8

Conclusions

When criminologists began to document the extent of crime concentrations at a micro geographic level in the late 1980s, they recognized that something new and important was being observed. Lawrence Sherman and colleagues (1989) considered the discovery that 3.5 percent of addresses produced half of the crime calls in Minneapolis, MN, in a single year, deserving of being named a new area of study in criminology – the *criminology of place*. John Eck and David Weisburd (1995) termed this new area of interest, *crime and place*, distinguishing between traditional area studies of communities and crime and the new focus on micro geographic concentrations of crime. In describing findings suggesting a *law of crime concentration at places*, Weisburd (2015) argued that study of crime at the micro geographic level was indicative of an important *turning point* in criminology (Laub, 2004) much as the Chicago School's identification of communities as a key reference point for understanding crime was almost a century earlier.

The data were startling. Eck, Gersh, and Taylor (2000) found that the most active 10% of places (in terms of crime) in the Bronx and Baltimore accounted for approximately 32% of a combination of robberies, assaults, burglaries, grand larcenies, and auto thefts. Looking at public places, such as high schools, public housing projects, subway stations, and parks, Spelman (1995) found that the worst 10% of locations produced 50% of crime calls. Weisburd et al. (2004) found that 50% of crime incidents in Seattle over a fourteen-year period occurred at only 4.5% of the street segments. Curman et al. (2015) found that 7.8% of street segments in Vancouver produced 60% of crime in the city. In their longitudinal study, Weisburd et al., (2009) found that only eighty-six street segments of approximately 25,000 in Seattle accounted for one-third of official juvenile crime over a fourteen-year period. Weisburd, Zastrow, et al. (2024) recently reviewed concentration studies at the micro geographic level over the last thirty-five years and confirmed the fact that

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crime is overwhelmingly concentrated at hot spots of crime. They identified forty-nine estimates showing the concentration of 50% of crime in cities. The average, measured as the median of scores, across all the estimates was 4.5%. Looking at the proportion of streets in cities that produce 25% of crime, the median was just 1.3% of street segments.

Such crime concentrations have been observed not only in the United States and Canada, but across the world (Weisburd, Zastrow, et al., 2024). Between 2 and 5% of street segments have been found to produce 50% of crime in the United Kingdom (Park, 2019). About 3% of street segments in Bogota, Columbia produce half of crime incidents in the city (Jaitman and Ajzenman, 2016), and this was true for about 4.5% of streets in Tel Aviv-Jaffa, Israel (Weisburd and Amram, 2014). Between 5 and 6% of street segments in Montivedio, Uruguay, produced 50% of crime (Jaitman and Ajzenman, 2016), and this is true regarding about 7% of streets in Den Hague, Holland (Steenbeek and Weisburd, 2016). In Belo Horizonte, Brazil, crime concentrates at about 7% of street segments for 50% concentration of crime (Jaitman and Ajzenman, 2016). The idea of a law of crime concentration (Weisburd, 2015) that posits that crime will be concentrated at extremely high levels across cities is now well-established. The science writer Malcolm Gladwell (2019) argues that these observations regarding crime concentrations in cities "capture something close to a fundamental truth about human behavior" (p. 285).

In many ways, the implications of these empirical findings have been widely recognized in society. This is most clearly evidenced in the widespread adoption of hot spots policing approaches. Already by 2011, most police agencies in the United States had adopted some type of hot spots policing program (Mastrofski and Friedell, 2011). Hot spots policing is a direct outcome of the identification of hot spots of crime. As an article in 2011 in the *FBI Law Enforcement Bulletin* explains:

> Imagine several majors and captains pooling their resources to begin a commercial fishing venture. They buy a fleet of boats, hire well-trained casters, and purchase a beautiful 600-acre lake. Then, they strategize how to catch the most fish and make their business profitable. Experienced fishermen know that the fish do not distribute themselves evenly throughout the water, and, thus, the crew does not disperse the boats evenly throughout the lake. They will use technology or, simply, knowledge of the lake to determine where to drop their lines and nets. Dispersing the boats randomly would be ludicrous and would invite financial disaster on the commercial venture. Ironically, the strategies that fishermen know would fail in the fishing business mirror those employed by some administrators who deploy patrol officers. They expect their officers to catch criminals with only occasional results. If fishermen fished like such officers patrol, they would catch no haul; but, if officers patrolled like fishermen fish, criminals would go to jail, and crime would decrease. You simply fish where the fish live, and you patrol where crimes occur. (Hoelzer and Gorman, 2011, p. 10)

However, despite the wide recognition of the importance of crime concentrations for understanding and controlling crime, there has to date been little

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recognition of the importance of the social structure and social context of crime hot spots. As we have detailed in previous chapters, scholars have given little attention to who lives at crime hot spots and how these micro-communities are organized. Study of crime opportunities at hot spots of crime have a long history in the criminology of place (Braga and Clarke, 2014; Sherman et al., 1989), and there is a large empirical literature showing that the police and other agents, when focusing on crime hot spots, can reduce crime problems (Braga et al., 2019; Braga and Weisburd, 2022). What has been neglected is the social structure and social context of these places, and especially how social disorganization and collective efficacy, rather than crime opportunities, impact crime at the micro geographic level. To date, studies have focused on formal social control at crime hot spots, but our study has examined informal social control at crime hot spots.

In this concluding chapter, we begin by reviewing what we have learned about crime hot spots, and how that leads us to reconsider both our understanding of the crime problem and of hot spots of crime themselves. We then turn to the policy implications of our work. Focusing on the social structure and social context of crime hot spots opens up a new array of potential approaches to do something about the crime problem. In turn, it brings us to recognize that other problems concentrate at crime hot spots, and addressing those problems may be important not only to control crime, but also to ameliorate the disadvantages that people who live in crime hot spots experience.

8.1 How has our study changed our understanding of crime and hot spots of crime?

The previous chapters have provided a series of insights into our understanding of crime hot spots on residential streets. They present findings that help us describe and understand the social structure and social context of hot spots of crime and how these affect crime, victimization, and health. Below we want to summarize our basic research findings and place them in context in terms of how they alter traditional understandings of the criminology of place, and how they influence our more general understanding of the crime problem.

8.1.1 Recognizing that Hot Spots of Crime Are Not Just Hot Spots of Crime

Despite the lack of empirical data, most criminologists would suspect that crime hot spots include residents that suffer from high levels of concentrated disadvantage. Numerous studies of communities and crime reinforce the idea that high-crime communities are also places with structural conditions that encourage social disorganization (Bursik and Grasmick, 1993; Sampson, 2002, 2012; Sampson and Groves, 1989; Sampson et al., 1997; Shaw and McKay,

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1942 [1969]; see also Mazerolle et al., 2010; Zahnow et al., 2022). Our results in Chapter 2 follow this perspective closely. Hot spots of crime are places with high rates of unemployment, lower levels of education, higher proportions of Black residents, and higher levels of poverty than non–hot spots, and especially those streets with little or no crime, that we defined in our study as "cold spots." They are also places where people are less likely to own their own homes, and people who live in crime hot spots have shorter residential tenure than people who live on non–hot spot streets. Taken together, these findings suggest that the structural features that encourage social disorganization in communities are also found in the micro-communities of crime hot spots. Social disorganization theory more generally has salience for crime hot spots. Structural indicators of social disorganization are found not only in high-crime communities (e.g., see Bursik and Grasmick, 1993; Sampson, 2012; Sampson and Groves, 1989; Sampson et al., 1997; Shaw and McKay, 1942 [1969]) but also in high-crime places. Of course, the presence of concentrated disadvantages or residential instability does not necessarily mean that those conditions are important for understanding crime problems, but it does push us to recognize that hot spots of crime are not just hot spots of crime, but also hot spots of other social ills.

