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“Broken Windows” and the Meanings of Disorder

These findings resonate with the earlier concerns introduced at the outset by Moynihan and scholars such as Kenneth Clark.⁴⁶ The pattern may not be encouraging, but it does signal a distressing reality that some forty-five years since the original Moynihan report, the language has changed but the same questions must be raised again. Moynihan did hypothesize a partial solution in the form of structural government interventions. The jury is still out, but the preliminary data presented here suggest a glimmer of hope that cycles of poverty can be broken, providing examples of poor communities that are repositioning themselves on an upward trajectory. But how pervasive the phenomenon is remains to be seen, and research so far has not systematically examined the consequences of change in one community on changes in other, perhaps even distant communities that may be receiving new burdens. In the case of Chicago, for example, the tens of thousands of poor residents uprooted from the Robert Taylor Homes on the South Side had to go *somewhere*. If most of these vulnerable families moved to other poorer communities further south, as the evidence explored in chapter 11 suggests, then it may be that the burdens of poverty are simply being redistributed rather than solved.

In the meanwhile, however, I turn in chapter 6 to a closer examination and revision of a leading theory of urban decline that bears on continuity and change—the famous “broken windows” theory of urban disorder. A close cousin of the “social disorganization” theory introduced in chapter 2, the broken windows theory posits that cues of disorder increases crime. But perceived disorder and its associated attributes may also have corrosive effects on the social fabric of communities. I examine the idea that certain neighborhoods get locked into dynamic processes that generate stigmatizing reputations, selective outmigration, reduced civic involvement, and eventually a deepening of poverty and further crime and disorder. To evaluate this thesis I begin with an overview of disorder theory and its critics, and then ask not what disorder causes but what forms our perceptions of it in the first place.

When they approach me they see only my surroundings, themselves or figments of their imagination — indeed, everything and anything except me.

Ralph Ellison, *Invisible Man*

Scholars of the city have long interpreted signs of disorder in public spaces in ways that constitute powerful forces of social differentiation. From observers of London in the 1800s, such as Charles Booth and Henry Mayhew, to Jane Jacobs’s 1961 *The Death and Life of Great American Cities*,¹ concerns over “broken windows,” crime, and other signs of disorder have been taken as symptomatic of city life. Social disorder is commonly understood to mean public behavior that is considered threatening, like verbal harassment, open solicitation for prostitution, public intoxication, and rowdy groups of young males on the streets. Physical markers of disorder typically refer to graffiti on buildings, abandoned cars, garbage in the streets, and the proverbial broken window.

Booth’s detailed investigations and maps of Victorian London provide an early illustration of disorder’s role in the social ranking of places. His meticulous portrayal of this vast city included color codes for the economic and social makeup of its streets.² The lowest classes, coded in black, were described as not just poor but living in “squalor” with public displays of alcoholism. Expressing a view that most still hold (if silently), Booth unabashedly labeled the lowest-class category as “vicious, semi criminal,” with the lowest grade “inhabited principally by occasional labourers, loafers, and semi-criminals—the elements of disorder.”³ What Booth discovered, then, was a pattern of ecological classification and with a potent moral evaluation that might be considered the precursor to the contemporary “underclass.” This was a consequential intellectual move, for the designation of areas as disreputable

and disordered, I argue, sets in motion long-term processes that reinforce stigmatized areas and contribute to the durability of concentrated inequality shown in chapter 5. In this chapter, I thus probe beyond the purely economic and structural dimensions and attempt to highlight some of the perceptual and cultural bases of social inequality.

The *Economist* recently provided intriguing examples of the enduring social character of neighborhoods in London from Booth's day to the present, down to the micro-ecological level. South of the Thames in Stockwell and nearby Brixton lie some of the most racially mixed neighborhoods in London. The object of several police raids after the 2005 London bombings, racial tensions have flared in these neighborhoods for several years. A century ago, however, just east of Stockwell Road, Booth and his research team "found a pocket of filth and squalor, with rowdy residents and broken windows." The *Economist* reports that since then the area has been physically transformed but still replicates important features of the past: "Dismal two-storey cottages have been swept away and replaced by grass and the apartment blocks of the Stockwell Park Estate. But the appearance of the neighbourhood has changed more than its character. Julie Fawcett, who lives in one of the blocks, characterises her neighbours as 'the mad, the bad and the sad.'"⁴ Unemployment is double the city average and "heroin alley" lies around a corner.

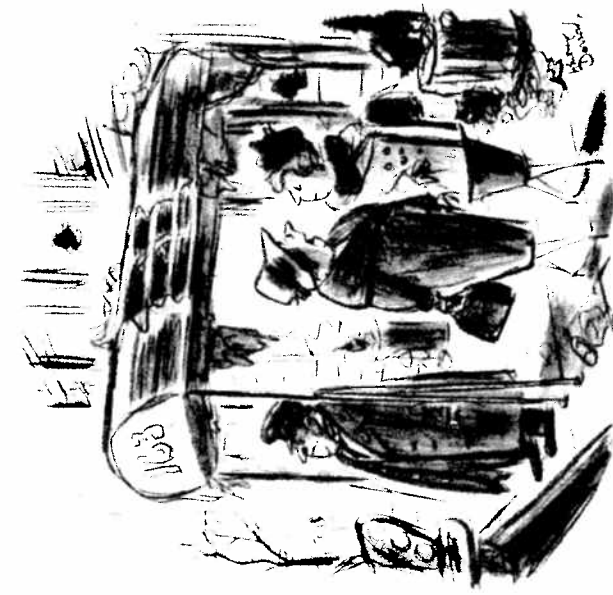
Perhaps Booth's crude distinctions are not so antediluvian after all. Contrary to the expectations of those who claim the world is flat because of globalization and place is "phantasmagorical," the quote by Ms. Fawcett reveals that it is not just economic or racial status but identities and morally laden evaluations that remain durable. How stable is visual disorder and the inference of concentrated poverty? What predicts perceptions of disorder and what are its consequences? In addressing these questions, my thesis is that perceptions of disorder constitute a fundamental dimension of social inequality at the neighborhood level and perhaps larger areas. At first this might seem counterintuitive considering that dominant stratification theorists take a structural stance in analyzing the material bases of inequality. Demographers do likewise in thinking about urban change. Whether expressed by Charles Booth or our Stockwell contemporary in London, perceptions about disorder are likely to be dismissed in favor of presumed weightier causes linked to objective material conditions.

By contrast, I argue that the grounds on which perceptions of disorder are formed are contextually shaped by social conditions that go well beyond the usual signs of observed disorder and poverty, starting a process that molds reputations, reinforces stigma, and influences the future trajectory of an area. "Seeing" disorder, like seeing Ralph Ellison's narrator, is intimately bound up with social meaning at the collective level and ultimately inequality. This conceptualization resists the tempting strategy of reifying disorder as a natural part of the environment. If believing is seeing rather than the reverse, such resistance is necessary.

