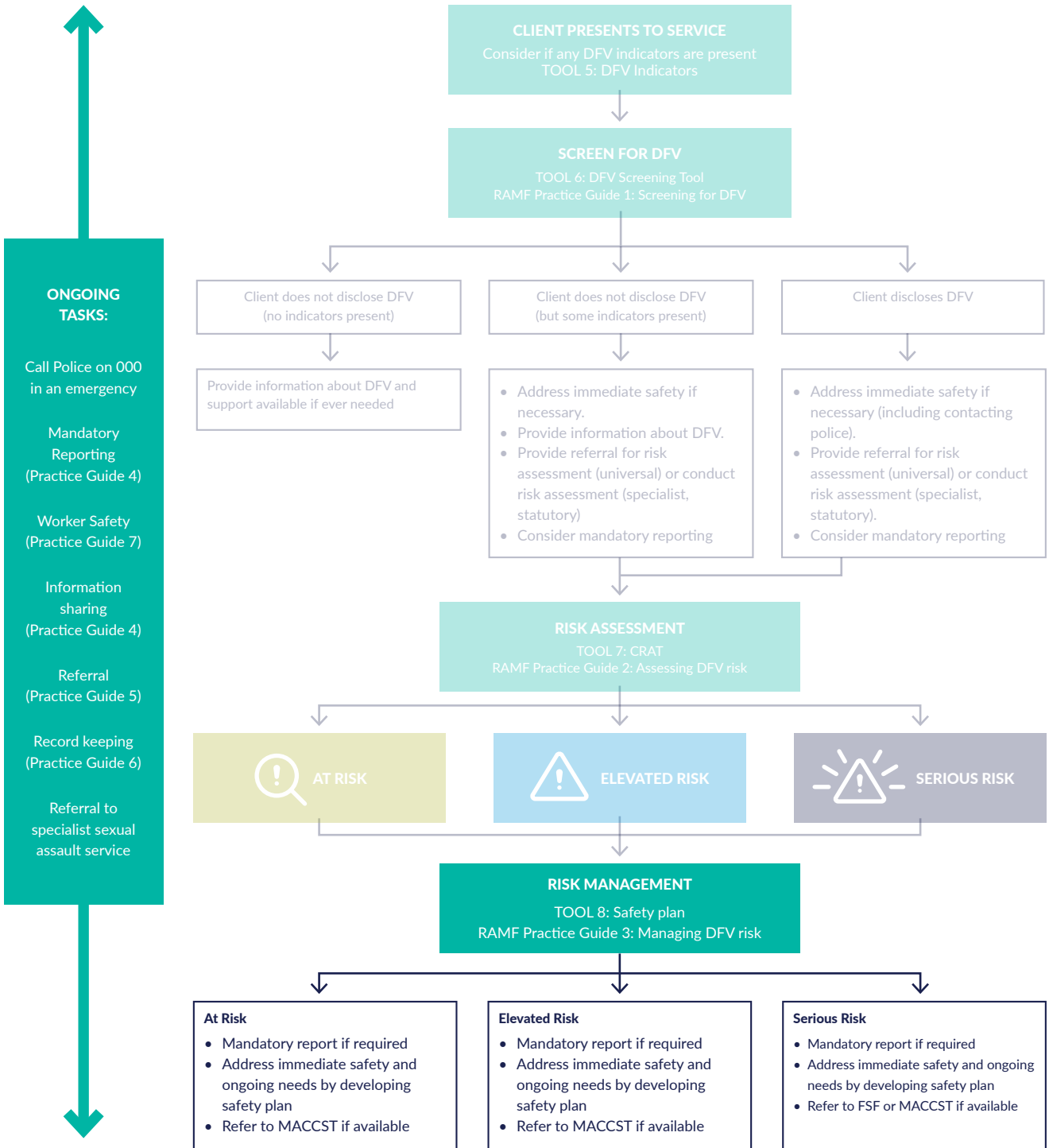


PRACTICE GUIDE 3: MANAGING DFV RISK



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This practice guide provides information, resources, tools and practice tips about DFV risk management, including what it is, why it is required, when it should be used, who should do it and how it should be done safely and effectively.



