

**In the eye of the (motivated) beholder:  
Towards a motivated cognition perspective on disorder perceptions**

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**Abstract**

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Neighbourhood disorder refers to those cues in one's social and physical environment that signal first the erosion of shared commitments to dominant norms and values, and second the failure of community members and authorities to regulate behaviour in public space. Disorder is dependent on an individual defining his or her surroundings and a number of US studies have examined factors related to disorder perceptions. Our goal in this chapter is to present the findings from two UK studies into the instrumental and relational nature of public judgements about what characterises disorder. We frame our discussion in the context of psychological work on motivated social cognition – i.e. the ways in which various psychological needs, goals, and desires (a) shape information processing and (b) lead to conclusions that individuals wish to reach rather than ones demanded by adherence to logic and/or evidence. We argue that disorder may not only be “in the eye of the beholder,” it may also be “in the eye of the motivated beholder.”

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*Key words: neighbourhood disorder, fear of crime, collective efficacy, social trust*

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Neighbourhood disorder is central to the fear of crime. A wealth of evidence from decades of research supports the idea that (a) people are attuned to counter-normative aspects of their social and physical environments; (b) that certain aspects, particularly in urban environments, are often deemed by observers to be disorderly and corrosive to collective efficacy; and (c) that such ‘neighbourhood disorders’ are important in determining public perceptions of crime, policing and safety. What is less well understood is how experiences and existing attitudes, values, beliefs or prejudices provide a filter through which people understand their social and physical environment. Why one person’s ‘thug’ may be another person’s ‘peer’ was the first-order question outlined by Sampson and Raudenbush (2004):

‘Is “seeing” disorder only a matter of the objective levels of cues in the environment? Or is disorder filtered through a reasoning based on stigmatized groups and disreputable areas? Simply put, what makes disorder a problem?’ (Sampson and Raudenbush, 2004: 319)

A number of US studies have sought to explain why residents of the same area can come to quite different conclusions about the same measurable signs of litter, vandalism, graffiti and young people ‘hanging around.’ In this chapter we present findings from two UK-based studies into the instrumental and relational nature of disorder perceptions. In the first study we draw on data from a representative sample survey of England and Wales. Analysing survey responses of 3,635 individuals clustered within 2,023 neighbourhoods (Middle Super Output Areas) we find that victimisation experience and experiential fear of crime (measured by asking people how often they have worried about becoming a victim of crime in the previous 12 months) predict within-neighbourhood perception of disorder, adjusting for structural characteristics of the neighbourhood, sociodemographic factors and an external assessment of neighbourhood conditions (by the interviewer). In the second study we take a more fine-grained geographical focus. Analysing data from a survey of residents of seven diverse London electoral wards (around 400 individuals in each locality) we find that victimisation experience and fear of crime again predict differential perception of disorder in seven diverse London neighbourhoods. But we also show that concerns about long-term social change in the local community and concerns about the erosion of traditional moral values in society play a significant role.

Labelling one’s social and physical environment as disorderly expresses what Millie (2008: 12) calls “behavioural and aesthetic expectations specific to that place, and, at that time, that can – or be perceived to – cause offence or harm to others.” We consider the idea that people can make sense of disorder through both an instrumental *and* a relational lens. Disorder perceptions may designate what constitutes criminal and social threat, justifying broader concerns that people have about the breakdown of order and social control. To frame the discussion we draw on psychological work into motivated reasoning, i.e. thought and judgement aimed at supporting some preferred conclusions (Kunda, 1990; Kruglanski, 1996). A motivated social cognition perspective assumes that people are active and motivated processes of social information; that they have preferences regarding the outcome of some given reasoning task; and that these preferences can help initiate cognitive processors and influence the type of processing (e.g. information search and judgement formation).<sup>2</sup>

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<sup>2</sup> By way of illustration, consider a topical criminological issue: police-citizen encounters. There is emerging evidence that two individuals who are viewing the same police-citizen encounter can come to quite different conclusions about how fair the officer was towards the citizen (Waddington et al., 2015; Radburn et al., 2016). As Barclay et al. (2017: 1) state: ‘First, fairness is in the “eye of the beholder”—that is, fairness is a subjective experience that depends on the individual(s) involved and how they perceive fairness issues (Greenberg, Bies, & Eskew, 1991). Second, fairness can be a motivated phenomenon in which individual and environmental factors influence perceptions and responses (Cropanzano, Byrne, et al., 2001).’ According to a motivated social cognition perspective, psychological goals and motivations can shape how individuals (a) process information and (b) arrive at motivated conclusions regarding the fairness or unfairness of a police-citizen encounter. Relational motives focus on symbolism and identity-relevant consequences. People react strongly to what they

The chapter is organised as follows. We commence by reviewing existing research on the relevance of disorder and the idea that it is a fluid and ambiguous label that people attach to their surroundings. We then proceed to the findings of our two studies. Our objective is to *establish the phenomenon*, paving the ground for a future programme of work into motivated social cognition. Having established a stylised fact to be explained, we argue that the next step for future research is to consider some of the psychological mechanisms driving motivating reasoning regarding orderly (normative) and disorderly (counter-normative) neighbourhood conditions. We also consider the idea that disorder perceptions have motivational structure and potency.

### Disorder

Neighbourhood disorder has attracted a good deal of social scientific research over the past two decades, in fields as diverse as social psychology, sociology, anthropology, criminology, environmental psychology, geography and urban studies (e.g. Skogan, 1990; LaGrange, Ferraro and Supancic, 1992; Bursik and Grasmick, 1993; Kelling and Coles, 1996; Meares and Kahan, 1998; Geis & Ross, 1998; Taylor, 2000; Ross & Jang, 2000; Wyant, 2008; Sampson, 2009; Gau & Pratt, 2010; Dulin-Keita et al. 2010; Mellgren et al. 2010; Brunton-Smith et al. 2014; Johansen et al. 2015). Much of the interest on the concept of disorder can be traced back to an influential paper by Wilson and Kelling (1982) on the dynamics of neighbourhood change.<sup>3</sup> These authors claimed that signs of social disorganization and lack of collective efficacy – which involve ‘disreputable or obstreperous or unpredictable people: panhandlers, drunks, addicts, rowdy teenagers, prostitutes, loiterers, the mentally disturbed’ (1982: 29) – can send observers signals that low-level infractions are tolerated and that community controls are eroding. As more serious behaviours proliferate, surface disorder leads to actual chaos (Keizer, Lindenberg and Steg, 2008).

