

**About you**

1. **Age:** \_\_\_\_\_
2. **Gender:**     Male     Female
3. **RELATIONSHIP STATUS:** (please indicate the statement which relates mostly to you)
- I am married
- I am not married but I am in a relationship
- Single
- Divorced
- Other (please state) \_\_\_\_\_

4. **Ethnicity:** Choose one of the following to indicate your ethnic background:

White     Mixed Race     Asian     Black     Chinese

Other (Please state) \_\_\_\_\_     Do not wish to answer

5. **Your highest level of education:**
- Secondary School     College/Sixth-Form     University
- Postgraduate studies     Other (please specify) .....

6. **Please read each statement and decide how well it describes you. Mark your answer using the appropriate number (0-3) and circle one number for each statement.**

	<b>Not at all true</b>	<b>Somewhat true</b>	<b>Very true</b>	<b>Definitely true</b>
1. I am concerned about the feelings of others.	0	1	2	3
2. I care about how well I do at school or work.	0	1	2	3
3. I am very expressive (open) and emotional.	0	1	2	3
4. I seem very cold and uncaring towards others.	0	1	2	3
5. I feel bad or guilty when I do something wrong.	0	1	2	3

**About your family/neighbourhood:**

7. **How many people do you live with?**

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8. **Do you have any dependents (such as children, step-children, elderly relatives, mentally or physically disabled, etc.)?**  Yes  No

If **yes**, please list the number of children/vulnerable adults.

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9. **Do you feel you have a stable family life?**  Yes  No

If **no** please state why?

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10. **Do any of your immediate family members have a criminal record?**

Yes  No

11. **When you committed your first offence do you feel you were admired by your family for it?**  Yes  No

12. **When you committed your first offence do you feel you were admired by your friends/peers?**  Yes  No

13. **When you committed your first offence do you feel you let down your family?**  Yes  No

14. **When you committed your first offence do you feel you let down your friends/peers?**  Yes  No

15. **Answer Yes or No to these statements about your neighbourhood:**

1 I know many people who live in my neighbourhood	Y	N
2 I have seen things in my neighbourhood when I've been out during the night that have concerned me	Y	N
3 There is a lot of crime (such as graffiti & robbery) in my neighbourhood	Y	N
4 The police are often in my neighbourhood	Y	N
5 My neighbours are usually friendly towards me in my neighbourhood	Y	N
6 I feel safe when I am outside in my neighbourhood	Y	N
7 I think my neighbourhood is clean and is a nice area	Y	N
8 There is not much to do for young people in my neighbourhood	Y	N
9 The neighbours don't talk to each other when they meet	Y	N
10 I have been threatened, hit, or chased with the aim to seriously hurt me whilst in my neighbourhood	Y	N
11 I have seen someone else being threatened, hit, or chased with the aim to seriously hurt him/her whilst in my neighbourhood	Y	N

16. For each question below, decide which sort of person you are most like — the one described on the right or the one described on the left. Then decide if that is “sort of true” or “really true” for you, and mark that choice. For each row mark only ONE of the four choices.

Really True for Me	Sort of True for Me				Sort of True for Me	Really True for Me
<input type="checkbox"/>	<input type="checkbox"/>	Some people go along with their friends just to keep their friends happy.	BUT	Other people refuse to go along with their friends want to do, even though they know it will make their friends unhappy.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Some people would do something that they knew was wrong just to stay on their friends’ good side.	BUT	Other people would not do something they knew was wrong just to stay on their friends’ good side.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Some people take more risks when they are with their friends than they do when they are alone.	BUT	Other people act just as risky when they are alone as when they are with their friends.	<input type="checkbox"/>	<input type="checkbox"/>

17. **Do you feel that your neighbourhood is well regulated by law enforcement agencies, such as Police, Enforcement Officers, ASB Officers, Security personnel, etc.?**  Yes  No

18. **When you committed your first offence, did it occur in your neighbourhood?**  Yes  No

**About your contact with the law:**

*This section relates to the **first** offence that you were arrested and received a caution or charge for, resulting in a criminal conviction.*

19. **What was the offence that you were charged with?**

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20. **Where did the incident happen?**

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21. **Did you feel the area where the incident happened was well regulated by law enforcement agencies, such as Police, Enforcement Officers, ASB Officers, Security personnel, etc.?**  Yes  No

22. **Did you commit the offence due to any of the following features that the victim had?**

Race/ Ethnicity  Religion  Gender  Sexual orientation  Disability

Age

23. **Did you plan what you would do, before you committed the offence?**  Yes  No

**About work and finances:**

24. **Are you currently in employment?**  Yes (go to question 25)  No (go to 29)

25. **What kind of job do you do?** \_\_\_\_\_

26. **How many hours a week do you work, on the average?** \_\_\_\_\_

27. **How long have you had this job?** \_\_\_\_\_

28. **Do you feel that you get paid enough for the job that you do?**

Yes  No

29. **If not working:**

a. **Are you a student?**  Yes  No

b. **Within the last 2 years have you been fired?**  Yes  No

c. **Within the last 2 years have you been made redundant?**  Yes  No

d. **Have you done any un-paid work?**  Yes  No

e. **Are you actively seeking work?**  Yes  No

1) How many applications have you done in the last 12 months? \_\_\_\_\_

2) How many interviews have you had in the last 12 months? \_\_\_\_\_

f. **Is there any other reason why you are currently not working?**

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30. **Do you currently receive any benefits?**  Yes  No

a. If **yes**, do you feel that the amount of benefits you receive is enough for your personal circumstances? Why or why not?