We also found that hot spots of crime are hot spots of disorder and fear of crime. Both our observers and residents identified much higher levels of disorder on hot spot streets than non–hot spot streets. Our observers were four times as likely to observe social disorder on combined violent and drug hot spots as cold spot streets. Additionally, the observers found that hot spot streets had twice as many buildings with broken windows as non–hot spot streets, and litter on the street was observed in two to three times the proportion of hot spot streets than cold spot streets. It was not just our observers that identified social and physical disorder on these streets; residents we surveyed on hot spot streets were significantly more likely to say that social disorder and physical disorder were present on their street.

Sometimes criminologists have emphasized the disconnect between actual crime risk and perceived risk or fear of being victimized (Carvalho and Lewis, 2003; Schafer et al., 2006; see also O'Brien et al., 2019). At least in the case of crime hot spots, residents of high-crime streets are accurate in their evaluations. Hot spots of crime have significantly higher levels of fear of crime than non–hot spots, just as they have much higher levels of reported crime. Accordingly, residents of crime hot spots not only face higher crime levels, but they also show greater levels of fear of crime.[1]

We documented in Chapter 7 that people living in hot spots are also much more likely to evidence chronic diseases such as asthma, high blood pressure,

[1] Indeed, a recent study suggests that levels of crime at the street level play a critical role in shaping residents' fear of crime, whereas neighborhood-level crime does not have a significant impact once street-level crime has been taken into account (Kuen et al., 2022).

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or lung disease. Sometimes, the rates of these health problems are two to three times higher in crime hot spots compared with those of people who live on streets with little or no crime. Measures of quality of health and overall health status were also much lower in the crime hot spots. Additionally, daily activities affected by health problems were significantly more severe for residents living in crime hot spots compared to those in non–hot spots. Finally, we found that mental health problems were also concentrated at crime hot spots. These findings also reflect studies at higher levels of geography and the more general literature on concentrated disadvantage (Akers and Lanier, 2009; Browning and Cagney, 2002, 2003; Curry et al., 2008; Diez Roux and Mair, 2010; Franco et al., 2008; Latkin and Curry, 2003; O'Campo et al., 1997; Zhang et al., 2011).

In short, we find that violent and drug crime hot spots are also hot spots of social disadvantage, social and physical disorder, and fear of crime, and these hot spots are also places where residents suffer adverse health outcomes. Criminologists have focused almost exclusively on crime rates or opportunity structures when they have studied crime hot spots. Our data suggest that it is time to take a broader perspective in understanding crime hot spots, and to make their social structure and social context a focus of investigation. It is impossible to understand hot spots of crime without considering the myriad of social and health disadvantages that are found there.

8.1.2 Informal Social Control Matters at Crime Hot Spots

Informal social control is the mechanism through which residents can play a role in controlling crime and other problematic behaviors on their street. We used collective efficacy, as defined by Sampson et al. (1997), as a direct indicator of informal social control on the street segments in our study. Using this measure, in Chapter 2, we observed that crime hot spots had significantly lower levels of informal social control than non–hot spot streets, and especially streets with little or no crime. The gaps here could be very large. For example, when we asked residents whether "in general people on your block can be trusted," 84% of respondents on cold streets agreed or strongly agreed, in contrast to only 49% of respondents on combined hot spot streets. Informal social controls are much more salient on hot spot streets than non–hot spots. This finding again points to the importance of social context in understanding crime hot spots, and contradicts scholars of crime and place that have argued that informal social control is not an appropriate concept for study of crime hot spots (Braga and Clarke, 2014; Sherman et al., 1989). Beyond the structural disadvantages of these places, they also evidence disadvantage in their levels of cohesion with their neighbors and their willingness to intervene in problems on the street.

The meaning of these findings should not be underestimated. There is a long history of concern in sociology and criminology with informal social control

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and its potential to reduce crime and related social problems in communities. Robert Sampson and colleagues (1997), for example, argued:

> In contrast to formally or externally induced actions (for example, a police crackdown), we focus on the effectiveness of informal mechanisms by which residents themselves achieve public order. Examples of informal social control include the monitoring of spontaneous play groups among children, a willingness to intervene to prevent acts such as truancy and street-corner "hanging" by teenage peer groups, and the confrontation of persons who are exploiting or disturbing public space. Even among adults, violence regularly arises in public disputes, in the context of illegal markets (for example, prostitution and drugs), and in the company of peers. The capacity of residents to control group-level processes and visible signs of social disorder is thus a key mechanism influencing opportunities for interpersonal crime in a neighborhood (p. 918).

James Q. Wilson and George Kelling (1982) go further in their emphasis on informal or community social controls. Referring to the police, they note that "[t]he essence of the police role in maintaining order is to reinforce the informal control mechanisms of the community itself. The police cannot, without committing extraordinary resources, provide a substitute for that informal control" (p. 34).

8.1.3 Informal Social Control Is a Key Mechanism through which Crime Develops

In trying to explain levels of crime at the street segments in our study, we took into account key opportunity variables that might confound our view of the relationship between social structure and social context and crime. But our focus in Chapter 4 was on social disorganization and informal social control, and whether aspects of social structure and social context were important in understanding crime on the streets we studied.

Our findings regarding both citizen-initiated calls to the police and crime incidents showed directly that social context is a critical mechanism for understanding why crime hot spots have high crime rates. Informal social control is a key predictor of crime rates on our street segments examining both of these outcomes, even after controlling for structural and opportunity characteristics of streets. For making these causal statements we used a modeling approach examining residualized change between our first wave of data collection and our third wave of data collection. While this does not guarantee causality in our estimates (as we discuss in speaking about the limitations of our work later in the chapter), it provides a plausible causal framework for our analyses. Our data show that the impact of informal social control is meaningful in understanding both crimes recognized by citizens, as indicated by their calls to the police, as well as founded crimes, as indicated by crime incidents. Supporting the importance of the social disorganization model, we found that stronger

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social ties predicted fewer citizen-initiated crime calls, suggesting that residents who are more closely connected to their neighbors may rely on those relationships to address problems rather than turning to the police.

Taken together, processes of social disorganization and informal social control are found to be important mechanisms for understanding why crime hot spots have high rates of crime. This is an important finding and one that has strong policy implications, as we discuss later in the chapter.

8.1.4 Social Disorder and Crime Are Key Mechanisms for Understanding Informal Social Control

Given our findings regarding the centrality of informal social control in understanding crime, in Chapter 5 we examined the antecedents of collective efficacy at wave 3 of our study again using the method of residualized change between waves 1 and 3 of our data. Our findings contradict a common assumption--that physical disorder plays a key role in weakening informal community controls (Wilson and Kelling, 1982). Whether we examined observed levels of physical disorder or perceived levels of physical disorder by residents, we did not find physical disorder to be a direct influence on informal social control at street segments, when other key covariates were taken into account. We tried to examine this finding in multiple ways to make sure that the results held under different assumptions. They did, and we think these findings are particularly important for rethinking broken windows theory, and as we discuss later in the chapter, have considerable implications for policing approaches based on this theory.

