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CHAPTER 9

# DISORDER AND CRIME

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The idea of disorder first burst into public consciousness in an article by academic experts George Kelling and James Q. Wilson (1982) that examined the merits of order maintenance policing. Describing the conditions that foot patrol officers faced in a run-down section of Newark, New Jersey, Kelling and Wilson inventoried open gambling and drug sales, public drinking, street prostitution, congregations of idle men, rowdy teenagers, the mentally disturbed, and panhandlers. In research since, the list of challenges has grown to include "urban campers" living in parks under cardboard tents, verbal harassment of women passing on the street, noise, abandoned cars, trash on the streets and sidewalks, people rummaging through trash receptacles in search of cigarette butts, "kerb crawling" (looking for a prostitute, with a British spelling), and even "joyriding up and down residential streets with loud music playing as late as 3:00 a.m." (Novak et al. 1999, p. 177).

"Disorder" was my term for all of this (Skogan 1990); Kelling and Wilson's metaphor summarizing them was "broken windows." The argument that broken windows demanded their attention because they attracted and even created additional crime rapidly became one of the most influential ideas in policing. In the almost 30 years of research that followed, others have referred to them as "incivilities." This is sometimes appropriate, but does not, in my view, capture the malevolence and destructiveness of some of the actions it encompasses. The British government has been tackling what they term "anti-social behaviour," and while their list of proscribed activities covers many described here, it does not include the visible consequences of neglect and sheer negligence that are widely taken as disorderly as well.

What all of these conditions have in common, and one feature that makes them of interest to policymakers and researchers, is that they have a long list of

documented consequences for individuals, communities, and cities. These include undermining the stability of urban neighborhoods, undercutting natural processes of informal social control, discouraging investment, and stimulating fear of crime. The role of disorder in causing other forms of crime is another reason to look at it carefully, but it is just an additional checkmark on a long list of reasons for concern.

Several observations and conclusions emerge:

- Studying disorder is challenging because the concept includes a wide range of activities and conditions. Researchers have used surveys, police records, and field observations to measure the extent of disorder. While each approach has advantages, each has disadvantages as well.
- Disorder is heavily concentrated in disadvantaged communities. The various approaches that have been used to measure disorder are in broad agreement as to where disorder is concentrated. While some critics contend that disorder merely reflects middle-class conventionalism, it tends to be high in the same generally poor places, whether it is assessed by outside observers or by the people who live in the community.
- Disorder is closely associated with many forms of common crime. Because research has not identified many high-disorder but low-crime neighborhoods, it is difficult to tease out why they are so closely related. It could be because both are dependent upon poverty, racial exclusion, and disinvestment; because disorder undermines the social processes that help constrain neighborhood crime; or because disorder actually attracts and generates other forms of crime.
- Disorder, independently but in tandem with other conventional crime, plays a role in undermining the stability of urban neighborhoods, undercutting natural processes of informal social control, discouraging investment, and stimulating fear of crime. Understanding that disorder could play an important role in the dynamics of neighborhood stability and change is what led researchers to expand the range of the concept to include many conditions and events that lie at, or beyond, the boundaries of criminal law, an idea that has gained traction in many fields of social science. This justifies the attention that policymakers around the world have given to disorder reduction.

This essay began by reviewing the variety of ways in which disorder has been defined. Section I discusses approaches to the measurement of disorder. The methods that are employed to study disorder are more diverse than those used in many other branches of criminology, and their various advantages and disadvantages reveal something of the complexities involved in understanding the magnitude and distribution of disorder. Section II summarizes what we know about the role of disorder as an engine of neighborhood destabilization and decline, and section III offers a few concluding comments.

