Office of the Director of Public Prosecutions Family and Sexual Offences Unit

VICTIM IMPACT STATEMENT FORM

Instructions for filling out your Victim Impact Statement

The purpose of a Victim Impact Statement

A Victim Impact Statement helps victims of crime, their support people and witnesses in the Solomon Islands to share the impact of the offender's actions on them or the victim. The court will take this into account when determining what sentence to give the offender.

This form has been designed to help you write your statement. Please be aware that you don't have to use it. You can decide whether this form is the best way to communicate the harm you experienced and how it has impacted on you. While the statement is usually in writing, you may be able to provide a verbal statement in court.

When is the Victim Impact Statement prepared?

You can prepare your statement any time before the sentencing hearing. The witness support officer or prosecutor will usually provide you with this form weeks or days before sentencing.

Who presents this form in court?

The prosecutor usually presents the statement in court. Ask the prosecutor if you would like to read yours aloud. Alternatively, someone else could read it out for you.

How to use this form

You can fill in this form by hand or type into it. If you need more space, you can write over the page or add typed or handwritten pages.

What should I include in this form and what documents can I attach?

Follow the prompting questions across the five sections to guide your response. You may not have answers to all of the questions - this is okay. Just answer those that apply to you.

Make sure you include your full name, the date and your signature. You can attach any supporting documents such as letters, photographs, drawings, medical reports, receipts or bills for medical treatment, particularly if it is ongoing.

Who can help if I have more questions or require further assistance?

If you need help filling out this form, the witness support officer or prosecutor can assist you.

Form for vulnerable witnesses

There is a separate form for vulnerable witnesses such as minors/children, people with disabilities and other groups of vulnerable witnesses. Please ask the witness support officer or prosecutor for the 'Victim Impact Statement Form for Vulnerable Witnesses' if you are assisting a vulnerable witness.

Victim Impact Statement

| What is your name? If you are not the victim, what is your relationship to the victim? What is the name of the offender and what were they charged with? | | | | |
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| | | | | |
| | | | Emotional suffering or psychological harm | IF TYPING, REPLACE DOTTED LINES WITH TEXT |
| What emotions and feelings do you | | | | |
| feel because of your experience (e.g. hurt, grief, anger, shame, fear)? | | | | |
| How has the crime impacted on your | | | | |
| wellbeing (e.g. trouble sleeping, nightmares, changes in behaviour)? | | | | |
| Do you now require treatment for psychological effects of the crime | | | | |
| including for depression, anxiety or | | | | |
| stress? | | | | |
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| Physical harm | | | | |
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| What physical injuries did you sustain as a result of the crime (e.g. broken | | | | |
| bones, nerve damage)? | | | | |
| How have these injuries impacted on your life? | | | | |
| Do these have long term impacts? | | | | |
| Do you require current or ongoing medical treatment to manage your | | | | |
| physical injuries? | | | | |
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| Economic (financial) loss | | | |
|---------------------------|--|--|--|
| • | As a result of the crime, have you lost money due to an inability to work? As a result of the crime, have you had to make new purchases (home | | |
| | security) or pay to replace items that were damaged? Have you had to pay for travel to appear in court because of the crime? Have you had to pay for medical treatment due to injuries arising from the crime? | | |
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| Social harm | | | |
| • | As a result of the crime have your interactions with family or friends | | |
| • | changed? If so, please explain | | |
| • | as a result of the crime? Have your work or study relationships | | |
| | changed? | | |
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| Ge | General comments | | |
| • | How different do you think your future will be as a result of the crime? | | |
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Date:

Signature: