

PERCEIVED FREQUENCY OF DOMESTIC VIOLENCE AGAINST WOMEN AND NEIGHBOURHOOD SOCIAL DISORDER^{1,2}

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Summary.—Regression analyses from a nationally representative sample of 10,235 adult Spaniards, provided in 1995 from the Spanish Demands of Security and Victimization Survey, showed a small and positive relationship between high neighbourhood social disorder and perceived frequency of domestic violence against women in Spanish families, after controlling for sociodemographic variables and size of city. Among sociodemographic variables, sex had the strongest association with neighbourhood social disorder, being more than twice as large as neighbourhood social disorder.

The perception that domestic violence against women is frequent in society is important in mobilizing public and institutional responses to address this problem. As Klein, Campbell, Soler, and Ghez (1997) put it “public recognition of the pervasiveness of domestic abuse reflects the level of violence that people acknowledge in their own lives” (p. 21). Although many factors may influence public perceptions of the pervasiveness of this violence (revindictive social movements, media attention, public education campaigns, new legislation and policies, law enforcement, etc.), the potential influence of contextual factors in the community and neighbourhood on the perceived frequency of domestic violence have received too little research attention.

Family violence has been linked to qualities of the community in which the perceiver resides (Gracia, 2004; Kruttschnitt, McLaughlin, & Petrie, 2004). According to a social impoverishment hypothesis, economic and social problems tend to be compounded and intensified, and higher rates of violence can be expected in deprived communities (Garbarino & Sherman, 1980). Consequently, perceptions of the frequency of domestic violence against women can be higher in socially impoverished communities with higher incidence of social problems, domestic violence included. As survey data suggest, personal exposure to family violence in the community seems to increase the salience of the problem (Klein, *et al.*, 1997).

Related to the idea of social impoverishment is the concept of neighbourhood social disorder (Ross & Jang, 2000). Social disorder refers to the breakdown of social control (Taylor & Schumaker, 1990; Ross & Jang,

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2000), and among its visible signs are the presence of people taking drugs on the streets, drug-dealing, and crime or other activities (both criminal and noncriminal) that create a sense of danger. Violence and other deviant behavior are more common in neighbourhoods with high social disorder, and residents tend to be more victimized, concerned, and fearful (Rohe & Burby, 1988; LaGrange, Ferraro, & Supancic, 1991). Conversely, those better off, living in more affluent or secure residential areas low in social disorder, will probably have a lower exposure to violence and other deviant behaviors in their neighbourhoods. Drawing from these ideas, this paper gives an analysis of the relationships of neighbourhood social disorder with the perceived frequency of domestic violence against women. We hypothesized that neighbourhood social disorder would be positively associated with perceived frequency of domestic violence against women.

METHOD

Participants

A representative random sample of 14,994 Spaniards 18 yr. old and over was drawn from the Spanish adult population through multistage stratified random sampling. Sampling error was $\pm 3.4\%$ for a 95% CI (two sigmas); see the Spanish Demands of Security and Victimization Survey (Centro de Investigaciones Sociológicas, 1995) for a more detailed description.

Measures

All variables were scored so that a high score represented higher value of the construct. Neighbourhood social disorder was operationalized by responses to the following questions: "In your opinion what is the frequency, a lot, often, little, and practically never, of the following situations in your neighbourhood: (a) Prostitution, (b) Overt behaviour of racism and xenophobia, (c) Children being exploited for mendicancy, and (d) Scandals and fighting in the streets." Replies were coded using anchors of 1: almost never and 4: a lot. The variable of neighbourhood social disorder was computed by adding these four participants' responses (minimum = 4; maximum = 16). Cronbach alpha was reported as .72.

Perceived frequency of domestic violence against women was measured on the question "As far as you know, what is the frequency of domestic violence against women within Spanish families?" Possible replies and anchors were 1: Very frequent, 2: Frequent, 3: Somewhat frequent, and 4: Not frequent.

We controlled for individual and community variables. For the individual sex was coded (1) male and (2) female; age of respondents was coded (1) to (6) if they belonged to any of the following six groups: (1) 18–24 years, (2) 25–34 years, (3) 35–44 years, (4) 45–54 years, (5) 55–64 years, (6) 65

years and over. Education was measured on a 10-point scale of 1: no formal education and 10: university studies. Also, based on the Spanish National Classification of Occupations used by the Spanish National Institute of Statistics, participants were classified into five socioeconomic groups as 1: low socioeconomic status and 5: high socioeconomic status. For the community, size of the city was computed using 1: 50,000–100,000 and 4: more than 1 million inhabitants. A total of 10,235 participants provided complete data in all of the variables so their responses were analyzed here.

