



California State Association of Counties



Support Hub for Criminal Justice Programming

AB 372 Legislative Report: Year 3

Applying Evidence Based Practices
to Batterers Intervention Programs

Abstract

AB 372 allowed six pilot counties more flexibility in how they programmed and engaged with batterers to reduce recidivism and victimization



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EXECUTIVE SUMMARY

In 2019, six counties endeavored to pilot alternative programming and supervision for people both convicted of domestic violence offenses and mandated to batterers intervention programming. These counties worked to align their systems with evidence-based practices to address domestic violence more effectively. Developing the types of programs available, including alternative programming dosage, gave counties more flexibility in meeting the needs of both victims and program participants to avoid future violence. Effective programming targets thinking patterns and anti-social behavior essential to reducing intimate partner violence (IPV). Ultimately, interventions around intimate partner violence are an integral part of behavioral change and holding individuals accountable. The lives of individuals convicted of domestic violence and their victims are often interwoven long after the court conviction process. Program success includes improvements in victims' perceptions of safety, better communication with the person convicted of a domestic violence offense, and reduced recidivism. This report summarizes the results of the pilot project's third year authorized under [Assembly Bill \(AB\) 372](#) (Stone).

Historically, batterers' intervention programs have lacked a clear evidence-base of what works to reduce intimate partner violence for those mandated to treatment. Nationally and in California, there is limited evidence that program and practice together are having an impact on reducing IPV or broader measures of recidivism. The long-term goal of the pilot is to develop new perspectives on what works to change program participant behavior. The emphasis on risk assessment is important to help direct those who pose a relatively low risk of future crime or IPV to ancillary services such as housing support, mental health services, and substance use disorder treatment. Those at higher risk to reoffend require more consistent monitoring and engagement in services.

Equally as important in assessing program effectiveness is engaging the voice and perspective of the victim. Pilot counties are developing more structured ways to gather feedback on perceived behavior changes after completing the Batterers Intervention Program (BIP). This added feedback will continue to inform more quantitative measures.

Each pilot county took steps to reorganize its batterers' intervention programming process, including reorienting its programming with provider partners. Unexpectedly, implementation was complicated by the COVID-19 pandemic, with face-to-face contact, programming, and relationships with victims under a "shelter-in-place" world proved to be challenging. County plans included implementing the following key aspects:

1. Tools and protocols to perform evidence-based general risk and need assessment for future crime, paired with risk of IPV on all domestic violence program participants.

2. Enforce protocols such as decision-making frameworks to base treatment on risk levels, normalize supervision dosage, and tailor programming responses.
3. Sites certified new providers and programming models that were either evidence-based or promising practices.

An additional objective of the pilot is to develop innovative treatment models and better understand their impacts on program participants. The evidence about specific domestic violence programming varies, with most research showing no effect on recidivism. This means the approaches used in the pilot counties can become a national model as pilot counties explore the full impacts of domestic violence program dosage based on risk and service needs. This pilot offers counties significant rules-based flexibility, often needed to meet the local complexities, to examine referral approaches, enhance client engagement, supervision, and accountability procedures, curriculum and group structures, and overall treatment dosage. The California State Association of Counties (CSAC) published an issue brief that more deeply explores the complex relationship between the risk to reoffend and treatment needs while addressing IPV.¹ That brief also identifies the varied types of people who commit IPV, and the types of behavioral health needs present like substance use, unmet trauma needs, and anti-social attitudes. Further, the brief also proposes the variation in response necessary to address and change behavior. Finally, it provides options for integrating the sometimes-divergent demands of public safety and treatment for funding IPV treatment programs.

This Year Three Legislative Report lays out program participant demography, risk level, employment status, criminal history, and treatment type and completion through the third year of the pilot. This data is also available in a dashboard format² for further exploration, in addition to being included in the appendix of this report. The overarching intention is to provide information that policymakers can use to better understand batterer intervention programs and that counties can use to better monitor the implementation of their programs. Although this report does not look at program outcomes in detail, it does provide overall recidivism rates for participants who entered the program in the first two years and had sufficient time at risk to recidivate. Ongoing recidivism research around this pilot is noted later in this report. Key findings of those entering the program from July 1, 2021, to June 30, 2022, include:

- 1,382 people were placed on domestic violence caseloads in the third year of the pilot
- 89 percent identified as male
- 38 percent were not employed

¹ O'Connell, Kevin. Pathways to Change: Incorporating Behavioral Health Responses to Reduce Intimate Partner Violence. (2021). Accessed here: https://www.counties.org/sites/main/files/file-attachments/incorporating_behavioral_health_responses_to_reduce_intimate_partner_violence.pdf

² <https://public.tableau.com/profile/oconnellresearch#!/vizhome/Ab372ReportingDashboard/AB372DataDashboard>

- 50 percent had previously served 30 days or more in county jail
- 55 percent had a prior domestic violence assault reported to the police
- 46 percent were assessed as low risk to reoffend with any offense, not just IPV
- 39 percent were assessed as high risk of committing future acts of intimate partner violence

Recidivism findings for individuals who entered the program in year one (July 1, 2019, to June 30, 2020) and year two (July 1, 2020, to June 30, 2021):

Measure	Year 1 Participants	Year 2 Participants
Booked into Jail		
While in the Program	29%	24%
Within six months of Program Completion	15%	18%
Received New Conviction		
While in the Program	12%	10%
Within six months of Program Completion	4%	5%
Received Restraining Order Violation		
While in the Program	11%	10%
Within six months of Program Completion	6%	6%

Because of the timeframe for implementation and external factors interfering with implementation, the recidivism data is aggregated across counties. While recidivism is broadly defined as a return to crime, this report uses the specific definitions of recidivism from the legislation: new arrest, new conviction, and a subsequent restraining order at the time of program completion and six months after completion. Notably, these arrests and convictions may be for any crime and not just domestic violence-related charges. Further, an important consideration of any outcome reporting is using an appropriate comparison group and accounting for external factors. This is especially true during the pandemic and its impacts on the larger criminal justice system – a reason that CSAC has pursued a research organization to better provide context around domestic violence recidivism in California and the true impact on participants in these pilot programs. Finally, approaches to gathering survivor voices have been implemented by all counties. This report describes those approaches and provides examples for other counties.³

³ Support for this project was provided by Blue Shield of California Foundation. The views expressed here are those of the authors and not necessarily those of Blue Shield of California Foundation.

COUNTY PRACTICE PROFILES

In implementing AB 372, counties developed approaches to use risk and needs assessment data to guide supervision and program dosage decisions. These decisions are accompanied by programming curriculum shown to be effective at reducing IPV and reducing recidivism in general. This foundation is then applied to local supervision policy or decision-making frameworks that create a structure to assist in planning for treatment. The concept of Risk-Need-Responsivity is that programs are oriented to the needs of the population and that risk levels are aligned with dosage intensity. The concept of dosage is that more intensive services and treatment time should be devoted to moderate and higher-risk individuals. Higher-risk clients require a more intense dosage of supervision and treatment, while lower-risk clients with at least one criminogenic need should have less intensity within services. This is important for focusing resources on those most likely to reoffend and not over-programming low-risk individuals, which has been shown to increase recidivism. The actual dosage should depend on the dynamic nature of the program participant's needs.⁴

PILOT COUNTY RISK ASSESSMENTS

AB 372 requires counties to perform a risk and needs assessment using an appropriate tool for domestic violence offenders. All pilot counties also use validated risk assessment tools for their general probation populations. Two of the most significant considerations in determining the type of supervision in the community are the likelihood of general reoffense and the specific kind of recidivism associated with domestic violence. By using validated assessments tools, probation departments can better tailor levels of supervision and programming to offenders and reduce the risk to survivors. This section gives an overview of the different assessment tools and their purpose in matching programming to an individual's risk to reoffend.

GENERAL RISK ASSESSMENT

A person's risk assessment score measures that individual's likelihood of future reoffense. This is calculated based on the participant's past criminal involvement, age, and a range of other items. These factors inform the assessment's resulting risk score and are combined with the identified criminogenic needs of the individual to inform a case or treatment plan. The risk score is a mathematical computation validated through subsequent research to see how well it predicts future events.⁵ The treatment and interventions should then be chosen to respond to the

⁴ Crites, E., & Taxman, F. (2013). The Responsivity Principle: Determining the Appropriate Program and Dosage to Match Risk and Needs. *Simulation Strategies to Reduce Recidivism*, 143-166.

⁵ KiDeuk Kim (2017). Validation of risk assessment tools. (Policy Brief Number 2017-04). Washington, DC: The Public Safety Risk Assessment Clearinghouse.

individual's unique risk and need profile. The four different risk assessment tools used in AB 372 counties and discussed in this report have been validated as general risk assessment tools.

AB 372 designated (now contained in [Penal Code Section 1203.099](#)) that counties will collect data about the programs and participants and will report the information annually to the Legislature. Following enactment, a workgroup consisting of members from each pilot county was created to strategize on collecting each data point listed within the legislation. The workgroup examined how best to gather the data and define categories in a standard way to enable more consistent reporting across pilot counties. While some categories are straightforward, others, like criminal history, can be defined in multiple ways. The workgroup discussed county data systems' strengths and challenges and determined the best course of categorizing the requested data that would champion success across all six pilot counties. The culmination of that work is represented in this report.

