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## Perceived neighborhood social disorder and residents' attitudes toward reporting child physical abuse

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### Abstract

**Objective:** This study aimed to explore the relationship between perceived neighborhood social disorder and attitudes toward reporting child physical abuse.

**Method:** Data from a national probabilistic sample ( $N=9,759$ ) were used. Responses about the perception of neighborhood social disorder, perceived frequency of child physical abuse in Spanish families, and willingness to report a case of child physical abuse to the police were collected through face-to-face interviews in respondents' homes.

**Results:** Multivariate logistic regression analysis showed that perceived neighborhood social disorder was negatively related to residents' attitudes toward reporting child physical abuse. These results take into account the potential confounding effects of gender, age, socio-economic status, educational level, size of city, and perceived frequency of child physical abuse on reporting attitudes.

**Conclusion:** Results illustrate the important role that community characteristics may play in processes relevant to the prevention of child maltreatment such as residents' attitudes towards reporting child physical abuse, and suggest that especially disadvantaged communities characterized by high levels of social disorder need to be specifically targeted if the aim is to increase the capacity to prevent child maltreatment in the community.

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## Introduction

The relationship between rates of child maltreatment and different neighborhood characteristics, such as social impoverishment, poverty, demographic composition, and deviant behavior, has been well established (e.g., Bouchard, 1987; Coulton, Korbin, & Su, 1999; Coulton, Korbin, Su, & Chow, 1995; Drake & Pandey, 1996; Garbarino & Sherman, 1980; Nelson & Baldwin, 2002; Vinson, Baldry, & Hargreaves, 1996; Zuravin, 1989). However, the way in which these neighborhood characteristics influence rates of child maltreatment still remains a matter not fully understood that deserves further research attention (Coulton et al., 1999; Gracia & Musitu, 2003; Korbin, 2003).

Coulton et al. (1999) proposed that diminished social control may be responsible for the relationship between neighborhood characteristics and child maltreatment. An argument in line with Sampson and co-workers, who suggested that a reason why some neighborhoods show low levels of violence is that residents are able to control behavior in their own neighborhoods (Sampson & Raudenbush, 1999; Sampson, Raudenbush, & Earls, 1997). Conversely, concentrated disadvantage and disorder in neighborhoods have been linked to the lack of social control in the community (Perkins, Meeks, & Taylor, 1992; Ross & Jang, 2000; Sampson & Raudenbush, 1999; Taylor & Shumaker, 1990). Neighborhoods where residents perceive high levels of social disorder create a sense of danger and insecurity, making residents afraid to take an active and prosocial role in their communities and therefore reducing levels of social control (Ross & Jang, 2000; Ross, Mirowsky, & Pribesh, 2001; Skogan & Maxfield, 1981; Taylor & Shumaker, 1990; Wilson & Kelling, 1982). Moreover, as Coulton et al. (1995) have suggested, in these neighborhoods those who can afford to leave, do, “taking with them resources, skills, and prosocial influences” (p. 1274). Thus, neighborhood social disorder might not only inhibit prosocial behavior among residents but also reduce social resources in the long term.

Perceived neighborhood disorder, common in disadvantaged neighborhoods, influences mistrust by increasing residents’ perceptions of powerlessness and fear of retaliation (Ross et al., 2001). Therefore, the willingness to get involved in other residents’ lives or to intervene in neighborhood problems may be affected, reducing residents’ likelihood of exerting social control in their neighborhoods (Bursik & Grasmick, 1993; Korbin & Coulton, 1996; Ross & Jang, 2000). As Coulton et al. (1995) noted, residents of high maltreatment neighborhoods report distrust among neighbors and are more reluctant to intervene. It is likely, therefore, that perceived neighborhood social disorder may negatively influence residents’ attitudes to intervene.

