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Findings

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Antisocial behaviour and disorder: findings from the 2000 British Crime Survey

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The British Crime Survey (BCS) is a large national survey that asks people about crimes they have experienced and about a range of other crime-related topics. In the 2000 BCS, as in previous sweeps, people were asked about their perceptions of social and physical disorder in their local area. They were also asked about their personal experiences of antisocial behaviour.

Key points

Perceptions of disorder

- About a third of adults considered each of the following to be a big problem in their local area: drug using or dealing; vandalism; teenagers hanging around on the streets; and litter. 37% said that disorder in their area had a negative impact on their quality of life.
- Disorder was more likely to be considered to be a problem and more likely to have a negative impact on quality of life in low-income, council estate areas.
- Between 1992 and 2000, the proportion of people perceiving various types of disorder to be a big problem in their area increased, though this may not necessarily reflect a real increase in the level of disorder.

Experiences of antisocial behaviour

- 9% of adults said they had experienced disorderly or antisocial behaviour in the last year – usually rude or abusive behaviour, disputes with neighbours and local noise or disturbances.
- 15% of adults said they had been insulted, pestered or intimidated in the last year. They usually thought this was because the perpetrator wished to embarrass, annoy or frighten them. In almost a fifth of incidents the perpetrator was considered to be under the influence of alcohol.
- Young people and students were particularly likely to say they had experienced antisocial behaviour. Those in professional and managerial occupations were also more likely to experience antisocial behaviour, often in the form of driving-related incidents or begging.
- Although minority ethnic groups were less likely to have been subject to antisocial or insulting behaviour than white people, when they were it often involved racial abuse.

Links between disorder, fear of crime and crime levels

- Crime levels are higher in areas with high levels of perceived disorder. Those who perceive disorder to be a problem in their area are the most concerned about crime.

Reducing antisocial behaviour and disorder is a key part of the Government's Crime Reduction Strategy. However, defining and measuring antisocial behaviour and disorder is inherently difficult as expectations of standards of behaviour vary both between and within communities. Various definitions have been adopted in different contexts, and the terms antisocial behaviour and disorder have often been used inter-changeably.

The Crime and Disorder Act, 1998 defined antisocial behaviour as acting *'in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household (as the defendant)'*.

This report presents results from the British Crime Survey on perceptions and experiences of disorder and antisocial behaviour in England and Wales.

The views expressed in these findings are those of the authors, not necessarily those of the Home Office (nor do they reflect Government policy)

Perceptions of disorder

The 2000 British Crime Survey asked respondents about their perceptions of various forms of social and physical disorder in their local area (defined as within a 15-minute walk of the home). The disorders are listed in Figure 1. Some of the items involve a criminal offence.

A random half of respondents were asked how much of a *problem* they considered the various disorders to be in their area; the other half were asked how *common* they were. Two sets of questions were asked because a particular disorder, such as litter, may be relatively common in an area but not be seen as a problem.

In the BCS, interviewers were asked to assess how common rubbish, vandalism and homes in poor condition were in the immediate neighbourhood of households they visited. Comparing interviewer and respondent perceptions on these items suggests a relatively high level of agreement.

Levels of disorder in 2000

Nationally, drug use or dealing, vandalism, teenagers hanging around on the streets and litter were considered to be the biggest local problems. A third of people identified each of these as being a 'very' or 'fairly' big problem in their area. The other disorders were far less likely to be seen as a problem. For almost all types of disorder, the results based on the *common* question were very similar. Teenagers hanging around, litter and noisy neighbours were the exceptions. People were more likely to consider these as common rather than as a problem (Figure 1).

When asked which particular type of disorder was most common in the local area, a third of respondents cited 'teenagers hanging around' and a fifth 'litter'. The other items were rarely selected. Almost a third of respondents were unable to choose a single item (Table 1).

Where is disorder high?