RISK OF COMMITTING A NEW IPV OFFENSE

For the purpose of measuring IPV, all pilot counties decided in January 2019 to use the Ontario Domestic Assault Risk Assessment (ODARA) to assess a person's risk of future IPV. The ODARA, a validated tool for IPV⁶, was developed to be completed by law enforcement in the field. It relies on criminal records and domestic violence investigation results to predict the likelihood of re-assault by male offenders against female (current or former) partners. Recent research has also validated the ODARA for use with dating partners and female offenders. However, the ODARA has not yet been validated for use with same-sex partners. The tool gives counties a score for each person's risk to commit IPV, but each county retains the authority to define different cutoff points for what the scores represent. For instance, all ODARA assessments generate a consistent score, but a county may choose to have different levels corresponding to low, medium, or high risk.

Each pilot county developed its individual decision-making frameworks (DMF) to guide case management and dosage decisions based on the risk assessments. These DMFs are based on locally established thresholds of risk and the programming dosage they correspond to. Both the general risk to reoffend and the risk of IPV were used to assign programming and probation supervision levels. The DMF is a matrix that includes both general risk and domestic violence risk, ultimately giving probation several options to tailor programming. Since each county's DMF is unique, it limits comparability across counties. However, it does provide a window into the

⁶ Hilton NZ, Harris GT, Popham S, Lang C. Risk Assessment Among Incarcerated Male Domestic Violence Offenders. *Criminal Justice and Behavior*. 2010;37(8):815-832.

importance of documented DMF tools normed to a local population. See Appendix D for example DMFs.

Table 1: Risk Assessment Tools

	Napa	San Luis Obispo	Santa Clara	Santa Cruz	Santa Barbara	Yolo
General Risk Assessment Instrument Used	LS-CMI ⁷	LS-CMI	CAIS ⁸	CAIS	COMPAS ⁹	ORAS ¹⁰
Domestic Violence Risk Assessment Instrument Used	ODARA	ODARA	ODARA	ODARA	ODARA	ODARA

As discussed previously, the risk assessment score is used to develop a recommended dosage for the provision of treatment. Each county sets these thresholds locally, with the consensus that higher-risk individuals would have to complete more intensive (i.e., longer times) treatment. Several approaches are being used, including low-risk program participants being given either a 10-week course, 16-week online course, or a 26-week program; medium risk participants being given either 26 weeks or 52 weeks; and high-risk participants being given 52 weeks or 26 weeks plus substantial cognitive-behavioral treatment. Table 2 shows the variation across counties and can provide valuable examples of various models of domestic violence programming when grounded in sound correctional theory around matching treatment dosage to risk.

⁷ Level of Service/Case Management Inventory (LS/CMI)

⁸ Correctional Assessment and Intervention System (CAIS)

⁹ Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)

¹⁰ Ohio Risk Assessment System (ORAS)

Table 2: Domestic Violence Program Delivery Dosage based on Risk^{11,12}

County	High Risk	Medium Risk	Low Risk
Napa	52 weeks	26 weeks	26 weeks
San Luis Obispo	52 weeks	52 weeks	26 weeks
Santa Barbara	26 weeks	26 weeks	16 weeks
Santa Clara ¹³	26 weeks	26 weeks	16 weeks
Santa Cruz	26 weeks	26 weeks	16 weeks
Yolo	52 weeks	52 weeks	10 weeks

PROGRAMMING

Historically, BIPs have had multiple approaches considered "domestic violence" programming. Rigorous studies over the years have found varied success in both well-known programs such as the Duluth model¹⁴ and other domestic violence program modalities. Evidence-based¹⁵ and promising¹⁶ program designations are evolving as new studies become available. A systematic review of domestic violence program models found that there was no single most effective approach to reducing domestic violence-related recidivism (i.e., re-victimization).¹⁷

Court-mandated programs in California for perpetrators of IPV, often known as "BIPs," are usually designed to expand participants' understanding of abuse, increase the feeling of internal

¹¹ This table is derived from the pilot counties various DMFs around incorporating general risk and IPV risk and represent approximate levels of relative dosage.

¹² County programs include a variety of additional referrals to services based on the person's needs. This table only relates to the domestic violence programming. Counties have adapted to include online course availability, as well as hybrid models. Counties have also included specific cognitive behavioral therapies to augment their domestic violence programming.

¹³ Santa Clara's high and medium risk individuals receive programming twice a week for 60-90 minutes, so the dosage is the same as the previous 52-week program. Santa Clara's programming also includes cognitive behavioral treatment.

¹⁴ <https://www.theduluthmodel.org/what-is-the-duluth-model/>

¹⁵ "Evidence-based program or practice" means a program or practice that has a high level of research indicating its effectiveness, determined by multiple rigorous evaluations including randomized controlled trials and evaluations that incorporate strong comparison group designs, or a single large multisite randomized study, and, typically, has specified procedures that allow for successful replication.

¹⁶ "Promising program or practice" means a program or practice that has some research demonstrating its effectiveness but does not meet the full criteria for an evidence-based designation.

¹⁷ Miller, M., Drake, E., & Nafziger, M. (2013). What works to reduce recidivism by domestic violence offenders? (Document No. 13-01-1201). Olympia: Washington State Institute for Public Policy

responsibility, and concurrently develop alternative reactions. BIPs are usually group sessions with a facilitator, but this can vary depending on the intervention and provider. Traditional approaches (e.g., the Duluth model) are based on feminist perspectives, understanding power and control dynamics, and are combined with cognitive-behavioral therapy focused on changing attitudes toward gender roles and behaviors.¹⁸ Alternative approaches, including motivational enhancement interventions, case management interventions, restorative justice, and couples therapy, have shown some positive impacts in specific situations. Critically, all this points to the need for more research on both the interventions and case management.¹⁹

Table 3 below highlights the four different curricula and their associated implementation dates for each county. None of the four have been rigorously tested for their impact on California's various key domestic violence indicators. Still, they are generally based on cognitive-behavioral change models that have shown promise in impacting domestic violence outcomes.

- *Another Way...Choosing to Change*, developed by Nada York²⁰
- *Stop: Skills, Techniques, Options and Plans for a Better Relationship*, Developed by David Wexler²¹
- *Cognitive Behavioral Interventions for Interpersonal Violence (CBI-IPV)*, developed by the University of Cincinnati²²
- *Streets2Schools*²³ *paired with Cognitive Behavioral Therapy*

¹⁸ "Practice Profile: Interventions for Domestic Violence Offenders: Duluth Model". Crimesolutions, National Institute of Justice, 2020, <https://crimesolutions.ojp.gov/practicedetails?id=17#ar>. Accessed 7 Dec 2020.

¹⁹ Aaron SM, Beaulaurier RL. The Need for New Emphasis on Batterers Intervention Programs. *Trauma, Violence, & Abuse*. 2017;18(4):425-432.

²⁰ <https://www.yorkeconsulting.com/another-way-facilitator>

²¹ <https://wnnorton.com/books/9780393714470>

²² University of Cincinnati, *Cognitive Behavioral Interventions for Interpersonal Violence*, archived version: https://www.counties.org/sites/main/files/file-attachments/ucci_ipv_course_overview.pdf

²³ <https://s2sdvonline.com/classes/domestic-violence-52-week-class/>

Table 3: Program Curriculum and Implementation Date

	Napa	San Luis Obispo	Santa Clara	Santa Cruz	Santa Barbara	Yolo
Curriculum	STOP and Another Way	STOP	CBI-IPV	Streets2 Schools ²⁴	STOP and Streets2Schools	CBI-IPV
Start Date	2019	2019	2020	2019	2019	2020

PROGRAM PARTICIPANT PROFILES

For the Year Three report, data was gathered from all six pilot jurisdictions, from July 1, 2021, to June 30, 2022. The demographic data, risk level, and criminal history represent a full year of data from each pilot county. However, the recidivism and program completion data from this time period will not be available until next year’s report. As a result, we reported recidivism and program completion information for year two participants. The sections below cover the general demographics for those program participants, indicators of criminal history, risk assessment, and length of the program. Year two program completion data and recidivism data are also included in this report. Appendix B has a county-by-county breakdown of characteristics, as does the data dashboard ([linked here](#)).

DEMOGRAPHICS

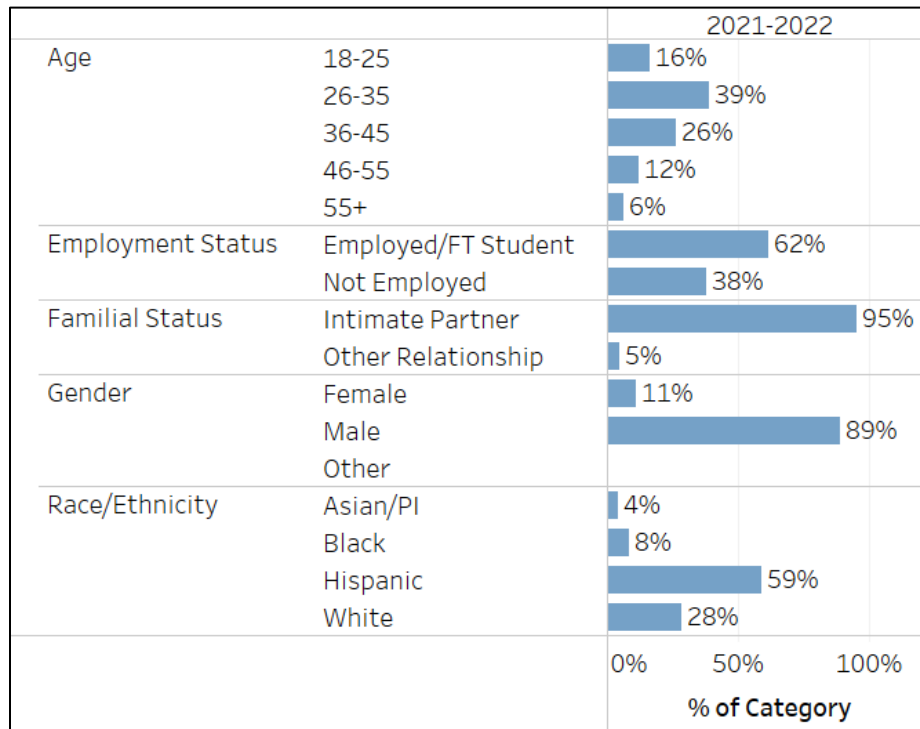
The graph below shows the demographics of year two program participants across the six pilot counties.