Available research has explored the relationship between neighborhood characteristics and rates of child maltreatment, and has suggested that diminished social control may help to understand this relationship. However, more research is needed on the mechanisms by which diminished social control influences child maltreatment rates. In this paper we take this research further by exploring the influence of perceived social disorder on residents’ attitudes toward reporting cases of child physical abuse. Reporting incidents of child maltreatment in the neighborhood is a way of exerting social control, but levels of social control are hypothesized to be lower among neighbors who perceived their neighborhoods as characterized by social disorder. We expect, therefore, that perceived social disorder in the neighborhood will negatively influence residents’ attitudes toward reporting child maltreatment. The present study aims to explore this potential pathway by analyzing the relationship between perceived neighborhood social disorder and residents’ attitudes toward reporting child physical abuse to the police in a Spanish national probabilistic sample.

In this paper, our approach to measure neighborhood social disorder is based on reports of residents, and hence refers to “perceived” and “reported” disorder by respondents (see Ross & Jang, 2000, for a similar approach). As Ross and Jang (2000) pointed out, although two people may describe the same neighborhood somewhat differently, both are describing an objective place. Also correlations between respondents’ reports of social disorder and independent assessments have been found to range from moderate to high (e.g., Perkins & Taylor, 1996). As Korbin and Coulton (1996) noted, this approach would also be in accordance to Bronfenbrenner’s (1979) expanded ecological perspective which also encompass neighborhood ecology as subjectively experienced.

In order to evaluate the influence of perceived neighborhood social disorder on attitudes toward reporting child physical abuse net of other possible confounding correlates (e.g., socio-demographic variables), we also specifically controlled for respondents’ perceived frequency of child physical abuse within Spanish families. The rationale for this is that people who perceive higher neighborhood social disorder may be more aware of the pervasiveness of child maltreatment. Also, perceived frequency of child physical abuse may be related to the outcome variable of this study. As Klein, Campbell, Soler, and Ghez (1997) have suggested, the belief that a problem is widespread and constitutes 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 child physical abuse allows us to explore the specific relationship between perceived neighborhood social disorder and attitudes toward reporting.

## Method

Data were drawn from a Spanish national probabilistic sample of 9,759 adults 18 years old and over; data were collected in 2004. Multistage clustered sampling with selection of sampling primary units (provinces) and random proportional sampling of secondary units (census tracks) was used. Cities of smaller provinces were over-represented 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 of its population size. Sampling of secondary units (census tracks) is randomly proportional of 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; (d) Scandals and fighting in the streets. Replies were coded (0) practically never or little, (1) often or a lot. Cronbach’s  $\alpha$  for this scale was .80. We created a summed up global score of perceived neighborhood social disorder. However, this variable showed a severe departure from normality (kurtosis = 7.1, skewness = 2.8) because most of respondents perceived almost none of the situations. This presented a limitation for multivariate analyses. To avoid this limitation, cluster analysis was used to create three meaningful groups of perceived neighborhood social disorder: low social disorder ( $N = 8,488$ ), medium social disorder ( $N = 1,057$ ), and high social disorder ( $N = 214$ ). Individuals in the low social disorder group perceived often or a lot 0–1 of these situations; individuals in the medium social disorder group perceived

often or a lot 2 of these situations; and finally, individuals in the high social disorder group perceived often or a lot 3–4 situations. Perceived frequency of child physical abuse within Spanish families was measured with the following question: “In your opinion, how frequent is child physical abuse within Spanish families?” Possible replies were: (1) non-frequent, (2) a little, (3) frequent, (4) very frequent. Attitudes toward reporting child physical abuse were measured by the following question: “You witness a father (or mother) physically abusing his or her own child. I would like you to tell me whether or not you would report it to the police in case you had knowledge of it or you were present while it is occurring.” Possible replies were: (0) no, I would not report it; (1) yes, I would report it; (2) I don’t know; (3) no response.