A Brief History of Disorder

The importance of visual disorder appears in the early writings of the Chicago School. Louis Wirth seemed to see disorder and disorganization everywhere, and a consequence of increasing urbanization. More recently, Richard Sennett argues in *The Uses of Disorder* that our concern with disorder is fundamentally a concern about the loss of control in an increasingly urbanized world. He argues as well that our concern is an attempt to restore the myth of a "purified community" and an effort to keep unknown and disorderly events at bay.⁵ For Sennett, anxiety over disorder is rooted in psychological needs for control and at a general theoretical level, to efforts aimed at restoring an imaginary community of solidarity.⁶ The community of solidarity never existed, of course, but our longstanding obsession with controlling disorderly people and things in urban spaces remains prevalent throughout history.

Tangible manifestations of disorder, or what Hunter called "incivilities,"⁷ were argued by another Chicago School theorist as central to a neighborhood's public presentation of self. Erving Goffman pointed out the obligation in medieval times to keep one's pigs out of the streets to demonstrate how the norms regulating public order covered not just face-to-face interaction among strangers or acquaintances, but the visual ordering of the physical landscape.⁸ He also showed how shared expectations formed around the maintenance of public spaces and keeping the streets free of refuse. In figure 6.1, we see that even *The New Yorker* recognized the salience of public cues of disorder, here in the mid-twentieth century (and, as always, with humor). Jane Jacobs's



"This neighborhood certainly is going to pot."

FIGURE 6.1. Perceiving disorder, 1950s style. Illustration by Whitney Darrow Jr., published in *The New Yorker*, January 10, 1959.

observation of urban life also in the 1950s evoked a concern with the impact of disorder on neighborhood civility, especially the negotiation of public encounters.

These observers did not consider disorder in literal or essentialist terms, nor did they propose disorder as somehow random or chaotic. Disorder can be spatially patterned and socially organized. What was important to Goffman and Sennett, I believe, were the expectations and perceptions surrounding signs or cues, the rules of urban social order, as it were. These expectations are as powerful as the signs themselves, motivating theoretical and empirical interrogation. The fundamental importance of public observation in the process of social order was well stated by the American urban theorist Lynn Lofland: "The answer to the question of how city life was to be possible, then, is this. *City life is made possible by an 'ordering' of the urban populace in terms of appearance and spatial location such that those within the city could know a great deal about one*

another by simply looking."⁹ The key to Lofland's argument is that social ordering in a "world of strangers" is a visual process that involves classification. People divide the urban world into manageable bits, with one of the most important differentiating characteristics being signs of disorder. But there is more than meets the eye here. The human tendency to quickly categorize racial and other groups, our ability to easily observe skin color, and our sensitivity to the opinions of others in the form of reputations or identities that stigmatize areas, makes for a potent combination.

The Current Scene

Debates about disorder and diversity in the urban context continue to inspire passion, but with new twists. Diversity and the increasing presence of minority and immigrant groups in cities around the world has led to a growing social anxiety, with some scholars proposing a direct link between diversity and declines in public trust.¹⁰ Disorder in cities has also produced a theory about crime and institutionalized police action. According to the well-known "broken windows" theory of urban decline, James Q. Wilson and George Kelling argued that public incivilities—even if relatively minor, such as drinking in the street and graffiti—attract predatory crime because potential offenders assume that residents are indifferent to what goes on in their neighborhood. At its core, the broken windows theory sees visual cues as objective and obvious in their meaning—signs of disorder serve as a signal of the unwillingness of residents to confront strangers, intervene in a crime, or call the police.¹¹ Proponents thus assume that physical disorder and social disorder provide important environmental cues that entice potential predators and, eventually, crime.

Few ideas are more influential than broken windows in the urban policy world, with police crackdowns on elements of social and physical disorder in numerous cities. New York City is the best-known example of aggressive police tactics to control public incivilities.¹² The tactics of broken windows policing and a neoliberal approach to public order have been exported around the world, including liberal Paris and, most recently, England. The Blair government's attempt to "soothe the savage beast" and tamp down antisocial behavior led to a declared "war on incivility" that remains in place.¹³ In the Stockwell neighborhood,

the London police keep an "aggressive" watch, which has apparently proven "a comfort to many Londoners" yet provoked anger within the neighborhood.¹⁴

The concept of disorder has also influenced the study of mental and physical health. Following the broken windows theory, again the argument is that cues of disorder are negative, with harmful consequences for individual health and overall wellbeing. A number of recent studies have linked perceived disorder to physical decline, depression, psychological distress, and perceived powerlessness.¹⁵ Residents are thought to read signs of disorder as evidence of a deeper neighborhood malaise, undermining personal health and trust.

Even if we wish it were untrue, disorder theory itself may be self-fulfilling by triggering attributions and predictions in the minds of insiders and outsiders alike. It changes the calculus of prospective homebuyers, real estate agents, insurance agents, investors, the police, and politicians, and may shape the perceptions of residents who would consider moving out or moving in. Evidence of disorder may also dampen the effectiveness of residents seeking neighborhood improvement, and it may discourage activism. Physical and social disorder in public spaces therefore appears fundamental to our understanding of how urban neighborhoods work.

Does Disorder Cause Crime?

Most research on disorder turns on whether disorder causes crime, and whether the aggressive policing of disorder reduces crime. I have weighed in on this debate in a paper published with Stephen Raudenbush.¹⁶ Instead of conceiving of disorder as a direct cause of predatory crime, we considered first whether or not disorder is part and parcel of crime itself. Consider items commonly used to define social disorder, such as solicitation for prostitution, loitering, and public use of alcohol or drugs. Or consider "incivilities" such as graffiti, smashed windows, and drug vials in the streets. All of these are evidence either of crimes themselves or ordinance violations, meaning that in one sense the broken windows theory is saying that crime causes crime. Contagion theories have their place but cannot explain the concentration of effects in the first place. When cast in this light, the broken windows theory takes on a different and, in my view, less compelling explanation of crime.

Second, although ordinance violations like drinking in public and many "soft crimes" like graffiti may not be judged as particularly serious, the factors that produce them may be the same factors that produce more serious crime. It may be, then, that public disorder and predatory crimes are manifestations of the same process at different ends of a seriousness continuum. Other noncriminal elements of disorder such as garbage in the street and abandoned housing may also stem from violations of an ordinance (as in littering, slumlord abandonment), thus sharing similar causal features and predicted by shared community-level processes.¹⁷

One of the processes hypothesized in the following chapter as an inhibitor of both disorder and crime is "collective efficacy," defined as the linkage of cohesion and mutual trust among residents with shared expectations for intervening in support of neighborhood social control. Other commonly hypothesized sources of disorder and serious crime include concentrated disadvantage, density, and the land use of neighborhoods. If the "broken windows" thesis is correct, the association of a lack of collective efficacy, concentrated disadvantage, and other structural features of the environment with serious crimes ought to be mediated by social disorder. The alternative hypothesis is that disorder is an independent manifestation of crime-relevant mechanisms. From this viewpoint, collective efficacy and socioeconomic resources should reduce both disorder *and* violence by disempowering the forces that produce both.

We thus tested whether disorder is an essential link in the pathway that leads to predatory crime, or, by contrast, whether both crime and disorder are rooted in the same neighborhood structural characteristics, such as concentrated disadvantage, land use, stability, and neighborhood collective efficacy. Of course, disorder and collective efficacy can also be reciprocally related to the extent that disorder undermines efficacy. Exploiting the community survey, systematic social observation (SSO), archival records, and census described in chapter 4, we showed that public disorder in urban spaces can be reliably measured at the neighborhood level using systematic observational procedures.¹⁸ In turn, concentrated poverty and mixed land use (business and residential) significantly forecasted observed physical and social disorder. Collective efficacy predicted lower observed disorder after controlling not only sociodemographic and land-use characteristics, but perceived

disorder and prior rates of predatory crime as well. Collective efficacy also predicted lower rates of violent crime after adjusting for the feedback effects of violence itself.