# I. Measuring Disorder

The list of disorders that researchers have examined is long and untidy. Some of the issues considered here are clearly illegal, and the public can hope to get the police interested in them. Activities in this category include prostitution and the sale of drugs. But other items are not so clearly breaking the law and may even be legally protected. Noisy neighbors and accumulating trash are in the first category, and begging and congregating bands of idle youths are in the other. A great deal of disorderly behavior potentially falls into ambiguous and contested legal categories, such as "disturbing the peace," "loitering," and "vagrancy." Many other disorders do not fall into the domain of the criminal law at all, but are municipal service delivery problems or call for civil legal action by health and building code enforcers. Furthermore, some forms of disorder present seemingly intractable enforcement problems for police because they are conditions rather than events. Many disorders (an exception being residential vandalism) do not have individual victims. While these disorders often lead to complaints that the authorities "do something," the source of the public's concern is often the anticipation of further disorderly behavior or the possible consequences of growing disorder for the community, rather than a specific criminal incident. Because of the tenuous legal status of such complaints, and the fact that many disorders are not conventionally defined as serious problems, getting the attention of the police or other municipal agencies can be difficult. Albert Reiss (1985) captured the flavor of disorderly conditions lying near the edges of the law when he dubbed them "soft crimes."

Researchers conventionally subdivide this untidy list, distinguishing between "social" and "physical" disorders. Social disorders are unsettling or potentially threatening and perhaps unlawful public behaviors. Kelling and Wilson (1982, p. 2) described them as involving "disreputable or obstreperous or unpredictable people." In addition to those listed above, this sublist has expanded to include school truancy, "squeegee men" looking for tips in return for cleaning car windshields, "dumpster divers" in search of food, public urination, people sleeping in public on hot-air grates or under layers of cardboard, squatters in abandoned buildings, nuisance neighbors, and men fixing their cars (and perhaps draining their radiators and oil pans) at the curb. To measure the effectiveness of its antisocial behavior initiative, the British Home Office focuses on a list of 60 activities grouped in 16 major categories. They add to our inventory activities such as "letting down tyres," making false calls to the fire service, setting fires, skateboarding in pedestrian areas, and setting vehicles on fire (Home Office 2004).

Physical disorders include the overt signs of negligence or unchecked decay as well as the visible consequences of malevolent misconduct. These include abandoned, boarded up, or severely dilapidated buildings; abandoned, stripped, and burned-out cars; collapsing garages; broken streetlights; junk-filled and unmowed vacant lots; street litter; loose syringes and condoms laying on the

pavement; illegal dumping; garbage-strewn alleys; graffiti; and of course, broken windows. By-and-large, physical disorder involves visible conditions, while many social disorders appear as brief but sometimes frequent events. I am not sure in which category a few other disorders fall, including rats in the alley and packs of wild dogs running loose, but these present serious concerns for people as well.

Many of the studies described here maintain the distinction between social and physical disorders. However, depending on what is relevant and included in the research, measures of specific disorders may not neatly cluster along physical and social lines. Raudenbush and Sampson (1999) gathered observational data at the block level in Chicago. They found that a long list of observed conditions formed distinct physical and social clusters that were only moderately correlated (0.58), and thus could be considered separately. On the other hand, Ross and Mirowsky (1999) found that survey-based measures of vandalism and graffiti problems clustered with other measures of both physical and social disorder, which may befit their status as the visible residue of malevolent behavior. They recommend aggregating measures of specific disorders into one index, and in a number of studies subclusters of disorders prove to be highly intercorrelated. Some reasons this should be the case are discussed below.

Research on disorder uses methods that are more varied than those employed in many other branches of criminology. Researchers make frequent use of sample surveys to gauge the views and experiences of individuals regarding their neighborhood, nearby shopping precincts, or downtown areas. Because of the close association between many disorders and the things that people complain about to the authorities, data from police call centers and municipal complaint hotlines provide a second view of the extent and distribution of forms of disorder. Finally, because disorders by definition involve behaviors that take place in public space, and many leave behind a trail of visible physical consequences, observers can systematically record them in the field. Each of these approaches to measuring the extent and distribution of disorder has its strengths and weaknesses, and can tell us things that the others cannot.

## A. Surveys

In a typical neighborhood-focused survey, respondents are asked something like "how much of a problem" ("a big problem," "somewhat of a problem," or "not a problem") they consider each of a list of events or conditions. A few studies have instead asked if they have observed or experienced the problems on the list, or the volume or frequency of each, rather than calling for an assessment of their impact, but exactly how these questions are asked seems to have little practical effect on the findings (Sampson and Raudenbush 2004). The lists, which best are tailored to the issues and communities being studied, commonly include questions concerning a mix of physical and social disorders. In effect, surveys use residents or users of the space as observers of the local scene, in numbers large enough that the results can be averaged in order to characterize the area as a whole.

