

An Experimental Approach Analyzing Who "Sees" Disorder When There is Nothing to "See":

Understanding Variance of Perceptions via Personal

Characteristics

By

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ABSTRACT

Knowing that disorder is related to crime, it has become essential for criminologists to understand how and why certain individuals perceive disorder. Using data from the Perceptions of Neighborhood Disorder and Interpersonal Conflict Project, this study uses a fixed photograph of a neighborhood, to assess whether individuals “see” disorder cues. A final sample size of n=815 respondents were asked to indicate if they saw particular disorder cues in the photograph. The results show that certain personal characteristics do predict whether an individual sees disorder. Because of the experimental design, results are a product of the individual’s personal characteristics, not of the respondent’s neighborhood. These findings suggest that the perception of disorder is not as clear cut as once thought. Future research should explore what about these personal characteristics foster the perception of disorder when it is not present, as well as, how to fight disorder in neighborhoods when perception plays such a substantial role.

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Introduction

Understanding the occurrence of disorder, specifically neighborhood disorder, has an extensive history in the criminal justice field. Initially, when researchers began studying disorder, the focus was on the physical neighborhood, or the area, in which the disorder was present. Many approached the problem from the perspective that to understand and correct a disorder problem, a person must concentrate on the area of interest. As a result, previous studies failed to establish other factors that contribute to the perception of disorder, such as individual characteristics.

Some facets of disorder are better understood than others. This can be especially true for the perception of disorder. There are just as many types of disorder as there are perceptions of disorder. Scholars have developed many ways to test whether one sees or reports disorder; however, many of these studies do not consider differences in those perceptions. This is not to say that historically studies have not taken personal characteristics into consideration, only that consideration of those personal characteristics is somewhat limited. Additional research should consider other personal characteristics or factors that may affect the perception of disorder other than gender and age. Also of benefit would be understandings of the types of disorders individuals seem more concerned with. This can be accomplished by employing a specialized approach, which this study takes.

In this study, I examine which individual characteristics predict if individuals “see” disorder. Using data collected through the Perceptions of Neighborhood Disorder and Interpersonal Conflict Project, I analyze whether fear of crime, adoption of personal violence codes, and other demographic characteristics predict if individuals report seeing a variety of disorder cues. This study is important because it addresses the inconsistencies in the individual’s perception of disorder and also addresses which characteristics influence “seeing” disorder (versus interpreting disorder). We are aware that differences in perceptions do exist; however, much of the research is still unclear. A study of three cities by Quillian and Pager (2001), found mixed effects of age in relation to perceptions. Other studies have found significant effects based on age; concluding that age was indeed a predictor regarding perceptions of disorder (Sampson and Raudenbush, 2004).

It is important to fully develop an understanding of disorder and perceptions of disorder, because of the tremendous impact disorder has on communities, policing and crime. To this end, we must start by studying the individual and how and why he reports seeing disorder. Access to this information is essential to combating disorder.

Chapter 1

WHAT IS DISORDER

Disorder stems from non-verbal signals regarding the level of social control in a neighborhood (Wallace, 2011; Skogan, 1990; Sampson and Raudenbush, 1999). Disorder can be broken up into two distinct categories: social disorder and physical disorder.

Social disorder is deviant behavior that occurs in public and can include people drinking alcohol, taking or selling drugs, panhandling, and loitering. Forms of social disorder, such as prostitution or street fights create a hostile neighborhood environment, usually involving strangers (Sampson and Raudenbush, 1999). The presence of social disorder signals a lack of social control within the neighborhood and may trigger other criminal behavior (Wilson and Kelling, 1982). Physical disorder is seen in the general physical appearance of the neighborhood. When the neighborhood is said to include signs of physical disorder, those signs can include graffiti, abandoned buildings, litter, and vandalism. In most cases, physical disorder can be referred to as “the deterioration of urban landscapes” (Sampson and Raudenbush, 1999: 603). There can be many forms of physical disorder depending on the particular area of interest. Areas with high levels of physical disorder are described as noisy, filthy, and lacking the supportive resources that many residents require.

Additionally, disorder is not a static concept. For example, “Social and physical disorders are conceptualized on a continuum, with high levels of order on one end and disorder on the other” (Ross, 1999: 413). Order, or the sense of order, in a neighborhood implies a safe and clean environment that is absent of damaged buildings and adolescents

hanging out. Neighborhood disorder is the perceived lack of order and social control in a community (Ross and Jang, 2000). Order is known as a state of peace and safety, whereas control is the deed of maintaining that order. The sense, or feeling, of order and control are seen through the lenses of both social and physical cues of disorder (Skogan, 1990). These physical and social cues are not necessarily criminal in nature; instead they are violations of norms, and in some cases, minor violations. Still, minor or criminal, these cues generate a sense of fear in residents, reducing other mechanisms that have been proven in reducing crime, such as informal social control.

Subjective perceptions of disorder consist of measurements of disorder that are reported by the resident. In general subjective measures of disorder are seen as problematic because if residents' perceptions vary or are partial, those biased reports are captured in the disorder measure (Sampson and Raudenbush, 1999). The order maintenance approach states that disorder or the meaning of disorder is not a complex concept and can easily be defined; however recent research has suggested something entirely different (Harcourt, 2001). For instance, Kurbrin (2008) suggests, "The evidence showed even more demand for considering subjective observation, however little consideration has been directed toward understanding residents' subjective meanings of disorder in their communities" (p. 207). Perkins and Taylor's (1996) work was able to document correlations of objective and perceptual measures of disorder and conclude that the two are not always highly correlated.

It is important to understand why individuals "see" disorder differently because of the multitude of effects disorder can have on crime and the community. To truly have

a positive effect on controlling disorder, researchers must have a fully developed awareness of the personal characteristics that affect the perception of disorder. Understanding the social and neighborhood contexts that alter perceptions of disorder provides researchers and policy makers with the knowledge required to have a positive impact on the neighborhood when combating disorder (Wallace, 2012). Also, any identifiable variation in who sees disorder may be seen as a direct inconsistency of the many theories currently explaining disorder (Wallace, 2012). In the past, little consideration was given to the individual; therefore it is extremely important to know who sees disorder and who does not.

