



California State Association of Counties



Support Hub for Criminal Justice Programming

AB 372 Legislative Report: Year 6

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 initiating 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 sixth year authorized under [Assembly Bill \(AB\) 372](#) (Stone). Six years into the AB 372 Pilot and across six counties, more than 8,400 participants have entered a program.

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 programs and practice 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 to 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 programming and services.

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, as 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. Use 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. Certify 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 reporting no effect on recidivism. This means that 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, such as 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 Six Legislative Report lays out program participant demography, risk level, employment status, criminal history, and treatment type and completion through the sixth 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 five years and had sufficient time at risk to recidivate. Ongoing recidivism research around this pilot is noted later in this report. Key findings regarding those entering the program from July 1, 2024, to June 30, 2025, include:

- 1,516 people were placed on domestic violence caseloads in the sixth year of the pilot.
- 90 percent identified as male.
- 37 percent were not employed.

¹ O'Connell, Kevin. Pathways to Change: Incorporating Behavioral Health Responses to Reduce Intimate Partner Violence. (2021). Accessed here: https://live-csac-dd.pantheonsite.io/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>

- 40 percent had previously served 30 days or more in county jail.
- 49 percent had a prior domestic violence assault reported to the police.
- 52 percent were assessed as low risk to reoffend with any offense, not just IPV.
- 37 percent were assessed as low 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), year two (July 1, 2020, to June 30, 2021), year three (July 1, 2021, to June 30, 2022), year four (July 1, 2022, to June 30, 2023), and year five (July 1, 2023, to June 30, 2024):

Measure	Year 1 Participants	Year 2 Participants	Year 3 Participants	Year 4 Participants	Year 5 Participants
Booked into Jail					
While in the Program	29%	25%	31%	29%	24%
Within six months of Program Completion	15%	18%	15%	17%	22%
Received New Conviction					
While in the Program	12%	10%	13%	13%	8%
Within six months of Program Completion	4%	6%	5%	6%	5%
Received Restraining Order Violation					
While in the Program	11%	10%	8%	8%	6%
Within six months of Program Completion	6%	6%	3%	4%	6%

Because of differences in time at risk, data limitations, 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, not only domestic violence-related charges. Further, an important consideration of any outcome reporting is to use an appropriate comparison group and to

account for external factors. To deepen the pilot's understanding of survivor experiences and program impacts, the California Partnership to End Domestic Violence (CPEDV) facilitated survivor-centered listening sessions, bringing together survivors, providers, program facilitators, advocates, and individuals with lived experience. The conversation was intentionally framed through a survivor lens, surfacing candid feedback on how program funding, accountability structures, and post-program support shape both participant behavior change and survivor safety. 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 purpose of the Risk-Need-Responsivity concept is to orient programs to the needs of the population and to align risk levels with dosage intensity. The concept of dosage is to devote more intensive services and treatment time 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 focuses resources on those most likely to reoffend while not over-programming low-risk individuals, which has been shown to increase recidivism. The actual dosage should depend on the program participants' 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 to determine 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 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 evaluate its prediction of future events.⁵ The treatment and interventions should correspond to the individual's unique

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.

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

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.

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 treatment. Several approaches are used: low-risk program participants may receive a 10-week course, a 16-week online course, or a 26-week program; medium risk participants may receive either 26 weeks or 52 weeks; and high-risk participants may receive 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 grounded in sound correctional theory while 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	52 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.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, this all 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 York.²⁰
- *Stop: Skills, Techniques, Options and Plans for a Better Relationship*, developed by David Wexler.²¹
- *Cognitive Behavioral Interventions for Interpersonal Violence (CBI-IPV)*, developed by the University of Cincinnati.²²
- *Streets2Schools*²³ paired with Cognitive Behavioral Therapy.

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	Monarch Services & Streets2Schools	STOP and Streets2Schools	CBI-IPV
Start Date	2019	2019	2020	2019	2019	2020

¹⁸ "Practice Profile: Interventions for Domestic Violence Offenders: Duluth Model". Crimesolutions, National Institute of Justice, 2020, <https://crimesolutions.ojp.gov/ratedpractices/interventions-persons-who-committed-intimate-partner-violence-duluth-model>. 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://titles.cognella.com/another-way-choosing-to-change-9781516581580>

²¹ <https://www.rtiprojects.org/rti-bookstore>

²² University of Cincinnati, Cognitive Behavioral Interventions for Interpersonal Violence, [downloadable EPB version](#)

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

PROGRAM PARTICIPANT PROFILES

For the Year Six report, data was gathered from all six pilot jurisdictions, from July 1, 2024, to June 30, 2025. 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 are not yet available. Therefore, we reported recidivism and program completion information for year five participants. The sections below cover the general demographics for those program participants, indicators of criminal history, risk assessment, and length of the program. Year five 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](#)).

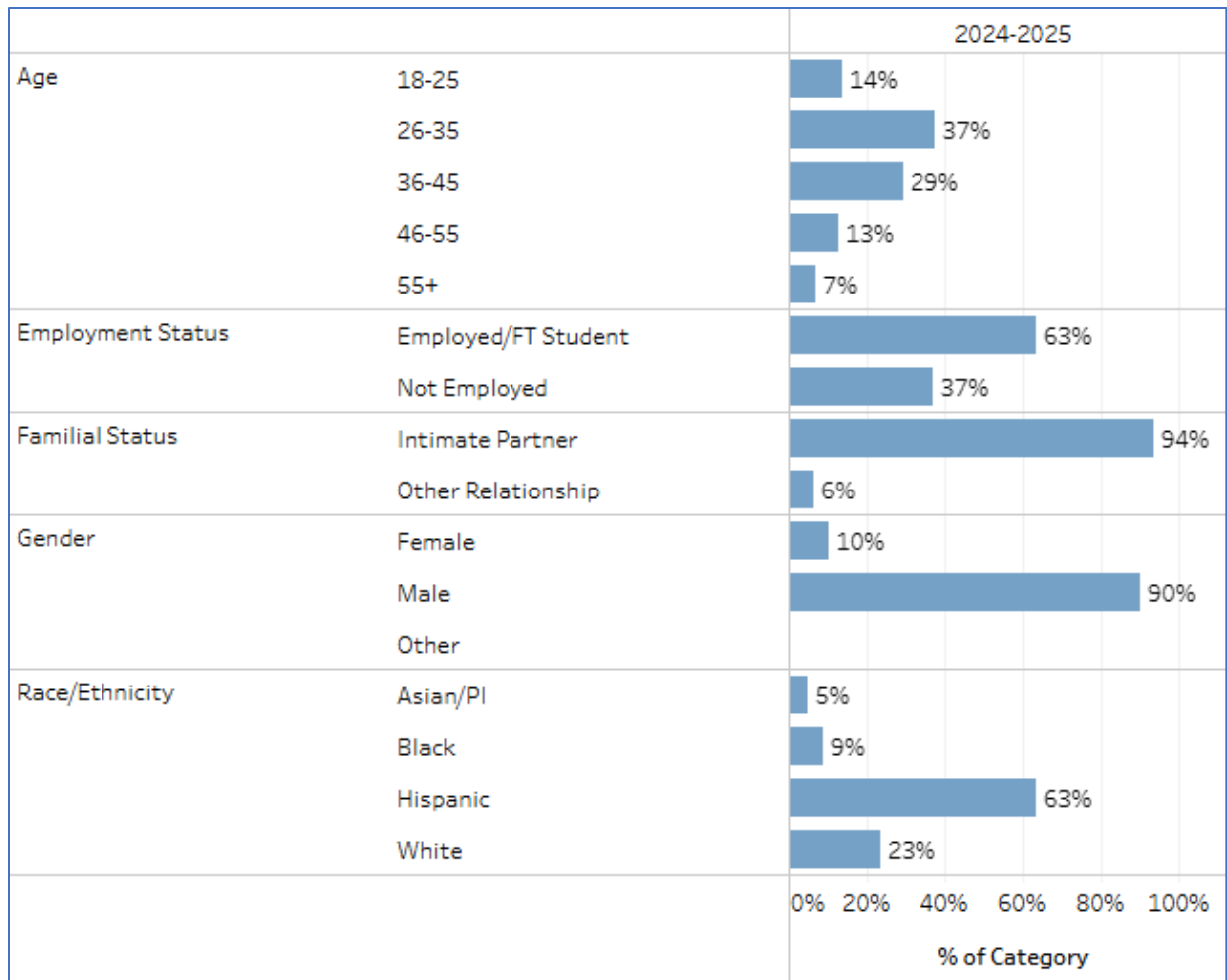
DEMOGRAPHICS

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

Demographics for Year Six include:

- Nine out of ten individuals (90 percent) in the pilot counties' domestic violence program identified as male.
- More than three out of five people (63 percent) in a domestic violence program identified as Hispanic, making language and culture important programming considerations.
- In the six pilot counties, individuals who identified as Hispanic were more than twice as likely as white individuals to be referred to domestic violence programming.
- More program participants were employed, or full-time students than not employed (63 percent), but individuals in the domestic violence program were 35 percent more likely to not be employed than the general population.²⁴
- For a vast majority of individuals (94 percent) in the pilot counties' programs, the victim was an intimate partner. The remaining individuals either had shared familial relationships or casual relationships.

²⁴ Employment data are from the Census Bureau's 2021 American Community Survey <https://data.census.gov/table/ACSDT1Y2023.B23001?q=population%20by%20employment%20and%20age&g=050XX00US06087,06055,06079,06113,06083,06085>). The domestic violence employment rate was compared to 20-55 year old employment rate from the Census Bureau data.

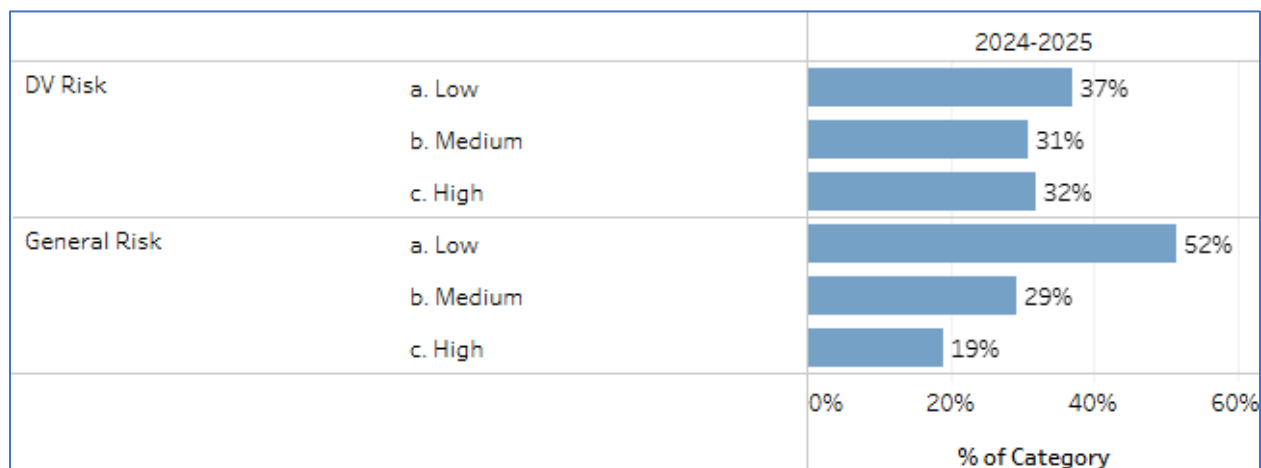


RISK ASSESSMENT

Risk assessment is an essential tool for developing differentiated case management so that treatment dosage intensity and resources can reach the appropriate targets. 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, the general risk level provided in the tables below is not standardized 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.

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 and domestic violence risk level is low.



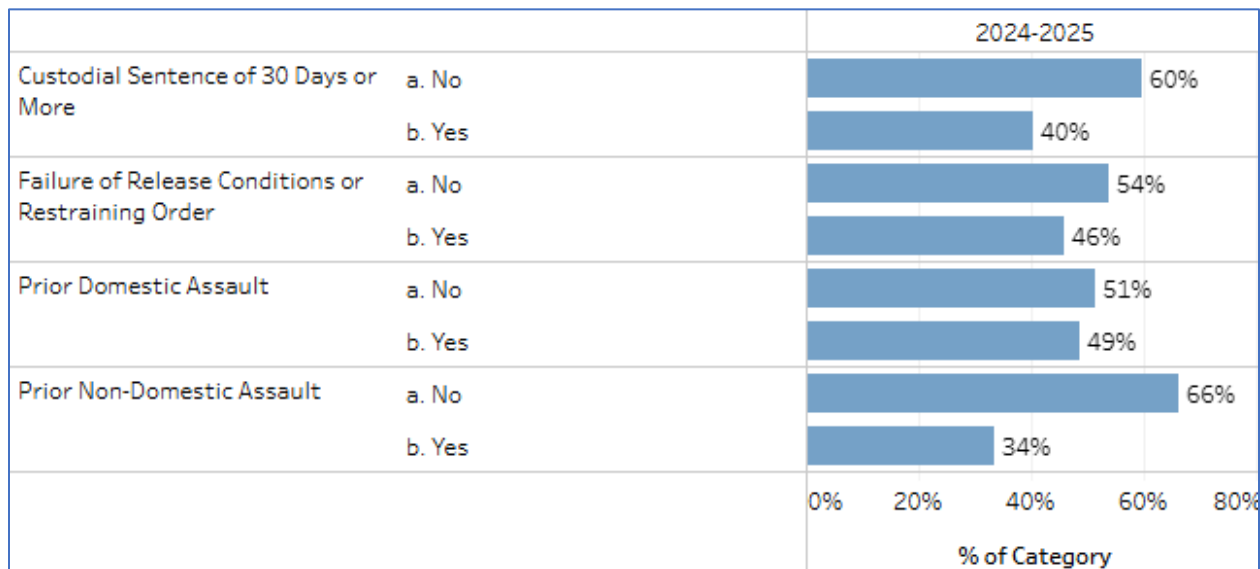
CRIMINAL HISTORY

A person's criminal history provides information on the extent to which they have 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.