These measures usually reveal a great deal of internal consistency, at both the individual and the neighborhood level. At the individual level, survey respondents who recognize one problem usually rate several others as serious as well. This could be because they share the same causes or because they affect each other over time and thus "grow together." For example, there may be reciprocal relationships among building abandonment, squatting, casual fire-setting, and vandalism. At the area level, respondents who live in the same neighborhood usually give relatively consistent high or low ratings to the problems that are described to them, indicating that they have experienced them (or not) in similar fashion. For example, Sampson and Raudenbush (2004) found that survey samples as small as about 10 respondents per area can produce useful measures due to of high levels of agreement (or "reliabilities," which in their study ranged from 0.65 to 0.70) about the extent of disorder within neighborhoods. Across communities, ratings typically vary widely. For example, in a large citywide survey that I conducted in Chicago, average within-neighborhood ratings on a mix of social disorder questions ranged from places in which essentially none of those interviewed thought they were a problem to areas where 66 percent of adults thought that local disorder fell, on average, in the "big problem" category. Survey measures of social disorder in particular have a relatively high between-neighborhood, as opposed to between-individuals within-neighborhood, component (Sampson and Raudenbush 1999).

A strength of the survey approach to assessing the extent of disorder is that it relies on the assessments of local knowledgeables—people who live in or use the area on a regular, and often around-the-clock, basis. Surveys use the expertise of substantial numbers of them, often in the range of 40 or so to several hundred respondents for each area being studied. Of course, survey respondents do not always agree on conditions even in their own neighborhoods, and there has been research on why views of the same area differ and the kinds of respondents who stand out from the crowd (see Hipp 2010). Some of this seems due to differences in exposure. Those who go out frequently at night observe things that stay-at-homes do not. For example, I found that young adults, those under age 25, reported more social disorder than did their older neighbors. One might anticipate that older people would be less tolerant of deviance and more often be unsettled by things going on around them, but—surprisingly—in several studies, older residents (but not very strongly) reported *less* physical and social disorder than did younger people living in the same area. Disorders may also vary in their impact, and thus salience, depending on who is reporting on "how big a problem" they constitute. Another example: homeowners may worry about things that renters do not typically worry about. Female respondents report more disorder (and more crime and fear) than do their neighbors. There is mixed evidence on whether better-off people feel more threatened by disorder around them; Hipp (2010) found the effects of income and education to be small (and none of the others were very large). He also found that whites tended to perceive more disorder than did Hispanics or African Americans living in the same small neighborhood, in the limited number of areas where such

racial diversity could be found. There is also an effect of social isolation: survey respondents who are more "distant" from their neighbors (based on an aggregation of their race, age, marital status, and household composition) tend to report more social and physical disorder. However, because we understand how many of these differences occur, by statistically adjusting for them, surveys can produce even better estimates of small-area disorder.

A disadvantage of surveys is that they are costly to conduct. They require large numbers of respondents in order to characterize many small geographical areas with any accuracy. There has been some research on the optimal size of areas to be studied, and it turns out that the best estimates of the extent of disorder come from a focus on very small ones—places the size of city blocks or clusters of a few blocks. Unlike conventional crime, which circulates around somewhat larger areas because offenders are mobile and tend to go where they are not recognized, many disorders are firmly fixed in place and have their impact quite locally (Hipp, 2007). To date, surveys have not been used to gather detailed reports concerning specific disorders, including such factors as when they occur, exactly where in the community they surface, how many people are involved, or who seems to be responsible for them, but instead have focused on general assessments of their frequency or impact.