Defining disorder, both social and physical, is vital to understanding the framework when it comes to neighborhood disorder. The next step is to grasp why neighborhood disorder matters so much and why we care. The answer to that question takes many forms and incorporates many theories. The basis of many of these theories is the notion that: “Neighborhood disorder may have consequences for individuals, reducing individual well-being and increasing fear, mistrust, isolation, anger, anxiety, and demoralization” (Ross, 1999:412). This can be true not just for individuals but also for the community. Disorder has been found to reduce social ties among those in the area which usually results in a reduction of informal social control and collective efficacy among neighbors (Ross, 1999). Disorder has also been shown to be associated with the breakdown of social control. The lack of social control cultivates additional disorder, resulting in a reciprocal relationship (Hipp, 2010). More disorder means less social control, and a lack of social control means an increase in disorder (Wilson and Kelling,

1982; Skogan, 1990). This type of relationship is not only difficult to disentangle, but also creates other negative consequences related to disorder. The first of many possible negative outcomes is disorder's positive relationship with crime and the fear of crime (Hipp, 2010). The section that follows discusses, in detail, the different theories surrounding disorder and its effect on the neighborhood.

Chapter 2

THEORIZING DISORDER

Perhaps the most prominent disorder theory was developed by Wilson and Kelling (1982). They set the standard with their theory when they developed a framework that incorporated a causal relationship between disorder, fear, and crime. This early framework is known as the “broken windows” theory, and has since made significant headway in research and policy implications (Doran and Lees 2005). The argument that shapes the “broken windows” theory is time ordered: “At the community level, disorder and crime are usually inextricably linked, in a kind of developmental sequence” (Wilson and Kelling, 1982: 31). The notion here is that if a broken window is left unrepaired on a building, in the near future, the other windows on the building will be broken as well. The broken window is a sign that no one cares about the area since the original broken window was neglected. Individuals witness the lack of compassion for the neighborhood and develop their own interpretation of the area that no one cares and therefore participating in the disorder has little to no repercussions. Zimbardo’s (1969) work, was one of the first to start testing the temporal sequence of disorder. He used an experimental approach to assess an individual’s reaction to an unrepaired vehicle left on the streets. Zimbardo left one car in the Bronx and another comparable vehicle was left in Palo Alto, California. The vehicle in the Bronx was left with one broken window, whereas, the vehicle in Palo Alto, was left in good condition. The vehicle began to be vandalized within ten minutes of being unattended in the Bronx, and within twenty-four hours the vehicle had been completely stripped. The vehicle left in Palo Alto sat

untouched for a week until Zimbardo broke one of the windows himself. Within a few hours, the vehicle had been completely destroyed (Zimbardo, 1969). This early work demonstrated a strong relationship between disorder and future acts of disorder caused by the original condition.

Zimbardo's work focused on the vandalism of a vehicle left unattended. However vandalism was only used as an example to illustrate that one type of disorder leads to other forms of disorder. The individuals are not necessarily copying the act of breaking more windows, but began to participate in other disruptive acts that increased the likelihood of disorder. This produces a domino effect of norm violations, when these violations produce a particular type of disorder, such as vandalism. This can easily lead to other deviant acts, such as littering or neglect (Keizer, Lindenburg, and Steg, 2008). As the disorder spreads, so does the notion that no one cares, and the process begins to start over. According to the theory, disorder that is left unchecked will eventually lead to more serious crimes (Kelling and Coles, 1996). Regardless, of whether or not serious crime follows disorder, it is the subjective judgment of the individual who rationalizes that disorder does in fact foster serious crime and is a threat to their well-being. The individuals in the community who witness the increased disorder begin to feel that they themselves are in danger, because seeing disorder can easily be associated with the fear of crime and the potential to be victimized (Kanan and Pruitt, 2002).

The fear of crime experienced by many residents as a result of perceived disorder is a complex concept that takes on many forms. The characteristics of a neighborhood have been shown to produce or heighten an individual's fear of crime, even if there is

no real threat. This is especially true when disorder is prevalent. Hunter's (1978) work has been recognized as one of the first to link incivilities, or disorder, and citizen's fear of crime. Hunter argues that disorder cues are more predictive of fear of crime than actually experiencing victimization. Since Hunter's work on disorder, the research has expanded across multiple dimensions; however, most studies have found a significant relationship between incivility and fear of crime. In every case "where the relationship is significant, higher levels of incivility correspond to higher levels of fear" (Covington and Taylor 1991: 315). When controlling for class and disorder, Covington and Taylor (2005) found neighborhoods with widespread disorder have relatively more fear. Thus, residents who saw disorder cues, social or physical, began to rationalize that additional disorder must be present and began to feel vulnerable. The feeling of unease and vulnerability leads individuals to be fearful of victimization (Covington and Taylor, 2005). As disorder increases so does the fear of crime, creating a positive relationship that has detrimental effects on a community.

When an individual feels they are at risk of being victimized, it is human nature to try to avoid such situations. As residents begin to avoid public areas and reduce their time conversing with others in the neighborhood, the breakdown of informal social control begins (Gault and Silver, 2008). When residents, who would otherwise be involved with the community stop interacting with others, or when neighbors stop watching out for each other's children, we see a reduction in informal social control that leads to lowered collective efficacy. Collective efficacy is the key concept in Sampson and Raudenbush's (1997, 1999) work on disorder; "the collective efficacy of residents is

a critical means by which urban neighborhoods inhibit crime and disorder” (Xu, Fielder, and Flaming 2005: 156). A lack of collective efficacy is the main contributor to decreased informal social control. According to Sampson and Raudenbush (1999), the informal social control of a neighborhood is central to controlling disorder. As residents begin to fear crime, they also begin to withdraw, which breaks down informal social control, lowering collective efficacy and increasing social disorganization; all of which increases disorder.

Chapter 3

PERCEPTIONS AND MISCONCEPTIONS OF DISORDER

The difference between seeing disorder and perceiving disorder is determined by the individual's interpretation of the disorder. An individual can see disorder and then easily report it; however, recent research has indicated that among individuals, the estimated presence of disorder differs (Wallace, 2012). In other words, because of the many facets such as, exposure and the use of public spaces, individuals are exposed to different levels of objective disorder. The objective disorder, or "seeing" disorder, alters a person's perception of the area. Once this alteration takes place it is likely the individual will identify certain disorder cues that are not necessarily present, creating what is known as perception. For example, someone who sees gang activity may also report graffiti. It is likely that graffiti follows gang activity, however, the individual did not witness graffiti, it was his or her knowledge of gangs that made them think "graffiti" even though it was not present. Instances similar to this are extremely common when assessing disorder and why it has become so important to understand how perceptions vary.

