



KANSAS DEPARTMENT OF CORRECTIONS

	INTERNAL MANAGEMENT POLICY AND PROCEDURE	SECTION NUMBER 21-103	PAGE NUMBER 1 of 4
		SUBJECT: VICTIM SERVICES: Victim/Offender Dialogue Program	
Approved By:  Secretary of Corrections		Original Date Issued:	02-07-03
		Current Amendment Effective:	09-19-11
		Replaces Amendment Issued:	02/07/11

POLICY

Survivors of violence will have the opportunity to meet face-to-face with the offender in a safe environment to assist them in establishing a dialogue.

DEFINITIONS

Domestic Violence: Any intentional or reckless harmful physical contact or the threat of harmful contact or destruction of property, between associated individuals or formerly associated individuals, used as a method of coercion, control, revenge, or punishment.

Associated: for purposes of this policy means: 1) Spouses, whether residing together or not; 2) former spouses, whether residing together or not, regardless of length of separation; 3) persons who are involved in a relationship with each other, regardless of whether or not they are currently living together; 4) persons who have, in the past, had a relationship with each other, regardless of whether they lived together; 5) Persons who are blood or step related to one another (Parent/sibling, brother/sister, step parent/step-child, step-brother/step-sister, and other similar relationships); and 6) Persons who have a child in common regardless of whether they have been married or who have lived together at any time; this includes if a woman is pregnant and the man is alleged to be the father.

PROCEDURES

I. Initial Criteria

- A. The Survivor/victim must initiate the process through the KDOC Office of Victim Services.
 - 1. The facility Warden or designee shall decide if the facilitator may meet with the offender to discuss the possibility of participating in the program.
 - a. The following areas of concern shall be taken into consideration by the facility Warden or designee prior to rendering a decision:
 - (1) The safety of all participants
 - (2) The disciplinary record of the offender; and,
 - (3) The stability of the offender.

- b. Victim/Offender Dialogue (VOD) shall not be approved for domestic violence or familial sexual abuse cases.
 2. One or two facilitators shall be used for each dialogue. Arrangements will be approved by the Director of Victim Services.
 3. The offender must not be involved in an appeal process and attorneys shall not be permitted to participate.
 - a. The offender must acknowledge that he/she is responsible for the crime unless otherwise approved by the Director of the Office of Victim Services.
 4. Both parties must sign a waiver form agreeing that:
 - a. Participation in the program is voluntary;
 - b. They will not hold the Kansas Department of Corrections responsible for any negative effects that may occur; and,
 - c. The facilitator may share some information (from the survivor/victim with the offender and from the offender with the survivor/victim) during the preparation phase. The offender's medical and/or mental health information can only be shared with the victim if the offender has signed a release of information per IMPP 05-107.
 5. The offender's participation shall be voluntary.
 6. Alternative options may be explored if a face-to-face meeting will not occur.
 - a. Letters and videos are possible alternatives.
 7. Special considerations will be taken by the Office of Victim Services when a survivor/victim or offender is located out of state.
 - a. When an offender is housed out of state the Office of Victim Services will contact the receiving state's DOC to explore options for conducting VOD.
 - b. When a survivor/victim is located out of state the Office of Victim Services will explore options for conducting VOD.
- B. Both the survivor/victim and the offender will have the option to have a support person.
 1. It is important to have the same support person during the preparation and the actual face-to-face meeting.
 2. Support persons selected may be neither inmates nor offenders under post release supervision.
- C. Any participant may stop the process at any time. This includes the survivor/victim, the offender, or the facilitator.
- D. The survivor/victim and the offender shall both be advised that the Kansas Parole Board will not be informed of program participation, and that all records related to the program shall be kept separate from any information provided the KPB.

1. Participation shall not be noted in any of the offender's files. Notation in the offender's file should be limited to "meet with Victim Services." The purpose of the meeting shall not be included.

E. All participants must be 18 years of age or older.

II. Dialogue (Face-to-face meeting)

A. The facilitator(s) will travel to the survivor/victim during the preparation process.

1. The survivor/victim will be offered a facility tour prior to the day of the dialogue session.
2. As funding is available, the cost of in-state travel to the facility for the survivor/victim is reimbursable. In the event funding is no longer available the cost of travel will be the responsibility of the survivor/victim.

B. The actual meeting will occur in a room at the facility as designated by the Warden.

1. The meeting room designated shall not contain monitoring devices such as cameras.
2. The survivor/victim and support person will be searched upon entrance to the facility.
3. The offender shall be searched prior to entering the meeting room.