A good deal of criminological research has demonstrated that disorder is found in – and has its greatest effects upon – public spaces within the urban environment (Wilson, 1975; Garofalo and Laub 1978; Hunter, 1978; Lewis and Maxfield, 1980). Here ‘disorder’ means any aspect of the social and physical environment that indicates to the observer (a) a lack of shared control and concern over the conditions of that environment and (b) the values and intentions of others who share that space (Skogan and Maxfield 1981; Taylor, Shumaker and Gottfredson 1985; Smith, 1986; Taylor and Hale,

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perceive as unfair decisions and/or unfair treatment because unfairness challenges their feelings of belonging to the social group the police is seen to represent. Conversely, fair treatment and fair decision-making conveys status, inclusion and respect within this group context (Lind & Tyler, 1998; Tyler & Blader, 2003). Someone interacting with an in-group authority figure might, for instance, place special importance on the opportunity to present information that is decision-relevant but not outcome-influential (non-instrumental voice provision, see Tyler et al., 1996; Tyler & Blader, 2000; Platow et al., 2013) People may be more supportive of unfair treatment when an out-group is on the receiving end. Radburn et al. (2016) found that people judged coercive police actions against an out-group (English Defense League, a well-known racist organisation) to be more procedurally fair than the same coercive police actions against two neutral groups (National Union of Students and Trade Union Congress). Instrumental motives are rooted in self-interest. Desired outcomes are more important than fair process. In fact when people receive an outcome that they believe to be favourable and beneficial, they may even be motivated to view the process that led to the outcome as fair (Cropanzano et al., 2001). People may also value procedural fairness because they believe it will help them get the outcome they desire.

<sup>3</sup> The concept of disorder has surfaced in its contemporary form in many disciplines, of course. But its roots go back to the 1920s (Sampson, 2009, 2012). Emanating from the Chicago School through studies of the social ecology of cities (Park, Burgess and McKenzie, 1925; Shaw and McKay, 1931) the first investigations into the influence of the city on citizen perceptions of crime and the environment postulated that urban neighbourhoods with high levels of poverty and decline often experienced breakdown in their social structures and institutions. What became known as ‘social disorganization theory’ later described how a community’s inability to share common values and solve the problems of its residents resulted in the further breakdown of effective social control (Shaw and McKay, 1942). Shaw and McKay’s work has since been developed. Sampson, Raudenbush and Earls (1997) and Coleman (1988) have added the terms ‘collective efficacy’ and ‘social capital’ (respectively) to the vocabulary. Characteristics such as the local environment, population turnover and heterogeneity are also said to affect crime through the mediating influence of social bonds, cohesion, and trust (Bursik and Grasmick, 1993; Morenoff, Sampson and Raudenbush, 2001; Sampson and Groves, 1989). Meanwhile, local relationships which are cohesive and strong are expected to facilitate positive responses to community problems (Bursik and Grasmick, 1993; Kasarda and Janowitz, 1974; Rose and Clear, 1998; Sampson and Groves, 1989).

1986; Covington and Taylor 1991; LaGrange, Ferraro and Supancic, 1992; Ferraro, 1995; Perkins and Taylor, 1996; Rountree and Land 1996a, 1996b; Taylor, 2000; Robinson, et al. 2003; Innes, 2014, 2014; Jackson, 2004).<sup>4</sup> Ferraro (1995) argues that incivilities – defined as ‘...low-level breaches of community standards that signal an erosion of conventionally accepted norms and values’ – provide ecological information that shaped people’s perceptions of the likelihood of victimization. This is consistent with the conclusions of an array of criminological studies that associate urban environmental cues with public insecurities about crime (Wilson, 1968; Hunter, 1978; Lewis and Maxfield, 1980; Jones, Maclean, and Young, 1986; Bannister, 1993). Minor misbehaviours and nuisances represent ‘cues’ or ‘signals’ that people associate with negative neighbourhood conditions, criminal activity and a loss of social control and safety.<sup>5</sup> As Taylor and Hale (1986: 154) argue: ‘...incivilities are fear-inspiring not only because they indicate a lack of concern for public order, but also because their continued presence points up the inability of officials to cope with these problems.’

In sum, extant research paints a relatively clear picture: (a) people are attuned to aspects of their social and physical environments; (b) certain aspects, particularly in urban environments, are often deemed by observers to be disorderly and corrosive to social cohesion and moral consensus; and (c) such ‘neighbourhood disorders’ are important in determining public perceptions of crime, policing and safety. Ambiguous features of the social and physical environment signify to observers the erosion of neighbourhood morality, stability and oversight, as well as the failure of the police and authorities to provide security, control and moral authority. If disorder is encountered and experienced by large numbers of people – many of whom may live with these conditions on a daily basis – these neighbourhood conditions can come to provide a staple diet of observations about the ‘state’ of the local community, day-to-day social conditions and norm violations (Bannister, 1993; Jackson, 2004; Innes, 2014). To this we should add the findings of psychological work into the effect of neighbourhood disorder on health and psychological well-being. Ross and Mirowsky (2001) showed that residents of deprived neighbourhoods reported worse health and physical functioning than residents of more advantaged neighbourhoods, and that this could be explained by higher levels of fear of crime and perceived disorder (see also Geis and Ross, 1998; Ross and Jang, 2000; Ross, Reynolds, and Geis, 2000; Kruger, Reischl, and Gee, 2007; Weden, Carpiano, and Robert, 2008; Jackson and Stafford 2009; Dulin-Keita et al. 2010).

### *Disorder perceptions*

Yet disorder is not a naturally mandated category, lying in wait of discovery (see Harcourt, 2001; Burney, 2005; Millie, 2008; cf. Hacking, 1999; Boghossian, 2006). Sampson & Raudenbush (2004) brought together personal interviews, census data, police records, and video-taped social observations, all situated within 500 block groups in Chicago. Their analysis indicated that residents of predominantly African-American neighbourhoods tended to perceive more disorder than those living in predominantly White neighbourhoods, even after controlling for the presence of observable cues of disorder. People seemed to be interpreting objective signs of disorder (measurable signs of litter, vandalism, graffiti etc) through existing and historical stereotypes of social conditions and ethnic origin, shaped by implicit stereotyping of race, deprivation and social breakdown.<sup>6</sup> Sampson (2009: 12) later characterized this as citizens drawing upon ‘prior beliefs in judging whether disorder

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<sup>4</sup> The criminological literature differentiates between social cues and physical cues (LaGrange, Ferraro and Supancic, 1992). Social cues include such things as ‘disreputable behaviour’, an unsupervised youth population, noise pollution and perceptions about the people in the area. Physical cues include stray dogs, vandalism and discarded needles.

<sup>5</sup> Goffman (1971) argues that humans habitually scan the environment for potential danger signs and attackers. He focuses upon three cues: fear of the unknown; darkness related ‘blind spots’ (loss of visual control) and the presence (or otherwise) of ‘others’. All of these cues involve (to varying degrees) elements of social control. Interestingly, Warr (1990) interprets Goffman as pointing to mastery of the environment as equalling feelings of safety.

<sup>6</sup> Other work has found perceived racial composition to be a significant predictor of perceptions of the neighbourhood crime level (Quillian and Pager, 2001) and fear of crime (St. John and Heald-Moore, 1996; Chiricos, Hogan and Gertz, 1997).

is a problem – that is, combining uncertain evidence with prior beliefs underwritten by cultural stereotypes’ (see also Havekes et al. 2014).

Their argument was that residents of Chicago associated disorderly cues with notions of race and deprivation. Central to perceptions of disorder were existing cognitive stereotypes that linked African-American and disadvantaged minority groups with ‘social images including, but not limited to, crime, violence, disorder, welfare, and undesirability as neighbors’ (Sampson, 2009: 12). As Loury (2002) stresses, ethnic categories are directly observable features that can serve not only to stigmatize the individual but also the areas they inhabit. For Sampson (2009: 12) ‘beliefs about disorder are reinforced by the historical association of non-voluntary racial segregation with concentrated poverty, which in turn is linked to institutional disinvestments and neighbourhood decline.’

Focusing this time on Baltimore, Franzini et al. (2008) also found that perceived disorder was based on neighbourhood observed disorder, individual characteristics and neighbourhood social structure. They concluded that:

‘This study shows that, in Baltimore, neighbourhood poverty rather than neighborhood racial composition affects perceptions of disorder. The fact that these results are in contrast to the findings in Chicago suggests that the influence of racial segregation may be imbedded in specific contexts. Perceived and observed disorder are related in complex ways that depend on the social structure of the neighbourhoods as well as the greater local and historical context, such as the history of segregation and the local contrast between poor and non-poor neighbourhoods... The findings of this study on the relationship between perceived and observed disorder are relevant to neighborhood research on the effects of disorder on health outcomes. They suggest that it could be difficult to generalize this kind of research from one geographic unit to other units without giving proper consideration to the historical context in which neighborhood social structure developed.’ (p. 9-10).

In another Baltimore-based study, Link et al. (2014) draw on work into signal crimes and signal disorders (Innes, 2014). They found that people’s judgement of the extent of the crime problem locally predicted how they variously characterised community disorder, leading to the argument that “residents reporting a high, localised risk of crime are ‘biased’ (Hipp, 2010) toward seeing ambiguous features of their streetblock as problematic.” One reason why somebody might view “groups of teenagers hanging out on the street” as a local problem is that they also view “people getting robbed on the street” as a local problem. More subtly, streetblocks that initially had higher local crime perceptions were more likely to report greater deterioration in the social and physical environment one year later.

Victimization experience, neighbourhood attachment and routine activities may also play a role. A Seattle-based study drew on data from 4,721 telephone respondents nested within 100 neighbourhoods (Wallace, 2015). First, people who had been a victim of crime within three blocks of their home were more likely to report that litter, vandalism, abandoned homes and teenagers hanging around in the street were a localised problem. Second, people who participated in a neighbourhood block association, who watched their neighbours property, and who helped neighbours solve problems were more likely to report living in a disorderly environment (presumably because they had a greater understanding of the problems in their community). Finally, disorder perceptions were higher among people who reported having recently been in a public place where groups of teenagers were hanging out.

Hipp’s (2010) demonstration of the modifiable areal unit problem should be noted. He found that predictors of disorder perceptions at a very local unit of analysis changed when one aggregates the empirical focus up to a larger geographical unit. The smallest unit of analysis was the “household cluster” – here people within the 11 closest households. At this level the predictors of disorder

included ethnicity, gender, having children and length of residence (Whites, females, people with children, and people who had lived in the neighbourhood for a relatively long time were consistently more likely to see disorder). However, aggregating up to census tract geography meant that the pattern of predictors changed, leading Hipp (2010: 496) to conclude:

“A key takeaway point of this study is that if residents are aggregated into too large a geographic unit, then the actual level of crime or disorder in the environment experienced by a resident can be conflated with his or her degree of systematic bias when assessing neighbourhood crime or disorder. This issue occurs because the blocks *within* a neighbourhood can vary in their levels of crime or disorder.”

### *Our contribution*

Thus far in this chapter we have considered US evidence on disorder perception. We now turn to the findings of two UK studies – the first a representative sample survey of England and Wales, the second a representative sample survey of seven diverse London electoral wards. Consistent with the work presented above, our studies examine within-neighbourhood variation, with an analytical focus on why residents of the same locality can reach differing conclusions about the problematic nature of things like litter, graffiti and young people on the streets. We consider whether disorder perceptions are connected to victimization experience, fear of crime and concerns about the loss of community and the breakdown of traditional forms of morality in society.