To help explain why perceptions of disorder vary from individual to individual, scholars have developed multiple theories. For instance, the routine activities theory, "explains variation in disorder perceptions by suggesting that individuals will use the public spaces differently based on their daily activities, and this will increase or decrease their chance for victimization" (Wallace, 2011: 6). The lifestyle of an individual leads him or her to be more aware of certain attributes of the neighborhood, and in return,

generates a response that produces particular perceptions (Hipp 2010). For instance, some lifestyles take the individual out of the house more depending on work or other extra circular activities, whereas someone who works from home may spend considerably more time indoors. A man or woman who spends the majority of their time indoors may see a group of teenagers standing around at night and think “drug dealers”. However, if the individual were more aware of their surroundings he or she may see this same group as harmless teens. A lack of exposure causes some individuals’ perception of what is actually taking place to be inaccurate.

Additionally, older adults, many of who have limited mobility due to their age have different routine activities and perceive disorder differently. The amount of time an older person spends in the community is not considerable (Hindelang, Gottfredson, and Garofalo, 1978). Across multiple studies, age has been shown to affect perceptions of disorder and crime, in that older residents generally perceive less disorder than younger residents (Hipp, 2010; Sampson, Raudenbush, and Earls, 1997; Rountree and Land, 1996; Sampson and Raudenbush, 2004). This could also be related to the length of time living in their neighborhood, when considerable, older adults may downplay neighborhood problems, resulting in a different definition of disorder.

A second approach to explaining why and how perceptions vary is the notion of residential stability (Hipp, 2010). The idea is that homeowners, or those who have lived in an area for an extended amount of time, would have an increased awareness of the characteristics of the neighborhood, much like those who frequent public areas. This is because homeowners have invested both time and money in the neighborhoods. Homeowners may be more concerned with their investment in the neighborhood and matters like property values. However to date, there is little statistical evidence that supports this belief (Sampson and Raudenbush, 2004). One of the few studies investigating neighborhood tenure found those residents who have lived in the neighborhood for an extended amount of time reported less disorder. These residents reported less disorder when they were accustomed to and comfortable with their surroundings. There is evidence to support both sides, however the mixed results suggest further evaluation is required.

A third explanation lies in the fear of crime literature. Those residents who fear crime will perceive an increased amount of disorder. This is tied to being more aware of their surroundings because they are fearful for their own safety (Lagrange and Ferraro, 1989; Macmillan, Nierobisz, and Welsh, 2000). Women are deeply concerned when it comes to personal safety and perceived risk, therefore many studies have examined women's tendency to "see" disorder. Multiple studies have found that women do, in fact, report a higher level fear of crime (Lagrange and Ferraro, 1989; Eschholz, Chiricos, and Gertz, 2003). Consequently, knowing that women have a heightened fear of crime, some would assume woman would report more disorder. Yet, there has been mixed results

concerning disorder perceptions and the sex of the individual. Sampson and Raudenbush (2004) found that women do in fact perceive more disorder. On the other hand, an earlier study by Sampson, Raudenbush, and Earls (1997), found there to be no difference in the perceptions of disorder between males and females. Hipp's (2010) results indicated that women who are caregivers report higher rates of disorder. Caregivers have a heightened sense of their surroundings because of the responsibility to look after someone beside themselves, such as a child. These kind of mixed results suggest further research is required to fully appreciate the difference in not just age but gendered perceptions as well.

Disorder perceptions may also vary by socioeconomic status. The belief is, "If higher SES households have higher expectations for the quality of the neighborhood, and lower tolerance of crime and disorder, then this mentality will heighten their awareness of problems in the neighborhood" (Hipp, 2010: 480). Conversely, this has not been the case among all studies addressing socioeconomic statuses and perceived disorder. A study conducted in Seattle, WA; found that those with higher levels of income did indeed report less disorder (Roundtree and Land, 1996). To the contrary, Sampson, Raudenbush, and Earls (1997) in their study of Chicago, IL; found that SES had no effect on perceptions of crime and disorder. A second study, conducted in Chicago found no evidence to support that SES had an effect (Sampson and Raudenbush, 2004). This was also true of an analysis done within three diverse cities, which concluded that the level of income or education of an individual had little to no effect on perceptions of disorder (Quillian and Pager, 2001). Consequently, SES may not play a large role in shaping

disorder perceptions, even if neighborhood quality expectations exist.

The final explanation for altered perception of disorder is whether or not the individual has embraced the street life culture. Tolerance of violence as a means of conflict resolution reveals characteristics about who a person is and possibly where they come from. These indicators are the same markers that alter a person's sense of disorder. This concept was formally developed by Elijah Anderson's (1999) Code of the Street. Anderson's work "outlined a multilevel process in which microstructural patterns of disadvantage, racial inequality, and limited economic opportunities foster a street culture that is conducive to violence" (Stewart and Simons, 2010: 2). Seeing deviance and violence as common modifies a person's perspective and perceptions of their surroundings. A person who sees or participates in deviance will read into forms of deviant behavior that may not be present at a higher rate than someone who does not participate in deviant acts. For example, someone who is accepting of personal violence to resolve a dispute will be more aware that a group of individuals on the corner may present a threat, whereas someone who does not live a life of violence may see the group as harmless. This is not to say that those who are more involved or entrenched into the code of the street culture will always perceive higher rates of disorder due to their daily encounters. However it is likely the more immersed a person is in street life the greater the likelihood to read into disorder that may not be present.

Overall, there is an abundance of support for the notion that perceptions of disorder vary for a multitude of reasons. The evidence however, is somewhat inconsistent and would benefit from further investigation into whom, why, and how

these perceptions of disorder are constructed. Perceptions can be biased due to daily activities, lifestyles, community stability, fear of crime, and socioeconomic status. Much of this evidence is underdeveloped and in need of closer examination. To be able to apply reasoning to perceived disorder, it is essential to measure perceptions of disorder across multiple subcategories of individuals. This will provide the basis to fully develop theories aimed at understanding perceptions in disorder. The study tests how personal characteristics impact whether an individual “sees” disorder. By utilizing a static stimuli approach, that results of this study will provide insight into perceptions of disorder that previous research failed to discover.