By contrast, the results for observed disorder did not match the strong theoretical expectations set up by the main thesis of "broken windows." Disorder, despite its definitional overlap with crime, was only a moderate correlate of predatory crimes like burglary and homicide, and it varied consistently with prior neighborhood characteristics like poverty and land use. Once these characteristics were taken into account, the connection between observed disorder and crime was reduced in the majority of tests—including for homicide, which is arguably the best measure of violence. The overall results support the inference that public disorder and most predatory crimes share similar features and are consequently explained by the same constructs at the neighborhood level, especially the concentration of disadvantage and lowered collective efficacy.

Figure 6.2 graphs a heuristic that portrays an extended interpretation, using as a visual backdrop a scene from a Chicago neighborhood that I photographed in October of 2010. By many accounts the graffiti on the garbage pails and building wall are a signal of disorder. But even if we grant that the graffiti is a cue of disorder, unless created by the building's owner it was simultaneously an act of crime by Chicago law—defacement of public or private property (vandalism). Like the earlier empirical findings in Chicago, this implies that the link between cues of disorder and crime may be spurious (bottom line with question mark in fig. 6.2), either by definition or as the result of common third causes. Although figure 6.2 questions the strong version of the broken windows thesis, it does not in any way imply the theoretical irrelevance of disorder. For one thing, we found a direct association of disorder with police-recorded robbery rates. Robbery offenders apparently respond to visual cues of social and physical disorder in the neighborhood. The picture that emerges is then that disorder entices robbery, which in turn may undermine collective efficacy, leading over time to yet more disorder and ultimately robbery.¹⁹

Moreover, as I elaborate in the next section, physical and social elements of disorder comprise highly visible cues to which neighborhood observers differentially respond under certain social conditions,

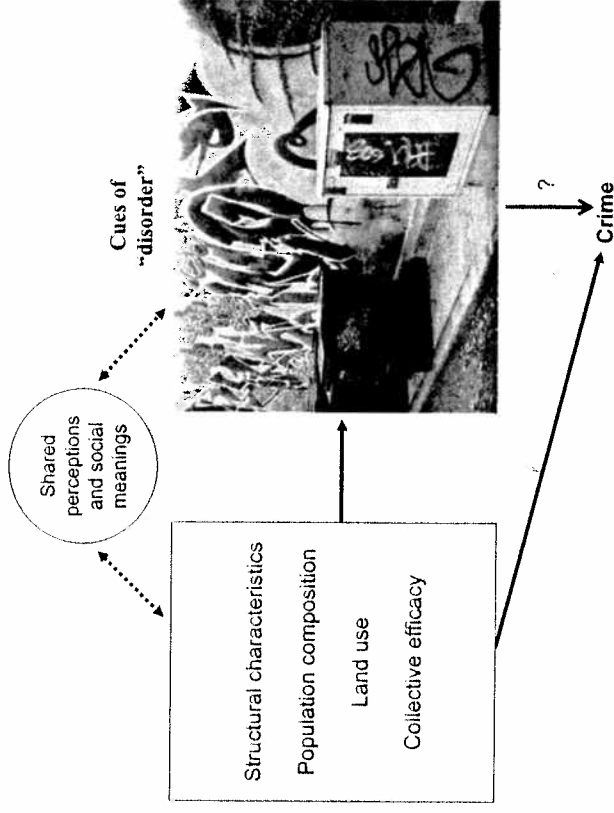


FIGURE 6.2. Reconsidering the "broken windows" theory of crime

potentially influencing migration patterns, investment by businesses, reputations of places, and thus overall neighborhood viability. Disorder has *social meaning*, in other words, and may work in a cascading feedback loop by encouraging people to move (increasing residential instability) or by leading to a stigmatized neighborhood and possibly future increases in concentrated poverty. Perceptions of disorder may also discourage efforts at building collective response to crime and thus indirectly have a feedback effect on crime. If I am correct, the link between cues of disorder and crime are deceptively misleading, and policies to eradicate disorder through law enforcement techniques are misplaced because they leave common origins untouched and assume that perceptions of disorder are in themselves uniformly unproblematic. Thus while disorder might not form the causal link to crime, as is often assumed, it follows that the meanings of disorder and its contextual moorings need to be a central part of our understanding of neighborhood change. It is to this issue that I now turn.²⁰

Interrogating Perceptions

A matter of the construction of their inner eyes, those eyes with which they look through their physical eyes upon reality.

Ralph Ellison, *Invisible Man*

I have argued that at one level the broken windows theory is on the right track by emphasizing the salience of visual cues. It seems natural to assume that graffiti or drug-addled revelers are a problem. But imagine a situation in which these same cues are not evaluated negatively. Perhaps the parriers are students on a bender, or the graffiti is on the streets of the local arts district or campus town. Does this still cause crime or urban decline? Or might it be perceived instead as "colorful" and "edgy"? Walking along the south side of the Seine in Paris recently, I observed a long stretch of graffiti against the backdrop of couples strolling peacefully. Why is this "disorder" not seen as problematic and why is Paris thriving? One wonders, are there neighborhoods in Amsterdam where parked bikes surrounded by a mark of temporary graffiti are *not* viewed as a conflict of norms? These questions suggest that the broken windows theory needs to be reconceptualized by probing what triggers our shared perceptions of disorder in the first place.

The prevailing view seems to be that seeing disorder is a straightforward matter of observing cues in the environment that are visible to our eyes. From this view perceived disorder is a characteristic of the neighborhood, an objective place that generates consensus.²¹ But it is one thing to perceive, more or less accurately, what is in the objective environment, and another to assign it meaning or to weigh its seriousness. Here language and cognition are central, for the dominant method of asking (thinking?) about disorder is to have respondents assess "how much of a problem" it is. Can we separate what is in the environment from how it is interpreted or perceived and how much it matters to the observer "as a problem"? We can also ask about the context of "disorder": Is the perception of disorder filtered or altered by the presence of stigmatized groups or its location in disreputable areas? Does seeing disorder as a problem depend on the collective judgments of others?

To recognize subjective variations in perception and the assignment of meaning is not to give up on systematic social inquiry. To the contrary,

as Goffman classically argued, how we frame social situations may be seen as a fundamental aspect of social life.²² I specifically argue that collective (or intersubjectively shared) perceptions form a context that constrains individual perceptions and social behavior. As Anthony E. Botz and Paul Wiles have also argued, perceptions of order and safety are part of culture in the sense of being rooted in shared understandings of the nature of particular areas and public spaces.²³ Lamont makes a similar point in her call for studies to assess social meaning in the form of "institutionalized cultural repertoires" and "publicly available categorization systems."²⁴ What is the "the mad, the bad, and the sad" if not a cultural repertoire and, potentially even more consequential, a widespread categorization system?

