California State
Association of Counties

Support Hub for Criminal Justice Programming

AB 372
Legislative Report: Year 2

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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TABLE OF CONTENTS

Executive Summary 2

County Practice profiles 5

- Pilot County Risk Assessments 5
  - General Risk Assessment 5
  - Risk of Committing a New IPV Offense 6
- Programming 8
- Program Participant Profiles 10
  - Demographics 10
  - Risk Assessment 11
  - Criminal History 12
  - Program Treatment Type, Completion, and Recidivism 13
- Victim Feedback 16
- AB 372 Year 1 and Year 2 Comparisons 18
- Summary and Looking Ahead 19

Appendix A: Legislation Requirements 21

Appendix B: Statewide Data Table 22

Appendix C: County Data Tables 23

Appendix D: Example Decision-Making Frameworks 29

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 are an integral part of behavior change and holding individuals accountable. The lives of individuals convicted of domestic violence 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 second 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.

ach 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 proving 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 scores, 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 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 Two Legislative Report lays out program participant demography, social economics, and criminal history from the second year of the pilot. This data is also available in a dashboard format[2] 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 understand BIPs better and that counties can use to monitor the implementation of their programs better. Although this report does not look at program outcomes in detail, it does lay out the framework for measuring recidivism in the coming years with more specificity and context. Key findings of those entering the program from July 1, 2020, to June 30, 2021, include:

- 1,246 people were placed on domestic violence caseloads in the second year of the pilot
- 89 percent identified as male
- 44 percent were not employed
- 49 percent had previously served 30 days or more in county jail
- 56 percent had a prior domestic violence assault reported to the police

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[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

- 45 percent were assessed as low risk to reoffend with any offense, not just IPV
- 43 percent were assessed as high risk of committing future acts of intimate partner violence

Because of the timeframe for implementation and external factors interfering with implementation, the recidivism data is aggregated across counties and is still preliminary. 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. An important consideration of any outcome reporting is using an appropriate comparison group and accounting for external factors. This is especially true during times of COVID-19 and its impacts on the larger criminal justice system. 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

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[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.

the 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(a)(7)-(8)) 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 who had been convicted of a domestic violence offense. The ODARA, a validated tool for IPV[6], 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 as to risk and the programming dosage they correspond to, both in terms of domestic violence programming and alternative programming. 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 lines up general risk and domestic violence risk, ultimately giving probation several options to tailor programming. Since each DMF is slightly different in using risk information, it limits comparability across counties. However, it does provide a

[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.

window into the 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 set 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.

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[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 model[14] and other domestic violence program modalities. Evidence-based[15] and promising[16] program designations are evolving as new studies become available. A systematic

[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.

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, also called (BIPs), are usually designed to expand participants' understanding of abuse, increase the feeling of internal 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 curriculum 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*

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[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

[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://wwnorton.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 (8b)	STOP and Another Way	STOP	CBI-IPV	STOP, Another Way, Streets2 Schools[24]	STOP and Streets2Schools	CBI-IPV
Start Date	2019	2019	2020	2019	2019	2020

PROGRAM PARTICIPANT PROFILES

For the year two report, data was gathered from all six pilot jurisdictions, from July 1, 2020, to June 30, 2021. 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 these counties will not be available until late-2022. The sections below cover the general demographics for those program participants, indicators of criminal history, risk assessment, and length of the program. Year one program completion data and preliminary 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 Two include:

- Seven out of eight individuals (89 percent) in the pilot counties' domestic violence program identified as male.
- More than half (56 percent) in a domestic violence program identified as being 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.

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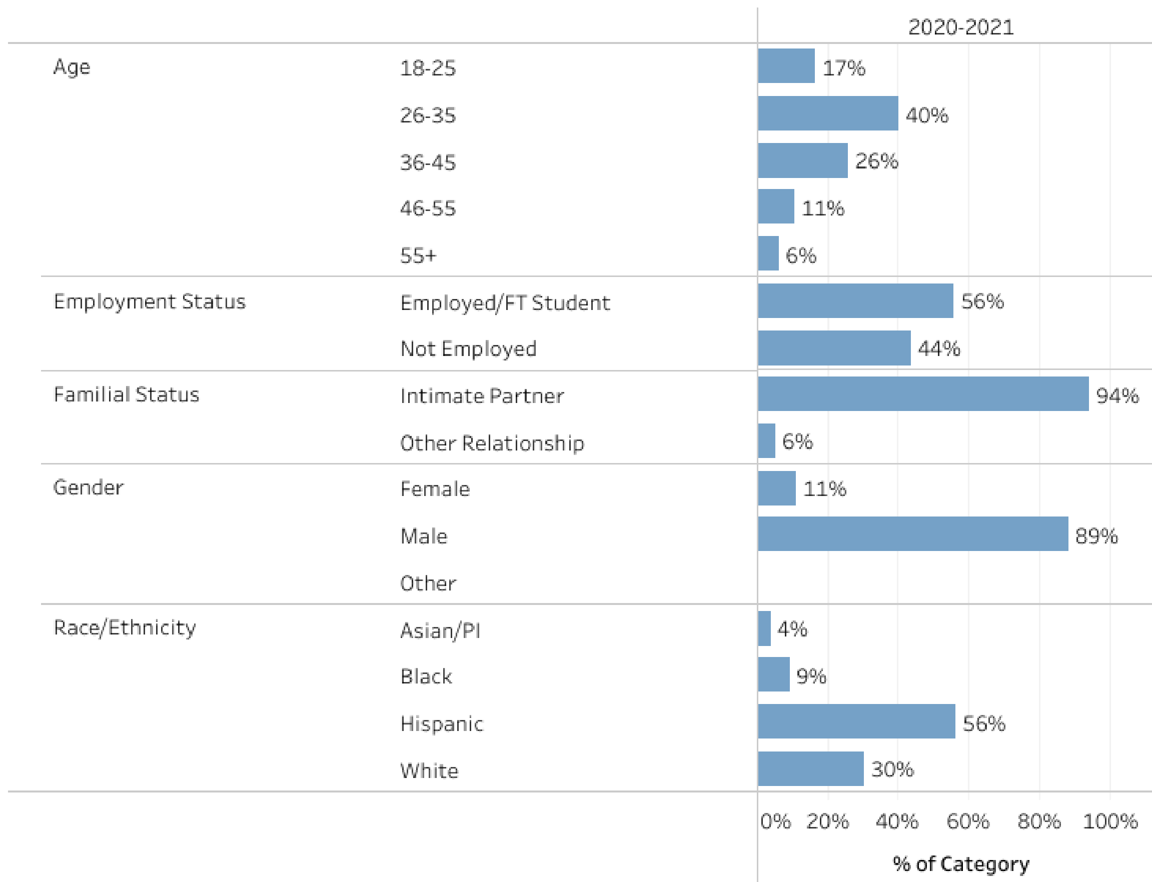
[24] Santa Cruz used all three providers during the first year of the pilot but currently only Street to School is offering domestic violence programming.

