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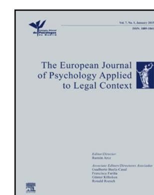

Assessing neighborhood disorder: Validation of a three-factor observational scale

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ABSTRACT

This study presents data on the development and preliminary validation of an observational scale assessing neighborhood disorder. Independent observations by trained raters of neighborhood disorder were conducted in 552 census block groups in the city of Valencia (Spain). Intraclass correlation coefficients assessing inter-rater reliability indicated fair to substantial levels of agreement among raters. Confirmatory factor analyses supported a final three-factor model scale measuring physical disorder, social disorder, and physical decay. Results for the internal consistency showed large composite reliability indices indicating good reliability for all neighborhood disorder factors. Evidence of criterion-related validity was found by exploring associations between neighborhood disorder factors and three neighborhood characteristics: neighborhood socioeconomic status, immigrant concentration, and residential instability. Also for criterion-related validity, Moran's I test results for spatial correlation showed that the three types of neighborhood disorder tend to cluster in space and are not randomly distributed across the city. In general, this paper provides evidence of a reliable and valid observational measure to assess neighborhood disorder.

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Evaluación del desorden en los vecindarios: validación de una escala observacional de tres factores

Palabras clave:
Análisis factorial confirmatorio
Desorden del vecindario
Deterioro físico
Desorden físico
Distribución especial
Desorden social
Desorganización social
Escala observacional

RESUMEN

Este estudio presenta el desarrollo y validación preliminar de una escala observacional para la evaluación del desorden en los vecindarios. Se realizaron observaciones independientes del desorden por evaluadores entrenados en 552 sectores censales de la ciudad de Valencia (España). Los coeficientes de correlación intraclase para la evaluación de la fiabilidad interjueces indicaron unos niveles adecuados de acuerdo entre jueces. Los resultados del análisis factorial confirmatorio apoyaron un modelo final de tres factores: desorden físico, desorden social y deterioro físico. La evaluación de la consistencia interna mediante *composite reliability indices* mostró valores elevados para todos los factores. La validez de criterio fue determinada mediante la exploración de las asociaciones entre los factores de desorden del vecindario y tres características del mismo: estatus socioeconómico, concentración de inmigrantes e inestabilidad residencial. Además, como medida de validez de criterio, el test de Moran que evalúa la correlación espacial mostró que los tres tipos de desorden tienden a agruparse espacialmente y no se distribuyen aleatoriamente en la ciudad. En general, este artículo proporciona evidencias de la fiabilidad y validez de una escala para la medida del desorden en los vecindarios.

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In recent decades, a large body of literature has examined the influence of neighborhood characteristics on a wide range of outcomes, including health, violence, or crime (Diez-Roux & Mair,

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2010; Kawachi & Berkman, 2003; O'Campo et al., 2015; Sampson, 2012; Sampson, Raudenbush, & Earls, 1997). Among these neighborhood characteristics, the concept of neighborhood disorder has played a central role and has received the attention of scholars from different disciplines like sociology, criminology, social psychology or epidemiology. Neighborhood disorder can be defined as "observed or perceived physical and social features of neighborhoods that may signal the breakdown of order and social control, and that can undermine the quality of life" (Gracia, 2014, p. 4325). Examples of neighborhood disorder may include behaviors such as prostitution, drug dealing, and fighting in the streets, or physical characteristics such as abandoned cars, vandalized buildings, or litter in the streets (Sampson & Raudenbush, 1999; Skogan, 1990; Taylor, 2001; Wilson & Kelling, 1982).

The concept of neighborhood disorder can be linked to social disorganization theories and their idea that structural characteristics of neighorhoods, like concentrated disadvantage, can undermine social control and increase levels of violence, crime, and other negative outcomes (Gracia, 2014; Kingston, Huiziga, & Elliot, 2009; Kubrin & Weitzer, 2003; Maimon & Browning, 2010; Park, Burgess, & McKenzie, 1925; Sampson et al., 1997; Shaw & McKay, 1942; Wilson, 1987). Also, the Broken Windows Theory of urban decay has been of particular relevance for the wide appeal of the concept of neighborhood disorder (Wilson & Kelling, 1982). According to this perspective, physical and social cues of neighborhood disorder signal the breakdown of formal and informal social controls leading to further disorder and crime (Gracia, 2014; Perkins, Meeks, & Taylor, 1992; Sampson & Raudenbush, 1999; Skogan, 1990; Taylor, 1997, 2005; Toet & van Schaik, 2012; Wei, Hipwell, Pardini, Beyers, & Loeber, 2005; York Cornwell & Cagney, 2014). According to Gracia (2014) "as neither residents nor external agencies (e.g., police and other authorities) are able or willing to intervene and maintain social order, more disorder is facilitated, and criminal activity is attracted" (p. 4325). Neighborhood disorder would also trigger a number of community processes like fear, insecurity, powerlessness, or mistrust that lead residents to disinvest in and withdraw from community life, increasing social disorganization and neighborhood decline (Geis & Ross, 1998; Kawachi, Kennedy, & Wilkinson, 1999; Kim & Conley, 2011; Ross, Mirowsky, & Pribesh, 2001; Skogan, 1986, 1990). In this regard, neighborhood disorder has been linked to urban decay, concentration of social problems, racial or ethnic segregation, social integration, confidence in the police, or public social control strategies like reporting crime (Gracia, Garcia, & Musitu, 1995; Gracia & Herrero, 2006a, 2006b, 2007; Perkins et al., 1992; Perkins & Taylor, 1996; Ross & Mirowsky, 1999; Skogan, 1990; Taylor, 1997; Toet & van Schaik, 2012).