While physical disorder was not found to have an important impact on collective efficacy, social disorder and crime were seen to strongly influence levels of informal social control at street segments. We noted in earlier chapters that social disorder and crime are strongly related, with some types of social disorder being very similar to what we ordinarily define as crimes (Sampson and Raudenbush, 1999; see also Gau and Pratt, 2008). We suggested that these two measures tell us something about how citizens view safety on their street, and indeed how safe it is to intervene when there are problems.

If there are drug markets on the street and gangs or criminal groups are hanging out on the street, residents are certainly going to be more concerned about intervening on a street. Similarly, if there have been robberies or shootings on a street, residents are likely to decide that intervening in problems on a street involves greater risk. We think that the impacts of social disorder and crime on collective efficacy are strongly related to such perceptions of citizens. This interpretation of our results is reinforced by our findings that fear of crime did not directly impact collective efficacy once other important variables, including social disorder and crime, were accounted for.

We think that Wilson and Kelling's (1982) focus on fear is similar to our interpretation of safety. They wrote in their seminal article on *Broken Windows:*

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The citizen who fears the ill-smelling drunk, the rowdy teenager, or the importuning beggar is not merely expressing his distaste for unseemly behavior; he is also giving voice to a bit of folk wisdom that happens to be a correct generalization – namely, that serious street crime flourishes in areas in which disorderly behavior goes unchecked. The unchecked panhandler is, in effect, the first broken window. Muggers and robbers, whether opportunistic or professional, believe they reduce their chances of being caught or even identified if they operate on streets where potential victims are already intimidated by prevailing conditions. If the neighborhood cannot keep a bothersome panhandler from annoying passersby, the thief may reason, it is even less likely to call the police to identify a potential mugger or to interfere if the mugging actually takes place. (p. 34)

The fear that Wilson and Kelling (1982) are referring to can also be seen simply as assessments of whether it is safe to exercise informal social control on these streets. It is much easier to intervene when streets are socially organized and where violent criminals are not found. As Sampson and Raudenbush (1999; see also Sampson 2012) note, residents' sense of efficacy and their willingness to engage with others to exercise collective efficacy are undermined by crime and violence (also see Armstrong et al., 2015; Hipp 2016).

8.1.5 Communities Influence Crime Hot Spots, but Hot Spots Are Important to Understand Crime within and across Communities

The study of crime hot spots has emphasized the tremendous street-by-street variability of crime within communities within cities (Andresen and Malleson, 2011; Groff et al., 2010; Schnell et al., 2017; Weisburd et al., 2012). This is one of the primary contributions of this area of work. It adds nuance to the traditional focus on "delinquency areas" (Shaw and McKay, 1942 [1969]) which divides the city into large areas and fails to recognize that crime rates vary across streets within communities. However, the fact that there is heterogeneity within communities does not answer the question of the extent to which hot spots are influenced by the communities in which they are nested, or whether crime hot spots have strong similarity irrespective of the communities in which they are found. We examined this question in Chapter 3 by classifying community statistical areas in Baltimore by levels of concentrated disadvantage.

We saw in the chapter that the relationship between community context and crime hot spots is nuanced, showing for example, both the consistency of differences between hot spots and non–hots no matter which community they were located within, and the specific impact of community when considering certain social characteristics of crime hot spots. Our findings point both to the continued salience of focusing on hot spots of crime, as well as the importance of recognizing that the communities in which hot spots are nested can influence the social structure and social context of crime hot spots (see O'Brien, 2024; O'Brien et al., 2022).

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Overall, hot spots of crime significantly differ in social structure and social context from non–hot spots not only across the city, but within communities in the city with different levels of concentrated disadvantage. This was true for concentrated disadvantage at street segments, residential stability, informal social control, fear of crime, and physical and social disorder (as perceived by residents and observed by our researchers). Distinguishing between hot spots of crime and non–hot spots, in this sense, is important across communities with different levels of concentrated disadvantage.

But looking at key structural variables of social disorganization, we could also see the influence of high disadvantage communities on outcomes at the street segments we studied. For example, looking at concentrated disadvantage of streets we saw that in low- and medium-level disadvantage communities there were significant differences between hot spots and non–hot spots, following those observed in the sample overall. But for the high disadvantage communities, the results were much less consistent and significant in only wave 1. Similar outcomes were observed for residential stability, where low and medium level concentrated disadvantaged communities showed large and significant differences, but differences were only significant in one wave in the high concentrated communities. We interpreted these findings as indicating that differences in these structural indicators of social disorganization on streets were less likely to be observed in high concentrated disadvantaged communities because the overall level of disadvantage was so high more generally in those communities. In this context, it is important to recognize that the relative disadvantages of hot spots of crime to non–hot spot streets are going to be greatest in communities that overall do not suffer from high concentrated disadvantage.

When we examined whether crime hot spots differ significantly from each other across communities, we again observed that community context matters. Crime hot spots in high disadvantage communities have significantly higher levels of concentrated disadvantage, and observed and perceived physical and social disorder. In some sense, the disadvantages of hot spots of crime are compounded in communities of high concentrated disadvantage. At the same time, hot spots of crime do not significantly differ across communities in their levels of informal social control or residential stability. We think the finding regarding informal social control is particularly important. Collective efficacy at crime hot spots, which summarizes levels of informal social control, is not impacted greatly by the level of concentrated disadvantage of communities they are nested within. This suggests the salience of the definition of crime hot spots as places of low informal social control in whichever communities they are found.

These findings overall push us to both recognize the importance of communities in understanding crime hot spots, as well as the importance of crime hot spots themselves in understanding the overall crime problem. The interplay between communities and hot spots within communities is accordingly

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complex, evidencing both the importance of recognizing community context when examining hot spots of crime, and the importance of recognizing the commonality of characteristics of crime hot spots irrespective of the communities they are found in.

8.1.6 Living in a Crime Hot Spot Impacts Property Victimization Risk of Households and Health Outcomes of Residents

In Chapter 6, we explored whether the social structure and social context of the street was important in understanding risks of property victimization for households on that street. In this case, we looked at within wave outcomes during the three waves of data we collected. This was because our data were collected to identify street-level characteristics across the three waves, a limitation that did not allow us to examine property crime risk at the individual-level across waves of data collection. We found that the street-segment level of our model was important for understanding individual-level victimization, even after key individual-level protective and risk factors are taken into account.

However, our findings go beyond documenting the impact of the street on property crime victimization. The most consistent and strongest street-level characteristic influencing property crime victimization at households was informal social control. Higher informal social control on the street lead to a lower likelihood of a household experiencing property crime victimization over the last year. We think this finding follows closely our results related to crime on the street. When collective efficacy is higher, neighbors are more closely tied to each other and have higher levels of social cohesion. They are also significantly more likely to be willing to help their neighbors. Following this, neighbors are much more willing to intervene when they observe problems on their street, for example, if people were hanging out on the street, or kids were damaging property of their neighbors. We think our findings here very much fit our more general observation that informal social control matters at street segments.

Lastly, in Chapter 7, we examined whether the streets that residents lived on impacted their health. We noted earlier on in this chapter that there are strong differences in outcomes between hot spots and non–hot spots in both physical and mental health outcomes. However, we wanted to go further and see whether we could attribute those differences to living on the street. This is difficult to identify because people who live on crime hot spots have background characteristics that would on the one hand lead to their moving to live on a crime hot spot (e.g., low income leading to renting or owning on streets where housing is less expensive), or that would suggest that they are themselves of higher risk of certain health problems (e.g., low socioeconomic status leading to less healthy lifestyles). In trying to distinguish between selection into living on a hot spot street, or having high- versus low-risk health characteristics, we

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used propensity score matching (PSM). PSM allowed us to capitalize on the extensive data we collected on street segments and residents, to distinguish between factors such as poverty, home ownership, age, education and a host of other measures detailed in Chapter 7, as opposed to an impact on health of living on the street itself. We also focused on the differences between cold spots and crime hot spots in these analyses, since this comparison between streets with little or no crime and hot spots of drug and violent crime provided the strongest contrasts in our data.

