



## Victims' Voice Survey 2017



From 2014, Police and Crime Commissioners in England and Wales took responsibility for commissioning some victims services.

**If you have been a victim of crime in Cheshire in the last 12 months, the Commissioner needs your help.** We want to listen to your views in order to identify which support services are working well and where you think more support might be needed. (NB – it is important that a final outcome/verdict has been reached in the case in order to complete this survey).

**Your views and feedback are very important in helping to shape the services that are provided to victims in the future.**

This research is being completed on behalf of the Office of the Police and Crime Commissioner for Cheshire by an Independent Research Consultant.

This survey is anonymous and will take around 10 minutes to complete.

Please complete the survey by ticking the box next to the answer you wish to give or writing in the space provided where you see the 'hand and pen' sign. Alternatively the survey is also available to complete online at [www.surveymonkey.co.uk/r/victimsvoicesurvey](http://www.surveymonkey.co.uk/r/victimsvoicesurvey)

Please relate all your answers to your personal experience as a victim of crime in Cheshire.

NB Advocate/Support - If you are completing this survey on behalf of someone else, or helping support someone in completing this survey, please tick this box. *(Please ensure they understand the questions, answer as fully as possible and that demographic information is completed in relation to the person you are supporting).*

**Q1. Have you been a victim of crime in the last 12 months? (please ✓ one only)**

Yes

No

### **ABOUT THE CRIME**

**Q2. What is the current status of your case? (please ✓ one only)**

An outcome/verdict has been reached *(this means that the case has been to court and the defendant found guilty/not guilty or the case was dropped by the prosecution)*

Offender/s were cautioned by the police and there was no court case

I participated in a restorative justice outcome with the offender/s

An offender has not been identified or charged

A final outcome/verdict has not yet been reached

<b>Q3.</b>	<b>What type of crime were you a victim of? (please ✓ <u>one only</u>)</b>					
	<i>(If you have been a victim of more than one crime in the last 12 months, please select the crime which had the most impact on your life and think about how this crime affected you for the rest of the survey)</i>					
	Criminal damage	<input type="checkbox"/>	Theft of or from a motor vehicle	<input type="checkbox"/>	Domestic burglary	<input type="checkbox"/>
	Robbery	<input type="checkbox"/>	Assault	<input type="checkbox"/>	Vehicle crime	<input type="checkbox"/>
	Sexual offence	<input type="checkbox"/>	Domestic abuse	<input type="checkbox"/>	Hate Crime	<input type="checkbox"/>
	Other (please specify)	<input type="checkbox"/>				

**EXPERIENCES WHEN REPORTING THE CRIME**

<b>Q4.</b>	<b>Did you report the crime to the police?</b>	
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

***If 'yes', please go to Q6; If 'no', please go to Q5***

<b>Q5.</b>	<b>Why did you not report the crime to the police? (please ✓ <u>all that apply</u>)</b>	
	Too much hassle	<input type="checkbox"/>
	I didn't think it was serious enough	<input type="checkbox"/>
	I didn't think the police would help	<input type="checkbox"/>
	I wanted to deal with it myself	<input type="checkbox"/>
	Lack of faith in the justice system	<input type="checkbox"/>
	Other (please specify)	<input type="checkbox"/>
		

***If you did not report the crime to the police, please go to Q19.***

<b>Q6.</b>	<b>How did you report the crime to the police? (please ✓ <u>one only</u>)</b>	
	In person, by visiting a police station or speaking to an officer in person	<input type="checkbox"/>
	By dialling 101 or other non-emergency number	<input type="checkbox"/>
	By dialling 999	<input type="checkbox"/>
	Other (e.g. someone else reported it on your behalf)	<input type="checkbox"/>

**CARE AND SUPPORT FROM THE POLICE**

**Q7. Thinking about your first contact with the police in reporting this crime, how far would you agree or disagree with the following statements? (please ✓ one per row)**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not Applicable/ Don't know
The Police Officer/member of staff listened to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Police Officer/member of staff understood my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Police Officer/member of staff offered me reassurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Police Officer/member of staff treated me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Police Officer/member of staff let me know what would happen next	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q8. What did you need in relation to your case? (please ✓ all that apply)**

A named contact you could contact about progress of your case	<input type="checkbox"/>
Regular updates on your case for peace of mind	<input type="checkbox"/>
A crime number for insurance purposes	<input type="checkbox"/>
Crime prevention advice	<input type="checkbox"/>
Someone to talk to for emotional support	<input type="checkbox"/>
Signposting to other support services/ agencies or referral	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/> <div style="border: 1px solid black; width: 300px; height: 80px; vertical-align: top; padding: 5px;"></div>

**COMMUNICATION THROUGH THE PROCESS**

**Q9. How satisfied were you with the AMOUNT of contact you had from the police about the progress of your case? (please ✓ one only)**

