Dear global CPTED network,

I hope you are safe in your countries. With much happiness I present this new volume of ICA Newsletter.

Different authors from the global CPTED network have contributed articles that consider the COVID 19 topic in different world scenarios from a CPTED perspective.

ICA board has been working hard this year to offer new opportunities for exchange of knowledge with guides that support safety environments. The Umbrella Initiative, promoted by ICA since April 2020, seeks to reinforce synergy among all CPTED actors in the different regions of the world.

This Newsletter is an example of that initiative and shows how collaborative work in this crisis period is most necessary.

We hope with this new ICA Newsletter volume, to spread the CPTED methodology in a wider audience and invite new actors to become active ICA members.

Warm regards,

Macarena Rau V.

ICA
President
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UNITED IN OUR DIFFERENCES
The challenging reality experienced by different countries in the world as a result of the COVID 19 crisis has made the year 2020 difficult to forget.

Not only has the pandemic put the world’s health systems in check, as well as the social structure, but also the emotional and economic stability of many families around the world. These multiple dimensions of the global crisis are changing the way of relating between human beings, increasing digital communication among other forms of new relationships.

Crime also adapts to these new scenarios of change with increases in some types of crime such as domestic violence, cybercrime and a considerable increase in the perception of insecurity of the world population, not only to the possibility of being a victim of a crime, but also than dying from COVID 19.

CPTED has also evolved since its appearance at the beginning of the 70s. In its first generation, with a situational approach more oriented towards crime reduction, it generated a high impact in the world of criminology. Then in its second generation, at the beginning of the year 2000, it incorporated the social structure and community actors as key to achieving both crime reduction and community cohesion. Currently, third generation CPTED takes up concepts that were there from the beginning and relieves them such as sustainability, public health and self-realization to achieve greater habitability.

The great challenge for the international community of CPTED practitioners will be to respond with the updated methodology to challenging times as those we are facing today. ICA’s new Umbrella initiative seeks to articulate the various CPTED practitioners at a global level to create the synergy and critical mass necessary to face the challenges that this changing world demands of us. It is time to reinforce the faith in human being again and its skills to adapt in this new scenario with resilience and a stronger collaborative awareness. ICA is ready and willing to support this human process in a global, regional and local scale and also to serve the institutional mission that is:

“To create safer environments and improve the quality of life through the use of CPTED principles and strategies”
The ICA Umbrella Initiative was adopted by the ICA Board on 17th April 2020 following an 8-month development period. The purpose of the ICA Umbrella Initiative is to promote CPTED as a viable crime prevention approach, to promote the knowledge of CPTED, and advance CPTED theory and practice through collaboration between 3 ICA organizational levels: Global (the ICA), Regional (ICA Regions), and ICA Chapters (associations, organizations representing nations, states, territories or various organizations). We believe that a linked network of these three levels will foster the exchange of knowledge, promote innovation, build CPTED community and overall, strengthen the field of CPTED to improve safety and livability of our environments.

As a global organization we understand that CPTED is an approach practiced locally – it demands an understanding of the contextual local environment: the safety challenges, social and political climate, the stakeholders and actors involved, availability of financial and other resources, cultural appropriateness, and many other factors. It also demands experienced CPTED practitioners who understand these local conditions and collaborate with the affected community and multidisciplinary project teams whenever possible. This results in creative CPTED solutions that may be as diverse as the local environments themselves.

In the ICA, we consider this diversity in conditions and approaches practiced across different regions, countries, cities and neighbourhoods a strength that will (by creating linkages between different geographical scales and organizations), allow us to learn from each other and thus advance CPTED both locally and globally.

The COVID-19 pandemic has accentuated the differences between the regions and countries and their immediate responses to the crisis. It has also shown us that they share many similar experiences related to sudden social and safety impacts as public, social and economic life, and travel, were suddenly brought to a halt.

On the coming pages our Board members and the ICA representatives from different regions share with us some of their experiences over the past months, and demonstrate how united we have been globally over this shared experience. We believe that building on our regional differences is a strength that will unify us in accomplishing our shared mission: “To create safer environments and improve the quality of life through the use of CPTED principles and strategies”.

