Neighborhood stigma and the perception of disorder

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In urban sociology and criminology, few ideas have been more influential than the theory of "broken windows" first explicitly laid out by James Wilson and George Kelling. According to the theory, minor forms of public disorder, if unchecked, lead to a downward spiral of urban decay and crime:

> [A]t the community level, disorder and crime are usually inextricably linked, in a kind of developmental sequence. . . .
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> A stable neighborhood of families who care for their homes, mind each other's children, and confidently frown on unwanted intruders can change, in a few years or even a few months, to an inhospitable and frightening jungle. A piece of property is abandoned, weeds grow up, a window is smashed. Adults stop scolding rowdy children; the children, emboldened, become more rowdy. Families move out, unattached adults move in. Teenagers gather in front of the corner store. The merchant asks them to move; they refuse. Fights occur. Litter accumulates. People start drinking in front of the grocery; in time, an inebriate slumps to the sidewalk and is allowed to sleep it off. Pedestrians are approached by panhandlers.
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> At this point it is not inevitable that serious crime will flourish or violent attacks on strangers will occur. But many residents will think that crime, especially violent crime, is on the rise, and they will modify their behavior accordingly. [1]

This concept has also penetrated social psychology; neighborhood disorder has been linked to declines in individual health and well-being. By these accounts, residents read signs of disorder as evidence of a deeper neighborhood malaise; as a consequence, the incidence of physical ailments, depression, psychological stress, and perceived powerlessness rises.[2]

Both the "broken windows" theory and the health and social psychological literature assume that the visual cues of disorder are unambiguous and that residents' perceptions of disorder map neatly with the presence of garbage, graffiti, abandoned cars, and drug paraphernalia. Objective cues are certainly salient in the perception that a neighborhood is "disorderly." But so too, we argue, are cultural stereotypes about disorder in American society. In the research summarized in this article we set aside the usual questions about whether disorder is linked to crime or poor health. Instead we examine what predicts individuals' perceptions that disorder, defined in the manner of "broken windows," is a problem. Drawing on independent sets of linked data, we examine how the racial, ethnic, and socioeconomic structure of neighborhoods shapes perceptions of disorder above and beyond what people see in the streets.[3]

Neighborhood racial stigma

Many Americans hold persistent beliefs linking blacks and other disadvantaged minority groups to social images, including crime, violence, disorder, welfare, and undesirability as neighbors.[4] These beliefs are reinforced by the historical association of involuntary racial segregation with concentrated poverty—in turn linked to institutional disinvestments and neighborhood decline. Stereotypes about race, poverty, and disorder may loom especially large when residents have uncertain or ambiguous information about the neighborhood as a whole. In poor neighborhoods, many activities that in better-off neighborhoods occur in private (e.g., drinking or hanging out) necessarily take place in public. The resulting social structure of public places reinforces the assumption that disorder is a problem mainly in poor, African American communities. This stereotype may lead to actions by members of the stigmatized group that seem to confirm the statistical association between race and social disorder. If more affluent residents, unconsciously or not, use a neighborhood's racial composition as a gauge of the level and seriousness of disorder, they may disinvest or move out, reinforcing the mechanisms that link race and disorder. Race in American society is, therefore, a statistical marker that stigmatizes not only individuals but the places in which they are concentrated. (See the article on racial stigma by Glenn Loury, in this *Focus*.)

The persistence of racial stereotyping does not necessarily mean that people are personally hostile to those of another race. Cultural stereotypes operate beneath the radar screen; they can persist even in individuals who consciously reject prejudice toward blacks. In a compelling demonstration of the power of such stereotypes, researchers examined the effect of race on shoot/don't shoot decisions in scenarios where subjects were told to shoot armed targets and not to shoot unarmed targets. Both black and white participants made the correct deci-

sion to shoot an armed target more quickly if the target was black than if he was white. This finding underscores the potentially far-reaching consequences of statistical discrimination: the decision to shoot an ambiguously threatening target is influenced by the stigma of violence and danger associated with African Americans. Blacks are unlikely to be racially prejudiced against their own ethnic group, but they are exposed to dominant cultural stereotypes.[5]