## B. Complaints to the Police

Complaints by the public to police, via either the emergency call system or alternative hotlines, provide another picture of the extent and distribution of disorder. Unlike survey reports of the extent of problems, these complaints are filtered by residents' decisions that particular events or conditions are a public matter, and that they are important enough to warrant making a complaint. They also may be filtered by people's views of the efficacy of calling the police and involving themselves with the authorities. However, compared to incidents that are later investigated and might be deemed to have been crimes, telephone complaints provide relatively unfiltered depictions of immediate concern about disorder. They are "things about which something needs to be done," although doubtless many of them would not pass legal muster. They certainly can be frequent. For example, during 2009, call takers at Chicago's emergency telephone center recorded 73,000 complaints about graffiti and other forms of vandalism, 13,500 reports of gambling or prostitution, almost 11,000 complaints about truancy or curfew violations by youths, more than 25,000 trespassing incidents, 45,000 calls reporting gang disturbances or gang loitering, and 108,000 drug-market related complaints.

An advantage of complaint data on disorder is that it can be tied to specific, and small, geographical areas throughout the city, for callers are hoping that someone will come to the scene and do something about the problem. The date and time of a complaint—which provide indirect evidence of *when* it presented a problem—are also precisely registered, and city data systems capture them over an extended period of time. As a result it is possible to address questions about

seasonal and day-night differences in the distribution of reports of disorder—something for which one-time surveys and (as we will see) observational studies are not well suited. Complaint data are also useful for monitoring or evaluating intervention programs focusing on disorder because they are independent of police crime recording and can accommodate season and time trends while comparing specific program and comparison areas. For example, Weisburd et al. (2006) used disorder calls (along with on-site observations) in an evaluation of drug market and prostitution interdiction efforts, and found large declines in both, which were associated with the program and did not spill over into other, nearby areas due to displacement. Complaints data were critical to the study because crime had been steadily falling all over the city they studied and the intervention took place during a particular season of the year, while the "before-program" period fell in another season.

Not surprisingly, disorder complaints are very highly seasonal, peaking in the summer months. During 2009 in Chicago, more than 70 percent of complaints about prostitution, gambling, and general "disturbance" calls (which are left to the police to sort out on the scene) came between April and October, as did about two-thirds of the calls in every other category. Depending on the category, 50 to 60 percent of disorder calls throughout the year occurred during evening and late-night hours. Survey and observational studies do not often examine seasonal or timing issues, but when it comes to location, complaints turn out to be distributed in much the same fashion as the findings of other methods. At the neighborhood level, all three disorder measures are strongly correlated with concentrated poverty, and residents of predominately African-American neighborhoods are far more likely than others to perceive, and complain about, all forms of disorder.

## C. Observation

A third approach to measuring the extent of disorder is to dispatch observers trained to make note of disorderly behaviors and conditions when they see them. Perhaps the best of these studies is reported by Sampson and Raudenbush (1999). For their project, which was conducted in Chicago, a pair of video recorders taped activities and the physical features of both sides of a large sample of blocks, while researchers drove down them at random time points during the day and early evening. Observers sitting next to the cameras also recorded their observations and judgments, based on what they could see and interpret. Later, all of this material was reviewed and coded by teams of independent raters. The physical disorders they counted included the presence or absence of cigarettes or cigars in the street or gutters, garbage or litter on street or sidewalk, empty beer bottles visible in the street, graffiti of various kinds, abandoned cars, condoms on the sidewalk, needles/syringes on the sidewalk, and political message graffiti. They also noted vacant houses and boarded-up or abandoned commercial and industrial buildings, and badly deteriorated structures. Social disorder was indexed by the presence of adults loitering or congregating, drinking alcohol in public, youth groups evidencing gang

indicators, apparent public intoxication, adults fighting or arguing in a hostile manner, visible drug sales, and street prostitution.

Observational studies are obviously appealing. Their public character is part of the definition of disorder, and many of them leave behind a trail of observable consequences for the community. Observation also provides measures that are independent of the personal experiences and judgments of survey respondents, providing a reality check on their views, and they can examine aspects of the social and physical environment that respondents have difficulty describing in response to the relatively simple questions that surveys demand (Sampson and Raudenbush 1999). For example, observers can count the number of people involved and assess their sex and apparent age.