C. The Warden in each facility will also designate hours/days that are acceptable to conduct the dialogue meeting.

1. A correctional officer will be immediately outside of the meeting room.
2. The facilitator(s) will speak with both the offender and survivor/victim before and after the meeting.
3. An Office of Victim Services staff member or designated facility staff shall be available and on site the day of the meeting.

III. Follow-up

A. At least one of the facilitators will attempt follow-up by phone with both participants within one week following the dialogue meeting, if possible.

B. Follow-up will occur at least once after three months.

C. An evaluation will be sent to both participants to measure the results.

IV. Facilitators

A. Facilitators who are not KDOC staff shall be trained and considered special guests when entering a correctional facility. Facilitators must follow all KDOC policies.

B. All dialogue cases will be assigned to facilitators by the Victim Services Director.

C. All dialogue cases will be staffed with the Victim Services Director or designee prior to a face-to-face meeting, and/or throughout the VOD preparation and follow up periods.

1. Meetings with survivors/victims shall be conducted in confidential public locations. Meetings should not be conducted in homes.
2. Facilitators will complete a summary of contact after each meeting. (Attachment C & D)

- a. The contact summary form will be submitted to the Office of Victim Services within 72 hours after meeting with the survivor/victim and/or offender.
 - b. Contact forms should be mailed to the Office of Victim Services not emailed or faxed.
 - c. Electronic and Word documents containing survivor/victim and offender information should not be saved to personal computers.
- D. Special guest facilitators shall be in the company of a KDOC employee while visiting correctional facilities.
- E. Information pertinent to either VOD participant shall be confidential. Facilitators will not discuss identifying details of VOD cases with anyone other than another facilitator or Office of Victim Services staff.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

None.

REFERENCES

None

ATTACHMENTS

Attachment A - Victim Release - 2 pages
Attachment B - Offender Release - 3 pages
Attachment C – Victim Contact Summary Form – 1 page
Attachment D – Offender Contact Summary Form – 1 page

Date: _____

Offender KDOC# _____

Facilitator's Name(s): _____ / _____

**Victim/Offender Dialogue Program
Victim Waiver and Release**

I, _____ have requested to participate in the Kansas Department of Corrections Victim/Offender Dialogue Program. As a victim of a crime; or relative or friend of the crime victim, I understand the role of the Kansas Department of Corrections is to facilitate my meeting with _____, KDOC # _____, the offender in my case. The Department of Corrections reserves the right to cancel the Victim/Offender Dialogue Program or my participation in that program at any time and for any reason.

I understand that my participation in the Victim/Offender Dialogue Program will include my providing personal information regarding myself and/or others to the Kansas Department of Corrections and/or facilitators, _____ / _____.
(facilitator's name(s))
Further, I understand that facilitators will share information they deem appropriate with the offender. I hereby authorize the Department of Corrections, its agents, employees, special guest facilitators, and contractors to release information regarding me to persons, including but not limited to the offender, as deemed necessary by the Department of Corrections, its agents, employees, special guest facilitators, and contractors.

I understand and acknowledge that the Department of Corrections, its agents, employees, special guest facilitators, and contractors are mandated reporters of child abuse and/or neglect.

I understand and acknowledge that my participation in the Victim/Offender Dialogue Program may directly or indirectly expose me to risk of personal injury, including death; and

property damage, losses, costs and expenses. The State of Kansas, its agencies including but not limited to the Kansas Department of Corrections, its employees, agents, special guest facilitators, and contractors make no warranty, either express or implied, regarding the results of my participation in the Victim/Offender Dialogue Program, my safety, or any other consequences of my participation.

I hereby release and hold harmless the State of Kansas, its agencies including but not limited to the Kansas Department of Corrections, its employees, agents, special guest facilitators, and contractors from any claim, liability or expense, including attorney fees, which may arise from, be incurred as a result of, or be related to my participation in the Victim/Offender Dialogue Program. I further agree to indemnify the State of Kansas, its agencies including but not limited to the Kansas Department of Corrections, its employees, agents, special guest facilitators, and contractors for any claim, liability or expense, including attorney fees, brought by any person arising from, incurred as a result of, or related to my participation in the Victim/Offender Dialogue Program.

This waiver and release may be pled as a defense and absolute bar of any action of any kind against the State of Kansas, its agencies including but not limited to the Kansas Department of Corrections, its employees, agents, special guest facilitators, and contractors brought by or on behalf of the undersigned, his/her heirs, executors, administrators and assigns, on account of any alleged losses, damages, costs or expenses related in any way to my participation in the Victim/Offender Dialogue Program.