We frame the discussion in the context of psychological work into motivating reasoning. People are active and motivated processors of information and that psychological goals and motivations can shape how people seek out and select information, process that information, and form overall judgements. For example, there is a good deal of evidence linking epistemic, existential and relational motives to left-right (or liberal-conservative) political beliefs (Jost et al., 2003, 2007, 2009). People who desire certainty, are sensitive to threat and dislike ambiguity tend to gravitate towards political conservatism, and motivated reasoning (connected to psychological needs and political ideology) leads to selective exposure to information and shapes how available information is processed. For instance, Hennes et al. (2016) found that economic system justification (the desire to defend and justify current economic arrangements) led to ‘directionally biased recall’ (p. 756) of scientific information that was presented to research participants in a number of documentary excerpts. The effect was particularly strong among research participants who were encouraged to believe that the economy was in a state of recession. Recall bias (in a direction that favoured scepticism) then predicted resistance to things like emissions reduction (presumably because of assumed negative economic impact).

Motivated cognition perspectives distinguish between non-directional and directional motives. Nondirectional motives lead people to seek accuracy, although people may nevertheless rely on relatively superficial or “heuristic” types of information processing and be unduly swayed by irrelevant contextual factors. By contrast, directional motives lead people to engage in active motivated reasoning, i.e. what Jost & Krochick (2014) define as:

“...the ways in which individuals, because of psychological needs, goals, and desires that shape information processing, reach conclusions that they (on some level) wish to reach rather than ones demanded by adherence to logic or evidence...This body of work highlights one very important way in which motivational processes can bias information processing: when people care “too much” about an issue or outcome, they are prone to reach specific (“directional”) conclusions without adequately taking into account the quality of evidence for or against those conclusions.”

The focus of our two studies is on instrumental and relational motives. Instrumental motives revolve around the desire to understand and manage one’s level of personal risk: people who have

been recently victimised and who are worried about becoming a victim of crime might more readily attend to potential signs of disorder and might more quickly interpret environmental conditions through the lens of criminal threat. A sense of criminal threat might lead people to attend more to their social and physical environment, to be especially attuned to signs of deviance and criminal activity, and to more readily apply stereotypes regarding criminal offenders and criminogenic environments. What constitutes disorder may thus partly be what constitutes criminal threat.

Relational motives revolve around the desire to live in a community that is cohesive and a society that respects traditional moral values: people who believe that society lacks traditional values, and judge the social bonds in their local community to have weakened over time, might seek out signs of disorder and might more quickly interpret those signs through the lens of community breakdown. A sense of social threat might lead individuals to label ambiguous cues as problematic because they are symbolic of broader breakdown in society. Conservative values regarding the importance of discipline, authority and traditional moral values, combined with the belief that they are eroding, may motivate individuals to view local conditions as emblematic of unwelcome long-term social change and breakdown. Disorder perceptions may, in other words, partly serve to justify and/or exemplify broader social and political concerns and anxieties.

### *Study one*

#### *Method*

Study one draws on data from the 2003/2004 sweep of the British Crime Survey (BCS). While the full dataset comprised a core sample of 37,000 and a boost of 3,000 individuals from non-white groups, the current analysis concerns only the sub-sample that included measures of the frequency of worry about crime (we believe that these are the preferable indicators of the fear of crime in England & Wales, cf. Farrall et al., 2009). In the subsample we analysed (D2) there were data from 3,635 respondents clustered within 2,023 Middle layer Super Out Areas (a census geography which we use to represent local neighbourhoods – comprised of clusters of approximately 2,500 households grouped together based on spatial proximity and social homogeneity), with an average of 1.8 people per area and a maximum cluster size of 8.

Area-level data from the census were gathered on unemployment levels and numbers on income support, occupation structure, car ownership, housing profile, occupancy details and tenure, population structure, ethnicity, in and out migration, and land usage. These contextual measures were combined using a factorial ecology approach (Rees, 1971) to produce five principle dimensions of neighbourhood difference: ‘neighbourhood disadvantage’; ‘urbanicity’; ‘population migration’; ‘age profile’; and ‘housing structure’. We also derive a measure of ethnic diversity – calculated using the Herfindahl concentration formula (Hirschman, 1964) and a measure of neighbourhood crime levels taken from the Index of Multiple Deprivation (IMD). Finally, we also include interviewer assessments of the area in which respondents live, with all interviewer ratings from the same MSOA aggregated to form an overall summary for each neighbourhood. These interviewer assessments cover the amount of the following in each interviewee’s immediate environment: (a) levels of litter and rubbish, (b) levels of vandalism, graffiti and damage to property, and (c) the amount of houses in poor condition (combined using an ordinal latent trait model). Interviewer assessments are subjective. Clearly one interviewer’s assessment that vandalism is ‘very common’ in an area could be another interviewer’s assessment of ‘not very common.’ While these interviewer assessments are not as robust as the multiply-coded observations generated by Sampson and Raudenbush (2004), what is important for the present purposes is that there are two assessments of neighbourhood disorder: one by the interviewer, the other by the interviewee. Combine this with small-area level measures of crime and we have a workable approximation of Sampson and Raudenbush’s (2004) method (see also Raudenbush and Sampson, 1999; Sampson and Raudenbush, 1999; Sampson, 2009, 2012).

We used a random intercepts model to capitalise on the area-level structure. Model 1 assesses the extent to which respondent-own assessments of local disorder are associated with (a) interviewer

assessments of local disorder, (b) official crime statistics, and (c) the structural dimensions of the area. Model 2 introduces individual gender, age, social class, and education. Here one can identify who sees more disorder in their environment and who does not. Because the interviewer assessment of disorder is present in the model, and because there are multiple residents of the same community, we can begin to assess which groups of people tend to see ambiguous cues as problematic and which groups of people do not (net of parallel assessments of disorder). Model 3 then introduces fear of crime to the model.

*Perceived disorder and fear of crime*

Table 1 provides the question wording of key perceptual constructs and the factor loadings derived using ordinal latent trait modelling (a separate model for each concept, using full information maximum likelihood estimation in Latent Gold 4.0 to avoid dropping or imputing missing values). Table 1 shows acceptable scaling properties with the factor loadings for the various indicators all statistically significant and of considerable magnitude (factor loadings for worry about crime ranged from  $\lambda=0.42$  to  $\lambda=0.61$ ; for perceived disorder ranged from  $\lambda=0.43$  to  $\lambda=0.77$ ).