Our findings indicate that residing in a hot spot leads to a higher degree of difficulties in performing daily activities due to health problems. This finding, in turn, was consistent across the three waves of our data collection. Subsequently, when we asked residents whether any of their health problems were due to living on their street, the PSM analyses show that those who live on crime hot spots as opposed to streets with little or no crime are significantly more likely to respond affirmatively. And in this case, after taking into account selection factors, we can assume that this response was likely the result of living in the hot spot streets themselves. We also found that depression symptomology was more likely to be evidenced by residents of hot spot streets after PSM corrections, suggesting that it is the environments of the streets themselves that are leading to this outcome. More specifically, regarding types of crime hot spots, living at a *violent* crime hot spot seems to more consistently impact both physical and mental health than residing in a *drug* crime hot spot street.

Our findings at the street-segment level mimic those that have been produced at the community level (Braveman et al., 2011; Diez Roux and Mair, 2010; Sampson, 2003). Living in high disadvantage communities is found to lead to physical and mental health risks, but our study is the first we know of to bring this down to the micro geographic level. In assessing environmental risks, it is not enough to talk about community health; rather, it is extremely important to dig down to the level of crime hot spots. Such places are hot spots of health problems within their communities, and we found that the environment of a crime hot spot itself likely leads to greater physical and mental health risks.

8.2 POLICY IMPLICATIONS

We think that these findings not only enhance our understanding of crime hot spots but also have important policy implications. These relate directly to our findings as discussed earlier but can be divided into four main areas of impact. The first is about recognizing the realities of general disadvantages in crime hot spots, and the need for increased social and health services at such places. The second is that policymakers need to understand the importance of interventions that increase informal social control on hot spot streets. The third implication of our work for policy suggests rethinking the broken windows policing model, to recognize that "broken windows" defined as addressing

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physical disorder is not key to increasing informal social control at crime hot spots. Finally, we discuss the importance of "joined up" solutions that would link health and criminal justice programs at crime hot spots.

8.2.1 Increasing Health and Social Services Directed at Crime Hot Spots

Our findings highlight that crime hot spots are not simply crime hot spots, but also hot spots of a group of related social problems from concentrated disadvantage to social and physical disorder, to fear of crime, to higher levels of physical and mental illness. This points to the importance of directing social and health resources to these places. While policymakers and city governments have long recognized the importance of increasing levels of policing at hot spots of crime (Braga and Weisburd, 2010; Braga et al., 2019), there has been little recognition of the importance of focusing social and health services at crime hot spots.

Why are we suggesting that such efforts be made? One straightforward reason was noted in testimony before the Committee on Proactive Policing at the National Academy of Sciences (Weisburd and Majmundar, 2018). Arguing that ignoring the social structure and social context of crime hot spots naturally leads to residents feeling that government and the police are biased against them, Brittany Packnetta, a Black Lives Matter representative, said:

> I think the tactic [of proactive policing] doesn't feel neutral when it's divorced from the other realities.... Folks in those neighborhoods are saying "Why aren't you doing anything to invest in the reasons why this is a hot spot in the first place?" When it feels divorced from other realities it feels like every single time there is going to be some level of bias attached.... Because you are coming over here because we're poor. Well, why are we poor? ... Why is it all Black and Latino over here? ... It is impossible to divorce those realities when you live in this skin and when you live in our zip code ... [proactive policing will always feel biased] because they require a need to ignore *why* things are the way they are and simply address *that* things are the way they are.... That lack of context always feels biased (Weisburd and Majmundar, 2018, p. 274).

An exclusive focus on law enforcement naturally leads people who live in these places to wonder whether their treatment is unfair and biased against them. It begs the question – why are cities only focusing police on crime hot spots when such places are also hot spots for other types of problems ranging from concentrated disadvantage, to housing instability, to physical and mental health risks? Why is city government not also focusing on social and health services at crime hot spots?

We think that city government should go beyond investing in policing these streets, by investing in other city services, such as parks, recreation, and sanitation – areas in which hot spot streets are often neglected (Braga and Clarke, 2014). Repairs and improvements to the environment in these places would be well received by residents and have been shown to have positive social and

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crime impacts. For example, studies show that greening/restoring vacant lots can reduce crime and improve public health outcomes (Branas et al., 2011, 2018; Macdonald et al., 2019). This type of investment from the city can help residents feel valued, build morale, and empower residents to engage in informal social control, subsequently impacting crime. From the qualitative interviews, there was a sense among residents of being forgotten by the city and no one caring, so why should they care to invest in their street? A resident of a drug spot said "the neighborhood is dirty because, look what people are doing, throwing trash, and there are no social activities or kid's programs in the area. If people don't care about the cleanness of the area, then I too, won't care about it."

One argument that could be made is that such services are better provided at the community level. However, we think that argument is spurious, because these social problems, such as crime, are concentrated at crime hot spots, and in the same way that we concentrate policing resources, we should consider concentrating other public services. Such concentration is also likely to be efficient in the allocation of resources, as it is in hot spots policing. We certainly need to learn more about the concentration of social problems at crime hot spots, and to what degree focusing on them would improve the allocation of social and health services. However, our data suggest that crime hot spots are in need of such services more than the vast majority of streets in the city that have little or no crime.

In turn, it is one thing to attempt to change the social conditions of an entire neighborhood or city; it is another to try to reduce problems on specific street segments. Focusing social and health interventions more carefully on hot spot streets is more realistic than trying to provide such services across the city. Although there is evidence of clustering of crime hot spots in areas, in general the research shows that there is tremendous street-by-street variability in crime rates (Groff et al., 2010; Weisburd et al., 2012; Weisburd et al., 2014). And in turn, even in communities with high crime rates, most streets have little crime. The implication of this is that it may be time to consider focusing social and public health interventions to provide services to those in need, not at the community level, but at the micro geographic level, particularly at hot spots of crime.

Taking this approach can also overcome data availability issues regarding street-by-street rates of social and health problems. Indeed, gaining street-by-street data on other social outcomes, particularly health problems, is generally not possible (White and Weisburd, 2023). Given that most city police agencies have adopted geocoding capabilities to identify crime hot spots, the ease of geocoded crime data can be a means for efficiently identifying streets with potentially high levels of social and health problems in communities with little additional work or cost. We think that cities should begin to collect data on other social problems street by street, but until that happens, data on hot spots of crime can be used as an important proxy for data on other social and health ills.

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Our argument here is not that the inclusion of other health and social services will necessarily reduce crime on these streets. We do not have evidence on whether social and health services more generally will impact crime outcomes. Nonetheless, as we noted at the outset, irrespective of crime outcomes, people who live on crime hot spots are likely to see the exclusive focus on crime on their streets, as missing the broader context of the challenges that they face. The legitimacy of policing at crime hot spots in this context, might also be heightened if city government combined such efforts with more general efforts to reduce social and health disadvantages (White and Weisburd, 2018). Irrespective of this, the concentration of social and health deficits on hot spot streets suggests the importance of bringing social and health services to these places, regardless of impacts on crime.