We used traditional regression models that incorporate covariates from different levels instead of hierarchical modelling because the sample was designed to produce national estimates, and there were too few cases within most tracts (level 1) to produce reliable tract-level estimates (see Wiersema, 1999). To adjust for design effects we used survey weights. This strategy takes into account sample design and helps to ensure that standard errors are not underestimated, which would make significance easier and therefore bias the results (see Standing, Sproule, & Khouzam, 1991; Schreiber & Griffin, 2004).

In the last model here, we estimated the effect of neighbourhood social disorder on perceived frequency of domestic violence against women with adjustment for the individual (sex, age, education, and socioeconomic status) and for community (size of city) variables. At the first step, for the individuals sociodemographic variables were entered into the analysis. At the second step, for the community size of city was entered. Finally, neighbourhood social disorder was entered at the third step.

RESULTS

In Table 1 is a summary of the regression analyses. Three models were examined, and all showed a significant effect in explaining perceived frequency of domestic violence against women, as seen by the change in R^2 associated probability for each model. The first model estimated the influence of variables for individuals on perceived frequency. All variables showed a significant but very small effect on perceived frequency: females, younger participants, low education, and low socioeconomic status were associated with the perception of a higher frequency. When the community variable of size of city was included in the model, a negative association with the perceived frequency was found, and all of the individuals' variables retained their significant associations. In the third model, we included neighbourhood social disorder as a predictor. Neighbourhood social disorder was positively associated with perceived frequency, and its inclusion removed the previous association of age with perceived frequency. All the remaining effects for both individuals and community remained mostly invariant.

TABLE 1
 PREDICTION OF PERCEIVED FREQUENCY OF DOMESTIC VIOLENCE AGAINST WOMEN
 BY SOCIOECONOMIC VARIABLES, SIZE OF CITY, AND NEIGHBOURHOOD SOCIAL DISORDER

Predictor Variable	<i>M</i>	<i>SD</i>	Model 1		Model 2		Model 3	
			<i>B</i>	Beta	<i>B</i>	Beta	<i>B</i>	Beta
Sex ^a	1.52	.50	.224	.161‡	.225	.162‡	.227	.164‡
Age	3.39	1.70	-.001	-.031†	-.001	-.028*	-.001	-.016
Education	5.65	2.40	-.003	-.087‡	-.002	-.082‡	-.003	-.087‡
Socioeconomic status	2.29	1.37	-.001	-.029	-.001	-.026	-.001	-.027
Size of city	5.36	.90			-.004	-.046‡	-.004	-.052‡
Neighbourhood social disorder	13.98	2.14					.002	.072‡
Intercept				2.56		2.74		3.08
<i>F</i>				102.15		86.26		81.06
<i>df</i>				4,10230		5,10229		6,10228
<i>R</i> ²				.038		.040		.045
<i>R</i> ² _{chg}				.038‡		.002‡		.005†

Note.—Significance test is based on survey-weighted standard errors. ^a1 = male, 2 = female.
 †*p* < .01, ‡*p* < .0001, two-tailed test.

DISCUSSION

In Spain, domestic violence against women is perceived to be more frequent for females low in education and low in socioeconomic status, residents of small urban settings, and residents of neighbourhoods high in social disorder. Except for small urban settings, research has pointed out most of these variables as 'risk markers' (Hotelling & Sugarman, 1986), with people in these social groups having higher probability of being victims or perpetrators, but also of being more exposed to domestic violence against women in their social environment. In this study we have identified significant but very small association of these risk markers with perceived frequency of domestic violence.

Beyond these significant correlates, neighbourhood social disorder was also a significant predictor of perceived frequency of domestic violence against women, suggesting that perceiving low social disorder in the neighbourhood is associated with the perception that domestic violence is a less frequent and less widespread phenomenon. Although these results give some empirical support to our hypothesis, we should be cautious about making strong theoretical assumptions based on this analysis. First, both the overall *R*² and effect sizes were very small by Cohen's definition (1977), suggesting that other variables not measured in this study should be taken into account. For instance, specific psychosocial characteristics such as sense of community, family structure, or personal experience as a victim would allow us better to disentangle the association between neighbourhood social disorder and perceived frequency of domestic violence. Second, results are based on

variables measuring perceptions rather than actual experiences or neighbourhood rates of domestic violence which also limits the generalizability of results.

Despite these limitations, the high statistical power allows making precise estimates of the effect sizes (mainly for sex and neighbourhood social disorder) in the Spanish population. As for those effects, sex was over twice as large as neighbourhood social disorder. Probably, this reflects that women are more aware and concerned about domestic violence against women than are men (as they probably are for many other important topics). However, the statistical controls in these analyses suggest that for two women with the same education, living in a city with a similar population and with the same socioeconomic status, the one perceiving higher social disorder in her neighbourhood would probably perceive more frequency of domestic violence against women within Spanish families.

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