**Table 1. Constructing the scales using latent trait modelling<sup>1</sup>**

<b>Construct and indicators</b>	<b>Factor loadings<sup>2</sup></b>
<b>Disorder perceptions [responses: not a problem; not a very big problem; fairly big problem; very big problem]</b>	
How much of a problem is vandalism, graffiti etc?	.77
How much of a problem are teenagers hanging around?	.66
How much of a problem is rubbish or litter?	.66
How much of a problem are noisy neighbours?	.43
How much of a problem are people using or dealing drugs?	.66
How much of a problem are abandoned cars in the area ?	.54
<b>Worry about crime [responses: 0, 1-3, 4-11, 12-51, 52 or more]</b>	
In the past year, how often (if at all) have you worried about being mugged and robbed?	.42
In the past year, how often (if at all) have you worried about being burgled?	.61
In the past year, how often (if at all) have you worried about having your car stolen?	.57

<sup>1</sup> Latent Gold 4.0 and full information maximum likelihood estimation used.

<sup>2</sup> A one-factor latent trait model was estimated for each latent construct.

Source: sub-sample D2 of the 03/04 British Crime Survey.

Perceived disorder was measured by asking respondents how much of a problem each of the following was in their area (response alternatives were ‘not a problem’, ‘not a very big problem’, ‘fairly big problem’ and ‘very big problem’): ‘vandalism and graffiti’; ‘teenagers hanging around’; ‘rubbish or litter’; ‘noisy neighbours’; ‘people using or dealing drugs’; and ‘abandoned cars’. Latent variable modelling suggested a one-factor solution, i.e. a single shared way of interpreting the social and physical environment across the general population. Calculating weighted factor scores for each sampled individual, we can locate each respondent in the general distribution that sees individual perceptions of disorder as part of a shared repertoire of perception and judgment.

Experiential worry about crime was measured by asking respondents how often they had worried about being robbed, burgled and having their car stolen over the previous 12 months (for discussion of these frequency measures see: Farrall and Gadd, 2004; Gray, Jackson and Farrall, 2008; Farrall, Jackson and Gray, 2009). These questions have a two-part structure, beginning with a filter question:

- Q1: In the past year, have you ever felt worried about ... (car theft/ burglary/ robbery)
- Q2: [if YES at Q1] ‘How frequently have you felt like this in the last year [n times recorded]



For each crime category the raw count was categorised into: (a) no times; (b) 1-3 times; (c) 4-11 times; (d) 12-51 times; and (e) 52 times and more. If a respondent did not have access to a car or motor vehicle they were coded as not having worried about car crime.

### *Results*

The first step was to examine the association between public perception of disorder and the eight area-level variables (Model 1, Table 2). The inclusion of these contextual measures accounted for 56% of the variation in perceptions of disorder partitioned at the area level, with the contribution of neighbourhood differences dropping from 20% to 11% once these level-2 variables were added to the model. There is some agreement between the assessments of disorder, with BCS interviewer assessments of disorder and area-level measures of crime both statistically significant predictors of public perception of disorder. Relatively high average levels of public concern about disorder were also associated with living in more urban or inner-city areas (compared to living in a more rural area) and living in an area with a younger age profile.

**Table 2. Linear regression with random intercepts, predicting public perception of neighbourhood disorder<sup>†</sup>  
(high scores = more serious problem)**

	Model 1		Model 2		Model 3	
	<i>B</i>	95% CI	<i>B</i>	95% CI	<i>B</i>	95% CI
BCS interviewer rating of disorder <sup>†</sup>	0.22***	0.19, 0.25	0.19***	0.16, 0.22	0.19***	0.16, 0.22
Crime, measured at MSOA (IMD 2004)	0.18***	0.11, 0.25	0.14***	0.07, 0.20	0.10***	0.04, 0.16
Disadvantage, measured at MSOA	0.05	-0.02, 0.12	0.07*	0.01, 0.14	0.08*	0.01, 0.14
Urbanicity, measured at MSOA	0.12***	0.06, 0.18	0.13***	0.07, 0.19	0.13***	0.07, 0.19
Population mobility, measured at MSOA	0.04	-0.05, 0.12	0.07	-0.01, 0.16	0.10*	0.02, 0.19
Age profile, measured at MSOA	0.20***	0.13, 0.28	0.17***	0.10, 0.24	0.16***	0.09, 0.22
Housing structure, measured at MSOA	0.05	-0.04, 0.13	0.04	-0.04, 0.13	0.05	-0.03, 0.13
Ethnic diversity, measured at MSOA	-0.03	-0.08, 0.02	-0.02	-0.06, 0.03	-0.03	-0.07, 0.02
Female			0.002	-0.13, 0.13	-0.04	0.16, 0.09
Age			0.04***	0.02, 0.06	0.03***	0.02, 0.05
Age <sup>2</sup>			-0.0006***	-0.0007, -0.0004	-0.0005***	-0.0006, -0.0003
Social class: Professional [reference: unskilled]			0.002	-0.38, 0.38	-0.03	-0.40, 0.34
Managerial and technical			0.19	-0.07, 0.45	0.14	-0.12, 0.39
Skilled non-manual			-0.08	-0.34, 0.19	-0.11	-0.37, 0.15
Skilled manual			0.09	-0.18, 0.36	0.07	-0.20, 0.33
Semi-skilled			0.13	-0.15, 0.41	0.10	-0.17, 0.37
Ethnicity: Mixed [reference: White]			0.07	-0.89, 1.03	-0.16	-1.09, 0.78
Asian			-0.49*	-0.96, -0.02	-0.38	-0.84, 0.08
Black			-0.09	-0.63, 0.45	0.03	-0.50, 0.56
Other			-0.78*	-1.43, -0.13	-0.63*	-1.27, 0.01
Victim of crime [reference: was not victim of crime in past 12 months]			0.90***	0.75, 1.05	0.71***	0.57, 0.86
Length of residence [years]			0.13***	0.09, 0.16	0.14***	0.10, 0.17
Household size [number of adults]			0.05	-0.03, 0.14	0.07	-0.01, 0.15
Frequency of worry about crime <sup>†</sup>					0.18***	0.15, 0.20
(Constant)	-0.16		-0.75		-0.72	
<i>sigma</i> <sup>2</sup> <sub>u</sub>	0.42***	0.28, 0.65	0.44***	0.30, 0.64	0.38***	0.25, 0.57
<i>sigma</i> <sup>2</sup> <sub>e</sub>	3.46 ***	3.25, 3.69	3.13***	2.94, 3.34	3.01***	2.82, 3.21
<i>rho</i>	0.11		0.12		0.11	

<sup>†</sup>Scores saved from ordinal latent trait modelling of (2-4) single indicators for each latent construct using full information maximum likelihood estimation.