The methodological approach

To test our general proposition that perceptions of neighborhood disorder are socially constructed, and that they are shaped by much more than actual levels of disorder, we combined census and police data on selected Chicago neighborhoods with personal interviews with residents and other frequenters of the neighborhoods and with systematic social observation of neighborhood streets. We reasoned that if the perception of disorder is governed by actual, observed levels of disorder, we should find that residents in any given neighborhood are largely in agreement on perceived disorder *within* that neighborhood. Their views of disorder in the neighborhood would not, for example, systematically vary by social class. Most important, we should find few if any variations in perceived disorder *between* neighborhoods that are linked to social structure, after objectively defined and systematically observed disorder is accounted for.

To the extent that the perception of disorder is socially constructed, we expected to find that neighborhood racial, ethnic, and class composition would predict perceptions of neighborhood disorder. We did, of course, expect residents' perceptions to be based partly on obvious indicators such as trash, graffiti, abandoned cars and buildings, or the presence of loitering, drunken, or hostile adults. But our prediction should hold good even after we made adjustment for observed disorder, which we systematically measured using video cameras and trained observers. Because race in particular is easily observed and carries powerful stereotypes, we expected that racial composition would loom relatively large in people's reporting of disorder; for some respondents, the social context of the neighborhood might trump actual observed disorder.

If race turned out to be a powerful indicator of disorder in people's minds, we had a follow-up question: Does the perception of disorder reflect pure racial prejudice rather than statistical discrimination—racial stigma in the way that Glenn Loury describes it?

If the perception of disorder is based on prejudice against African Americans, it is likely to affect the perceptions of whites, Latinos, and Asians more strongly than the perceptions of blacks. Thus nonblacks might be expected to report more disorder in predominately black neighborhoods, overlooking similar levels of disorder in nonblack neighborhoods. But the notions of stigma and statistical discrimination 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 when walking late at night to avoid a group of approaching young black males).

The sources of data

Survey data

Our first source was a neighborhood survey of Chicago residents living in some 500 block groups within Chicago census tracts, conducted in 1995. Census block groups average about 1,300 residents, compared to about 4,000 for the average tract, and appear to well reflect the layout of pedestrian streets and patterns of social interaction. We interviewed over 3,500 randomly chosen adult residents within households selected according to a multistage probability sample. Perceptions of disorder were measured from six questions that asked about physical disorder (e.g., litter, graffiti, vacant housing) and about social disorder (e.g., public drinking, fighting, drug-dealing). Residents 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 selected a set of personal demographic or background characteristics that we believed might influence perceptions of disorder. (See Table 1.) A key concern was race or ethnicity, and we included a composite measure of socioeconomic status that took into account education, income, and occupational prestige.

Systematic social observation

By "systematic" we mean that observation and recording were conducted according to explicit rules that would allow others to replicate the observations. During the time that the community survey was conducted, observers very slowly drove a vehicle down every street within the sample of almost 500 block groups. While a pair of video recorders captured social activities and physical features on both sides, trained observers simultaneously recorded observations in a log. Blocks were observed randomly and videotaped at any time from 7 a.m. to 7 p.m. A random subsample of these videotapes was then viewed and coded, again by trained observers.

