# A Momentary Exposures Analysis of Proximity to Alcohol Outlets and Risk for Assault 

Christopher N. Morrison ${ }^{1,2}$, Beidi Dong ${ }^{1}$, Charles C. Branas ${ }^{1}$, Therese S. Richmond ${ }^{3}$, and Douglas J. Wiebe ${ }^{1}$<br>${ }^{1}$ Department of Biostatistics and Epidemiology, Perelman School of Medicine, Penn Injury Science Center, University of Pennsylvania, Philadelphia PA<br>${ }^{2}$ Department of Epidemiology and Preventive Medicine, Monash University, Melbourne VIC 3004, Australia<br>${ }^{3}$ Department of Biobehavioral Health Sciences, School of Nursing, Penn Injury Science Center, University of Pennsylvania, Philadelphia PA


#### Abstract

Aims-This study estimated, with high spatial and temporal specificity, individuals' risk of being assaulted relative to their momentary proximity to alcohol outlets during daily activities.

Design-Case-control study. Setting-Philadelphia, Pennsylvania, USA. Participants-Cases were 194 non-gun assault victims and 135 gun assault victims aged between 10 and 24 years. Age-matched controls ( $\mathrm{n}=274$ ) were selected using random-digit dialing.

Measurements-Participants described minute-by-minute movements (i.e. activity paths) over the course of the day of the assault (cases) or a recent randomly selected day within three days of interview (controls). The dependent measure was being an assault case compared with a nonassault control. The main independent measures were participants' momentary proximity to alcohol outlets. The units of analysis were 10 -minute segments beginning at 4 a.m.

Findings-Proximity to bars and restaurants was associated with decreased odds of non-gun assault before 1 pm (e.g. 7 am to $9: 59$ a.m.: $\mathrm{OR}=0.78 ; 95 \% \mathrm{CI}: 0.64,0.94 ; \mathrm{p}=0.008$ ), and increased odds after 7pm (e.g. 1am to 3:59am: $\mathrm{OR}=1.96 ; 95 \% \mathrm{CI}: 1.24,3.09 ; \mathrm{p}=0.004$ ). Proximity to beer stores was associated with increased odds before 1 pm (e.g. 7am to 9:59am: OR $=2.34 ; 95 \%$ CI: $1.58,3.46 ; \mathrm{p}=<0.001$ ) and from 4 pm to $6: 59 \mathrm{pm}(\mathrm{OR}=1.50 ; 95 \% \mathrm{CI}: 1.14$, $1.96 ; \mathrm{p}=0.004$ ), but decreased odds after 7 pm (e.g. 1am to $3: 59 \mathrm{am}$ : $\mathrm{OR}=0.28 ; 95 \% \mathrm{CI}: 0.12$, $0.63 ; \mathrm{p}=0.002$ ). Proximity to alcohol outlets was mostly unrelated to risks for gun assault.


[^0]Conclusions-Individuals in areas with greater densities of bars and restaurants and beer stores appear to be increased risk for non-gun assault at times when these outlets are likely to be most heavily patronized.

## Keywords

Alcohol outlets; outlet density; assault; violence; individual; gun; firearm; case-control

## Introduction

Ecological studies suggest assaults occur with greater frequency in areas with greater concentrations of alcohol outlets (1,2). Evidence is available across geographic locations, at different spatial scales, and in both cross-sectional and longitudinal studies (3-7), and results are consistent with theories regarding the physical availability of alcohol, its consumption, and related problems within populations (8-10). Collectively, these studies support the strong claim that reducing aggregate densities of alcohol outlets will reduce aggregate incidence of assault in populations (11).

Whether these ecological relationships apply to individuals is unclear. Very few studies assess individuals' risks of being assaulted relative to local densities of alcohol outlets (i.e. their "physical exposure" to alcohol outlets). Those that are available provide mixed results (12-15). There are clear methodological and theoretical explanations for these inconclusive findings. First, imprecise assessment of physical exposure (e.g. counts of outlets within distance buffers around participants' homes) may lead to measurement error. Second, routine activities theory (16) suggests most criminal acts require convergence in space and time of motivated offenders, suitable targets and the absence of capable guardians (16). Because human activity is constrained by biological and social factors, relative densities of offenders, victims, and guardians are likely to vary over time at specific places (17). Thus, individuals' risk of being assaulted relative to local alcohol outlet density may not be uniform throughout the day. To address these key methodological and theoretical limitations, this study assesses whether individuals are at increased risk of being assaulted when they are physically located in areas with more alcohol outlets, and whether risks differ by time of day.

## Individual-Level Studies

Three systematic reviews $(1,2,18)$ identify very few individual-level studies that relate alcohol outlets to assault risk. Two studies $(13,14)$ describe cross-sectional analyses of survey data in which physical exposure to alcohol outlets was calculated by combining the spatial locations of participants' homes with spatial locations of alcohol outlets. Using data from a sample of residents aged 18 to 65 from Los Angeles and Southern Louisiana, Theall et al. (13) calculated the count of outlets within a 1-mile buffer of respondents' homes and the distance to the nearest outlet. Experiencing violence (defined as hearing or witnessing violence or being assaulted) was positively related to off-premise outlet counts, but all cause injury risk was not. Similarly, using data from a telephone survey of residents aged $\geq 18$ years in two states, Treno et al. (14) found counts of both on-premise and off-premise outlets within a 2 km buffer around respondents' residences were related to all-cause injury risk.

