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# Perceived Neighborhood Social Disorder and Attitudes Toward Reporting Domestic Violence Against Women

Enrique Gracia

*University of Valencia, Spain*

Juan Herrero

*University of Oviedo, Spain*

This study aims to explore the relationship between perceived neighborhood social disorder and attitudes toward reporting domestic violence against women. Data from a national representative sample ( $N = 14,994$ ) of Spaniards 18 years old and older were used. Multivariate logistic regression analysis showed that perceived neighborhood social disorder is negatively associated with attitudes toward reporting domestic violence against women. These results take into account the potential confounding effects of gender, age, socioeconomic status, perceived frequency of domestic violence against women, and size of city on reporting attitudes. Findings support the idea that to reduce and prevent domestic violence against women, it is also important to address those conditions leading to mistrust between people and diminished social control such as concentrated disadvantage and disorder.

**Keywords:** *domestic violence; social disorder; attitudes; social control; reporting*

Domestic violence against women (DVAW) is a social and public health problem as well as a human rights abuse with a high prevalence worldwide. The World Health Organization's (WHO, 2002) *World Report on Violence and Health* offers a summary of 48 population-based surveys from around the world in which 10% to 69% of women reported being physically

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assaulted by an intimate partner at some point in their lives. Results from prevalence surveys carried out in Western countries suggest that around one in four women suffers some form of violence at the hands of a male partner or ex-partner (American Medical Association, 1994; Bachman & Saltzman, 1992; Browne, 1993; Council of Europe, 2002; WHO, 2002). For example, an analysis of 10 prevalence studies of DVAW in European countries showed a high degree of consistency between the results, as all studies concluded that about 25% of women suffered domestic violence, and 6% to 10% of women suffered violence in a given year (Council of Europe, 2002). Prevalence data in Spain, where this study was conducted, are similar to other Western countries, with estimates ranging from 4.0% to 12.4% (Instituto de la Mujer, 2000, 2003; Medina-Ariza & Barberet, 2003). However, despite these shocking statistics, research worldwide indicates that many, perhaps most, instances of DVAW are never reported to legal authorities (American Psychological Association, 1996; Bachman & Saltzman, 1992; Heise, Ellsberg, & Gottemoeller, 1999; Straus & Gelles, 1986). For example, only between 3% and 8% of the total estimated cases of DVAW in Spain are reported to the authorities (Instituto de la Mujer, 2004).

Although research has paid some attention to the reasons that female victims of intimate partner violence do not report their victimization to authorities (Rhodes, 1998; Shrader & Sagot, 2000), almost no attention has been paid to factors influencing public attitudes toward reporting known cases of DVAW. DVAW in Western countries is increasingly considered as counternormative behavior but is not usually reported by those who are aware of incidents of DVAW. Silence remains a prevalent community response to DVAW, and not only do the victims contribute to this silence but also those who know about the violence and choose to be silent and passive (Jenkins, 1996). This is an important issue because public attitudes of indifference or passivity can help to maintain a climate of social tolerance (Biden, 1993). For example, in Europe, there are still widespread attitudes, such as victim blaming, that condone domestic violence against women, contributing to a climate of social acceptability (European Commission, 1999; Gracia & Herrero, 2006). This social tolerance not only reduces inhibitions for perpetrators but also probably makes it more difficult for women to make domestic violence visible, choosing not to report or abandon the relationship. Alternatively, a social climate of intolerance toward DVAW may act as an inhibiting force for perpetrators, reducing at the same time inhibitions toward reporting, for those in the community who may know who the perpetrators are as well as for the victims (Gracia, 2004). Positive attitudes toward reporting DVAW would help to strengthen a climate of social intolerance toward domestic violence, thus

increasing the social costs for perpetrators (e.g., the loss of respect from significant others and neighbors in the community, the threat of the violence being reported by someone other than the victim, the violence as a “private matter” becoming public), and might act as an important deterrent (Fagan, 1989; Gelles, 1983; Williams, 1992). This social climate of intolerance toward DVAW would also contribute to the social control of domestic violence.

Although personal and social norms—cost/benefit analysis of helping and nonhelping (Batson, 1998), stereotypes and prejudices toward women (Dobash & Dobash, 1997), victim blaming (Weiner, 1980), subculture of violence (Wolfgang & Ferracuti, 1982), privacy of the family and intimate relationships (Jenkins, 1996)—may affect attitudes toward reporting DVAW, community-related variables in which victims are embedded may also influence attitudes toward reporting DVAW. From an ecological framework of analysis, the links between community characteristics (poverty, social isolation, lack of social cohesion, social disorganization, community violence) and domestic violence, in particular child maltreatment, have long been pointed out (Coulton, Korbin, & Su, 1999; Garbarino & Sherman, 1980; Gelles, 1992; Gracia & Musitu, 2003; Korbin, 2003). However, the possible influence of these factors on public attitudes toward reporting domestic violence has been neglected in the literature. Our research interest draws from this ecological framework of analysis and from theoretical ideas and research on the link between community characteristics and violence, and the capacity of communities in preventing domestic violence (Sabol, Coulton, & Korbin, 2004).

## **Neighborhood Social Disorder and Attitudes Toward Reporting DVAW**

Concentrated disadvantage and disorder in neighborhoods has been linked to the lack of social control in the community (Perkins, Meeks, & Taylor, 1992; Ross & Jang, 2000; Sampson & Raudenbush, 1999; Taylor & Shumaker, 1990). Social disorder refers to people and can be exemplified by the presence of people taking drugs on the streets, drug dealing, fighting on street corners, prostitution, crime, or other activities (both criminal and noncriminal) that create a sense of danger and that are perceived by residents as signs of the breakdown of social control (Ross & Jang, 2000; Ross & Mirowsky, 2001; Skogan & Maxfield, 1981; Taylor & Shumaker, 1990; Wilson & Kelling, 1982). Social disorder also encompasses the physical environment and local demography (e.g., distribution of housing tenure and density). According to the broken window metaphor (Wilson & Kelling, 1982), disorder indicates to residents that their neighborhoods are dangerous places, making them afraid to take an active

role in promoting social order in their communities and leading them to withdraw from community life. For Sampson and colleagues (Sampson & Raudenbush, 1999; Sampson, Raudenbush, & Earls, 1997), the broken window metaphor is apt insofar as it asserts that disorder signals neighbors' unwillingness to intervene when a crime is being committed or to ask the police to respond. Furthermore, neighborhoods with a higher incidence of social problems can create a sense of danger and insecurity. In deprived neighborhoods, where social problems tend to be compounded and intensified, conditions not only deteriorate residents' lives but they also may increase the feeling of powerlessness about their communities (Ross, Mirowsky, & Pribesh, 2001). As Ross et al. (2001) found, perceived neighborhood disorder, common in disadvantaged neighborhoods, influences mistrust by increasing residents' perceptions of powerlessness. Therefore, the willingness to get involved in other residents' lives or to intervene in neighborhood problems may be affected by the levels of mistrust. Residents may also fear retaliation if they intervene in neighborhood problems (Bursik & Grasmick, 1993). This fear of reprisal may inhibit the residents' willingness to intervene, probably even more when it is a "private matter" or "family business" (Anderson, 1999). As research from the social disorganization theory suggests, crime and disorder lead to fear, which weakens neighborhood cohesion and facilitates more crime and disorder (Markowitz, Bellair, Liska, & Liu, 2001).

Neighborhood disadvantage and disorder, and associated feelings of mistrust and powerlessness, can also diminish the collective efficacy of residents in achieving neighborhood social control (Markowitz, 2003; Ross et al., 2001; Sampson & Raudenbush, 1999; Sampson et al., 1997). In their conceptualization of collective efficacy, Sampson and colleagues link residents' perceptions of their communities with their tendency to intervene in problems and supervise residents to maintain public order. These neighborhood conditions may negatively influence attitudes to intervene and, as a consequence, attitudes toward reporting crime. As Sampson and colleagues (Sampson & Raudenbush, 1999; Sampson et al., 1997) suggest, one is unlikely to take action in a neighborhood context where people mistrust one another, and where neighborhood residents share a sense of powerlessness, it is difficult to bring about collective action. From this perspective, attitudes toward reporting DVAW would also be affected by community-level factors such as neighborhood social disorder, diminished collective efficacy, and low social control in the community. As Block and Skogan (2002) noted, the few studies that exist suggest that, when a neighborhood enjoys greater collective efficacy, the violence-reduction benefits may accrue not only to those who are victimized on the street or in public places but also to those who are victimized behind close doors (see also