Chapter 4

CURRENT STUDY

In order to help understand variability in perceptions of disorder, this study intends to address what particular individual characteristics predict who will see or will not see disorder cues. This study is unique in that it predicts the likelihood of “*seeing*” disorder in a photograph when no disorder is there. Thus, rather than understanding how people interpret disorder, this study aims to understand if there are similarities or differences in the underlying propensity to “see” disorder. The research question that is being proposed is: “What personal characteristics predict whether an individual reports disorder when there is no evidence of disorder in a photograph?” To answer the above question two hypotheses were formed:

Hypothesis 1: There are identifiable personal characteristics that predict disorder, such as race, age, gender, whether a person walks or talks to others in the neighborhood, has children, lives in student housing, moved to attend Arizona State University, is single, and whether a person is fearful of crime.

Hypothesis 2: The propensity to “see” disorder will be dependent on characteristics related to the degree to which a person has embraced the code of the street culture.

In the next section, I detail my methods for testing these hypotheses.

Chapter 5

METHODS

Data

The data employed here are from the Perceptions of Neighborhood Disorder and Interpersonal Conflict Project. This project examines how individuals interpret and perceive both physical and social disorder. The sample is a convenience sample; and was generated by asking professors in the School of Criminology and Criminal Justice permission to administer the survey to their class, in person and online. The sample consists of respondents from both online and in-person classes. The admission rate is over 90 percent at the university where this sample was taken from. Since the university is located in a large city and admits a large number of ethnically diverse students, the generalizability of the findings is higher than most student samples.

The characteristics of the sample are diverse; the respondents are of different backgrounds, from various parts of the United States, and of multiple racial upbringings. In combination with a diverse student population, a large sample size was also generated in hopes to add to generalizability. The final sample size is 815. Of those 815 respondents: 53% female and 47% of the respondent's male. As far as racial makeup, 53% white, 30% Hispanic, and 7% African American. The respondents did vary in age; however, the majority is close to a common age, 83% between the ages of twenty and twenty-nine. The reason for a lack in age variation is because the sample consists of only college students. Of the respondents in the sample, 86% reported being single with the other 14% are married, divorced, or windowed. Lastly only 15% of those

surveyed reported having children. Table 1 displays the summary statistics of the sample.

[Table 1: Summary Statistics]

	%
Female	52.65%
White	53.37%
Black	6.93%
Hispanic	29.56%
Other	10.54%
Age 18-19	6.63%
Age 20-29	82.82%
Age 30-39	6.42%
Age 40-49	2.80%
Age 50-59	0.82%
Age 60 and over	0.52%
Married	10.48%
Single	85.65%
Divorced/Separated	3.78%
Widowed	0.10%
Children	14.73%
Online	53.41%

It was beneficial to use both online and in-person classes to administer the survey. The reasoning being that a large proportion of the student body, at this particular university, takes online courses. Eliminating the entire online population would only decrease the generalizability of the results. Therefore, 53% of the surveys were administered through a web-based survey, leaving 47% to the in-person classes. Overall, the entire response rate for the online-based surveys was 67% while the in-person response rate was at about 86%. The variation in response rates is typical; online surveys typically have a lower response rate than in-person surveys due to a lack of feeling

obligated to complete the survey by the respondent. In all, the average response rate was calculated at about 86.5%.

In order to evaluate the possibility of perceiving disorder, an experimental approach was taken. This approach is also known as a static stimulus design. To conduct this type of experimental approach, a single photo was given to the respondent. The photo is provided in Figure 1. The photo used for this analysis is taken from a residential area in Phoenix, Arizona. For the purpose of this study, this photograph was carefully chosen; it in no way displays any readable street signs or well-known land markers. The absence of identifiable markers is intended to help eliminate any bias in the case that can result if a respondent recognizes the neighborhood and reports what he or she knows from experience and not what they “see” in the photo. The photo was taken with a high-resolution camera, in color in hopes to add to the detail and increase the confidence in what respondents report seeing. If the photograph was out of focus, or simply in black and white, it is possible that the respondents would under or over report disorder or begin guessing at what is, or is not present in the photo. Providing a high quality color photograph adds to the significance or to the merit of our findings.

Since the findings are directly derived from the photograph that was given to our respondents, it is extremely important that the instrument is sound and provides a good indication of perceived disorder.

Using a photograph as the experimental stimulus is hugely beneficial. All respondents are seeing the same scene of a particular neighborhood; the neighborhood is held constant for everyone. Therefore, the differences in responses that are given are not a product of the neighborhood but a product of the individual. This allows us to capture the similarities or differences in personal characteristics as they predict disorder, all while holding the instrument constant.

[Figure 1: Photograph]



The respondents were told to take a few moments to consider the photograph

that was given to them. They were then instructed to answer a set of questions regarding whether or not a particular disorder cue was present without returning to the photo. The photograph had very few distinctive signs of physical or social disorder cues. The only two possible disorder cues in the photo are loitering and littering. This allowed for the respondents to decide for themselves what they saw or thought they saw.

Variables

For the purpose of this project, I chose personal characteristics as my independent variables. Those variables included: race, age, gender, those who walk around in their neighborhood, those who talk to other residents in their neighborhood, those who had children, those who live in student housing, those who moved for the purpose of attending college, and those who are single. Race is measured through three dummy variables, Black, Hispanic, and Other, where 1 signals that the individual is of that race. Gender is a dummy variable that signals if the respondent is female (1=female). The variables, if one walks in their neighborhood and whether the respondent talks with other residents in their neighborhood are both dummy variables. If the respondent indicated that he or she walks in their neighborhood the variable was assigned 1. This was the same process for those respondents who reported talking to others in their neighborhood. The next four independent variables, having children, living in student housing, moved to attend Arizona State University, and being single were all measured through dummy variables as well. Each one of the four variables was assigned 1 if the respondent answered yes to any of the above. Also, another independent variable was generated by collapsing multiple questions within the survey: “Do you feel safe walking down

the street?” and “Do you feel safe walking alone at night?” The result is a single variable titled “Fear of Crime.” For the final independent variable, a series of questions were used to assess the level in which an individual has embraced or accepted the code of the street culture. This was done using a set of seven questions that addressed personal violence and a person’s willingness to accept or tolerate personal violence. The questions used to develop the variable are as follows: When someone disrespects you, it is important that you use physical force or aggression to teach him or her not to disrespect you, If someone uses violence against you, it is important that you use violence against him or her to get even, People will take advantage of you if you don’t let them know how tough you are, People do not respect a person who is afraid to fight physically for his/her rights, Sometimes you need to threaten people in order to get them to treat you fairly, It is important to show others that you cannot be intimidated, and People tend to respect a person who is tough and aggressive. To assess the response to these questions a four category likert scale, ranging from strongly disagrees to strongly agree, was used. This resulted in an alpha level of 0.8315. This process helped to produce a personal violence scale and was used as an independent variable in predicting disorder perceptions.

