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June 2, 2021

The Honorable Rudy Salas Chair, Joint Legislative Audit Committee 1020 N Street, Room 107 Sacramento, CA 95814

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RE: State Audit Request of Batterer Intervention Programs

Dear Chair Salas,

I respectfully request that the Joint Legislative Audit Committee approve a state audit to examine the effectiveness of California's Batterer Intervention Programs (BIPs) in preventing intimate partner violence (IPV), including whether they reduce recidivism, address IPV as a public health concern, and recognize the social conditions that lead to IPV.

Background

Intimate partner violence is a frightening reality in the lives of far too many Californians. According to the National Intimate Partner and Sexual Violence Survey, about one in three California women will be harmed by a partner at least once in her lifetime. The lasting impact of intimate partner violence, a phenomenon that cuts across social, economic, and racial lines, can be grave and impose lifelong effects on a person's physical and mental health and economic well-being. For children who witness IPV, their brain development can be negatively affected, and their learning, behavior, and health deeply impacted—increasing the likelihood of using violence against a partner and victimization later in life. The consequences of failing to appropriately address and end intimate partner violence can be deadly, with about 40 percent of all female homicides in the U.S. committed by an intimate partner, according to a report from the Bureau of Justice Statistics.

In California, probation is central to IPV interventions. Since 1994, California law has required completion of a certified batterer-intervention program (BIP) for anyone who is convicted of domestic violence and granted probation. BIPs are generally administered by probation in close partnership with the courts. In many jurisdictions, this includes a combination of partnerships with providers, programs, and institutions. Research suggests that the population served is mostly male, low-income, and disproportionately includes people of color.

Research to date on California's intervention system indicates a lack of efficacy and an inability to fully meet the needs of low-income men of color trapped in a cycle of violence.¹ The empirical research supporting the effectiveness of BIPs appears to be mildly positive at best to inconclusive for the general population. Most BIPs are based on some variation of the feminist-psychoeducational or cognitive-behavioral therapy model, and while these approaches have broad empirical basis, their application in BIPs is less conclusive.² What is known with some degree of certainty is that BIPs have high dropout rates and that treatment comes only after a series of events have occurred including violence, arrest, prosecution, and conviction, all of which must happen for the average person to be in treatment. A select set of BIPs offer their services to people who are not mandated by courts to participate, however, not much is known about the number and percentage of participants that are voluntarily engaged and the efficacy of programming for those participants.

Indeed, a recent report from the Little Hoover Commission found that the state does not have the data necessary to determine whether its BIPs are working, and identified a number of concerns with the available programs.³ They found the state's "rigid approach" and requirements "do not meet the needs for those of modest means, who do not speak English, live in rural areas, and many other people." They recommended the state review its programs for effectiveness and determine to what extent they support or hinder rehabilitation.

Proposed Scope of Audit

This proposed audit would help legislators gain a deeper understanding of the effectiveness of BIPs and how the state could better help Californians reduce, prevent, and recover from IPV.

I propose that the State Auditor evaluate the BIP programs in the following counties, listed in priority order: Los Angeles, Contra Costa, Alameda, Del Norte, and San Joaquin.

Specifically, the audit should include, but not be limited to, the following inquiries and analyses:

- 1. How effective are BIPs at reducing future incidents of violence among participants, including those who complete the full course as well as those who failed to complete? How does this differ by race/ethnicity and income-levels?
- 2. What percentage of people fail to complete BIP courses, and what are the reasons? How does this differ by race/ethnicity and income-levels?
- 3. What data do probation departments collect from BIPs and how do they use it?
- 4. Are probation departments monitoring BIP use of fee waivers and sliding scales and ensuring compliance with the law? To what extent are fees a barrier to an individual completing a program? Analysis could include fee transparency, costs per class and for registration, and availability of fee waivers and payment plans.

¹ Dag MacLeod, Ron Pi, David Smith, and Leah Rose-Goodwin, "Batterer Intervention Systems in California – An Evaluation," Office of Court Research, Administrative Office of the Courts, 2008, <u>http://www.courts.ca.gov/documents/batterer-finalreport.pdf</u>.

² Patricia Cluss and Alina Bodea, "The Effectiveness of Batterer Intervention Programs: A Literature Review & Recommendations for Next Steps," FISA Foundation, March 2011, <u>http://fisafoundation.org/wp-content/uploads/2011/10/BIPsEffectiveness.pdf</u>.

³ Little Hoover Commission, "Beyond the Crisis: A Long-Term Approach to Reduce, Prevent, and Recover from Intimate Partner Violence," January 2021, <u>https://lhc.ca.gov/report/beyond-crisis-long-term-approach-reduce-prevent-and-recover-intimate-partner-violence</u>

- 5. What criteria does probation use in deciding whether to approve a BIP? For what reasons have programs been denied by probation? What is the criteria for re-certification? What type of data is used to make that assessment?
- 6. To what extent are BIPs informed by a public health lens and addressing the impacts of trauma, mental illness, substance use disorder / addiction, and social determinants of health, like poverty, or concepts like patriarchy, misogyny, and gender-based violence?
- 7. How might the effectiveness of BIPs be improved if they were overseen by another agency such as a public health or human services-oriented agency rather than probation? Would such a shift improve prevention of violent incidents, increase the number of people who voluntarily seek treatment, and the number who complete the program?
- 8. Are probation departments meeting the needs of people who are not heterosexual cisgendered men?
- 9. Are BIPs meeting the needs of people who are voluntarily seeking help those who are at risk of causing harm but are not engaged with the criminal legal system?
- 10. Are the requirements of BIPs, including concurrent counseling for substance abuse, including detoxification and abstinence, and the exclusion of couple/family counseling, limiting the impact of programs?
- 11. To what extent are probation departments reviewing the performance of BIPs? How do BIP standards established by county probation departments vary across jurisdictions? How do they compare to state-level standards?

I am requesting the Committee support this audit to ensure that California is ensuring safety for people experiencing partner violence. Thank you for your consideration of this request.

Sincerely,



Assemblymember, 14th District