

AB372 Intimate Partner Violence Pilot

Santa Clara County, California



AB372 Pilot Partners



- Office of Gender-Based Violence Prevention (OGBVP)
- Probation Department
- District Attorney
- Public Defender





DOMESTIC VIOLENCE (DV): takes place within a household and can be between any two people within that household. Domestic Violence can occur between a parent and child, and/or siblings



INTIMATE PARTNER VIOLENCE (IPV): only occur between romantic partners (current or former) who may or may not be living together in the same household.

Both may include physical or sexual violence and/or financial, emotional/psychological, cultural, spiritual, and reproductive abuse, as well as other forms of controlling behavior.

Current Approach in Santa Clara County

Current approach to DV/IPV

- California State Legislature designated sole authority to County Probation Departments to design and implement an approval and renewal process for batterer's programs (1203.097(c) PC).
 - Programs must apply and program are reviewed each year to be considered for renewal
- Five certified batterer intervention programs
 - Five state mandated themes woven into curriculum
 - Curriculum is developed by each program
 - Client selects program based on factors including program location/hours
- Family violence, IPV and risk category receive same programming

Current Program Requirements per State and County Standards

- 52 consecutive weekly sessions
 - Open group format
- Minimum of 2 hours
- Group size shall not exceed 16 participants with 2 facilitators
- Only allowed up to three absences
 - The fourth absence automatically results in immediate termination from the program. (Waiver)
 - An absence cannot be excused, except by order of the Court.
- Program facilitators are required to present documentation of a minimum of 40 hours of initial training and 52 weeks or no less than 104 hours in six months as a trainee in an approved batterers intervention program.
 - 16 hours of continuing education, specific to domestic violence or a related field, is required annually.
- Clients self-pay for services on a sliding scale
- Programs provide written progress reports every three months or upon request

State Legislative Pilot (AB372) on Intimate Partner Violence (IPV)

Why something new?

- In the early 1990s California led the nation when it established a mandatory 52-week batterer intervention program (BIPs) for people placed on probation for domestic violence battery.
- However, most of these programs have not been updated since 1994 nor are they evidence based.
- Evidence shows that offenders are still between 40 and 80 percent likely to reoffend¹
- Need to conduct studies to examine “what works” and improve public safety

1. Webster & Bechtel, Evidence-Based Practices for Assessing, Supervising and Treating Domestic Violence Offender (Aug. 2012) Crime and Justice Institute at Community Resources for Justice

What is AB372?

- Sponsored by the California State Association of Counties (CSAC).
- Santa Clara County and five other counties to experiment with the curriculum and other aspects of batterers intervention programs for domestic violence offenders.
- Collect the data on the experiments.
- Provide that data to the state to consider whether state-wide changes may be appropriate.



CAIS

Supervision Strategy



ODARA

Risk of new IPV behavior



Lethality

Risk of future homicide

Project Tools

Risk, Need and Responsivity (RNR) Model

Risk Principle (WHO)

- **Level of services provided should be based on the level of risk for reoffending.**
- Research demonstrates that providing intensive services to lower-risk clients is not only an inefficient use of resources, it may actually increase the likelihood that those individuals will reoffend.

Need Principle (WHAT)

- **Target interventions to criminogenic needs.**
 - The key criminogenic needs are assessed by Probation using the CAIS tool.
 - Non-criminogenic needs are those that are not linked to criminal behavior (anxiety, self-esteem, depression). Addressing these affects general offender well-being but will not affect the likelihood of criminal behavior.

Responsivity Principle (HOW)

- **Be responsive to temperament, learning style, motivation, gender, and culture when assigning to programs. Easiest to think of as “barriers” to treatment success.**
 - Programs also have the strongest impact when they use strategies from cognitive social learning, such as modeling and reinforcement.

* Citations: Andrews, D. A.; Bonta, J.; Wormith, J. S. (1 June 2011). "The Risk-Need-Responsivity (RNR) Model: Does Adding the Good Lives Model Contribute to Effective Crime Prevention?". *Criminal Justice and Behavior*. 38 (7): 735–755. doi:10.1177/0093854811406356. and Andrews, D. A.; Bonta, J.; Hoge, R. D. (1 March 1990). "Classification for Effective Rehabilitation". *Criminal Justice and Behavior*. 17 (1): 19–52. doi:10.1177/0093854890017001004.



Using a curriculum developed by the University of Cincinnati Corrections Institute (UCCI)



Sessions are two times a week for 26 weeks and can range from 75-90 minutes depending on the topic.