Demographics for Year Three include:

- Seven out of eight individuals (89 percent) in the pilot counties' domestic violence program identified as male.
- More than half (59 percent) in a domestic violence program identified as Hispanic, bringing language and culture as important programming considerations.
- In the six pilot counties, individuals who identified as being Hispanic are more than twice as likely as white individuals to be referred to domestic violence programming.

²⁴ Santa Cruz used all three providers during the first year of the pilot but currently only Street to School is offering domestic violence programming.

- More program participants were employed, or a full-time student, than not employed (62 percent), but individuals in the domestic violence program were 34 percent more likely to not be employed than the general population.²⁵
- For a vast majority of individuals (95 percent) in the pilot counties' programs, the victim was an intimate partner. The remaining individuals either had shared familial relationships or casual relationships.



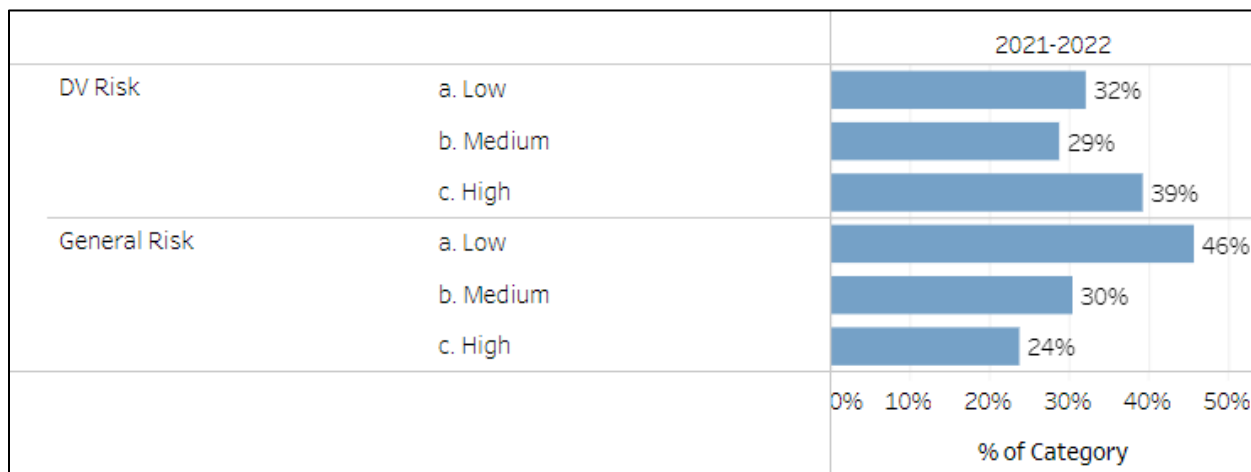
RISK ASSESSMENT

Risk assessment is an essential tool in developing differentiated case management, so that treatment dosage intensity and resources can reach the appropriate people targeted for treatment. Each pilot county used a validated risk assessment tool to assess their probationers for appropriate supervision levels and programming. As noted above, the pilot counties used four different risk assessment tools (LS-CMI, CAIS, COMPAS, and ORAS). As a result of those differing risk assessment tools, the general risk level provided in the tables below is not standardized

²⁵ Employment data are from the Census Bureau's 2021 American Community Survey (<https://data.census.gov/table?q=population+by+employment+and+age&g=0500000US06055,06079,06083,06085,06087,06113&tid=ACSDT1Y2021.B23001>). The domestic violence employment rate was compared to 20-55 year old employment rate from the Census Bureau data.

across counties, meaning those convicted of a domestic violence offense identified as "high risk" in one county may not be the same as in another county.

Separately, all pilot counties used the same domestic violence risk tool, the ODARA, to measure the risk of subsequent IPV. However, the threshold between low, medium, and high risk were localized when applied to the counties' decision-making frameworks, such that the risk groupings were slightly different (e.g., an individual in one county was considered low risk while an individual with the same ODARA score in another county may be regarded as moderate risk). While both risk levels are reported below, and county-specific risk levels are reported in the appendix, risk data should not be compared across counties for the reasons stated above. The graph below shows that the most common general risk level is low, while the most common domestic violence risk level is high.



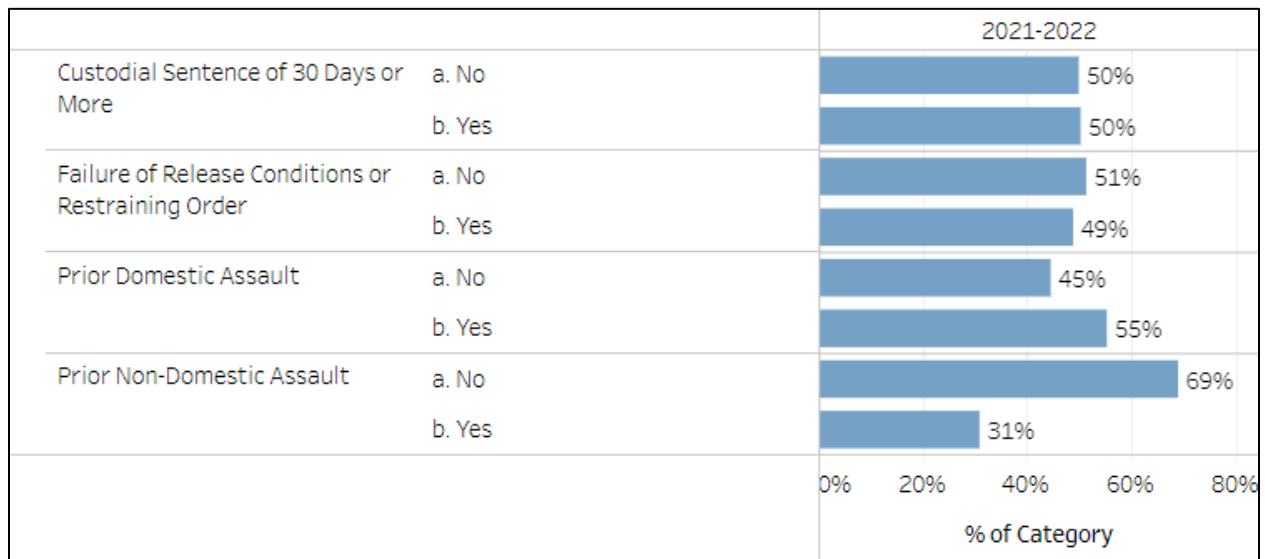
CRIMINAL HISTORY

A person's criminal history provides information on the extent to which that individual has been involved in criminal activity prior to the current incident or offense. This history can be measured in many ways, including but not limited to the number of previous arrests, age at arrest, bookings, charges, convictions, sentences served, probation violations, failures to appear in court, and failures of supervision terms. This can provide information to target the appropriate treatment for that program participant while also helping inform which treatment and supervision options are more suitable for those with different criminal histories.

Criminal history can be defined in many ways, and it is often difficult for agencies to quantify it from their localized case management systems. Therefore, the AB 372 workgroup decided to use the answers to four of the questions from the ODARA to measure criminal history since these answers are gathered from case reviews and are clearly defined. In addition, because all pilot counties were using the ODARA, it provided a common way to collect criminal history data across

four areas: prior jail sentence of 30 days or more, prior failure of release conditions or restraining order, prior domestic assault, and prior non-domestic assault.

The graph below shows the percentage of individuals in the pilot counties' domestic violence programs who answered yes to those four criminal history questions. The most common prior event was a domestic assault, with over half (55 percent) of the individuals having a prior domestic assault filed in a police report or on their criminal record. Half of individuals had a prior custodial sentence of more than 30 days. Just under half (49 percent) had failed their release conditions or a restraining order. Nearly one in three (31 percent) had a prior non-domestic assault reported to the police or on their criminal record. Initial indications appear to show that most of the individuals committing acts of domestic violence have previous justice involvement, often including significant custody time. This is important in understanding the participant's risk so that treatment can account for their public safety risk.



PROGRAM TREATMENT TYPE, COMPLETION, AND RECIDIVISM

By the second year of the pilot, all six counties provided some level of programming that was less than 52 weeks. However, there has been significant variations in the length of programming, with four counties using 52 weeks for more than half of their clients and two counties most often providing BIPs that were 26 weeks or less. Nearly half of the program participants in the six pilot counties were enrolled in BIPs that were 26 weeks or less, with the remaining participants

enrolled in 52-week programs.²⁶ Again, pilot counties placement of individuals was based upon developed decision making frameworks.



