



California State Association of Counties



Support Hub for Criminal Justice Programming

AB 372 Legislative Report: Year 1

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 in order 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 that targets thinking patterns and anti-social behavior is important to reduce intimate partner violence (IPV). Ultimately, interventions are an integral part of holding people accountable and changing behavior. Victims and people convicted of domestic violence lives are often interwoven long after a person is convicted. Program success contains improvements in victims' perceptions of safety and communication with the person convicted of a domestic violence offense, including reduced recidivism.

Historically, batterers intervention programs have lacked a clear evidence-base to what works in reducing 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 intimate partner violence (IPV) or recidivism. The long-term goal of the participating pilot counties 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 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 conversations about program effectiveness is the voice and perspective of the victim. Victims of individuals mandated to batterers intervention programs are only a portion of those who call police for assistance in dealing with domestic violence situations. In 2019, the AB 372 pilot counties had nearly 10,000 calls for service related to domestic violence, but only 1,000 were placed in DV programs.¹ This disparity can be attributed to a range of factors including charging and sentencing practices around domestic violence in a county and the inherent complexity of victims' willingness to press charges or support the investigation. Each county's local context is important to consider even as they work to implement the same legislation.

In 2019, four of the six counties began their pilots, with the remaining two counties delayed until the summer of 2020. However, all counties took steps to reorganize their process for

¹ Department of Justice (DOJ) Criminal Justice Statistics Center (CJSC), Domestic Violence Related Calls for Service, <https://openjustice.doj.ca.gov/data>

batterers intervention programming including reorienting their programming with provider partners. Implementation in early 2020 was complicated by COVID-19 with face-to-face contact, programming, and relationships with victims in a “shelter in place” world proving to be challenging. County plans included implementing the following key aspects:

1. Tools and protocols to perform general risk and need assessment for future crime, coupled with risk of intimate partner violence (IPV) on all domestic violence program participants.
2. 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 goal of the pilot is to discover new treatment models and better understand their impacts on program participants. The evidence about domestic violence programming varies, with most of the research showing no impact on outcomes. This pilot offers counties significant flexibility to examine new curriculum and approaches, delivery mechanisms, group structures, and dosage.

This first report seeks to lay out some basic facts around program participant demography, social-economics, and criminal history. 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 objective is to provide information that policy makers can use to better understand batterer intervention programs and that counties can use to better monitor the implementation of their programs. Although this initial report does not look at program outcomes – but importantly – does lay out the framework for measuring recidivism. Key findings of those entering the program on July 1, 2019 to June 30, 2020 include:

- 1,156 people were placed on DV caseloads in the first year of the pilot
- 89 percent identified as male
- 38 percent were unemployed
- 44 percent had previously served 30 days or more in county jail
- 51 percent had a prior domestic violence assault reported to the police
- Nearly half were considered to be low risk to reoffend
- 33 percent were considered at high risk of Intimate Partner Violence

Because of the timeframe for implementation and external factors interfering with implementation, not all data required by the legislation is available in this initial report.

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

Recidivism is beginning to be tracked by all counties, but not enough time has passed between implementation and this report to accurately represent outcomes. Although recidivism is broadly defined as a return to crime, future reports will use the specific definitions of recidivism from the legislation: new arrest, new conviction, and a subsequent restraining order at time of program completion and at six months after completion. Finally, victim surveys are being completed by counties and in the coming year will be defined for collection across pilot counties. 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 intimate partner violence 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 both that programs are oriented to the needs of the population, but also 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 higher levels of dosage of supervision and treatment, while lower-risk clients with at least one criminogenic need should have less intensity within services. Actual dosage depends on the dynamic nature of the program participant's needs.³

RISK ASSESSMENT

An person's risk assessment score is a measure of that individual's likelihood of future re-offense. This is calculated based on the participant's past criminal involvement, among a range of other items. These factors inform the assessment's resulting risk score and include the identified criminogenic needs of the individual in order to inform a case or treatment plan. The score is a mathematical computation that is then validated through subsequent research to see how well it predicts future events.⁴ The treatment and interventions should then be chosen to respond to the individual's unique risk and need profile. The four different risk assessment tools used in AB 372 counties and discussed within this report have all been validated as general risk assessment tools.

Sections 7 and 8 of AB 372 designate that counties will collect data about the programs and participants and will report the information annually to the Legislature. Following enactment, a workgroup that consisted of members from each pilot county was created to strategize on the collection of each data point listed within the legislation. The workgroup examined how best to gather the data and define categories in a common way to enable more consistent reporting across pilot counties. While some of the categories are relatively straightforward, others, like criminal history, can be defined multiple ways. The workgroup discussed county data systems'

³ 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.

⁴ KiDeuk Kim (2017). Validation of risk assessment tools. (Policy Brief Number 2017-04). Washington, DC: The Public Safety Risk Assessment Clearinghouse.

strengths and challenges and determined the best way of categorizing the requested data that would champion success across all six pilot counties.

For the purpose of measuring IPV, all counties decided in January 2019 to use the Ontario Domestic Assault Risk Assessment (ODARA) to assess persons convicted of a domestic violence offense risk of future intimate partner violence. The ODARA, a validated tool for IPV⁵, was developed to be completed by law enforcement in the field. It relies on criminal records and the results of a domestic violence investigation 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. The ODARA has not yet been validated for use with same-sex partners.

Each pilot county developed decision-making frameworks (DMF) to guide case management and dosage decisions. Both the general risk to re-offend and the person convicted of the domestic violence risk of IPV were used to assign levels of programming and probation supervision. The DMF is a matrix that lines up general risk and domestic violence risk giving probation many options to tailor programming. See Appendix C for an example DMF.

Table 1: Risk Assessment Tools

	Napa	San Luis Obispo	Santa Clara	Santa Cruz	Santa Barbara	Yolo
General Risk Assessment Instrument Used (8a)	LS-CMI	LS-CMI	CAIS	CAIS	COMPAS	ORAS
Domestic Violence Risk Assessment Instrument Used (8a)	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 developed these thresholds locally, with the consensus being that higher risk individuals would have to complete more intensive (i.e., longer times) treatment. Of the counties that were able to operationalize in 2019, there are several approaches being used, including low risk program participants being given either a 16-week

⁵ 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.

online courses 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 in two counties, 26 weeks plus substantial cognitive behavioral treatment. Table 2 shows the variation across counties and can provide a useful approach to understand varied models of DV programming implementation when grounded in sound correctional theory around matching treatment dosage to risk.