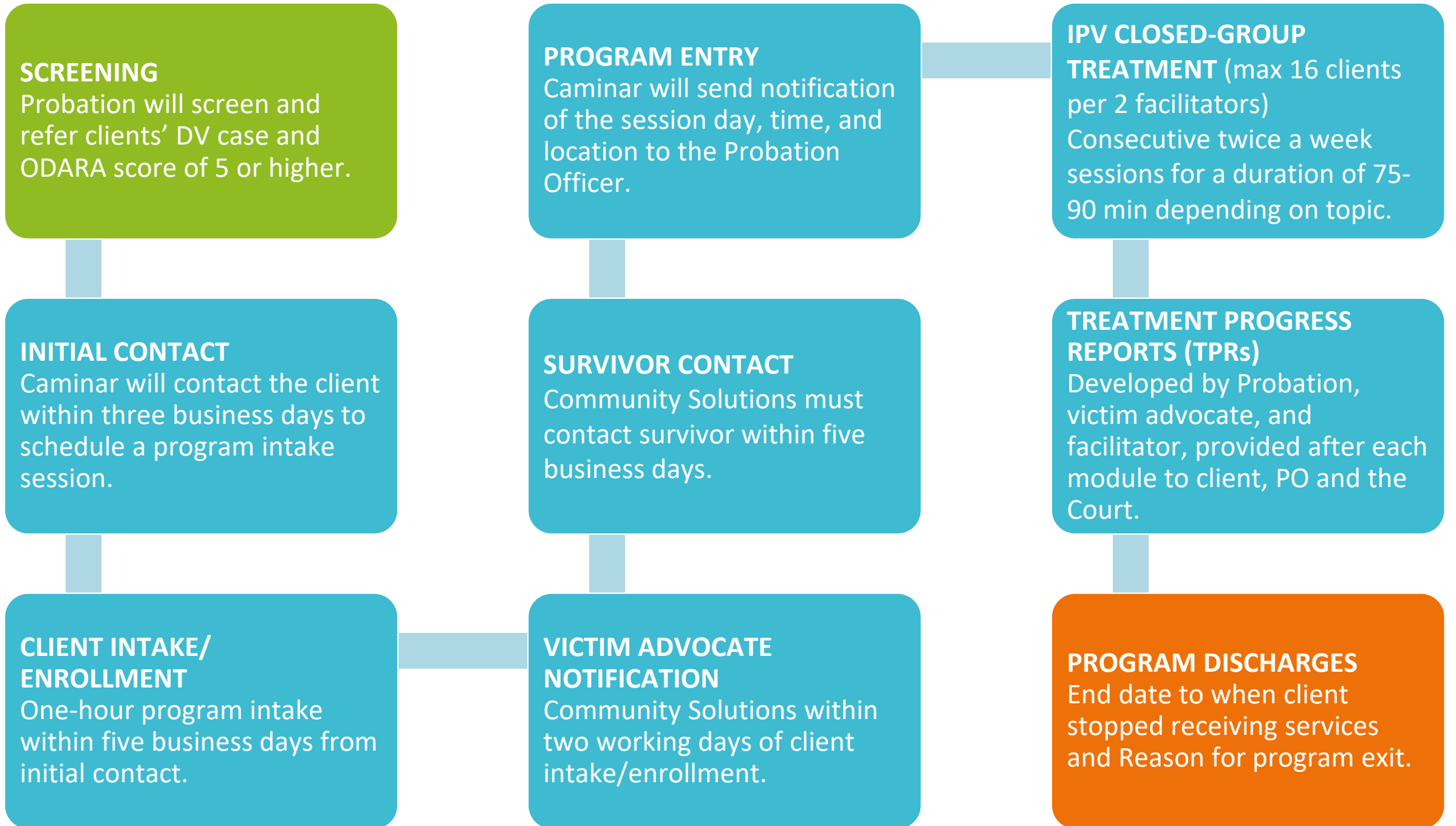


The curriculum targets criminogenic need areas for interpersonal abuse and includes activities for cognitive, social, and emotional skills development.



Standardized curriculum that relies on a cognitive-behavioral approach to teach people strategies to identify and manage high risk situations related to interpersonal violence.

Cognitive-Behavioral Interventions for Domestic Violence (CBI-DV) curriculum



California State Association of Counties

- California State Association of Counties (CSAC) contracting with MW Associates to provide technical assistance related to data and evaluation
 - A report to the state will be developed through this process
- CSAC also partnering with the Pew Foundation (Results First Initiative) and trained many of the pilot counties on selecting and implementing evidence-based practices and provided support to Counties via IPV experts.