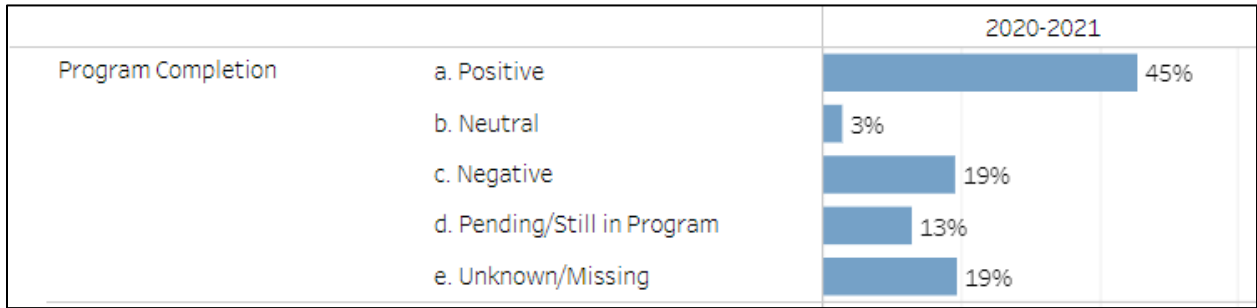
The annual data collection produces meaningful demographic, risk, and criminal history data shown for the current year. However, there is a one-year lag to report on completion information. Generally, a best practice is to use an "entry" cohort of people to compare program completion. Most people who entered a domestic violence program during the current fiscal year were still in the program when data was collected for this report. Many individuals within the reporting period were enrolled in a 52-week program, meaning even the individuals who started the program on the first day in July could still be in the program when the data collection period ended in June. Some individuals also "failed out" of the program more quickly, while others completed a shorter program, but many were still enrolled when the data collection period ended.

As a result, this Year Three report includes data on program completion for individuals entering the program in the second year (FY 2021). For those who entered the program in the second year, nearly half (45%) had shown a positive completion of the program.²⁷ Nearly one in five had a negative completion (19%) and over one third (35%) had a neutral, pending, or unknown completion status.²⁸ Overall, completion data shows that there were well over two positive completions of the program for every negative program termination.

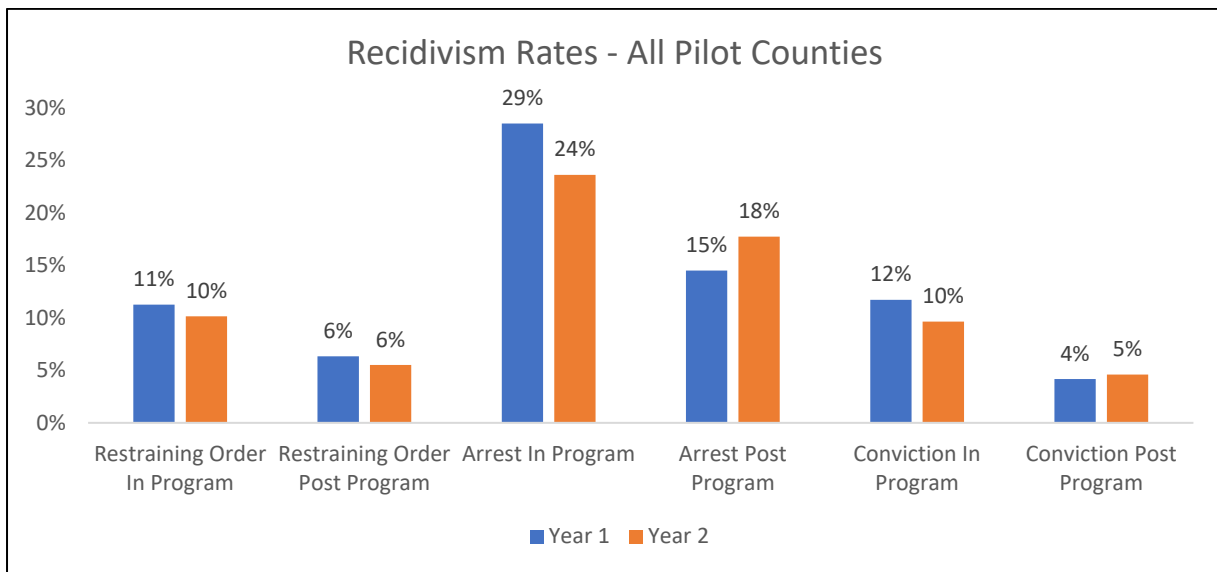
²⁶ This percentage will likely fall as Santa Clara started their 26-week program part way through the reporting period. Also, Santa Clara uses two classes per week for 26 weeks, so the person obtains similar hours in the program, but it is done at a faster pace.

²⁷ A 'positive' completion includes completing the program and, for some counties, paying all program fees. A 'negative' completion includes instances when the participant fails to appear for the program and/or has his/her probation terminated

²⁸ A 'neutral' completion includes instances where the participant does not complete the program because he/she is deceased, has had his/her probation transferred to another county, or has had the referral rescinded. Clients who are pending or missing/unknown are still in the program and have not completed, on a warrant, or otherwise still incomplete.



The legislation asked for outcomes for individuals while they were in the program and six months following program completion. There are a number of challenges that have made it difficult to report county level recidivism rates. Two of the pilot counties did not start the pilot in the first year due to implementation challenges. A second challenge is that not all domestic violence program clients immediately entered the BIP, meaning more time is needed to collect in-program and post-program recidivism rates. The recidivism data presented in this report are aggregated across the pilot counties and is still preliminary. We expect the recidivism rates to change after more time has passed since implementation as programs stabilized and the pandemic moves into an endemic phase. The graph below includes aggregated recidivism rates for both the year one and year two cohorts.



As seen in the graph above, recidivism was measured in six different ways as requested by the legislation. The most common type of recidivism was for a new arrest²⁹ while in the program, with nearly 29 percent of BIP participants being rearrested while in the program in the year one cohort and 24 percent being arrested while in the program in the year two cohort. Between one

²⁹ Counties used jail admissions as a proxy for new arrest as booking data were more readily available.

in eight and one in ten received a new conviction, and between one in nine and one in ten received a restraining order violation while in the program. Recidivism rates were significantly lower in the six months following program completion. However, the two time periods are not equivalent, with some program participants spending a full year in the program and others completing it in under six months. Due to data limitations surrounding recidivism measurement time, recidivism rates for individual counties are not presented in this report.^{30,31}

We strongly believe that looking at recidivism in a more nuanced way will give policymakers and communities a better sense of the program's efficacy in improving program participant behavior. Of note, recurring protective orders or re-victimization are of particular concern, as are subsequent recidivism for crimes of violence. Not all counties were able to breakout recidivism between domestic violence related and non-domestic violence related offenses. For the counties that did, between one quarter and one half of new bookings were for domestic violence related offenses. Maybe most importantly around this topic, additional funding was received to partner with counties to evaluate the effectiveness of the pilot. CSAC and the California Policy Lab are beginning work with select pilot counties to complete a rigorous local recidivism analysis to determine if pilot county BIPs are reducing recidivism. This outcome evaluation is expected to be completed in the spring of 2024 with an earlier report from the California Policy Lab on domestic violence recidivism generally – giving a statewide perspective.

VICTIM FEEDBACK

Gathering victim feedback is an important and challenging part of understanding the impacts of any justice program, and AB 372 is no different.³² While victim feedback can be gathered in multiple ways, it is crucial to assess whether the survivor is better off due to the offender's participation in the program. Recidivism is just one indicator or outcome, but victim perceptions are nuanced and inherently less objective. Further, getting victim feedback assumes the survivor has an ongoing contact to assess the change of the person who committed the act against them.

³⁰ Some of the pilot counties had only a small number of individuals complete the program with enough time to be part of the recidivism analysis presented above. All counties struggled with implementation during the pandemic.

³¹ The graph above includes individuals who entered their domestic violence program from July 1, 2019, to June 30, 2020, and completed by June 30, 2021. Individuals who entered the program in the first year but had a pending program status on June 30, 2021, were excluded from the analysis. The recidivism categories are not mutually exclusive as the same individual can appear in all categories if they have a new conviction, new arrest, and a restraining order violation while in the program and six months after program completion.

³² In 1203.099 (E)"feedback provided by the victim if the victim desires to participate."

Second, their ability to be contacted takes concentrated effort. Finally, a survivor's perception of attitudinal changes is also related to their perception of fairness throughout the process, from law enforcement contact, court proceedings, and ongoing human service support.

Pilot counties have developed varying processes for gathering victim feedback, outlined in the table below. CSAC also developed a survey and script for counties interested in using this approach to examine people who had "completed" their BIP requirement in the previous year. However, there are still numerous challenges to surveying victims, including the following:

- Engaging survivors is dependent upon access to accurate contact information, as well as their consent to be interviewed
- Some victims are no longer in contact with the offender and therefore are unable to comment on any behavioral changes
- The feedback will likely be from survivors that are still cohabitating or have a relationship with the offender, which may bias the response. Further, it may not be safe for the survivor to share if they are still fearful or in danger
- In five AB 372 counties, Probation agencies partnered with District Attorney Victim Witness and state-mandated emergency shelter services providers that include confidential advocates to reach victims. In Santa Clara, they partner with a local CBO. The organization conducting the survey may also impact feedback.

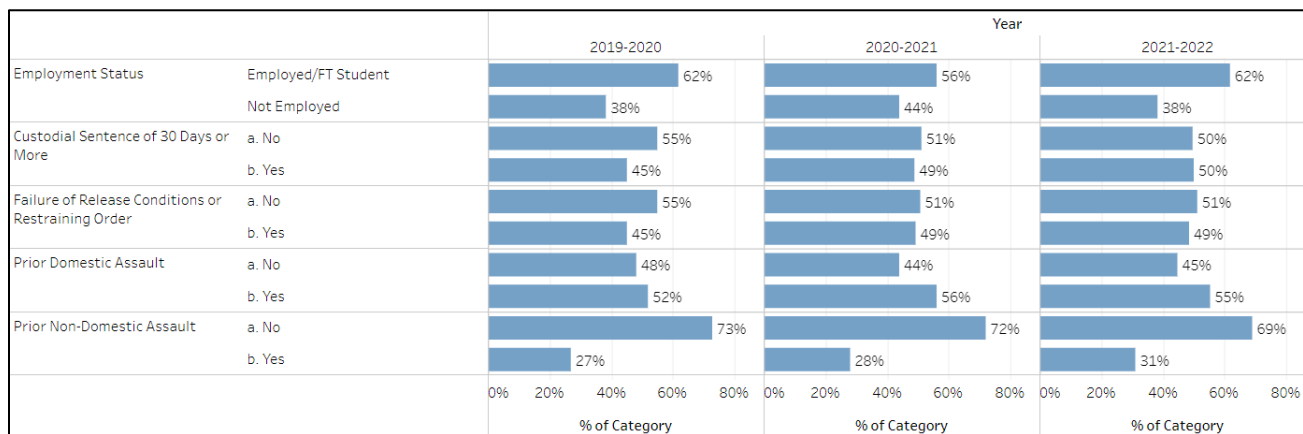
Based on feedback from victim-witness agencies as well as agencies that specialize in working with survivors, they recommended engaging with survivors earlier in the process of adjudication, but the tradeoff is they are also the most traumatized. The general feedback was few survivors would know about or be able to comment on the efficacy of treatment in particular. CSAC will work to incorporate this into our approach, as well as how best to understand changes in behavior observed by victims over time.

