



A New Look into Broken Windows: What Shapes Individuals' Perceptions of Social Disorder? ☆



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ABSTRACT

Purpose: This study compares perceptual and observational measures of social disorder to examine the influence of observable levels of disorder in shaping residents' perceptions of social problems on their street.

Methods: This study uses regression models utilizing data from a survey of residents, systematic social observations and police calls for service to explore the formation of perceptions of social disorder.

Results: We find little correspondence between residents' perceptual and researchers' observational measures of social disorder, suggesting that residents form perceptions of social disorder differently than do outsiders to their community. However, researchers' observations of physical disorder were found to strongly influence residents' perceptions of social disorder. Findings also suggest that people with different demographic backgrounds and life experiences may perceive the same social environment in very different ways.

Conclusions: The results add to a growing literature suggesting that social disorder is a social construct, rather than a concrete phenomenon. Moreover, we suggest that the linkage between physical disorder and residents' perceptions of social disorder might provide an avenue for police to address residents' fear of crime while avoiding some of the criticisms that have been leveled against programs targeting social disorder.

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"Now if objective reference is so inaccessible to observation, who is to say on empirical grounds that belief in objects of one or another description is right or wrong?"

–W.V. Quine, *Word and Object*, 1960

Introduction

As illustrated by the quote above, and prominently noted in Robert Sampson's Presidential Address to the American Society of Criminology (2013), the social world is largely subjective and individual perception plays a dominant role in shaping how people view the world around them. Not surprisingly then, the study of perception has a long history in the social sciences. The most notable examples arguably come from labeling theory, starting with Cooley's (1902) discussion of the "looking glass self" to the more modern work on "symbolic interactionism" which focuses explicitly on how individuals perceive their interactions

with others (Matsueda, 1992). Examples even extend into criminal justice policy and theory with work on deterrence finding that the perceived certainty of punishment has the strongest impact on behavior (see Nagin, 1998 for a thorough review), and research on procedural justice showing that individuals' opinions of the system are shaped more by their perception of how they were treated by criminal justice officials than by the actual outcomes of their interactions (Sherman, 1993; Tyler, 2004).

The broken windows thesis (Wilson & Kelling, 1982) is a popular policy-relevant theory that is directly related to the importance of understanding perceptions of crime. Building off an earlier social-psychological experiment by Zimbardo (1969), Wilson and Kelling suggest that visible symbols of disorder start a cycle of decline that leaves neighborhoods vulnerable to criminal invasion. They suggest that there are two related perceptual pathways to this process. First, residents perceive accumulating social and physical disorder problems (minor social ills like loitering or public drinking, and physical dilapidation such as litter or graffiti) and become fearful and withdraw from the community—thus lowering informal social controls. Second, potential offenders also perceive this accumulating disorder and conclude that social controls are weak and step up their offending in the area as they conclude their chances of detection and apprehension in such areas are lower than in more orderly neighborhoods.

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Despite being a theory clearly dominated by perceptions of disorder, the broken windows thesis has not always been tested as such. Studies have varied in whether they use measures of residents' perceptions of disorder, researchers' systematic social observations, or official records related to disorder incidents. Studies also differ in the specific items used to construct the disorder measures, which has led to confusion over what exactly is meant by the term disorder (see Kubrin, 2008). Finally, a number of studies fail to recognize the categorical difference between physical and social disorder, and combine the two measures into one general measure of disorder.

This lack of conceptual clarity and consistency in how disorder is measured has important implications for our understanding of the broken windows thesis and policing strategies based on the idea in two main ways. First, the results of studies testing the broken windows thesis are mixed, as are the findings of studies examining the effectiveness of broken windows policing. One reason behind this could be the lack of a clear definition of what disorder is and how it should best be measured (Kubrin, 2008). One would not expect consistent results across studies when the key variable is measured very differently from one study to the next—particularly when the differences are as broad as whether perceptual or observational measures are used.

Second, the perceptual nature of disorder has practical implications for policy. If disorder is really a social construct, as has been suggested by some scholars, then having policies based on the broken windows thesis may lead to discrimination as the behaviors of the lower class, and the physical conditions of poor neighborhoods, are more likely to be defined as disorderly by those with political power (see Harcourt, 2001; Herbert, 2001; Sampson, 2004). The risks of such negative impacts are especially heightened if resident perceptions of disorder differ greatly from those of outsiders such as researchers or police who are defining disorder problems. This is particularly troublesome as many police tactics based on the broken windows model lead to zero tolerance policies (see Dennis & Mallon, 1998) that can increase racial disparities in stops, searches, citations and arrests as evidenced by the ongoing uproar over the New York City Police Department's stop-and-frisk program. Such programs could clearly have major negative impacts for police legitimacy (see Tyler, 2004).