PRACTICE GUIDE 3: MANAGING DFV RISK

Everyone in the service system has a role to play in risk management. Comprehensive DFV risk management is best done by trained or specialist workers. However, responding to immediate risk, including emergency risk management responses, is the responsibility of all workers.

REMEMBER: All adults must comply with their existing legal obligations under mandatory reporting laws – see Practice Guide 4 Shared Legal Responsibilities.

It is best practice to inform the client of your responsibility to report DFV, and child abuse and neglect, as early as possible in the interaction, provided this does not compromise their safety.

NOTE: IF THE CLIENT (OR ANY OTHER PERSON) IS IN IMMEDIATE DANGER, CONTACT POLICE.

Emergency risk management

If a client's safety or life is in immediate danger, your first responsibility is to take whatever steps are necessary to keep the client safe, while also maintaining your own safety. In these situations, waiting for any other risk management response may be too late.

An emergency or crisis risk management response may include:

- contacting police on 000
- assisting the injured client to access emergency medical care, by calling an ambulance, or assisting them to get to the nearest clinic, health centre, doctor or sexual assault service;
- assisting the client to identify a place they can go to be safe from immediate violence and assist them to get there (by booking a taxi or accessing public transport);
- calling night patrol if available;
- contacting a person who can help the client to be safe (with the person's permission) this may be a safe family or community member, or a service;
- contacting police to help the client collect belongings from their home;
- helping the client to get to a place where they believe they will be safe; and
- helping the client get to a safe house or refuge.

What is DFV risk management?

Risk management is a series of actions (often contained in a safety plan) that may be done by workers in order to remove, reduce or mitigate the risk factors identified through a DFV risk assessment, in particular those that increase the risk of the victim survivor being killed or seriously harmed.

Risk management responses and actions will include any one or a combination of the following:

- responding to immediate risk;
- mandatory reporting;
- engaging the Family Safety Framework or other interagency responses;

<p>What is DFV risk management? (Continued)</p>	<ul style="list-style-type: none"> • safety planning (immediate and ongoing); • information sharing; • secondary consultation; • referrals; • ongoing risk assessment and management monitoring through case planning; and • ongoing case management.
<p>Why is DFV risk management important?</p>	<p>The fundamental aim of risk management is to increase the safety of victim survivors. If risk is not managed, or not managed adequately, the safety of victim survivors may be compromised. This could result in serious injury and death.</p>
<p>Who should do DFV risk management?</p>	<p>Everyone in the service system has a role to play in risk management.</p> <p>Comprehensive DFV risk management (such as safety planning, FSF referrals, and coordinated case management) is best done by trained or specialist workers.</p> <p>However, emergency risk management responses (such as an initial referral to a specialist service, a mandatory report, or calling the police in an emergency) are the responsibility of all workers.</p> <p>Risk management can include actions taken by a service as a first responder or be delivered by a group of services.</p> <p>DFV risk management is most successful when there is a service or agency which is identified as the lead or case coordinator.</p> <p>Ideally, managing the risks to a victim survivor should be coordinated with the risk management of the person committing DFV against them.</p>
<p>When should DFV risk management occur?</p>	<p>Risk management is required for all people who have been identified as experiencing DFV, regardless of their level of risk.</p> <p>Risk management occurs after a risk assessment has been completed and DFV risk has been assessed as present.</p> <p>Risk management can be short term to minimise or mitigate the risk of a DFV incident occurring, or minimise or mitigate the severity of that incident. It also includes increasing safety and reducing the likelihood of continued violence in the medium to long term.</p> <p>Risk management is required whether the victim survivor has decided to stay in, or leave, the violent or controlling relationship.</p> <p>When the victim survivor has decided to stay in the relationship the risk continues and must be managed in an ongoing way. Risk management may occur numerous times over the life of a relationship.</p> <p>When the victim survivor is planning to separate, or has recently separated or moved away from the person who commits DFV, the risk of serious harm or death from DFV increases.</p>

How should DFV risk management be done

Risk management is a dynamic, active and collaborative process.