Other studies have used similar approaches to relate alcohol outlet density to outcomes other than assault, including alcohol-related aggression (19), driving after drinking (20), alcohol consumption (e.g. 21-23), and mortality (24). For example, in a multi-level cross-sectional analysis of students from eight colleges, Weitzman et al. (25) found that on-campus residence at a college with greater proximity to alcohol outlets was associated with more problems related to students' drinking. Nevertheless, these studies of individuals may be affected by measurement error. Because people routinely move through space over time, static measures such as the number of alcohol outlets around a person's home may not reflect their actual physical exposure to outlets $(26,27)$.

## Advances in Study Methods

In recent years, there have been substantial advances in methods used to assess physical exposure to neighborhood features in the areas where study participants spend time (known as "activity spaces") (28). Using survey methods $(29-35)$ or GPS tracking $(36,37)$ to approximate participants' routine movements, physical exposures are measured within polygons that capture each persons' unique activity space. This approach provides greater spatial specificity compared to measures based on home location alone $(36,37)$.

Two individual-level studies from our group have used a variant of activity spaces ("activity paths") to examine relationships between assault risks and physical exposure to alcohol outlets with high spatial and temporal specificity. The first (12) was a case-control study of adults comparing the neighborhoods in which cases were assaulted with a gun to the neighborhoods in which controls were located at the same time of day. Aggregated over the course of the day, risks for gun violence were higher when participants were located in areas with more off-premise outlets. The second (15) combined interviewer prompts with live electronic data collection using a Geographic Information System (GIS) to capture the activity paths of adolescents and young adults over a single day. The study was both a casecontrol and a case-crossover study of non-gun and gun assaults, comparing both momentary proximity to alcohol outlets and other neighborhood features between cases and controls (case-control) and within cases (case-crossover). Aggregated over the course of the day, there was no detectable association between assault risk and momentary proximity to alcohol outlets (i.e., combining on-premise, off-premise outlets, as well as other neighborhood features in a factor scale).

## Study Aims

The aim of this study was to assess whether and how physical exposure to alcohol outlets (time spent nearby alcohol outlets) is related to assault risk for individuals, and whether relationships differed across times of day. To do so we conducted a secondary analysis of data from our GIS-assisted case-control study (15). Guided by routine activities theory, we hypothesized that individuals' risk of being assaulted would be greatest when they were in greater proximity to alcohol outlets at times when the outlets were most heavily patronized and were would be most likely to attract or generate motivated offenders (e.g. at night for bars and restaurants) (38).

## Methods

## Study Design

The Space-Time Adolescent Risk Study (STARS) was a case-control study conducted among young people aged 10 to 24 in Philadelphia, Pennsylvania.

## Study Sample

Eligible cases were patients aged 10 to 24 presenting to the Emergency Departments of the Hospital of the University of Pennsylvania or the Children's Hospital of Philadelphia for treatment of a non-gun assault ( $\mathrm{n}=194$ ) or gun assault $(\mathrm{n}=135)$ injury. Eligible non-gun assaults were patients admitted for treatment of a traumatic injury which they self-reported was intentionally inflicted by another person with or without a non-gun weapon; gun assaults were patients admitted for treatment of a traumatic injury which they self-reported was inflicted by another person with a gun. Age-matched controls $(\mathrm{n}=274)$ were selected using random digit dialing among residents of the 12 ZIP code catchment area for the hospitals (response rate: $57.1 \%$ ). The required sample size for this study was calculated for analyses examining aggregate relationships between assault risk and physical exposure to all alcohol outlets over participants' entire days. Because this secondary analysis disaggregates by time of day and alcohol outlet type, results may be biased towards null.

## Data Collection

The materials and methods for STARS have been described in detail previously (15). Briefly, a trained interviewer administered a GIS-assisted survey to cases and controls in the hospital, at the research office, or in participants' homes. The survey assessed demographics, general health, and perceptions of their residential neighborhood. Participants chronologically described their minute-by-minute locations and activities for the day of the assault (cases) or a randomly selected day from among the three days prior to the interview (controls). Interviewers sat side-by-side with participants while looking at a shared computer screen. Data were entered into a custom GIS-based software package that collected the latitude and longitude coordinates and time of participants' movements. For each point in time at which their activities or location changed, participants described their current activities (free text), whether an adult family member was present (dichotomous), whether a peer was present (dichotomous), mode of transport (on foot, in vehicle, or other), and whether they were in possession of alcohol (dichotomous). We also identified weekend hours (from sunset on Friday to 11:59pm Sunday) and times when participants were at home.

## Measures of Proximity to Alcohol Outlets

For the current study, we divided each participant's one-day data into ten-minute segments beginning at 4:00am (e.g., 4:00 to 4:09am). The latitude and longitude at the start of each segment described participants' geographic locations for the following ten minutes (Figure 1a). In total, there were 10,808 segments for the non-gun cases, 8,989 segments for the gun assault cases, and 24,077 segments for the controls. We then estimated spatially and
temporally specific proximity to alcohol outlets and other neighborhood features for each segment.