- More program participants were employed, or a full-time student than not employed (56 percent), but individuals in the domestic violence program were 37 percent more likely to not be employed than the general population.[25]
- For a vast majority of individuals (94 percent) in the pilot counties' programs, the victim was an intimate partner such as a spouse or intimate partner. The remaining individuals either had shared familial relationships or casual relationships.



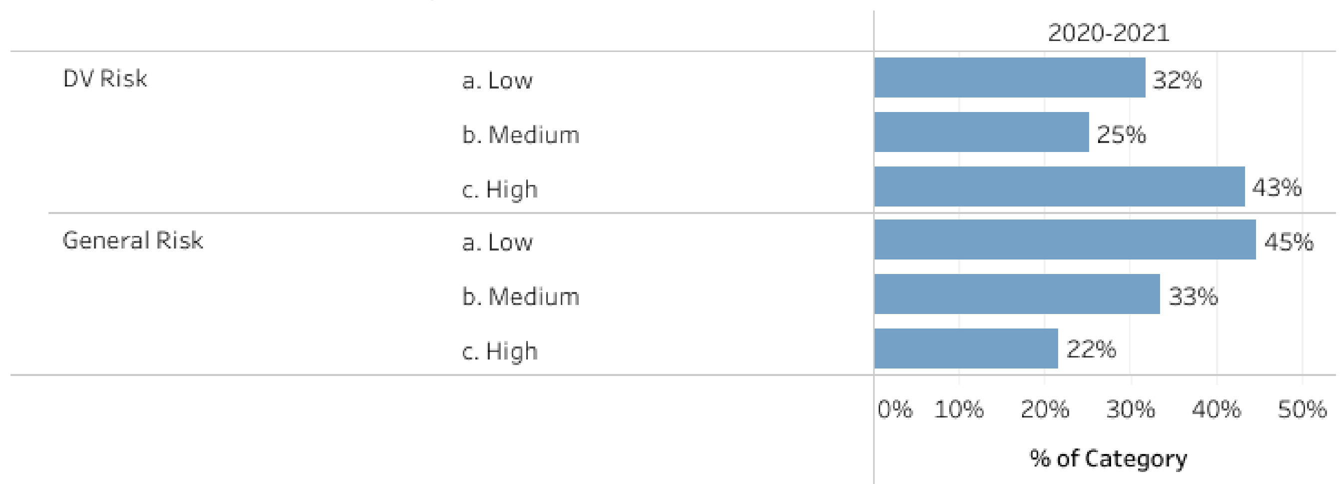
RISK ASSESSMENT

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

[25] Employment data are from the Census Bureau's 2019 American Community Survey (https://data.census.gov/cedsci/table?q=population%20by%20employment%20and%20age&g=0500000US06079&tid=ACSDT1Y2019.B23001&hidePreview=true). The domestic violence employment rate was compared to 20-55 year old employment rate from the Census Bureau data.

differing risk assessment tools, 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.

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.



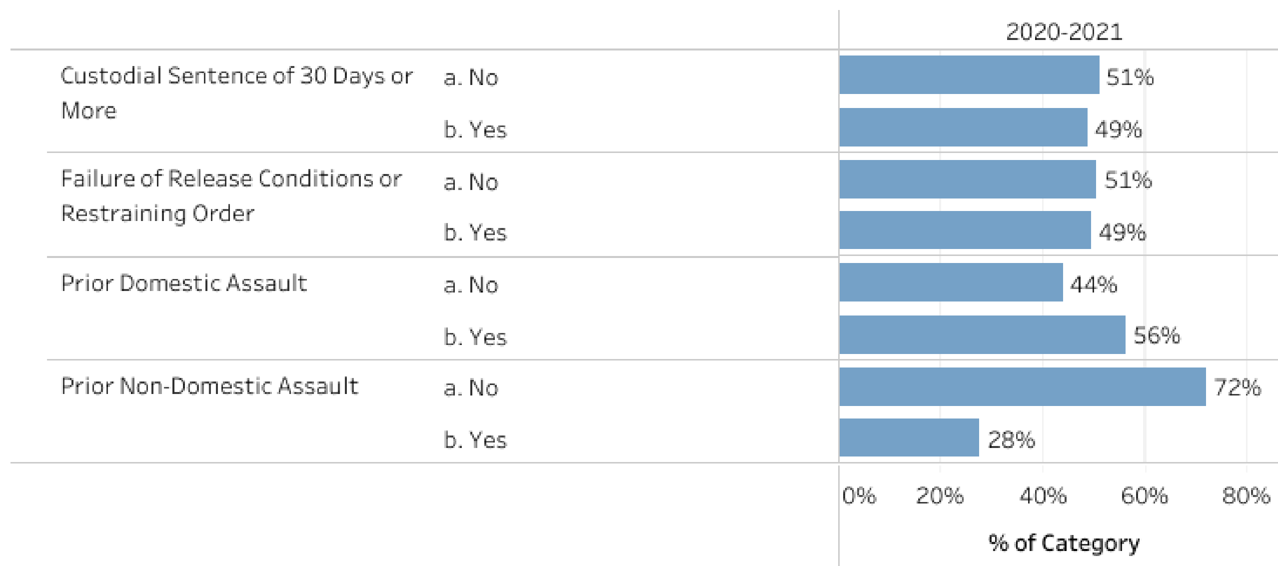
CRIMINAL HISTORY

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 easily. 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.

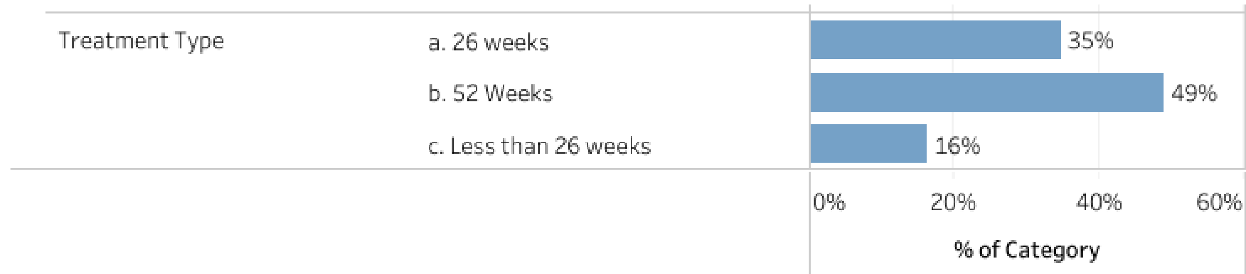
The graph below shows the percentage of individuals in the pilot counties' domestic violence programs who answered yes to those four criminal history questions. The most common prior event was a domestic assault, with over half (56 percent) of the individuals having a prior domestic assault filed in a police report or on their criminal record. Just under half (49 percent) of individuals had a prior custodial sentence of more than 30 days. The same percentage also had failed their release conditions or a restraining order. Only around one in four (28 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 were significant variations in the length of programming, with four counties using 52 weeks for more than half of their clients and two counties nearly always providing BIPs that were 26 weeks or less. More than 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]



The annual data collection produces meaningful demographic, risk, and criminal history data shown for the current year. However, we anticipate that it will take two or more years for enough time to pass to gather necessary program completion information or recidivism data. 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 year of implementation 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 some others completed a shorter program, but most were still enrolled when the data collection period ended.

As a result, this Year Two report includes data on program completion for individuals entering the program in the first year (FY 2020). For those who entered the program in the first year and after an additional year of follow-up, over half (53%) had shown a positive completion of the program.[27] Another quarter had a negative completion (25%) and just under a quarter (22%) had a neutral, pending, or unknown completion status[28]. Overall, completion data shows that

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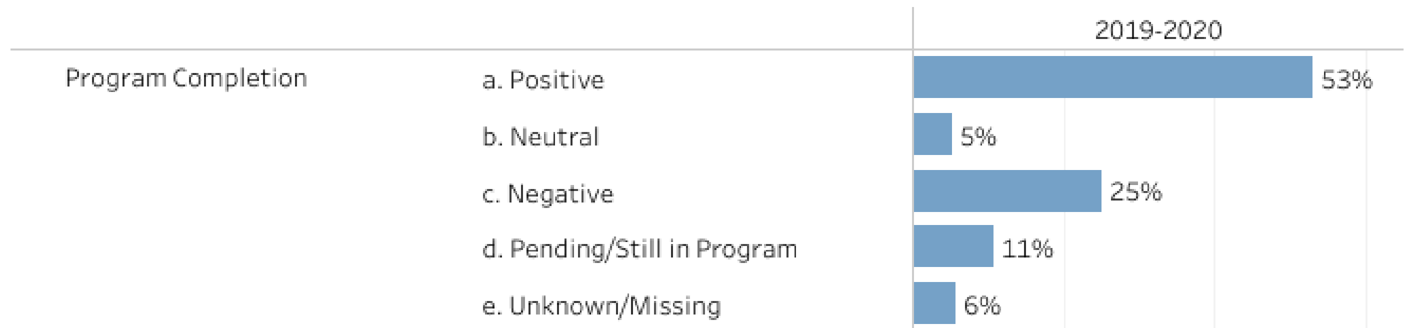
[26] This percentage will likely fall as Santa Clara started their 26-week program part way through the reporting period. Also, Santa Clara uses two classes per week for 26 weeks, so the person obtains similar hours in the program, but it is done at a faster pace.

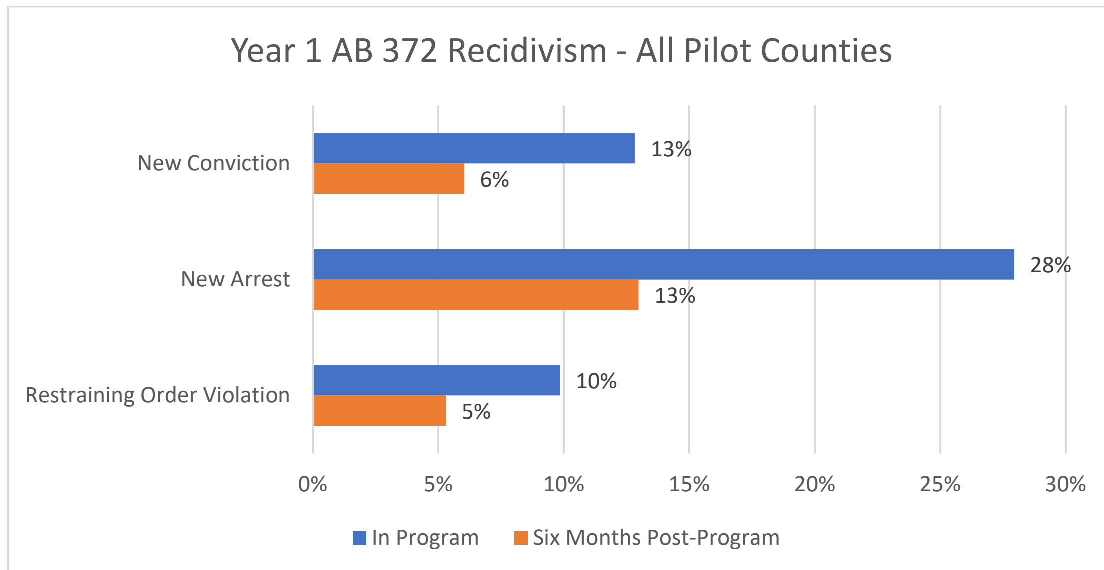
[27] A ‘positive’ completion includes completing the program and, for some counties, paying all program fees. A ‘negative’ completion includes instances when the participant fails to appear for the program and/or has his/her probation terminated

[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.

there were more than two positive completions of the program for every negative program termination.



Another reporting cycle is necessary to gather the recidivism outcome measures requested by the legislation. The legislation asked for outcomes for individuals while they were in the program and six months following program completion. Since two pilot counties did not start the pilot in the first year and not all domestic violence clients immediately entered the BIP, the initial recidivism data presented here is still preliminary. We expect the recidivism rates to change after more time has passed since implementation and programs stabilized as COVID-19 moves into an endemic phase.



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 arrest[29] while in the program, with nearly 28 percent of BIP participants being rearrested while in the program. More than one in eight received a new conviction, and one in ten received a restraining order violation

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

while in the program. Recidivism rates were around 50 percent 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]

Although not available in this report, we anticipate that future recidivism data will cover multiple periods during treatment and following program completion. The planned analysis will look at new criminal justice events such as follow-up restraining orders and general recidivism. 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, and this data will be highlighted in future reports.

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. 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

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[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.”

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 AB 372 counties, Probation agencies partner with District Attorney Victim Witness and state-mandated emergency shelter services providers that include confidential advocates to reach victims. Therefore, the organization conducting the survey may also impact feedback.

The victim feedback approach varied, with three counties using a victim survey and protocol developed by CSAC and the others using existing local methods.

