WITH INDEPENDENT VARIABLES

INDEPENDENT VARIABLE	ZERO ORDER CORRELATION (N=60)
FUNCTIONAL HEALTH	.17
SELF REPORTED HEALTH	.16
PERSONAL MASTERY	.37**
TOTAL CRIME RATE	.003
RESIDENTIAL BURGLARY	-.002
STREET ROBBERY	.08
AGGRAVATED ASSAULT	.20
PERSONAL INCOME	-.24*
SEX OF RESPONDENT	.47***
AGE OF RESPONDENT	.02

*p<.05
**p<.005
***p<.0001

INDEPENDENT VARIABLE	CONTROLLING FOR: PERSONAL MASTERY	CONTROLLING FOR: PERSONAL INCOME
TOTAL CRIME RATE	.09	-.07
RESIDENTIAL BURGLARY	-.04	-.02
STREET ROBBERY	.05	.04
AGGRAVATED ASSAULT	.18	.15

TABLE 8

PREDICTION OF FEAR OF CRIME

	B	BETA	R^2	R^2 Total	R^2*	R^2s
PERSONAL MASTERY	.711	.316**	.100	.100	.062	.134
PERSONAL INCOME	-.814	-.115	.012	.112	.036	.020
FUNCTIONAL HEALTH	.002	.002	0	.112	.005	0
SELF REPORTED HEALTH	.013	.011	0	.112	.017	.0003
TOTAL CRIME RATE	18.122	.104	.010	.122	.001	.015
SEX OF RESPONDENT	12.610	.474***	.224	.346	.224	.176

*Personal mastery entered last into equation ; s-sex entered last into equation

**p < .01

***p < .001

	B	BETA	R^2	R^2 Total	R^2*	R^2s
PERSONAL MASTERY	.711	.316**	.100	.100	.062	.134
PERSONAL INCOME	-.813	-.115	.012	.112	.036	.020
FUNCTIONAL HEALTH	-.030	-.017	.0002	.1122	.005	.0002
SELF REPORTED HEALTH	.458	.036	.001	.1132	.017	.002
RESIDENTIAL BURGLARY	-105.686	-.088	.007	.1202	.002	.005
SEX OF REPSPONDENT	12.610	.474***	.224	.3442	.224	.184

*Personal mastery entered last into equation; s-sex entered last into equation

**p < .01

***p < .001

	B	BETA	R^2	R^2 Total	R^2*	R^2s
PERSONAL MASTERY	.711	.316**	.100	.100	.043	.134
PERSONAL INCOME	-.814	-.115	.012	.112	.036	.020
FUNCTIONAL HEALTH	.013	.012	0	.112	.006	0
SELF REPORTED HEALTH	.369	.029	.0007	.1127	.017	.001
STREET ROBBERY	59.035	.036	.001	.1137	.011	.003
SEX OF RESPONDENT	12.610	.474***	.224	.3377	.224	.179

*Personal mastery entered last into equation; s-sex entered last into equation

**p < .01

***p < .001

TABLE 8
(cont.)

PREDICTION OF FEAR OF CRIME

	B	BETA	R^2	R^2 Total	R^2*	R^2s
PERSONAL MASTERY	.711	.316**	.100	.100	.046	.134
PERSONAL INCOME	-.631	-.089	.007	.107	.0217	.020
FUNCTIONAL HEALTH	.005	.005	0	.107	.003	0
SELF REPORTED HEALTH	.449	.035	.001	.108	.016	.002
AGGRAVATED ASSAULT	283.342	.150	.022	.130	.042	.012
SEX OF REPSONDENT	12.610	.474***	.224	.354	.224	.186

*Personal mastery entered last into equation; s-sex entered last into equation
**p < .01
***p < .001