The main independent variable was proximity to alcohol outlets. The Pennsylvania Liquor Control Board issues three classes of retail alcohol license relevant to this study. Restaurant Licenses permit beer, wine and liquor sales for on-premise consumption (hereafter, "bars and restaurants"). Eating Place licenses permit the sale of beer for on-premise consumption with a meal and for off-premise consumption provided sales are not in single containers ("beer stores"). Off-premise sales of wine and liquor are limited to government monopoly off-premise outlets located throughout the state ("liquor stores"). To construct raster layers describing continuous densities of the city's 427 bars and restaurants, 1056 beer stores, and 634 liquor stores, we spatially smoothed these data using kernel density estimation (Figure $1 \mathrm{~b}, 1 \mathrm{c}$ and 1 d$)$. We then spatially joined these raster data to the points representing the beginning of each ten-minute segment. Given the high spatial precision of our data, we considered this a better approach than taking values aggregated within arbitrary administrative units (e.g. Census block groups). The three resulting variables describing proximity to alcohol outlets were heavily positively skewed ( $0.89 \leq$ skewness $\leq 6.25$ ). We calculated their natural logarithm to reduce the likelihood that the extreme high values would inordinately influence results.

## Other Independent Measures

We collected key demographic characteristics and behavioral indicators that could be related both to participants' physical exposure to alcohol outlets and to risk for assault, and may therefore confound relationships (e.g. whether they had ever carried a gun).

Neighborhood characteristics may also be related both to assault risk and to alcohol outlet density. Data to describe 26 neighborhood characteristics were obtained from four sources: Census 2010 data described demographic characteristics for the local resident population within Census block groups; tax parcel data from Philadelphia described land use; the 2008 Southeastern Pennsylvania Household Survey (39) described local population characteristics; and participant responses described perceptions of local areas. Similar to the approach for alcohol outlets, these spatially referenced data were converted to raster layers using kernel density estimation for point data and inverse distance weighting based on the centroids of polygon data. In a factor analysis, 23 characteristics loaded onto five factors: (i) neighborhood connectedness, (ii) income, (iii) vacancy, vandalism, violence, (iv) emergency services, and (v) race/ethnicity. The composition of these scales is described in a previous paper (15). The three variables not captured in the factor scales but included as independent variables in the current analysis were commercial land use (to account for the possibility that alcohol outlets mark for physical exposure to retail areas), population density (possibly representing guardianship) and the density of middle/high schools (also representing guardianship).

## Statistical Analyses

The units of analysis were the ten-minute segments nested within eight uniformly defined three-hour time phases (e.g. 4am to 6:59am). Two conditional logistic regression models
estimated the (i) overall odds of non-gun assault compared to controls, or (ii) the overall odds of gun assault compared to controls. Both models included a fixed effect for the time phase, such that exposures for cases were compared to controls within the same three-hour period. This approach partially controlled for the possibility that segments were autocorrelated within participants. All independent variables describing physical exposure to alcohol outlets, neighborhood conditions, and other behavioral and temporal characteristics were included in both models. Analyses included all segments for the controls, but only the final observation before the assault for cases. Gun assault cases were dropped from the nongun assault model, and non-gun cases were dropped from the gun assault model. This procedure produced an overall estimate (i.e. aggregated over the whole day) of the odds ratio and $95 \%$ confidence interval for non-gun and gun assault per unit increase in physical exposure to alcohol outlets.

We then conducted separate logistic regression models within each time phase, dropping cases whose assault event occurred outside the three-hour window. We thus produced time-of-day specific estimates for the relationships between proximity to alcohol outlets and the odds of assault. Given that proximity to alcohol outlets was calculated from the kernel density estimate then log transformed, individual parameter estimates are not easily interpretable, but the direction of the association and comparison within outlet types across day phases is informative.

Spatial data management was performed using ArcGIS v10.1 (40). Parameters for the regression models were estimated using Stata v14 (41).

## Specification Tests

We conducted several specification tests to reduce the likelihood that observed relationships were artefacts of model construction. First, after comparing individual-level participant characteristics for cases vs. controls using Students $t$-test for continuous measures and Chisquare tests for categorical measures, we adjusted our main effects analyses for variables where the groups differed systematically. Second, a correlation matrix for the logged alcohol outlet variables demonstrates that these measures were moderately collinear (Table 1). After systematically removing one and then two of the alcohol outlet variables, we repeated the conditional logistic regression and the logistic regression models. Finally, we then tested alternate time-phases (e.g., two-hour periods, four-hour periods), and further stratified the analyses by age ( $<$ or $\geq 18$ ).

## Results

Participant characteristics are presented in Table 2. Non-gun and gun cases were systematically different compared to controls based on age, sex, race/ethnicity, and some indicators of risk (e.g. $28.2 \%$ gun assault cases had ever carried a gun vs. $16.0 \%$ controls).

Counts of non-gun and gun assaults within time phases are presented in Table 3. The low incidence ( $\leq 2$ cases) of gun assaults during the 7am to 10:59am phase and of both assault types during the 4 am to $6: 59 \mathrm{am}$ phase prevented estimation of relationships during these periods. Results of the conditional logistic regression models are presented in Table 4.

