

**Vale of Glamorgan Council**

**MANAGEMENT OF VIOLENCE AT WORK PROCEDURES**

**Appendix 2**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |

**This form is available in Welsh / Mae’r ffurflen hon ar gael yn Gymraeg**