In deciding whether a specific form of disorder is common or a problem, respondents will be making subjective judgements based on various factors. This means that differences between

Box 1 Constructing a disorder scale

Each *problem* question was coded as: 'very big problem' = 3; 'fairly big problem' = 2; 'not a very big problem' = 1; 'not a problem at all' = 0. Scores for individual respondents were calculated by summing the scores across each question. The scale ranged from 0 (i.e., all disorders were 'not a problem at all') to 27 (i.e., all disorders were a 'very big problem'). The mean average score was 7. Scores between 13 and 27 were classified as high levels of perceived disorder.

areas or groups of people may reflect differences in perception, rather than differences in reality.

In order to obtain a summary measure of the extent of disorder, a scale was constructed based on responses to the *problem* questions (Box 1). Using this measure, 14% of adults nationally were classified as perceiving that they lived in areas of high disorder. Some groups were more likely to perceive high levels of disorder (listed below). This is likely to be, at least in part, explained by the types of areas in which these groups tend to live:

- people aged 16 to 24 (women – 23%; men – 19%)
- the unemployed (20%)
- students (21%)
- people of black (27%), Indian (23%), Pakistani or Bangladeshi (34%) origin
- people living in local authority or Housing Association accommodation (30%)
- people living in low-income households (26%).

Type of area is strongly associated with perceptions of disorder. People living in low-income, council estate areas and executive, inner-city areas were more likely to perceive high levels of disorder (Table 2).

Impact of disorder on quality of life

Disorder can have an adverse impact on the quality of life in some communities. Just over a third (37%) of respondents said that at least one of the disorders listed had a negative impact on their quality of life, most often mentioning teenagers hanging around (Table 1).

Figure 1 Levels of disorder in the 2000 BCS

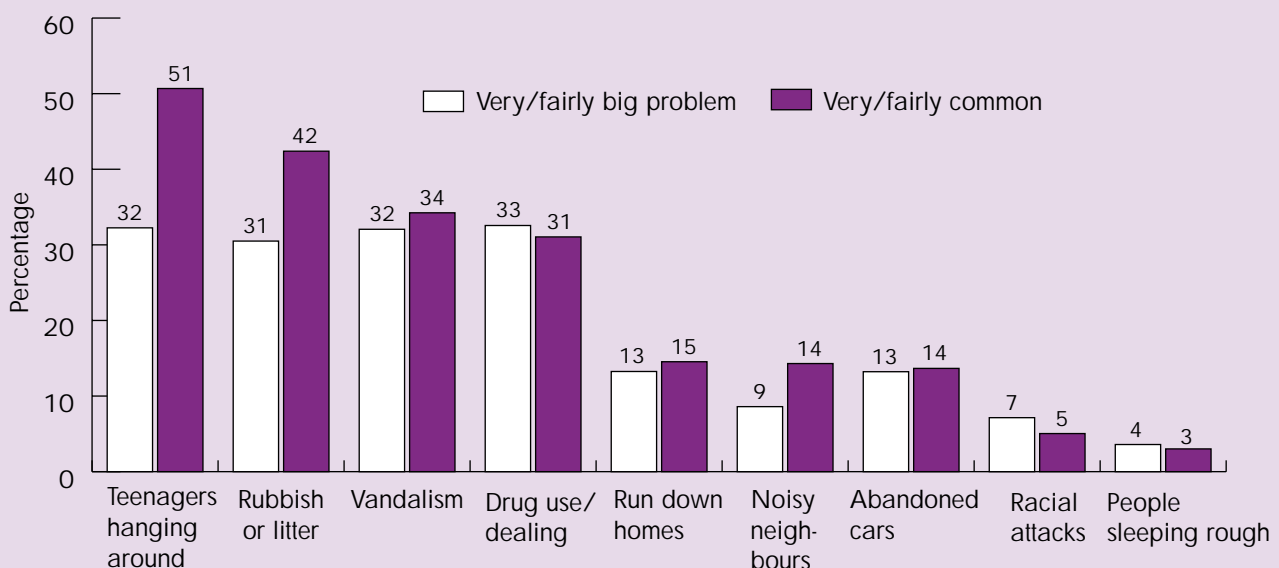


Table 1 Most common disorder and impact of disorder on quality of life (2000 BCS)

Percentages	Most common	Negative impact on quality of life*
At least one disorder had a negative impact	–	37
Can't choose one	28	–
Teenagers hanging around	31	15
Rubbish or litter	19	12
Vandalism, graffiti, deliberate damage	6	10
Noisy neighbours or loud parties	4	8
People using or dealing in drugs	6	6
Abandoned or burnt out cars	3	3
Homes in bad condition	1	2
Racial attacks/harassment	<1	1
People sleeping rough in public places	1	1
Unweighted N	9,729	9,734

Notes: Questions asked of those who had been asked how common the various disorders were. *More than one answer was permissible. Results discussed in 'Impact of disorder on quality of life' section.