The outcome variables are the disorder cues. After the respondents looked over the photograph they were asked to report what they saw to be in the photo. The physical disorder cues include: graffiti, litter, broken windows, abandoned buildings, vacant lots, damaged sidewalks, unkempt yards, cars being repaired or broken down, drug paraphernalia, boarded or burnt out buildings, patchwork building repairs, structural damage to buildings, broken glass on the street, and empty or used alcohol bottles or

cans. For the other dependent variables that captured social disorder cues I used: drug selling, drug using, prostitution, gang member or gang activity, loitering, panhandling, and harassment on the street. All of the dependent variables are binary measures. The multiple dependent variables, measuring physical and social disorder cues, asked the respondent to indicate “yes” (1) they saw that or “no” (0) they did not see that particular disorder cue in the photo.

Analysis Plan

All of the following results were generated using logistic regression. Logistic regression was used because of its capacity to analyze dichotomous or binary variables. Logistic regression is suitable for testing hypothesis’ about relationships of a categorical outcome variable, as well as, continuous predictor variables (Peng, Lee, Ingersoll, 2002). For the purpose of this study, logistic regression allowed for a significance test of each predictor against the dependent variables, providing reliable insight to what kind of personal characteristics predict an increase in “seeing” disorder.

Chapter 6

RESULTS

The following results are the reports of disorder according to the personal characteristics of the individuals. Table 2 indicates that the respondents are in fact reporting the presence of disorder in the photo at relatively high rates. Remember the photo has few actual disorder cues captured; therefore, what people report “seeing” in the photo is a function of their personal characteristics. The summary statistics of the dependent variables show that people read into what they see in a neighborhood. For instance, 5% of the respondents reported seeing prostitution, while 13% of the respondents reported seeing drug paraphernalia, 30% report drug using, on the other hand, 81% reported litter. The photo given only displayed loitering and litter; therefore the variation in the responses to the disorder cues is preliminary evidence that personal characteristics impact seeing disorder. Results such as these are interesting due to vast inconsistencies among the respondents. This fully demonstrates the need to understand why the individuals report that they “see” disorder or not. Holding the neighborhood constant in all cases provides results that are not the product of the neighborhood, but instead the product of the individual’s characteristics.

[Table 2: Summary statistic for the dependent variables]

<u>Dependent Variables</u>	<u>Yes</u>
Drug selling	9.00%
Drug Using	30.62%
Graffiti	10.85%
Litter	81.33%
Prostitution	4.56%
Broken Windows	15.56%
Abandoned Buildings	35.26%
Vacant Lots	30.33%
Damaged Sidewalks	60.09%
Unkempt Yards	71.00%
Broken Down Cars	15.83%
Drug Paraphernalia	12.70%
Boarded/Burnt Buildings	8.53%
Gang Activity	7.01%
Patchwork Building Repairs	30.14%
Structural Damage to Buildings	44.83%
Loitering	88.06%
Panhandling	6.82%
Being Harassed on the Street	2.94%

Tables 3-A, 3-B and 4 display the results from the logistic regression models; two tables were created for physical disorder cues (Table 3-A and 3-B) the fourth table was created for social disorder cues (Table 4). The findings on the physical disorder cues will be addressed first.

[Table 3-A: Logistic regression Models Predicting Physical Disorder Cues with Individual Characteristics]

VARIABLES	(3) Graffiti	(4) Litter	(6) Broken Windows	(7) Abandoned Buildings	(8) Vacant Lots	(9) Damaged Sidewalks	(10) Unkempt Yards
Black	0.148 (0.515)	-0.249 (0.347)	0.0975 (0.445)	0.101 (0.314)	0.152 (0.325)	-0.626** (0.303)	-0.340 (0.324)
His.	-0.0883 (0.281)	0.172 (0.212)	0.164 (0.227)	0.0410 (0.170)	-0.00528 (0.176)	-0.404** (0.167)	-0.475*** (0.183)
Other (race)	0.559 (0.340)	0.297 (0.319)	0.382 (0.314)	-0.309 (0.258)	0.124 (0.253)	-0.490** (0.237)	0.0259 (0.276)
Age	0.0284 (0.0267)	-0.0208 (0.0168)	-0.0404 (0.0253)	-0.0218 (0.0179)	-0.0400** (0.0196)	-0.0319** (0.0152)	-0.0528*** (0.0161)
Gender	-0.392 (0.243)	-0.234 (0.187)	-0.268 (0.209)	-0.531*** (0.156)	-0.241 (0.161)	0.0109 (0.150)	-0.254 (0.166)
Do you walk in your neighborhood	0.512** (0.254)	-0.0923 (0.189)	0.140 (0.213)	-0.185 (0.159)	-0.0765 (0.164)	-0.0774 (0.153)	-0.244 (0.170)
Do you talk in your neighborhood	-0.0586 (0.243)	0.325* (0.185)	0.584*** (0.217)	0.182 (0.155)	-0.0267 (0.159)	0.0498 (0.150)	0.288* (0.166)
Do you have Children	-0.986* (0.562)	0.113 (0.341)	0.408 (0.388)	0.263 (0.301)	0.555* (0.309)	0.372 (0.284)	0.170 (0.304)
Living in Student housing	-0.0351 (0.349)	-0.235 (0.273)	0.0160 (0.283)	0.117 (0.219)	-0.0804 (0.226)	-0.263 (0.218)	-0.336 (0.238)
Moved to attend ASU	-0.306 (0.261)	0.228 (0.203)	0.187 (0.221)	0.219 (0.164)	0.217 (0.169)	0.135 (0.161)	-0.0820 (0.178)
Single	-0.120 (0.485)	-0.0183 (0.317)	0.0286 (0.382)	-0.271 (0.293)	-0.365 (0.305)	-0.253 (0.264)	-0.126 (0.282)
Fear of Crime	0.847*** (0.218)	0.558*** (0.164)	0.507*** (0.182)	0.480*** (0.136)	0.374*** (0.140)	0.596*** (0.132)	0.765*** (0.147)
Personal Violence Scale	0.119 (0.172)	0.0495 (0.133)	-0.0786 (0.147)	0.313*** (0.110)	0.166 (0.113)	-0.0193 (0.107)	0.0700 (0.118)
Constant	-3.923*** (0.775)	1.147** (0.494)	-2.064*** (0.687)	-0.597 (0.490)	-0.391 (0.526)	0.631 (0.431)	1.627*** (0.465)
N	879	888	884	886	886	884	887
Chi Square	***	**	**	***	***	***	***
Pseudo R2	0.0513	0.0289	0.0363	0.0467	0.0264	0.0367	0.0599