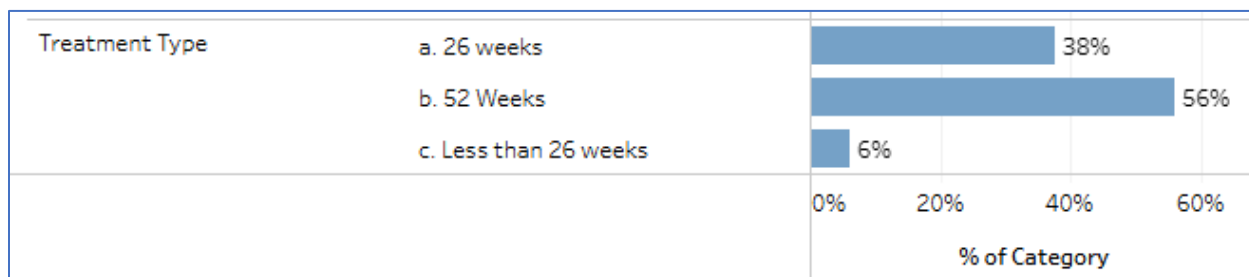
The graph below shows the percentage of individuals in the pilot counties' domestic violence programs who answered yes to those four criminal history questions. The most common prior event was a domestic assault, with nearly half (49 percent) of the individuals having a prior domestic assault filed in a police report or on their criminal record. Two out of five (40 percent) individuals had a prior custodial sentence of more than 30 days. Just under half (46 percent) had failed their release conditions or a restraining order. Just over one in three (34 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

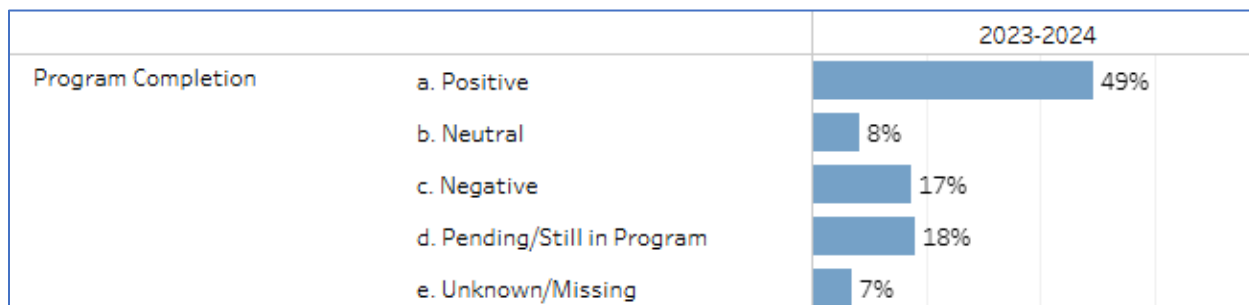
By the second year of the pilot, all six counties provided some level of programming that was less than 52 weeks. However, there have been significant variations in the length of programming, with four counties using 52 weeks for more than half of their clients and two counties most often providing BIPs that were 26 weeks or less. Well over half (56 percent) of the program participants in the six pilot counties were enrolled in BIPs that were 52 weeks, with the remaining participants enrolled in programs that were 26 weeks or less.²⁵ Again, pilot counties placement of individuals was based upon developed decision-making frameworks.



²⁵ This percentage includes all of Santa Clara's domestic violence clients, most of which were not part of the pilot. Also, Santa Clara uses two classes per week for 26 weeks, so the person obtains similar hours in the program to a 52-week program, but it is done at a faster pace.

The annual data collection produces meaningful demographic, risk, and criminal history data shown for the current year. However, there is a one-year lag in reporting on completion information. Generally, the 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 that 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 Six report includes data on program completion for individuals entering the program in the fifth year (FY 2024). For those who entered the program in the fifth year, nearly half (49 percent) had shown a positive completion of the program.²⁶ One in six had a negative completion (17 percent) and over one third (33 percent) had a neutral, pending, or unknown completion status.²⁷ Overall, completion data shows that there were nearly three positive completions of the program for every negative program termination.

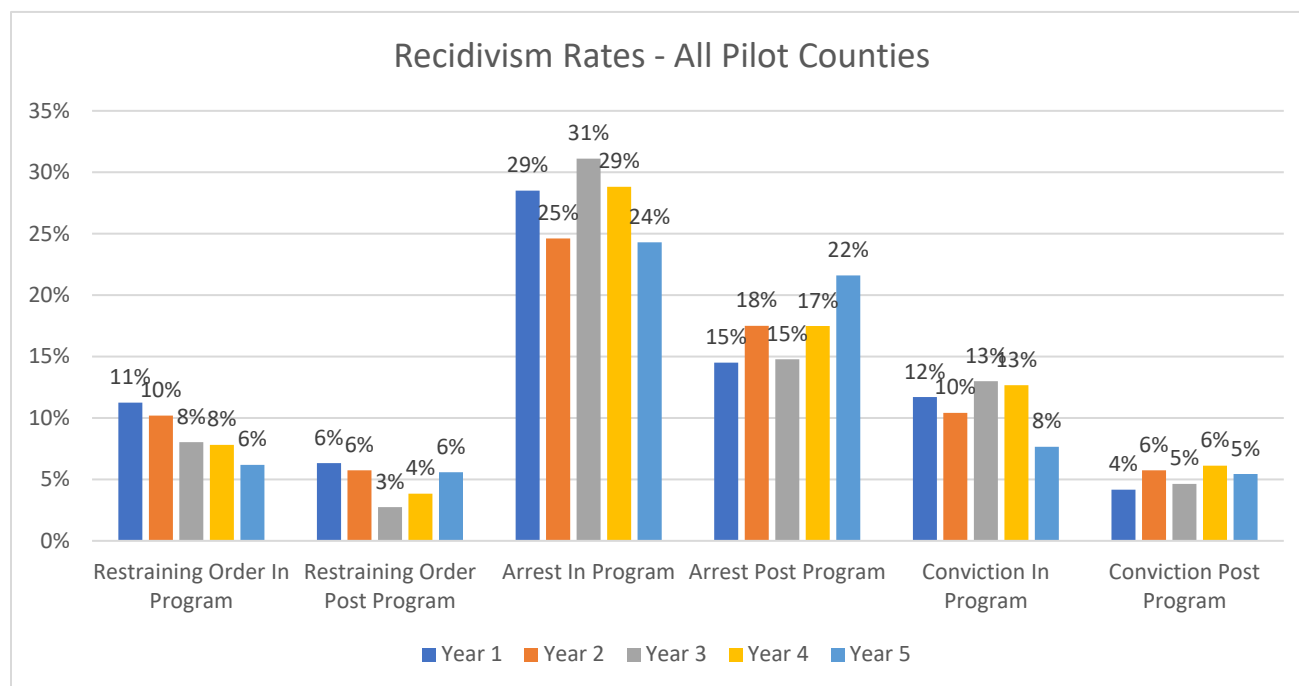


The legislation asked for outcomes for individuals while they were in the program and six months following program completion. There are a number of challenges that have made it difficult to report county level recidivism rates. Two of the pilot counties did not start the pilot in the first year due to implementation challenges. Another difficulty 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

²⁶ 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

²⁷ 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.

across the pilot counties and are still preliminary. The graph below includes aggregated recidivism rates for year one through year five 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 a new arrest²⁸ while in the program, with 29 percent of BIP participants rearrested during the program in the year one cohort, 25 percent in the year two cohort, 31 percent in the year three cohort, 29 percent in the year four cohort, and 24 percent in the year five cohort. Between 8 and 13 percent received a new conviction, and between 6 and 11 percent received a restraining order violation while in the program. Recidivism rates were lower in the six months following program completion. However, the two time periods are not equivalent, with some participants spending a full year in the program while others completed it in under six months. Due to data limitations surrounding recidivism measurement time, recidivism rates for individual counties are not presented in this report.^{29, 30}

²⁸ Counties used jail admissions as a proxy for new arrest as booking data were more readily available.