The following groups were most likely to say that disorder had a negative impact on their quality of life: the unemployed (48%); students (44%); those in low income households (41%); those in local authority or Housing Association accommodation (50%). Those under the age of 65 were more likely to say that disorder had a detrimental impact on their quality of life than older people (39% vs 28%). Table 2 shows variation across different types of area.

Trends

The BCS has asked about perceptions of disorder since 1992. Table 3 shows that perceptions of disorder have fluctuated over time. However, with the exception of noisy neighbours and litter, the percentage of people perceiving various disorders to

be a big problem increased between 1992 and 2000 (significant at the 5% level). The proportion who considered drug misuse to be a problem more than doubled.

Between 1998 and 2000, there were significant increases (5% level) for all types of disorder, except noisy neighbours. These results contrast with those from the Survey of English Housing which suggests that perceptions of local problems generally declined between 1997/98 and 1999/00, in particular for vandalism and hooliganism, graffiti and crime (DETR, 2000). These results though are not directly comparable, as the survey questions differ and the crime content of the BCS may also influence responses.

While perceptions of disorder are important, increased awareness of disorder does not necessarily mean that the actual levels of disorder have increased. People may become more sensitised to certain disorders over time because of increased media or political attention, and begin to view them as problematic.

Experiences of antisocial behaviour

This section presents results from the 2000 BCS on experiences of antisocial and disorderly behaviour. First, it examines experience of vandalism and threats, which are measured in the survey as part of the standard crime count. Second, the findings from several new questions included in the 2000 survey to specifically measure experience of antisocial behaviour are presented. Regardless of the form of questions, the BCS results are dependent on respondents' interpreting their experiences as being within the scope of the question and being willing to report their experiences to interviewers.

Experience of vandalism and threats

The 2000 BCS estimates that there were 2.9 million incidents of vandalism and 2.4 million threats in England and Wales in 1999. 8% of households had experienced at least one incident of vandalism in 1999 while 3% of adults had been the subject of a threat or other intimidation.

Table 2 Percentage of respondents perceiving high levels of disorder and saying disorder has a negative impact on quality of life (2000 BCS)

Percentages	High disorder	Impact on quality of life	High disorder	Impact on quality of life
Affluent suburbs and rural areas	4	23	Affluent urban areas	21 50
Wealthy achievers, suburban areas	3	24	Affluent urbanites, town and city	14 41
Affluent greys, rural communities	1	17	Prosperous professionals, metropolitan	13 45
Prosperous pensioners, retirement areas	6	26	Better-off executives, inner city areas	30 57
Affluent family areas	5	30	Council estates and low income areas	34 54
Affluent executives, family areas	5	34	Older people, less prosperous	17 43
Well-off workers, family areas	6	28	Council estates, better off homes	32 56
Mature home owning areas	10	33	Council estates, high unemployment	41 48
Comfortable middle agers	6	28	Council estates, greatest hardship	51 67
Skilled workers	16	39	Multi-ethnic, low income areas	54 66
New home owning areas	15	43	England and Wales	14 37
New home owners, mature communities	15	42		
White collar, better-off multi-ethnic areas	17	44		

Notes: Area classification based on ACORN (A Classification of Residential Neighbourhoods, CACI Ltd).