Table 2: Delivery Dosage based on Risk⁶

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 + cognitive behavioral treatment	26 weeks	16 weeks (Online)
Santa Clara	26 weeks	26 weeks	13 weeks
Santa Cruz	26 weeks + cognitive behavioral treatment	26 weeks	16 weeks (Online)
Yolo	52 weeks	52 weeks	10 weeks

PROGRAMMING

As counties developed their DMF, they simultaneously worked with providers to ensure the new model of delivery could be implemented. The curriculum for batterer’s intervention treatment came from three different providers. Four of the six counties began in the summer of 2019, with the remaining two developing curriculum that was implemented in 2020.

Historically, batterer intervention programs have had multiple approaches that are considered as “domestic violence” programming. Rigorous studies over the years have found varied success in both well know programs such as the Duluth model⁷ or other DV program modalities.

⁶ This table is derived from the pilot counties various DMFs around incorporating general risk and IPV risk and represent approximate levels of relative dosage.

⁷ <https://www.theduluthmodel.org/what-is-the-duluth-model/>

Evidence based⁸ and promising⁹ program designations are always evolving with new studies such that “what works” is also always evolving. A systematic review of DV program models found that there was no single most effective approach to reducing domestic violence related recidivism (re-victimization).¹⁰

Court-mandated programs in California for perpetrators of IPV, also called batterer intervention programs (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 on the type of intervention and provider. Traditional approaches (e.g., the Duluth model) are based on feminist perspectives, understanding power and control dynamics, combined with cognitive behavioral therapy focused on changing attitudes toward gender roles and behaviors.¹¹ 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.¹²

Table 3 below highlights the four curriculum and implementation dates for each county. None of the three have been rigorously tested for their impact on various key domestic violence indicators in California but are generally based on cognitive behavioral change models that have shown promise in effecting domestic violence outcomes.

- *Another Way...Choosing to Change*, developed by Nada York¹³,
- *Stop: Skills, Techniques, Options and Plans for a Better Relationship*, Developed by David Wexler¹⁴

⁸ “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.

⁹ “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.

¹⁰ 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

¹¹ "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.

¹² Aaron SM, Beaulaurier RL. The Need for New Emphasis on Batterers Intervention Programs. *Trauma, Violence, & Abuse*. 2017;18(4):425-432.

¹³ <https://www.yorkeconsulting.com/another-way-facilitator>

¹⁴ <https://www.norton.com/books/9780393714470>

- *Cognitive Behavioral Interventions for Interpersonal Violence (CBI-IPV)*, developed by the University of Cincinnati¹⁵
- *Streets2Schools*¹⁶

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 ¹⁷	STOP and Streets2 Schools	CBI-IPV
Start Date	2019	2019	2020	2019	2019	2020

PROGRAM PARTICIPANT PROFILES

Data was gathered from all six jurisdictions, from July 1, 2019 to June 30, 2020. Some counties began the pilot in July 2019, some started later in 2019, and because of implementation challenges two counties were unable to begin the pilot in the first year. The demographic data, risk data, and criminal history all 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 2021. The sections below cover the general demographics for those program participants, indicators of criminal history, and risk assessment. 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 program participants across the six pilot counties. Based upon the pilot counties, the most common domestic violence program participant is under 35 years of age, employed, male, and Hispanic. Santa Clara is significantly larger than the other pilot counties and this impacts the interpretation of the overall figures.

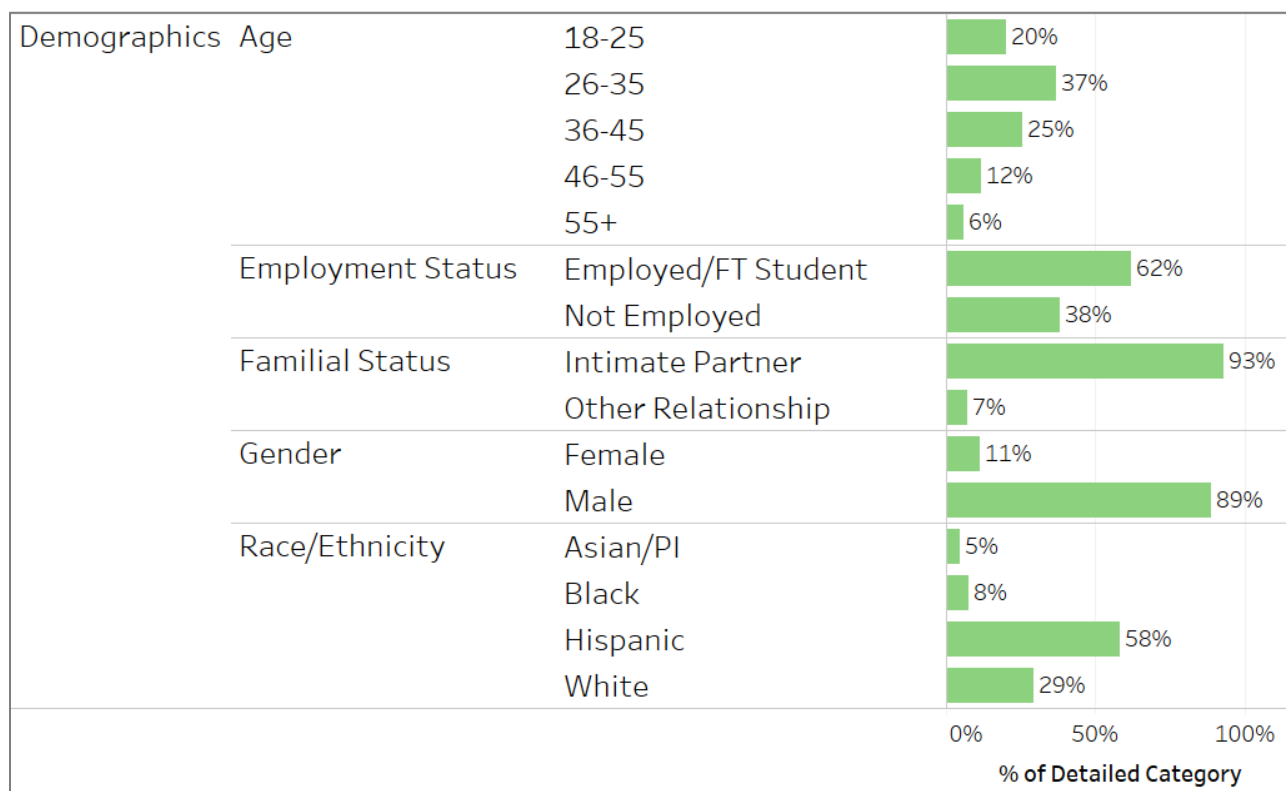
¹⁵ University of Cincinnati, Cognitive Behavioral Interventions for Interpersonal Violence, archived version: https://www.counties.org/sites/main/files/file-attachments/ucci_ipv_course_overview.pdf

¹⁶ <https://s2sdvonline.com/classes/domestic-violence-52-week-class/>

¹⁷ Santa Cruz used all three providers during the first year of the pilot but currently only Street to School is offering domestic violence programming.