One limitation of studies like that in Chicago is that observers typically do not work, or videotape, very late into the evening. That is the time, however, when a great deal of disorderly behavior takes place. To examine this, I calculated the percentage of calls to Chicago's police emergency number that took place after 7 p.m. and before 7 a.m., a period when their observers were not in the field. Calls made during the later hours of the evening and early morning constituted 59 percent of all complaints about disturbances, 54 percent of all complaints about gang activity, 55 percent of prostitution complaints, and 58 percent of calls regarding public drinking. A great deal of activity takes place on the streets after dark (which was also when 67 percent of all calls reporting people shot and shots fired were made), but this is a period during which it can be difficult—and dangerous—to conduct observations. Likewise, the high degree of seasonal variation in disorder means that when, as well as where, observations are conducted has an important impact on the resulting data. In contrast, surveys of residents and counts of emergency calls reflect events that take place late on Saturday nights, and in the winter as well as the summer months.

Observational studies can also be quite expensive to conduct, and (like surveys) they grow more costly as the size of the areas to be observed goes down and the number of them (and the times of the day they need to be observed) goes up. The transient nature of many social disorders presents a particular problem. During their daytime observations, Raudenbush and Sampson (1999) spotted public drinkers on only 36 of the 15,111 block faces they observed, only 12 locations hosting street drug dealing, and 11 apparent prostitutes, making this a very expensive way to spot disorders. In their study, systematic observation could produce highly reliable estimates of social and physical disorder at the level of the census tract, but for smaller areas, agreement among observers on the extent of physical disorder dropped to 0.37 for physical disorder and to 0.00 for social disorder. By contrast, Sampson and Raudenbush's (2004) survey of Chicagoans found the reliability for social disorder ratings to be 0.67 at the block group level, and Perkins and Taylor (1996) reported very high agreement among survey respondents (0.77) at the level of city blocks, in Baltimore. Because of the cost, typical observational studies have been more modest in scope than the Chicago project, using two-person teams of trained (often student) observers rather than

video equipment and follow-up ratings, and gathering data on many fewer blocks. A few survey studies conducting in-person interviews have trained interviewers to also make observations from the doorsteps of sample households while they are there. This is an approach that yields survey and observational data that can be matched for analysis, but these studies rely on the reports of one observer at one particular, and non-random, point in time.

## D. Agreement Among Measures

As I noted, the race and class correlates of neighborhood-level disorder tend to be quite similar, regardless of how disorder is measured. There have been only a few studies of the correspondence between disorder measures themselves, for this requires running parallel (and thus even more expensive) data collection efforts. However, these have found moderate to high agreement between different measures of disorder for the same areas. This indicates that they are reflecting—each imperfectly and with unique biases and sources of error—an underlying reality about variations in conditions among urban neighborhoods. Perkins and Taylor (1996) reported a correlation of 0.76 between survey and observational measures of the extent of decaying residential buildings. After some statistical controls, Perkins, Meeks, and Taylor (1992) found perceived teen group problems correlated 0.31 with observers' counts of groups of males hanging out. The large-scale Chicago observational study described above found a correlation of 0.56 between neighborhood measures of social disorder and the findings of a huge survey that could be aggregated to the same level. For physical disorder, the correlation between the two indices was 0.55 (Sampson and Raudenbush 1999). In my Chicago data, which was collected independently (Skogan 2006), correlations between aggregated small area survey data and measures of disorder based on emergency call data range from the 0.70s (for concern about drugs and gangs) to 0.48 (for public drinking).

The methodological research described here, and the agreement among measures of disorder across methods, also speaks to the question of whether disorder is "really there," or if instead it largely rests "in the eye of the beholder." Does it represent anything other than narrow-mindedness and intolerance for all but conventional middle-class views of how people ought to behave? Harcourt (2001), for example, thinks that claims that things are disorderly merely reflects the distribution of white, middle-class views about public deportment, and that important subcultures are far less "uptight" about many of the same conditions. He is concerned that the idea of disorder confounds eccentricity, difference, and criminality. He sees discussion of disorder, as defined by the better-off, as justifying classifying people considered the "losers" of society—vagrants, drunks, drug addicts, loiterers, and panhandlers—as criminals. However, we have seen that agreement among survey respondents reporting about the same neighborhood tends to be substantial, with some of the largest differences being attributable to factors like differential exposure to public disorders or enhanced vulnerability to their consequences. Some important economic cleavages do not seem to independently affect views of local

disorder at all. Neighborhoods where residents take the initiative and complain to the police tend to be the same ones where they complain to survey interviewers, and when independent observers drop by they tend to spot visible instances of disorder in the same places. Further, in each case it is not the better-off who are most "uptight," and in many instances the disorders in question involve serious, victimizing consequences for households and communities, and are not exercises disparaging eccentricity.