Greater liquor store density was related to increased odds of non-gun assault. There was no relationship for bars and restaurants or for beer stores. Being in an area with lower neighborhood connectedness, higher income, and more vacancy, vandalism, and violence was associated with increased odds of non-gun assault. Being on foot, away from home, possessing alcohol, and being younger were also related to increased odds. By contrast, the gun assault analysis shows a negative relationship with greater proximity to liquor stores. There was no association for bars and restaurants or beer stores.

Figure 2 shows the odds ratio and $95 \%$ confidence intervals for the associations between non-gun and gun assaults and densities of bars and restaurants, beer stores, and liquor stores (adjusted for the same covariates as the overall analyses). Results are presented within the three-hour time strata. From 7am to $12: 59$ pm, greater proximity to bars was associated with decreased odds of non-gun assault. From 1 pm to $6: 59 \mathrm{pm}$ there was no association, but from 7 pm to $12: 59 \mathrm{am}$, relationships were positive. Point estimates increase steadily throughout the day. By comparison, the trend for the odds of non-gun assault related to proximity to beer stores was approximately reversed. Relationships were positive in the morning and early afternoon, mixed between 1 pm and $6: 59 \mathrm{pm}$, and negative thereafter. Proximity to liquor stores was positively related to non-gun assault only between 10 pm and 12:59am. As in the overall analysis, proximity to alcohol outlets was mostly unrelated to gun assaults within time strata, with a few isolated exceptions (e.g. relationships were positive for bars and restaurants between 4 pm and $6: 59 \mathrm{pm}$ ).

Results of the specification tests were substantively similar to the results of the main effects models reported here. Adjusting for the individual-level variables on which cases were systematically different from controls (Table 2) did not materially affect results.

## Discussion

This study provides evidence that increased risk for non-gun assault is specific to the time and place of physical exposure to alcohol outlets for adolescents and young adults, and that relationships differ by time of day. Being in a neighborhood with a greater concentration of bars and restaurants was associated with increased assault risk in evening and nighttime hours (after 7 pm ), peaking between 1am and 3:59am; whereas being in a neighborhood with greater concentration of beer stores was associated with increased assault risk during daytime hours ( 7 am to $12: 59 \mathrm{pm}$, and 4 pm to $6: 59 \mathrm{pm}$ ). Proximity to alcohol outlets was mostly unrelated to risks for gun assaults.

The findings for non-gun assaults are consistent with our expectations based on routine activities theory (16). The times of day at which study participants (representing suitable targets) were exposed to more bars and restaurants and were at greatest risk for assault corresponds with the peak times for these establishments (i.e. most likely their busiest times and patron intoxication at its greatest). Alcohol consumption is related to increased aggression (42), and people who exhibit more aggression and hostility prefer to drink in bars $(19,43)$; therefore, it is possible that during later hours, bars and restaurants may either generate violence, attract people more likely to perpetrate violence, or both $(44,45)$. Either mechanism will lead to the presence of more motivated offenders in the local area. Finally,
there may be fewer capable guardians later at night $(16,46)$. Thus, the three theoretical conditions for producing increased risks for assault are met.

Similarly, beer stores are more active during the day, typically operating between 9am and approximately 7 pm to 10 pm in Philadelphia (17). Meetings between suitable targets and motivated offenders proximate to these outlets are therefore more likely during daytime hours. The reduced odds of assault while near bars in the morning and beer stores at night may be due to fewer motivated offenders near these establishments when they are closed (12). The potentially attractive or generative effects of government liquor stores for motivated offenders may be mitigated by real or perceived increased guardianship. The mostly null findings for gun assaults suggest that proximity to alcohol outlets is not a major contributor to these comparatively rare and potentially more serious events among adolescents and young adults.

Our results may explain the mixed findings reported in previous individual-level studies, including our own. Prior survey studies used relatively imprecise measures of physical exposure to alcohol outlets $(13,14)$. Our own previous analyses estimated overall relationships between momentary proximity to outlets and assault risk aggregated across times of day, or included alcohol outlets in a composite measure with additional neighborhood variables $(12,15)$. We also previously used non-comparable samples (adults vs. adolescents and young adults). In contrast, the approach we took to the current analysis enabled us to assess relationships with high spatial and temporal specificity across different times of day. Disentangling relationships between individuals who move through time and space and outlets that attract or generate different risks over time may require such an approach. Comparing results of our overall analyses with results of our stratified analyses clearly illustrates this point (Figure 2). Parameter estimates for the conditional logistic regression models aggregated out the distinct signatures evident within the time strata. In that light, results of individual-level studies that do not provide this high degree of precision should be interpreted very cautiously.