Findings include:

- Seven out of eight individuals (89 percent) in the pilot counties' domestic violence program identified as male.
- Individuals who are identified as Hispanic are the most likely to be in a domestic violence program, with three out of five individuals (58 percent) in a domestic violence program identified as being Hispanic.
- In the six pilot counties, individuals who are identified as being Hispanic are more than twice as likely as white individuals to be referred to domestic violence programming.
- More program participants were employed than unemployed, but individuals in the domestic violence program were 37 percent more likely to be unemployed than the general population during programming.¹⁸
- For the vast majority of individuals (93 percent) in the pilot counties' programs, the victim was an intimate partner such as spouse or partners. The remaining individuals either had shared familial relationships or casual relationships.

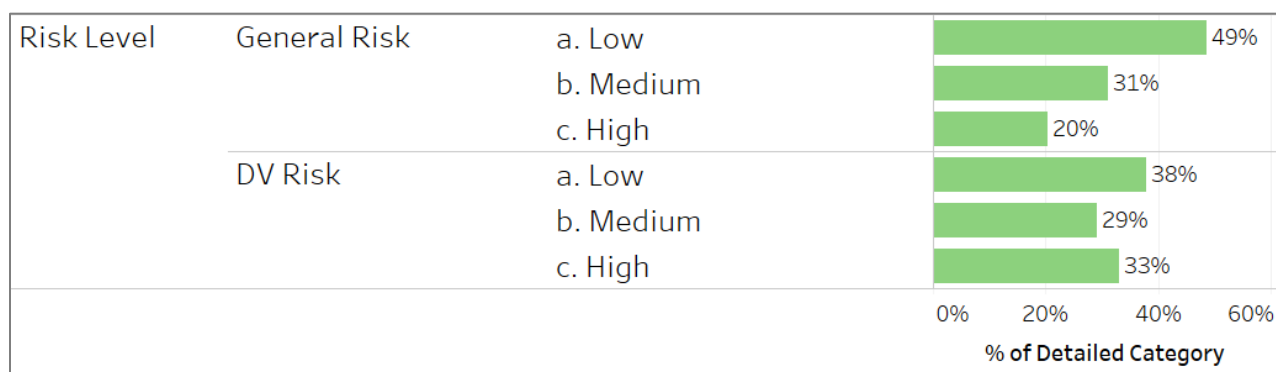


¹⁸ Employment data are from the Census Bureau's 2019 American Community Survey (<https://data.census.gov/cedsci/table?q=population%20by%20employment%20and%20age&g=05000000US06079&tid=ACSDT1Y2019.B23001&hidePreview=true>). The domestic violence employment rate was compared to 20-55 year old employment rate from the Census Bureau data.

RISK ASSESSMENT

Risk assessment is a key tool in developing differentiated case management, so that treatment dosage intensity and resources can reach the appropriate people targeted for treatment. Each of the pilot counties used a validated risk assessment tool to assess their probationers for appropriate supervision level and programming. The pilot counties used four different risk assessment tools (LS-CMI, CAIS, COMPAS, and ORAS) noted above. 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.

Each county used the same domestic violence risk tool, the ODARA, to measure risk of subsequent IPV. However, the threshold between low, medium, and high risk were localized when applied to the counties’ DMF 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 was considered 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 commonly identified general and domestic violence risk level is low.

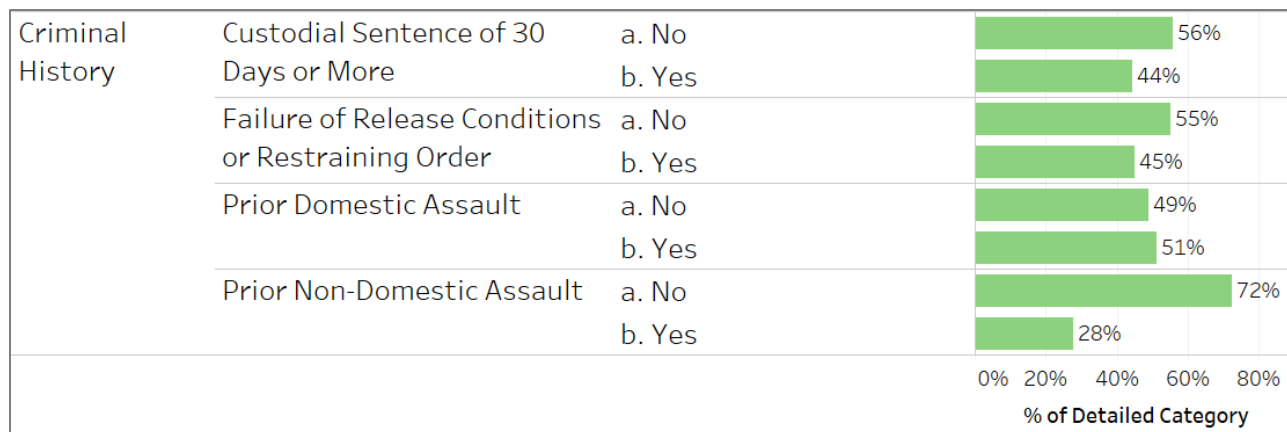


CRIMINAL HISTORY

An person’s criminal history provides information on whether and to what extent that individual has been involved in criminal activity prior to the current incident or offense. This can be measured in many ways, including but not limited to, 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 appropriate for those with different criminal histories.

Criminal history can be defined many ways and is often difficult for local agencies to easily quantify from their localized case management systems. 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. Since 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 table below shows the percentage of individuals in the pilot counties' domestic violence programs who answered yes to the four criminal history questions. The most common prior event was a domestic assault with just over half of the individuals having a prior domestic assault filed in a police report or on their criminal record. Just under half (44 percent) of individuals had a prior custodial sentence of more than 30 days. A similar 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. The indications are that most of those committing acts of domestic violence have other 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.

