

**Vale of Glamorgan Council**

**MANAGEMENT OF VIOLENCE AT WORK PROCEDURES**

**Appendix 2**

**Employee victim of violence at work risk assessment toolkit**

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| --- |
| **Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.** **Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.** |
| **It is assumed that your main source of information is the victim. If this is not the case, please indicate in the right-hand column****We refer to the perpetrator as the individual that has caused the incident** | **YES** | **NO** | **DONT KNOW** | **Comment** |
| 1. **Are you frightened?**

Comment: | ☐ | ☐ | ☐ |  |
| 1. **Are you frightened being on your own?**
 | ☐ | ☐ | ☐ |  |
| 1. **Has the incident affected your ability to sleep?**
 | ☐ | ☐ | ☐ |  |
| 1. **Do you feel safe at work?**
 | ☐ | ☐ | ☐ |  |
| 1. **Do you feel safe at home?**
 | ☐ | ☐ | ☐ |  |
| 1. **Has this impacted your family life?**
 | ☐ | ☐ | ☐ |  |
| 1. **Do you feel you need to talk to someone about your feelings?**
 | ☐ | ☐ | ☐ |  |
| 1. **Has the current incident resulted in injury?**
 | ☐ | ☐ | ☐ |  |
| 1. **Have you received any text, calls or contact since the incident from the perpetrator?**
 | ☐ | ☐ | ☐ |  |
| 1. **What are you afraid of?**

 **Is it further incidents or injury**? | ☐ | ☐ | ☐ |  |
| 1. **Are you feeling depressed or having suicidal thoughts?**
 | ☐ | ☐ | ☐ |  |
| 1. **Are the incidents happening more often?**
 | ☐ | ☐ | ☐ |  |
| 1. **Has the perpetrator ever used weapons or objects to hurt you?**
 | ☐ | ☐ | ☐ |  |
| 1. **Has the perpetrator ever threatened to kill you or someone else and you believed them?**
 | ☐ | ☐ | ☐ |  |
| 1. **Has the perpetrator threatened anyone else that you are aware of?**
 | ☐ | ☐ | ☐ |  |
| 1. **Do you know if the perpetrator has ever been in trouble with the police or has criminal history?**
 | ☐ | ☐ | ☐ |  |
| **Total ‘yes’ responses** |  |

Low = 1-5 ‘Yes’ responses

Medium = 6-10 ‘Yes’ responses

High = 11-16 ‘Yes’ responses

Below is a list of suggested items which are specific to the risk. These items are not restricted and can be reviewed on a case by case basis under manager’s discretion.

|  |  |  |
| --- | --- | --- |
| **Low** | **Medium** | **High** |
| * Change of work location
* Change to working shift pattern
* Personal panic alarm
* Adequate lighting outside the workplace
* Counselling
* Consideration to changing where the car is parked within the carpark
* Attending Handling Conflict Training or any other appropriate training that would assist.
 | All items listed under low and;* Change of work role
* Change the use of personal car to pool car
* PIR Lighting
* Window lock/shock alarms
 | All items listed under low, medium and;* CCTV on home property
* Burglar Alarm on home property
* Implementation of body camera
* Implementation of DASH Cam
* Critical Marker on Police System
* Police Watch
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**This form is available in Welsh / Mae’r ffurflen hon ar gael yn Gymraeg**