Implicit Bias and Racialized Meanings

"In the first instance, 'race' is a mode of perceptual categorization people use to navigate their way through a murky, uncertain world."²⁵

Cultural attributions about disorder are prevalent in American society and increasingly in cities internationally as a result of exported American policies, feeding the hunger that humans carry for social information that will reduce uncertainty. Stereotypes become especially tempting when, as is almost always the case, residents are not trained to question them as systematic observers. If cultural stereotypes are pervasive and residents have uncertain information, then they may, acting like "Bayesians," augment that information with contextual cues about people who can be seen on the streets.²⁶ Mounting evidence from cognitive science reveals that we make decisions habitually and without much introspection. Although we prefer to think of ourselves as sentient beings that are rational and pursue goals consciously, what dominates is *hidden* rather than explicit reasoning.²⁷ It follows that individuals may be quick to draw on their priors perceiving disorder as a problem—combining uncertain evidence with widespread beliefs undervritten by cultural stereotypes.

Categorical distinctions are particularly important for the organization of information in everyday life, and the categories of relevance are hardly random.²⁸ A considerable body of research shows that Americans hold persistent beliefs linking blacks, disadvantaged minorities, and

recent immigrant groups to many social images, including crime, violence, disorder, welfare, and their undesirability as neighbors.²⁹ Beliefs about disorder are reinforced by the historical association of nonvoluntary racial segregation with concentrated poverty, which in turn is also linked to institutional disinvestments and neighborhood decline.³⁰ While race may be widely dismissed as a biological classification, dark skin is an easily observed and salient trait that has become a marker in American society, one imbued with meanings about crime, disorder, and violence, in turn stigmatizing entire categories of people.³¹ The use of race to encode disorder does not imply “irrationality,” nor is it simply prejudice in the sense of conscious group hostility. Suppose that someone without racial animus has nonetheless been exposed to the historically and structurally induced inequality that is urban America: on average, for example, rates of violence such as homicide are higher among blacks than whites. The problem arises when this person automatically concludes from such a statistical generalization that a specific black person, without corroborating evidence, is violence prone. The power of cultural stereotypes is that they operate beneath the radar screen of our conscious reasoning, forming what has been termed *implicit bias*.³² Research shows that automatic racial stereotypes can persist regardless of conscious or personal rejection of prejudice toward blacks, leading to what some call “laissez-faire” and others “institutionalized” racism.³³

Consider the effect of race in a vignette study in which experimental subjects were told to shoot armed targets and not to shoot unarmed targets. Participants made the correct decision to shoot an armed target more quickly if he was African American than if he was white.³⁴ The magnitude of this racial bias in shooting decisions varied with perception of cultural stereotypes but *not* with personal racial prejudice. In fact, the study revealed equivalent levels of shooting bias in African American and in white participants. This finding underscores the potentially far-reaching consequences of statistical discrimination and cultural stereotypes that lie below the level of conscious racial prejudice. As the authors argue, race can influence the decision to shoot because cultural traits associated with African Americans, such as “violent” or “dangerous,” act as a schema to influence perceptions of an ambiguously threatening target. Moreover, African Americans are exposed, as is everybody, to dominant cultural stereotypes and thus implicit bias.

Contextualizing Disorder

Implicit bias and statistical discrimination theory are limited, however, in their tendency to adopt either a psychologically reductionist or a rational choice model of decision making, both of which neglect the context and meaning of perceptions. A contextual stance was taken some time ago by Carl Werthman and Irv Piliavin, who argued that the police divide up the territories they patrol into readily understandable, and racially tinged, categories.³⁵ The result is a process of what they called *ecological contamination*, whereby all persons encountered in a “bad” neighborhood are viewed as possessing the moral liability of the neighborhood itself. This process has general implications if citizens themselves impute the character of disreputability to neighborhoods containing stigmatized minorities, immigrants, and the “rabble class.”³⁶ Although Goffman’s concept of stigma³⁷ was originally advanced at the individual level, its contextual forms are what I find compelling. Such stigmatization appears to be an enduring mechanism going back at least to Charles Booth’s lower-class London with its “loafers and semi-criminals.”

The social structure of everyday life is tied to the race and class of both persons and places, reinforcing the production of disrepute.³⁸ As Arthur Stinchcombe argued over forty years ago, access to private space is structured such that disorder by the disadvantaged often consists of doing many things in public that would be (and are) legitimate in private (e.g., drinking, hanging out).³⁹ Because privileged status increases private access, it reduces everyday exposure to public disorder. The perception and meaning one attributes to disorder, then, will vary by one’s social position. The resulting social structure of public spaces also confirms the stereotype that disorder is a problem mainly in poor, African American communities. This stereotype feeds racial stigma and the creation of a durable spoiled identity for the modern American ghetto.⁴⁰

Ethnographic work underscores the symbolic importance attached to the intersection of race and disorder. In a study of a white working-class Chicago neighborhood, Maria Kefalas sought to understand the fastidiousness with which residents kept up their property and why they seemed to be obsessed with physical signs of order. She found that

homeowners fretted about "the last Garden" and the threats that disorder were thought to bring on the neighborhood.⁴¹ No act of vandalism was too minor, no unkempt yard too trivial to escape notice. Kefauver argued that residents were especially threatened by the encroachment of blacks, which they associated with decline preceded by visual cues of disorder. In many ways the residents of Kefauver's Beltway had a broken windows theory in mind, but one with a decidedly black face.

None of this is to assert that the average city dweller is somehow irrational or merely ignorant. The rational basis of beliefs lies in a social history of urban America that links geographically isolated minority groups and recent immigrants with poverty, economic disinvestment, and visible signs of disorder. Visual cues of disorder can be disturbing even to those who study it for a living.⁴² The problem is that predictions become self-confirming when stigma and spoiled identity intercede, leading to actions that increase the statistical association between race and the observable behavior. If affluent residents use a neighborhood's racial composition as a gauge for the level or seriousness of disorder, unconsciously or consciously, they may disinvest in predominately minority areas or move out. Such actions would tend to increase physical disorder in those neighborhoods. In this way implicit bias leads to self-enforcing mechanisms that perpetuate the connection of race to disorder.

The general framework of my argument is portrayed in figure 6.3, showing the multiple influences of social position, observed disorder, racial stigma by place, and implicit bias in interpreting the effect of concentrated minority groups and immigration on perceptions. Indicated by Booth's depiction of the Irish in Victorian London, racial and ethnic categories subject to hierarchical classification are historically variable. My argument is not just about blacks or Latinos, in other words. In many U.S. cities circa World War I, it was the Irish and Italian immigrants who constituted the dangerous and disorderly class.⁴³ In present-day London, moreover, social distinctions within the white working class may be nearly as pernicious as black-white distinctions in the U.S. Narratives of disorder (e.g., homelessness, "filth," public alcoholism) linked to the white working class/poor appear to create social boundaries and status differentials by neighborhood in the council estates of Camden.⁴⁴