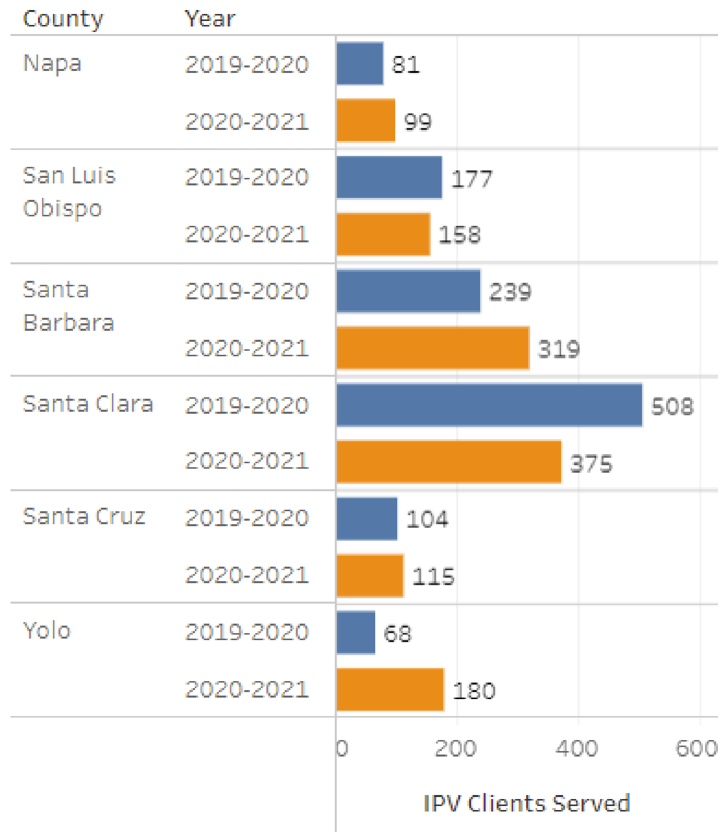
The initial data showed survivors generally saw positive changes in attitudes, calmness, sobriety, and empathy. However, these findings are still preliminary due to relatively low responses rates. In the coming year, CSAC will convene the county agency responsible for gathering victim feedback to share best practices on trauma-aware and trauma-informed strategies for interviewing survivors while avoiding re-traumatization, scripts and conversation models for completing the survey, and various potential techniques for increasing responses. Best practices for researching and reporting quantitative and qualitative results will also be discussed to help counties use survey information to inform their practices.

County	Method	Contact Method	Method	Victim Contact Organization
Napa	Own Survey	Paper Form	Intake and ongoing	DA Victim/Witness
San Luis Obispo	Own Survey	Online form	Retrospective, at program completion	Probation
Santa Cruz	CSAC Survivor Survey	Phone interview	Retrospective, annually of all program completions	DA Victim/Witness
Santa Barbara	CSAC Survivor survey	Phone interview	Retrospective	DA Victim/Witness
Santa Clara[33]	Semi-Structured Interview	Online form	Intake and ongoing	CBO/Victim Advocate
Yolo	CSAC Survivor survey	Phone interview	Retrospective	DA Victim/Witness

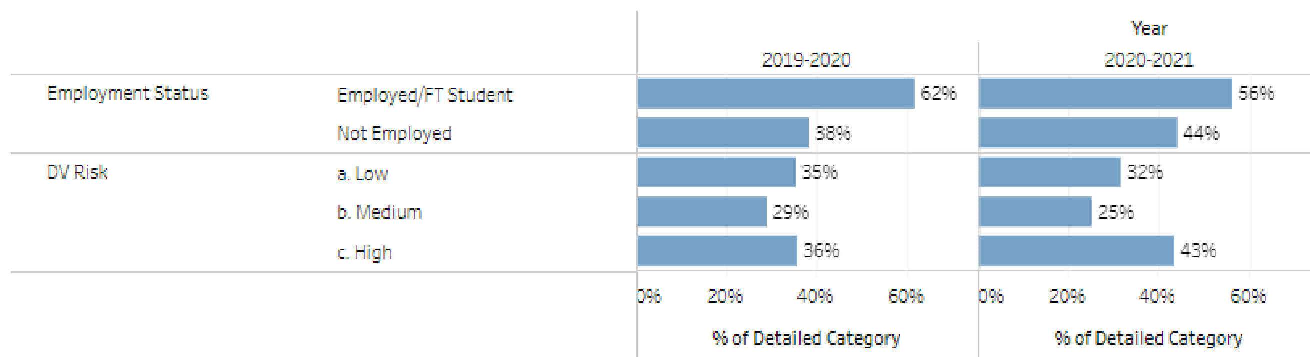
[33] Santa Clara is using an outside evaluator to conduct their interviews.

AB 372 YEAR 1 AND YEAR 2 COMPARISONS

Overall, there was a slight increase (5.8 percent) in the number of new admissions into IPV programs among the pilot counties, from 1,178 to 1,246. As seen in the graph below, four of the six pilot counties experienced increases in admissions. However, counties experienced continued challenges with COVID-19 related barriers and impacts on the entire criminal justice system. For some counties, this meant the fiscal year 2020-21 had a case backlog of IPV clients, while this impact was small for others.



Most population breakdowns were largely unchanged between year one and year two. The two areas with the most significant changes were employment and domestic violence risk levels. Those admitted in the fiscal year 2020-21 were much less likely to be employed, 62 percent in 2019-20 compared to 56 percent in 2020-21. 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 at high risk for domestic violence increased from 36 percent in 2019-20 to 43 percent in 2020-21. Even though domestic violence risk levels increased over this period, clients were still slightly more likely to be placed in a program that was 26 weeks or less.



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 COVID. The legislatively mandated information outlined in this report represents a starting point to understanding 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, anticipated in mid-2022, CSAC will be 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 help begun 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 domestic violence impacts to the criminal justice system considering COVID-19. 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. This will give counties an option that have not already developed a curriculum or who seek another alternative.