Very satisfied	<input type="checkbox"/>	Fairly dissatisfied	<input type="checkbox"/>
Fairly satisfied	<input type="checkbox"/>	Very dissatisfied	<input type="checkbox"/>
Neither satisfied nor dissatisfied	<input type="checkbox"/>		

<b>Q10.</b>	<b>How satisfied were you with HOW CLEAR the information was that you received about the progress of your case? (please ✓one only)</b>			
	Very satisfied	<input type="checkbox"/>	Fairly dissatisfied	<input type="checkbox"/>
	Fairly satisfied	<input type="checkbox"/>	Very dissatisfied	<input type="checkbox"/>
	Neither satisfied nor dissatisfied	<input type="checkbox"/>		

**AWARENESS OF THE VICTIMS CODE**

<b>Q11.</b>	<b>Criminal Justice Agencies must meet minimum standards of service when dealing with victims of crime, as set out in the Victims' Code of Practice. Were you aware of the Victims Code?</b>			
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
			Don't know	<input type="checkbox"/>

<b>Q12.</b>	<b>Since October 2001, victims of crime have had an opportunity to explain to the police about how the crime has affected them financially, physically or emotionally. This is called a Victim Personal Statement. Were you given this opportunity?</b>			
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
			Don't know	<input type="checkbox"/>

<b>Q13.</b>	<b>Did you make a Victim Personal Statement?</b>			
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
			Don't know	<input type="checkbox"/>

<b>Q14.</b>	<b>If so, who recorded your Victim Personal Statement?</b>			
	Police Officer	<input type="checkbox"/>		
	CARES	<input type="checkbox"/>		
	Self	<input type="checkbox"/>		
	Not Applicable	<input type="checkbox"/>		
	Other (please specify)	<input type="checkbox"/>		

<b>Q15.</b>	<b>Do you have any other comments to make about the Victims' Code of Practice or Victim Personal Statements?</b>			

**CONTACT WITH POLICE WITNESS CARE UNIT**

<b>Q16.</b>	<b>Witness Care Units are staffed by the police. They would usually be the people who update you about your case before it goes to court. Did you have a Witness Care Unit Officer in relation to this case?</b>			
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

***If 'yes', please go to Q17; If 'no', please go to Q19***



<b>Q21.</b>	<b>What support did CARES provide you with? (please ✓ <u>all that apply</u>)</b>						
	Practical support/information	<input type="checkbox"/>					
	Security items	<input type="checkbox"/>					
	Crime prevention advice	<input type="checkbox"/>					
	Emotional support	<input type="checkbox"/>					
	Someone to talk to	<input type="checkbox"/>					
	Signposting to other support services/agencies or referral	<input type="checkbox"/>					
	Other (please specify)	<input type="checkbox"/>	✍				
<b>Q22.</b>	<b>Thinking about the support you received from CARES, how far do you agree or disagree with the following statements? (please ✓ <u>one per row</u>)</b>						
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not Applicable/ Don't know
	Support was available when I needed it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The support received was non-judgemental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The support received had positive outcomes on my emotional wellbeing or mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The support I received made me feel less anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The support received had positive impact on my physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q23.</b>	<b>Overall, how satisfied were you with the support provided by CARES?</b>						
	Very satisfied	<input type="checkbox"/>	Fairly dissatisfied			<input type="checkbox"/>	
	Fairly satisfied	<input type="checkbox"/>	Very dissatisfied			<input type="checkbox"/>	
	Neither satisfied nor dissatisfied	<input type="checkbox"/>					

Q24.	If you were dissatisfied with the support provided by CARES, how could this have been improved? (please specify)
	✍

Q25.	What was the most valuable help CARES gave you? (please specify)
	✍

Q26.	What else, if anything, could CARES have done to improve their support to you? (please specify)
	✍

**CONTACT WITH OTHER VICTIMS SERVICES**

Q27.	Did you need the support of an agency other than the police or CARES?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

*If 'yes', please go to Q28; If 'no' or 'don't know', please go to Q30.*

Q28.	If yes, who did you need support from?
	✍

Q29.	And who referred you to this support? (please ✓ <u>all that apply</u> )	
	The police	<input type="checkbox"/>
	CARES	<input type="checkbox"/>
	I referred myself	<input type="checkbox"/>
	A friend or relative	<input type="checkbox"/>
	Other (please specify)	<input type="checkbox"/> <div data-bbox="655 2033 1570 2085" style="display: inline-block; border: 1px solid black; padding: 2px;">✍</div>

**RECOVERY**

**Q30. Overall, do you feel you were given sufficient information about how to access services that could help you to start to recover from being a victim of crime?**

Yes

No

Don't know

**Q31. Was there anything else you needed to help you to cope and recover that was not available to you? (Please specify)**