Victim Advocates

Expanded Role of Victim Advocates

- Survivors whose partner is participating in the pilot curriculum will be notified by a victim advocate and asked if they would like to volunteer to be a part of the pilot.
- Victim advocates will attend the UCCI curriculum training so they will be able to answer any questions a survivor may have about the pilot program.
- Victim advocates will work with the curriculum facilitators, outside evaluator and the AB372 stakeholders to identify data collection points for survivors. This should include nuanced changes in behavior which cannot be captured through traditional recidivism data collection (i.e., police report or arrest) or which otherwise would not be reported.
- Six (6) month follow up services for survivors after their partner leaves programming.
- Survivors can “opt out” at any time.

Key features of pilot

- Moving from client payment to funded services
- Closed groups
- Offered in multiple languages
- Success planning
- Any gender and/or type of intimate partnership
- Data from victims as outcome measures
- Separate programming for moderate/high risk vs low risk
- Separate programming for IPV versus Family Violence



Lessons Learned to Date

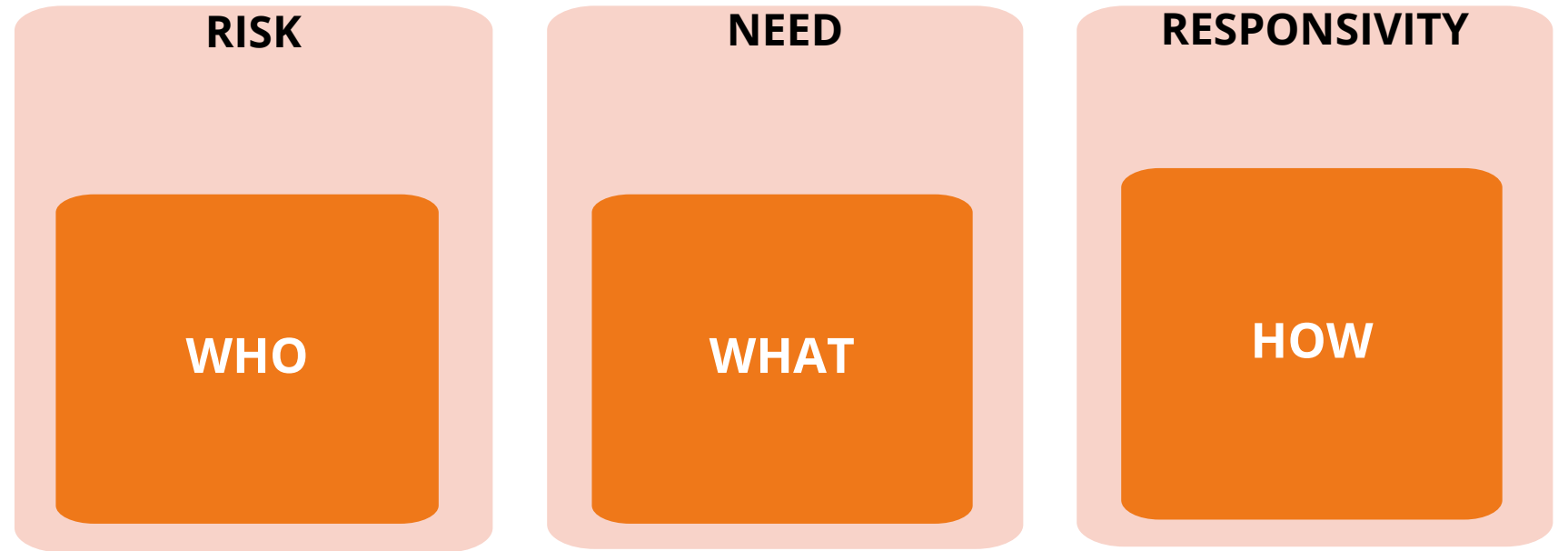
- Complexities of **clients paying** for mandated programming in standard BIP model, especially in the context COVID
- Rethinking approach to **client engagement** considering responsibility issues
- **Stakeholder meetings** have been helpful to develop strong communication and collaboration
- Issues with **time from offense to Probation**
 - Victim information is stale
 - Victim already in services/no longer wants service
- Clients have some issues with **technology and/or private space** to participate in treatment
- Need for **clients to be stable** with responses in place for serious mental health and substance use issues before being able to successfully engage in DV programming

University of Cincinnati Corrections Institute

CBI-IPV: Cognitive-behavioral Interventions – Interpersonal
Violence

Curriculum Overview: The Principles of Effective Intervention

Decisions guided by Risk, Need and Responsivity Principles



Curriculum Overview

Module 1 (8)

Motivational
Engagement

Module 2 (4)

Cognitive
Restructuring

Module 3 (5)

Violence
Awareness

Module 4 (15)