Software used: LatentGold 4.0. Scales rescaled 0 to 10.

Unweighted data. Base *n* for all Models = 3,625.

Source: sub-sample D2 of the 03/04 British Crime Survey. CI = confidence interval. MSOA = Middle Super Output Area.

It is clear, then, that perceptions of disorder are at least in part a reflection of real differences between local neighbourhoods. But contrary to the Chicago-based work of Sampson and Raudenbush (2004) and Franzini et al.'s (2008) study set in Baltimore, racial composition and neighbourhood disadvantage were not significant predictors of public perception of disorder in England and Wales. Thus, while Sampson and Raudenbush (2004: see also Sampson, 2009) linked differences in perceived disorder to changes in ethnic composition, we found that ethnic composition was not significantly related to disorder perception, controlling for crime as well as interviewer rated disorder. Franzini et al.'s (2008) finding that neighbourhood poverty was a driving factor behind social perceptions of disorder is also not supported, when we account for the level of crime and interviewer rating of disorder. Instead, our results point to other individual social psychological and experiential factors that account for the variations in perceived disorder.

Model 2 adds household size, gender, age, social class (occupation) and ethnicity. Higher levels of public concern about disorder were associated with length of residence being young and middle-aged, and not being Asian or 'other,' and the age effect was curvilinear.<sup>7</sup> Controlling for these compositional differences between local neighbourhoods had little substantive impact on the estimates from the neighbourhood model. Model 3 then introduces experiential worry about crime. We find worry to be a statistically significant predictor of perceived disorder ( $p < .001$ ). Recall that we are controlling for interviewer assessments of disorder and area-level measures of crime (along with a range of neighbourhood characteristics). Those individuals who were anxious about the threat of victimization were more likely to see ambiguous cues in their environment as 'disorder,' to some degree net of their local environment. The inference is that fear of crime increases sensitivity to ambiguous cues.

We then (results not shown in Table 2) assessed whether crime levels in an area seemed to alter the relative importance of worry about crime and lay concerns about social cohesion. In an area of high crime, fear of crime might reasonably play a stronger role in public perceptions of disorder, compared to an area of low crime. Contrary to expectation, when an interaction effect between the IMD measure of crime and fear of crime was entered into the regression model, it was not statistically significant. Therefore it did not seem to matter whether respondents lived in an area with high or low levels of crime; worry about crime still predicted disorder perception.

### *Study two*

Study one found that not only did individuals come to different conclusions about the same neighbourhood stimuli (replicating recent empirical work), victimization experience and fear of crime also seemed to shape sensitivity to the problematic nature of certain neighbourhood conditions. Public judgements that 'young people hanging around in the street' is an especially big problem in one's neighbourhood (and therefore constitutes neighbourhood disorder) may thus involve an increased willingness to stereotype those young people as a potential source of criminal activity.

The purpose of study two is to replicate and extend these findings. Marshalling data from seven local surveys (400 individuals were randomly selected in each of seven Electoral Wards) we can more rigorously address sensitivity to disorderly cues (albeit not as rigorously as Hipp, 2010). Whereas study one revealed a general picture across a wide range of environmental contexts, study two focuses in on multiple residents of seven small areas (defined as Electoral Wards). Study two also extends the model to include concerns about the loss of community cohesion and the decline of traditional forms of morality in society.

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<sup>7</sup> Plotting the fitted values for the trajectory of age on public perceptions of disorder suggests that concerns about disorder increase from the age of 18 up to around 40, then remain steady, and then tail off at an increasing rate as age increases past 55.

### *Method*

Conducted during April, May and June 2007 via a series of face-to-face interviews in the homes of respondents, the London Metropolitan Police Safer Neighbourhoods Survey obtained responses from a sample of 2,844 residents in seven Electoral Wards across London, or around 400 in each of Angels Park North, Myddleton Green, Hennington, Aylesford North, Staniford, Newriver and Lowervale (the wards have been given pseudonyms). These seven areas were chosen to represent a diverse cross-section of areas spread out across the city. Selection of respondents was carried out using random probability sampling techniques in each of the seven wards sampled. A three-stage sample selection process was employed within each ward, entailing random probability sampling of household addresses; the random selection of a dwelling unit in cases where a single address included more than one unit; and the random selection of an adult to be targeted for interview in cases where a household contained more than one adult. The overall response rate was 42% (ranging from 28% in Staniford to 57% in Angels Park North).

We used a fixed effects model to deal with the geographical clustering of the respondents. The first model included as covariates: victimization over the past 12 months and worry about crime (controlling for, a limiting health problem or disability, gender, age, and interviewer rating of neighbourhood disorder). The second and third models introduced two further explanatory variables: concerns about the loss of community cohesion and the decline of traditional forms of morality in society.