²⁹ 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.

³⁰ The graph above includes individuals who entered their domestic violence program during the cohort year and completed by June 30, 2024. 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

Looking at recidivism in a more nuanced way will give policymakers and community leaders a better sense of the program's efficacy in improving program participant behavior. Recurring protective orders or re-victimization are of particular concern, as are subsequent recidivism for crimes of violence. Not all counties were able to break out 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. An integral component related to this topic is that additional funding was received to partner with counties to evaluate the effectiveness of the pilot. CSAC and the California Policy Lab are finishing 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 summer 2026.

VICTIM FEEDBACK

Gathering victim feedback is an important and challenging part of understanding the impacts of any justice program.³¹ 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. Furthermore, getting victim feedback assumes that the survivor has ongoing contact to assess the change of the person who committed the act against them. 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. 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.

program and six months after program completion.³¹ In 1203.099 (E)"feedback provided by the victim if the victim desires to participate."

³¹ In 1203.099 (E)"feedback provided by the victim if the victim desires to participate."

- 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.

Victim-witness agencies and agencies that specialize in working with survivors recommend engaging with survivors earlier in the process of adjudication, but the tradeoff is that survivors are often most traumatized during this period. The general feedback showed that few survivors would know about, or be able to comment on, the efficacy of treatment in particular. Because of the difficulty in creating a voice for victim feedback, CSAC partnered with the California Partnership to End Domestic Violence (CPEDV) to convene a survivor-centered listening session, the findings of which are summarized below.

In late 2025, CPEDV facilitated survivor-centered listening sessions to deepen the pilot's understanding of survivor experiences and program impacts. The session convened a cross-section of stakeholders, including survivors, county-level providers, program facilitators, advocates, and individuals with lived experience, among them formerly incarcerated participants. The conversation was intentionally framed through a survivor lens, with facilitators explicitly inviting survivor input and asking non-survivor participants to focus on survivor perspective and impact. Participants engaged candidly and with expert insight, surfacing feedback on how program funding, accountability structures, and post-program support shape both participant behavior change and survivor safety. The primary themes are summarized below.

The "Offender Pay" Model

A central portion of the discussion examined whether BIPs should continue operating under a participant self-pay structure. Participants raised a series of interrelated concerns: financial barriers prevent completion for economically unstable participants; programs often operate "in the red"; underfunding can compromise staff wages and training; and the absence of stable state funding limits program quality and scalability. Because many justice-involved individuals face unemployment, housing instability, and legal restrictions, the offender-pay model raises significant equity concerns. Participants also emphasized that survivors are frequently impacted negatively by these cost pressures, whether directly or indirectly. At the same time, there was recognition that payment does not necessarily increase participant engagement, that the inability to pay is itself a major contributor to program failure, and that state funding could stabilize programming while reducing the burden placed on survivors. Taken together, the discussion revealed a systemic misalignment between the rehabilitative goals of BIPs and the funding structures that currently support them.

Accountability Versus Accessibility

The session challenged the common assumption that financial cost drives participant commitment. A participant with lived experience described completing a free pilot program governed by strict attendance rules, including a zero-absence requirement, and credited that structure with his long-term behavioral change. Building on this, participants observed that while financial investment is sometimes viewed as increasing "buy-in," structured accountability, consistent attendance, and relational support appear more influential in producing durable behavioral outcomes and, in turn, positive downstream impacts for survivors. Several programs use flexible scholarship models, with facilitators assessing an individual's circumstances before offering fee adjustments. The dialogue pointed toward an equitable model that balances accountability with accessibility as the approach most likely to benefit survivors and children.

Post-Completion Support and Recidivism Prevention

Participants stressed that completing the mandated program, often 52 weeks, satisfies legal requirements but does not by itself ensure lasting behavioral change. Examples of maintenance-oriented approaches included quarterly alumni meetings, informal re-entry into groups for graduates who are struggling, consideration of mixed-gender alumni groups in the post-mandate phase, and cultural and community-based follow-up programming. Participants expressed concern that programs generally lack structured maintenance phases, that success is poorly defined beyond compliance with requirements, and that relapse risk increases without continued support. This reflects a broader shift from compliance-based justice toward rehabilitation-centered models that resemble long-term behavioral maintenance frameworks used in substance use recovery, such as ongoing peer support. Without such maintenance, survivors remain at elevated risk of ongoing and long-term harm.

Survivor-Centered Framework

Throughout the session, facilitators reiterated the importance of centering survivor voices. Participants noted that the survivor perspective is too often left out of BIP program development and implementation, policymaking and enforcement, and other critical areas, and that system processes affect survivors in unique ways. The discussion emphasized integrating trauma-informed and survivor-informed practices into policy reform, and highlighted the need to structurally embed survivor feedback mechanisms rather than rely on voluntary outreach. This aligns with the challenges described elsewhere in this report regarding the difficulty of consistently gathering victim feedback.

Policy and Legislative Considerations

Participants identified several challenges relevant to any policy or funding reform, including state budget constraints, the degree of legislative openness to the discussion, the lack of consensus on funding models, and the comparatively small budgetary footprint of BIPs relative to broader state expenditures. Stakeholders appear to be gathering qualitative data to support future legislative

engagement, while recognizing that measurable outcome data, such as recidivism rates, survivor safety metrics, and cost-benefit analysis, still requires further development and discussion in higher-level policy spaces.

Strengths, Gaps, and Next Steps

The session demonstrated notable strengths, including openness to funding reform, the inclusion of lived-experience insight, recognition of post-program maintenance needs, an intentional focus on survivor safety and impact, and a willingness to examine curriculum and policy simultaneously. Participants also identified areas for development: the lack of defined success metrics, limited quantitative data, survivor participation that remains aspirational rather than structurally embedded, and the unresolved question of financial sustainability. Overall, the direction of the conversation pointed toward rehabilitation-informed, survivor-centered, and systemically funded programming. The session closed with reference to this forthcoming Year Six report, a larger convening planned in Sacramento in fall of 2026, and ongoing curriculum revisions. All of which contribute to important policy considerations resulting from this work and the pilot projects.

AB 372 COMPARISONS OVER TIME

The number of admissions into IPV programs among the pilot counties has steadily increased over time, peaking in FY 2024 with 1,584 admissions. This was an increase of 35 percent since FY 2020. FY 2025 admissions dropped slightly to 1,516 and was still the second highest year. Four of the six pilot counties experienced increases in admissions between year one and year six.

Most population breakdowns were largely unchanged over the six years. The two areas with the most significant changes were employment and criminal history. Those admitted in fiscal year 2020-21 were much less likely to be employed (56 percent compared to 62 or 63 percent in the other fiscal years). 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 fell in the most recent fiscal year. This change is also reflected in a higher percentage of individuals with a low DV risk in the most recent fiscal year.

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 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. With higher unemployment rates and behavioral health needs, new and innovative thinking is needed to determine 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 has completed a brief on approaches of rethinking the "offender pay" fiscal model and the associated impacts that the current domestic violence funding system has on client success and survivors who remain in the relationship. Key findings include the various ways that programming operates, both in terms of funding sources, as well as the rate structure.³² The terms and conditions of a DV conviction include a batterers intervention program designed to reduce future domestic violence events and change attitudes and behaviors. These BIPs include a fee borne by the person convicted, also known as the "offender pays model," that may contribute to lower engagement and completion rates of these programs.