Risk management should respect the agency and dignity of victim survivors by partnering with them as active decision makers, where this does not compromise safety.

Where DFV risk has been identified through the CRAT or other risk assessment process, there are a range of risk management strategies that workers can use. See below for more details.

TIPS - Preparing for risk management

Risk management conversations should not be undertaken if the person suspected of committing the DFV is present, or if other people are present who may inform the person who committed the DFV.

The client can have a support person with them if they feel more comfortable.

Find a private and safe area. Some services including remote health clinics have women and men only spaces which can be private and safe enough to discuss DFV. Ask the client about the best and safest way to communicate.

It is ok to have a DFV risk management conversation by phone, as long as you clarify that the client is alone or with a trusted person and that it is safe to speak.

When working with people whose English is limited, it is important to use interpreters. You can access interpreters through the [Aboriginal Interpreter Service](#) or through the [Interpreting and Translating Service NT](#).

Check that you understand confidentiality and its limitations, including your mandatory reporting obligations.

Prepare for any children/dependents accompanying the victim survivor so that they are looked after and not present during conversations that may be distressing for them.

You should maintain the principle that the non-offending parent is not responsible for any harm caused to the children.

Remember that disclosing DFV always carries an element of risk for the victim survivor. This risk may be from the person who is committing the DFV, or from the service system, for example, how the worker or service responds to the disclosure or how the victim survivor perceives they may respond.

You should always seek to provide choices and options to the client. It is important that the client is in charge of what happens in response to their experience and that responses they are not comfortable with are not actioned (unless it is to protect a child or young person at risk of harm, manage mandatory reporting requirements or effectively manage the risk of imminent serious injury or death).

Remember that making a decision or beginning to plan to leave a relationship with a person committing DFV is a high risk period for an escalation of, and/or change in violence, including increased risk of being killed or seriously harmed.

Starting the conversation with the client

Check that the client understands confidentiality and its limitations, such as your obligation to follow mandatory reporting procedures.

You could start a conversation about risk management by discussing the risk assessment outcome with the client.

Explain that the client and/or their child/ren are at risk of being harmed by the perpetrator.

Explain that, based on the outcome of the risk assessment you've undertaken, you need to work together to develop actions to support their safety. For example:

"I'd like to talk to you about how we can help to keep you (and your children, if applicable) safe."

Continue to keep the client's wishes and needs central to your planned risk management actions, while maintaining safety as the first priority.

Recognise that the client has often been taking their own actions to manage the risk of DFV, including to children, and may have been doing so for a long period of time. Identify those actions that continue to work and which ones are no longer helpful or need to be changed.

"You have demonstrated strength and resilience in managing your own (and your family's) safety – how have you done this in the past and how can we best support you with this?"

"It must be very difficult for you at times to keep yourself and the kids safe, and I know there are a lot of things you have done in the past to keep them safe. I would really like to hear about the times when you think your plans have worked."

"It must be really hard to get help. I would really like to hear how you have got help before."

"Who helps you when you need help?"

"Who do you trust?"

"Where do you go when you need help?"

"Now that I understand a little bit about what is happening, I'm wondering what is most important to you?"

"There are many things we could focus on trying to change but I really would like to know which one you think we should choose first?"

"Where do you go when you need help?"