#### *Concern about the loss of community cohesion and decline of traditional forms of morality*

Concern about the loss of community cohesion was measured using the following set of questions: 'Please tell us whether you think each of the following has increased, decreased or not changed since you have lived in the local area: (a) A sense of belonging to the community; (b) A sense of shared values amongst people who live here; and (c) A sense of right and wrong amongst people who live here.' The response alternatives were 'increased a lot', 'increased a little', 'no change', 'decreased a little' and 'decreased a lot.' Responses were combined into one index using latent trait analysis (full maximum likelihood estimation). Concern about the decline of traditional forms of morality in society was measured using the following set of indicators: 'Thinking about society more generally, to what extent do you agree or disagree with these statements: (a) Young people today don't have enough respect for traditional values; (b) People who break the law should be given stiffer sentences; and (c) Schools should teach children to obey authority.' The response alternatives were 'strongly agree', 'agree', 'neither agree nor disagree', 'disagree' and 'strongly disagree.' As with concerns about long-term social change, responses were combined into one index using ordinal latent trait analysis (using full maximum likelihood estimation in LatentGold 4.0). All indices were rescaled from 0 to 10.

### *Results*

In both Model 1 and Model 2 (Table 3) victimization and interviewer rating of disorder were statistically significant predictors of the perception of disorder. First, victims were more likely to see greater disorder around them, net of where they lived and interviewer assessments of disorder. Second, higher public concerns about disorder were associated with living in an area that interviewers judged to be disorderly (net of the ward in which people lived and covariates in the model).

**Table 3. Linear regression with fixed effects, predicting disorder perceptions<sup>†</sup> (high scores = more serious problem)**

	Model 1		Model 2		Model 3	
	<i>B</i>	95% CI	<i>B</i>	95% CI	<i>B</i>	95% CI
Electoral ward: Myddleton Green <sup>††</sup>	0.60***	0.20 - 0.99	0.69***	0.30 - 1.09	0.59***	0.19 - 0.98
Hennington <sup>††</sup>	-0.19	-0.61 - 0.22	-0.18	-0.59 - 0.24	-0.16	-0.57 - 0.25
Aylesford North <sup>††</sup>	0.14	-0.26 - 0.53	0.14	-0.26 - 0.53	0.08	-0.31 - 0.47
Staniford <sup>††</sup>	-1.16***	-1.57 - -0.76	-1.13***	-1.54 - -0.72	-1.13***	-1.53 - -0.72
Newriver <sup>††</sup>	0.12	-0.28 - 0.52	0.16	-0.24 - 0.56	0.03	-0.37 - 0.43
Lowervale <sup>††</sup>	-0.79***	-1.19 - -0.39	-0.61***	-1.01 - -0.22	-0.81***	-1.21 - -0.41
Interviewer rating of disorder <sup>†</sup>	0.20***	0.16 - 0.25	0.23***	0.18 - 0.28	0.21***	0.16 - 0.26
Female	-0.07	-0.28 - 0.14	-0.10	-0.31 - 0.11	-0.09	-0.30 - 0.12
Age	-0.06**	-0.12 - -0.01	-0.07***	-0.13 - -0.02	-0.08***	-0.13 - -0.02
Health / disability [reference: no limiting condition]	0.18	-0.07 - 0.43	0.17	-0.08 - 0.42	0.17	-0.08 - 0.41
Victim of crime [reference: not victim of crime in past 12 months]	0.51***	0.19 - 0.82	0.54***	0.23 - 0.85	0.50***	0.19 - 0.81
Intensity of worry about crime <sup>†</sup>	0.31***	0.27 - 0.36	0.32***	0.28 - 0.37	0.31***	0.26 - 0.35
Concerns about long-term social change in the neighbourhood <sup>†</sup>	0.14***	0.09 - 0.19			0.13***	0.08 - 0.18
Concerns about the breakdown of traditional moral values in society <sup>†</sup>			0.14***	0.08 - 0.20	0.12***	0.06 - 0.18
(Constant)	0.86***		0.34		-0.02	
Adjusted R <sup>2</sup>	0.24		0.23		0.24	

<sup>†</sup> Scores saved from ordinal latent trait modelling of (2-4) single indicators for each latent construct using full information maximum likelihood estimation. Software used: LatentGold 4.0. Scales rescaled 0 to 10.

<sup>††</sup> Reference category is Angels Park North.

Unweighted data. Base *n* for both models = 2,089. Source: 2007 London Metropolitan Police Safer Neighbourhoods Survey. CI = confidence interval.

There were also statistically significant effects of victimization experience and worry about crime. The more individuals were worried about crime, the more they were concerned about neighbourhood disorder. Similarly, victims of crime saw more disorder around them than non-victims. The core findings from study one are thus replicated with a different study design. Concerns about long-term social change in one's community was also a positive predictor. Model 2 replaces concerns about long-term social change with concerns about the breakdown of traditional moral values in society. Finally Model 3 includes both – again, both were significantly and positively related to seeing disorder, net of a range of other factors.

### Conclusion

Disorder is an important conceptual and empirical issue in the social sciences, in part because it has been linked to increased crime, decreased health, elevated fear of crime and low confidence in criminal justice. Disorder perceptions are the product of actual disorder and neighbourhood composition, as well as existing social and cultural structures that lead people to interpret these signs as problematic (Harcourt, 2001; Sampson and Raudenbush, 2004; Sampson, 2009; Hipp, 2010; Link et al., 2014). Sampson & Raudenbush's (2004) framework highlighted visual cues from the physical environment are highlighted in Chicago, but prominence was given to the social meaning people ascribe to place, arising from implicit biases and racial stereotypes linked with the ethnic composition of the neighbourhood. In Baltimore, most significant were concentrated disadvantage (Franzini et al. 2008) and people's beliefs about the extent of the local crime problem (Link et al. 2014).

By way of contribution we have presented in this chapter the findings of two survey-based studies. The first drew on data from a representative sample survey of England & Wales. Adjusting

for various neighbourhood and socio-demographic characteristics – as well as an external assessment of neighbourhood disorder (by the interviewer) – victimisation experience and fear of crime helped to explain why people in the same neighbourhood came to differing conclusions about the level of disorder. The second study had a more fine-grained geographical analysis. Analysing survey responses from people living in seven London neighbourhoods, the focus on victimization experience, fear of crime and relational concerns regarding community cohesion and the loss of tradition, discipline and morality in society.