Emotion
Regulation

Module 5 (8)

Managing
Interpersonal
Relationships

Module 6 (4)

Problem
Solving

Module 7 (8)

Success
Planning

Group Structure

Size: 8 – 10 (max 16 = 2 facilitators)

Group Time: 1.25-1.50 hours

Frequency: 2 or 3 times per week

Format: Modified closed group

Gender: Gender responsive groups

Preparation Time: ~30 minutes

Practice Work: Key to transfer of practice

Fidelity and Recidivism

- Well-designed and well-implemented programs can impact individual recidivism rates
- Integrity without adherence to risk, need, and responsivity principles does not produce outcomes

Andrews, D. A., & Dowden, C. (2005). Managing correctional treatment for reduced recidivism: A meta-analytic review of programme integrity. *Legal and Criminological Psychology, 10*(2), 173-187.

Smith, P., Gendreau, P., & Swartz, K. (2009). Validating the principles of effective intervention: A systematic review of the contributions of meta-analysis in the field of corrections. *Victims and Offenders, 4*, 148-69.

Technical Assistance

- Assist with development of implementation protocols
- Group observation and coaching
- Assist with program modification decisions
- 1:1 coaching
- Webinars
- Develop ongoing CQI protocols

Caminar

Facilitating CBI-IPV

About Caminar and the Program

Caminar Team

Interventions and program policies

Interagency cooperation/collaboration

Holistic healing

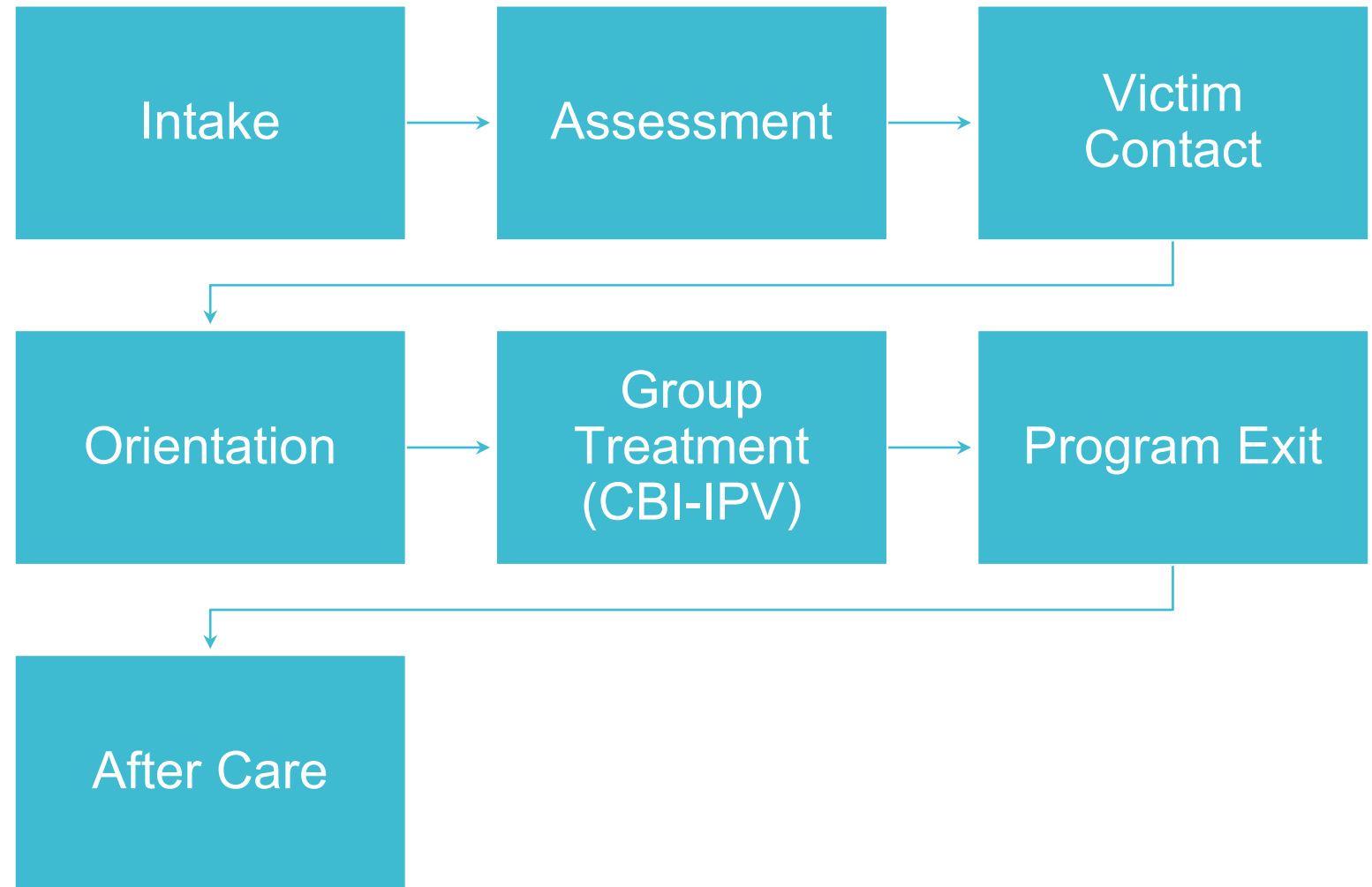
Material presented

Follows a psychoeducational model

Incorporation of cognitive behavioral interventions



AB372 Pilot Flow



We survived year one! What did we learn?

Not all clients learn the same; incorporated an incentive program

Absences still occur – make-up sessions

Homework lab

26 weeks twice per week may not be enough

Environmental stressors (trying to graduate during the pandemic)

Client success is our goal

Regular meetings with UCCI, SCCP, JSP and Caminar continue

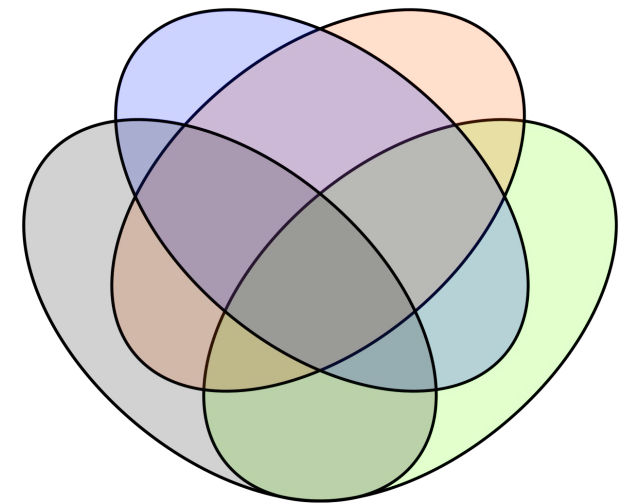


Community Solutions

Addressing survivor needs during AB372