Gender was almost equally distributed (51% males). Age of respondents was measured in years ( $M=42.6$ ,  $SD=17.20$ ). Educational level was measured on a 11-point scale from (1) no formal education to (11) university education ( $M=5.7$ ,  $SD=2.34$ ). Based on the Spanish National Classification of Occupations, participants were classified into three groups: (1) low socio-economic status ( $N=1,380$ ); (2) middle socio-economic status ( $N=6,523$ ); and (3) high socio-economic status ( $N=1,859$ ). Size of the city ( $N=2.3$ ,  $SD=.90$ ) was computed from (1) 50,000–100,000 to (4) more than 1 million inhabitants.

We used multivariate binomial logistic regression to estimate the effects of perceived neighborhood social disorder on attitudes toward reporting child physical abuse (category responses: 0 = no I would not report it; 1 = yes, I would report it). Gender and perceived neighborhood social disorder were modeled as categorical variables in order to estimate “whether the effects of being in a certain category are statistically significantly different from being in the reference category” (Menard, 1995, p. 52). For assessing model fit, we estimated Model  $\chi^2$ . Analyses were performed using the SAS 9 software package.

## Results

Distribution of attitudes toward reporting child abuse responses in the sample was as follows: A total of 1,801 respondents (18%) answered that they would not report, 7,416 would report to the police (76%), and a remaining 542 respondents did not know ( $N=488$ , 5%) or did not answer ( $N=54$ , 1%).

Perceived frequency of child physical abuse was strongly associated with neighborhood social disorder [ $F(2, 9746)=35.52$ ,  $p<.001$ ] with a greater perception of child maltreatment in those respondents also perceiving higher neighborhood disorder—High (3.11) > Medium (2.84) > Low (2.75),  $ps<.001$ . In percentages, 81% of respondents perceiving high neighborhood social disorder also perceived that child physical abuse was frequent or very frequent in Spanish families. These percentages were lower for medium (69%) and low social disorder (64%) groups. Because of this, we estimated main effects as well as interaction effects of perceived frequency of child physical abuse and perceived neighborhood social disorder on willingness to report child physical abuse.

In Table 1, we present the results from the multivariate logistic regression analysis. Model  $\chi^2$  is highly significant [ $\chi^2(10)=5,866.10$ ,  $p<.001$ ]. Gender, perceived frequency of child physical abuse and perceived neighborhood social disorder were significantly related to attitudes toward reporting child physical abuse ( $ps<.05$ ). Males had 21% lower odds of being willing to report child physical abuse as compared to females [ $\exp(B)=0.79$ ,  $p<.001$ ]. None of the remaining socio-demographic variables was significantly associated with willingness to report.

Table 1  
Multivariate logistic regression results for attitudes toward reporting child physical abuse<sup>a,b</sup>

Variable <sup>c</sup>	<i>B</i>	<i>SE</i>	Sig.	exp( <i>B</i> ) <sup>d</sup>
Male <sup>c</sup>	-.24	.03	.000	0.79
Age	.00	.00	.912	0.99
Educational level	-.01	.01	.317	0.98
Socio-economic status	.00	.02	.960	1.00
Size of city	-.02	.03	.667	0.98
Perceived frequency of child physical abuse	.66	.10	.000	1.92
Neighborhood low social disorder <sup>c</sup>	.79	.20	.000	2.20
Neighborhood moderate social disorder <sup>c</sup>	.67	.29	.033	1.95
Perceived frequency of child physical abuse × Neighborhood low social disorder	-.38	.12	.002	0.68
Perceived frequency of physical child abuse × Neighborhood moderate social disorder	-.51	.17	.003	0.60

<sup>a</sup> Model  $\chi^2(10) = 5,866.10, p < .001$ .

<sup>b</sup> 0: I would not report; 1: I would report.

<sup>c</sup> Comparisons are made among categories of each independent variable and its reference category, which are omitted: female and high perceived neighborhood social disorder.