CSAC, in partnership with the University of Cincinnati, has developed a new integrated curriculum focused on the intersection of intimate partner violence and substance use. This curriculum was developed in 2024 and piloted in two counties as a scalable way to meet the more complex needs of people convicted of domestic violence. Research into client needs has shown that substance use is a major factor in domestic violence. This curriculum merges the two, using a cognitive behavioral model to address both risk factors. CSAC is looking at multiple models for expanding the curriculum to more counties as well as providers, but continues to work on testing and piloting this curriculum so that it can be implemented in a way that meets the needs of multiple counties.

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

³² O'Connell, Kevin. A Review of the "Offender Pays" Model. (2024). Accessed here: https://live-csac-dd.pantheonsite.io/sites/main/files/file-attachments/modernizing_the_business_model_for_domestic_violence_treatment.pdf

effectuate data-driven and evidence-based policy changes. Questions include: What does DOJ data reveal about domestic violence recidivism? How do we show the current recidivism in pilot counties, and how does that recidivism compare to before AB 372? Are the pilot programs working? What does a more nuanced view of programming look like, while considering whether other needs are being addressed?

With the support of an expanded grant from the Blue Shield of California Foundation, CSAC has partnered 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 create a recidivism baseline and to better measure domestic violence impacts on the criminal justice system. CSAC and the California Policy Lab are partnering with select pilot counties to complete rigorous local recidivism analyses to determine if pilot county BIPs are showing positive outcomes. This report is expected to be completed in summer 2026.

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.