Table 3 Trends in disorder perceived to be a 'very' or 'fairly' big problem (1992 to 2000 BCS)

Percentages	1992	1994	1996	1998	2000
Noisy neighbours or loud parties	8	8	8	8	9
Teenagers hanging around on the streets	20	26	23	27	32
Rubbish or litter lying around	30	26	26	27	31
Vandalism, graffiti and other deliberate damage to property	26	29	24	26	32
People being attacked/harassed because of their race/colour	3	5	4	5	7
People using or dealing drugs	14	22	21	24	33

Experience of disorderly and antisocial behaviour

Although, the term 'antisocial behaviour' has been widely used in the political and criminological arena, little is known about what types of behaviour the public considers to be antisocial. The 2000 BCS therefore asked respondents:

'Apart from anything else you have already mentioned, since the first of January 1999 have you or anyone else in your household been the victim of any type of disorderly or antisocial behaviour?'

Those who said they had experienced such behaviour were then asked to briefly describe their experience. Criminal incidents mentioned at earlier 'screener' questions could not be mentioned again at the disorder question.

Overall, 9% of respondents said they had experienced some form of antisocial or disorderly behaviour in the last year. The types of incident mentioned were wide-ranging, but the most common, cited by a fifth of those who said they had experienced antisocial behaviour, was young people being rude or abusive. Other relatively common forms of behaviour were adults being rude or abusive (15%); disputes with neighbours (12%); and local noise or disturbances (13%). Driving-related incidents were cited by 8%; nuisance telephone calls by 2%; begging by 2%; and racial abuse by 1%.

Insulting, pestering or intimidating behaviour

The 2000 BCS also asked a random half of respondents the following more specific question: *'Since the first of January 1999 have you been insulted, pestered or intimidated in any way by anybody who is not a member of your household?'* Here, respondents were permitted to include incidents that they had previously mentioned in the course of the interview.

Overall, 15% of respondents recalled being insulted, pestered or intimidated on at least one occasion in the last year. Of those who had been victimised, a fifth (18%) said they had been pestered twice and almost a half (47%) three or more times. This type of antisocial behaviour, therefore, seems to be concentrated on a relatively small group of people.

Incidents most commonly involved a single perpetrator (57%), though 28% involved three or more. Just over a half (58%) of incidents were perpetrated by strangers; in 17% the victim knew the offender or at least one of the offenders well. Those who had been insulted, pestered, or intimidated were asked why they thought this had happened. The most common reasons given were that the perpetrator wanted to embarrass, humiliate or annoy the victim, the perpetrator was drunk, or the perpetrator wanted to frighten the victim (Table 4).

Trends in experience

It is not possible to identify whether or not actual levels of disorder have increased over time. Although there are some measures of experience which have been collected over time, for example, the BCS count of vandalism and calls to the police

for disorder offences, these are not independent of changes in perception. The reporting of incidents by the public to various authorities (or to the BCS) and their recording of such incidents will be influenced to some degree by changes over time in perceptions of types of behaviour that are unacceptable.

Risks of antisocial behaviour

Regardless of whether one considers the overall measure of any form of antisocial behaviour or the more specific experience of being insulted, pestered or intimidated, the following groups were most likely to say they had been victims – young people aged 16 to 24; students; those living in privately rented accommodation; those with a higher level of education; those with higher level of household income; those in professional and managerial occupations and people living in affluent urban areas (Table 5 and Figure 2).