ICA umbrella structure (Source: Author)
ARTICLES
South Africa is one of the most economically unequal countries in the world, making it very difficult to devise COVID-19 regulations that do not leave a large part of the population extremely vulnerable. More than 55% of the population live below the poverty line, and the COVID-19 regulations exposed this large segment of society to a variety of risks, including the lack of access to shelter, food and water. The unemployment rate is close to 30%, and many people rely on informal trading to survive. In many communities, the informal economy came to a standstill as a result of COVID-19 regulations. The poor and unemployed are profoundly affected by the one-size-fits-all restrictions imposed on all South Africans. Many families live in very small houses, or shacks, that cannot safely accommodate the number of people inhabiting it (Figure 1). The overcrowding and poor living conditions made it very difficult for many to adhere to the lockdown regulations that required them to remain inside their houses. The lack of adequate infrastructure and services made it very difficult for some communities to take the most basic of precautions against COVID-19. Many do not have access to clean water and soap to wash their hands.

Improving housing and infrastructure in South Africa’s poorest communities has always been one of the key CPTED interventions propagated in South Africa (Figure 2). The pandemic will hopefully call to action those responsible for improving the living conditions of all South Africans. Applying CPTED principles in the poorest communities have the potential to not only reduce crime, but to improve their quality of life in general. It will also contribute to the creation of neighbourhoods that are less vulnerable to disasters such as COVID-19.
STANDARDISATION IN EUROPE: IN TIMES OF COVID

Paul Van Soomeran
Regional Director, The Netherlands-Europe

The basic assumption of CPTED is that urban planners, designer and - managers can play an important role in the prevention of crime and fear of crime. The CPTED approach requires a well-orchestrated approach from private and public institutes together with residents and end-users: completely different groups of stakeholders speaking different institutional and 'professional' languages. Stakeholders that nevertheless have to work together closely in a well-defined area or neighbourhood. It is like building – and managing – the process of making the Tower of Babel! This goes even more in times of Covid-19. It is not only urban experts and crime experts but also health experts are stepping into the arena of urban policies and – management. In such a case – certainly in an extremely diverse continent like Europe - standardisation might be a helpful tool.

Standardisation of CPTED in Europe was carried out on a national level in the previous century in some national building codes, local ordinances and schemes/labels like Secured by Design. By the end of the century though there was a call for European standardisation. This wave started in the beginning of the 90th in North Western Europe (Denmark, UK, and The Netherlands). It was this group of nations starting the work on a European standard on ‘Prevention of (fear of) crime - Urban planning and building design’. At that time health was hardly an issue. Nevertheless ‘safety and security at the workplace also for women’ was an issue to be included in laws and in standards. Nowadays it is even more important.

Standardisation
Following a Danish initiative in 1995, the European Standardisation Institute CEN started a Technical Committee (TC 325) that made several European standards. The first one on terminology/definitions, a second one on CPTED-process and principles and other standards on residential dwellings, shops and offices, public transport facilities, etc. The publication of these standards (the CEN 14383 series) represents a considerable piece of work and the achievement of an important milestone for CPTED in Europe- since it is based on a consensus from 33 European countries together forming CEN. In a recent research the standard CEN/TR 14383-2 is said to be “the only Crime Prevention Standard in Europe since the Roman Empire”.

Now in 2020 these standards badly need an update. The changed crime situation, terrorism and pandemics make that update really urgent. The ICA committee on standardisation is involved to support this work. Tim Pascoe (UK) and Paul van Soomeren (Netherlands) are in charge of this process.
Considering India’s population, density and socio-economic conditions, the lockdown served as a great instrument of CPTED in controlling the spread of Covid while it lasted. The Indian dilemma was a tight rope balancing act to kickstart the economy and allow the worst affected to eke a living. The high recovery rates and proliferation of asymptomatic carriers led the administration to wager on the Indian resilience.

And yet, the government rolled out the ‘Unlock-4’ from 1st September. Let see why?

1. A reminder that the threat persists.
2. Subtle reiteration of the continued need for community and state action.
3. Legal requirement for masks and penalties as a collective security prerogative.
4. Endorsement of an individual’s and community’s right to access control, territoriality and maintenance.
5. Incentivization of ‘work from home’.
6. Continuum for sanitization and distancing protocols.