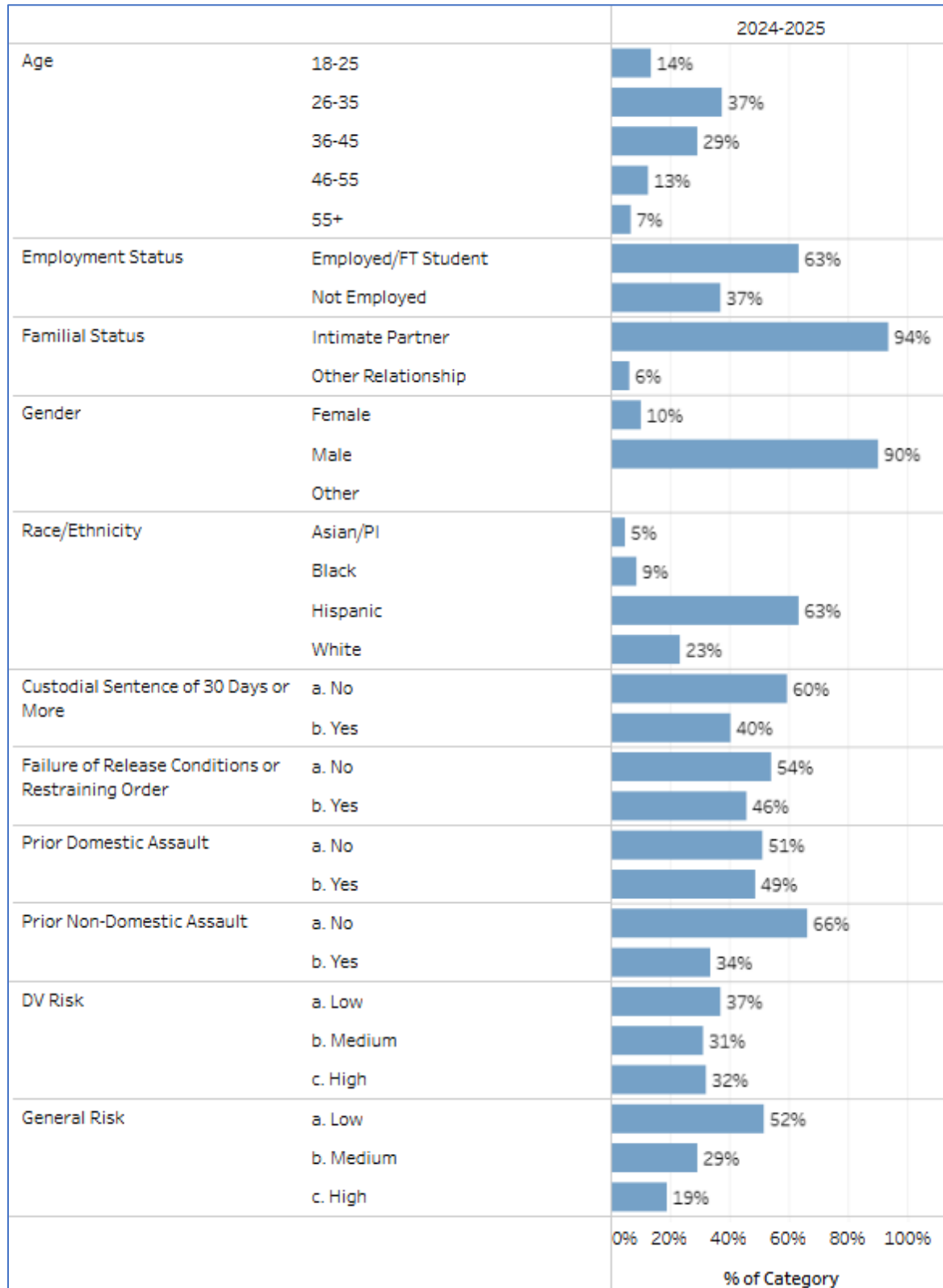
Text in legislation

- (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

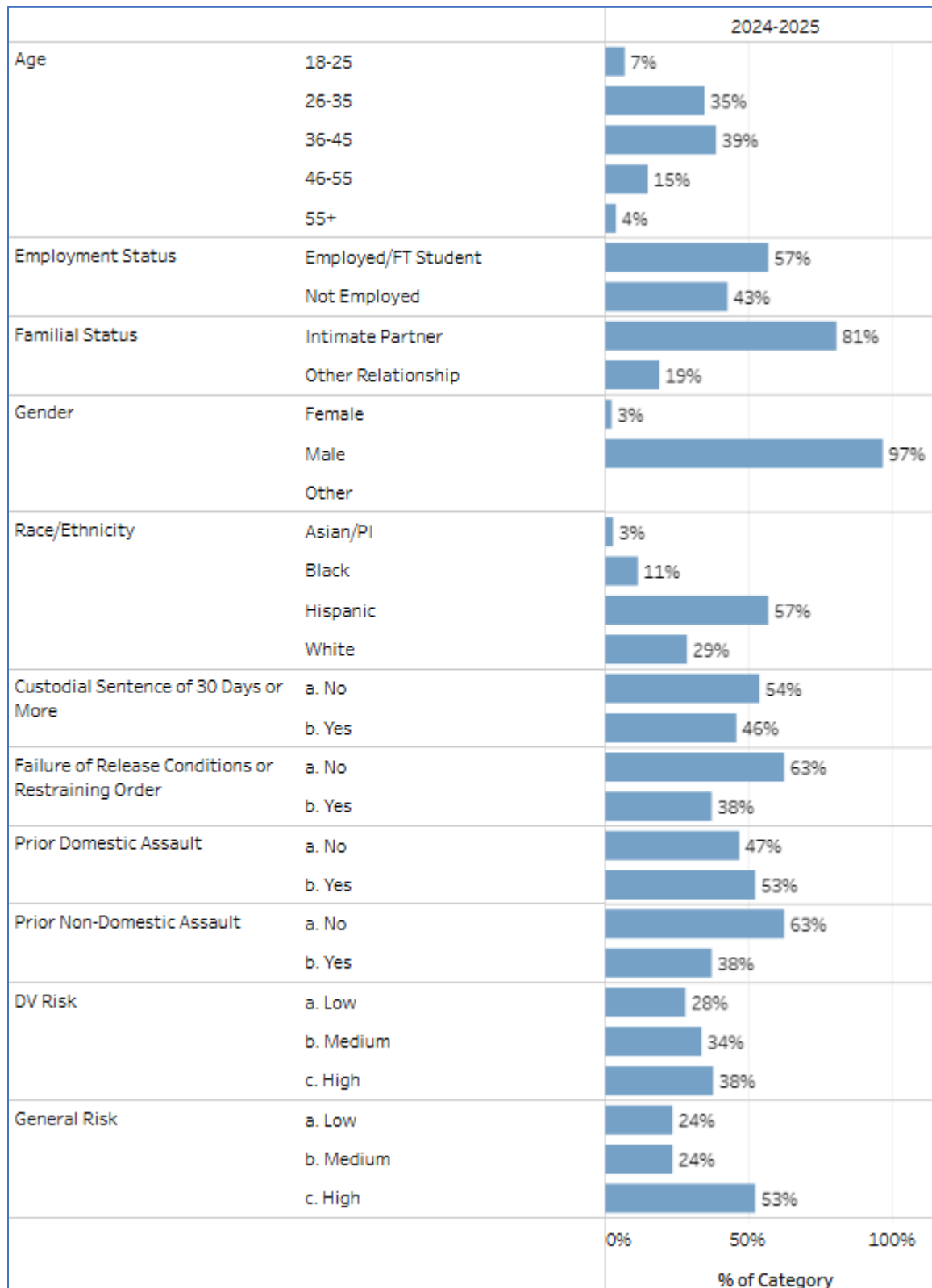
- (8) The county reports all of the following information annually to the Legislature:
 - (A) The risk and needs assessment tool used for the program.
 - (B) The curriculum used by each program.
 - (C) The number of participants with a program length other than one year, and the alternative program lengths 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