Risk management actions

Risk management actions may include:

- making a mandatory report if required (with the client if possible);
- addressing IMMEDIATE safety concerns by calling police on 000 or 131 444;
- working with the victim survivor, their supports, and other services to develop an immediate and ongoing safety plan (see more information about safety planning below);
- seek secondary consultation or referral to a specialist DFV service for comprehensive risk management;
- making a referral to a specialist DFV service or to other relevant services such as legal services, court advocacy and support, safe accommodation, transport to a safe place.
- for a list of services see <https://nt.gov.au/law/crime/domestic-family-and-sexual-violence/get-help-for-domestic-family-and-sexual-violence> and Practice Guide 5 – Referrals;
- sharing information relevant to the risk and the client's safety with other services, and also share information to keep the person committing DFV's location and tactics in view (see Practice Guide 4 – Shared legal responsibilities);
- needs assessment, case management and case coordination to address ongoing needs such as mental health concerns, social and emotional wellbeing, homelessness, and financial needs;
- if the client has been assessed as at serious risk in the CRAT, and a FSF is operating in the region, making a referral to the Family Safety Framework (see more information about the Family Safety Framework below);
- consider referral to MACCST;
- making a referral to a specialist sexual assault service, if the client has experienced sexual assault (recent or historical) AND they consent to support; and
- working together with other services to collaborate to meet the needs of the client.

What is safety planning?

Safety planning is a part of risk management. All DFV victim survivors should be supported to have a safety plan, regardless of the level of assessed risk.

Safety planning involves discussing with a client what practical actions you can take or coordinate with other services to manage risk from the person committing DFV and meet the client's immediate safety needs.

Safety planning can also include practical actions the client can take to reduce harm or remove themselves from harm, including assisting the client to identify their existing supports and strengths.

Most victim survivors have developed a number of strategic and creative ways to keep themselves and their children safe, but may not have developed a formalised or written plan. It is dangerous for services to assume that they know what will keep victim survivors safe in situations of DFV.

Safety planning starts with an understanding and assessment of what the client needs. Immediate safety is the first priority, and there will be times when the safety plan is only able to address this immediate need.

While safety needs are the first priority, where there is time to do an ongoing safety plan, this should be prioritised according to the client's preferences and availability of services. These may include housing, legal help, financial support, physical and mental health, counselling, sexual violence responses, education and employment needs, children's needs, help with pets and transport needs.

Developing a safety plan

Safety plans are developed in partnership with the client. Responsibilities for actions are shared between the client, the worker(s), and a range of other relevant services.

It is crucial to recognise that a client is not responsible for developing their own safety plan – this is the responsibility of the service(s) and worker(s). Safety plans can also include the client's family and friends.

You should guide the client through a safety planning process that respects their knowledge of the behaviour by the person who is committing DFV and their understanding of what will keep them and their children safe.

For some workers, safety planning is part of case management and case coordination processes.

Some clients will already have a safety plan in place, and you can ask the client if they have a safety plan - whether it is written or not, and the details of this plan, and whether it needs reviewing.

A safety plan builds on what the client is already doing to keep safe and what works for their circumstances, as well as how the worker can support them.

A safety plan should:

- be done collaboratively with the client;
- be relevant to the client and their family's own circumstances, for example, consider safety at home, at work, going to and from work, in public places, at places frequented, such as school, childcare centre, safety online and on devices;
- be documented and kept by the client and worker(s). If it is unsafe for the client to keep a copy at home, consider an alternative place to keep it;
- identify actions, individuals and services responsible, and timelines;

Developing a safety plan (Continued)

- be tailored to the client's situation, including whether they are living with the person who commits DFV, considering leaving the person who commits DFV, or have left the person who commits DFV;
- clearly outline the responsibilities of the worker and what the client and worker agree that they will each do;
- clearly outline what other services or people can do to assist the client;
- be regularly reviewed and updated based on ongoing risk assessment.

Most of the time victim survivors will have multiple different needs and it will be impossible for one person or service to respond to them all. Collaboration with others is necessary to effectively respond to DFV needs. It is important to ask the victim survivor about their experiences in engaging with services, and what organisations/types of services have been involved (police, health, housing, immigration, legal organisations, schools).