Armed with masks and sanitizers, the populace marches on, disregarding the enormity of the pandemic. The individuals who can and communities that were activated by the lockdown, continue the access control, surveillance and maintenance of their territories. Family and community based ‘Online groups’ help bridge the mental and social needs especially for those reeling with crimes at home.

Technology is the new CPTED element transcending from serious professional fora to educational instruments to casual subjects. Online classes, yoga, club activities and even birthday celebrations are keeping people engaged, social and sane. So, while the number of cases breaches new highs everyday, people are happy to be working, earning, distracted and surviving.
Prohibition of movements and large gatherings across the country.

Restriction on all overseas travels by Malaysians; for those returning from overseas, they are required to undergo 14-day quarantine.

Closure of all public and private higher education institutions, as well as government and private premises, except those involved in providing essential services (including health).

As of 7th September, Malaysia has a total of 128 deaths, one of the main reasons Malaysia has been able to keep our deaths at a low rate is mainly from slowing the Covid-19 transmission through a stringent Movement Control Order (MCO) and targeted testing.

A few measures that were included in the MCO was:

- Prohibition of movements and large gatherings across the country.
- Restriction on all overseas travels by Malaysians; for those returning from overseas, they are required to undergo 14-day quarantine.
- Closure of all public and private higher education institutions, as well as government and private premises, except those involved in providing essential services (including health).

Malaysia is currently in the Conditional Movement Control Order (CMCO) phase during which almost all economic sectors are allowed to resume full operations with enforcement of strict standard operating procedures (SOP) set by the Ministry of Health.
When students do art and planters they have ownership over the piece they have made. At Orewa College we are trying to make a difference and show that we care about our school. Since we have 2000 students we have 4000 eyes watching our school.

Last year, our school spent $32,000 on intentional damage. This is not okay. Students can get involved in changing this problem by making murals, artwork or even planters like what we did.

We made prototypes of each planter and used marine plywood because it is durable. A local builder cut our plywood to the correct size. Matariki, the Maori New Year, was the inspiration for our artwork. Our planters have Kumara moths and caterpillars painted on them. We wove curriculum areas together using maths, art, science and culture to make something special.

If the students make something for the school they tell their friends and family and they will tell their friends. This is called “The Circle Of Influence”.

We are going to plant white lavender, sweetberry and purpleberry in our planters. Bees love lavender and pollinate 80% of the food we eat. That’s very important for the ecosystem.

The main thing that I enjoyed about making these planters was being proud to say “I made these planter boxes”. Doing it with my friends was really fun.
Accordingly, every community hub can facilitate all actions towards the medical care of the community. Including the health issues will help to validate some principles of CPTED 3rd Gen, which is in development now, and gathering scientific information to validate this new Generation of CPTED based on Maslow’s pirámid.

When COVID 19 crisis exploded, 9 of them where built. Immediately local authorities began to use them as Center for Pandemic Control, Centers for Quality of Life have been used for food distribution, medical attention, and in general for several activities related to the management of the Health Crisis.
MEXICO IN TIMES OF COVID

Mercedes Escudero
Regional Director, Mexico-Latin America

Since the declaration of social isolation due to the pandemic in the world the Mexico authorities established measures for health security protocols, which include situational diagnosis, which considers aspects that coincide with the CPTED Methodology:

- To analyze mobility routes with highest concentration of people.
- Have specific maps of areas of greater contagion risk.

Recently, COVID-19 has been declared pandemic, which will imply the reopening of all socioeconomic areas. Logistics & processes from administrative to social are considered. Here the questions to be answered are:

- How and how many people will be installed in the work and / or school spaces?
- What protective equipment is optimal and should staff and / or students have?
- How are cleaning tasks reorganized to control and reduce the chances of contagion?
- How will COVID-19 cases be detected and treated?
- How will the administration of justice for battered people be attended and given?

CPTED Mexico is currently working on the realization of what is called the “Real Map of the CPTED Space”, to:

- Generate information on the territory from a social, biosafety, urban and human security approach.
- We study the flow and movement of society, the hours of greater mobility and transit of people in: school, industrial, corporate, residential, community, neighborhood and so that people participate from the design and rebuild the cities based on their relationships, their habits and uses of spaces, to have better control and monitoring of points of risk of contagion.
- Traceability of mobility and points of risk of contagion of COVID-19.
- Carry out targeted actions to improve public health and make people feel safe.