AB 372 YEAR ONE, YEAR TWO, AND YEAR THREE COMPARISONS

There was an increase in the number of new admissions into IPV programs among the pilot counties, from 1,177 in year one to 1,246 in year two (5.8 percent) and 1,382 in year three (10.9 percent). Four of the six pilot counties experienced increases in admissions between year one and year three. However, counties experienced continued challenges with pandemic related barriers and impacts on the entire criminal justice system. For some counties, this meant there were case backlogs of IPV clients, while this impact was small for others.

Most population breakdowns were largely unchanged between the three years. The two areas with the most significant changes were employment and criminal history. Those admitted in the fiscal year 2020-21 were much less likely to be employed, 62 percent in 2019-20 and 2021-2022

compared to 56 percent in 2020-21. While employment recovered following the peak of the pandemic, IPV clients still had a high likelihood of being unemployed. This is a key area to consider as many individuals cannot afford the cost of their program, especially while not being employed. In addition, the percentage of individuals with previous assaults, custodial sentences and failure of release conditions all increased between year one and year three.



SUMMARY AND LOOKING AHEAD

As the six counties implement AB 372, it is important to explore program participants' success in the new program structure. This includes exploring how the mix of providers changed both as a response to the legislation and the pandemic. The legislatively mandated information outlined in this report represents a starting point to understand how counties implement new and innovative approaches to improving outcomes. It also creates a foundation for building more robust evaluation efforts to identify policy options that counties control. In addition, more information from victims and their perception of changes in participant behavior will be a crucial ingredient in understanding the success of pilot counties.

Although the focus of AB 372 is domestic violence programming and interventions, it is also evident that for some convicted of a domestic violence offense, other human service and behavioral health needs must also be addressed. In addition, with higher unemployment rates and behavioral health needs, new and innovative thinking is needed around how to reduce repeat instances of intimate partner violence.

CSAC's issue brief on integrating behavioral health emphasizes that blending public health and primary prevention is an essential upstream contribution to reducing victimization. Therefore, pilot counties should look for strategies to fund and integrate behavioral health needs into domestic violence programming in the year ahead. Counties should also explore additional curriculum modules that directly address behavioral health needs.

Additionally, CSAC is developing a brief on approaches around rethinking the "offender pay" fiscal model and the associated impacts the current domestic violence funding system has on client success and survivors who remain in the relationship.

Finally, work with the pilot counties under AB 372 has helped to offer insight into programming changes and demographics. Still, critical questions remained unanswered, which are necessary to effectuate data-driven and evidence-based policy changes. Questions include what does state-level domestic violence recidivism show using Department of Justice data? How do we show the current recidivism in pilot counties, and how does that recidivism compare to before AB 372 – i.e., are the pilot programs working? Additionally, what does a more nuanced view of programming look like when considering whether other needs are being addressed.

With the support of an expanded grant from the Blue Shield of California Foundation, CSAC is partnering with the California Policy Lab located at the University of California, Berkeley, which will be completing a statewide recidivism analysis of domestic violence with an aim to both create a recidivism baseline, and better measure domestic violence impacts to the criminal justice system. CSAC and the California Policy Lab also plan to partner with select pilot counties to complete rigorous local recidivism analyses to determine if pilot county BIPs are showing positive outcomes. Further, under this expanded grant, CSAC will be developing additional programming briefs, diving in-depth into select counties to explore a more nuanced perspective of individuals in BIP programming and other programming needs they may have. Finally, under this expanded work, CSAC will partner with a university to develop a curriculum using demographic information contained in this report to offer counties a curriculum to address both IPV and other needs related to domestic violence, giving counties another tool to help improve local BIP programming.

APPENDIX A: LEGISLATION REQUIREMENTS

Text in legislation

- (1) The county develops the program in consultation with the domestic violence service providers and other relevant community partners.
- (2) The county performs a risk and needs assessment utilizing an assessment demonstrated to be appropriate for domestic violence offenders for each offender entering the program.
- (3) The offender's treatment within the program is based on the findings of the risk and needs assessment.
- (4) The program includes components which are evidence-based or promising practices.
- (5) The program has a comprehensive written curriculum that informs the operations of the program and outlines the treatment and intervention modalities.
- (6) The offender's treatment within the program is for not less than one year in length, unless an alternative length is established by a validated risk and needs assessment completed by the probation department

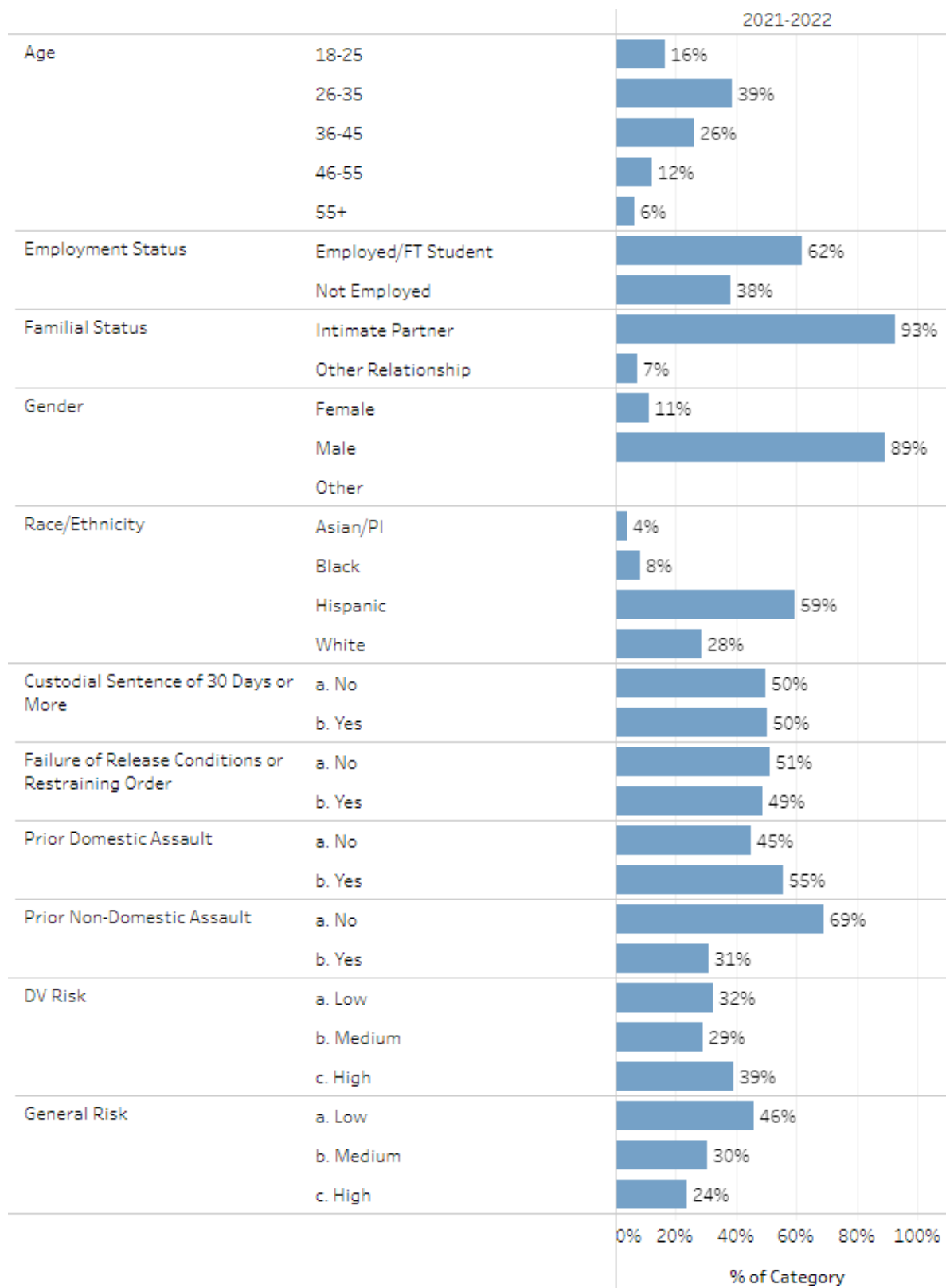
Text in legislation

- (7) The county collects all of the following data for participants in the program:
 - (A) The offender's demographic information, including age, gender, race, ethnicity, marital status, familial status, and employment status.
 - (B) The offender's criminal history.
 - (C) The offender's risk level as determined by the risk and needs assessment.
 - (D) The treatment provided to the offender during the program and if the offender completed that treatment.
 - (E) The offender's outcome at the time of program completion, and six months after completion, including subsequent restraining order violations, arrests and convictions, and feedback provided by the victim if the victim desires to participate.