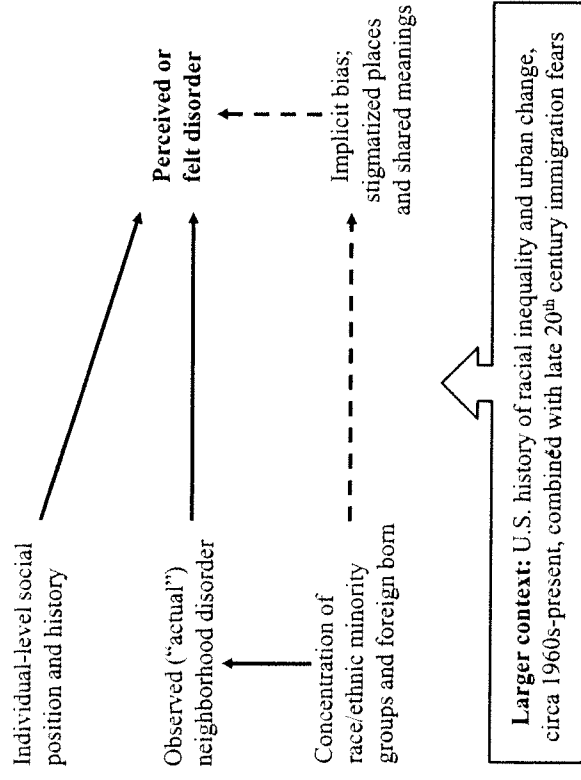


FIGURE 6.3. Believing is seeing: the social basis of perceiving disorder

Hypotheses and Approach

Little research bears on the general theoretical argument in figure 6.3 that social and cultural settings trigger perceptions that disorder is a problem. To address this gap I put forth and assess the proposition that perceptions of neighborhood disorder are socially mediated, relatively stable, and contextually shaped by much more than actual levels of disorder. I do this by first replicating and extending with data over time my earlier study with Raudenbush.⁴⁵ According to the logic of broken windows theory, the perception of disorder is governed by actual, observed levels of disorder. We therefore reasoned that residents *within* any given neighborhood should be largely in agreement on perceived disorder. Their views of disorder in the neighborhood should not, for example, vary systematically and substantially by social class or other markers of social position. Furthermore, we should find few if any variations in perceived disorder *between* neighborhoods that are linked to population characteristics once actual disorder, systematically observed, is accounted for.

Figure 6.3 suggests an alternative scenario. Because skin color is easily observed and carries established stereotypes, we hypothesized that racial composition would loom large not just in observed levels of disorder but for people's reporting of disorder. For some respondents, the racialized context of the neighborhood might go well beyond observed disorder, especially in a city like Chicago with a troubled history of racial strife in its recent past that etched in the city's collective memory an implicit association of disorder with blackness. Figure 6.3 thus incorporates the historical and contemporary association between racial composition and observed disorder. The notions of stigma and implicit bias also suggest that if there is an association between racial composition and perceived disorder, it ought to be independent of the race or ethnicity of the observer (consider, for example, the black citizen who crosses the street at night to avoid a group of approaching young black males).

Our data began with the comprehensive neighborhood survey of Chicago residents described in chapter 4, who lived in approximately five hundred block groups where detailed videotaped observations were taken. Census block groups average about 1,300 residents, compared to about 4,000 for the average census tract, and appear to reflect the layout of pedestrian streets and patterns of social interaction. Interviews were based on over 3,500 randomly chosen adult residents within households who were asked six questions about physical disorder (e.g., litter, graffiti, vacant housing) and social disorder (e.g., public drinking, fighting, drug dealing). They were asked, "Are these a big problem? Somewhat of a problem? Not a problem?" From these questions we constructed scales of disorder at the level of the individual and block group. From the neighborhood survey we also examined a large set of personal demographic and background characteristics that might anchor one's perception of disorder, including age, sex, home ownership, and a composite measure of socioeconomic status that took into account education, income, and occupational prestige.

From the separate study of community positional leaders and key informants, we relied on over one thousand interviews with representatives of the educational, political, business, religious, community organizational, and law enforcement domains. Leaders were asked detailed questions about their personal characteristics and social network ties in addition to their perceptions of disorder in the communities they

represented or worked in. For the block groups in our study we also collected independent information from the U.S. census that was likely to have bearing on perceptions of disorder: the proportion of families in poverty, population density, and the proportion black and Latino. Then from Chicago police records of violent offenses such as robbery, homicide, rape, and aggravated assault, we constructed the violent crime rate in each block group per hundred thousand residents. The last and I believe most innovative method was systematic social observation (SSO) of streets as described in chapter 4. From the SSO, multiple scales accounting for measurement error in observed disorder were created and validated.

Overall our initial results supported the general theory in figure 6.3. Racial and immigrant concentration proved more powerful predictors of perceived disorder than did carefully observed disorder. This disparity was not necessarily "irrational" or a reflection of simple prejudice. Skin color is not only visual but psychologically salient in a society with a long history of slavery, segregation, and racial conflict. That the findings need not reflect pure racial prejudice was supported by a key pattern in the data: blacks were no less likely than whites to be influenced by racial composition in predicting disorder. If racial prejudice was determining the association between percent black and perceived disorder, this association ought to be much stronger for whites than for blacks: few would contend that blacks are as prone to antiblack racial prejudice as whites. Although blacks perceive less disorder than whites living in the same block group, this tendency was *not* linked to the percent of black residents.⁴⁶

Further, we examined the main finding on the independent data on perceptions of disorder collected from key leaders in 2002 (see chapters 4 and 14 for details). We selected leaders who lived *outside* the community they worked in in order to remove as much as possible the role of inside information or local knowledge. Yet racial composition strongly predicted leaders' evaluations of disorder, controlling for observed disorder, a pattern similar to that found for residents. Moreover, perceptions of disorder by the residents themselves independently predicted leaders' perceptions, presumably mediated through complaints, stigma, and broader reputational processes that have staying power. The meanings attached to disorder among residents rather than its mere presence is thus bound up with the views of community leaders.

Seeing Disorder over Time

I now consider pathways to and from disorder, beginning with a replication and multipronged extension of the Sampson and Raudenbush paper based on the follow-up studies in 2002 that provide longitudinal data on the prediction of disorder.⁴⁷ My goal is to assess whether the key findings on racial and immigrant context stand up. They do. The data reveal an almost complete replication using independent data on all of the core measures that were repeated in the 2002 community survey and SSO. Once again, for example, whites perceived more disorder than blacks, Latinos, and Asians/others even when they lived in the same neighborhood and thus were exposed to the same context. A new finding is that third-generation immigrants perceived more disorder than otherwise similar first-generation immigrants within the same neighborhoods.