COVID does not affect all of society equally and has exposed inequalities between communities more emphatically. Although, on the one hand.

The New Normal should not include the normalization of violence
RESILIENT NEIGHBORHOODS IN TIMES OF CRISIS

Jeremy Rear
Director-ICA, USA

As with many events occurring around the globe this year, the COVID-19 pandemic has brought about many social and environmental challenges, but also some surprises. When the global pandemic began to accelerate in early March, the world witnessed a community-building movement in many societies unseen since perhaps World War II. Images of quarantined citizens uniting through song, from the tops of their voices on the balconies between the narrow Italian streets, concerned citizens offering compassionate services, aid and deliveries of essential items to under-served families and the elderly. Societal empathy and the act of “loving thy neighbor” was suddenly mainstream news. In the sleepy, and “disconnected”, communities of the American suburbs, the plight of social connections forced neighbors to get creative. When physical distancing restrict gatherings and community activities, choices are limited; especially for tight-knit neighbors. Gone are the barbecues, street parties, get-togethers, or casual morning meet-ups, if only temporarily.

I have witnessed the compassion between socially connected and solitary home owners, often seen as a challenge through the lens of CPTED and Defensible Space principles. Community building has been occurring through simple acts of physically-distanced conversations between neighbors. A phenomenon I call “Porch Talks”. The suburban front porch has historically served as an aesthetic architectural feature, and rarely functional. Seldom before the pandemic did I witness neighbors actually use their porches as places for casual occupancy and socialization. It is a regular occurrence to see these spaces being used, and the space in-between houses, as streetscape living rooms. Porches within 40 to 50 feet from one another in quiet neighborhoods offer an effective physically distanced meeting place. This setting not only offers a connection through conversation, but also through chance encounters with neighbors walking by on the public sidewalk; increasing the effectiveness of community connection. From a Defensible Space perspective, occupied porches and those who walk by, offer passive but effective “Natural Surveillance”.

It’s unfortunate that a global pandemic has taken away so many physical community building opportunities, but a blessing that it has been a catalyst, for otherwise disconnected communities, to find unique ways to connect at a human and empathetic level.
In the U.S. there are no coherent CPTED strategies focused on COVID-19. This is enormously disappointing in a country that gave birth to CPTED. There are urban design responses (not CPTED) to the pandemic, such as closing off traffic and pedestrianizing downtown streets for socially distanced walking, dining and shopping.

In Denver, as well as other cities, downtowns have been transformed into walking meccas. Hopefully, the increased walkability, biking, and hiking will last – a pro-social benefit from the livability principles within 3rd Generation CPTED.

However, one consequence from recent events is suggestions to abandon 1st Generation CPTED in urban design guidelines. Triggered by the Black Lives Matter movement, and no doubt by COVID social stresses, some urban writers claim traditional CPTED – especially access controls and territorial controls – should be removed from urban design due to “spatial anti-blackness”. It is unclear why urban design is targeted, but it is clear that as the pandemic ends, CPTED will look very different in North America.
CPTED AND COVID19 : SAFETY IN NUMBERS
Rene Berndt
Director-ICA, USA

Recent neurological findings have confirmed the overwhelming impact the physical environment has on the emotional wellbeing, behavior pattern and mental development as human beings. We know now that we are mainly impacted in the sub-conscious and that our brain responds with specific associations derived from textures, shapes, colors, smells and sounds based on our individual past experience.

Since 1972, Crime Prevention Through Environmental Design (CPTED) has been concerned with the question of how the environment can be modified to reduce victimization, deter offender decisions that precede criminal acts and build a sense of community among inhabitants so they can gain territorial control of areas, reduce crime rates, and minimize fear of crime.

Because CPTED promotes passive strategies which are fully integrated into the design of our physical environment, the actual or potential presence of fellow human beings is a fundamental pre-requisite for success. A key factor that has been impacted by the COVID 19 pandemic.