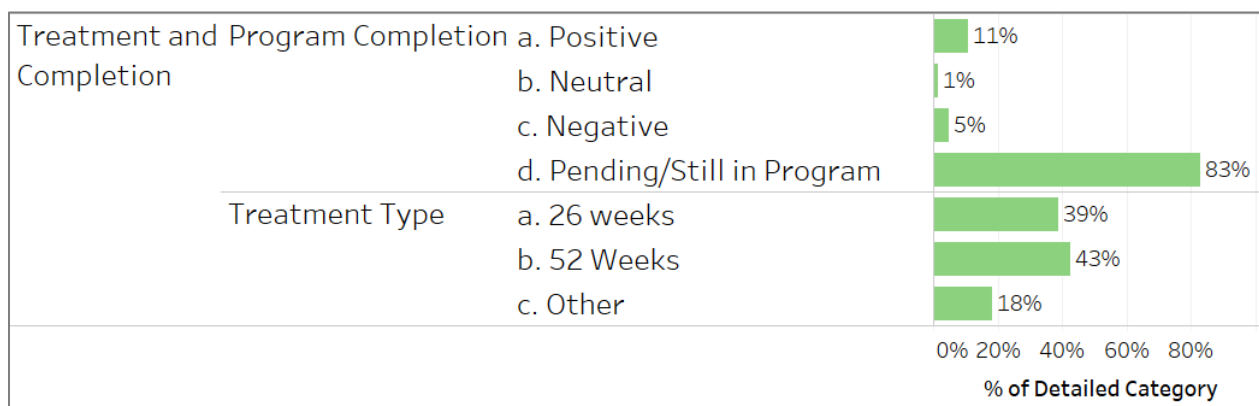


PROGRAM COMPLETION AND RECIDIVISM

The data collection for the first year of program implementation produced meaningful demographic, risk and criminal history data shown above. However, one year of implementation does not allow adequate time to gather necessary program completion information or recidivism data. The vast majority (83 percent) of people who entered a domestic violence program during the first year of implementation were still in the program when data was collected for this report. Many individuals contained 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, would still be in the program when the data collection period ended in

June. Some individuals failed out of the program more quickly and some completed a shorter program, but most were still enrolled when the data collection period ended.

Additional time is necessary to gather the 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 most individuals are still in the program at the time of development for the first report, it is not possible to report on these outcome measures currently. Further, if collected data was used to report on outcomes, the results would be significantly biased as many of those who are no longer in the program have failed in completing the programming and most of those who have been successful were still enrolled at the time of development. The year two report will contain preliminary recidivism statistics measured while individuals are in the program and again at six months after completion.



Future recidivism data, although not available in this report will cover multiple time periods during treatment and follow-up time. The planned analysis will look at new criminal justice events such as follow-up restraining orders and general recidivism. Looking at recidivism in a more nuanced way will give policy makers and communities a better sense of the program's efficacy in improving program participant behavior. Of note, recurring protective orders or revictimization are of particular concern, as are subsequent recidivism for crimes or violence. However, recidivism related to service needs may tell a unique story about efficacy of interventions.

AB 372 IN YEAR 2

As the six counties implement AB 372, key areas of exploration will be on seeing how the first cohort or group of program participants fared in the new program structure, including a review of how COVID-19 impacts outcomes. The legislatively mandated information outlined in this report represents a starting point to understanding how counties are implementing new and innovative approaches to improving outcomes. It also creates a foundation toward building more robust evaluation efforts that look to identify policy options that counties control. In

addition, more information from victims in the form of changes they have seen in participant behavior will be key ingredients in understanding how pilot counties are faring.

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 rates of unemployment and behavioral health needs, new and innovative thinking is needed around how to reduce repeat instance of intimate partner violence. CSAC, with the support of a limited-term grant from the Blue Shield of California Foundation, will be developing separate briefings on, (1) how to better integrate behavioral health services into DV treatment and (2) approaches for rethinking the “offender pay” model and the associated impacts the model has on client success. Both briefs will begin discussing new ideas, that along with the pilot’s programming innovations, could become important pieces for ending the cycle of domestic violence through targeting strategies and human service needs aimed to reduce Intimate Partner Violence. As the pilot counties progress, there will also be additional opportunity for future analysis of outcomes such as reduced new law violations and restraining orders.