Although neighborhood disorder has traditionally been studied in relation to street-level outcomes, an increasing body of literature has also examined its influence on processes and outcomes that occur "behind closed doors" (Wright & Benson, 2011), such as parental socialization practices (Gracia, Fuentes, García, & Lila 2012; Lila & Gracia, 2005; McDonell, 2007; Roosa et al., 2005; Tendulkar, Buka, Dunn, Subramanian, & Koenen, 2010; White, Roosa, Weaver, & Nair, 2009; Worton et al., 2014), child maltreatment (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007; Coulton, Korbin, & Su, 1999; Freisthler, Bruce, & Needell, 2007; Freisthler, Merritt, & LaScala, 2006; Garbarino & Sherman, 1980; Gracia & Musitu, 2003; Lila & Gracia, 2005; Martin-Storey et al., 2012), or intimate partner violence (Cunradi, 2007, 2009; Gracia, Herrero, Lila, & Fuente, 2009; Gracia, López-Quílez, Marco, Lladosa, & Lila, 2014, 2015; Kirst, Lazgare, Zhang, & O'Campo, 2015; see Beyer, Wallis, & Hamberger, 2015; Pinchevsky & Wright, 2012, for reviews).

More recently, research on social disorder has also examined its influences on individual well-being indicators like subjective well-being, psychological distress, anxiety, or depression (García-Ramírez, Balcázar, & de Freitas, 2014; Herrero, Gracia, Fuente, & Lila, 2012; Hill & Angel, 2005; Hombrados-Mendieta & López-Espigares, 2014; Latkin & Curry, 2003; Latkin, German, Hua, & Curry, 2009; O'Campo et al., 2015; Ross & Mirowsky, 2009), and how this may affect negative health behaviors such as low physical activity, heavy drinking, smoking, or obesity (Burdette & Hill, 2008; Echeverría, Diez-Roux, Shea, Borrell, & Jackson, 2008; Hill, Ross, & Angel, 2005; Keyes et al., 2012; O'Campo et al., 2015; Ross & Mirowsky, 2001). Research has also examined the association between neighborhood disorder and different public health issues such as health service usage, low body weight at birth in children, injuries, sexually transmitted diseases, loss of physical function in older adults, and mortality risk (Balfour & Kaplan, 2002; Cohen et al., 2000, 2003; Martin-Storey et al., 2012; Pearl, Braveman, & Abrams, 2001; Winkleby & Cubbin, 2003).

Assessing Neighborhood Disorder

Assessment of neighborhood disorder tipycally considers two types of disorder, physical and social (Robinson, Lawton, Taylor, & Perkins, 2003; Skogan & Maxfield, 1981; Taylor & Shumaker, 1990). Physical disorder refer to urban landscapes with high levels of decay and deterioration. For example, abandoned houses, graffiti, trash on the streets, abandoned cars, used needles, and vacant lots would exemplify physical disorder (Brunton-Smith, 2011; Garvin, Cannuscio & Branas, 2013; Robinson et al., 2003; Sampson & Raudenbush, 1999; Skogan, 1990; Taylor, 2001, Toet & van Schaik, 2012). Some scholars, however, make a further distinction between physical disorder and physical decay: physical disorder would refer to features like dirt in the streets (litter, bottles, condoms), graffiti, abandoned cars, etc. (i.e., behavioral manifestations), whereas physical decay would refer to structural characteristics that can arise from lack of institutional investments and have long term effects, such as abandoned buildings, burn-out houses, badly deteriorated recreational facilities, etc. (Sampson, 2009; Sampson & Raudenbush, 2004). As Sampson and Raudenbush (2004) argue, it is important to make this distinction because physical disorder is "limited to behavioral manifestations (e.g., graffiti, garbage in the streets) that can be conceptually decoupled from structural resources" (p. 326). Social disorder refer, on the other hand, to events in public places seen as potentially threatening, and can be exemplified by the presence of people taking drugs or alcohol in the street, drug dealing, fights and arguments, presence of homeless people, public drunkenness, street prostitution, high levels of police activity, and other criminal or not criminal activities that create a sense of danger (Gracia, 2014; Gracia & Herrero, 2007; Robinson et al., 2003; Ross & Mirowsky, 2001; Sampson, 2009; Sampson & Raudenbush, 2004). Despite some studies suggesting that physical and social disorder may overlap, being order and disorder two ends of a single continuum (Ross & Mirowsky, 1999; Xu, Fielder, & Flaming, 2005), most studies support the distinction between physical and social disorder (Brunton-Smith, Sindall, & Tarling, 2010; LaGrange, Ferraro, & Supancic, 1992; Sampson & Raudenbush, 2004; Taylor & Shumaker, 1990).

In order to assess neighborhood disorder, researchers generally use three different approaches (McDonell & Waters, 2011; Mooney et al., 2014). One approach, based on a more objective perspective, draws from neighborhood information from governmental or commercial data sources (Cerdá et al., 2009; McDonell, 2007; Mooney et al., 2014). Although these data is freer from the variability and subjectivity of subjective perceptions of disorder (Kubrin, 2008), however, this information is "often collected for administrative purposes, may not fully capture the construct of research interest, and may be collected at a spatial resolution that is not optimal for research purposes" (Mooney et al., 2014, p. 626-627). A second, and widely used, approach is based on resident's perceptions of

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