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

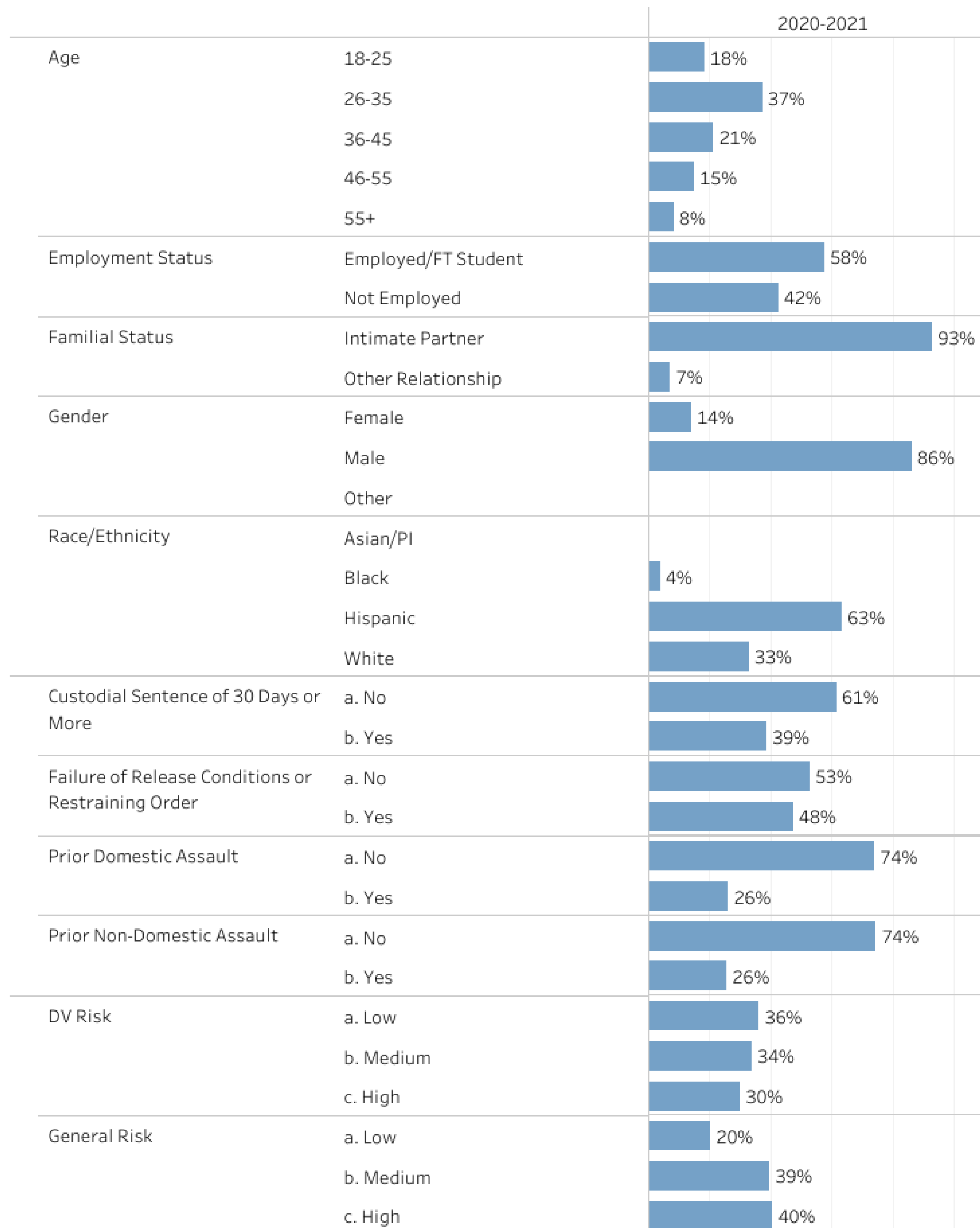
Text in legislation
(7) The county collects all of the following data for participants in the program:
(A) The offender's demographic information, including age, gender, race, ethnicity, marital status, familial status, and employment status.
(B) The offender's criminal history.
(C) The offender's risk 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

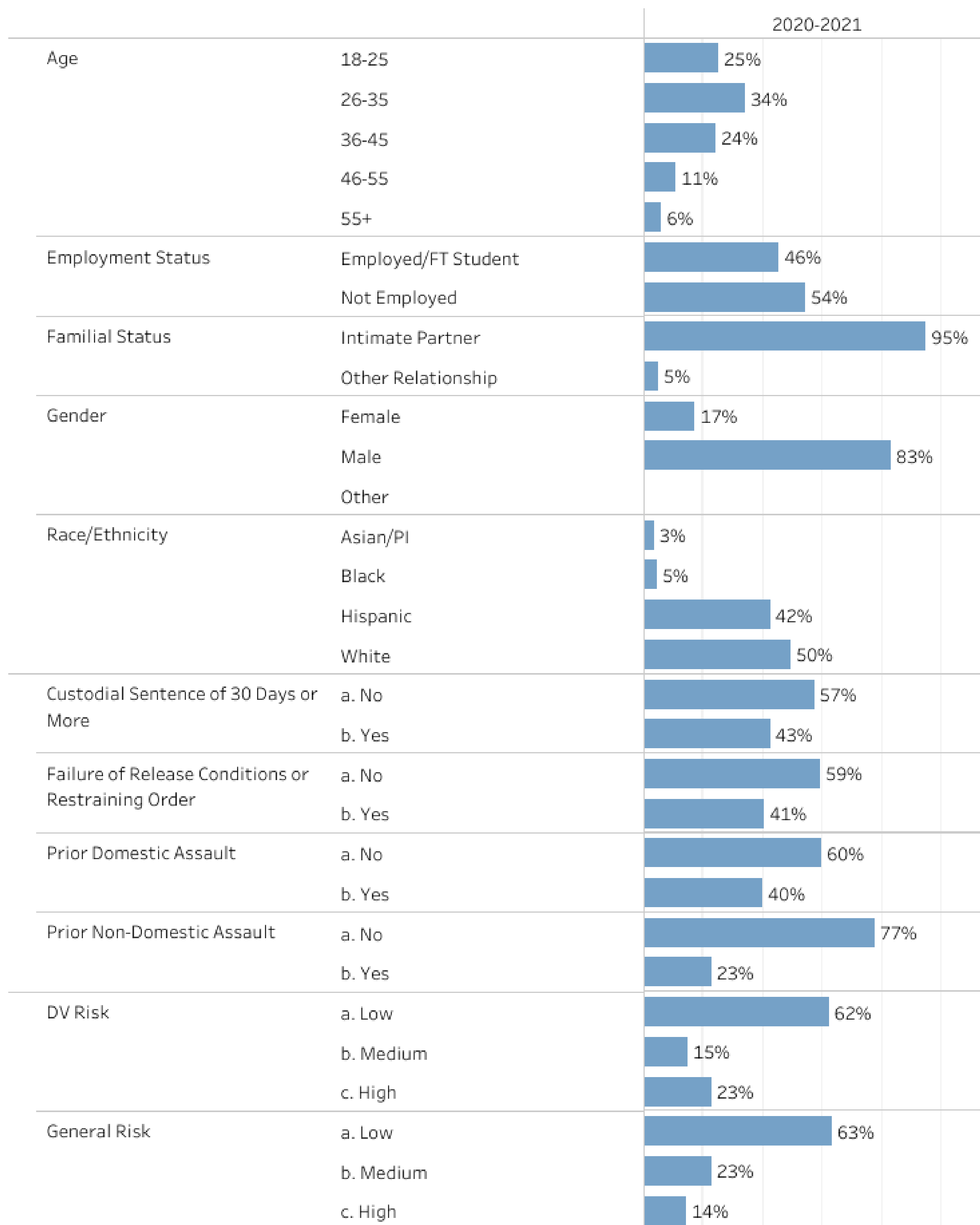
		2020-2021
Age	18-25	17%
	26-35	40%
	36-45	26%
	46-55	11%
	55+	6%
Employment Status	Employed/FT Student	56%
	Not Employed	44%
Familial Status	Intimate Partner	94%
	Other Relationship	6%
Gender	Female	11%
	Male	89%
	Other	
Race/Ethnicity	Asian/PI	4%
	Black	9%
	Hispanic	56%
	White	30%
Custodial Sentence of 30 Days or More	a. No	51%
	b. Yes	49%
Failure of Release Conditions or Restraining Order	a. No	51%
	b. Yes	49%
Prior Domestic Assault	a. No	44%
	b. Yes	56%
Prior Non-Domestic Assault	a. No	72%
	b. Yes	28%
DV Risk	a. Low	32%
	b. Medium	25%
	c. High	43%
General Risk	a. Low	45%
	b. Medium	33%
	c. High	22%