Text in legislation

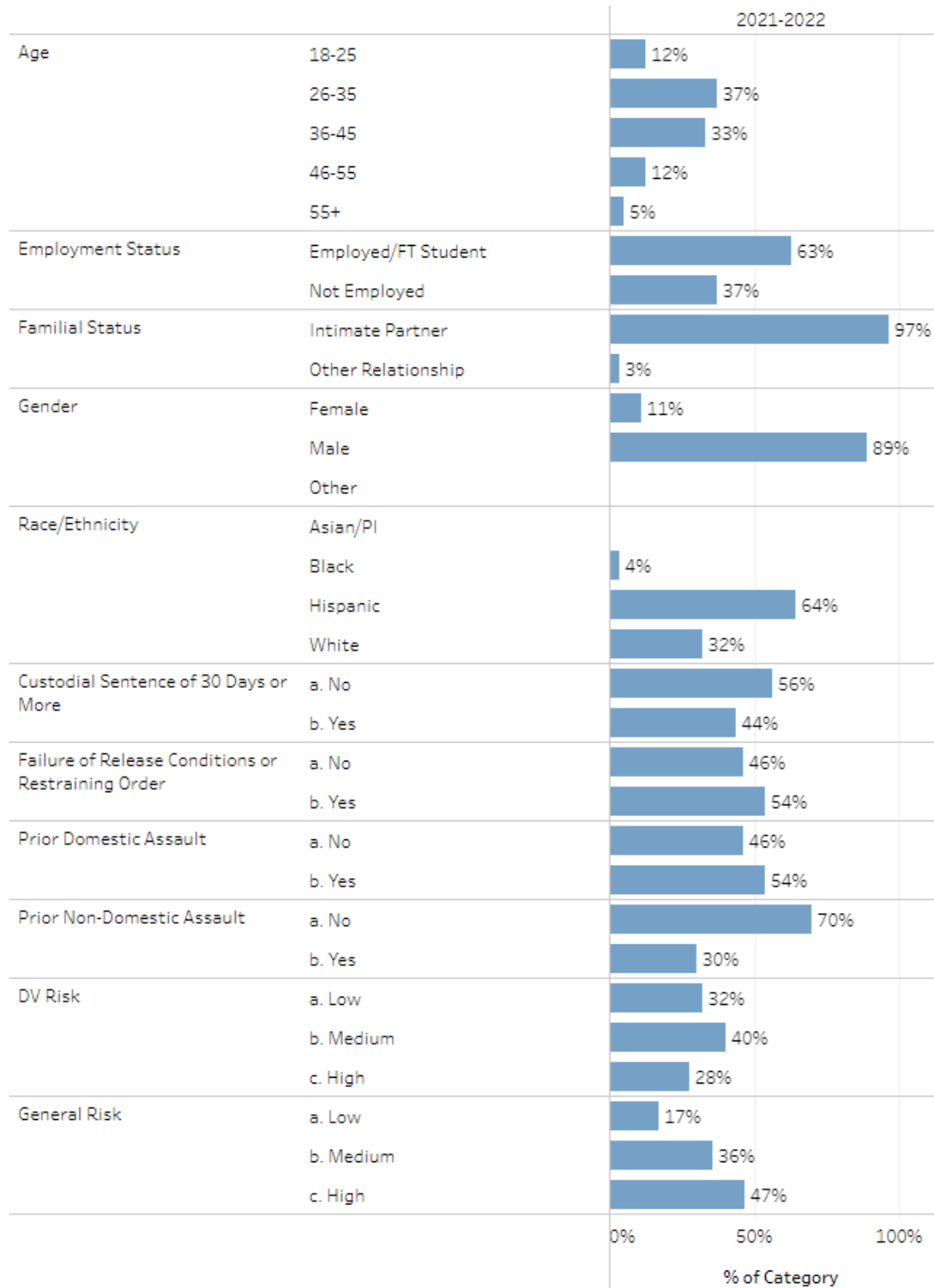
- (8) The county reports all of the following information annually to the Legislature:
 - (A) The risk and needs assessment tool used for the program.
 - (B) The curriculum used by each program.
 - (C) The number of participants with a program length other than one year, and the alternative program lengths used.
 - (D) Individual data on the number of offenders participating in the program.
 - (E) Individual data for the items described in paragraph (7).