I present a visual sense of these results in figure 6.4, derived from a comprehensive model that adjusts for a host of both individual and neighborhood factors measured on over a thousand block groups. In the top panel, note the higher levels of perceived disorder among whites compared to blacks, adjusting for neighborhood racial composition and other confounding factors. In the bottom panel, note the higher levels of perceived disorder among third-generation and higher immigrants compared to first-generation, adjusting for the prevalence of Latinos.⁴⁸ Graphed differences are all significant and fully adjusted at the mean for all covariates.⁴⁹ A virtually identical pattern of within-neighborhood race/immigrant differences holds when census tracts are substituted, so the “anchoring” effects of social position are stable across units of analysis.⁵⁰

Perhaps more important, figure 6.4 shows that both whites and blacks perceive more disorder as percent black increases *across* neighborhoods, adjusting for observed levels of disorder. Low-percent black is defined as the bottom quartile and high-percent black, the upper quartile. For both blacks and whites and after controlling for other differences, we see that moving from the lower to upper quartile of percent black is associated with about a 0.4 increase in individually perceived disorder, more than half a standard deviation. Similarly for first-generation immigrants and those in the third generation, neighborhoods higher in

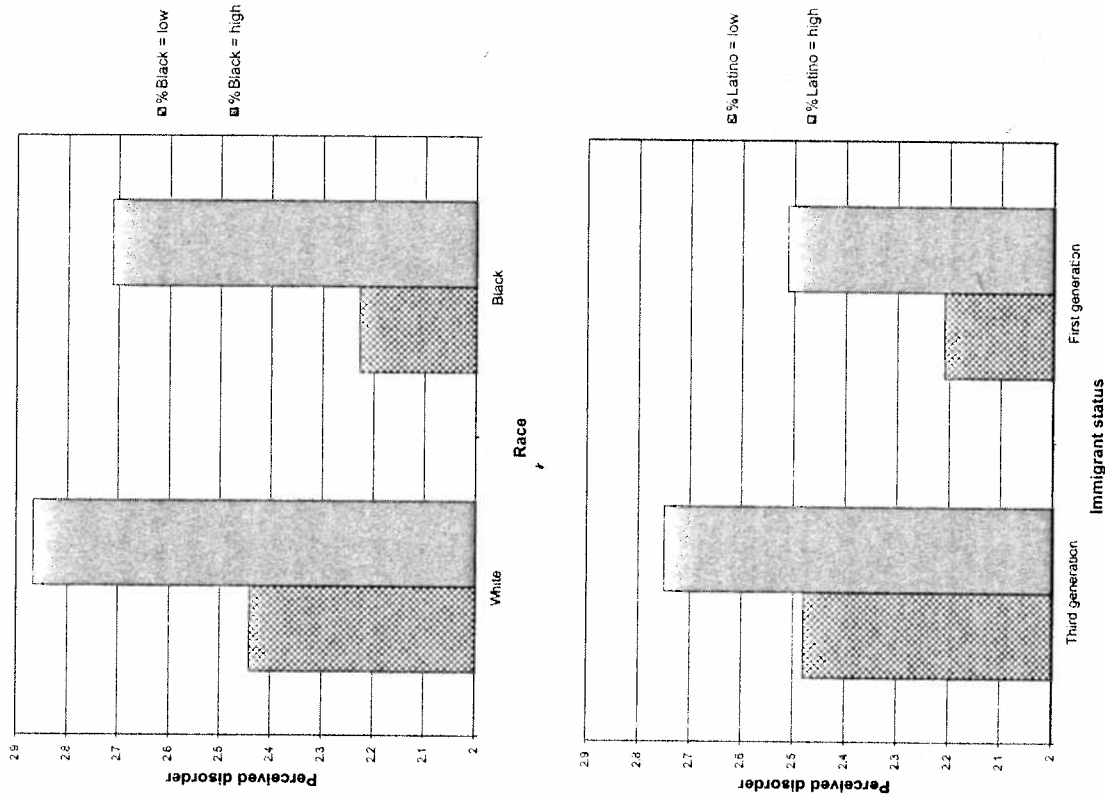


FIGURE 6.4. Black-white and immigrant differences in perceived disorder by neighborhood race/ethnicity, 2002 Chicago Survey (N = 3,105) at the block-group level, with individual and neighborhood characteristics controlled.

the concentration of Latinos (and immigrants) are associated with significantly greater perceived disorder. Some twenty-five individual-level covariates were adjusted and thus cannot plausibly explain these large disparities. The effect of race/ethnic composition on perceived disorder is also independent of multiple and highly reliable measures of observed disorder. Moreover, there are no significant differences between blacks and whites or immigrant generation in the nature of the prediction of perceived disorder from percent black (or concentrated immigration), further supporting the notion of implicit bias associated with neighborhood racial context. Specifically, there is no significant interaction of neighborhood racial composition with respondent's race in predicting individually perceived disorder.⁵¹ The influence of racial composition is thus direct and strong.

I present next the hypothesized relationship between the group dynamics of social disorder and individual perception. The question here moves beyond racial/ethnic composition versus systematically observed disorder to how observed disorder and *intersubjective* or shared perceptions of disorder matter for the development of an individual's perceptions. It is important to recall that the sample I use to measure shared perceptions is independent from and seven years prior to that used to measure individual variations. If the mechanism is largely statistical discrimination, then percent black should remain a predictor and shared perceptions should be less important than observed disorder. But if social meaning and cultural attributes are also at work, as argued above, it stands to reason that shared neighborhood perceptions—the prior intersubjective variance component—should have a direct association with an independent current assessment by any individual. Collective or unconsciously coordinated perceptions are the embodiment of reputation and through social interaction are passed down and reproduced over time.⁵²

Despite stringent controls for dozens of individual-level characteristics, including fear of crime, age, race, sex, home ownership, social class, friendship ties, fear, victimization, and even perceptions of collective efficacy, which are correlated with perceptions of disorder, there is a large effect of collectively perceived disorder in 1995—but *not* 2002 levels of *observed disorder*—on an individual's perceptions.⁵³ I conducted a complete replication of this analysis in the 2002 survey, controlling for systematically observed disorder in 1995 as well, obtaining similar

results. For example, at the tract level, shared perceptions of perceived disorder strongly predicted concurrent "subjective" disorder, but prior observed ("objective") disorder was insignificant. I examined a number of additional neighborhood-level controls as well, including the violence rate, age structure, and collective efficacy, all with similar results.

Perhaps it is the community-area level where shared perceptions take on their most tenacious hold because it is here that well-known names and reputations are most pronounced. To assess this I examined a series of relationships across the seventy-seven community areas of the follow-up survey and in the subset of community areas (N = 47) where systematic videotaped observations were conducted in 1995. To ensure a conservative test I included the violence rate for the four years leading up to and including the second survey. Key results with magnitudes of association are graphed in figure 6-5. Adjusting for the twenty-five individual factors by which communities vary in their composition (N = 77) and adjusting for between-community differences in census-based poverty, immigrant composition, and violence rates, one can still see the relative strength of shared past judgments of disorder in predicting individual outcomes. The magnitude of the racial composition effect is greater than systematically observed disorder (compare the bottom

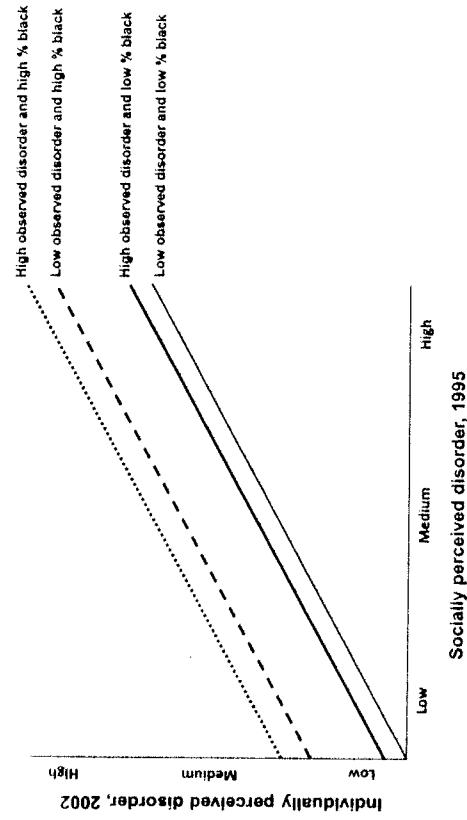


FIGURE 6.5. Comparison of systematically observed disorder, racial composition, and socially perceived disorder. 2002 Chicago Survey (N = 3,105) at community-area level, with individual and community characteristics controlled.

two lines representing the twenty-fifth and seventy-fifth percentiles in observed disorder within low-percent-black areas), and in turn the effect of shared prior perceptions is greater than both racial composition and observed disorder.⁵⁴ By contrast, increases in perceived disorder associated with concurrently observed disorder are much smaller and not significant. When I also control for measurable *prior* differences in observed disorder along with *concurrent* disorder, the picture does not change.⁵⁵ Perhaps surprisingly, collective prior perceptions again retain the same predictive power and prior observed disorder is insignificant.