Intersections of IPV with other social issues

- **Other forms of Abuse**
 - Sexual Assault (roughly 40% of IPV survivors suffer SA by their partners)
 - Labor or Sex Trafficking (roughly 5% of IPV survivors have been trafficked by their partner for labor or commercial sex)
- **Health Issues**
 - Mental Health (PTSD, depression, anxiety)
 - Physical Health (physical abuse, strangulation, traumatic brain injury, untreated illnesses, lack of access to reproductive health or routine health care, etc.)
 - Emotional wellbeing (lack of support systems, isolation, low self-esteem, etc.)
- **Self-Sufficiency Challenges**
 - Employment (lack of work history, inability to maintain job due to abuse)
 - Job Training
 - Bad credit or no credit
 - Financial and digital literacy gaps
 - Language Barriers
 - Lack of Legal Status
 - Lack of reliable transportation
 - Lack of reliable childcare
- **Housing**
 - IPV is a primary cause of homelessness for women
 - Lack of Emergency, Transitional, Permanent
- **Legal Issues**
 - Immigration
 - Family Law
 - Housing
 - Employment
 - Criminal law (identified as IPV abuser)



Inicios

An Intersectional,
Collaborative approach to
advocacy
and self-sufficiency



General Survivor Needs by Phase

Crisis



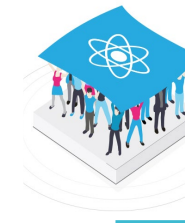
- Basic Needs
 - Shelter/Hotel
 - Food
 - Medical Care
 - Mental Health
- Safety Planning Support
- Peer counseling
- Urgent legal needs
- Transportation
- Linkage to supports
- Victim Witness

Stabilization



- Basic Needs
- Transitional Housing
- Advocacy/ Case Management
- Goal Planning
- Safety Planning
- Life Coaching
- Job Readiness
- Therapy
- Legal needs (Family, immigration, Employment, housing, criminal law, etc.)
- Credit repair
- Education/vocational training
- Counseling – peer counseling or therapy
- Child care
- Transportation

Sustainability



- Basic needs
- Permanent Housing
- Steady income
- Case Management and advocacy
- Safety planning
- Goal Planning
- Counseling – peer counseling or therapy
- Child care
- Transportation
- As needed – legal support