TABLE 9

PREDICTION OF FEAR OF CRIME IN MEN

	B	BETA	R^2	R^2 Total	R^2 h
PERSONAL MASTERY	-.540	-.207	.026	.026	.009
PERSONAL INCOME	1.375	.204	.038	.090	.078
FUNCTIONAL HEALTH	.428	.286**	.058	.148	.399
SELF REPORTED HEALTH	12.361	.801***	.641	.789	.268
TOTAL CRIME RATE	14.512	.120	.009	.798	.018

h-self reported health entered into equation last
**p < .01
***p < .001

	B	BETA	R^2	R^2 Total	R^2 h
PERSONAL MASTERY	-.540	-.207	.026	.026	.009
PERSONAL INCOME	1.375	.204	.038	.064	.078
FUNCTIONAL HEALTH	.428	.286**	.058	.122	.399
SELF REPORTED HEALTH	12.361	.800***	.641	.763	.178
RESIDENTIAL BURGLARY	116.691	.103	.009	.772	.107

h-self reported health entered into equation last
**p < .01
***p < .001

	B	BETA	R^2	R^2 Total	R^2 h
PERSONAL MASTERY	-.540	-.207	.026	.026	.009
PERSONAL INCOME	1.375	.204	.038	.064	.078
FUNCTIONAL HEALTH	.428	.286**	.058	.122	.399
SELF REPORTED HEALTH	12.361	.801***	.641	.763	.178
STREET ROBBERY	72.731	.079	.005	.768	.005

h-self reported health entered into equation last
**p < .01
***p < .001

TABLE 9
(Cont.)

PREDICTION OF FEAR OF CRIME IN MEN

	B	BETA	R^2	R^2 Total	R^2 h
PERSONAL MASTERY	-.478	-.183	.020	.020	.009
PERSONAL INCOME	1.375	.204	.038	.058	.078
FUNCTIONAL HEALTH	.428	.286**	.058	.116	.399
SELF REPORTED HEALTH	12.361	.801***	.641	.757	.178
AGGRAVATED ASSAULT	229.013	.195	.033	.790	.020

h-self reported health entered into equation last
**p < .01
***p < .001

TABLE 10

PREDICTION OF FEAR OF CRIME IN WOMEN

	B	BETA	R^2	R^2Total	R^2m
PERSONAL MASTERY	.664	.350**	.123	.123	.088
PERSONAL INCOME	-1.26	-.205	.038	.161	.086
FUNCTIONAL HEALTH	-.209	-.126	.014	.175	.0009
SELF REPORTED HEALTH	-.630	-.059	.003	.178	.0009
TOTAL CRIME RATE	-3.274	-.020	.0003	.1783	.002

m-personal mastery entered into equation first
**p < .01

	B	BETA	R^2	R^2Total	R^2m
PERSONAL MASTERY	.664	.350**	.123	.123	.100
PERSONAL INCOME	-1.26	-.205	.038	.161	.086
FUNCTIONAL HEALTH	-.209	-.126	.014	.175	.001
SELF REPORTED HEALTH	.368	.034	.0009	.1759	.0009
RESIDENTIAL BURGLARY	129.270	-.123	.014	.1899	.001

m-personal mastery entered into equation first
**p < .01

	B	BETA	R^2	R^2Total	R^2m
PERSONAL MASTERY	.664	.350 **	.123	.123	.045
PERSONAL INCOME	-1.26	-.205	.038	.161	.046
FUNCTIONAL HEALTH	-.174	-.105	.009	.170	.009
SELF REPORTED HEALTH	-.700	-.065	.003	.173	.004
STREET ROBBERY	270.479	.148	.017	.190	.088

m-personal mastery entered into equation first
**p < .01

TABLE 10
(Cont.)

PREDICTION OF FEAR OF CRIME IN WOMEN

	B	BETA	R^2	R^2 Total	R^2 m
PERSONAL MASTERY	.664	.350**	.123	.123	.072
PERSONAL INCOME	-1.26	-.205	.038	.161	.086
FUNCTIONAL HEALTH	-.202	-.122	.013	.174	.001
SELF REPORTED HEALTH	-.523	-.049	.002	.176	.001
AGGRAVATED ASSAULT	241.289	.125	.014	.190	.030

m-personal mastery entered into equation first
**p < .01