



# Do you see what I see? Perceptual variation in reporting the presence of disorder cues



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## ABSTRACT

A growing body of literature considers the causes of variation in perceptions of disorder; thus far, few explanations are adequate. We ask: when exposed to the same environment, do individuals homogeneously report the presence of the same disorder cues? Using a dataset that cluster samples residents within city blocks and hierarchical logistic regression, we assess whether individuals residing within 1–2 blocks of each other report the same disorder cues. We find that (1) there is significant variation in reports, (2) individuals tend to disagree on the presence of disorder, not its absence, and (3) that reporting various disorder cues has significant ties to an individual's characteristics, their routine activities, and how attached they are to their neighborhood. How individuals report and interpret disorder seems to be dependent on the confluence of social, historical, economic, and place-based factors. Our results suggest revisiting the theorization of how individuals report on and interact with disorder.

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## 1. Introduction

There are few limits to the importance of disorder in sociology and criminology; for example, the broken windows theory, which focuses on how disregard for disorder can create crime, is lauded as perhaps the most influential theory in current criminology (Harcourt, 2001; Sampson, 2012). Lately, scholarly work in sociology and criminology has turned to investigating how individuals relate to neighborhood disorder. The vast majority of research in this area has conceptualized disorder in monolithic terms and assumes that residents uniformly observe and interpret disorder. Until recently, social scientists assumed that disorder was “natural” in meaning (Harcourt, 2001), and that there would be strong agreement of perceptions within neighborhoods (Skogan, 1990). However, recent studies have suggested that it is erroneous to assume that disorder perceptions are homogeneous (Franzini et al., 2008; Sampson and Raudenbush, 2004; Wallace, 2011; Hipp, 2010; Latkin et al., 2009). Studies aimed at explaining differences in disorder perceptions have largely been unsuccessful. For example, Hipp (2010) tests whether constrained ecological areas, namely smaller neighborhood units, eliminate bias in disorder perceptions; he finds that differences remain even in neighborhood units about the size of one block. Similarly, Wallace (2011) tests whether an individual's routine activities and neighborhood attachment explain individual differences in perception; the results of this study suggest that while both assist in understanding perceptual bias, they do not fully account for differences in disorder perception.

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As a result, there is a gap in the current theoretical understanding of why individuals perceive disorder dissimilarly. This gap, perhaps, is a result of how researchers approach the problem of heterogeneity in disorder perceptions. Few studies have approached this problem by investigating how individuals simply register the presence of a disorder cue; put another way, will two individuals living on the same block *report the presence* of a disorder cue consistently? There may be reasons why some individuals report the presence of a disorder cue when others do not. For example, for some people to register the presence of a disorder cue, that cue may need to be sufficiently problematic by their definition; in other words, people may not report seeing litter, but would report seeing groups of teens hanging around the street. Conversely, residents may not be exposed to the same ecological areas within a neighborhood, resulting in differences in how residents register and report disorder.

Following this line of thinking, instead of considering why personal characteristics might affect reporting, we ask the necessary first order question: will individuals report “seeing” the same disorder cue when exposed to the same neighborhood environment? Using data that cluster neighborhood residents in the same block pair, we examine if there are differences in individuals’ reports of a disorder cues within three blocks of their home. By examining whether residents report the presence of a disorder cue in a universal fashion, we are able to get at two issues of contention in the literature on disorder perceptions. First, given that we know there is bias in how people perceive and problematize disorder, understanding if there is also bias in reporting disorder cues will help us to understand and explain why differences in perceptions of disorder exist. Secondly, this study allows us to assess if the standard means of measuring disorder as a problem in neighborhoods are adequate. Should individuals report disorder cues differently, rethinking the reliability and validity of the standard Likert scale disorder measure becomes a necessity.

## 2. Background

One reason why disorder theories are prominent in the fields of sociology and criminology is their simplicity. The presence of neighborhood disorder signals criminal opportunities and a lack of social control (Wilson and Kelling, 1982; Skogan, 1990). In large part, disorder theories have excellent face validity; we have all been in “bad” neighborhoods and, while looking at our surroundings, felt fear. It is this uncomplicated link between knowledge of neighborhood conditions and emotions that keeps disorder theory in the forefront of criminology and urban sociology. Consequently, disorder has been related to many adverse neighborhood conditions, such as low levels of informal social control, neighborhood withdrawal, and many other characteristics related to crime and disorganization.

As seemingly valid as this association between disorder and negative neighborhood characteristics and crime is,<sup>1</sup> the core of this association is assumed: residents must report, interpret, and act on disorder similarly in order to affect the neighborhood level outcomes associated with disorder. Although we use the broken windows theory as an example of this, it is certainly not the only disorder theory that assumes this process (for example see Hunter, 1985; Ross and Mirowsky, 1999). The broken windows theory suggests that disorder leads to crime in a neighborhood because of resident withdrawal, followed by offenders seeing an inviting environment without criminal sanctions (Wilson and Kelling, 1982). Because of what disorder signals, residents become afraid of potential victimization; therefore, they restrict their activities in a neighborhood (Wilson and Kelling, 1982; Taylor et al., 1984; Skogan, 1990). Neighborhood informal social control diminishes when residents withdraw; it is here that the homogenous perceptions of offenders come into play. Once “civility” in a neighborhood has broken down, acting in a disorderly or criminal manner has remarkably few consequences for residents and offenders alike (Zimbardo, 1969; Wilson and Kelling, 1982). It is this process that, the broken windows theory suggests, leads to crime.

There are three components in the above process which social scientists rarely discuss but assume to be related to how individuals react and interact with disorder: (1) *if and how* people report disorder cues, (2) how individuals *interpret* disorder cues, and finally, (3) how people *act* on their interpretations of disorder cues. These three factors are crucial to the path between disorder, neighborhood conditions, and crime. To date, disorder theory has not accounted for these steps in the perception of disorder.

For residents to react to disorder within their neighborhood, they first need to “see” or be able to report on the disorder around them. By reporting disorder, we mean when individuals are able to specify whether or not they believe specific disorder cues occur within their neighborhood. A significant amount of disorder theory assumes that people observe only the disorder that is “on the ground”; alternatively, people only report objective levels of neighborhood disorder (Ross and Mirowsky, 1999). However, it is likely that individuals report the presence of disorder differently than their neighbors due to the ecological spread of disorder within neighborhood environments. Neighborhoods have disorder “hot spots” where disorder is more common and given that individuals use their neighborhoods differently, their personal assessments of disorder are likely to differ as a result. One concern about individually-based assessments of disorder is neighborhood

<sup>1</sup> There is a large debate over whether or not disorder actually causes crime. While there has been support for this link (Corman and Mocan, 2005; Kelling and Coles, 1996; Skogan, 1990), there are also many studies that do not substantiate the relationship (Eck and Maguire, 2000; Harcourt, 2001; Harcourt and Ludwig, 2006; Katz et al., 2001; Sampson and Groves, 1989; Sampson and Raudenbush, 1999; Taylor, 2001). One finds small but significant effects of disorder policing on crime which offers indirect evidence of a causal linkage (Rosenfeld et al., 2007). In sum, there remains a debate on whether disorder causes crime.

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