Crisis/ Engagement Phase

Focus

- Engagement
- Needs assessment
- Address needs
 - Basic needs: food, shelter, medical, mental health needs
- Safety needs
 - civil standby, lock changes, alarm, safety plan
- Legal Needs
 - TRO, custody, immigration, good cause report

Tools

- Dr. Jacquelin Campbell's Danger Assessment
- Community Solutions Victim Needs Screening Tool
- Safety Plan
- Goal Plan
- Client Intake

Approaches

- Trauma-Informed
- Survivor-Centered
- Empowerment-based
- Culturally responsive
- Stages of Change
- Motivational Interviewing

Stabilization Phase

Focus	Tools	Approaches
<ul style="list-style-type: none">• Increasing self confidence• Increasing self-sufficiency• Increasing English proficiency• Improving emotional, mental, and physical health• Increasing support networks• Establish transitional housing• Linkage to other resources, legal, etc.• Advocacy and support with court systems and other partners	<ul style="list-style-type: none">• Goal Plan• Safety Plan• Self-Sufficiency Matrix• Pre-VISPDAT• VI-SPDAT	<ul style="list-style-type: none">• Trauma-Informed• Survivor-Centered• Empowerment-based• Culturally responsive• Stages of Change• Motivational Interviewing

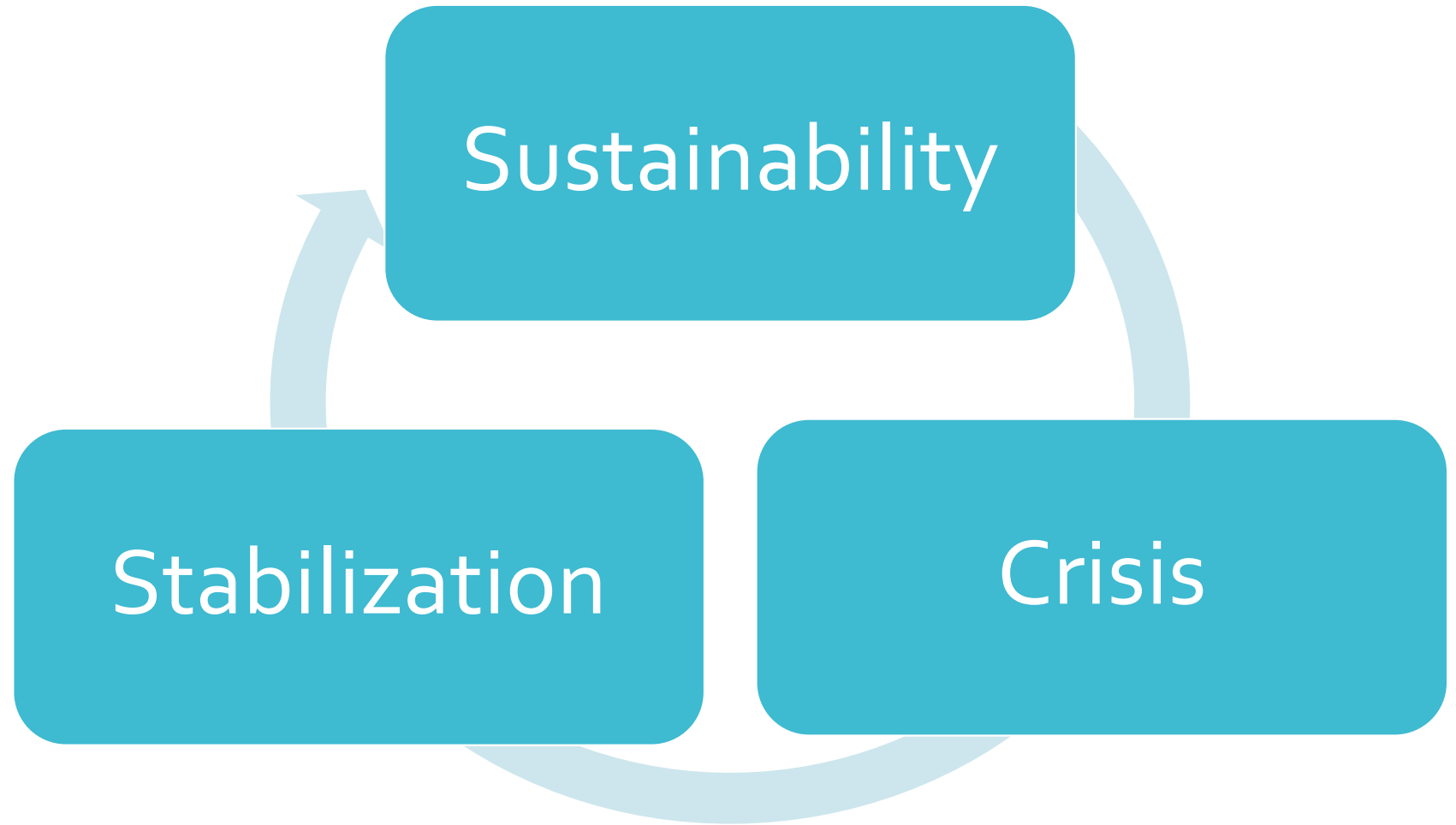
Sustainability Phase

Focus	Tools	Approaches
<ul style="list-style-type: none">• Survivor has permanent housing• Survivor has steady income• Survivor has means to cover basic needs consistently• Survivor has reliable transportation, childcare, etc.• Survivor has access to continued mental health and medical care• Survivor has ability to pursue academic and professional goals	<ul style="list-style-type: none">• Goal Plan• Safety Plan• Self-Sufficiency Matrix	<ul style="list-style-type: none">• Trauma-Informed• Survivor-Centered• Empowerment-based• Culturally responsive• Stages of Change• Motivational Interviewing

Advocacy services: Learnings from year one

- Victimization occurred two to three years prior to their partner or ex-partner's participation in the AB372 BIP
- Covid-19 caused a delay in referrals to AB372 BIP pilot Roughly 45% of survivors referred could not be contacted
- Survivors are no longer in Crisis Phase
- Most Survivors are in between the Stabilization and Sustainability Phase
- Survivors don't see themselves as survivors, specially if they are still in a relationship with the participating client
- Survivors are concerned about how their participation can influence the participating client's status in the BIP pilot.
- Some survivors have moved on from having any type of contact or relationship with participating client and are not interested in services
- Dedicated therapy services for survivors

Shifting our Approach to Support AB372 Pilot IPV Survivors



Shifting to increase survivor engagement and retention

ABOUT INICIOS

“TO LET GO IS NOT TO CHANGE OR BLAME ANOTHER, IT IS TO MAKE THE MOST OF MYSELF. TO LET GO IS NOT TO REGRET THE PAST, BUT TO GROW AND LIVE FOR THE FUTURE.”

INICIOS (Beginnings)