Browning, 2002). Reporting incidents of DVAW in the neighborhood is a way of exerting social control, but levels of social control are hypothesized to be lower among people who perceived their neighborhoods as characterized by social disorder resulting from a diminished sense of trust and collective efficacy.

This study is conducted in the context of the European culture, specifically in Spain, where research examining levels of neighborhood social disorder is virtually nonexistent. In our analysis of the potential links between perceived neighborhood social disorder and attitudes toward reporting DVAW, we therefore rely heavily on the existing research literature in the United States. Drawing from this research tradition, we expect, therefore, that perceived social disorder in the neighborhood will negatively influence residents' attitudes toward reporting DVAW to the police.

## Method

We used data from a national representative sample of 14,994 Spaniards 18 years old and older (Centro de Investigaciones Sociológicas, 1995). Multistage clustered sampling with selection of sampling primary units (provinces) and random proportional sampling of secondary units (census tracts) was used. Cities of smaller provinces were overrepresented in this study so that the number of interviews in these cities was enough to guarantee statistical inference. We applied regression weights to correct for the fact that most provinces had very similar sample sizes, no matter how large or small their population. These weights make an adjustment to ensure that each city is represented in proportion to its population size. Sampling of secondary units (census tracts) is randomly proportional to its population size. Data were collected through face-to-face home interviews after selecting individuals by quotas of sex and age.

Perceived neighborhood social disorder was operationalized upon responses to the following questions: In your opinion, what is the frequency of the following situations in your neighborhood? (a) prostitution, (b) overt behavior of racism and xenophobia, (c) children being exploited for mendicity, and (d) scandals and fighting in the streets. Replies were coded (1) *practically never*, (2) *a little*, (3) *often*, and (4) *a lot*. Variables selected to define perceived neighborhood social disorder (prostitution, child abuse and neglect, social problems, and delinquency) were based on criteria used by Spanish Local Government Departments to define "high risk neighborhoods" and "priority social action areas" (see Gracia, García, & Musitu, 1995, for a similar approach).

Overt behavior of racism and xenophobia was also included because in Spain, immigration is still a recent phenomenon, and ethnically defined residential areas are not common. Immigrants, especially those illegally residing in the country, tend to seek out housing in low-rent neighborhoods, which are often deprived residential areas. Native and immigrant populations tend to share these same residential areas, and conflict usually arises in the form of hostility and violence toward the minority group. According to research in Europe, reasons for this hostility among those more socially disadvantaged are competition with minorities for scarce resources, blaming the minorities for issues such as crime and job insecurity, feelings of personal insecurity, fear of crime, and distrust in others (European Commission, 1997; European Monitoring Centre on Racism and Xenophobia, 2005).

Exploratory factor analysis was used to ascertain if the four items clustered into a theoretically meaningful factor. A one-factor solution was obtained with all four loadings greater than .64. Explained variance for this factor was 48%. Factor scores were summed to create the variable perceived neighborhood social disorder (Cronbach's  $\alpha = .80$ ). Three groups were created through cluster analysis: low social disorder, medium social disorder, and high social disorder (see Table 1). To further test for the predictive validity of the variable perceived neighborhood social disorder, we conducted analyses of variance (ANOVAs) to test if participants perceiving different levels of neighborhood social disorder had been victims of any of the following misdemeanors and offenses in their neighborhood within the past year: theft of personal belongings in the street or at home and personal aggressions. Mean differences were statistically significant ( $F = 51.34, p < .001$ ) with participants perceiving high neighborhood social disorder also informing of more misdemeanors and offenses in their neighborhood within the past year, as compared with participants perceiving medium and low neighborhood social disorder ( $M_s, 0.15 > 0.11 > 0.05, p_s < .001$ ).