As with the survey, we looked for signs of both physical and social disorder, but we had access to a much richer body of evidence than was available in the survey questions. Using these techniques we were able, for example, to examine the separate contribution of the density of liquor stores and bars and the physical decay that can

Table 1
Basic Demographic and Neighborhood Data

Survey Respondents (N=3,585)	
Characteristics	
Female	58%
Married	38%
Separated/divorced	17%
Single	31%
Homeowner	43%
Black	34%
Latino	33%
Other	7%
Avg. Age	41.8 yrs
Avg. no. of residential moves in last 5 years	1
Unemployed/not in labor force	40%
Avg. SES scale[a]	-0.9
Perceptions of Disorder[b]	
Litter/trash	28%
Graffiti	20%
Vacant houses	13%
Public drinking	25%
Selling drugs	30%
Group loitering	27%
Neighborhood Block Groups (N=478)[c]	
Avg. population density/sq. kilometer	7,452
% Families in poverty	21%
% Black	36%
% Latino	26%
Avg. of (ln) violent crimes per/100,000[d]	8.61

Notes: The left-out category for ethnicity is white, and for marital status it is widowed.
[a]Standardized scale of income, education, and occupational prestige.
[b]Proportion of respondents who perceive the disorder item to be a "big problem."
[c]Data from 1990 Census.
[d]From police reports.

arise from institutional disinvestments, signalled by vacant or badly deteriorated housing, burned, boarded up, or abandoned commercial buildings, and deteriorated recreational facilities.

Block group data

For the block groups in our study we collected information from the 1990 census that were likely to have bearing on perceptions of disorder: the proportion of the families in poverty, population size and density, and the proportion black and Latino. From the police records of violent offenses such as robbery, homicide, rape, or aggravated assault, we constructed a log rate of violent crime in each block group.

The predictors of disorder

Individual characteristics

Although we focused mainly on variations in the perception of disorder among neighborhoods, we thought it important first to clarify how the personal characteristics of observers affected their perceptions of disorder within the same neighborhood. Our results showed that older residents perceived less disorder than did younger residents, residents who were separated or divorced perceived more disorder than did the widowed, and women tended to perceive more disorder than did men. We found no relationship between perceptions of disorder and employment, socioeconomic status, mobility, and homeownership. Most relevant and most evident were the effects of ethnicity: blacks perceived significantly less disorder than did whites living in the same block group. So too did Latinos and other races (mainly Asians).

This pattern makes sense if blacks and other minorities have been exposed to more disorder in the past; such exposure influences the threshold at which one begins to perceive a problem. In the segregated and racialized city of Chicago, for example, a white person living in an all-white area would expect to see, on average, relatively small amounts of disorder. A black living in an all-black area, however, would expect to see more disorder. The two groups judge disorder by norms that have been generated in past, segregated environments, underscoring the fact that perceived disorder reflects more than meets the eye.

Neighborhood characteristics

We estimated three models of neighborhood characteristics. We began with measures derived from our systematic observations of the neighborhoods; these gave clear evidence that what people actually saw predicted how much disorder they perceived. Between them, observed physical and social disorder accounted for 73 percent of the variation in how much disorder residents perceived at the neighborhood level.

In our second model we again used our systematic observations, adding indicators of the physical aspects of public space, such as the number of bars and liquor stores and the kinds of security measures for commercial buildings. We again found a positive and statistically significant relationship between physical decay and perceptions of disorder.

In our third model we added neighborhood ethnic and social composition, to test our main thesis. After taking into account observed disorder and individual predictors, we found that neighborhood social and ethnic composition were powerfully linked to perceptions of disorder. In particular, concentrated poverty, the proportion of blacks, and the proportion of Latinos in a neighborhood were related positively and significantly to perceived disorder. Moreover, when we adjusted for the racial context of a neighborhood, we found that the apparently strong links between systematically observed disorder and residents' perceptions of disorder were greatly weakened. In statistical terms, the coefficient for a relationship between observed physical disorder and residents' percep-