<sup>d</sup> exp(*B*) is the odds ratio. Significant values greater than 1 indicate a positive attitude toward reporting child physical abuse.

We found main effects as well as a significant interaction of perceived neighborhood disorder and perceived frequency of child physical abuse on attitudes toward reporting. Main effects indicated that perceived frequency of child physical abuse was strongly associated with willingness to report. A unit increase in perceived frequency produced a 92% increase in the odds of willingness to report [exp(*B*) = 1.92,  $p < .001$ ]. Main effects of perceived neighborhood social disorder indicated that respondents who perceived low [exp(*B*) = 2.20,  $p < .001$ ], and medium [exp(*B*) = 1.95,  $p < .05$ ] neighborhood social disorder had about a two times greater odds of being willing to report as compared to respondents perceiving high neighborhood social disorder. The interaction term indicated that the effect of perceived frequency on willingness to report was weaker at lower levels of disorder (see Figure 1). As shown in Figure 1, respondents perceiving higher levels of neighborhood social disorder showed a lower probability of having a positive attitude toward reporting when compared to those respondents perceiving moderate and low levels. Also, the probability of having a positive attitude toward reporting is greater at higher levels of perceived frequency. But this effect varies across levels of perceived neighborhood social disorder: the lowest probability corresponds to respondents perceiving high neighborhood social disorder and low frequency of child physical abuse.

## Discussion

Results confirmed that perceived neighborhood social disorder is negatively associated with residents' attitudes toward reporting child physical abuse. This relationship held after controlling for the effects of socio-demographic variables and perceived frequency of child physical abuse. Specifically, the odds of being willing to report child physical abuse were approximately two times greater for people perceiving

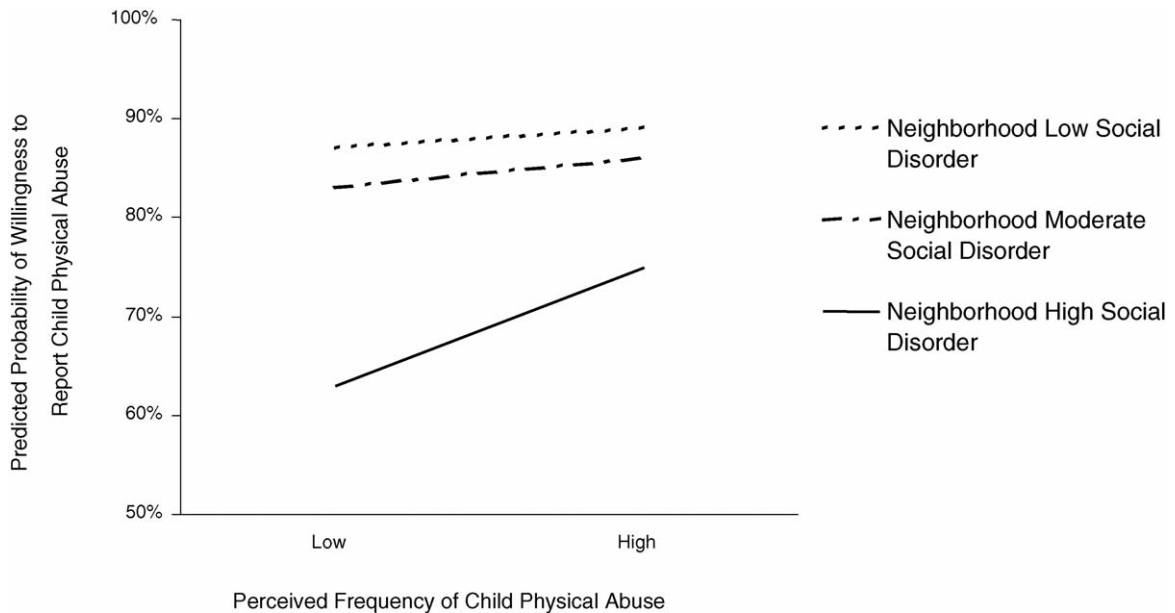


Figure 1. Probability of a positive attitude toward reporting child physical abuse: graphical representation of main and interaction effects of perceived frequency of child physical abuse and perceived neighborhood social disorder.

low or medium neighborhood social disorder as they were for people perceiving high neighborhood social disorder.