*** p<0.01; ** p<0.05

[Table 3-B: Logistic regression Models Predicting Physical Disorder Cues with Individual Characteristics]

VARIABLES	(11) Broken Down Cars	(12) Drug Paraphernalia	(13) Boarded/Burnt Buildings	(15) Patchwork Building Repairs	(16) Structural Damage to Buildings	(17) Broken Glass on the Street	(18) Empty or used alcohol bottle or cans
Black	-1.239** (0.626)	-0.427 (0.508)	-1.711 (1.041)	-0.279 (0.340)	-0.180 (0.309)	-0.241 (0.341)	-0.156 (0.303)
His.	-0.187 (0.223)	-0.0966 (0.241)	-0.00123 (0.280)	-0.566*** (0.183)	-0.117 (0.165)	-0.263 (0.181)	0.0152 (0.162)
Other (race)	-0.209 (0.335)	0.0678 (0.336)	-0.241 (0.438)	-0.0759 (0.251)	-0.157 (0.239)	-0.352 (0.275)	-0.164 (0.239)
Age	-0.0562* (0.0297)	-0.0105 (0.0266)	-0.0378 (0.0291)	-0.0268 (0.0169)	-0.0532*** (0.0172)	-0.0203 (0.0183)	0.00175 (0.0147)
Gender	-0.339 (0.208)	-0.519** (0.220)	-0.681** (0.271)	-0.397** (0.161)	-0.117 (0.149)	-0.189 (0.164)	-0.534*** (0.149)
Do you walk in your neighborhood	0.0231 (0.211)	-0.375* (0.226)	-0.129 (0.273)	0.128 (0.163)	-0.0352 (0.151)	0.0977 (0.166)	0.0125 (0.150)
Do you talk in your neighborhood	-0.380* (0.202)	-0.0463 (0.216)	0.368 (0.267)	0.131 (0.160)	-0.0158 (0.148)	0.117 (0.163)	0.0441 (0.147)
Do you have Children	0.581 (0.403)	-0.189 (0.466)	-0.0900 (0.582)	0.544* (0.296)	0.375 (0.286)	0.456 (0.308)	0.419 (0.276)
Living in Student housing	-0.185 (0.298)	0.369 (0.286)	0.457 (0.333)	-0.227 (0.235)	-0.100 (0.214)	0.199 (0.226)	-0.334 (0.213)
Moved to attend ASU	-0.117 (0.218)	0.343 (0.230)	0.265 (0.280)	0.00597 (0.171)	-0.183 (0.159)	0.0995 (0.173)	0.308* (0.157)
Single	-0.518 (0.425)	-0.0379 (0.430)	0.162 (0.534)	0.00281 (0.282)	0.128 (0.268)	-0.255 (0.301)	-0.138 (0.260)
Fear of Crime	0.941*** (0.187)	0.335* (0.192)	0.993*** (0.243)	0.580*** (0.141)	0.760*** (0.132)	0.524*** (0.143)	0.523*** (0.129)
Personal Violence Scale	0.218 (0.146)	-0.0912 (0.157)	0.147 (0.185)	-0.133 (0.114)	0.0488 (0.106)	0.105 (0.116)	-0.0261 (0.105)
Constant	-1.189 (0.763)	-1.810** (0.719)	-2.894*** (1.023)	-0.771 (0.473)	0.256 (0.465)	-1.164** (0.506)	-0.550 (0.421)
N	886	881	882	883	880	882	880
Chi Square	***	*	***	***	***	***	***
Pseudo R2	0.0662	0.0299	0.0824	0.0368	0.0431	0.0274	0.0294

*** p<0.01; ** p<0.05

When analyzing the perceptions of physical disorder, in accordance to race, many significant findings surfaced. African-Americans were less likely to report seeing damaged sidewalks and broken down cars than their white counterparts. Hispanics were less likely to report seeing damaged sidewalks, unkempt yards, and patchwork building repairs than their white counterparts. Finally, those individuals that indicated other race are less likely to report seeing damaged sidewalks. It is clear that the race not only matters in predicting who reports disorder, but the race of the individual has some bearing on the type of physical disorder a person reports. If all three-race categories saw or perceived the same type of disorder at the same rates there would be little concern, however, that was not the case.

Next I turn to age. Overall the results showed that as the age of the respondent increases, the likelihood that the respondent will identify vacant lots, damaged sidewalks, and damaged cars in the photo decreases. This was especially significant ($p < 0.01$) for the perception of unkempt yards and structural damage to surrounding buildings. Thus, as age increases, the perception of physical disorder cues decreases across many disorder cues.

In addressing the effects on gender, the findings revealed women tend to identify perceived physical disorder less frequently than men. After seeing the photo, women are less likely to report drug paraphernalia, boarded or burnt out buildings, and patchwork building repairs. Women are also less likely to report seeing abandoned buildings and alcohol bottles/cans; however, at a higher significance level ($p < 0.01$) than the above variables. The findings suggesting women are less likely to report “seeing” disorder is

inconstant with the hypotheses that fear, and altruistic fear, increases the awareness of neighborhood problems. Hipp (2010) discovered the opposite concerning women and perceived disorder. The mixed results could be a combination of multiple facets including, awareness of their own neighborhood; however, further research should be done to address this and other possible inconsistencies.

Additionally, I aim to test whether neighborhood exposure impacts individuals' underlying propensity to report seeing certain disorder cues. Here, I examine those who walk and talk in their neighborhood. A respondent who indicated walking in his or her neighborhood also reported more graffiti when presented with the photo. However, those respondents who walk in their neighborhood, were less likely to report drug paraphernalia compared to those who reported not walking in their neighborhood. One reason as to why the results indicated certain disorder cues over other cues could be attributed to the daily activities of the respondents. It is likely that individuals, who are active in their neighborhood never or rarely, see drug paraphernalia. When presented with the photo, these individuals had no reason to think of drug paraphernalia. Whereas, those who are not out and about report that whatever they saw on the ground must be drug paraphernalia. Moving on, the more that a person talks in their neighborhood the more likely they are to report litter, broken windows, and unkempt yards as opposed to those who do not walk in their neighborhood. This is especially significant ($p < 0.01$) for the report of broken windows. However, those individuals who do walk in their neighborhood report seeing fewer cars that are broken down or being repaired. The findings suggest that the time spent in a person's own neighborhood does in fact

determine if and what kinds of physical disorder are reported. In some cases, these personal characteristics increase the likelihood of seeing disorder, whereas, other cues are seen as less of a problem.