Despite the many strengths of our design, there are some limitations. First, selecting nongun and gun assault cases within Philadelphia produced a sample of mostly black young men from lower income areas. We were not able to examine relationships for women, older people, or for people from other racial/ethnic groups. Neighborhood exposures for these groups or for people from higher income areas may be associated with assault risk in different ways. Second, available alcohol outlet data enabled us to disaggregate alcohol outlets into only three types. Bars and restaurants were considered as like units, but activities and alcohol use in these establishments differ (38); relationships to assault risk are likely to differ. Third, cases and controls may not be exchangeable on all characteristics related to assault risk. Adjusting for individual-level characteristics that we knew differed between cases and controls did not materially affect our results, but some confounding from unmeasured variables may have occurred. Finally, perpetrating an assault is a very strong predictor of being assaulted (47). If offenders were systematically more likely to be physically exposed to alcohol outlets, results may be biased.

This study represents an important advance in the collective understanding of relationships between physical exposure to alcohol outlets and assault risks for individuals. Risks for nongun assault increase when individuals are in neighborhoods with more bars and restaurants during evening and nighttime hours, and when they are in areas with more beer stores during daytime hours. These results complement the findings presented in numerous ecological studies that identify relationships between aggregate concentrations of alcohol outlets and aggregate incidence of non-gun assault (1,2), and may help explain the mixed findings contained in the few prior individual-level studies (12-15). Although analyses should be replicated in other geographic areas with different population groups, these findings provide evidence that avoiding areas with high outlet density at times when the outlets are most heavily patronized may decrease risks for non-gun assault for individuals. Reducing densities of alcohol outlets within neighborhoods may have similar effects.