APPENDIX B: STATEWIDE DATA TABLE

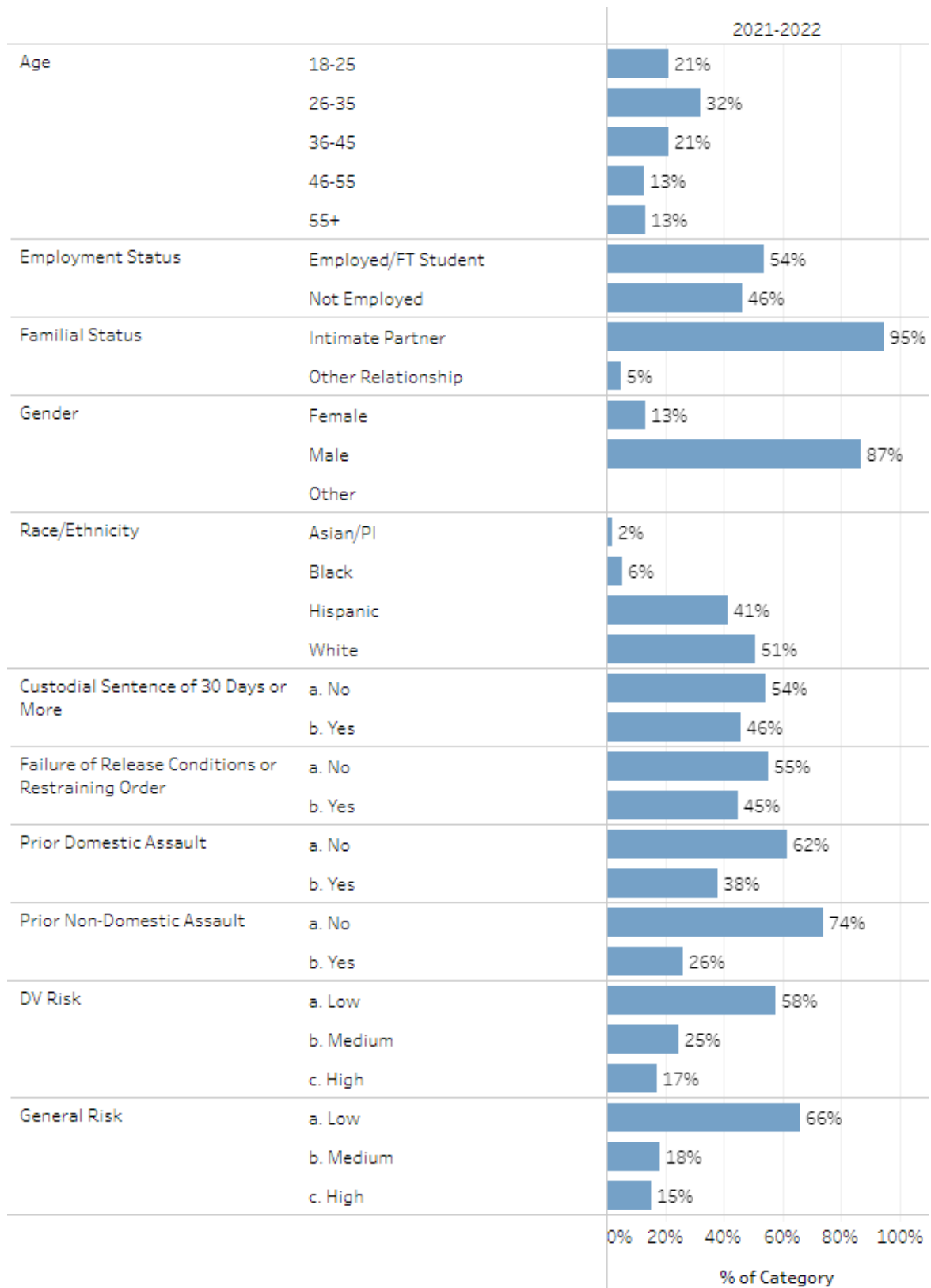


APPENDIX C: COUNTY DATA TABLES

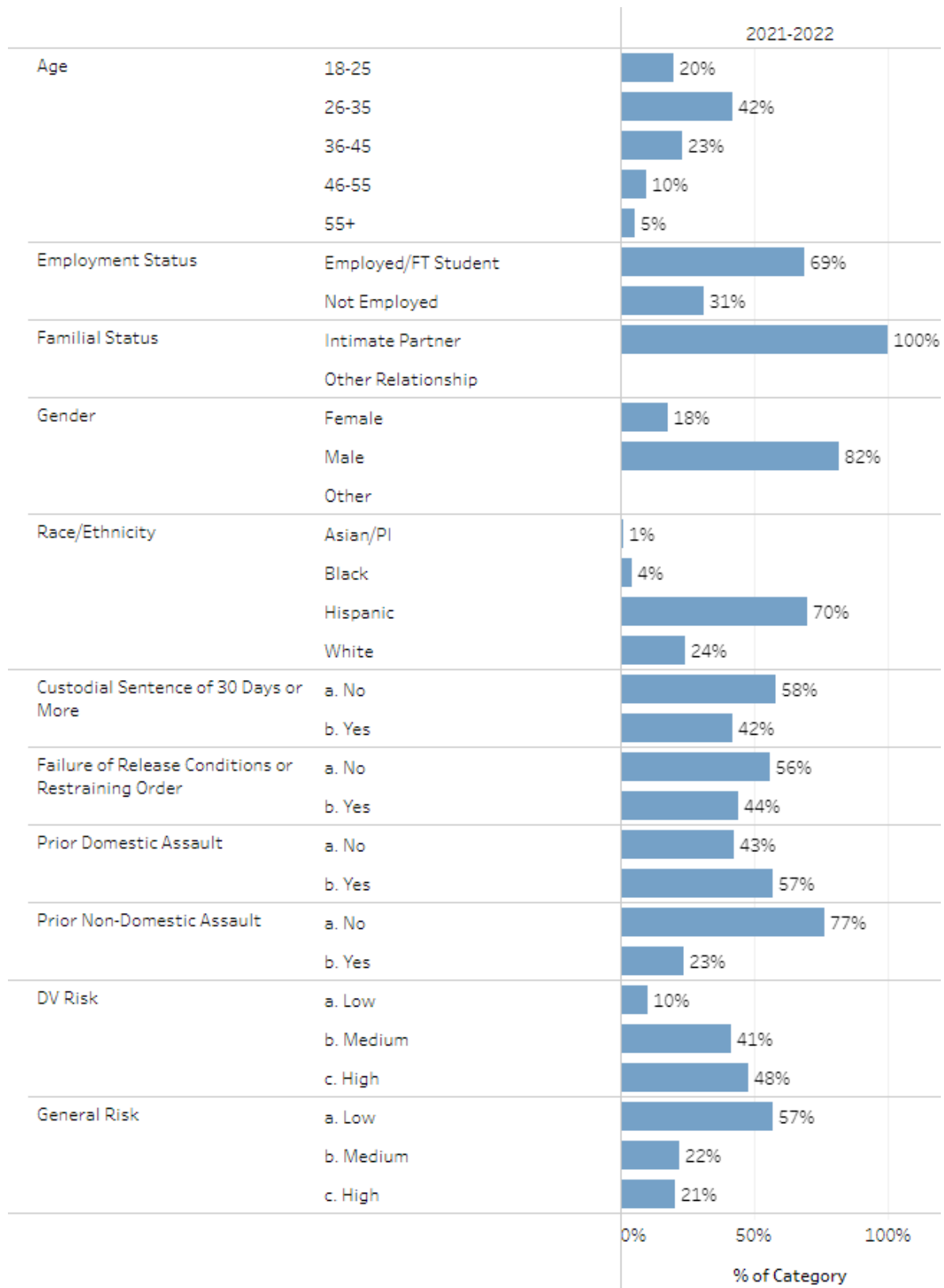
Napa



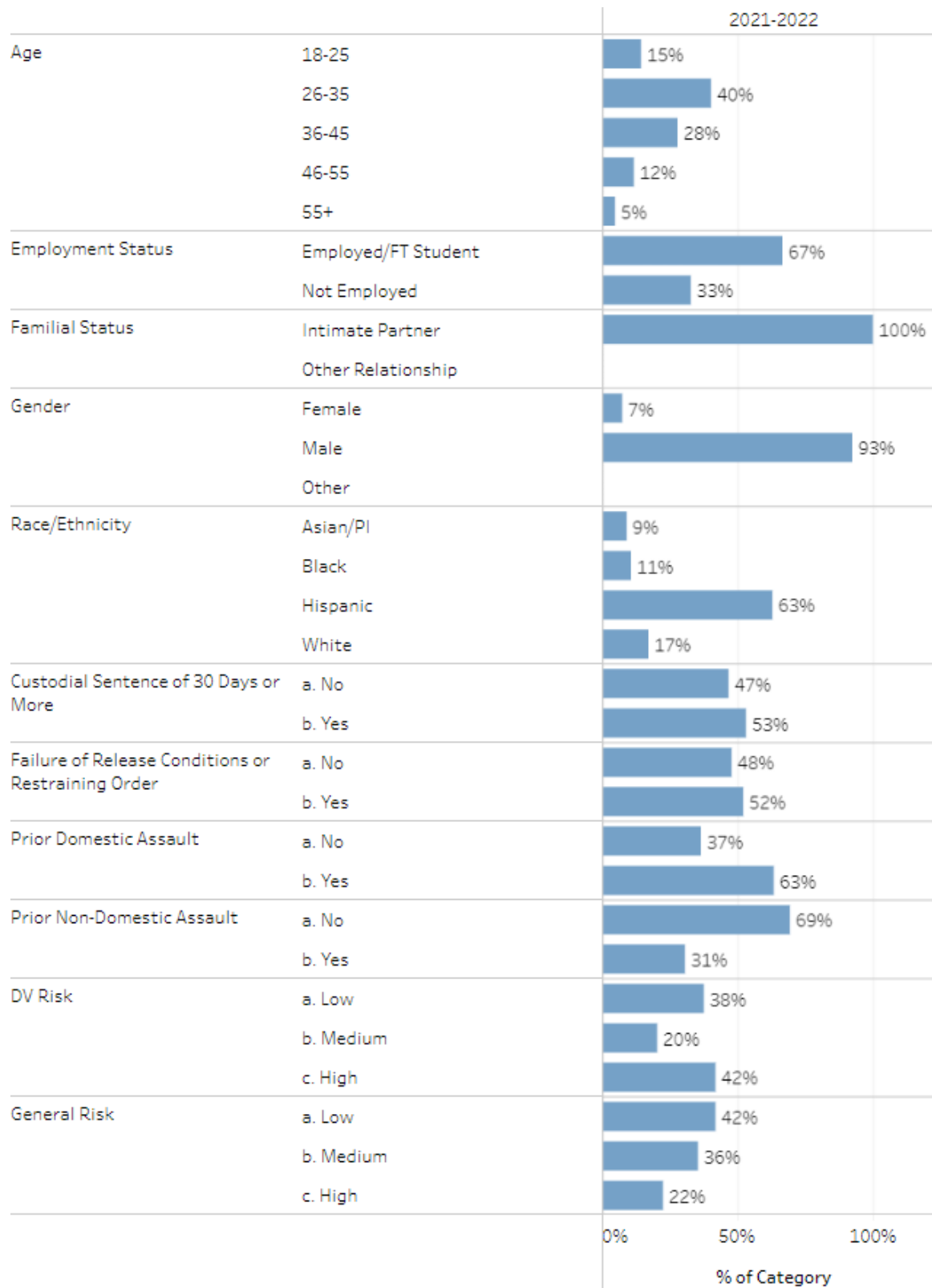
San Luis Obispo



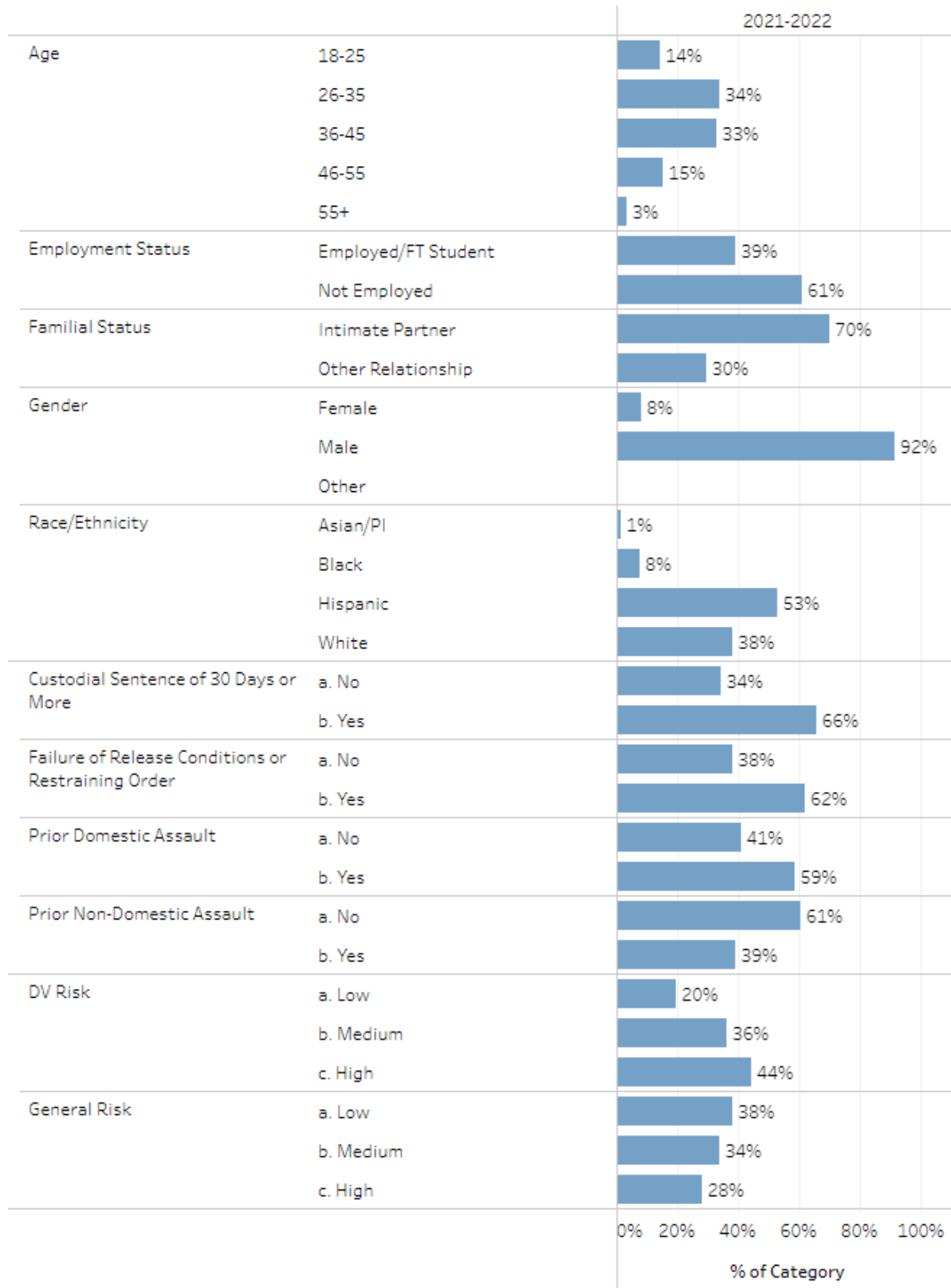
Santa Barbara



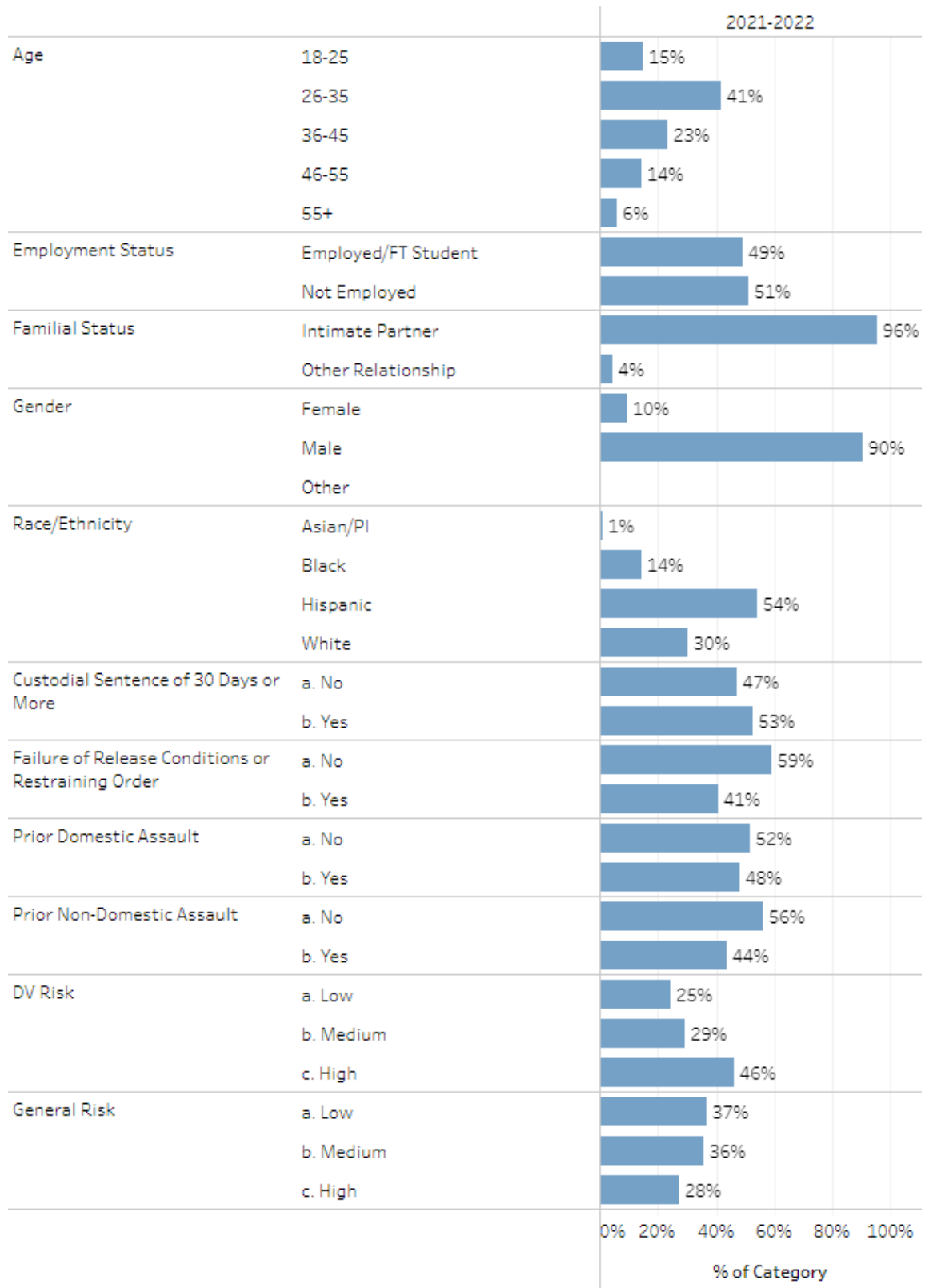
Santa Clara



Santa Cruz



Yolo County



Santa Barbara County

COMPAS

		Low 1-5	Medium 6-7	High 8-10
ODARA	Low 0-1	16 Week Online BIP	16 Week Online BIP & one (1) CBT	16 Week Online BIP & Top 3 Criminogenic, one (1) must be CBT
	Medium 2-4	26 Week STOP Group Program	26 Week STOP Group Program with one (1) CBT	26 Week STOP Group Program with Top 3 Criminogenic, one (1) must be CBT
	High 5+	26 Week STOP Group with Top 3 Criminogenic, one (1) must be CBT		

Santa Cruz County

		CAIS		
		Ex: SI, SI-T, ES, CC, LS	Ex: SI, SI-T, ES, CC, LS	Ex: ES, CC, LS
ODARA Score		Low Dosage <100 Hours	Mod Dosage 100 - 200 Hours	High Dosage >200 Hours
		↓	↓	↓
No ODARA	→	Focus on appropriate Dosage & Applicable Resources	Focus on appropriate Dosage & Applicable Resources	Focus on appropriate Dosage & Applicable Resources
0 - 1	<100 Hours DV Option 1 - Wkbooks ("Low" groups or with private counselor) DV Option 2 - 16 wk online class <i>+ Other needs as identified to achieve dosage</i>	100 - 200 Hours DV Option 2 - 16 wk online class DV Option 3 - Wkbooks ("Mod/High" groups or with private counselor) + 12 week anger management <i>+ Other needs as identified to achieve dosage</i>	>200 Hours DV Option 3 - Wkbooks ("Mod/High" groups or with private counselor) + 12 week anger management <i>+ Other needs as identified to achieve dosage</i>	
	2	<100 Hours DV Option 1 - Wkbooks ("Low" groups or with private counselor) DV Option 2 - 16 wk online class <i>+ Other needs as identified to achieve dosage</i>	100 - 200 Hours DV Option 2 - 16 wk online class DV Option 3 - Wkbooks ("Mod/High" groups or with private counselor) + 12 week anger management <i>+ Other needs as identified to achieve dosage</i>	>200 Hours DV Option 3 - Wkbooks ("Mod/High" groups or with private counselor) + 12 week anger management DV Option 4 - 26 wk DV Program (traditional group or "Mod/High" wkbook or w/ private counselor) <i>+ Other needs as identified to achieve dosage</i>