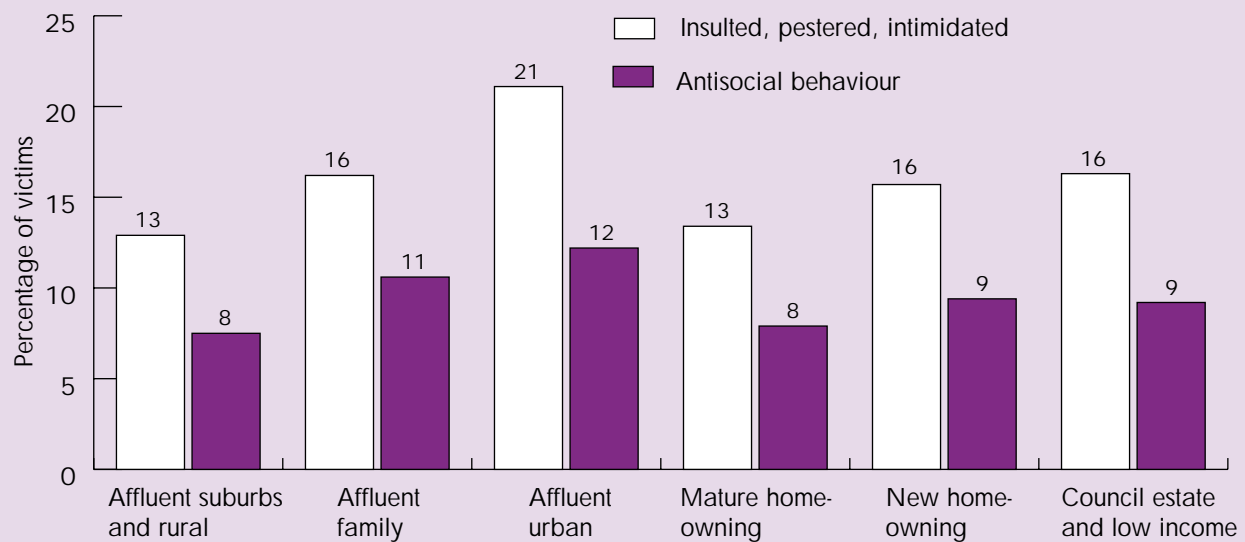
Table 5 also shows that the unemployed are at high risk of being insulted, pestered or intimidated, though they are not particularly at risk of antisocial behaviour in general.

Some of these findings are at odds with those on perceptions of disorder. For example, those in low-income households were more likely to perceive local problems, while those in high-income households were more likely to say they experienced antisocial behaviour. This could be partly because perceptions of disorder concern the locality where people live whereas antisocial behaviour can be experienced in a variety of places – for instance at work or while pursuing leisure activities. Also, as discussed earlier, different groups may have different views as to what constitutes antisocial behaviour.

Table 4 Reasons for being insulted, pestered or intimidated (2000 BCS)

Why did the incident happen	%
To embarrass, humiliate or annoy	22
Offender was drunk	17
To frighten victim	17
To get money	9
Related to traffic accident	5
Due to offender's sexual perversion/ sexist attitude	3
Due to offender's racist attitude	5
Because victim was elderly	1
Because victim was disabled	1
Due to offender's homophobic attitude	1
Other reason	31
Don't know why	9

Note: Based on those who said they had been insulted, pestered or intimidated. More than one response was permitted.

Figure 2 Experience of antisocial behaviour by type of area (2000 BCS)**Table 5 Experience of antisocial behaviour (2000 BCS)**

	% insulted, pestered, intimidated	% victim of anti-social behaviour		% insulted, pestered, intimidated	% victim of anti-social behaviour
Men	16	9	Education level		
16-24	29*	14*	A-level and above	20*	12*
25-44	19*	10	Below A-level	15	9
45-64	12	8	No qualifications	9	6
65 and older	7	5			
			Social class		
Women	14	9	Professional/managerial	18*	11*
16-24	27*	11	Skilled non-manual	17*	8
25-44	17*	10	Skilled manual	13	9
45-64	12	9	Partly skilled manual	15	9
65 and older	5	4	Unskilled manual	11	9
			Tenure		
Ethnicity			Owner occupiers	13	8
White	15	9	Social renters**	16	9
Black	14	6	Private renters	24*	12*
Indian	13	8			
Pakistani/Bangladeshi	11	6	Household income		
			Under £5,000	14	9
Employment status			£5,000 to < £10,000	12	8
Employed	16	10*	£10,000 to < £15,000	12	7
Unemployed	26*	9	£15,000 to < £30,000	15	9
Retired	6	5	£30,000 and over	18*	11*
Students	30*	13*			
Other inactive	16	8	National average	15	9

Notes: * Significantly above the national average at the 10% significance level. ** Those renting from the local authority or Housing Association.

There were some differences in the types of antisocial behaviour reported by different groups. For example, people aged 65 and over who said they experienced antisocial behaviour were particularly likely to mention disputes with neighbours, local noise or disturbances and young people being rude. Those in professional or managerial occupations and with higher levels of education were particularly likely to mention driving-related incidents and begging. People living in social rented accommodation

frequently mentioned disputes with neighbours and young people being rude.