COVID 19 associated health protocols have turned previous lively urban streets into empty zones without any meaningful flow of pedestrian or vehicular “casual observers” that would generally “provide “eyes on the street”. Not only were residents, visitors, customers and employees removed for the physical environment of downtown streets, but retail, office or residential windows looking out onto the street are void of human eyes. We are fully aware of these facts when we walk down such a city street and the minute we step out of the perceived safety of our car or front door, our brain bombards us with “warnings” that make us instantly un-easy, anxious and fearful. Facial mask requirements rob us of every opportunity to connect with fellow walkers by exchanging a friendly smile. Rising crime rates in those US cities, which have been in lock-down longest, confirm the fundamental CPTED assumption that we are safer in numbers and that there is no substitute for the presence of others to support a feeling of safety and well-being.
As one of the acting ICA Regional Directors for Canada, I followed the course and reactions to the Pandemic across Canada, and the world. Canada has, for the most part, navigated the pandemic with low numbers of infection and deaths. Although I cannot speak to what is happening in the whole country, it is clear that some provinces have higher infection rates than others.

The Federal Government introduced supports for those who lost their jobs, retail that had to close, and other commercial and industrial supports. Canada’s recovery rate was excellent but has had some issues now that the provinces are opening up and more people are getting together. All provinces are looking to stabilize their infections rates, especially in light of the upcoming influenza season.

Saskatoon, Saskatchewan was shut down the end of March and the downtown and commercial areas became deserted. Everyone was sent home from work and there was a lot of unknowns. Would we still have a job? How would we do that job? Would doing that job hurt us, in light of the virus? How do we look after ourselves and our families? The Pandemic has magnified the issues around poverty, homelessness, addictions, and mental health in Saskatoon. As the Pandemic dragged on, there were many issues that arose and these issues and conflicts have been exacerbated by the pandemic.

The Pandemic magnified some of the issues that already existed in the city. It also decreased people’s feelings of safety. Safety from the virus, safety for families and friends, and safety from crime. As our streets emptied….hope seemed to go too. The lack of people, out and about, reinforced that physical design is important but the people and their connection to those spaces, and each other, is critical. People need that connection and it is important to their interactions with the physical environment as well as their fellow citizens.
It was a good couple of months before we were allowed out of our houses for field work and site visits. Although we had to fill out health evaluations, social distance, and sanitize, we were able to conduct our site visits and work as a group again. All CPTED reviews were conducted virtually and although not ideal, people seemed to adapt and move forward.

What struck home for me was the eventual need to get out and connect with people. The term I have heard is COVID fatigue. People are tired of being cooped up and as the weather warmed, people wanted to see friends and family. The longer the lockdown continued, the more frustrated people became and the amount of misinformation and number of conspiracy theories that popped up on social media increased exponentially. For me, thinking about how my city will change and how I need to apply the principles of CPTED will be the next challenge. How will community, street, or public space design change and how will we, as local users “feel” about these spaces.

A few provinces are now experiencing an increase in cases. Some feel that it is due to opening up the economy and the schools. Some are blaming it on the summer weather and others blame those under 40 who appear not to be following good health practices. Once the economy started to open, the cases increased and the challenge now is to open up the economy as quick as possible and still keeping the number of cases down.

In Saskatoon all civic structures, developments and facilities MUST go through the CPTED Review Committee which is an interdisciplinary team of planners, architects, landscape architects, engineers, and others, that review the new developments or redevelopments from the CPTED perspective. Many of our civic buildings and urban design projects have been reviewed and the principles of CPTED applied. When people went into lockdown the only people left in the downtown where those who could not or would not isolate. This may be because they did not have proper housing or were so street involved they could not change.

It remains to be seen the full impact of CPTED during the pandemic, but Saskatoon is keeping track of the issues and where they are arising in the city. I am very interested in how the Pandemic will affect future activities such as neighbourhood planning, city planning, street layouts, and the design of public space, to name a few. How will the Pandemic affect how we live, how we plan, and how we connect with each other?
UPCOMING EVENTS

ICA Webinars:
- CPTED on the streets 23rd October’20
- CPTED application in Cities 21st November’20
- ICA Annual General Meeting 20th November’20
- ICA Conference 2021 to be decided....

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