Our findings suggest that public recognition of the occurrence of child maltreatment in society is related to positive attitudes toward reporting, although higher levels of perceived social disorder in the neighborhood diminishes significantly residents' willingness to report incidents of child physical abuse. The fact that perceived neighborhood social disorder is negatively related to a resident's willingness to report incidents of child physical abuse illustrates the importance of social control in monitoring and challenging the behavior of other residents concerning the well-being of their children (see [Coulton et al., 1999](#), for a review), and extends the empirical evidence to other cultural contexts beyond the United States, where most of the previous studies have been conducted. Because neighborhoods with high levels of social disorder tend to have higher rates of child maltreatment, a negative cycle may be occurring in which higher rates of child maltreatment are reinforced by lower levels of social control, strengthening a climate of social silence, tolerance and inhibition ([Gracia, 1995, 2004](#)). If, as [Sampson and co-workers \(1997\)](#) have suggested, social disorder in neighborhoods promotes feelings of mistrust and powerlessness, reducing the willingness of residents to exercise informal social control in their communities and to intervene in community problems such as child maltreatment, the need becomes more apparent to target these especially disadvantaged communities if the aim is to increase the capacity of preventing child maltreatment in the community. Here there is a challenge because if residents of deprived communities mistrust each other, fear retaliation, and feel powerless, why should they respond to public education messages to increase personal and social responsibility for the well being of children in the community? But even if residents feel responsible for the well-being of children of others in their community, fear and mistrust in high-risk neighborhoods may inhibit their willingness to intervene on behalf of the children. According

to Sampson and co-workers' thesis (1997), safer neighborhoods for children need greater collective efficacy through mutual trust among neighbors and the willingness to intervene for the common good, points that become targets for social intervention in disadvantaged neighborhoods (Korbin & Coulton, 1996).

The present study offers a different, and we hope complementary, approach to the research tradition that has analyzed the relationship of neighborhood context with child maltreatment. Naturally, this approach brings both strengths and limitations to this paper. The use of a national representative sample of Spanish adult population and the multivariate controls performed in the analyses are among the strengths of the study. As for the limitations, attitudes toward reporting may be affected by personal characteristics and other potential correlates not measured in the survey, and further research should probably test for these potential associations. Another limitation is that data refer to attitudes toward reporting child physical abuse and not to other types of child maltreatment. Future research would benefit from exploring attitudes towards reporting other types of child maltreatment (i.e., neglect, psychological maltreatment, sexual abuse). Also the survey did not take into account other authorities or institutions to who abuse could be reported in Spain such as social services. Finally, most of the measures used come from the same source, and shared method variance may be a possible explanation of the associations found in this study. However, we believe that shared method variance is not fully explaining the associations found in the study. First, measures such as age, gender, and educational level are presumably free of response bias (maybe with the exception of age among certain respondents). Second, size of city is independently measured by the survey. Third, although neighborhood social disorder is measured at the individual level (i.e., based on residents' perceptions), it may also reflect objective neighborhood characteristics (Perkins & Taylor, 1996).

