

# QUESTIONS FOR SELF-ASSESSMENT ON WORK WITH VICTIMS

## VICTIM CONTACT STAFF QUESTIONNAIRE

Thank you for agreeing to be consulted about the restorative justice project in this prison. Your view will be very helpful in seeing where we are at present and what has happened so far. We will not use names in any report. We may want to use your material for training purposes but your name will not be linked to it.

1. How long have you been working with the prison?	Time in months _____
2. How often do you visit the prison?	weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> other <input type="checkbox"/>
3a. Has any aspect of your contact with the prison improved recently? (tick any that apply)	
at the gate <input type="checkbox"/>	on the telephone <input type="checkbox"/>
in visits <input type="checkbox"/>	with staff <input type="checkbox"/>
	with prisoners <input type="checkbox"/>
3b. In what ways has it improved?	
4a. Has any aspect got worse?	Yes / No
4b. In what way?	
5. Are you aware that the prison has been carrying out some work recently using restorative justice principles?	Yes / No
6. If so how long have you known about the project?	Time in months you have known about it _____

7. How does the work of the project affect you?	
8. Can you see other areas of work that could be affected? (tick any that apply) <hr style="border-top: 1px dotted black;"/> Sentence Planning <input type="checkbox"/> Involving agencies in the community, such as probation and police <input type="checkbox"/> <input type="checkbox"/> Having meetings with victims and offenders to prepare for release <input type="checkbox"/> <input type="checkbox"/>	
8b. Any others?	
9. In what ways?	
10. Has the project had any effect on the work with victims in the community?	Yes / No (please explain)
11. Would you like to see other developments in the work?	
12. Would you wish to be more involved with the project?	Yes / No
13. Is there anything else you would like to say?	

**Thank you.**

## VICTIM'S QUESTIONNAIRE

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1a. Have you visited the prison?					Yes / No
1b. If not, would you like to visit?					Yes / No
2. Would you like to know more about the prison?					Yes / No
3. Would you like to know more about the offender who harmed you?					Yes / No
4. Would you like to visit the offender in prison?					Yes / No
5. Do you trust the prison to handle such contact?					Yes / No
6. Would you want anyone in particular involved in that contact?					
Family member <input type="checkbox"/>	Neighbour <input type="checkbox"/>	Victim Support <input type="checkbox"/>	Probation Officer <input type="checkbox"/>	Any other? (please write in)	
7. Please say how you first came to be involved with the RJ project in the prison.					
8. How long ago was that?			Time in months ____		
9. Are you aware of the process of RJ?					Yes / No

10. Where did you learn about the process?				
11. What effect does RJ have on you?				
12. What kind of contact do you have with the prison?				
13. Has any aspect of your contact with the prison improved recently?				
At the gate <input type="checkbox"/>	On the telephone <input type="checkbox"/>	In visits <input type="checkbox"/>	With staff contact <input type="checkbox"/>	With prisoners' contact <input type="checkbox"/>
14. Have you had an experience of a request turned down with the prison?			Yes / No	
15. Do you know more about the prison as a result of the project?			Yes / No	
How would you describe your level of satisfaction with the process of RJ?				
Very satisfied <input type="checkbox"/>	Moderately satisfied <input type="checkbox"/>	Satisfied <input type="checkbox"/>	Not much satisfied <input type="checkbox"/>	Not at all satisfied <input type="checkbox"/>
16. Is there anything else you would like to say?				

**Thank you.**

## STAFF QUESTIONNAIRE

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1. How long have you worked in the prison?		Under a year <input type="checkbox"/>
		1 to 3 years <input type="checkbox"/>
		3 to 7 years <input type="checkbox"/>
		over 7 years <input type="checkbox"/>
2a. Has any aspect of your contact with the prison improved recently?		
at the gate <input type="checkbox"/>	on the telephone <input type="checkbox"/>	contact with other staff <input type="checkbox"/>
		with prisoners <input type="checkbox"/>
		with visitors <input type="checkbox"/>
2b. In what ways has it improved?		
3a. Has any aspect got worse?		Yes / No
3b. In what way?		
4. Are you aware that the prison has been carrying out some work recently using restorative justice principles?		Yes / No
5. If so how long have you known about the project?		Time in months you have known about it _____
6. How does the work of the project affect you?		

7a. Can you see other areas of work that could be affected? (tick any that apply)	
<p>Induction <input type="checkbox"/></p> <p>Sentence Planning <input type="checkbox"/></p> <p>Settling disputes such as complaints and adjudications <input type="checkbox"/></p> <p>Involving agencies in the community, such as probation and police <input type="checkbox"/></p> <p>Having meetings with victims and offenders to prepare for release <input type="checkbox"/></p>	
7b. Any others? (please write in)	
8. In what ways could these be affected?	
9 Would you like to know more about the project?	Yes / No (please explain)
10. Would you wish to be more involved in the work?	Yes / No
13. Is there anything else you would like to say?	

**Thank you.**

## PRISONER'S QUESTIONNAIRE

Thank you for agreeing to be consulted about the restorative justice project in this prison. Your view will be very helpful in seeing where we are at present and what has happened so far. We will not use names in any report. We may want to use your material for training purposes but your name will not be linked to it.

1. How long have you been in the prison?		Time in months _____		
2. How often do you receive visits?		weekly	<input type="checkbox"/>	
		fortnightly	<input type="checkbox"/>	<input type="checkbox"/>
		monthly	<input type="checkbox"/>	
		other	<input type="checkbox"/>	
3a. Has any aspect of your treatment in the prison improved recently? (tick any that apply)				
with staff contact <input type="checkbox"/>	contact with other prisoners <input type="checkbox"/>	with your sentence plan <input type="checkbox"/>	with preparations for release <input type="checkbox"/>	with arrangements for visits <input type="checkbox"/>
3b. Has any other part of your treatment in prison improved? (please write in)				
3c. In what ways have any of these improved?				
4a. Has any aspect got worse?			Yes / No	
4b. In what way?				

5. Are you aware that the prison has been carrying out some work recently using restorative justice principles?	Yes / No
6. If so how long have you known about the project?	Time in months you have known about it _____
7. How does the work of the project affect you?	
8a. Can you see other areas of work that could be affected? (tick any that apply) <hr style="border-top: 1px dotted black;"/> Sentence Planning <input type="checkbox"/> Dealing with complaints <input type="checkbox"/> Meeting my victim(s) <input type="checkbox"/> Involving agencies in the community, such as probation and police <input type="checkbox"/>	
8b. Any others?	
9. In what ways?	
10. Would you like to see other developments in the work?	
11. Would you wish to be more involved with the project?	Yes / No
13. Is there anything else you would like to say?	

**Thank you.**