Napa



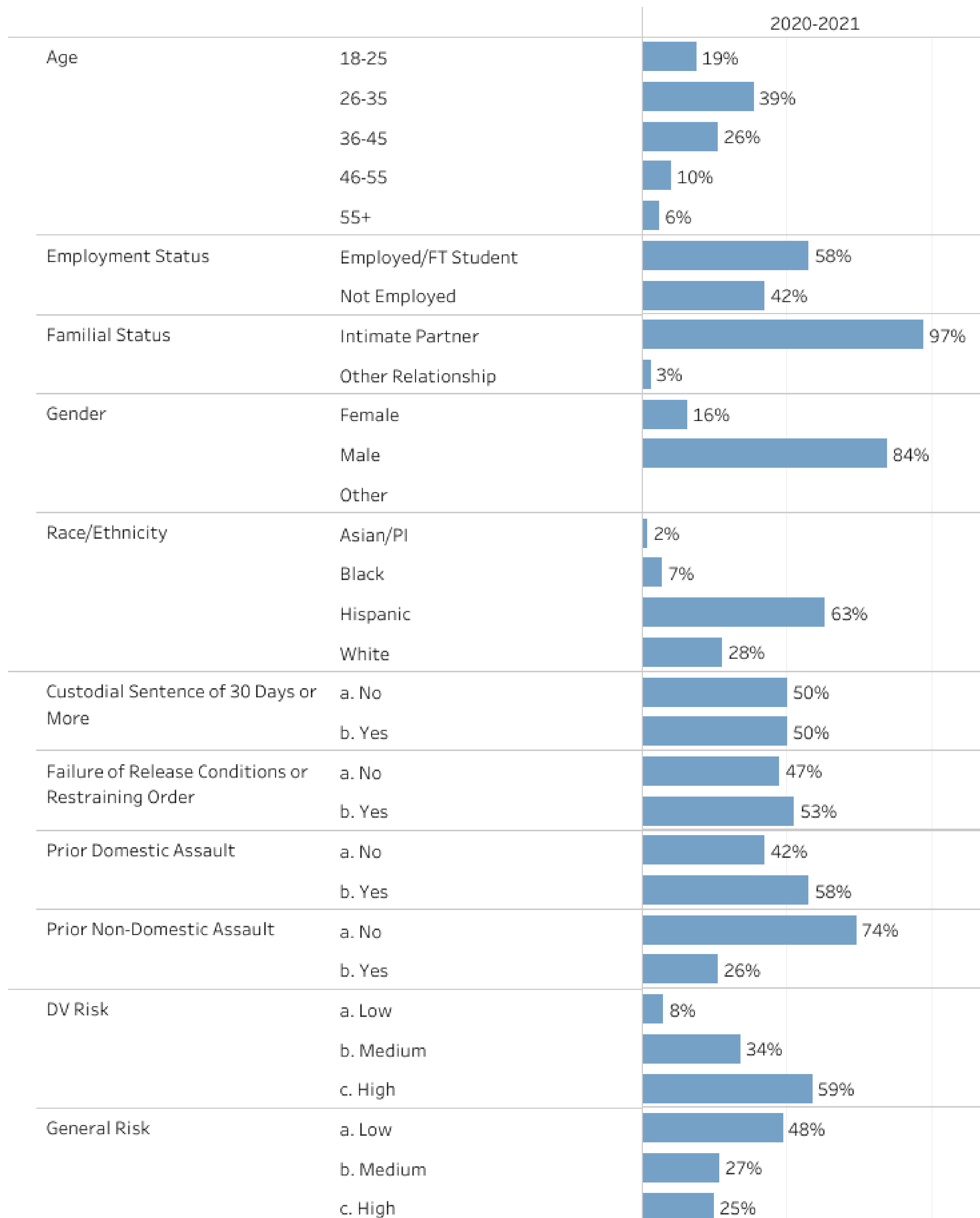
		2020-2021
Age	18-25	18%
	26-35	37%
	36-45	21%
	46-55	15%
	55+	8%
Employment Status	Employed/FT Student	58%
	Not Employed	42%
Familial Status	Intimate Partner	93%
	Other Relationship	7%
Gender	Female	14%
	Male	86%
	Other	
Race/Ethnicity	Asian/PI	
	Black	4%
	Hispanic	63%
	White	33%
Custodial Sentence of 30 Days or More	a. No	61%
	b. Yes	39%
Failure of Release Conditions or Restraining Order	a. No	53%
	b. Yes	48%
Prior Domestic Assault	a. No	74%
	b. Yes	26%
Prior Non-Domestic Assault	a. No	74%
	b. Yes	26%
DV Risk	a. Low	36%
	b. Medium	34%
	c. High	30%
General Risk	a. Low	20%
	b. Medium	39%
	c. High	40%