The goal of the **INICIOS** program is to support survivors of trauma to establish and maintain safety, security, and hope. Through this program, participants will acquire the tools and support needed to increase self-confidence, rediscover their unique abilities and talents, and move towards long term self-sufficiency.

Trauma impacts individuals in all areas of their lives. It can be a barrier to education, training, and employment. It can also interfere with credit scores, rental histories, and attaining life and career goals. This is particularly true for individuals who are not aware of community resources and support systems. **INICIOS** case managers work in partnership with survivors throughout their journey from crisis to thriving.

“ALONE WE CAN DO SO LITTLE;
TOGETHER WE CAN DO SO MUCH.”
HELEN KELLER

OUR APPROACH

Community Solutions’ mission is to create opportunities for positive change by promoting and supporting the full potential of individuals, the strengths of families, and the well-being of our community.

The **INICIOS** program is committed to providing intersectional and trauma-informed case management, advocacy, and self-sufficiency services and support.

- We provide comprehensive and confidential services that support the entire family’s safety and well-being.
- We work within an empowerment based and culturally responsive philosophy that centers around participants’ voices and choices.
- We work in partnership with participants to develop individualized goals that are driven by each participant’s needs and priorities.
- We are committed to treating participants with empathy, respect, and honesty.
- Our role is to help participants explore their options—not to make decisions for them.
- We provide a safe, non-judgmental space for program participants.
- We provide resources and referrals for program participants based on their needs.

ADVOCACY FROM INICIOS (Beginnings) to Thriving!



Justice System Partners

Evaluating AB372

Data Collection Process

Process Review

- Document Review
- Workgroup meetings
- Project decision-making meetings

Interview and Observations

- Interviews with key stakeholders
- Interviews with facilitators and advocates
- CBI-IPV training and group observations
- CBI-IPV participant and survivors interviews/focus groups

Surveys

- CBI-IPV participant before and after each session
- CBI-IPV facilitator curriculum and participant feedback
- Survivors' weekly feedback
- Pre-post staff surveys

Administrative Data

- Official criminal records
- Program data (e.g., progress reports, attendance)

Participants and Survivors

Most surveyed survivors (9) reported still being in relationships with participants.

Of those still in relationships...

64% of survivor responses indicated participants improved, while...

36% of survivor responses indicated participants did not improve or stayed the same.

80% of survivor responses indicated participants using somewhat or a lot what they learned.