These two criticisms of research on broken windows can be tied to the fact that many studies and broken windows inspired interventions depart from the perceptual nature of the theory. It is clear from Wilson and Kelling's original paper that what really matters is whether residents (and offenders) perceive an act or physical condition to be disorderly, fear-inspiring and/or whether it provide signals (see Bottoms, 2009; Innes, 2004) to residents that the area is not safe (or to offenders that it is a good place to operate with relative impunity). Moreover, recent work suggests that what is perceived as disorder by residents may not match what is coded as disorder by outsiders to the area, such as researchers conducting systematic social observations. This is because perceptions of disorder do not simply reflect observable indicators of disorder. Notably, studies have found that not all disorders send out the same signals (Innes, 2004). How disorder is perceived varies by the preconceived behavioral expectations a person has for an area (Millie, 2008). It has also been found that the racial composition of an area also has a strong conditional effect on individual perceptions after controlling for observable levels of disorder (Sampson, 2009, 2012; Sampson & Raudenbush, 2004). In other words, some studies find support for the notion that disorder is a social construct (see Harcourt, 2001) rather than a concrete social or physical condition that is perceived consistently across individuals in a similar manner.

Thus a key challenge in the study of disorder is how researchers conceptualize and measure the phenomenon. The methodological issues cover a broad spectrum, including concerns over what behaviors and physical conditions should be included in measures, as well as whether all these issues should be examined separately or combined into an omnibus disorder measure. However, the paramount issue in our view is whether perceptual or observational measures are used in

research. Given the above discussion, it is unlikely that perceptual and observational measures of disorder would perfectly correlate even when both data were collected from the same microplace unit of analysis (i.e. street segments). Thus the outcome of a study could be impacted by a researcher's choice of which type of measure to employ. The current study aims to provide some methodological clarity for disorder researchers by directly examining how perceptual survey measures of social disorder relate to systematic social observations of social and physical disorder collected by researchers.

Prior research on perceptions of disorder

The study of deterrence theory reinforces the importance of examining the correspondence between perceptual and observable levels of phenomena. The lesson learned from the deterrence literature is that what matters most in determining peoples' actions are determined by what they perceive to be the risk of punishment rather than actual, objectively measured sanctions (Kleck, Sever, Li, & Gertz, 2005; Loughran, Paternoster, Piquero, & Pogarsky, 2011; Paternoster, Saltzman, Chiricos, & Waldo, 1982; Paternoster, Saltzman, Waldo, & Chiricos, 1983a, 1983b; Paternoster & Simpson, 1993, 1997). This trend of thought signifies why it is important to evaluate whether people's perceptions of disorder in a place correspond with the researcher-observed levels of disorder measured through systematic social observations.

This is especially important because perceptual disorder is a key factor in the broken windows thesis as it is hypothesized to increase fear of crime, resulting in withdrawal of residents and subsequently to the decline of the neighborhood (see also Skogan, 1990). From its earliest roots (Zimbardo, 1969) the broken windows thesis has been a social-psychological theory that has focused on how individuals perceive and react to the presence of disorder in their environment. Clearly, observed levels of disorder play a role in this process, but perceptions are the key influence in this process. If residents are not aware of the presence of disorder, or are not bothered by it, it likely will not generate fear or otherwise lead to neighborhood decline as hypothesized (see Innes, 2004; Millie, 2008; Taylor & Shumaker, 1990; Taylor, Shumaker, & Gottfredson, 1985). Nonetheless, many studies examining disorder and its impacts tend to measure disorder through assessments by independent observers, rather than through the perception of residents. As such, it is important for studies which compare how perceptions of disorder relate to observed measures of disorder collected by outsiders in order to understand the effects of social disorder and its implications for place-based theories.

Importantly, some research has found a lack of correspondence between perceptual and observed disorder measures. For instance, a study using data from 50 blocks in New York City found very little relationship between observed and perceived physical disorder (Perkins, Wandersman, Rich, & Taylor, 1993). Piquero (1999), using data from public housing developments in Denver, employed factor analysis and concluded that observational and perceptual disorders are not the same thing. Thus it is reasonable to suspect that there is a substantial discrepancy between perceptual and observational measures of disorder.

While these findings are insightful, there are limitations to the prior studies that hinder further understanding. First, there was little uniformity across the observed and perceived disorder measures in many studies. For instance, in Piquero's study, the perceived disorder measure was entirely made up of social disorders, while the observational scales were entirely comprised of physical disorder items—with the exception of loitering. As such, it is not surprising that the observed and perceived disorder measures did not load on the same factor as it has long been argued that social and physical disorder are likely distinct factors (see Skogan, 1990; St. Jean, 2007; Yang, 2007, 2010).

However, the most likely reason for any discrepancy between observational and perceptual measures of disorder has to do with the subjective nature of disorder. If perceptions of disorder are shaped by factors beyond the observable level of disorder problems in their community,

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