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

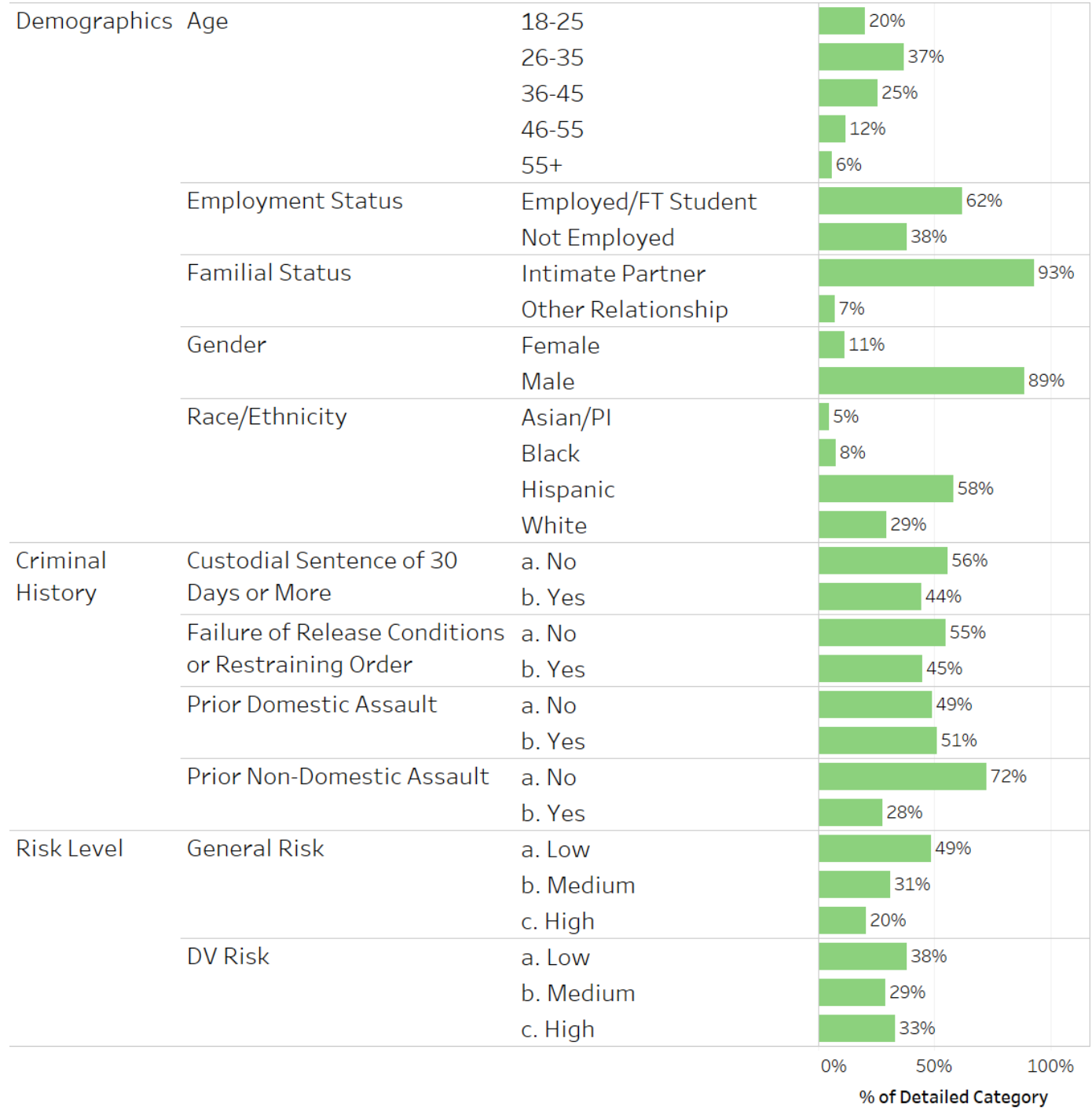
Text in legislation

- (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

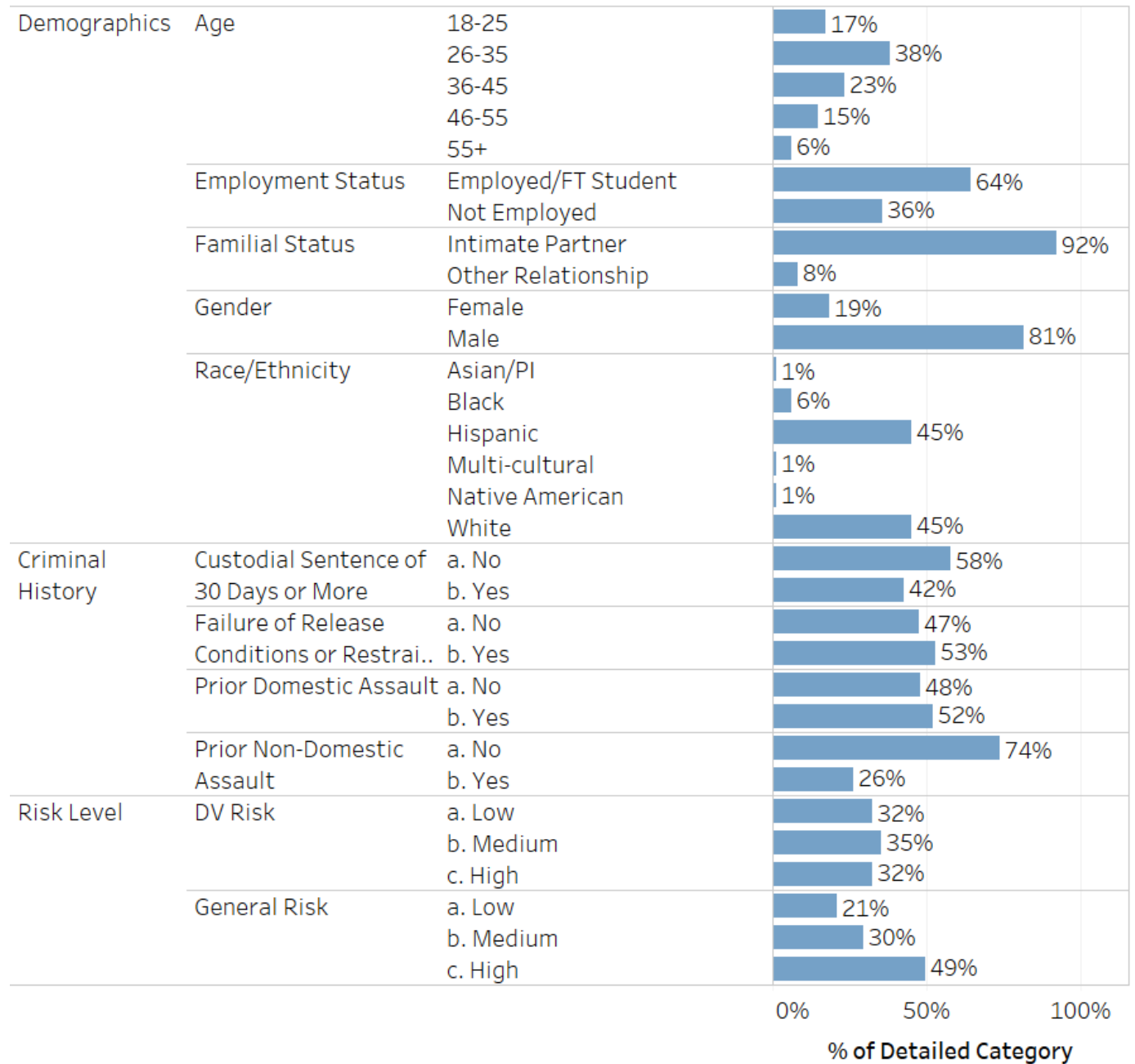
- (8) The county reports all of the following information annually to the Legislature:
 - (A) The risk and needs assessment tool used for the program.
 - (B) The curriculum used by each program.
 - (C) The number of participants with a program length other than one year, and the alternative program lengths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