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## References

1. Popova S, Giesbrecht N, Bekmuradov D, Patra J. Hours and days of sale and density of alcohol outlets: impacts on alcohol consumption and damage: A Systematic Review. Alcohol Alcoholism. 2009; 44:500-516. [PubMed: 19734159]
2. Campbell CA, Hahn RA, Elder R, Brewer R, Chattopadhyay S, Hahn RA, et al. The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcoholrelated harms. Am J Prev Med. 2009; 37:556-569. [PubMed: 19944925]
3. Gruenewald PJ, Remer L. Changes in outlet densities affect violence rates. Alcohol Clin Exp Res. 2006; 30:1184-93. [PubMed: 16792566]
4. Livingston M. A longitudinal analysis of alcohol outlet density and assault. Alcohol Clin Exp Res. 2008; 32:1074-1079. [PubMed: 18445114]
5. Livingston M. Alcohol outlet density and assault: a spatial analysis. Addiction. 2008; 103:619-628. [PubMed: 18339106]
6. Mair C, Gruenewald P, Ponicki W, Remer L. Varying impacts of alcohol outlet densities on violent assaults: explaining differences across neighborhoods. J Stud Alcohol Drugs. 2013; 74:50-8. [PubMed: 23200150]
7. Scribner RA, MacKinnon DP, Dwyer JH. The risk of assaultive violence and alcohol availability in Los Angeles County. Am J Public Health. 1995; 85:335-340. [PubMed: 7892915]
8. Gruenewald PJ. The spatial ecology of alcohol problems: niche theory and assortative drinking. Addiction. 2007; 102:870-8. [PubMed: 17523980]
9. Babor, T.; Caetano, R.; Casswell, S.; Edwards, G.; Giesbrecht, N.; Graham, K., et al. Alcohol: No Ordinary Commodity: Research and Public Policy. 2nd. Oxford, UK: Oxford University Press; 2010.
10. Stockwell, T.; Gruenewald, PJ. Controls on the physical availability of alcohol. In: Heather, N.; Stockwell, T., editors. The Essential Handbook of Treatment and Prevention of Alcohol Problems. New York: John Wiley; 2004. p. 213-234.
11. Anderson P, Chisholm D, Fuhr DC. Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. Lancet. 2009; 373:2234-46. [PubMed: 19560605]
12. Branas CC, Elliott MR, Richmond TS, Culhane DP, Wiebe DJ. Alcohol consumption alcohol outlets and the risk of being assaulted with a gun. Alcohol Clin Exp Res. 2009; 33:906-915. [PubMed: 19320627]
13. Theall KP, Scribner R, Cohen D, Bluthenthal R, Matthias S, Lynch S, et al. The neighborhood alcohol environment and alcohol-related morbidity. Alcohol Alcoholism. 2009; 44:491-499. [PubMed: 19671569]
14. Treno AJ, Gruenewald PJ, Johnson FW. Alcohol availability and injury: the role of local outlet densities. Alcohol Clin Exp Res. 2001; 25:1467-1471. [PubMed: 11696666]
15. Wiebe DJ, Richmond TS, Guo W, Allison PD, Hollander JE, Nance ML, et al. Mapping activity patterns to quantify risk of violent assault in urban environments. Epidemiology. 2016; 27:32-41. [PubMed: 26414941]
16. Cohen LE, Felson M. Social change and crime rate trends: a routine activity approach. Am Sociol Rev. 1979; 44:588-608.
17. Haberman CP, Ratcliffe JH. Testing for temporally differentiated relationships among potentially criminogenic places and census block street robbery counts. Criminology. 2015; 53:457-483.
18. Gmel G, Holmes J, Studer J. Are alcohol outlet densities strongly associated with alcohol-related outcomes? A critical review of recent evidence. Drug Alcohol Rev. 2015; 35:40-54.
19. Treno AJ, Gruenewald PJ, Remer LG, Johnson F, LaScala EA. Examining multi-level relationships between bars hostility and aggression: social selection and social influence. Addiction. 2008; 103:66-77. [PubMed: 18028523]
20. Treno AJ, Grube JW, Martin SE. Alcohol availability as a predictor of youth drinking and driving: a hierarchical analysis of survey and archival data. Alcohol Clin Exp Res. 2003; 27:835-840. [PubMed: 12766629]
21. Scribner R, Mason K, Theall K, Simonsen N, Schnieder SK, Towvim LG, et al. The contextual role of alcohol outlet density in college drinking. J Stud Alcohol Drugs. 2008; 69:112-120. [PubMed: 18080071]
22. Scribner RA, Cohen DA, Fisher W. Evidence of a structural effect for alcohol outlet density: a multilevel analysis. Alcohol Clin Exp Res. 2000; 24:188-195. [PubMed: 10698371]
23. Huckle T, Huakau J, Sweetsur P, Huisman O, Casswell S. Density of alcohol outlets and teenage drinking: living in an alcogenic environment is associated with higher consumption in a metropolitan setting. Addiction. 2008; 103:1614-1621. [PubMed: 18821871]
24. Spoerri A, Zwahlen M, Panczak R, Egger M, Huss A. Alcohol-selling outlets and mortality in Switzerland—the Swiss National Cohort. Addiction. 2013; 108:1603-1611. [PubMed: 23668470]
25. Weitzman ER, Folkman A, Folkman KL, Wechsler H. The relationship of alcohol outlet density to heavy and frequent drinking and drinking-related problems among college students at eight universities. Health Place. 2003; 9:1-6. [PubMed: 12609468]
26. Kwan MP. Gender and individual access to urban opportunities: a study using space-time measures. Prof Geogr. 1999; 51:210-227.
27. Basta LA, Richmond TS, Wiebe DJ. Neighborhoods daily activities and measuring health risks experienced in urban environments. Soc Sci Med. 2010; 71:1943-1950. [PubMed: 20980088]
28. Gesler, WM.; Albert, DP. How spatial analysis can be used in medical geography. In: Albert, DP.; Gesler, WM.; Levergood, B.; Chealsea, MI., editors. Spatial Analysis GIS and Remote Sensing Applications in the Health Sciences. Ann Arbor, MI: Ann Arbor Press; 2000. p. 11-38.
29. Mason M, Cheung I, Walker L. substance use social networks and the geography of urban adolescents. Subst Use Misuse. 2004; 39:1751-1777. [PubMed: 15587950]
30. Mason MJ, Korpela K. Activity spaces and urban adolescent substance use and emotional health. J Adolescent Health. 2009; 32:925-39.
31. Freisthler B, Thomas CA, Curry SR, Wolf JP. An alternative to residential neighborhoods: an exploratory study of how activity spaces and perception of neighborhood social processes relate to maladaptive parenting Child. Youth Care For. 2015; 45:259-277.
32. Crawford TW, Pitts SBJ, McGuirt JT, Keyserling TC, Ammerman AS. Conceptualizing and comparing neighborhood and activity space measures for food environment research. Health Place. 2014; 30:215-225. [PubMed: 25306420]
33. Gesler WM, Meade MS. Locational and population factors in health care-seeking behavior in Savannah, Georgia. Health Serv Res. 1988; 23:443-462. [PubMed: 3403277]
34. Sherman JE, Spencer J, Preisser JS, Gesler WM, Arcury TA. A suite of methods for representing activity space in a healthcare accessibility study Int. J Health Geogr. 2005; 4:24-24.
35. Jones M, Pebley AR. Redefining neighborhoods using common destinations: social characteristics of activity spaces and home census tracts compared. Demography. 2014; 51:727-752. [PubMed: 24719273]
36. Lipperman-Kreda S, Morrison C, Grube JW, Gaidus A. Youth activity spaces and daily exposure to tobacco outlets. Health Place. 2015; 34:30-33. [PubMed: 25879915]
37. Byrnes HF, Miller BA, Wiebe DJ, Morrison CN, Remer LG, et al. Tracking adolescents with Global Positioning System-enabled cell phones to study contextual exposures and alcohol and marijuana use: a pilot study. J Adolescent Health. 2015; 57:245-247.
38. Morrison C, Mair CF, Lee JP, Gruenewald PJ. Are barroom and neighborhood characteristics independently related to local-area assaults? Alcohol Clin Exp Res. 2015; 39:2463-2470. [PubMed: 26756799]
39. Public Health Management Corporation. Southeastern Pennsylvania Household Health Survey. PHMC; Philadelphia, PA: 2008.
40. ESRI. ArcGIS Desktop: Release 10.1. Redlands CA: Environmental Systems Research Institute; 2011.
41. StataCorp. Stata Statistical Software: Release 14. College Station TX: StataCorp LP; 2015.
42. Bushman BJ. Effects of alcohol on human aggression: Validity of proposed explanations. Recent Developments in Alcoholism. 1997; 13:227-243. [PubMed: 9122497]
43. Quigley B, Leonard K, Collins RL. Characteristics of violent bars and bar patrons. J Stud Alcohol Drugs. 2003; 64:765-772.
44. Parker RN. The effects of context on alcohol and violence. Alcohol Health Res World. 1993; 17:117-22.
45. Parker, RN.; Rebhum, LA. Alcohol and Homicide: A Deadly Combination of Two American Traditions. New York: State University of New York Press; 1995.
46. Felson, M.; Boba, RL. Crime and Everyday Life. 4th. Thousand Oaks, CA: Sage; 2010.
47. Averdijk M, Bernasco W. Testing the situational explanation of victimization among adolescents. J Res Crime Delinq. 2015; 52(2):151-180.