I further declare that I am fully authorized to execute this waiver and release, and that I rely wholly on my own judgment regarding the risks and benefits involved in my participation in the Victim/Offender Dialogue Program.

Name

Date

Witness
21-103-001

VICWANDER

Date

IMAGE/RETAIN [30 YRS]

Date: _____

Facilitator's Name(s): _____ / _____

**Victim/Offender Dialogue Program
Offender Waiver and Release**

I, _____, KDOC # _____ have requested to participate in the Kansas Department of Corrections Victim/Offender Dialogue Program. My participation in the Victim/Offender Dialogue Program is voluntary and no promises, benefits, privileges, or threats have been offered or made by any person regarding my participation in the Victim/Offender Dialogue Program. As the perpetrator of a crime, I understand that the Kansas Department of Corrections is allowing me to participate in this dialogue at my request and that I am aware its role is to facilitate my meeting with _____, the victim; or relative or friend of the victim, of my crime(s). (Hereinafter referred to as "victim participant"). The Department of Corrections reserves the right to cancel the Victim/Offender Dialogue Program or my participation in that program at any time and for any reason.

I understand that my participation in the Victim/Offender Dialogue Program will include my providing personal information, including medical and/or mental health information that would be pertinent to the dialogue progress, to the Kansas Department of Corrections and/or facilitators, _____ / _____.
(facilitator's name(s))
Further, I understand that facilitators will share information they deem appropriate with the victim participant in the Victim/Offender Dialogue Program and/or law enforcement agencies. I hereby authorize the Department of Corrections, its agents, employees, special guest facilitators, and contractors to release information regarding me to persons, including but not limited to the victim participant, as deemed necessary by the Department of Corrections, its agents, employees, special guest facilitators, and contractors.

I understand and acknowledge that the Department of Corrections, its agents, employees, special guest facilitators, and contractors are mandated reporters of child abuse and/or neglect.

I understand and acknowledge that my participation in the Victim/Offender Dialogue Program may directly or indirectly expose me to risk of personal injury, including death; property damage, losses, costs and expenses; and civil or criminal litigation. The State of Kansas, its agencies including but not limited to the Kansas Department of Corrections, its employees, agents, special guest facilitators, and contractors make no warranty, either express or implied, regarding the results of my participation in the Victim/Offender Dialogue Program, my safety, or any other consequences of my participation.

I hereby release and hold harmless the State of Kansas, its agencies including but not limited to the Kansas Department of Corrections, its employees, agents, special guest facilitators, and contractors from any claim, liability or expense, including attorney fees, which may arise from, be incurred as a result of, or be related to my participation in the Victim/Offender Dialogue Program. I further agree to indemnify the State of Kansas, its agencies including but not limited to the Kansas Department of Corrections, its employees, agents, special guest facilitators, and contractors for any claim, liability or expense, including attorney fees, brought by any person arising from, incurred as a result of, or related to my participation in the Victim/Offender Dialogue Program.

This waiver and release may be pled as a defense and absolute bar of any action of any kind against the State of Kansas, its agencies including but not limited to the Kansas Department of Corrections, its employees, agents, special guest facilitators, and contractors brought by or on behalf of the undersigned, his/her heirs, executors, administrators and assigns, on account of any alleged losses, damages, costs or expenses related in any way to my participation in the Victim/Offender Dialogue Program.

I further declare that I am fully authorized to execute this waiver and release, and that I rely wholly on my own judgment regarding the risks and benefits involved in my participation in the Victim/Offender Dialogue Program.

Name

Date

Witness

Date

21-103-002

OFFWANDER

IMAGE/RETAIN [30 YRS]

KDOC Office of Victim Services
**Victim Offender Dialogue
Victim Contact Report**

Date of Contact:

Offender Name/Number:

Victim Name:

Nature of Visit:

- Initial Meeting
- Preparation
- Dialogue
- Follow-up
- Other: _____

Type of Contact:

- Face to face
- Phone

Documentation of Contact:

Next Step:

Total hours in .25 increments including travel:

Facilitator Signature

Printed Name

KDOC Office of Victim Services
**Victim Offender Dialogue
Offender Contact Report**

Date of Contact:

Offender Name/Number:

Facility:

Nature of Visit:

- Initial Meeting
- Preparation
- Dialogue
- Follow-up
- Other: _____

Type of Contact:

- Face to face
- Phone

Documentation of Contact:

Next Step:

Total hours in .25 increments including travel:

Facilitator Signature

Printed Name