\_\_\_\_\_

31. **Have there have been any changes to the benefits you receive?**

Yes  No

If **yes** did they increase/decrease? When did this change happen?

Increase  Decrease When? \_\_\_\_\_

32. **Do you feel under pressure to provide for yourself and your family?**

Yes  No

33. **Do you feel that due to your financial circumstances, you were pressured to commit your first offence?**  Yes  No  
If **yes**, why do you feel that?

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**About Your Health & About Drugs and Alcohol**

34. **Have you ever been diagnosed with a mental illness?**  Yes  No

35. **Do you feel your mental health is:**  Good  Average  Poor

36. **Have you ever used drugs?**  Yes  No (If no go to question 41)

37. **If yes, what have you used?**

Amphetamines  Cannabis  Cocaine  Crack  Ecstasy  Heroin

Ketamine  Solvents  Other (please state) \_\_\_\_\_

38. **How often have you used?**

Only when socialising  Daily  Weekly  Monthly  Tried once/twice

39. If you answered **yes** to the above, do you think there's any harm in taking these substances?  Yes  No

40. **Are you worried about your use of drugs?**  Yes  No

41. **On average how many days a week do you drink alcohol?**

0  1-2  3-4  5-6  7

42. **How many drinks containing alcohol do you have on a typical day when you are drinking?** \_\_\_\_\_

43. **Have you ever mixed drugs and alcohol?**  Yes  No

If **yes**, what did you mix? \_\_\_\_\_

44. **At the time of your first offence were you under the influence of drugs?**  Yes  No

If **yes**, what drugs had you taken \_\_\_\_\_

45. **At the time of your first offence were you under the influence of alcohol?**  Yes  No

If **yes**, how much had you had to drink?

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46. **Do you feel that you have an addiction to alcohol or drugs?**

Yes  No

47. **When you committed your first offence, did you do it to buy drugs or alcohol?**  Yes  No

48. **Are you currently engaged with and receiving support from a drug or alcohol treatment programme?**  Yes  No

If **yes** when did you start? (month & year)\_\_\_\_\_

49. **If not currently engaged with a drug or alcohol treatment service have you previously been in a drug or alcohol treatment programme?**  Yes  No

If you answered **yes** when did you finish the programme? (month & year)\_\_\_\_\_

50. **Do you have any comments/feedback relating to this questionnaire that you feel hasn't been covered?**

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## Participant Information Form

### **Study Title: Motivation for first-time offences**

Department of Psychology  
University of Durham DH1 3LE  
Principal Investigator: Dr. Luna Centifanti  
Luna.munoz@durham.ac.uk  
0191 33 43245

Dear Sir/Madam,

You are being contacted to participate in a research study conducted by the Psychology department of the University of Durham and **Stockton Community Safety Team** because you were dealt with by Police for a crime and had no prior history of offending. Enclosed with this letter is a survey that we would kindly ask you to complete. The survey will help us to understand **why people offend**. The survey enclosed in this letter will ask you some brief information about yourself, your family and the neighbourhood that you live in. The survey is divided into several sections. These are questions: **'About you', 'About your family/neighbourhood', 'About work', 'About your contact with the law'**. It should **take no more than 20 minutes** to complete these sections.

Some questions may require you to share some personal information. Please answer honestly. All the answer that you will give in this survey will **remain confidential and anonymous**. After you completed the questions, there is a **business reply envelope** enclosed in this pack with postage already paid for. **When you send off the completed survey, it will go straight to the researchers at the University of Durham**. For it to be anonymous, no identifiable personal information, e.g. your name or date of birth, must be anywhere on the survey itself. The researchers also will not receive any personal information about you. The information that you have given will then be entered into a database and will be analysed with all other data. Any publications that come out of this research will not identify any single individual but will group everyone's responses.

It's not compulsory for you to finish the survey once you have started it. **You can quit at any time**. If you decide not to take part in this survey, this is not a problem and will have no further consequences. Also, **if there are questions you feel uncomfortable answering, you do not have to answer them**. **Participation in this survey is completely voluntary**. However, after you have sent off your completed questions to the researchers, you will not be able to withdraw as your answers remain anonymous and cannot be identified.

**WITH COMPLETING AND SENDING OFF THIS SURVEY, YOU HAVE GIVEN YOUR CONSENT TO TAKE PART.**

If you have any questions or concerns regarding this survey, please contact the Stockton Community Safety Team, 01642 527616.