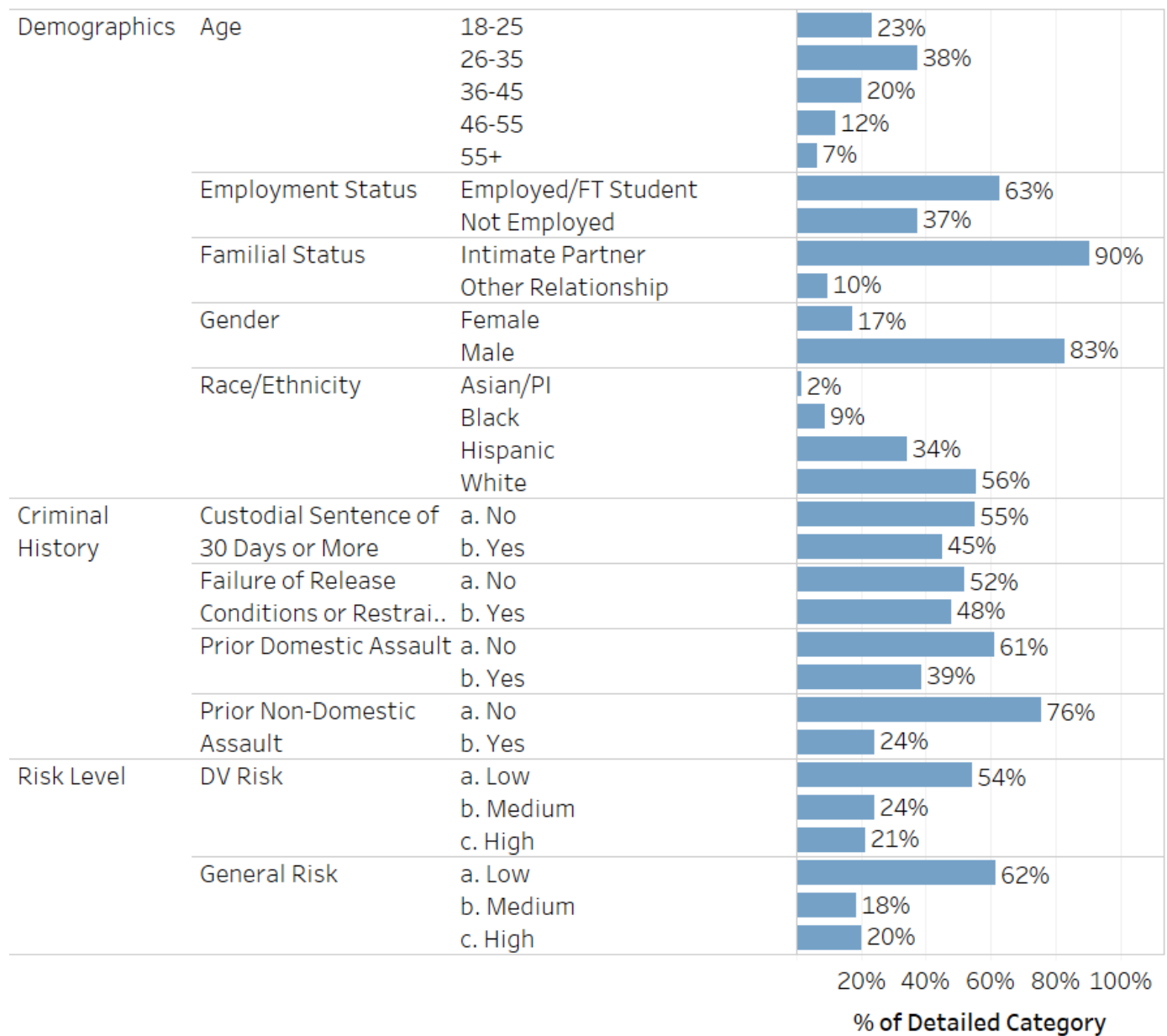


APPENDIX C: COUNTY DATA TABLES

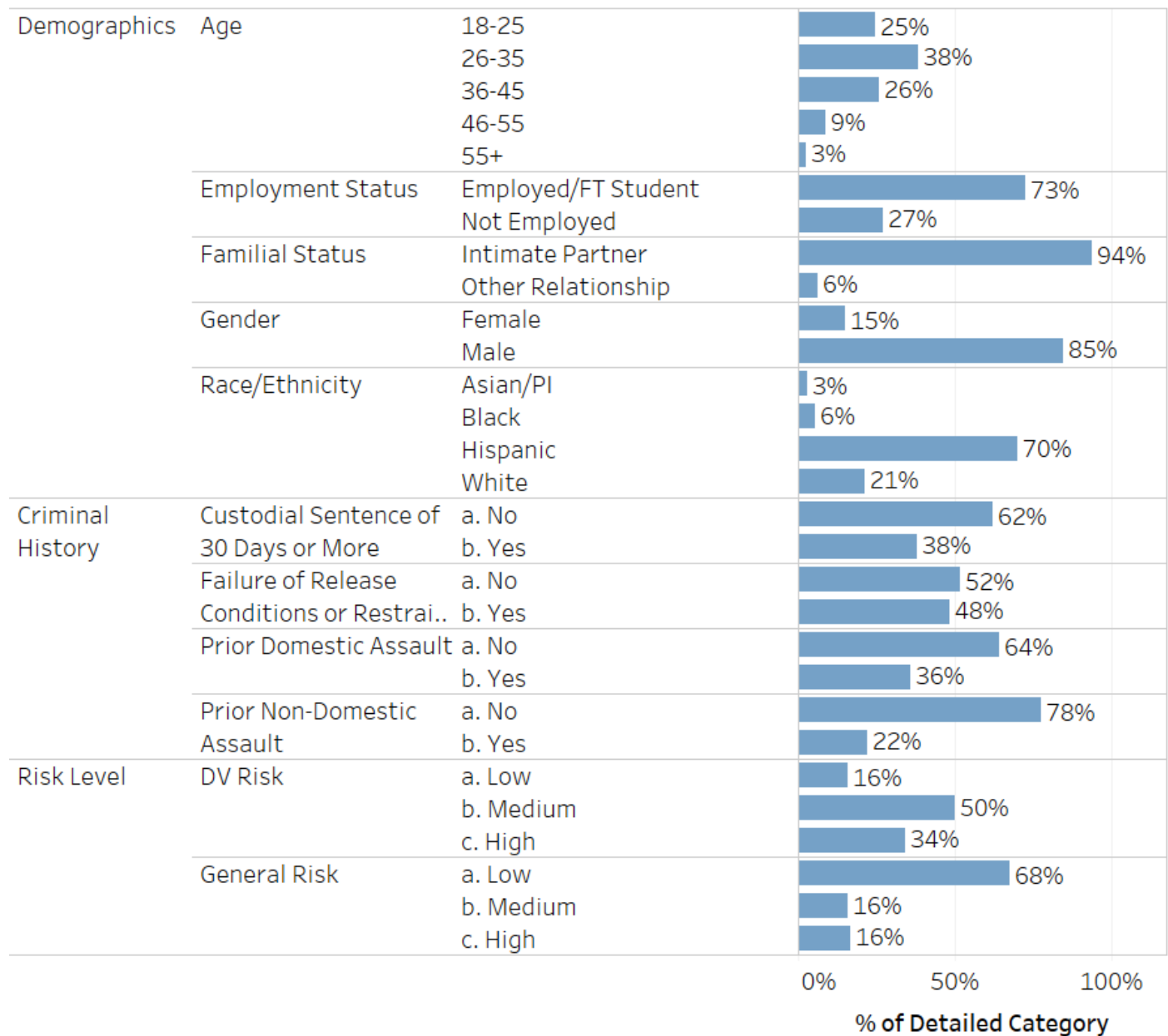
County Summary, Napa



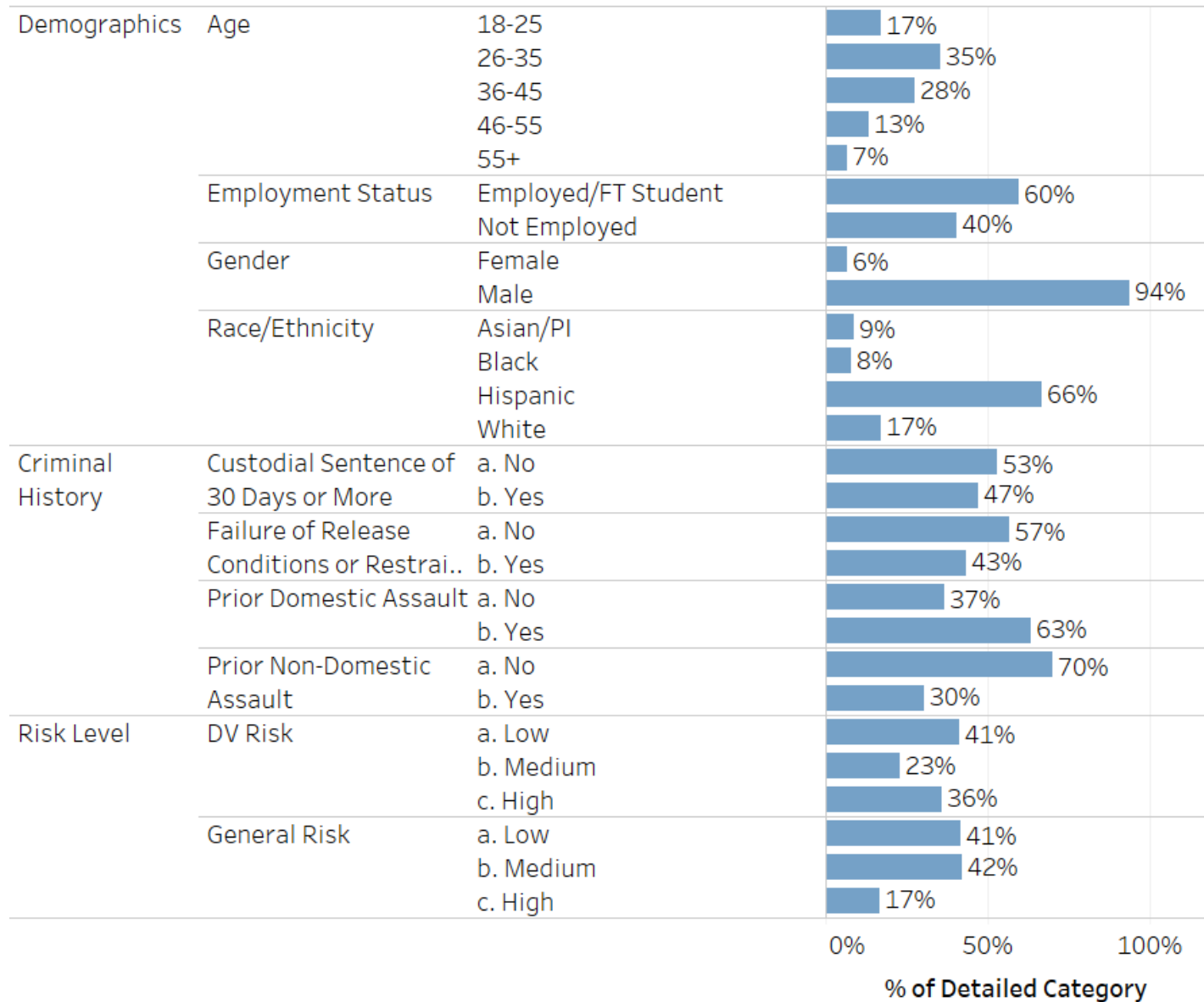