Controlling for where people live – study 1 additionally accounted for structural characteristics of the neighbourhood, such as concentrated disadvantage – we found that fear of crime, victimization experience and concerns about community cohesion and societal decline were each associated with what could be called ‘bias’ (Hipp, 2010) or motivated reasoning regarding certain behaviors, individuals and social conditions. Individuals who had been recently been victimized, who were worried about falling victim of crime – and who were concerned about local social change and the loss of authority and discipline in society – were more likely to judge the same ambiguous neighbourhood cues as problematic (and were therefore more likely to see the same environment as ‘disorderly’) than individuals without these worries, experiences and concerns.

It seems reasonable to think of these as instrumental and relational motives that may shape how people attend to their social and physical environment, process information and form judgement. Recall Sampson’s (2009: 12) idea that disorder perceptions are shaped by people’s ‘prior beliefs in judging whether disorder is a problem – that is, combining uncertain evidence with prior beliefs underwritten by cultural stereotypes.’ In the UK these cultural stereotypes may revolve around crime and community breakdown. In that vein, we conclude with some thoughts on how a psychological perspective on motivated cognition might help organise criminological research in this field of study.

#### *Where next?*

One fruitful line of research concerns the importance of psychological needs and political ideology. US research regularly finds that liberal and conservative views have an “elective affinity” with various psychological needs and motivations (Jost et al. 2003, 2009), i.e. a range of situational and dispositional factors rooted in the management of threat and uncertainty are correlated with political beliefs and ideologies. On the one hand, conservatism has been linked to need for cognitive closure and intolerance of ambiguity, preference for order and structure in society, death anxiety and fear of threat and loss. On the other hand, liberalism has been shown to be positively associated with openness to change, tolerance of ambiguity and cognitive complexity. Evidence has emerged for an elective affinity between such psychological needs and political attitudes because, for example, liberals seem to priorities progress, social change and equality over tradition and stability (Anderson & Singer 2008; Nosek et al. 2009). Jost et al. (2007) summarise:

“The broader argument is that ideological differences between right and left have psychological roots: stability and hierarchy generally provide reassurance and structure, whereas change and equality imply greater chaos and unpredictability. Even for people who are relatively disadvantaged by the status quo, the “devil” they know often seems preferable—in terms of satisfying basic epistemic and existential needs—to the devil they do not know.”

It is plausible to suggest that psychological needs and political ideology could play a role in disorder perceptions. Recall the finding in study 2 regarding concerns about the loss of traditional moral values in society. The three measures were: “Thinking about society more generally, to what extent do you agree or disagree with these statements: (a) Young people today don’t have enough respect for traditional values; (b) People who break the law should be given stiffer sentences; and (c) Schools should teach children to obey authority.” These survey questions are close to classic measures of conservative ideology. Liberals may be more tolerant of symbols that conservatives

consider counter-normative and unacceptable because liberals tend to be more tolerant of ambiguity, more open to diversity and change, and a weaker preference for order and security in society. Future research might (a) measure political ideology more precisely link, (b) assess psychological needs and motivations, and (c) link these to disorder perceptions.

Jost et al. (2009: 325) also argue that political ideology (and concomitant psychological needs and motivations) is strongly linked to intergroup attitudes:

“More specifically, conservative and right-wing orientations are generally associated with stereotyping, prejudice, intolerance, and hostility toward a wide variety of outgroups, especially low-status or stigmatized outgroups (e.g., Altemeyer 1998, Duckitt et al. 2002, Federico & Sidanius 2002, Lambert & Chasteen 1997, Napier & Jost 2008b, Sidanius & Pratto 1999, Sidanius et al. 1996, Whitley 1999, Wilson 1973). The fact that conservatives express less-favorable attitudes than liberals express toward disadvantaged or stigmatized groups is not seriously disputed in social science research, although there is some debate about whether the differences are motivated by intergroup bias or a differential degree of commitment to individualism, traditionalism, meritocracy, and other conservative values (e.g., Sears et al. 1997, Sidanius et al. 1996, Sniderman et al. 2000).”

In the context of disorder perceptions, people who eschew uncertainty, complexity and ambiguity and have a heightened need for definite knowledge, order and structure may be more likely to try to maintain solitary with an in-group, draw upon stereotypes regarding out-groups, and form prejudicial attitudes. This may influence how they make sense of – and categorise – their social and physical environment.

Finally, a number of political psychologists have also explored the links between right-wing authoritarianism and perceived social threat. First, social threat (the perception that the world is dangerous and that cherished aspects of social order are under attack) may increase levels of expressed right-wing authoritarianism (see for example, Doty et al., 1991; Duckitt & Fisher, 2003; Perrin, 2005; Rickert, 1998; Sales, 1972; Sibley, Wilson & Duckitt, 2007). According to Duckitt (2001), a dangerous worldview is one of the antecedents of right-wing authoritarianism. In an experimental study Duckitt and Fisher (2003) manipulated social threat, finding that it increased people’s perceptions of the world being dangerous and thereby, levels of right-wing authoritarianism.

Second, Feldmann and Stenner (1997) argue that social threat activates authoritarian predispositions rather than increases authoritarianism; the authors found an interaction effect between perceived threat and authoritarian predispositions. Third, while people may become more authoritarian under conditions of social threat, the opposite may also be true; as Tyler and Boeckmann (1997) suggest, authoritarians may be more likely to perceive a situation as threatening to the social order (Altemeyer, 1996; Duckitt, 2001, Sibley et al., 2007). For example Lavine et al. (2002) found that high authoritarians were quicker in responding to threatening words, compared to low authoritarians, concluding that authoritarians are especially sensitive to threat. Reciprocal effects may also exist between authoritarianism and perceived social threat. Sibley et al. (2007) analysed cross-lagged effects of dangerous worldview and right-wing authoritarianism over a five-month period, showing that longitudinal change in authoritarianism was predicted by a dangerous worldview and that the reverse was also true.

More work is needed on the role of social and criminal threat in disorder perceptions. Are people with a high need for certainty, a dislike of ambiguity and threat, and a preference for order and security more likely to see social and criminal threat around them, be more troubled by the perceived threat, and be more motivated to label and classify environmental cues in a particular way? If so, what stereotyping and group identity processes are at play? Does the designation of ‘disorder’ meet various needs and motivations? Answering these questions may help to generate a new psychological account of the perceived breakdown of order and social control.

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