Attitudes toward reporting DVAW were measured by the following question: "Here, I would like to show you a list of situations that could occur at any time. I would like you to tell me whether or not you would report them to the police in case you had knowledge of them or you were present while they were occurring. While in your home, you hear that a neighbor is abusing his wife." Possible replies were (0) "No, I would not report it"; (1) "Yes, I would report it"; (2) "I don't know"; and (3) no response. We retained participants in the (0) and (1) categories.

To evaluate the influence of perceived neighborhood social disorder on attitudes toward reporting DVAW net of other possible confounding correlates, we controlled for sociodemographic variables (gender, age, socioeconomic

**Table 1**  
**Distribution of Participants on Variables of the Study**

Variable	<i>N</i>
Gender	
Female	7,315
Male	6,695
Age	
18 to 24 years	1,963
25 to 34 years	1,969
35 to 44 years	1,731
45 to 54 years	1,359
55 to 64 years	1,280
65 years and older	1,286
Educational level	
No formal education	3,220
Primary education	2,490
Secondary education	2,045
University education	1,563
Social class	
Low	4,479
Medium	3,069
High	1,770
Perceived frequency of DVAW	
Low	3,177
High	6,141
Size of city	
50,000 to 100,000	1,450
100,000 to 400,000	4,505
400,000 to 1 million	2,029
More than 1 million	1,334
Perceived neighborhood disorder	
Low	7,406
Medium	3,349
High	843

Note: DVAW = domestic violence against women.

status) and for other potentially relevant information also available in the survey (perceived frequency of DVAW in Spain, and size of city). Socio-demographic variables have been identified as relevant external correlates of bystander intervention (e.g., Borofsky, Stollak, & Messé, 1971; Eagly & Crowley, 1986). Hence, we expect that women, the younger, and the more educated will have more positive attitudes toward reporting DVAW.

Gender was coded (0) male and (1) female. Age of participants was coded 1 to 6 if they belonged to any of the following six groups: (1) 18 to 24 years old, (2) 25 to 34 years old, (3) 35 to 44 years old, (4) 45 to 54 years old, (5) 55 to 64 years old, and (6) 65 years old and older. Socioeconomic status was measured with a composite measure of educational level—from (1) no formal education to (4) university education—and social class, based on the Spanish National Classification of Occupations—(1) low, (2) middle, and (3) high. To combine these two measures, we used the one-factor solution factor score of education and social class (explained variance = 76%, factor loadings = .87). Size of the city was computed from (1) 50,000 to 100,000 to (4) more than 1 million inhabitants.

As for the distribution of sociodemographic data of this study, gender, age, and education were compared to Spanish Census Data (Instituto Nacional de Estadística, 2001). In Spain, males represent about 48.9% of the adult population 18 years and older (49% in our study), about 13% of adult Spaniards have university studies (10.5% in our study), and 40.2% of the Spanish population live in cities larger than 100,000 inhabitants (52.4% in our study). The larger proportion of inhabitants of larger cities in our study is explained by the fact that the sample covers the Spanish population living in cities larger than 50,000 inhabitants. Except for size of city, participants in this study were representative of the Spanish population.

We also specifically controlled for participants' perceived frequency of DVAW within Spanish families, as they may also help shape public attitudes toward reporting DVAW. The rationale for this is that people who perceive higher neighborhood social disorder may be more aware of the pervasiveness of DVAW. Also, perceived frequency of DVAW may be related to the outcome variable of this study (Herrero & Gracia, 2005). As Klein, Campbell, Soler, and Ghez (1997) have suggested, the belief that a problem is widespread and represents a threat for the community may be related to people's greater sense of responsibility, thus affecting attitudes to intervene. Controlling for the association between perceived neighborhood social disorder and perceived frequency of DVAW allows for exploring the specific relationship between perceived neighborhood social disorder and attitudes toward reporting DVAW. Perceived frequency of DVAW was measured by the following question: As far as you know, what is the frequency of DVAW within Spanish families? Replies were coded (0) low frequency or (1) high frequency. Sample distribution is presented in Table 1.