Another characteristic that is important to test is the effect of perceived disorder for the participants who have children. The findings suggest that those respondents who reported having children indicate seeing less graffiti. Those same respondents, on the other hand also report seeing more vacant lots and buildings that have patchwork repairs. Whereas, age has a consistent effect on physical disorder cues, having children does not have a consistent effect. Those with children seem to be more concerned with particular types of disorder, and less concerned with other types.

The other two variables that were generated by collapsing multiple questions were the respondent's fear of crime, as well as, their level of acceptance into the code of the street culture. Across all dependent variables (graffiti, litter, broken windows, abandoned buildings, vacant lots, damaged sidewalks, unkempt yards, cars being repaired or broken down, drug paraphernalia, boarded or burnt out buildings, patchwork building repairs, structural damage to buildings, broken glass on the street, and empty or used alcohol bottles/cans) the fear of crime had a significant effect ($p < 0.01$). If the respondent does in fact have a fear of crime, they will see an increase in all of the physical disorder cues. These findings can be somewhat alarming considering the reciprocal effect disorder has on the fear of crime. With regard to the personal violence scale, those respondents who are embedded into the code of the street culture see significantly ($p < 0.01$) more abandoned buildings. Lastly, living in student housing, moving to attend college,

and being single had no significant impact on the reporting of physical disorder cues.

[Table 4: Logistic regression Models Predicting Social Disorder Cues with Individual Characteristics]

VARIABLES	(1) Drug Selling	(2) Drug Using	(5) Prostitution	(14) Gang Activity	(19) Loitering	(20) Panhandling	(21) Harassed on the Street
Black	0.0689 (0.520)	-0.219 (0.336)	0.155 (0.786)	0.802 (0.589)	-0.562 (0.417)	-0.413 (0.660)	-0.134 (1.098)
His.	0.118 (0.282)	-0.0684 (0.176)	0.496 (0.362)	0.726** (0.320)	-0.309 (0.262)	0.346 (0.312)	0.705 (0.472)
Other (race)	0.345 (0.370)	-0.0806 (0.255)	0.0883 (0.578)	0.611 (0.458)	0.0623 (0.407)	0.0961 (0.451)	0.00116 (0.791)
Age	0.0262 (0.0251)	0.0119 (0.0161)	-0.0626 (0.0528)	-0.0198 (0.0370)	-0.0488** (0.0205)	0.0434 (0.0291)	0.0595 (0.0453)
Gender	-0.278 (0.254)	0.120 (0.160)	-0.429 (0.350)	-0.501* (0.298)	0.486** (0.239)	-0.836*** (0.303)	-0.854* (0.465)
Do you walk in your neighborhood	0.0276 (0.262)	0.0555 (0.163)	0.212 (0.354)	-0.155 (0.308)	0.130 (0.244)	-0.195 (0.299)	-0.318 (0.482)
Do you talk in your neighborhood	-0.143 (0.252)	-0.0380 (0.159)	-0.372 (0.340)	0.287 (0.303)	-0.142 (0.240)	-0.135 (0.286)	-0.165 (0.451)
Do you have Children	-0.368 (0.494)	0.194 (0.301)	0.256 (0.660)	0.309 (0.563)	0.557 (0.453)	0.713 (0.528)	-1.043 (1.054)
Living in Student Housing	0.248 (0.346)	0.389* (0.218)	-0.860 (0.578)	-0.272 (0.422)	-0.655** (0.323)	0.285 (0.397)	0.419 (0.584)
Moved to attend ASU	0.0744 (0.273)	0.385** (0.169)	0.221 (0.353)	0.440 (0.313)	0.237 (0.262)	0.276 (0.308)	0.520 (0.486)
Single	0.370 (0.444)	-0.227 (0.292)	0.303 (0.633)	-0.483 (0.601)	-0.147 (0.412)	-0.913 (0.599)	0.258 (0.853)
Fear of Crime	0.883*** (0.229)	0.608*** (0.140)	0.769** (0.308)	0.562** (0.263)	-0.0182 (0.204)	0.891*** (0.262)	0.948** (0.420)
Personal Violence Scale	0.265 (0.178)	0.0884 (0.114)	0.413* (0.239)	-0.487** (0.224)	0.0512 (0.169)	0.612*** (0.203)	-0.0302 (0.331)
Constant	-4.155*** (0.765)	-2.189*** (0.474)	-2.654* (1.356)	-3.391*** (1.012)	3.247*** (0.630)	-4.713*** (0.890)	-6.275*** (1.429)
N	887	887	886	879	887	887	885
Chi Square	*	***	*	*		***	
Pseudo R2	0.0403	0.0359	0.0612	0.0486	0.028	0.0822	0.0674

*** p<0.01; ** p<0.05

As mentioned above the photo did not explicitly display any type of social disorder, or distinctive cues besides loitering and littering. The above results, due to the experimental approach taken in this study, are the individual’s response to what he or she believed they “saw,” and not a description of what was in the photo. The Hispanic respondents were the only race to produce significant findings. Hispanic respondents report seeing more gang activity compared to African-American and White participants. Moving on to age, the findings showed as the age of the respondent increases, there is a significant likelihood that their report of seeing loitering will decrease. The effect on age was similar for both physical and social cues. When presented with both types of

disorder the older a person is, the less likely they will report seeing disorder. Gender was the next variable used in predicating perceived social disorder. When comparing genders, women are significantly less likely to see gang activity, panhandling, and harassment on the streets. However, women do significantly report seeing more loitering when compared to men. Overall, women tend to see less disorder no matter the type of cue. The findings do suggest that loitering is more of a concern for women as opposed to men.

Student housing also produced some significant findings. The respondents who reported living in student housing significantly saw more drug use. Conversely, this same group identified less loitering than those who do not reside in student housing. Findings such as these, suggest that living in student housing produces a concern or a perception about certain disorder cues, but not others. There could be many reasons as to why, and a possible answer will be addressed later in the discussion section. Additionally, those students reported significantly more drug use than those who did not move for the purpose of attending Arizona State University. In assessing this variable, the findings exhibited an effect on moving for the purpose of school on both social and physical disorder cues.