We do not have much evidence on how this could be done, or whether it would be successful. But our basic research points to the importance of such efforts. Based on our project's early findings, we implemented a pilot program in 2015 to provide mental health services to hot spot streets (White and Weisburd, 2018). Our approach was to partner mental health professionals with police officers to go to hot spot streets to meet with families and offer help with accessing services. We included the police here because hot spot streets are often dangerous and the mental health professionals did not feel comfortable going to these places alone. However, we also thought that involvement of the police would increase police legitimacy on these streets and would lead to greater cooperation between the police and residents.

We found that police and mental health professionals can successfully take a proactive approach to mental health problems on hot spot streets. Initial skepticism by the police and mental health professionals in terms of whether they would be able to reach out to citizens on these high-crime streets was overcome quickly in the program, as citizens on these streets evidenced much openness to the teams. In turn, we found that the teams not only interacted with citizens about mental health problems (and more general problems on the street), but also helped residents identify services for health problems. We also gained qualitative evidence of the program's impact on citizen evaluations of the police. Though additional survey data would have been required to draw strong conclusions, the citizens we spoke to were grateful for the non-law enforcement approach and appreciated the police caring about them and helping them.[2] One resident was quoted saying: "They restored my faith in the

[2] We proposed a larger experimental trial that would have tested the outcomes of this pilot program on a large sample of hot spots, which was initially funded by the Robert Wood Johnson (RWJ) Foundation, and was awaiting a funding response from Arnold Ventures. However, Robert Wood Johnson pulled out of the project after continued instability in Baltimore following Freddie Gray's death. They believed working with the police at that time would harm their relationships with communities in Baltimore. We think that RWJ missed an opportunity to improve police/community relationships at crime hot spots, and more generally for improving health and crime outcomes.

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police in actually helping people. It's nice to see that they do more than write tickets and lock people up. I would never have thought of them helping with mental health stuff'" (White and Weisburd, 2018, p. 204).

These positive responses are particularly important in the context of high-crime streets in a city that was experiencing conflicts between the police and the public more generally at the time. We think this pilot program offers some insight into the potential for focusing social and health services on hot spot streets, especially with the growing popularity of co-responder teams in law enforcement (Uding et al., 2025). Like our pilot program, co-responder teams highlight the possible ways in which the police could be involved in such efforts, both to assist other social and health service workers, and to improve the overall legitimacy of the police in the eyes of residents of crime hot spots.

8.2.2 The Importance of Developing Prevention Programs Focused on Informal Social Control at Crime Hot Spots

In Chapters 4 and 6, we saw that informal social control was a key mechanism to reduce crime on hot spot streets, and to reduce property victimization among households in our survey. But criminologists who address crime at hot spots have seldom considered interventions focused on informal social control as a useful mechanism for reducing crime (e.g., Braga and Clarke, 2014; Sherman et al., 1989; see also Wortley and Townsley, 2016). In turn, scholars that focus on informal social control, have not considered how it could be applied to micro geographic hot spots. Their focus has been on communities, not on crime hot spots (e.g., Sampson, 2012; Sampson and Groves, 1989; Sampson et al., 1997, 2002; see also Hipp and Wickes, 2017; Lanfear, 2022; Wickes and Hipp, 2018; Wickes et al., 2017; Zahnow et al., 2022).

Our basic research findings strongly support the development of programs to enhance informal social control at crime hot spots to reduce crime. But what would this look like? Beyond providing services, city government can help more directly by trying to reinforce the informal social controls that already exist in these places. Imagine, for example, that cities created crime-prevention units made up of social workers, psychologists, community organizers, outreach workers, religious leaders, and other professionals that focused on capitalizing on the latent potential for informal social control on these streets. These units would help neighbors organize, develop trust in each other, and help them understand how to best engage the police and other city agencies in ways that are acceptable to them.

It is important to note that such programs would not come with the potential negative outcomes of policing at crime hot spots. A number of scholars have pointed to the potential for focused policing efforts to undermine relationships between the police and the public (Kochel, 2011; Rosenbaum, 2019), and a number of extreme incidents of police brutality at crime hot spots (Barrett and McWhirter, 2023) show how focused policing efforts to reduce crime can go

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tragically wrong. Interventions that focus on informal social control, especially those that would not rely on police themselves, can provide a potential set of prevention approaches free from such risks.

At the same time, it is important to recognize that problems of violence, drugs, and crime are often so extreme on hot spot streets, that policing interventions are required, and cannot be fully replaced by interventions focused on informal social control. Drug dealers and other violent people are commonplace on hot spot streets. Our researchers often had to leave streets when there were signs of danger from guns, knives, or gangs. In a couple of instances, field researchers were present on streets when gunshots were fired. For residents, intervention can be risky – which is why police crime prevention efforts are important to maintain. And residents of crime hot spots recognize this need. In a recent study conducted in Phoenix, AZ, residents of crime hot spots were asked whether they wanted "more police," "about the same number of police," or "less police" on their block (see Weisburd, Uding, et al., 2024; Zastrow, 2024). Only 6.6% of respondents wanted fewer police, 34.7% wanted about the same number of police, and 58.7% wanted even more policing.

Individuals in these communities face problems that cannot be handled by themselves and their neighbors alone – and thus they do not want the police withdrawn from their streets. Residents of the hot spots in our study often spoke about the lack of police presence and the failures of police to stop crime on their streets – often described as "slow and not effective." One resident of a violent spot noted a decline in police presence after a murder on the street, "when it should have been increased to make people feel more secure." And a resident of a cool spot also said, "police are not around too much, and we probably need more patrols. Any area in Baltimore needs more patrols." At the same time, they do not want the police hassling people and want the police to be responsive to their needs and concerns. Several residents in our study still expressed positive attitudes toward the police, indicating that the police were doing the best they could and often do not have the resources to effectively fight crime on their own. In this regard, as Wilson and Kelling (1982) noted, the "police cannot, without committing extraordinary resources, provide a substitute for" the informal social controls that residents exercise (p. 34).

We do have some examples of promising approaches to increase informal social control at crime hot spots. In Israel, Yamit Elfassi, former director of a Community Crime-Prevention Office for the Israeli Ministry of Public Security, provides insight into how such an effort might be organized (see Alfassi, 2006). Working in Dimona, a development town in Israel, she encountered a housing project called Kovshei Eilat. The residents suffered from crime and drug problems, and the area was blighted with trash, a lack of lighting, and other problems typical of crime hot spots. After meeting with residents, Elfassi realized that simply bringing more police would not address the neighborhood's more general problems. Drawing on the concepts of collective efficacy and informal social control, Elfassi decided to organize residents for collective action. They

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had community meetings and organized projects to repair public spaces and work on green spaces. She also hired civilian crime-prevention officers, who helped the residents understand how to gain resources for their work and to develop contacts for them with city agencies. Working together with residents, they eventually were able to not only repair the blight at the hot spot but also to work with police to reduce crime. Importantly, the police also participated in meetings and events, not necessarily as crime experts but simply as members of the community (e.g., playing piano or otherwise helping at the meetings). This allowed police to see the potential for the community to work with them – and for residents, it improved perceptions of the police and created natural networks for cooperation. This program was seen as a tremendous success but was discontinued before it could be expanded across cities.