We used multivariate logistic regression to estimate the effects of perceived neighborhood social disorder on attitudes toward reporting DVAW. Categorical variables were modeled using dummy variables to estimate

“whether the effects of being in a certain category is [*sic*] statistically significantly different from being in the reference category” (Menard, 1995, p. 52). The highest value for each independent variable was used as the reference category: female, 65 years and older, city of more than 1 million inhabitants, high perceived frequency of DVAW in Spain, and high perceived neighborhood social disorder.

Because when sample sizes are large, the significance Wald test is sensitive to quite small deviations from the null hypothesis and can produce significant  $p$  values for otherwise small and unimportant effects, we also used the Bayesian Information Criterion (BIC) to analyze individual regression coefficients (Pamplona, 2000). BIC takes into account sample size and can be used to evaluate the difference in model information with and without the variable and coefficient in question. If  $BIC < 0$ , the data provide little support for including the variable in the model. For  $BIC > 0$ , there is evidence for the inclusion of the variable. Raftery (1995) specifies a rule of thumb to evaluate the “grades of the evidence” for the inclusion of a variable: BIC of 0 to 2 as *weak*, 2 to 6 as *positive*, 6 to 10 as *strong*, and greater than 10 as *very strong*. Here, we used both the significance test based on the  $z$  ratio (Wald test) as well as the BIC value to evaluate the strength of individual regression coefficients.

For assessing model fit, we estimated the model  $\chi^2$  and the Nagelkerke  $R^2$ . The model  $\chi^2$  is analogous to the multivariate  $F$  test for linear regression: If we reject the null hypothesis, we can conclude that information about the independent variables allows us to make better predictions than we could make without them. The Nagelkerke  $R^2$  adapts the Cox-Snell measure so that it varies from 0 to 1 and represents an attempt to provide a logistic analogy to  $R^2$  in ordinary least squares regression. Analyses were performed using the SPSS 11 software package.

## Results

In Table 2, we present the results from multivariate logistic regression analysis. Model  $\chi^2$  is highly significant ( $p < .001$ ), thus rejecting the null hypothesis that the independent variables do not significantly influence the dependent variable. The model  $R^2$  is .28. Age, socioeconomic status, size of city, perceived frequency of DVAW, and perceived neighborhood social disorder were significantly related to reporting attitudes toward DVAW ( $ps < .05$ ). According to the BIC values, age (BIC = 22.42), socioeconomic status (BIC = 79.49), size of city (BIC = 8.65), and perceived neighborhood social disorder (BIC = 27.79) are among the most important predictors of attitudes toward DVAW.

**Table 2**  
**Multivariate Logistic Regression Results for Attitudes Toward Reporting Cases of Domestic Violence Against Women**

Variable <sup>a</sup>	<i>B</i>	<i>SE</i>	Wald	<i>df</i>	Sig.	Exp( <i>B</i> ) <sup>b</sup>	BIC <sup>c</sup>
Gender							
Male	-.016	.047	0.11	1	0.732	0.98	-9.43
Female	—	—	—	—	—	—	—
Age			31.97	5	0.000	22.42	
18 to 24 years	0.061	0.081	0.55		0.455	1.06	-9.09
25 to 34 years	0.253	0.081	9.68	1	0.002	1.28	0.14
35 to 44 years	0.343	0.082	17.50	1	0.000	1.41	7.96
45 to 54 years	0.321	0.083	14.83	1	0.000	1.37	5.28
55 to 4 years	0.271	0.082	10.93	1	0.001	1.31	1.38
65 years and older	—	—	—	—	—	—	—
Socioeconomic status	0.213	0.023	89.04	1	0.000	1.23	79.49
Size of city			18.20	3	0.000		8.65
50,000 to 100,000	-0.287	0.073	15.41	1	0.000	0.75	5.86
100,000 to 400,000	-0.137	0.056	5.96	1	0.015	0.81	-3.58
400,000 to 1 million	-0.193	0.069	7.86	1	0.005	0.82	-1.68
More than 1 million	—	—	—	—	—	—	—
Perceived frequency of DVAW							
Low	-0.136	0.050	7.84	1	0.006	0.87	-1.70
High	—	—	—	—	—	—	—
Perceived neighborhood social disorder			37.34	2	0.000		27.79
Low	0.466	0.076	37.25	1	0.000	1.59	27.70
Medium	0.308	0.067	21.06	1	0.000	1.36	11.51
High	—	—	—	—	—	—	—