Finally, I replicated the analysis on perceptions of disorder among leaders who worked in the community but lived outside of it. In doing so I included new controls for concentrated disadvantage and systematically observed (or SSO) disorder measured both prior to and concurrently with key leaders' perceptions in 2002. Once again, observed disorder took a back seat in the entire process, and shared perceptions of disorder many years earlier had by far the strongest effect on elites' perceptions of community disorder in 2002. For example, the raw correlation between residents' perceptions in 1995 and the views of outside leaders in 2002 is 0.83, and the standardized coefficient for this relationship controlling for confounding factors was 0.70 ($p < 0.01$), approximately ten times larger than the effect of concurrently observed disorder (0.07, not significant). Concentrated disadvantage and residential stability were not predictive in this same model. What matters most for community leaders is apparently what matters most in the minds of community residents. The durable effect of shared perceptions is a clear indicator of the power of reputational processes that extend even to those who do not live in the community.

That social perceptions have such persistent and strong predictive power adjusting for current and lagged observed levels of disorder is rather remarkable and suggests the sensitivity of humans to the evaluations of others and adds new meaning to the truism that past judgments matter. Because we are hungry for social information, encoded social perceptions are "sticky" and appear to be eagerly accepted and consumed liberally. Might the stigma of disorder have additional ramifying costs or impacts on a community? At the other end of the spectrum, might a reputation for being a clean, orderly place lead to cumulative advantages? I now provide a direct look at the social dynamics of the legacy of disorder.

The Role of Disorder as a Dynamic Force

Beginning about 1965, which Robert Putnam argues is the point of decline of American civic life, crime rates began to explode in American cities.⁵⁶ They rose to unprecedented heights and fluctuated at high levels in the 1970s and 1980s, a period also of increasing concentration of poverty. Going back to figure 6.2, I believe that crime and especially disorder have been overlooked in the feedback processes that helped to perpetuate poverty traps, especially in precipitating selective outmigration from central cities burdened with high rates of victimization. Violence and robbery may also prompt the withdrawal of businesses and middle-class families from inner-city areas, which may have fueled more crime and a deepening of poverty. As I have argued, neighborhoods high in crime and "signs of disorder" are especially prone to developing reputations as "bad" and best avoided. The consequences of stigmatization combine with the historical legacy in U.S. cities, where racial segregation and poverty are bound up with patterns of disinvestment. A form of self-fulfilling prophecy takes place.⁵⁷ Residents acting on their perceptions of disorder undertake actions that have the effect of only increasing that disorder. It is impossible to study empirically all these feedback loops in one study (or perhaps any number of studies), but I can begin to break down their constituent parts.

To date, the evidence on these links is mostly about crime rates. Studying Chicago neighborhoods, for example, Bursik found that "although changes in racial composition cause increases in the delinquency rate, this effect is not nearly as great as the effect that increases in the delinquency rate have on minority groups being stranded in the community."⁵⁸ In a study of forty neighborhoods in eight cities, Wesley Skogan found that high rates of crime and disorder were associated with higher rates of fear, neighborhood dissatisfaction, and intentions to move out. Jeffrey Morenoff and I showed that increases in violent crime and proximity to violence contributed to population loss and decline of neighborhoods in Chicago. The effect of crime on population loss is also observed at the city level. In a study conducted over twenty years ago, I showed that increases in homicide were strongly associated with population decline and increases in the poverty of the black population in major U.S. cities. These results are independent of the usual de-

mographic predictors of urban change. A later study found that robbery rates also played a significant role in white flight from central cities, therefore increasing racially segregated poverty.⁵⁹

What about disorder? If shared perceptions of disorder predict later poverty better than observed disorder, crime, and perhaps even prior poverty, this is evidence in favor of the cultural aspects of the social reproduction of inequality and the persistence of poverty traps. On the basis of these findings I believe that socially evaluated disorder is firmly implicated in how the character of a neighborhood evolves over time. Consider first the stability of perceived disorder over time at the neighborhood level. The extended theory outlined here implies a “poverty trap” effect for neighborhood social processes, where shared perceptions reinforce later disorder and potentially still more concentrated poverty. Neighborhood variations in perceived disorder are not only large, but neighborhoods by and large maintain their relative positions over time. The correlation of perceived disorder at the community-area level is a very high 0.89 ($p < 0.01$), with “pockets” of high disorder that are quite durable and apparently hard to overcome. This finding implies that the cultural and social aspects of neighborhood disorder are coherent, durable, and potentially of causal relevance in explaining the puzzle of stability amid change.

To assess this idea I examine the prediction of poverty from prior socially perceived disorder at the community-area level, where perceptions and reputations are most likely to be reinforced institutionally. In initial examination there was a nonlinear trend in the data, with an increasing correlation of perceived disorder with later poverty.⁶⁰ Figure 6.6 presents the linear form of the relationship. The pattern is striking, with a correlation unusual in social science even for community-level data (0.91). Communities such as Washington Park and Riverdale on the Far South Side stand out as deeply entrenched in poverty and stigmatized as “disordered.”⁶¹ Of course, a number of factors that predict perceived disorder are also predictive of poverty and might confound the pattern. I therefore controlled for key known predictors, including prior (1990) racial and immigrant composition, the violence rate for the five years leading up to the 2000 decennial census, prior observed disorder, and the prior poverty rate, which we know from chapter 5 is a strong link to continuing poverty. I also assessed the robustness of the results by