San Luis Obispo



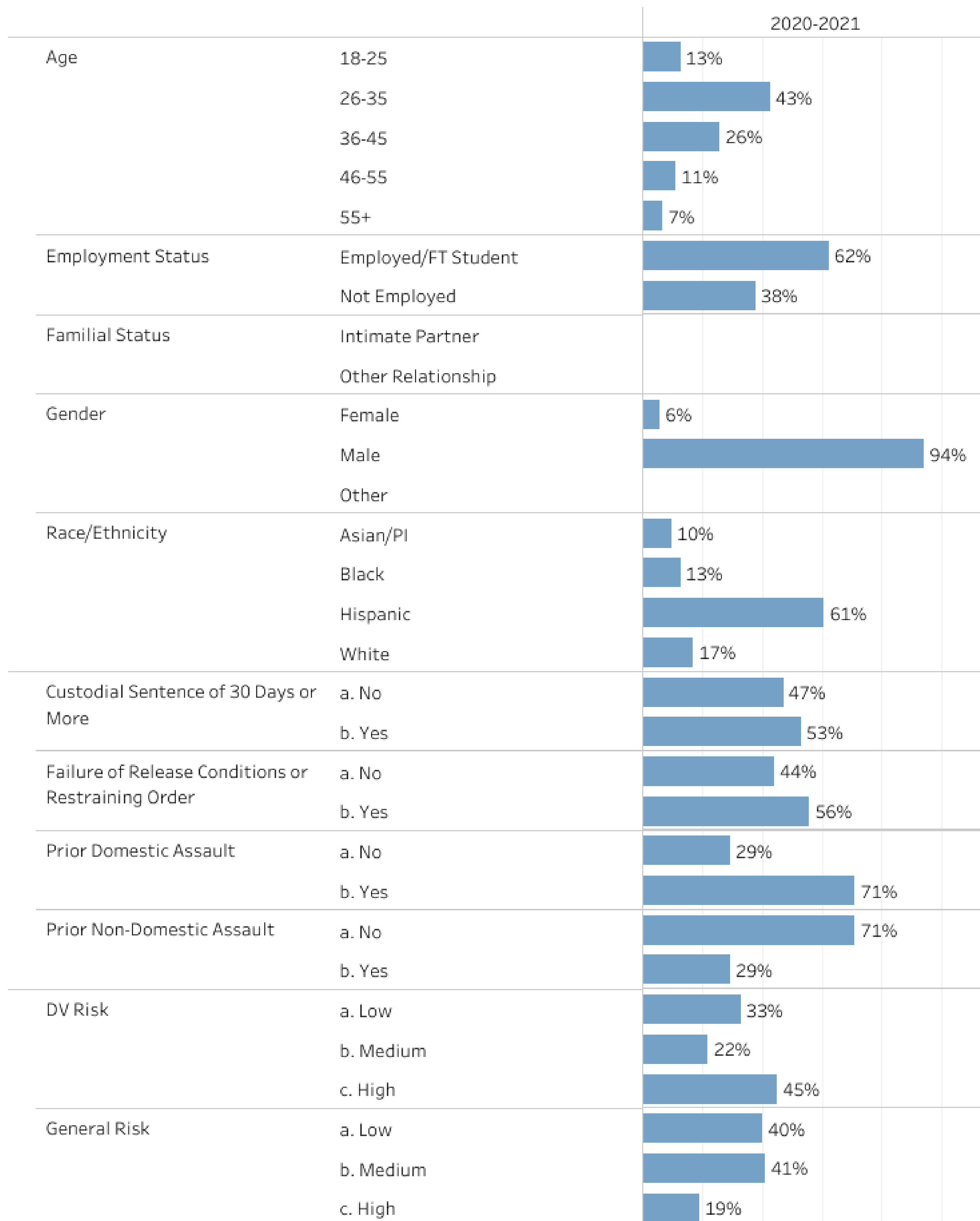
		2020-2021
Age	18-25	25%
	26-35	34%
	36-45	24%
	46-55	11%
	55+	6%
Employment Status	Employed/FT Student	46%
	Not Employed	54%
Familial Status	Intimate Partner	95%
	Other Relationship	5%
Gender	Female	17%
	Male	83%
	Other	
Race/Ethnicity	Asian/PI	3%
	Black	5%
	Hispanic	42%
	White	50%
Custodial Sentence of 30 Days or More	a. No	57%
	b. Yes	43%
Failure of Release Conditions or Restraining Order	a. No	59%
	b. Yes	41%
Prior Domestic Assault	a. No	60%
	b. Yes	40%
Prior Non-Domestic Assault	a. No	77%
	b. Yes	23%
DV Risk	a. Low	62%
	b. Medium	15%
	c. High	23%
General Risk	a. Low	63%
	b. Medium	23%
	c. High	14%

Santa Barbara

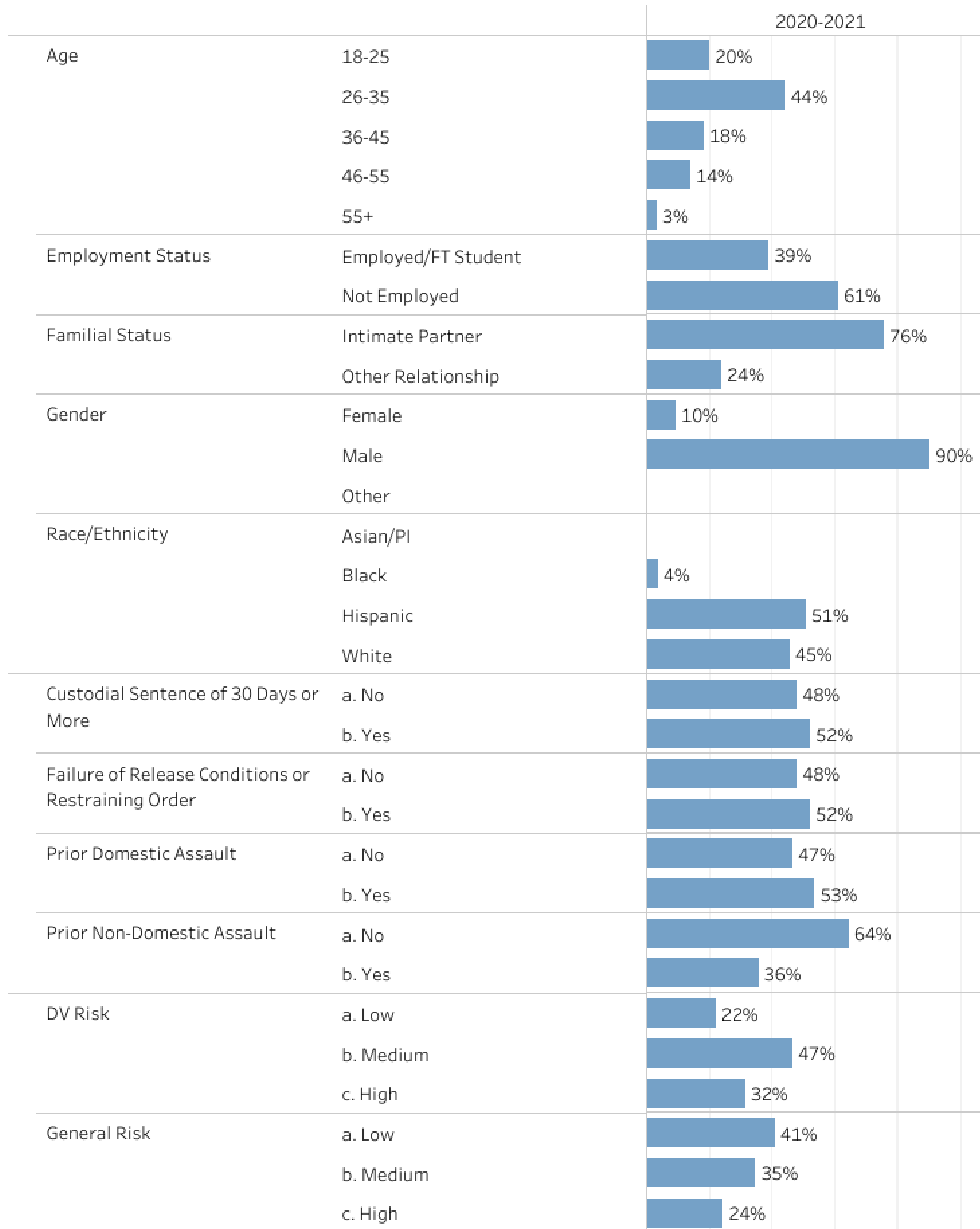


		2020-2021
Age	18-25	19%
	26-35	39%
	36-45	26%
	46-55	10%
	55+	6%
Employment Status	Employed/FT Student	58%
	Not Employed	42%
Familial Status	Intimate Partner	97%
	Other Relationship	3%
Gender	Female	16%
	Male	84%
	Other	
Race/Ethnicity	Asian/PI	2%
	Black	7%
	Hispanic	63%
	White	28%
Custodial Sentence of 30 Days or More	a. No	50%
	b. Yes	50%
Failure of Release Conditions or Restraining Order	a. No	47%
	b. Yes	53%
Prior Domestic Assault	a. No	42%
	b. Yes	58%
Prior Non-Domestic Assault	a. No	74%
	b. Yes	26%
DV Risk	a. Low	8%
	b. Medium	34%
	c. High	59%
General Risk	a. Low	48%
	b. Medium	27%
	c. High	25%