Note: Model  $\chi^2(13) = 2,189, p < .001$ ; Nagelkerke  $R^2 = .28$ . 0 = I would not report; 1 = I would report. DVAW = domestic violence against women.

a. Comparisons are made among categories of each independent variable and its reference category: female, 65 years old and older, city of more than 1 million inhabitants, high perceived frequency of DVAW in Spain, and high perceived neighborhood social disorder.

b. Exp(*B*) is the odds ratio. Significant values greater than 1 indicate a positive attitude toward reporting DVAW.

c. Bayesian Information Criterion (BIC) = (*B/SE*)<sup>2</sup> - ln *N*.

As for the individual effects, males would not report more than females (BIC = -9.43). For age, its effect on reporting attitudes toward DVAW suggests an inverted U-shaped curve, being lower at the extremes and reaching a peak for the 35- to 44-year-old group. Although the odds of the two extreme age groups (18 to 24 years and older than 64 years) are not different (BIC = -9.09), groups in the middle showed greater odds of a positive attitude toward

reporting DVAW. The greater difference was found for those in the 35- to 44-year-old group, who had 41% greater odds (see column  $\text{Exp}(B)$  of Table 2) of having a positive attitude toward reporting than the older group. This percentage diminishes as we move from the groups in the middle to the extremes: about 28% for the 25- to 34-year-old group and 37% and 31% for the groups of 45 to 54 and 55 to 64, respectively.

Socioeconomic status shows a significant association with attitudes toward reporting DVAW ( $\text{BIC} = 79.49$ ). A one-unit increase in socioeconomic status is associated with a 23% increased odds of having a positive attitude toward reporting. The next significant correlate in Table 2 is size of city ( $\text{BIC} = 8.65$ ), with inhabitants of smaller cities having lower odds of having a positive attitude toward reporting DVAW when compared with inhabitants of cities of more than 1 million people.

As for perceived frequency of DVAW, for each 100 individuals who perceived a high frequency of DVAW among families in Spain who would report DVAW, only 87 would report if they perceive a low frequency of DVAW, although this association seemed to be inflated due to the large sample size ( $\text{BIC} = -1.70$ ).

Finally, and most important, perceived neighborhood social disorder is a significant predictor of attitudes toward reporting DVAW ( $\text{BIC} = 27.79$ ). The odds of having a positive attitude toward reporting DVAW were 59% and 36% greater among those perceiving low and medium neighborhood social disorder, respectively, as they were for those perceiving high neighborhood social disorder. BIC values indicate that once sample size is taken into account, there is very strong evidence for these associations ( $\text{BICs} > 11.51$ ).

## Discussion

Our results showed that participants perceiving low or moderate neighborhood social disorder showed a positive attitude toward reporting DVAW as compared with participants perceiving high neighborhood social disorder, once other significant correlates are taken into account (age, socioeconomic status, and size of city). These results support the idea that perceived neighborhood social disorder is negatively associated with residents' attitudes toward reporting DVAW, probably as a result of a diminished sense of trust and collective efficacy. Sampson and colleagues (1997) suggested that concentrated disadvantage and disorder leads to mistrust between people and reduced social control. This study has observed, in line with these ideas, that perceived neighborhood social disorder may reduce the willingness of residents

to exert social control in cases of DVAW. In this respect, our study also illustrates the value of extending research on social disorganization and collective efficacy to the field of domestic violence (Browning, 2002).