Figure 1. Spatial data management


Figure 2. Parameter estimates for logistic regression models assessing odds of assault, stratified by time of day phases

Table 1
Correlation between alcohol outlet exposure variables (natural logarithm) for ten-minute segments

|  | $\ln$ (Bars and Restaurants) | $\ln$ (Beer Stores) | $\ln$ (Liquor Stores) |
| :--- | :---: | :---: | :---: |
| $\ln$ (Bars and Restaurants) | 1.000 |  |  |
| $\ln$ (Beer Stores) | 0.565 | 1.000 |  |
| $\ln$ (Liquor Stores) | 0.272 | 0.387 | 1.000 |

Table 2

## Participant characteristics

|  | Non-Gun Assaults ( $\mathrm{n}=194$ ) | Gun assaults ( $\mathrm{n}=135$ ) | Controls ( $\mathrm{n}=274$ ) |
| :---: | :---: | :---: | :---: |
| Age (mean [SD]) | 15.9 [0.3]* | 19.5 [0.3]* | 17.8 [0.2] |
| Male | 175 (90.2) * | 123 (91.1)* | 274 (100.0) |
| Race/Ethnicity |  |  |  |
| Black (\%) | 170 (87.6)* | 122 (90.4)* | 268 (97.8) |
| White (\%) | 15 (7.7) * | 1 (0.7) * | 3 (1.1) |
| Hispanic (\%) | 3 (1.6)* | 1 (0.7)* | 0 (0.0) |
| Grades received in school |  |  |  |
| A s and Bs | 93 (48) | 43 (34.1) | 123 (45.1) |
| Bs and Cs | 106 (56.0) | 78 (61.9) | 153 (56.0) |
| Cs and Ds | 32 (25.4) | 32 (25.4) | 58 (21.3) |
| Ds and Fs | 12 (6.2) | 10 (7.9) | 19 (7.0) |
| Wear seatbelt most of time or always (\%) |  |  |  |
| Never | 19 (9.8) | 21 (16.7) | 33 (12.1) |
| Rarely | 19 (10.0) | 22 (17.5) | 34 (12.5) |
| Sometimes | 64 (33.0) | 46 (36.5) | 90 (33.1) |
| Most of the time | 32 (16.5) | 18 (14.3) | 52 (19.1) |
| Always | 60 (31.0) | 19 (15.1) | 63 (23.2) |
| Ever choose path based on safety (\%) | 80 (75.5) * | 69 (71.1) | 120 (74.1) |
| Change direction because route seems unsafe (\%) |  |  |  |
| Daily | 65 (34.0) | 40 (32.5) | 95 (35.2) |
| Weekly | 33 (17.3) | 29 (23.6) | 74 (27.4) |
| Monthly | 45 (23.6) | 23 (18.7) | 53 (19.6) |
| Never | 48 (17.8) | 31 (25.2) | 48 (17.8) |
| Ever been jumped (\%) | 137 (71.0) | 69 (55.2) | 154 (56.4) |
| Ever in fistfight (\%) | 184 (95.3) | 118 (93.7) | 250 (91.6) |
| Know someone in jail or prison (\%) | 88 (83.8) | 83 (84.7) | 140 (87.5) |
| Ever been in jail or prison (\%) | 13 (37.1) | 41 (53.3)* | 26 (29.2) |
| Ever been on juvenile probation (\%) | 40 (20.7) | 67 (53.2)* | 48 (17.6) |
| Ever been shot (\%) | 7 (3.6) | 20 (15.8)* | 11 (4.0) |
| Ever carried a weapon (\%) | 50 (25.8) | 60 (47.6) | 107 (39.2) |
| Ever carried a gun (\%) | 19 (9.8) | 38 (28.1)* | 44 (16.0) |
| Could get a gun (\%) | 69 (35.9) * | 66 (53.2) | 158 (58.3) |
| Drank alcohol in past 30 days (\%) | 39 (20.1)* | 46 (36.5) | 90 (33.6) |
| Smoked marijuana in past 30 days (\%) | 35 (18.1) | 50 (39.7)* | 62 (23.2) |
| Ever sold drugs (\%) | 30 (15.7) | 33 (26.4)* | 45 (16.5) |
| Neighborhood environment scale (mean [SD]) | 0.52 [0.2] | 0.51 [0.2] | 0.49 [0.2] |
| Things I have seen and heard scale (mean [SD]) | 0.48 [0.2] | 0.59 [0.2]* | 0.51 [0.2] |


|  | Non-Gun Assaults $(\mathbf{n}=\mathbf{1 9 4})$ | Gun assaults $(\mathbf{n}=\mathbf{1 3 5})$ | Controls $(\mathbf{n}=\mathbf{2 7 4})$ |
| :--- | :---: | :---: | :---: |
| Generalized self-efficacy (mean [SD]) | $0.80[0.1]^{*}$ | $0.84[0.1]$ | $0.84[0.1]$ |

*haracteristics for cases differ compared to controls, p < 0.05, assessed using Students t-test for continuous measures, and chi-square tests for trend for categorical measures

Nb . Characteristics for this sample previously reported in Wiebe, et al (15).