So, which is the "best" measure of disorder? As John Hipp (2007) has argued, all of these methods for assessing the extent of disorder have strengths and weaknesses, and the answer to that question is probably that it depends on the nature of the research question and the resources that are available to address it. Each approach is fallible, and disorder itself can be of a transitory nature. Disorder ebbs and flows with the weather and by season and time of day, and broken windows can be fixed. Observable disorderly behavior can be particularly transient and concentrated in the hard-to-study late-night hours. On the other hand, stereotypes of individuals and whole neighborhoods may be reined in when teams of trained observers compare notes about what they are seeing, and when they remain focused on relatively unambiguous conditions and behaviors. Data on telephone complaints are cheap and provide an around-the-clock flow of information, at the expense of being filtered by the decision to make a formal (albeit free and easy) complaint to the police. It is also not required that they be legally actionable in order to be registered, which suits the fuzzy status of many disorders. Surveys also handily provide measures that help *explain* the distribution of disorder, including such factors as neighborhood solidarity and individual involvement in efforts to control crime and disorder, but at the cost of potentially building in associations between these factors that are produced by the method rather than causal relations in the real world.

## II. The Impact of Disorder

Each of the specific disorders considered here—and the list is a long one—has interesting features. They have diverse origins and present different problems with different potential cures. However, disorder is of interest here because it has consequences for individuals, neighborhoods, and entire cities. This section describes recent research on the consequences of disorder; Skogan (1990) summarizes earlier work, and Hipp (2010) recent research.

First, disorder has a negative effect on many of the processes that sustain healthy neighborhoods. My earliest work on this topic showed a sizable impact of disorder on neighborhood satisfaction and moving intentions. It helps drive out those for whom stable community life is important, and it discourages people from moving in. In particular, family households desire to move elsewhere in the face of

disorderly conditions, and disorder also affects school choice. Because people can move only if they have the financial means to do so, disorder contributes to the sorting of residential communities by income, with the less well-off being left behind in increasingly concentrated poverty. All of this affects rents and house prices, through the decisions of prospective residents, real estate and insurance agents, and investors, about neighborhood quality. As a result, disorder is frequently associated with building vacancies and abandonment. Fewer people will want to shop as well as live in areas stigmatized by visible signs of disorder, so business conditions deteriorate and store operators consider relocating (Fisher 1991). Over time these problems feed upon one another, threatening to push neighborhoods deeper down a spiral of decline.

Disorder is also associated with declining trust in neighbors and declining participation in community life. This in turn undercuts resident-based supervision of local spaces and natural processes of social control in neighborhoods. Withdrawal tends to reduce supervision of youths, undermines any general sense of mutual responsibility among area residents, and weakens informal social control. Residents of disorderly neighborhoods also are more likely to report that other people cannot be trusted, to be suspicious, and to think that others are out to harm them (Ross and Mirowsky 1999; Taylor 2010). Perceived disorder is associated with the erosion of social ties. People who describe their neighborhoods as disorderly report lower levels of informal contact with those living around them. Residents of disorderly neighborhoods are less likely to chat with one another, visit each other's homes, or lend things to one another (Liska 1987). They are also less likely to report participating in neighborhood or community service organizations. Those who cannot physically leave withdraw psychologically, finding friends elsewhere or simply isolating themselves. One hope of community organizers is that, in troubled neighborhoods, consciously created community organizations can serve as at least a partial substitute for weakened informal social control. But like informal cohesion, formal collaboration is lower in disorderly neighborhoods, further diminishing their capacity for collective action. In short, disorder helps erode what control neighborhood residents can maintain over local events and conditions.