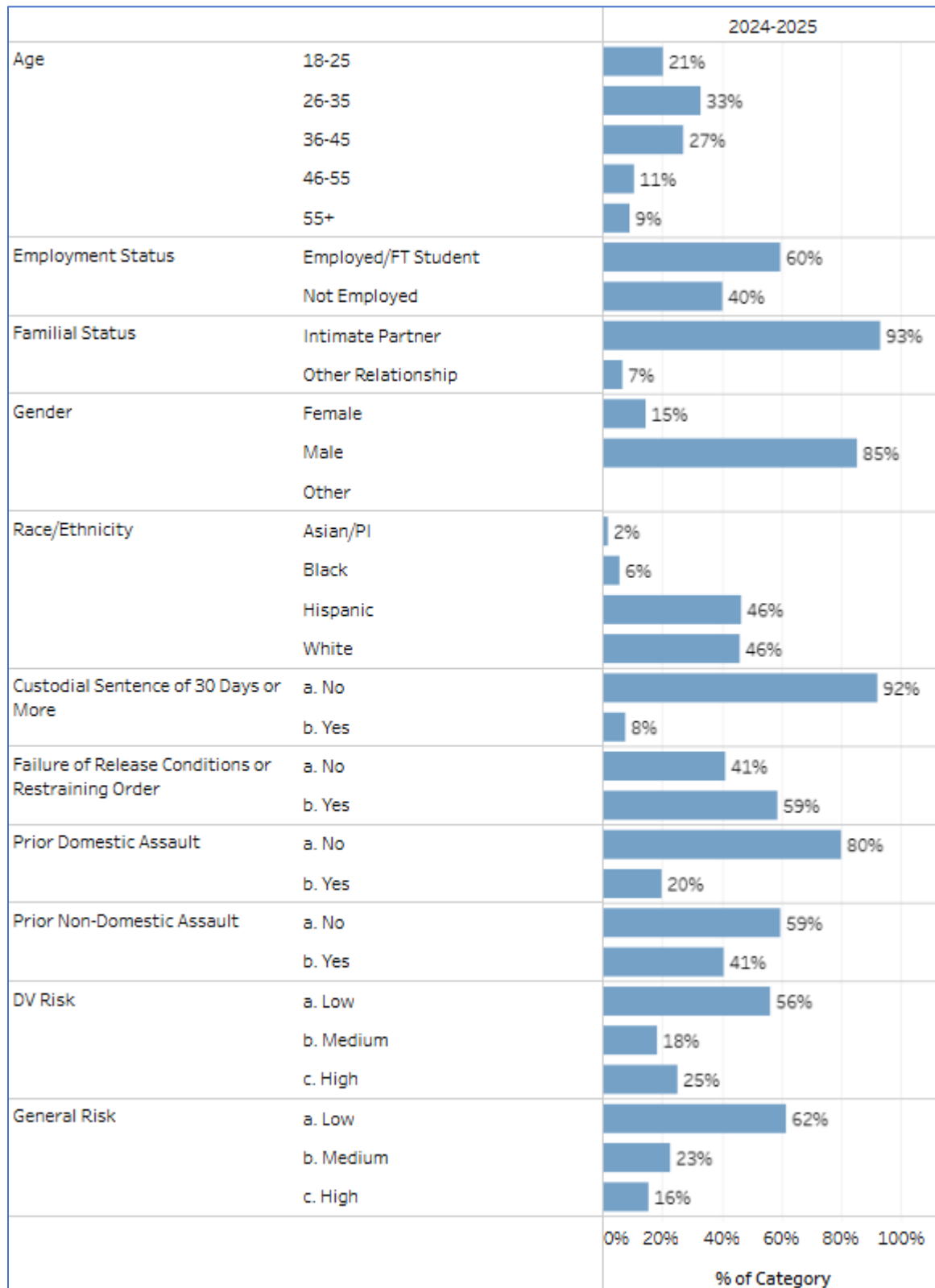


APPENDIX C: COUNTY DATA TABLES

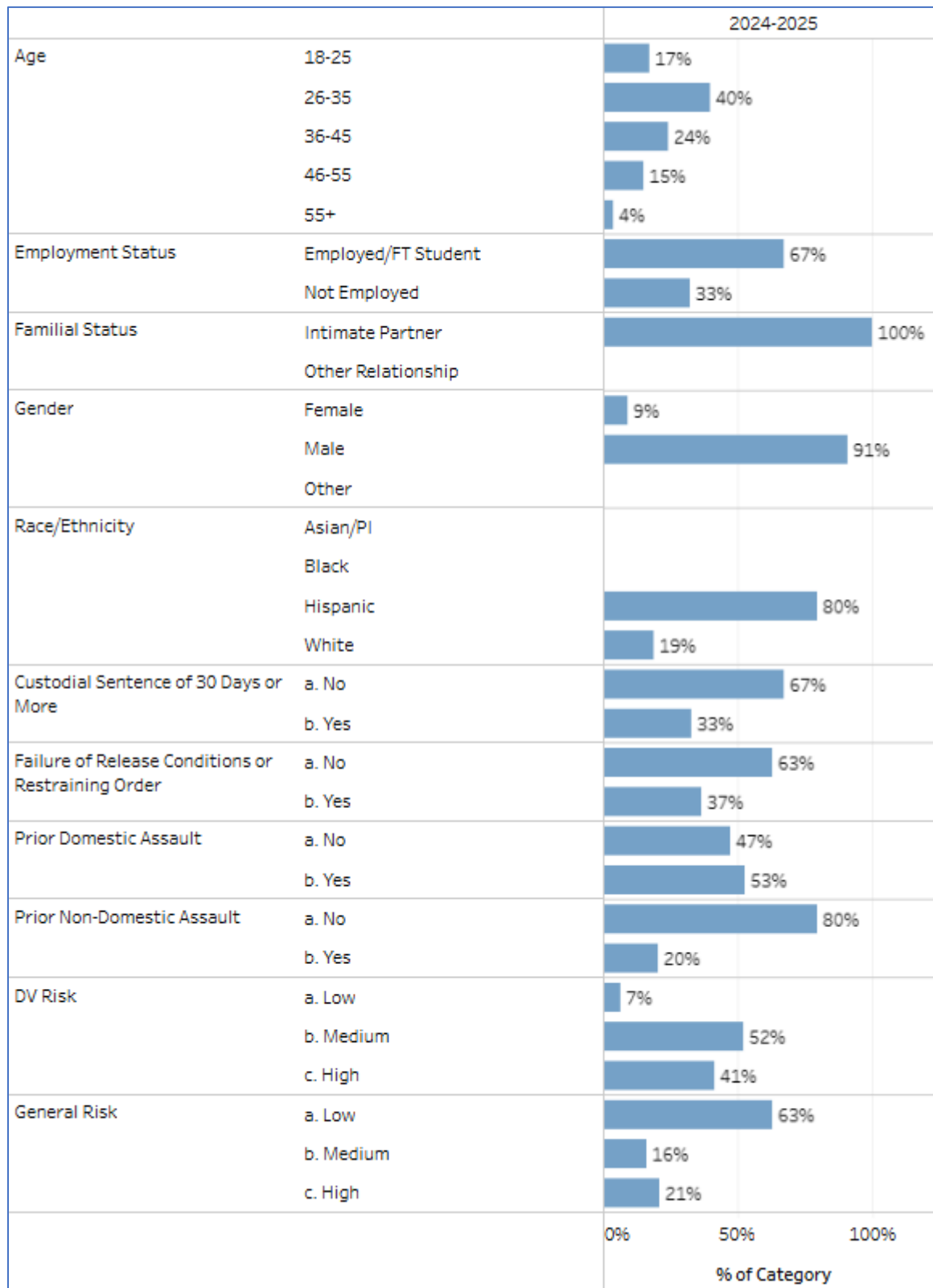
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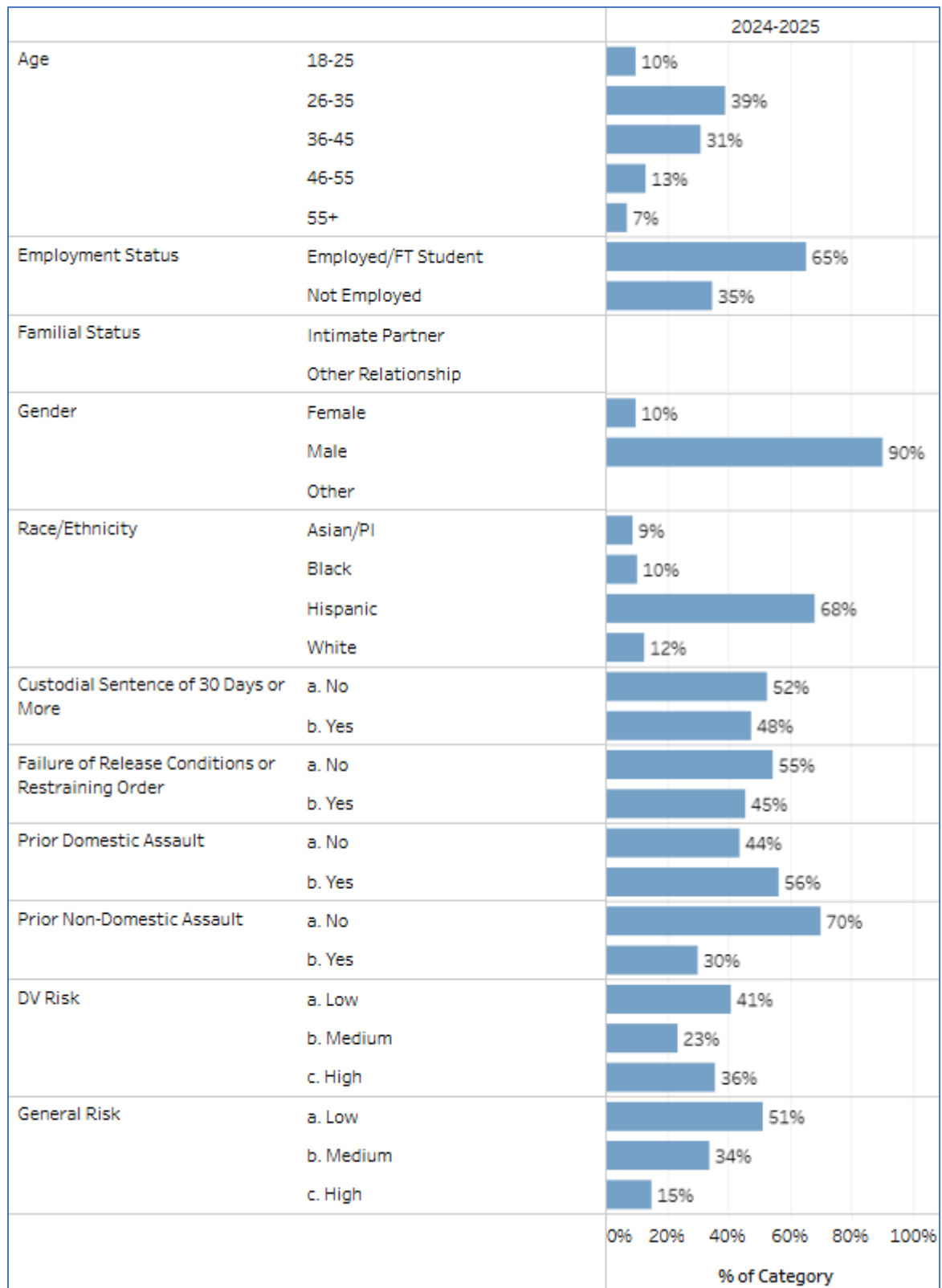
San Luis Obispo