The last of the two independent variables are fear of crime and an individual's acceptance of the code of the street culture. These variables were produced by collapsing multiple questions that were set out to capture the same concept and then generated into one variable. Like physical disorder cues, fear of crime had a significant effect on a large number of dependent variables. Those who fear crime are more likely to report prostitution, gang activity, and harassment on the streets. At a higher significance level ($p < 0.01$) those who fear crime also reported seeing more drug selling, drug using, and panhandling compared to those who do not fear crime. The respondents who have embraced the code of the street are significantly more likely to report seeing prostitution and significantly less likely to report seeing gang activity. Also, significantly, ($p < 0.01$), those who embrace the code of the street philosophy report more panhandling in the photo than those who report not being tolerant of personal violence. Just as with the case with other personal characteristics, an individual's tolerance of personal violence will affect disorder perceptions.

Chapter 7

DISCUSSION

An attempt to understand disorder has been ongoing for some time. However, it was not until recently that scholars have accepted the notion that disorder is much more subjective than once thought. Recent studies have provided significant results indicating future research is essential to truly comprehend the multiple facets relative to disorder. The current study set out to do just that using an experimental approach to assess the differences and similarities in individual perceptions of disorder. A high-resolution photo of a residential neighborhood, which contained little to no signs of disorder cues, was used in this approach. Respondents were asked to examine the photo, and without returning to look at the photo, indicate what types of disorder they perceived to be present in the picture. Below I discuss my findings and offer possible explanations as to why there are inconsistencies among individual characteristics.

The findings clearly show that certain personal characteristics do in fact predict whether an individual does or does not see disorder. The photo was the same for all the respondents who participated. The responses that were given were not due to the photo or the neighborhood, but instead were a product of individual perceptions of the photo. The question that one might ask is; “Why is there so much variation when it comes to personal characteristics predicting perceived disorder?” There may be multiple explanations that can begin to answer the question, or at least provide some insight, one of which is the routine activity theory. A prime example of the routine activity theory is the findings for those who live in student housing. Respondents who live in student

housing may report seeing less loitering because they are used to seeing people standing around because of where the respondents' live. In a sense, individuals become accustomed to certain types of disorder cues and no longer see them as an issue, even in other neighborhoods. Findings such as these are vital to understanding what types of disorder certain individuals are concerned with given their daily activities.

The last of the independent variables employs a personal violence scale as an individual characteristic to predict perceived disorder. Those who have embraced the code of the street culture or who "live the street life" report disorder cues differently because of what and whom they come in contact with throughout their daily life. Someone who is accepting of personal violence to resolve disputes is most likely to spend time in public spaces where they witness violence and see it as normal daily life. Individuals who live a life of violence most likely have seen a great deal of disorder both physical and social; therefore their report of what types of disorder was present when given the photo was biased. The results of this study did reveal a variation in the perceived disorder when looking at an individual's personal violence scale. Those who had higher personal violence scores saw significantly more abandoned buildings, more prostitution, more panhandling, and less gang activity. These findings are not surprising due to the routine activities of individuals who have no problem accepting personal violence. It is possible that those who embrace the code of the street or tolerate personal violence participate in deviant behavior themselves and can relate to deviant behavior relative to disorder. The awareness of certain types of activities and deviant behavior has, commonly, caused these individuals to read into certain forms for disorder that were not

present in the photo.

There are a few limitations to this study that should be addressed in future studies. Even though the sample used in the current study was very large, there are some possible improvements to the sample that may add to the generalizability. In future studies, researchers should sample a more diverse population. Our sample in this study was generated using college students only. It would be interesting to compare these results to the results of professionals working in an array of occupations. Also, having a wider age gap may give us more insight into perceptions relative to age. We know from previous studies, as well as this study, that as the individual grows older their perception of disorder decreases. It would be valuable to know approximately at what age the perception declines, and if that age was consistent without exception. Future studies should also incorporate other personal characteristics that can be captured by using a series of questions such as the personal violence scale that was used in this piece. Other personal characteristics include, but are not limited to: hours spent watching television, number of siblings, and those who own or rent their homes. Knowing that personal characteristics do in fact predict the perception of disorder, addressing other personal characteristics that this piece did not would only add merit to the findings. The final step to improving the findings would be to take a qualitative approach to discovering what equally triggered the respondent to perceive disorder when it was not visibly present. This would give scholars more insight into what is behind these perceptions or what causes someone to see disorder when it is actually not there. We know that certain characteristics foster perception; however, we are yet to understand the

process behind perception. Future research concerned with the perception of neighborhood disorder will need to address the recommendations noted above.

Chapter 8

CONCLUSION

Understanding neighborhood disorder is becoming increasingly important. This is tied to the vast amount of literature that has produced significant results indicating that disorder creates a sense of fear of being victimized. The feeling of being victimized turns into a lack of collective efficacy, which results in an increase of crime in the area, because of a deficiency of informal social control. This study used a fixed photo to test the perception of disorder and discovered that perception can be an elusive concept. Significantly, we have seen that certain personal characteristics can predict if an individual does or does not “*see*” disorder cues. This study has also deciphered some of the personal characteristics that appear across multiple disorder cues, characteristics that have not been tested before this study

Studies like this are vital because they shed light on whom or what types of individuals perceive disorder. Understanding how personal characteristics alter perceived disorder is extremely important in developing policies and programs that are effective in controlling disorder. If we know what types of individuals live in an area we can estimate the types of disorder they are concerned with, or perceive as a problem. This can be extremely important in policing areas with high levels of disorder. If police are aware that a particular type of disorder is causing other forms of deviant behavior, it provides them with a focal point. Policing neighborhoods can become much simpler if the police are aware of what causes an increase in crime. This in return increases productivity and opens up other resources that may not have been available

otherwise. For example, the findings of this type of study would give city officials, policy makers, and outreach centers the tools necessary to combat a particular type of disorder in a specific neighborhood. Addressing the disorder in the area will hopefully limit the feeling of victimization and add to the collective efficacy in the neighborhood. Understanding disorder has little benefit if we do not understand what people consider to be disorder and how they perceive that disorder. A study, such as this, provides policy makers with the tools necessary to implement appropriate programs in neighborhoods that have a recognized concentration of disorder and crime.

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