The Campus Safety Collaboration (CSC) was a school/community initiative in Seattle, WA, carried out with little police involvement, that leveraged collective efficacy and informal social controls to create a continuum of positive support for young people within and outside of schools (Gill et al., 2024). The CSC recognized that punitive responses to both school discipline issues and juvenile crime can be counterproductive, especially for youth of color (Skiba et al., 2002; Brunson and Miller, 2006; Payne and Welch, 2010). Punitive disciplinary measures such as suspension and expulsion can set young people on a trajectory toward involvement in crime and justice system involvement (Mowen and Brent, 2016; Mowen et al., 2020). Instead, the CSC focused on changing the way adult-run institutions operate and regulate behavior in the interest of universal safety, and providing individualized, nonpunitive support for those who need it. The study was focused on hot spot schools where crime and other problems were more pronounced, and examined whether changes in the atmosphere and norms in the schools would lead to reduced crime in the streets adjacent to the schools. The investigators found that the CSC was associated with modest, but statistically significant reductions in citizen calls to the police and crime.

A randomized study of hot spots policing in Lowell, MA (Braga and Bond, 2008), included aggressive enforcement based on a deterrence approach, but also employed social service tactics to disrupt underlying conditions. They reported significant crime reduction outcomes, though one cannot untangle the deterrence of policing from impacts on informal social controls. Importantly, the study showed other positive community outcomes, such as perceptions of improved demeanor of the police and lower fear of crime. More directly, a randomized field trial in Brooklyn Park, MN (Weisburd, Gill, et al., 2021), in which the police sought to increase collective activism by residents at hot spots, showed that increased community participation in problem-solving occurred on the treatment streets (though significant improvements in general perceptions of collective efficacy were not observed). While the study found biases in using uncorrected crime outcomes (because of increased citizen reporting of crime), significant declines in crime were

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observed after using a general statistical correction (see also Weisburd, Wilson, et al., 2024).

These examples provide evidence of the potential for harnessing informal social controls at crime hot spots both with and without police involvement. But clearly, we will need many more models and much more evaluation of such programs before we can conclude that our basic research on informal social control and crime can be applied to reduce crime at crime hot spots. At the same time, we think it important to note that some models at the community-level also suggest the salience of increasing collective efficacy. The Prosper to Enhance Resilience model (Spoth et al., 2004) and the Communities that Care system (Rhew et al., 2016) both seek to enhance collaboration and cooperation in communities, and families, toward the goal of reducing problem outcomes for youth. Both have been shown to be effective programs in reducing law-violating behavior. At the same time, these programs use a large array of evidence-based strategies and do not simply focus on informal social controls, and they are focused primarily on youth.

An innovative program in Wisconsin called Safe and Sound that focused directly on collective efficacy and crime also showed promising preliminary results (Levas and Nimmer, 2017). Using community safety teams composed of community organizers, youth organizers, and law enforcement, they observed increases in collective efficacy and decreases in crime in the communities that were examined. While these models are focused at the community-level, they also suggest the potential for integrative teams (see later) to enhance collective efficacy and reduce crime at the micro geographic level.

Implementation of interventions that seek to enhance informal social control at crime hot spots have a common assumption that there is enough potential in high-crime communities for residents to engage with interventions to increase informal social controls. Crime hot spots, however, are often portrayed in the media and by politicians as chaotic, hopeless, and disorderly and, as a result, any attempt to increase informal social controls is seen as a futile endeavor. These streets are places where crimes occur on a regular basis, often with clear signs of social and physical disorder, where concentrated disadvantages abound, and where physical and mental health problems are more severe. In some cities, such as Baltimore, single hot spot streets can produce hundreds of crime calls to the police in a single year. There is a perception that street and gang culture is the norm in these disadvantaged places and that residents endorse violence and criminal activity to resolve conflicts (Anderson, 1999). Additionally, as William J. Wilson argued in his 1987 book *The Truly Disadvantaged*, the impoverishment, structural deterioration, and isolation in these places transcends generations, which gives a sense of permanency to the problems that communities face (Wilson, 1987).

Although these descriptions give us insight into the hardships faced in crime hot spots, they have inadvertently hampered efforts to engage these

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communities in efforts to prevent crime. By reinforcing a perception of hot spot streets as places with little ability to advance informal social controls, and with little capability to contribute to collaborative problem-solving programs, they have often led to a paternalistic approach to crime prevention that leaves hot spot residents out of the crime-prevention equation (Weisburd, Uding, et al., 2024). Our research contradicts this perception of crime hot spots.

While we document the structural disadvantages of hot spots of crime and relatively lower levels of informal social control on these streets, our data also contradict those that see hot spots of crime as places with little hope of improvement, with residents who are incapable of participating in crime prevention. This is indicated in a number of different ways in our data, and also reinforced in our qualitative interviews highlighted in previous chapters. Even on the violent and drug hot spot streets, more than 75% of residents say that they are willing to help their neighbors. Our findings emphasize that trust may be less evident on hot spot streets than on streets with little or no crime, but these are not places wholly devoid of social cohesion and trust.

We think that our study brings an important correction to the images of high-crime streets in the academic and popular literature. We showed in Chapter 2 that despite frighteningly high levels of crime, residents of hot spot streets have similar levels of social ties and social networks as residents of non–hot spot streets. Among those living on hot spot streets, about 50% of respondents *often* chat with their neighbors, about a quarter often visit their neighbors, and about 40% often help one another out. Hot spots of crime are not places where community is absent. Residents of hot spot streets do evidence significantly lower levels of informal social control than streets with little crime, but just because there is not as much informal social control does not mean that there is none. These are not places of chaos and hopelessness; they possess meaningful levels of informal social control and residential engagement.

The robust social networks that already exist in these places may serve as raw ingredients necessary to develop greater levels of informal social control. Strong social networks and social ties may be a necessary, but insufficient, condition for informal social control. Something is missing in hot spots, as contrasted with non–hot spots. As we showed in Chapter 5, high levels of threat and violence on hot spot streets impede informal social controls. Alternatively, it may be that the lack of social and political capital in these places restricts their ability to successfully exercise informal social controls, as noted earlier.

What has struck us most in analyzing our quantitative and qualitative data is the degree to which residents of these high-crime streets have the potential to be partners in the prevention process. Fully involving them in that process, however, requires abandoning the paternalistic images that many scholars, policymakers, and practitioners bring to their efforts to reduce crime in these places. Many residents of hot spot streets are optimistic about the possibilities

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for their communities. One resident told us, as we noted in Chapter 2, that he was aware of the perception that most people had about neighborhoods like his, but that "it's not as bad as people think the place is."

8.2.3 Social Disorder and Crime Should be the Focus of Police Efforts to Increase Informal Social Control, Not "Broken Windows"

Our study also has implications for the application of broken windows policing approaches, and more generally, for efforts by the police to enhance informal social controls through their presence and actions. First, in light of our findings, we think that the perspective of "broken windows" theory as applied to policing can be misleading and perhaps harmful if the broken windows metaphor is taken literally and physical disorder is over-relied upon in targeting order-maintenance efforts (Hinkle et al., 2023). While addressing physical disorder can reduce crime through other mechanisms besides informal social control in certain contexts (Braga and Bond, 2008; Braga et al., 2024; Branas et al., 2018), and indeed we found that observed sidewalk disorder did contribute to crime rates (see Chapter 4), and physical disorder impacted the risk of property victimization on our sample streets (see Chapter 6), physical disorder was not found in our study to impact informal social control on the streets we studied.

