



"Respecting Accuracy in Domestic Abuse Reporting"

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Julie L. Gerberding, MD, MPH, Director
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, GA 30333

RE: BRFSS Inflates and Distorts the True Incidence of Intimate Partner Violence

Dear Dr. Gerberding:

We are writing to express our deep concerns regarding the systematic bias in the measurement of intimate partner violence (IPV) in the Behavioral Risk Factor Surveillance Survey (BRFSS).

Importance of Valid Measures of Intimate Partner Violence

It is well-known that the assessment of IPV is strongly influenced by the wording of questions and survey demand characteristics. Fortunately, there is one instrument that minimizes these biases and has been proven to have high levels of reliability and validity – the revised Conflict Tactics Scale (CTS).¹ Another advantage of the CTS is that it closely approximates the legal definition of assault.

The CTS has now been used in close to 200 scholarly investigations.² Recent studies by CDC researchers, for example, have found:

- The 2003 Youth Risk Behavior Survey found that 8.9 % of boys and 8.8% of girls have been subjected to dating violence in the past year.³
- Daniel Whitaker and colleagues reported that in the 18-28 year-old group, half of all partner violence is reciprocal and 71% of the instigators of nonreciprocal partner violence are female.⁴

It should be noted that these studies consistently assess intimate partner aggression occurring *within the last 12 months*. When longer time periods are used, the results are subject to recall biases and therefore become unreliable.

How the BRFSS Inflates and Distorts the True Incidence of Partner Violence

The Behavioral Risk Factor Surveillance System has been used to assess partner violence in selected states for over a decade. According to a report in the *MMWR*, the BRFSS measures

partner violence using “questions from the Conflict Tactics Scale and the Revised Conflict Tactics Scale.”⁵

Yet over time those questions have been dramatically expanded and altered, thus invalidating the results. Of equal concern, those changes have been introduced without any explanation, justification, or opportunity for public comment.

To illustrate the problem, we highlight three reports from the *Morbidity and Mortality Weekly Reports*:

Location, Year	Time Period Assessed	Questions Used to Assess IPV	Male Victimization	Female Victimization
New York, 1994 ⁶	Past 12 months	Shoved, grabbed, slapped, kicked, bitten, punched, beaten, or threatened/ assaulted with a knife, gun, or other object?	6.9%	5.6%
Washington, 1998 ⁷	Lifetime exposure	Kicked, bitten, hit with fist, hit or tried to hit with something, beat up, or threatened/ assaulted with a knife or gun?	16.4%	23.6%
Sixteen states, 2005 ⁸	Lifetime exposure	<ol style="list-style-type: none"> 1. <i>Threatened</i> to hit, slap, push, kick, or hurt you? 2. <i>Attempted</i> to hit, slap, kick, or otherwise hurt you? 3. Ever hit, slapped, kicked, or hurt you? 4. Experienced <i>any unwanted sex</i> by a current or former intimate partner? 	11.5%	23.6%

This table reveals that the results vary substantially depending on what questions are asked and how they are phrased:

- Overall incidence -- a four-fold difference for female victimization
- Sex ratio of intimate partner violence -- a two-fold variation

The addition of question 4. to the 2005 survey is highly problematic. “Any unwanted sex” can refer to any form of sexual activity, not just sexual intercourse, and therefore dramatically expands the reported incidence of sexual assault. Researcher Neil Gilbert has decried to this type of definitional inflation as “advocacy research.”⁹ While real sexual abuse is obviously of concern, the addition of a subjectively-defined item like “any unwanted sex” artificially inflates the true incidence of both sexual assault and IPV.

Likewise, questions 1. and 2. go far beyond the intent or scope of the Conflict Tactics Scale. Combining an affirmative answer to any of these four questions into an aggregate number creates a statistic that is essentially meaningless.