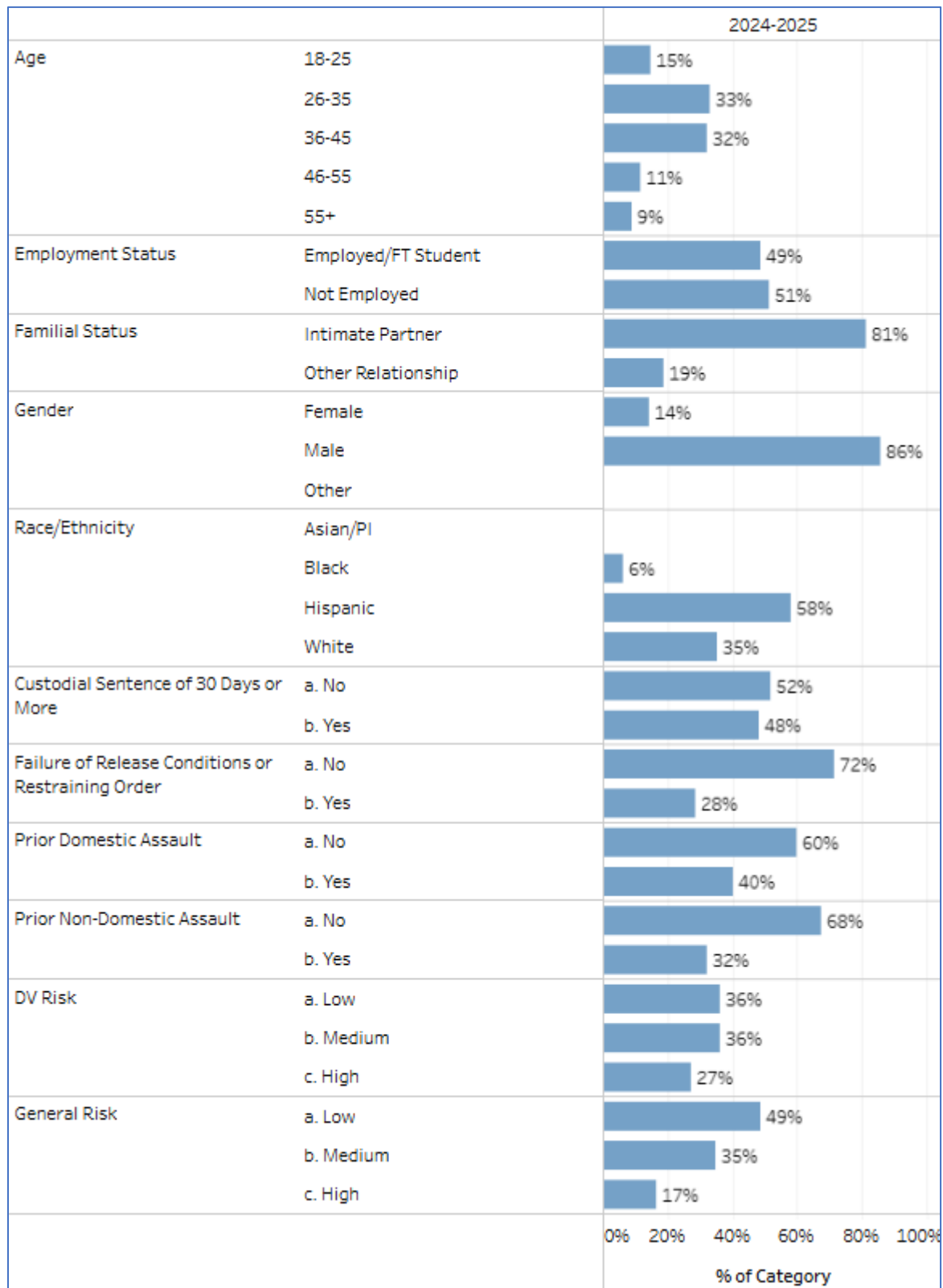
Santa Barbara



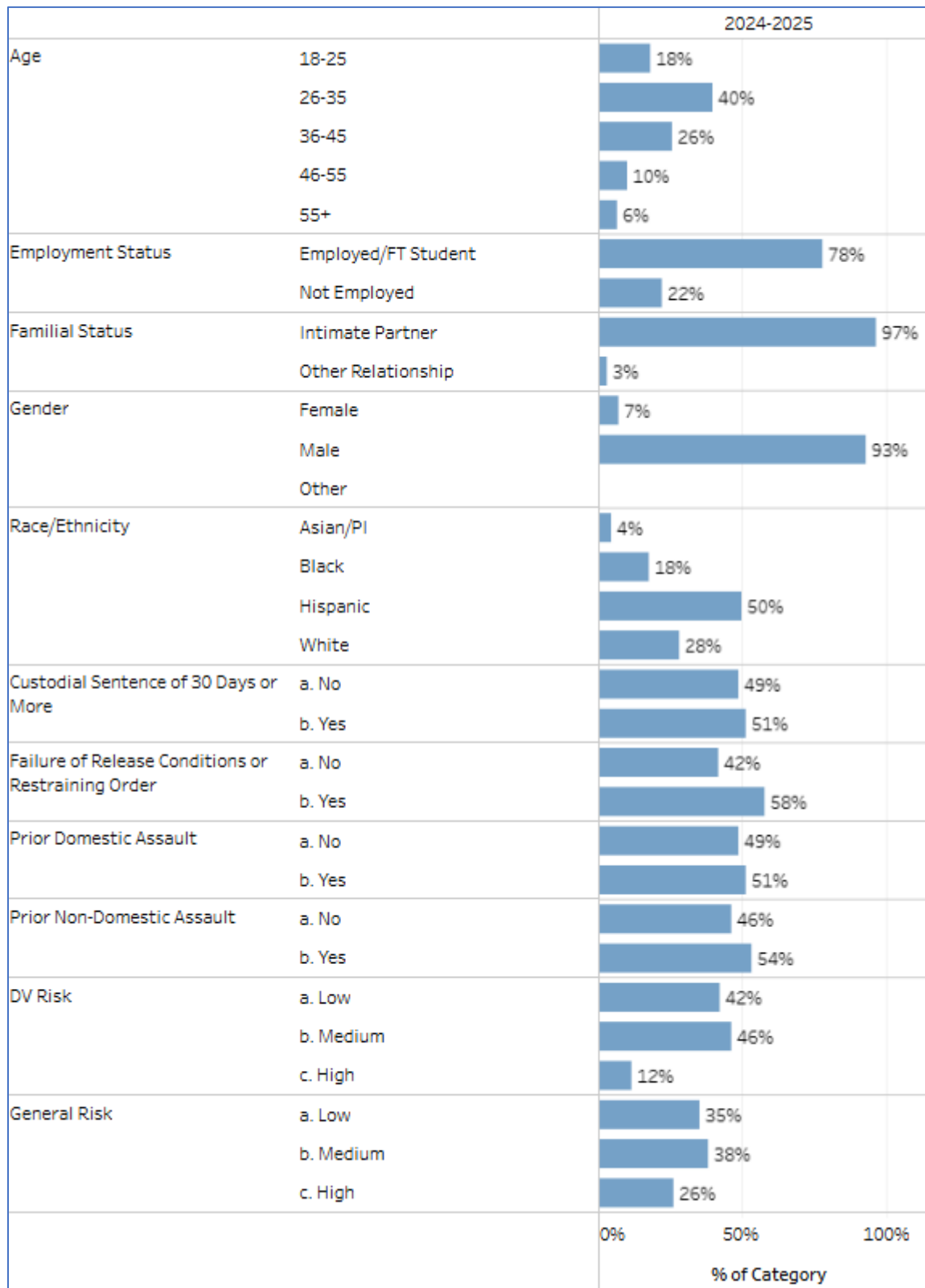
Santa Clara



Santa Cruz



Yolo County



APPENDIX D: EXAMPLE DECISION-MAKING FRAMEWORKS

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)		