Broken windows policing has become a popular approach used across the US and around the world (see Braga et al., 2024). The message to the police has sometimes been construed, given the name "broken windows policing," as one of focusing on characteristics of physical disorder as a method of increasing informal social control in the community. But we do not find a significant impact of either perceived or observed physical disorder on collective efficacy. In contrast, our data suggest that reducing social disorder and crime is likely to lead to stronger collective efficacy on hot spot streets. That is, to enhance informal community social control and accordingly community-based crime prevention, police should pay attention to violent and criminal behaviors that are inhibiting residents from building trust and helping one another, but they should be cautious in using physical disorder as the mechanism through which police seek to enhance informal social control.

We think that in this context police would do well to acknowledge Wilson and Kelling's (1982) caution that they "do not become the agents of neighborhood bigotry" (p. 35). Physical disorder is not an objective concept and using it as an indicator for when police should intervene can introduce bias that can be harmful. If the goal is to build informal social control and empower residents to provide regulation of norms and values, addressing social disorder will be a more effective avenue based on our findings. However, focusing on incivilities and social disorder, particularly through a zero-tolerance approach, could lead to over-policing and unnecessarily offend community values and sentiments (Hinkle and Weisburd, 2008); therefore, police need to be thoughtful in their

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approach to enhance informal social control through policing. Specifically, the more discretionary and community-oriented approaches to order maintenance suggested by Kelling and colleagues in later writings (Kelling and Coles, 1996; Kelling and Sousa, 2019), versus aggressive zero-tolerance or stop-question-and-frisk approaches, may offer an avenue to both indirectly (through disorder reduction) and directly (through partnering with community members and stakeholders) bolster collective efficacy. In this regard, in a recent systematic review, Yesberg et al. (2024) found that police being seen as supporting communities and providing a trustworthy presence significantly increased collective efficacy.

Wilson and Kelling's (1982) original emphasis on physical disorder in efforts of police to increase informal community social controls is not confirmed in our analyses of street segments. At the same time, their position that police efforts to reduce social disorder and crime will increase informal social control in communities is confirmed. But policing can also lead to breakdowns in collective efficacy. Policing that stigmatizes streets and people who live on them, or that "cracks down" on youth who live on those streets, can threaten the ability of residents to exercise community social control (Kochel 2011; Rosenbaum 2019). In this context, police must consider "how they police" if they want to enhance rather than threaten informal social control on street segments (Weisburd and Braga 2019; Weisburd, Telep, et al. 2022).

8.2.4 The Promise of "Joined-Up" Solutions that Integrate Law Enforcement and Public Health Professionals

We have already noted the importance of social programs that are geared to increase informal social control, as well as policing approaches that can impact crime problems on hot spot streets and their potential to enhance informal social controls on those streets. We have also pointed, more generally, to the importance of addressing not just crime, but the large number of social and health disadvantages on hot spot streets. Before concluding, we want to suggest the importance of considering comprehensive strategies that would unite the efforts of law enforcement and public health professionals. Such a "joined-up" approach would address both crime and public health more generally. We concur with the viewpoint that "the health of the public requires and is dependent on the safety and security of the individual; therefore, public health as a discipline promotes safety and security" (van Dijk et al., 2019, p. 287). Drawing from insights from prior chapters, we suggest below a few avenues for "joined-up" solutions between the police and public health professionals.

First, it is vital to continue exploring interventions focused on micro geographic locations that reduce crime and violence and, as a result, mitigate health risks (Uding et al., 2024). Such targeted interventions can include both formal and informal social control measures, ranging from community-oriented

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policing and police patrols to the innovative programs that we noted earlier that have potential to increase collective efficacy on hot spot streets. As a formal social control measure, hot spot policing may act as a foundational element for "joined-up" solutions. Hot spot policing is consistently found effective in reducing crime and violence without simply displacing crime into areas immediately surrounding targeted locations (Weisburd and Eck, 2004; Weisburd and Majmundar, 2018, Braga and Weisburd, 2022). In fact, meta-analyses suggest a modest but statistically significant overall "diffusion of crime-control benefits" (Clarke and Weisburd, 1994; see Braga et al., 2019). Given its efficacy in crime- and violence-reduction, hot spot policing has been widely adopted by police agencies across the nation, offering a platform for "joined-up" solutions where law enforcement practices become an integral part of a broader, multidisciplinary strategy. Such solutions would not only focus on policing but also integrate public health initiatives (e.g., see White and Weisburd, 2018).

Other established place-based interventions, viewed from the public health or social services perspectives, that confer protection at crime hot spots involve making structural changes to the built environment, such as transforming vacant land into green spaces and remediating abandoned buildings and houses (Gobaud et al., 2022; Sadatsafavi et al., 2022). These targeted interventions have shown effectiveness in reducing crime and health-related problems (Branas et al., 2011; Kondo et al., 2018; Kvit et al., 2022; South et al., 2018), but outcomes in these studies are often measured at the community level, such as census tracts, and surveys of residents living near these places have yet to be conducted (Uding et al., 2024). Many residents of our hot spots spoke about the vacant housing, lack of trash removal, and need for more recreation opportunities for youth and places for residents to gather. Feeling rather abandoned by the city, one said – "they don't take care of issues like that or in giving kids a place to go. They used to have recreation centers, community centers, PAL (Police Athletic League) centers, but they all shut down because the city wasn't willing to pay for them anymore." Again, research suggests that implementing place-based interventions focused on the built environment does not simply move crime around the corner; instead, positive spillover effects in crime reduction have been reported in a few studies (MacDonald et al., 2019). Additionally, these interventions have yielded simultaneous health benefits, including enhancements in mental and cardiovascular health (e.g., Kondo et al., 2018; South et al., 2018). Therefore, addressing barriers to healthy activities by revitalizing parks and vacant lots, and bringing support from community organizations that provide those opportunities may have lasting impacts on the health of residents and their children.

Furthermore, law enforcement, public health professionals, and other community stakeholders must collaborate through a unified conceptual framework to effectively tackle crime hot spots. Shepherd and Sumner (2017), for instance, stated that "most health professionals have limited knowledge about the rationale for partnership between the health sector and police, and how

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this might be done" (p. 1525). The barriers are often embedded in the distinct objectives and performance measures, assumed roles and responsibilities, organizational and professional cultures, and even the different languages of criminal justice (e.g., victimization, deterrence, culpability, punishment) versus public health (e.g., injury, risk factors, vulnerability, preventive intervention) (Shepherd and Sumner, 2017; van Dijk et al., 2019). Lack of mutual understanding and communication is also common. The public health sector sometimes characterizes criminal justice practices, including policing, as a threat to physical and mental health (Lamb et al., 2002; Simckes et al., 2021), whereas law enforcement criticizes public health practices and policies for failing to recognize realities of the public safety sector (Lum et al., 2022; Thomson et al., 2019).

Despite these challenges, there are deeper reasons for cross-disciplinary collaboration. Both law enforcement and public health share a mandate to promote and protect community well-being and often work with similar disadvantaged populations. Complex social problems such as transforming crime hot spots cannot be dealt with by any single profession or discipline on its own but require well-coordinated efforts. Informed by van Dijk et al. (2019), we underscore the valuable experiences of frontline staff operating at or around crime hot spots (e.g., police patrol officers, outreach health workers and nurses, and social workers). What is happening there compels them to interact directly with the public and with one another and act promptly. Successful collaborations often develop at the boundaries of traditional disciplinary domains. It is therefore essential to cultivate a "learn-as-we-go" mentality when addressing crime hot spots. Shared leadership must allow for trial and error in the process of identifying and agreeing upon the desired shared outcomes and procedures across the sectors involved.