**Q32. How important were the following in starting to recover from being a victim of crime? (please ✓one per row)**

Very Important

Fairly Important

Not very important

Not at all important

Not Applicable/ Don't know

Help from the police

Support/advice from CARES

Support/advice from other agencies/providers

Support from family/friends

Information on the internet

Help lines (eg The Samaritans, Childline)

Social Networking/ online discussion forums

**PREVENTION**

**Q33. If you were a victim of crime again in the future, would you report the incident to the police? (please ✓one only)**

Yes

No

It depends

**If 'yes', please go to Q35; If 'no' or 'it depends', please go to Q34**

<b>Q34.</b>	<b>If no/it depends, why would you not report the incident to the police? (please ✓ <u>all that apply</u>)</b>
	Too much hassle and time for an unsatisfactory outcome <input type="checkbox"/>
	Depends upon the seriousness of the incident <input type="checkbox"/>
	Depends upon the circumstances <input type="checkbox"/>
	Lack of support from the police <input type="checkbox"/>
	Too stressful <input type="checkbox"/>
	Fear of reprisal <input type="checkbox"/>
	I would deal with it myself next time <input type="checkbox"/>
	I was made to feel like the criminal <input type="checkbox"/>
	I was not kept informed <input type="checkbox"/>
	Process takes too long <input type="checkbox"/>
	Lack of faith in the justice system <input type="checkbox"/>
	Don't want to go through the process again <input type="checkbox"/>
	Other (please specify) <input type="checkbox"/>
	

<b>Q35.</b>	<b>Please use the space provided below for any other comments you wish to make about the support you would like to see available to victims in Cheshire from the police, CARES or any other agency. (Please write in)</b>
	

**ABOUT YOU**

*These questions are optional but by completing some or all of them you will help us to understand differing needs of victims.*

<b>Q36.</b>	<b>Are you male or female? (please ✓ <u>one only</u>)</b>
	Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
<b>Q37.</b>	<b>Is this the gender that you were assigned at birth? (please ✓ <u>one only</u>)</b>
	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>

<b>Q38.</b>	<b>What was your age at your last birthday? (please ✓<u>one only</u>)</b>									
	18-25	<input type="checkbox"/>	26-30	<input type="checkbox"/>	31-35	<input type="checkbox"/>	36-40	<input type="checkbox"/>	41-45	<input type="checkbox"/>
	46-50	<input type="checkbox"/>	51-55	<input type="checkbox"/>	56-60	<input type="checkbox"/>	61-65	<input type="checkbox"/>	66-70	<input type="checkbox"/>
	71-75	<input type="checkbox"/>	75+	<input type="checkbox"/>	Prefer not to say			<input type="checkbox"/>		
<b>Q39.</b>	<b>Which of the following best describes your ethnic background? (please ✓<u>one only</u>)</b>									
	<b>Asian or Asian British</b>									
					Indian	<input type="checkbox"/>				
					Pakistani	<input type="checkbox"/>				
					Bangladeshi	<input type="checkbox"/>				
					Any other Asian background ( <i>please specify</i> )			<input type="text"/>		
	<b>Black or Black British</b>									
					Caribbean	<input type="checkbox"/>				
					African	<input type="checkbox"/>				
					Any other Black background ( <i>please specify</i> )			<input type="text"/>		
	<b>Of a mixed background</b>									
					White and Black Caribbean	<input type="checkbox"/>				
					White and Black African	<input type="checkbox"/>				
					White and Asian	<input type="checkbox"/>				
					Any other mixed background ( <i>please specify</i> )			<input type="text"/>		
	<b>White</b>									
					White British	<input type="checkbox"/>				
					White Irish	<input type="checkbox"/>				
					Any other white background ( <i>please specify</i> )			<input type="text"/>		
	<b>Chinese or Other</b>									
					Chinese	<input type="checkbox"/>				
					Another ethnic group ( <i>please specify</i> )			<input type="text"/>		
	<b>Gypsy or Traveller</b>									
					Gypsy	<input type="checkbox"/>				
					Traveller	<input type="checkbox"/>				
					Prefer not to say	<input type="checkbox"/>				
<b>Q40.</b>	<b>Do you have a disability? (please ✓<u>one only</u>)</b>									
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>				

**THANK YOU**

Thank you for taking the time to complete this survey. Your views and experiences are very important to help shape future victims services.

As part of this consultation we will also be completing focus groups and in-depth interviews with victims to further understand their views and suggestions for ways in which victims services could be improved. If you have any further comments or would be willing and interested in taking part further in this research, please contact **Sarah Barnett, Independent Research Consultant** by telephone on **07855180015** or email [sarahbarnettresearch@outlook.com](mailto:sarahbarnettresearch@outlook.com).

Please return the completed questionnaire in the **freepost** envelope provided by **Friday 17<sup>th</sup> March 2017**. You do not need a stamp.