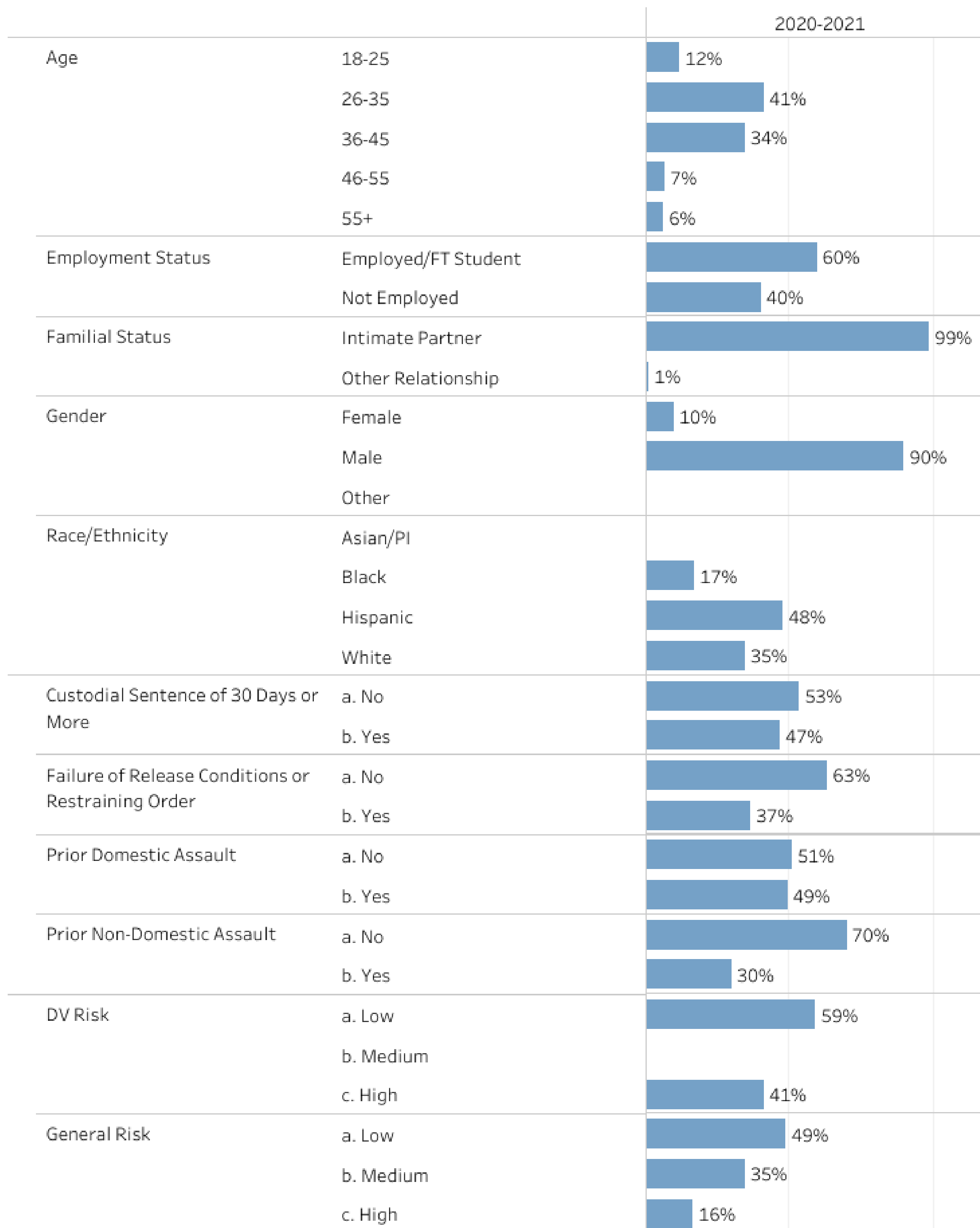
Santa Clara



Santa Cruz



Yolo County



Santa Barbara County

ODARA \ COMPAS	Low 1-5	Medium 6-7	High 8-10
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 appropirate Dosage & Applicable Resources	Focus on appropirate Dosage & Applicable Resources	Focus on appropirate Dosage & Applicable Resources
0 - 1	<u><100 Hours</u> **DV Option 1** - Wkbooks ("Low" groups or with private counselor) **DV Option 2** - 16 wk online class *+ Other needs as identified to achieve dosage*	<u>100 - 200 Hours</u> **DV Option 2** - 16 wk online class **DV Option 3** - Wkbooks ("Mod/High" groups or with private counselor) + 12 week anger management *+ Other needs as identified to achieve dosage*	<u>>200 Hours</u> **DV Option 3** - Wkbooks ("Mod/High" groups or with private counselor) + 12 week anger management *+ Other needs as identified to achieve dosage*
2	<u><100 Hours</u> **DV Option 1** - Wkbooks ("Low" groups or with private counselor) **DV Option 2** - 16 wk online class *+ Other needs as identified to achieve dosage*	<u>100 - 200 Hours</u> **DV Option 2** - 16 wk online class **DV Option 3** - Wkbooks ("Mod/High" groups or with private counselor) + 12 week anger management *+ Other needs as identified to achieve dosage*	<u>>200 Hours</u> **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) *+ Other needs as identified to achieve dosage*
3 - 4	<u><100 Hours</u> **DV Option 2** - 16 wk online class **DV Option 3** - Wkbooks ("Low" groups or with private counselor) + 12 week anger management *+ Other needs as identified to achieve dosage*	<u>100 - 200 Hours</u> **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) *+ Other needs as identified to achieve dosage*	<u>>200 Hours</u> **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) *+ Other needs as identified to achieve dosage*
5 - 6	<u><100 Hours</u> **DV Option 3** - Wkbooks ("Low" groups or with private counselor) + 12 week anger management **DV Option 4** - 26 wk DV Program (Workbooks or groups) *+ Other needs as identified to achieve dosage*	<u>100 - 200 Hours</u> **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) *+ Other needs as identified to achieve dosage*	<u>>200 Hours</u> **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) *+ Other needs as identified to achieve dosage*
7 - 13	<u><100 Hours</u> **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) *+ Other needs as identified to achieve dosage*	<u>100 - 200 Hours</u> **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) *+ Other needs as identified to achieve dosage*	<u>>200 Hours</u> **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) *+ Other needs as identified to achieve dosage*

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)