Table 3
Time of day at which assault events occurred

| Event Time | Non-Gun Assaults | Gun Assaults |
| :--- | :---: | :---: |
| $7 \mathrm{am}-9: 59 \mathrm{am}$ | 21 | 2 |
| $10 \mathrm{am}-12: 59 \mathrm{pm}$ | 21 | 10 |
| $1 \mathrm{pm}-3: 59 \mathrm{pm}$ | 52 | 11 |
| $4 \mathrm{pm}-6: 59 \mathrm{pm}$ | 31 | 19 |
| $7 \mathrm{pm}-9: 59 \mathrm{pm}$ | 32 | 41 |
| 10pm - 12:59am | 22 | 37 |
| 1am - 3:59am | 15 | 14 |
| 4am - 6:59am | 0 | 1 |
| Total | $\mathbf{1 9 4}$ | $\mathbf{1 3 5}$ |

Conditional logistic regression model for odds of being assaulted (ten-minute segments nested within three-hour time of day phases)

|  | Non-Gun Assaults |  |  |  | Gun Assaults |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | OR | (95\% | CI) | p-value | OR | (95\% | CI) | p-value |
| Alcohol Outlets |  |  |  |  |  |  |  |  |
| Restaurant Licenses (ln) | 1.103 | (0.985, | 1.236) | 0.090 | 1.105 | (0.978, | 1.249) | 0.109 |
| Beer Stores (ln) | 0.966 | (0.750, | 1.243) | 0.786 | 0.959 | (0.774, | 1.189) | 0.705 |
| Liquor Stores (1n) | 1.136 | (1.103, | 1.170) | <0.001 | 0.723 | (0.622, | 0.841) | <0.001 |
| Neighborhood Characteristics |  |  |  |  |  |  |  |  |
| Neighborhood Connectedness (factor scale) | 0.826 | (0.726, | 0.939) | 0.004 | 0.741 | (0.699, | 0.786) | <0.001 |
| Income (factor scale) | 1.197 | (1.040, | 1.378) | 0.012 | 1.095 | (0.815, | 1.469) | 0.548 |
| Vacancy, Vandalism, Violence (factor scale) | 1.672 | (1.318, | 2.122) | <0.001 | 2.644 | (1.681, | 4.160) | <0.001 |
| Emergency Services (factor scale) | 1.013 | (0.680, | 1.510) | 0.949 | 1.217 | (1.108, | 1.336) | <0.001 |
| Race/Ethnicity (factor scale) | 1.142 | (0.982, | 1.328) | 0.085 | 0.856 | (0.743, | 0.988) | 0.033 |
| Commercial Zone (z-score) | 0.862 | (0.701, | 1.060) | 0.160 | 0.864 | (0.627, | 1.189) | 0.369 |
| Population Density (z-score) | 0.963 | (0.746, | 1.244) | 0.772 | 0.885 | (0.741, | 1.057) | 0.177 |
| School Density (z-score) | 0.977 | (0.753, | 1.267) | 0.860 | 0.910 | (0.691, | 1.200) | 0.506 |
| Individual and Momentary Characteristics |  |  |  |  |  |  |  |  |
| Age (1-year increase) | 0.794 | (0.705, | 0.895) | <0.001 | 1.124 | (1.080, | 1.170) | <0.001 |
| Weekend | 0.718 | (0.277, | 1.859) | 0.495 | 0.972 | (0.603, | 1.566) | 0.907 |
| At home | 0.345 | (0.222, | 0.535) | <0.001 | 0.546 | (0.347, | 0.860) | 0.009 |
| With adult family member | 1.127 | (0.647, | 1.965) | 0.673 | 1.261 | (0.558, | 2.852) | 0.577 |
| With peer | 0.873 | (0.456, | 1.669) | 0.680 | 1.251 | (0.702, | 2.232) | 0.447 |
| In vehicle (ref) |  |  |  |  |  |  |  |  |
| On foot | 4.613 | (2.222, | 9.575) | <0.001 | 17.913 | (5.593, | 57.378) | <0.001 |
| Other Transport | 1.359 | (0.428, | 4.308) | 0.603 | 7.153 | (2.885, | 17.736) | <0.001 |
| Possess Alcohol | 2.898 | (1.365, | 6.152) | 0.006 | 0.592 | (0.211, | 1.658) | 0.318 |


[^0]:    For Correspondence: Christopher N. Morrison, Department of Biostatistics and Epidemiology, Perelman School of Medicine, Penn Injury Science Center, University of Pennsylvania, Blockley Hall, 423 Guardian Drive, Philadelphia PA 19104, Phone: 510-501-0956, cneil@mail.med.upenn.edu.
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