By expanding questions about threats, attempts, and “any unwanted sex,” and by broadening the time period to lifetime exposure, the current BRFSS questions bear almost no resemblance to the original Conflict Tactics Scale. As a result, the results are inflated and recall biases are introduced. This severely compromises the validity of the survey results.

This manipulation of the questions represents an unconscionable attempt to pad and distort the data.

Bad Science May Only Make the Problem Worse

The Behavioral Risk Factor Surveillance Survey is a long-recognized tool to assess persons’ behavioral health risks. But the CDC’s invalid measurement of intimate partner violence casts the pall of gender advocacy over the entire effort.

As a result of biased surveys such as the 2005 version of BRFSS, persons may come to discount the existence of female abusers and their male victims. Thus, few sex-specific services are available for female abusers¹⁰ or their male victims.¹¹ As CDC researcher Daniel Whitaker reported in his recent study, “a woman’s perpetration of violence was the strongest predictor of her being a victim of partner violence.”¹²

Hence, bad science translates into flawed programs that harm women and ignore male victims of violence.

This also represents a deplorable misuse of taxpayer monies. Therefore we urge that your office do the following:

1. Direct that the BRFSS immediately cease the use of an invalid approach to measuring IPV and revert to the validated measurement as was done in the 1994 BRFSS survey.
2. Convene a panel of university-based researchers who have published articles in science-based, peer-reviewed journals that assess the accuracy, reliability, and validity of intimate partner violence research.
3. Direct that the BRFSS implement the recommendations of that panel.

We look forward to receiving your substantive response by March 11, 2008.

Sincerely,

Mark Rosenthal
President

cc:

Sen. Tom Harkin, Senate Appropriations Subcommittee on Labor, Health and Human Services
Congressman David Obey, House Appropriations Subcommittee on Labor, Health and Human Services

References

¹ Straus M, Hamby S, Boney-McCoy S, Sugarman D. The revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *J Family Issues* Vol. 1996, No. 17, pp. 283-316.

² Fiebert M. References Examining Assaults by Women on Their Spouses or Male Partners: An Annotated Bibliography. California State University, Long Beach. July 2007.

www.csulb.edu/~mfiebert/assault.htm

³ Centers for Disease Control and Prevention. Physical Dating Violence Among High School Students --- United States, 2003. *Morbidity and Mortality Weekly Report*, May 19, 2006. Table 1.

www.cdc.gov/mmwr/preview/mmwrhtml/mm5519a3.htm

⁴ Whitaker DJ et al. Differences in frequency of violence and reported injury between relationships with reciprocal and nonreciprocal intimate partner violence. *American Journal of Public Health*, Vol 97, No. 5, May 2007, pp. 941-947.

⁵ CDC. Prevalence of intimate partner violence and injuries – Washington, 1998. *MMWR* July 7, 2000.

⁶ CDC. Physical violence and injuries in intimate relationships – New York, Behavioral Risk Factor Surveillance System, 1995. *MMWR* September 6, 1996.

⁷ CDC. Prevalence of intimate partner violence and injuries – Washington, 1998. *MMWR* July 7, 2000.

⁸ CDC. Adverse health conditions and health risk behaviors associated with intimate partner violence – United States, 2005. *MMWR* February 8, 2008.

⁹ Gilbert N. Advocacy research overstates the incidence of date and acquaintance rape. In Loseke D, Gelles R, Cavanaugh M (eds.): *Current Controversies on Family Violence*. Thousand Oaks, CA: Sage Publications, 2005.

¹⁰ RADAR. Has VAWA delivered on its promises to women? Respecting Accuracy in Domestic Abuse Reporting, 2007.

¹¹ RADAR. VAWA programs discriminate against male victims. Respecting Accuracy in Domestic Abuse Reporting, 2007.

¹² Whitaker DJ et al. Differences in frequency of violence and reported injury between relationships with reciprocal and nonreciprocal intimate partner violence. *American Journal of Public Health*, Vol 97, No. 5, May 2007, p. 941.