Fear of crime is an issue close to the traditional concerns of criminologists, and there is a huge inventory of studies pointing to a very large impact of disorder on fear. Unlike many crimes, disorder is visible to all, and unlike many serious crimes, disorder can be observed on a frequent, even daily basis; both of these features help magnify its consequences. In surveys, residents of disorderly areas are more likely to fear that they or other family members will be victimized, they more frequently report being afraid to leave their home, and they worry that their homes will be broken into. Where people report high levels of disorder, they also are more likely to perceive higher levels of crime and increasing neighborhood crime. Robinson and associates (2003) went further than most by interviewing Baltimore residents on two occasions. This enabled them to examine the impact of changes in perceived disorder over time between the two interviews. They found

that changes in disorder drove changes in fear of crime and changes in worry about victimization (a somewhat different measure), as well as satisfaction with the neighborhood. Further, statistically embedding respondents in the context of their street block revealed that when disorder changed at the micro-neighborhood level, neighborhood satisfaction and fear of crime shifted in response. There is evidence that perceived disorder has a special effect on fear in less affluent areas, where residents appear to take them most seriously as signals of danger (Taylor, Schumaker, and Gottfredson 1985).

Studies of the impact of disorder range beyond residential neighborhoods. In a project on schools, perceived school disorder was the major factor associated with students' fear of crime. The authors concluded that disorderliness may "serve to signal to students a lack of consistent adult concern and oversight that can leave them feeling unsafe" (Mijanovich and Weitzman 2003, p. 400). Further afield, a growing body of research concludes that disorder is psychologically distressing and undermines personal health. Daily exposure to disorderly conditions can be psychologically distressing, contributing to anxiety and depression. In turn, disorder appears to lead to increased alcohol consumption as a means of tension reduction and escape (Hill, Ross, and Angel 2005). In survey studies, perceived disorder has been linked with a range of mental health conditions, ranging from depression, psychological distress, hostility, and mistrust to perceived powerlessness (for a review see Sampson, Morenoff, and Gannon-Rowley 2002).

As the list of the consequences of disorder should suggest, neighborhood levels of disorder are also closely related to crime rates. The two go together tightly, and because research has not identified many high-disorder but low-crime neighborhoods, the task of teasing out the direct and indirect relationships between the two remains to be completed. The close link between crime and disorder could come about in at least three ways. First, as the review above suggests, research indicates disorder has a strong, negative effect on many factors that discourage crime, ranging from neighborhood solidarity and civic engagement to investment and stability. Disorder undermines the processes by which communities ordinarily maintain social control and preserve their character. Disorder also generates fear, and another very large body of research has documented that fear of crime has an independent, destabilizing effect on neighborhoods (Markowitz et al. 2001). From this vantage point, disorder causes crime via a set of very well understood, mediating causal mechanisms that have been the subject of a half-century or more of criminological research.

Second, levels of disorder and crime could appear to go together because both are dependent upon some third set of factors, including poverty and discrimination. Racial exclusion and concentrated poverty are deeply implicated in every aspect of crime, so it would not be surprising that this is the case here as well (for a review, see Hipp, 2007). Sampson and Raudenbush (2004) implicate stereotyping in this process. In their view, beliefs about the distribution and significance of disorder arise in part because of the historical association of segregated minority areas with concentrated poverty and disinvestment. These views become self-confirming when

they influence (as we have seen above) future housing and investment decisions, law enforcement policies, and civic engagement. These decisions in turn further increase the statistical association between race and disorder.

They also note that widespread cultural stereotyping probably influences the measurement of neighborhood disorder even when gauged systematically using video cameras and trained observers. The social meaning attached to race and class (presumably even self-attached, when disorder is assessed by residents' opinions or calls to emergency numbers) may be confounded to some extent with the "reality" of disorder, whatever that may be. Sampson (2009) sees evidence of this in his finding that neighborhood race and concentrated poverty are statistically related to perceived disorder, as measured by surveys of area residents, even after controlling for observed disorder, as measured by cameras and observers. He also reports that perceived disorder measured in the past is a strong predictor of disorder measured in a follow-up survey, after controlling for observed disorder. He interprets all of this as evidence that cultural cues provided by race and class shape how Americans assess disorder, in this case in their own communities, and how it further disadvantages neighborhoods over time. However, the data are also consistent with the possibility that resident surveys provide more encompassing and nuanced measures of neighborhood problems, so that statistical controlling for counts of observed disorder does not fully account for the underlying extent of disorder.