3 - 4	<100 Hours DV Option 2 - 16 wk online class DV Option 3 - Wkbooks ("Low" groups or with private counselor) + 12 week anger management <i>+ Other needs as identified to achieve dosage</i>	100 - 200 Hours DV Option 3 - Wkbooks ("Mod/High" groups or with private counselor) + 12 week anger management DV Option 4 - 26 wk DV Program (traditional group or "Mod/High" wkbook or w/ private counselor) <i>+ Other needs as identified to achieve dosage</i>	>200 Hours DV Option 3 - Wkbooks ("Mod/High" groups or with private counselor) + 12 week anger management DV Option 4 - 26 wk DV Program (traditional group or "Mod/High" wkbook or w/ private counselor) <i>+ Other needs as identified to achieve dosage</i>	
5 - 6	<100 Hours DV Option 3 - Wkbooks ("Low" groups or with private counselor) + 12 week anger management DV Option 4 - 26 wk DV Program (workbooks or groups) <i>+ Other needs as identified to achieve dosage</i>	100 - 200 Hours DV Option 4 - 26 wk DV Program (traditional group or "Mod/High" wkbook or w/ private counselor) DV Option 5 - 52 wk DV Program (traditional group or "Mod/High" wkbook or w/ private counselor) <i>+ Other needs as identified to achieve dosage</i>	>200 Hours DV Option 4 - 26 wk DV Program (traditional group or "Mod/High" wkbook or w/ private counselor) DV Option 5 - 52 wk DV Program (traditional group or "Mod/High" wkbook or w/ private counselor) <i>+ Other needs as identified to achieve dosage</i>	
7 - 13	<100 Hours DV Option 4 - 26 wk DV Program (traditional group or "Low" wkbook or w/ private counselor) DV Option 5 - 52 wk DV Program (traditional group or "Low" wkbook or w/ private counselor) <i>+ Other needs as identified to achieve dosage</i>	100 - 200 Hours DV Option 4 - 26 wk DV Program (traditional group or "Mod/High" wkbook or w/ private counselor) DV Option 5 - 52 wk DV Program (traditional group or "Mod/High" wkbook or w/ private counselor) <i>+ Other needs as identified to achieve dosage</i>	>200 Hours DV Option 4 - 26 wk DV Program (traditional group or "Mod/High" wkbook or w/ private counselor) DV Option 5 - 52 wk DV Program (traditional group or "Mod/High" wkbook or w/ private counselor) <i>+ Other needs as identified to achieve dosage</i>	
Other Options to Meet Dosage	CAIS with consideration of Supervision Strategy Group:			
	CBT Workbooks based on specific need areas SUD Treatment (based on ASAM Assessment) / MAT Support Employment Services Seeking Safety T4C/MRT/Other CTBI Groups MH / Beh Health Group Therapy (Private Pay / MediCal)			