Moreover, a practical integration of law enforcement and public health responses in tackling crime hot spots is necessary. For example, data sharing across the two sectors is crucial. Nonfatal violence that results in emergency treatment is often unknown to the police (Shepherd and Sumner, 2017). Such "under-policing" of violence (and "over-policing" of drug-related issues) at crime hot spots frequently results in public complaints and dissatisfaction with the police (Lum, 2021). A possible solution involves setting up hospital-based violence surveillance systems to gather a fuller range of violent incident data, including not only additional cases, but also more detailed contextual information about each case (e.g., Shepherd, 2001; Azrael et al., 2013). By anonymizing and sharing this information with law enforcement and governmental agencies, it becomes possible to design targeted preventive measures specifically for crime hot spots, thereby enhancing both public safety and health outcomes.

Cross-disciplinary, collaborative training and co-responding are also essential. As we noted earlier, we piloted an innovative program in Baltimore, pairing a police officer and social worker to visit crime hot spots as an attempt to connect residents to mental health services (White and Weisburd, 2018). This

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program provides an example of a successful effort to scale down health programs to the micro geographic place, as well as the partnering of law enforcement with other social agencies. Prior work has also shown that partnering police responders with mental health professionals (e.g., co-responder teams) may reduce police use of force, decrease criminalization by diverting people with mental and behavioral health issues away from the criminal justice system, and provide access to mental health treatment and follow-up care that may reduce recidivism (Bailey et al., 2022; Lamb et al., 1995; Puntis et al., 2018; Shapiro et al., 2015).

Residents of crime hot spots experience deteriorating health conditions, a relationship that persists even after adjusting for a broad range of selection factors. The geographic overlap of crime/violence and various health issues must prompt policymakers to take action against these concurrent issues. This situation underscores the critical need, as well as the opportunity, for an interdisciplinary approach aimed at transforming both the social and physical features of crime hot spots, and reducing levels of crime. Collaborative efforts between police and public health professionals are essential in developing integrated practices that weave policing strategies into public health initiatives (and vice versa). Such collaborative endeavors, especially when they target shared populations or issues – in our case, crime hot spots – offer mutual advantages for both the law enforcement and public health domains, ultimately fostering greater social well-being.

8.3 LIMITATIONS OF OUR WORK

We think it important before concluding to note specific limitations of our study for the reader to keep in mind in assessing our conclusions and how they can be generalized to other contexts. First, the sample of street segments used in our study is drawn from Baltimore City, MD, where crime and disorder problems are particularly serious compared to many other American cities. While this was a reason for our choosing Baltimore as a study site, it also suggests the importance of examining these questions in the contexts of cities with lower levels of crime as findings may differ in such contexts. Physical and social disorder are also particularly high in Baltimore (Weisburd, Uding, et al., 2024). While we illustrated in earlier chapters that there is tremendous variation in physical disorder measures on the Baltimore streets we study, it is still the case that streets with little or no crime often evidence some level of disorder. Were we to examine cities where there was no physical disorder whatsoever on many streets, it may be the case that findings would have differed in specific ways. In turn, Taylor and Shumaker (1990) suggested in a study conducted in Baltimore that residents of disorderly communities may over time become accustomed to and less bothered by disorder – much like how individuals in areas with frequent natural disasters are less worried about them than residents of areas where they are rare. As such, replications in other cities with varying baseline

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levels of disorder and crime are important to carry out to fully understand the relationships we have examined in our work.

It is also the case that a single study in a single city is, in some sense a "case study" and as such caution has to be used in inferring the findings across the broad array of cities that could be studied. Ours is not a sample of cities, but rather a sample of streets within a single city. By necessity, we were constrained to examine a single city in detail to gain the robust set of data on streets that we sought to identify. And our study, as we have noted, is unique in gaining a wide array of data on the social structure and social context of crime hot spots, as well as data reflecting crime opportunities and other descriptive characteristics of the streets we studied. We hope that other researchers will collect similar data in other cities (see White and Weisburd, 2023) so that we can gain a portrait of crime hot spots more broadly across the American and international landscape.

We also think it is important to emphasize that our study is a study of residential streets, or streets with both residential and commercial addresses. This is, in some sense essential to our approach, since fully commercial streets do not have informal social controls, at least in terms of residential populations. Our interest in this book has been upon social structure, informal social control, and health on hot spot streets and their relationship to crime problems. By necessity we examine only streets with residential populations. But this means that our examination of crime and other outcomes is not necessarily relevant to other types of streets in a city, for example, streets with only commercial facilities and addresses.

As we noted in Chapter 4, all measurement of crime using official data is biased in one way or another (e.g., see Klinger and Bridges, 1997; Sherman et al., 1989). We intentionally used CFS in our definition of hot spots and non–hot spots because they provide the broadest measure of crime and disorder in a city. By including both citizen-initiated crime calls and crime incidents as outcomes in Chapter 4, we examined both citizen views of crime in Baltimore, as well as crimes that are "founded" by the police. The main results of analyses of these two crime measures were similar, especially regarding the key importance of informal social control in the production of the crime problem. However, we recognize that our data do not necessarily represent the true levels of crime at these places. We suspect that very high-crime streets using these data would also be very high-crime streets if we could conduct a victimization survey on these streets. But absent such a survey, which has yet to be attempted in any city we know of, citizen-initiated crime calls and crime incidents remain the main ways in which we identify crime problems at the street-segment level. We encourage researchers and funding agencies to consider alternative data collection on crime, such as victimization surveys, in the future.

Finally, we want to note more general limitations for drawing causal inferences using observational methods. In Chapters 4–7, we developed models to explain or predict crime, informal social control, property victimization

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risk at households, and individual health risks. In Chapters 4 and 5, when we examined crime and informal social control, our rich set of longitudinal data allowed us to look at how a large number of wave 1 characteristics impacted wave 3 outcomes. We included in these models, a measure of the outcome variable at wave 1 (e.g., wave 1 citizen-initiated calls or crime incidents), which increased our ability to make valid inferences about change in wave 3, but as we noted, this approach reduced the variability that we could explain in these models. While we think these models are strong ones for making inferences, we recognize, for example, that feedback loops continue to be important over time in our study, and our approach provides an assessment of average change over time but does not allow us to examine those feedback loops directly. Because of the rich array of data we collected, we think our use of PSM in Chapter 7 also provides a strong ability to make causal inferences. However, we recognize as well that these approaches are not perfect (Caliendo and Kopeinig, 2008), and absent a randomized trial, it is impossible to make causal assumptions without some degree of caution. We are less confident in the cross-sectional approach we used in Chapter 6, and we think that caution should be particularly emphasized regarding any causal conclusions of that chapter. However, even here we were able to replicate the results across three waves of data, and the findings are overall consistent.

8.4 CONCLUSIONS

Our work brings social structure and social context to the study of the criminology of place. This is important not only because it makes us see the world of crime hot spots in a broader and more holistic framework, but also because by doing so we can increase the effectiveness of crime prevention, as well as improve the overall lives of people that live in these disadvantaged places. At the center of the contributions in this book is the importance of informal social control. Informal social control is a key part of the mechanisms through which crime occurs, as well as the strategies that can be used to prevent crime and related problems. It is time for criminologists to recognize that the law of crime concentration not only provides opportunities for concentrating policing efforts, but also for concentrating social interventions that will enhance informal social control and respond to the broad array of disadvantages at these places. Our work confirms that the social structure and social context of hot spots matter both for our understanding of the crime problem and our efforts to do something about the crime problem.

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