County Summary, San Luis Obispo



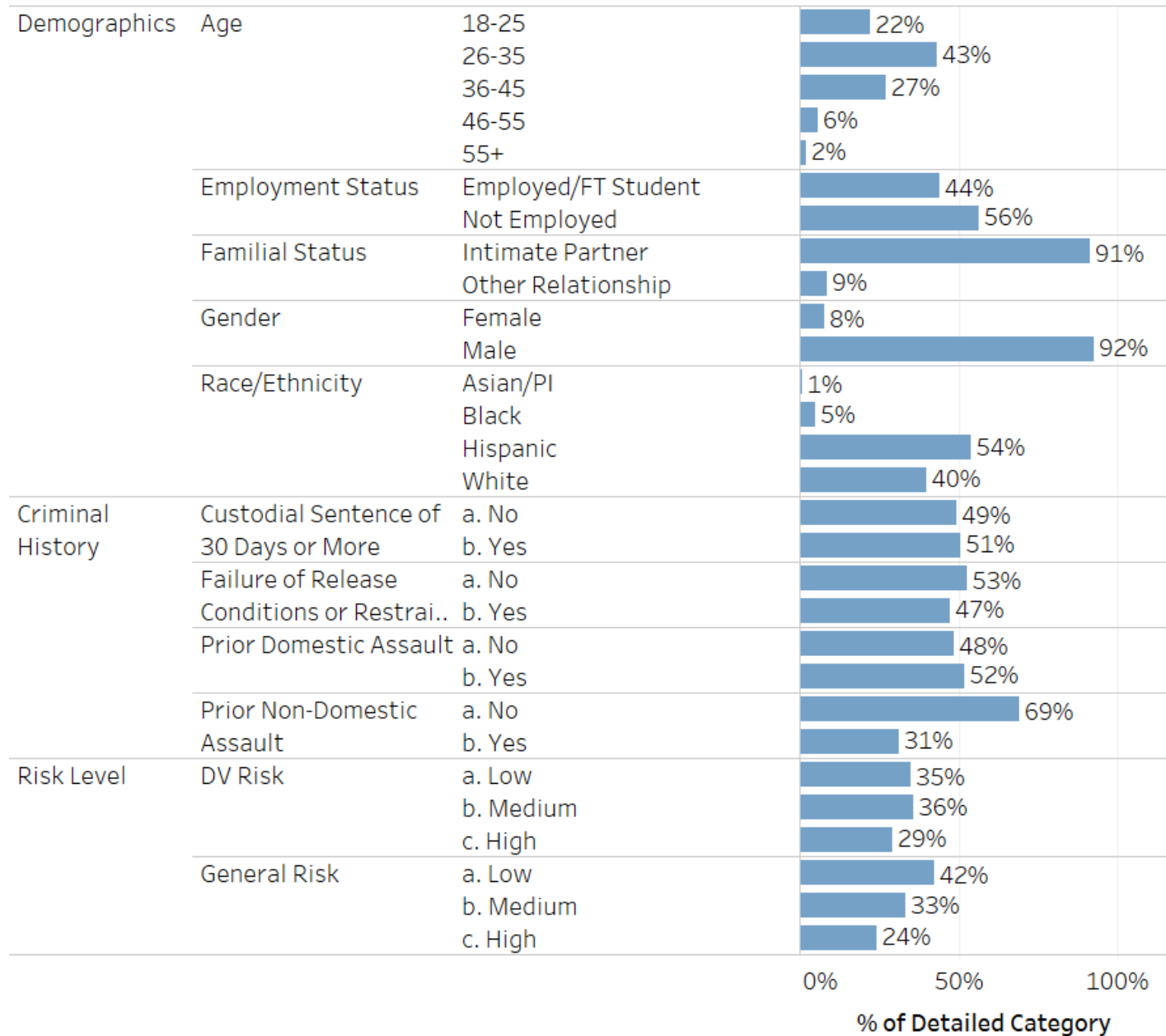
County Summary, Santa Barbara



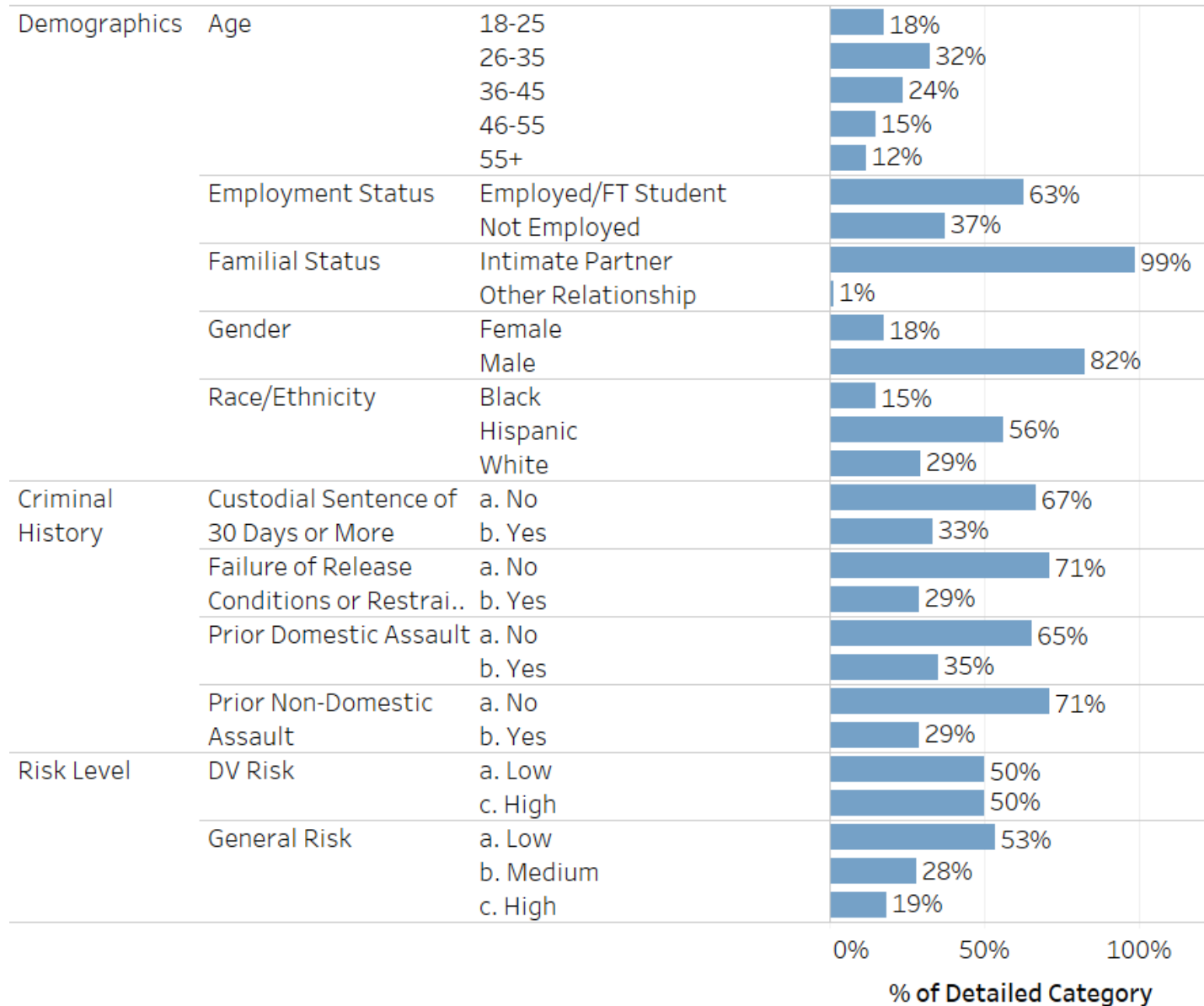
County Summary, Santa Clara



County Summary, Santa Cruz



County Summary, Yolo



APPENDIX D: EXAMPLE DECISION-MAKING FRAMEWORK

		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		