Also, standard errors may be under estimated because respondents within neighborhoods may be more alike than respondents between neighborhoods. Unfortunately, the survey does not provide information about the neighborhoods in which respondents lived, precluding the use of multilevel analysis with individuals nested within neighborhoods. Also, the use of clusters (census tracts) as a different level of analysis would add another source of limitation to the study. As Coulton et al. (1995) have pointed out, "census tracts do not represent the neighborhood as it would be defined by residents and may be more heterogeneous than would be true of the residents' perceived neighborhood" (p. 1265). In Spanish cities, where the study is located, census tracts often partly cover types of very different neighborhoods thus making it pointless to use census track as a proxy of neighborhood. Instead, we applied regression weights for a more meaningful calculation of the standard errors and the statistical significance of the parameters of the study. We are aware that the study design does not allow us to disentangle fully the mechanisms by which perceived neighborhood social disorder affects attitudes toward reporting child maltreatment. Nonetheless, due to the lack of research attention paid to the influence of contextual factors on public attitudes and behavior concerning the well-being and safety of children, we believe that this paper should stimulate further research on these issues.

This study has showed how levels of perceived neighborhood social disorder may influence residents' attitudes towards reporting child physical abuse, and illustrates the important role that community characteristics may play in processes relevant to the prevention of child maltreatment such as the willingness of residents to exercise informal social control in their communities. If negative attitudes towards reporting child maltreatment appear to be reinforced in communities with high levels of social disorder, it becomes apparent the need to target disadvantage and disorder in communities to increase their capacity to prevent child maltreatment.

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## Résumé

**Objectif :** Cette étude vise à explorer la relation entre la perturbation sociale perçue par le voisinage et les points de vue sur le signalement de maltraitance infantile.

**Méthode :** Des données provenant d'un échantillon probabiliste national ( $N=9,759$ ) ont été utilisées. Les réponses sur la perception du voisinage à un trouble social, la perception de la fréquence de la maltraitance physique infantile dans les familles espagnoles, et la volonté de signaler un tel cas à la police, ont été réunis dans des interrogatoires personnels au domicile des personnes interrogées.

**Résultats :** Une analyse par régression logistique multivariée a montré que le trouble social perçu par le voisinage était en relation négative avec les points de vue des résidents à l'égard du signalement de maltraitance physique infantile. Ces résultats prennent en compte les effets potentiels mélangeant sexe, âge, statut socio-économique, niveau éducatif, taille de la ville, et fréquence perçue de maltraitance physique infantile sur les comportements vis à vis du signalement.

**Conclusion :** Ces résultats illustrent le rôle important joué par les caractéristiques communautaires dans les processus de prévention de la maltraitance infantile tels que les points de vue des résidents sur le signalement d'une agression physique d'un enfant, et suggèrent que les communautés désavantagées caractérisées par de hauts niveaux de troubles sociaux devraient être particulièrement ciblées, si on souhaite accroître la capacité de prévenir la maltraitance infantile dans cette communauté.

## Resumen

**Objetivo:** Explorar la relación entre alteración social percibida en el barrio y las actitudes hacia la notificación del maltrato físico infantil.

**Método:** Se utilizaron datos de una muestra nacional probabilística ( $N=9,759$ ). Las respuestas sobre la percepción de trastorno social en el barrio, la frecuencia percibida de maltrato físico infantil en las familias españolas y la disponibilidad para notificar un caso de maltrato físico infantil a la policía fueron recopiladas a través de entrevistas cara a cara realizadas en los domicilios.

**Resultados:** Los análisis de regresión logística mostraron que la percepción del trastorno social estaba negativamente relacionada con las actitudes de los residentes hacia la notificación del maltrato físico infantil. Estos resultados tienen en cuenta los potenciales efectos extraños del género, la edad, el nivel socioeconómico, el nivel educativo, el tamaño de la ciudad y la frecuencia percibida del maltrato físico infantil en las actitudes hacia la notificación.

**Conclusiones:** Los resultados ilustran el importante papel que las características de la comunidad pueden jugar en procesos relevantes para la prevención del maltrato infantil, tales como las actitudes de los residentes hacia la notificación del maltrato infantil y sugieren que las comunidades especialmente desfavorecidas caracterizadas por altos niveles de trastornos sociales necesitan ser especialmente tratadas si el objetivo es aumentar la capacidad para prevenir el maltrato infantil.