Negative attitudes toward reporting DVAW can help to strengthen a climate of tolerance and, as our data suggest, these negative attitudes appear to be reinforced in participants who perceived high social neighborhood disorder. This is not only important in terms of the informal social control of DVAW but is also important for the victims because, as Browning (2002) noted, the social environment may be perceived by women as more or less supportive or effective in managing partner violence. A climate of tolerance of DVAW would make it easier for perpetrators to persist in their violent behavior and makes it more difficult for women to disclose domestic violence (Gracia, 2004). In terms of DVAW, there is a need for a social environment characterized by low tolerance and an increased sense of social and personal responsibility toward DVAW (Gracia & Herrero, 2006). This, in turn, would contribute to a social environment more effective in terms of social control of DVAW (Sabol et al., 2004).

In the European Union, as in other Western countries, many advances (legal and criminal justice reforms, law enforcement changes, prevention and treatment programs, educational campaigns, and social advocacy groups) have been made in the past decades aiming to reduce DVAW and to change public attitudes that nurture this violence. In Spain, although DVAW has only recently reached centrality in the political and social agenda (Medina-Ariza & Barberet, 2003), a new series of laws to combat violence against women have been introduced in the past years with a particular emphasis on prevention and public education. In this context, new initiatives to improve training for doctors, psychologists, and judges and to fund new shelters have been put in place (Loewenberg, 2005). Despite these initiatives, the current rates of female victims of domestic violence in our societies are still disturbingly high. Public awareness and education campaigns aiming to lower social tolerance and to increase the sense of social and personal responsibility toward DVAW are needed but, as our data suggest, in order to reduce and prevent DVAW, it is also important to address those conditions leading to mistrust between people and diminished social control such as concentrated disadvantage and disorder.

## Limitations of the Study

The study has some limitations. First, the study relies on individuals' perceptions (perceived neighborhood social disorder) that may not match the

realities of the ecological context in which participants live. However, in our study, perceived neighborhood social disorder was positively associated with the number of offenses experienced in the neighborhood during the past year (see Method section), suggesting that those perceiving high social disorder were actually living in more socially disordered neighborhoods. Despite these associations, we cannot extend our findings to a contextual argument because information concerning the neighborhoods was absent from the survey. In this respect, it is also important to note the problem of selection bias. It is possible that the “perceived neighborhood social disorder” coefficient represents both contextual and selection effects (i.e., the tendency of persons who are less likely to report domestic violence to move into disordered neighborhoods), which cannot be accounted for with our data set. Further research taking into account neighborhood-level characteristics would help to better understand the processes outlined in this study. Second, because participants’ responses are based on an in-home interview, the tendency to offer socially approved responses and the role of gender differences and compatibilities between the interviewer and participant may partially bias participants’ responses. Third, the survey does not provide information about real cases of witnessing DVAW and the subsequent response of the witness (reporting or inhibition). Although our results indicate that perceiving neighborhood social disorder is negatively associated with a positive attitude toward reporting, further research should be directed to better explore whether these attitudes translate into real inhibition toward reporting. Fourth, other possible predictors of attitudes toward reporting DVAW such as attitudes toward family privacy, victim blaming, attitudes that condone and legitimize men’s violence, trust in the authorities’ effectiveness, the support available to victims, or the effects of public educational policies also deserve attention and should be the focus of more research efforts. Despite these limitations, due to the lack of attention that research has paid to this important issue, we believe that this article should stimulate further research on the factors that may influence attitudes toward reporting DVAW.

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**Enrique Gracia**, PhD, is a professor of social psychology at the University of Valencia, Spain. Formerly, he has been a research fellow of the Department of Experimental Psychology at the University of Oxford, United Kingdom. He was commissioned by the Ministry of Social Affairs of Spain to elaborate materials and supervise a nationwide training program for Child Protection Services. He has published and conducted research on social visibility and unreported cases of domestic violence, public attitudes toward partner violence, social isolation and child maltreatment, cross-cultural comparisons, social support, and the determinants of social integration in the community.

**Juan Herrero**, PhD, is a professor of social psychology at the University of Oviedo, Spain. He also teaches online university studies at the Open University of Catalonia, Spain ([www.uoc.edu](http://www.uoc.edu)). He has conducted research in community psychology and his interests focus on community processes linked to psychological well-being. He has been collaborating regularly with Professor Gracia, with whom he has published in the past few years on public attitudes toward domestic violence, social support processes, and community integration.