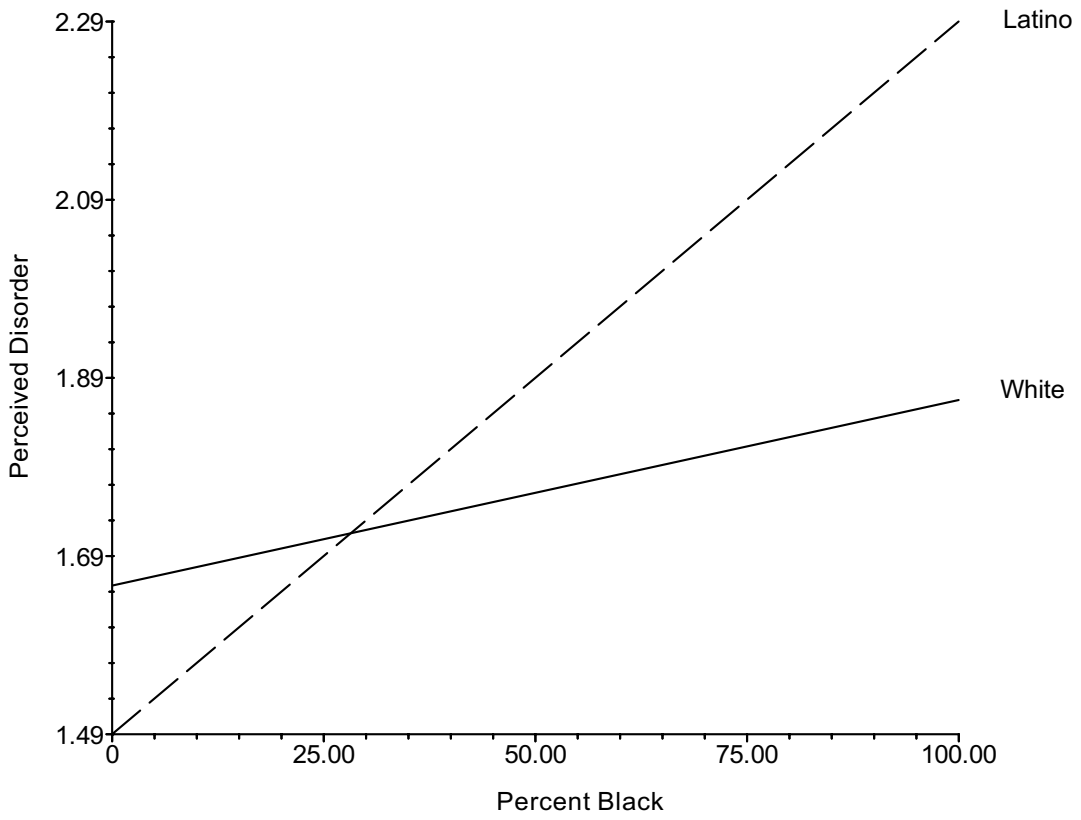

Figure 1. Cross-level ethnicity interaction in predicting perceived disorder.

Source: R. Sampson and S. Raudenbush, "Seeing Disorder: Neighborhood Stigma and the Social Construction of 'Broken Windows,'" *Social Psychology Quarterly* 67, no. 4 (2004): 333.

tions disappeared entirely, and that for a relationship between social disorder and perceptions was only half the size. Thus much of the variation in levels of disorder that appeared to be explained by what residents saw was spurious; their perceptions were heavily influenced by the racial and class composition of the neighborhood.

Race and the perception of disorder

Our findings to this point support the hypothesis that neighborhood racial context helps shape residents' perceptions of disorder. In general, as we noted, black residents reported lower levels of disorder than white residents for the same neighborhood. As the percentage of black residents in a neighborhood increased, we found, so too did perceptions of disorder by residents in each ethnic group, including blacks. This was especially true for Latinos. In neighborhoods that were less than 25 percent black, whites and Latinos essentially did not differ in their perceptions of disorder. But at the point at which a quarter of the neighborhood's residents were black (this proportion appears from other research to be a critical threshold), Latinos began to diverge sharply from whites in their views of disorder. When neighborhoods reached 75 percent black or more, Latinos perceived significantly more disorder than did whites (these changing relationships are depicted in Figure 1).

What to make of this last finding? Glenn Loury offers a plausible explanation: new or recent immigrants are made acutely aware of racial stratification in the United States, but lack the experience to accurately appraise the relationship between race and disorder. In Chicago, Latinos are disproportionately of Mexican origin, and many are recent immigrants. Latino immigrants may therefore draw too heavily on the presence of blacks as a proxy for disorder.