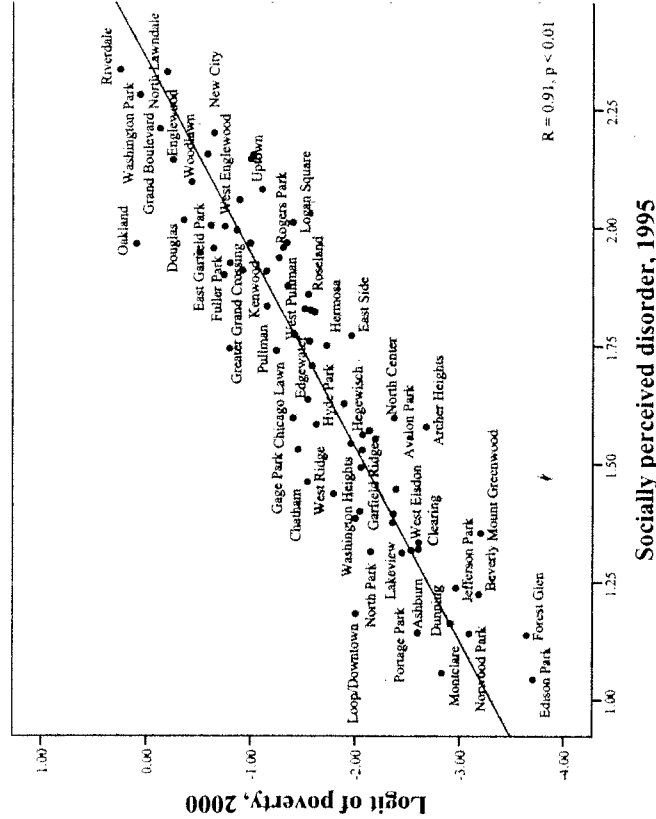


FIGURE 6.6. Socially perceived disorder strongly predicts later poverty at the community level

repeating the analysis on block groups, tracts, and community areas, obtaining similar results.

The result was as striking as the pattern in figure 6.6. Systematically observed disorder had no independent association with later poverty. More relevant, shared perceptions had a predictive relationship with later poverty that rivaled population composition by race and immigrant status. Moreover, shared perceptions of disorder had essentially the same magnitude of association with later poverty levels as the inertial path dependence for which the indicator of prior poverty serves as a direct proxy. Violent crime had no effect next to perceived disorder.⁶²

Another piece of evidence supports the theoretical framework of this chapter. I divided the sample of census tracts into those that are predominantly (75 percent or more) black and those that are predominantly white. I used tracts rather than community areas to obtain a sufficient number of cases in each racial type. A clear pattern showed

that black neighborhoods bear the brunt of the underlying dynamics—perceptions of disorder foretell where a black neighborhood will end up in the stratification hierarchy, but the prediction line is flatter and the correlation smaller for white areas. Could this just be due to past poverty? Apparently not—the prediction slope for 2000 poverty when adjusted for 1990 poverty is still steeper in black than white communities, and the adjusted correlation is almost double in magnitude.⁶³ Once again, then, the data support the hypothesis that shared perceptions of disorder are more consequential for a downward trajectory when they intersect with communities of color. Perhaps we can now better appreciate how the “disorder” pictured in figure 6.2 is able to exist in a predominantly white, upper-income, and elite section of Chicago, just off 57th Street close to the University of Chicago. And it is no accident that the humor of figure 6.1 derives from its otherwise upscale, Upper East Side of Manhattan feel.

Finally, consider the effect of perceived neighborhood disorder on changes in population. I examined both raw population change and ecological shifts in population that were deviations from the overall trend in Chicago over the decade of the 1990s. Both strategies produced similar results at three levels of ecology with the same measures and models. Controlling for prior violence, race, immigrant concentration, observed disorder, and the poverty rate, collective priors on “problem disorder” significantly predicted residual and relative declines in population size.⁶⁴ Thus whether one is seeking to predict future poverty or outmigration, perceptions of disorder are equally, if not more significant than the usually cited structural variables.⁶⁵

Summary

This chapter uncovered a consistent pattern pointing to the relevance of social psychological mechanisms interacting with cultural processes to explain a phenomenon previously dominated by structural determinism. Namely, *shared perceptions of disorder rather than systematically observed disorder appear to be a mechanism of durable inequality*. I have thus shown that disorder rooted in intersubjectively shared historical assessments—rather than simply the current cues themselves—form a meaningful

definition of the neighborhood environment that influences individual perceptions and further social outcomes. By this account, the perceptual basis of action is contingent on neighborhood context, which in turn plays a role in shaping the long-term trajectories and identities of places. I revisit this claim in later analyses of residential mobility and its consequences for structural networks of mobility that connect different parts of the city (chapters 12–13). In the meantime, I suggest that collectively shaped perceptions of disorder may be one of the underappreciated causes of continued racial and economic segregation in the United States and perhaps cities elsewhere. At the very least, shared perceptions of disorder appear to matter for reasons that extend far beyond the presence of broken windows or the physical structure of the built environment.

It is instructive at this point to reconsider what predicts crime—observed cues of disorder or shared perceptions thereof? Whether lagged or concurrent, the data studied here reveal that historical perceptions carry the predominant explanatory weight. In 2002, for instance, collectively perceived disorder but not observed disorder predicts the homicide rate from 2002–6, all else equal. Shared judgments (1995 socially perceived disorder) significantly predict later homicide but *concurrently observed disorder does not*. If the broken windows theory is correct, it is apparently perversely so, and not for the original reasons hypothesized by its authors. Indeed, by popularizing the idea that signs of disorder lead to decline, the theory may have unwittingly promoted self-reinforcing actions in this very direction (e.g., outmigration, increasing poverty), thereby producing what it seeks to avoid.

But if crime is only tangentially related to physical cues of disorder, its past presence is central to the study of neighborhood health and wellbeing. The next chapter takes up this broad issue, pursuing a critique of disorganization theory in order to theorize the kinds of social processes that deter crime and promote wellbeing. Empirical analyses of neighborhood crime reaffirm the importance of traditionally cited suspects like concentrated disadvantage and residential instability, but also provide significant backing to a newly theorized concept—collective efficacy—which, as we shall see, plays a significant role in mediating structural characteristics and that may serve as a community protective factor. I also continue to focus on the long-term consequences of

endurable inequality and how certain neighborhoods get locked into a social dynamic that generates further stigmatization, disorder, outmigration, crime, civic withdrawal, and eventually the deepening of poverty. Equally important, however, is how some communities break out of poverty traps and the mold of stigmatizing perceptions. Collective efficacy and organizational action provide a clue.

7 | The Theory of Collective Efficacy

The previous chapter demonstrated that the concept of disorder has played a dominant role in our thinking about the social milieu of cities. Despite frequent attacks, so too has the similar concept of social disorganization. As demonstrated in chapter 2, William F. Whyte attempted to relegate social disorganization theory to the intellectual dustbin in the 1940s. But rather than going away, it actually experienced a vigorous resurgence in the late twentieth-century focus on neighborhood effects. Robert J. Bursik and Harold Grasmick provide a revealing anecdote in their *Neighborhoods and Crime*. Recalling a conversation at the annual meeting of the American Society of Criminology in the late 1980s, they were told by a respected but unnamed colleague that “social disorganization is the herpes of criminology . . . once you think it is gone for good, the symptoms flare up again.”¹

Although I have several suspects in mind as the source of this comment, the late Yale sociologist Albert J. Reiss Jr. is at the top of my list. Ever the ornery intellectual, in an opening essay, “Why Are Communities Important for Understanding Crime?,” Reiss trained his critical eye on social disorganization theory.² Against a backdrop of admiration for the efforts of Shaw and McKay and others in the social-disorganization tradition, Reiss pointed out that in many so-called disorganized slums, there coexisted criminal networks, organized gangs, and often a complex density of social ties. Surely it would be a mistake to consider Whyte’s North End, to use Reiss’s example, as simply “disorganized.” Yet it did have high crime rates, and many of the features of Shaw and