More contentiously, Kelling and Wilson (1982) argued for a third link between disorder and crime (but I have no doubt they would have agreed there is an important role for the first two as well). This is their famous "broken windows" thesis. They described a sequence in which visible decay (those windows) and minor but unchecked rule-breaking invites more conventionally serious crime by attracting serious criminals. Criminals are drawn to such areas because they offer opportunities for crime. Where disorder is common and the ability of communities to intervene is at a minimum, criminals will feel their chances of being interrupted are low. Areas that tolerate (or cannot effectively counter) rowdy taverns, sex and drug-oriented paraphernalia shops, public drinking, prostitution, roving bands of young men, and similar disorders will quickly be inundated by crime. Gambling and drinking lead to robberies and fights; prostitution and drug sales attract those who prey upon the consumers of vice.

This variant of the disorder-causes-crime connection has not been carefully examined by researchers. It would require careful attention to the origins of offenders and their destination neighborhoods, but research of that nature has to date focused on issues like travel time between the two points and the availability of attractive targets for burglary, and has not focused on the role of disorder (and other community factors, for that matter) in creating a viable habitant for serious but imported criminals.

One crime-generating process that has been investigated is the role of disorder in lowering the *inhibitions* that discourage people from committing crimes. A component of the broken-windows argument is that visible manifestations of social disorganization provide a signal to outsiders that "anything goes" here, for

the signs of disorder signal the unwillingness of residents to confront strangers, intervene in a crime, or call the police. As a result, potential lawbreakers grow bolder when the environment communicates that an area is defenseless. This argument has been the subject of the only randomized experiments in the disorder-and-crime domain, and they firmly support the broken-windows thesis.

The study was conducted in the Netherlands. Six different experiments tested the hypothesis that visible public disorder encourages other forms of crime. In each experiment, visibly disorderly conditions were created in one area, while another matched area remained in its normal, orderly state. The disorders ranged from massive graffiti to piles of abandoned grocery carts and the sound of fireworks going off. Opportunities for rule-breaking (ranging from littering to theft) were created in each study area, so passers-by could choose (or not) to break the law. Hidden observers recorded what they did as people came upon the scene. The question was, would the opportunities that were presented for rule-breaking be taken up more frequently when they were presented in a disorderly rather than in an orderly context? The findings were strong and consistent in their support of the disorder hypothesis. As is typical with arranged field experiments, the opportunities for crime that were presented were minor; at most, passers-by could choose to steal an envelope visibly containing five euros. However, in the two envelope-theft versions of the experiment, those who encountered this temptation under disorderly conditions were twice as likely to be observed stealing what was available (Keizer, Lindenberg, and Steg 2008).

## III. Discussion and Conclusions

This chapter has argued that disorder—an untidy collection of conditions and events that often fall on the fringe of issues that have traditionally concerned the criminal justice system—has important implications for the fate of households, neighborhoods, and cities. The broken-windows argument was a rationale for selective order-maintenance policing. However, the understanding that disorder could play an important role in the dynamics of neighborhood stability and change led researchers to quickly expand the range of the concept to include many conditions and events that lie at, or beyond, the boundaries of criminal law, an idea that has gained traction in many fields of social science. Studying disorder is methodologically demanding because of the wide range of phenomena it encompasses and their often transitory character. Researchers use sample surveys, administrative records, and observations in the field in order to assess the magnitude and differential distribution of disorder across neighborhoods, because each has particular advantages and disadvantages. However, the findings of this research are in general agreement regardless of method. Disorder, independently but always in tandem with other conventional crime, plays a role in undermining the stability of urban neighborhoods, undercutting natural

processes of informal social control, discouraging investment, and stimulating fear of crime. This, plus perhaps its independent role in generating conventional crime, amply justifies the attention that policymakers around the world have given to social and physical disorder reduction.

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