From the outside looking in

Might residents have brought insider knowledge to their assessment of neighborhood disorder that our cameras and observers could not hope to capture? As a test we took advantage of an extensive survey of Chicago community leaders carried out in 2002, drawing a sample of 725 individuals who lived outside the communities we were studying but who had some institutional or official responsibility within them—that is, they held positions in business, educational, religious, political, law enforcement, and community organizations. We were thus able to match the perceptions of prominent outsiders with those of residents and with our systematic observations of disorder. In the leaders' survey, respondents were asked the

same set of questions about disorder as were the residents. Because of the relatively small sample, our analysis focused simply on the interrelationship between racial/ethnic composition and disorder.

We followed the same procedure described above: estimating three models for predictors of disorder. We began with our systematic observations, added residents' perceptions, and then added racial context. We found that (1) leaders, like residents, perceived disorder to be more of a problem when observed disorder was greater; and (2) when residents perceived more disorder, so too did community leaders; this is not surprising, because complaints to officials about community disorder are a major part of local discourse with government in Chicago. When we added (3) racial composition to the model (controlling for observed disorder and residents' perceived disorder) we addressed the influence of race on perceptions of "outsiders" and thus the possibility that residents possess special knowledge that we missed. We found that the percentage of black residents and to a lesser extent of Latino residents both predicted the leaders' perceptions of disorder. The effects for the presence of blacks in particular suggest a durable and generally powerful role for racial context: whether one is looking at residents or leaders, perceptions appear to be shaped by the racial composition of the community.

Conclusion: The social roots of perceived disorder

In shaping perceptions of disorder, residents and community outsiders clearly draw upon what they actually observe in the streets. But social structure is also a powerful predictor of disorder. Observers supplement what they see with beliefs or assumptions informed by the racial stigmatization of modern urban ghettos, in which geographically segregated minority groups were linked with poverty, economic disinvestment, and visible signs of disorder. Because people act on their perceptions of disorder, the consequence is a self-fulfilling prophecy whereby all actors (not only white residents) are likely to disinvest in or move away from black or mixed areas they view as at high risk of disorder. In this light, attempts to improve urban neighborhoods by reducing visible disorder—cleaning streets and sidewalks, painting over graffiti, removing abandoned cars, reducing public drinking, prostitution, or drug dealing—may produce many positive results, but may have only limited payoffs in neighborhoods inhabited by large numbers of ethnic minority and poor people. Perceived disorder clearly matters for reasons that extend far beyond the mere presence of broken windows. ■

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[1]J. Wilson and G. Kelling, "Broken Windows: The Police and Neighborhood Safety," *Atlantic Monthly*, March 1982.

[2]See, for example, G. Kelling and K. Coles, *Fixing Broken Windows: Restoring Order and Reducing Crime in Our Communities* (New York: Free Press, 1996); K. Geis and C. Ross, "A New Look at Urban Alienation: The Effect of Neighborhood Disorder on Perceived Powerlessness," *Social Psychology Quarterly* 61, no. 3 (1998): 232–46.

[3]The research summarized in this *Focus* article is discussed at length in R. Sampson and S. Raudenbush, "Seeing Disorder: Neighborhood Stigma and the Social Construction of 'Broken Windows,'" *Social Psychology Quarterly* 67, no. 4 (2004): 319–42.

[4]L. Quillian and D. Pager, "Black Neighbors, Higher Crime? The Role of Racial Stereotypes in Evaluations of Neighborhood Crime," *American Journal of Sociology* 107 (2001): 717–67.

[5]J. Correll, B. Park, C. Judd, and B. Wittenbrink, "The Police Officer's Dilemma: Using Ethnicity to Disambiguate Potentially Threatening Individuals," *Journal of Personality and Social Psychology* 83 (2002): 1314–29.