Racially motivated abuse or harassment

According to the BCS, minority ethnic groups are, if anything, less likely to say they have experienced antisocial or insulting behaviour than white people (Table 5). However, of those that were victims, minority ethnic groups were far more likely to say the incident was of a racist nature. A racist element was

Table 6 The link between perceptions of disorder and concern about crime (2000 BCS)

Level of perceived disorder	High	Medium	Low
% very worried about:			
burglary	39	20	15
being mugged	34	17	12
theft of car*	41	23	14
theft from car*	33	17	10
% feeling very unsafe when walking alone in area after dark	25	12	10

Note: *Based on car owners only.

mentioned by about half of Indian, Pakistani and Bangladeshi people who had been insulted, pestered or intimidated and a third of black victims (it was 3% for white victims). Clancy et al., 2001 (forthcoming) will report in detail on BCS findings on experiences of racially motivated crime.

Links between disorder, crime and concern about crime

Previous research has established a link between disorder and both fear of crime and crime itself, though the nature of this relationship remains open to question. The 2000 BCS findings confirm that there is a link between disorder and crime in England and Wales. Firstly, respondents classified as perceiving high levels of disorder in their area (according to the disorder scale) were more likely to have

been victims of crime in the previous year (48% had been), than those perceiving medium or low levels of disorder (36% and 24% respectively). Secondly, ACORN areas (see Table 2) with a relatively large percentage of residents perceiving high levels of disorder had higher rates of burglary.

Various theories have been put forward to explain the relationship between disorder and crime. The 'broken windows' theory suggests that disorder leads directly to crime, arguing offenders take signs of disorder to indicate that residents are indifferent to what happens in their area and unlikely to intervene or call the police if they witness a crime (Wilson and Kelling, 1982). However, recent research suggests that disorder does not result directly in crime, but rather that both disorder and crime arise in areas where social control is weak and poverty levels high (Sampson and Raudenbush, 2001).

Given that disorder is related to actual crime levels, it is not surprising that respondents who perceive high levels of disorder in their area are most concerned about crime (Table 6). However, multivariate analysis of the 1994 BCS indicates there is a direct link between disorder and levels of concern. Respondents' perceptions of disorder were predictive of concern independently of other factors, including actual experience of crime (Hough, 1995). It has been suggested that this is because disorder is viewed as signalling a crime problem.

Methodological note

The 2000 BCS has a nationally representative sample of 19,411 people aged 16 and above living in private households in England and Wales. The response rate was 74%. A random half of respondents (9,663) were asked how much of a problem various disorders were in their area. The other half (9,748) were asked how common they were. 9,748 respondents were asked about their experiences of antisocial behaviour and 9,747 about experiences of pestering, insulting or intimidating behaviour. The 2000 BCS also has an additional sample of minority ethnic respondents. This sample is used when presenting results for different minority ethnic groups. The National Centre for Social Research and Office for National Statistics conducted the computer assisted interviews, between January and July 2000. Further details can be found at <http://www.homeoffice.gov.uk/rds/bcs1.html>.

References

- Clancy, A., Hough, M., Aust, R. and Kershaw, C. (2001, forthcoming) *Crime, Policing and Justice: the experience of ethnic minorities: Findings from the 2000 British Crime Survey*. Home Office Research Study No. 223. London: Home Office.
- DETR (2000). *Survey of English housing: preliminary results*. Housing Statistics No. 7, 1999/00. London: Department of Environment, Transport and the Regions.
- Hough, M. (1995). *Anxiety about crime: findings from the 1994 British Crime Survey*. Home Office Research Study No. 147. London: Home Office.
- Sampson, R. and Raudenbush, S. (2001). *Disorder in urban neighbourhoods – does it lead to crime?* Washington: National Institute of Justice.
- Wilson, J. and Kelling, G. (1982). *The police and neighbourhood safety: broken windows*. *Atlantic* 127:29–38.

Other sources of information

- Antisocial behaviour toolkit – useful links to other sources of information (www.crimereduction.gov.uk/toolkits/as00.htm).
- The Crime Reduction Strategy – (www.crimereduction.gov.uk/crsdoc.htm).
- National Strategy for Neighbourhood Renewal – (www.cabinet-office.gov.uk/seu).

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