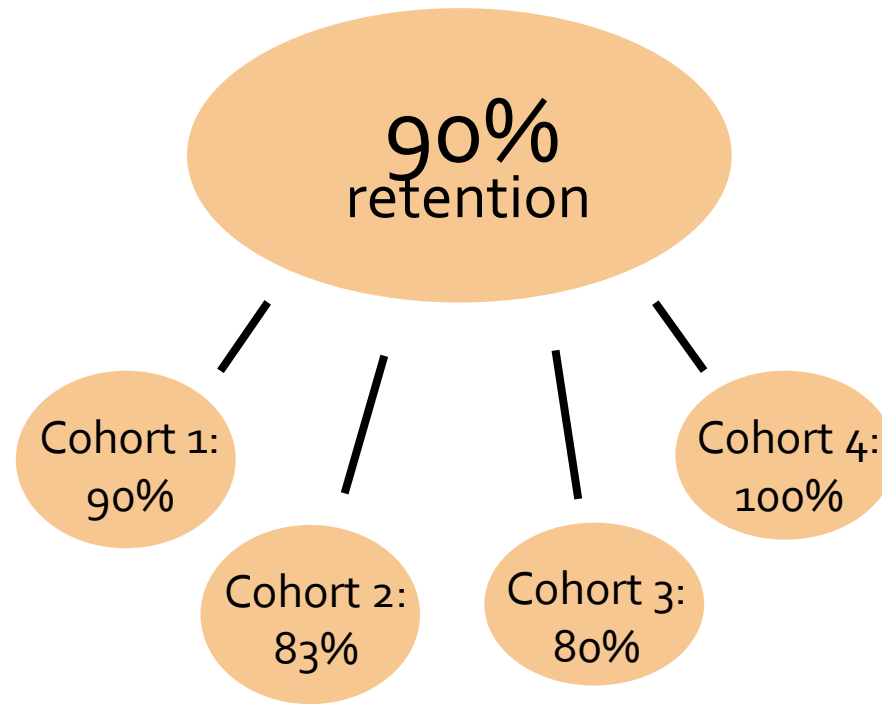
The teachers are really good. They help a lot to understand the material. Even though this is a program we need to take, it is helping me a lot.
- Participant comment



AB372 participants' responses indicated that...

- they could use the skills well.
- they were motivated to use the skills.
- they felt they improved between sessions.
- the sessions were helpful.
- the technology worked.

Engagement & Retention



Reasons for terminations

- New or prior charges
- Absences
- Lack of engagement

	Avg. # Excused Absences	Avg. # Unexcused Absences	Avg. Percentage of Sessions Attended
Cohort 1	2.5	1.4	88.7%
Cohort 2	1.0	0.4	94.6%
Cohort 3	0.0	4.0	77.5%
Cohort 4	1.2	1.1	78.5%

Overall Lessons Learned

- Overall positive feedback.
- Some training challenges existed.
- Some sessions required extra time to cover.
- Transition to virtual offered advantages and challenges.
- Several skills and topics resonated with participants while others challenged them.
- There were opportunities to make the curriculum more accessible through language and cultural competency.
- Role plays and examples were a challenge.
- There is a continued need to address engagement and absences.
- There are significant differences between the CBI-IPV curriculum and traditional BIP.

Measures in Year 2

Pre/Post Training Survey

- Facilitators' survey before and after trainings on both the short and long programs.

Curriculum Feedback

- Feedback provided by facilitators after every session to provide guidance for future changes.

Participant Progress Reports

- Facilitator reports completed at the end of each module to document the progress for each participant.

Pre-post Psychosocial Measures

- Survey completed by participants at the beginning and end of the program.

Self-reported Progress Survey

- Questions about learned skills for participants after each module that the facilitators administer.

Open Feedback Survey

- Open feedback option provided during the entire curriculum for participants to provide feedback directly to the evaluators.

Survivors Self-reported Progress Survey

- Questions asked to survivors by advocates at least once a month to understand any participant behavior changes.

Qualitative

- Interviews with facilitators, advocates, key stakeholders, and survivors.
- Focus groups with participants.
- Observations of CBI-IPV training and curriculum.

Long-Term Goals



Using results from the pilot, determine county-wide approach



Implement shorter version of the program for clients who are low risk to re-offend



Work with the courts to change approach to working with clients where the driver was solely substance use and/or mental health



Decrease IPV/DV recidivism and increase community safety through evidence-based programming.

Next steps

- Training and piloting of the low risk (short) program
- Improving engagement strategies with participants
- Developing and delivering after care programming to graduates
- Developing standard guidelines around communication and support strategies used by probation officers and program staff
- Developing an implementation manual for this approach
- Outcome evaluation to understand the impact of the program

Questions & Discussion