Finding the right response to each need can be challenging. Workers will often have to:

- listen closely to find possible solutions that might work for the client;
- think creatively to come up with ideas that other people haven't already thought of;
- use their networks to provide access to support when there are few services available locally; and
- most importantly, build a trusting and respectful relationship with the client. This will maximise the client's willingness to try different ideas and ensure that the client is participating in finding responses and bringing their knowledge and expertise about their own situation to the safety planning process.

Tips for safety planning

These are some of the questions to consider in creating a safety plan:

Where are safe places for the client?

Where can you go to be safe when the violence/control is likely to happen or starts to happen? (If possible, find several options).

How would you get to a safe place when you need to? (Identify possible barriers to easily access to a safe place and problem solve these together).

What practical assistance do you need, such as emergency relief that can help pay for transport, a prepaid telephone, and immediate safe accommodation?

What practical support do you need to relocate (if this is a safe and chosen option)?

What potential social supports are there in the new place?

Who can support the client?

Offer to contact them together, such as:

- Domestic Violence Legal Services, Women's Legal Services, Family Violence Legal Services, Aboriginal Legal Services - to apply for or vary a DVO, family law, child protection and other legal support and advice.
- police to apply for a DVO and/or report DFV offence(s)
- police to request a job PROMIS number and officer name for a recent DFV event that police attended

Tips for safety planning (Continued)

- the probation/parole officer who is monitoring the person committing DFV and report any breaches of their obligations.
- the Victims Register (when the person who committed DFV has been sentenced) or the Witness Assistance Service (when the person who committed DFV has not been sentenced) to gain information about the person's movements, for example parole or release from jail
- specialist counselling support (where available) to resolve trauma impacts and disrupt the cycle of violence.
- trusted family members, friends, healthcare providers, employers, education staff, or childcare providers – help the client provide information about the DFV so that these supports can assist to keep people (including children/dependants) safe. (Sometimes it can be helpful to provide these people with a copy of the DVO and a recent photograph of the person perpetrating DFV.)
- the Victims of Crime 'Safe at Home' Assistance scheme may be able to provide reimbursement for improving security around the home.

Who is there in your community who can positively influence the person perpetrating violence and/or control so that they cease the unsafe behaviours?

Support children who feel able to call police to practice what they would say if they need to call police e.g., 'My name is, my mum / dad / parent is being hurt by, and my address is.....'

Using the safety planning template (Practice Tool 8)

The safety planning template allows for immediate safety needs to be considered as the first priority, as well as broader and longer term safety needs. It may be that the broader and longer term safety needs are not able to be considered until after the client's immediate safety needs are addressed.

Making a referral to the Family Safety Framework

The FSF operates in six locations in the NT – Darwin, Nhulunbuy, Katherine, Tennant Creek, Alice Springs and Yuendumu. The FSF is an action-based, integrated service response to people experiencing DFV who are at high risk of imminent and serious injury or death.

A victim survivor that has been assessed as being at serious risk using the CRAT can be recommended for referral to the FSF. The worker completing the CRAT should discuss this recommendation with their team leader/supervisor, or the FSF delegate in their organisation. The referral consists of the CRAT being sent to the relevant FSF Chair. There is no additional referral form that needs to be completed.

The client will then be discussed at a Family Safety Meeting (FSM) which is a fortnightly meeting chaired by the local Officer in Charge of the NT Police Domestic Violence Unit, and includes government and non-government agencies. Government agencies include Northern Territory Government Department of Attorney General and Justice, NT Corrections, Department of Education, Department of Health, and Territory Families, Housing and Communities. Non-government agencies include specialist DFV services in the region.

At the FSM, members receive referrals, share information, agree on actions to improve safety for the person referred, and monitor and review how those actions have improved safety.

Do not stop working with the client because you have referred them to the FSF. You should continue responding to any immediate safety concerns and ongoing needs as well as making this referral.

What if there is no Family Safety Framework in my area?	<p>The FSF is just one part of managing DFV risk.</p> <p>If there is no Family Safety Framework meeting operating in the region, you can still take other relevant risk management actions as outlined above. You can also work together with other relevant services to collaborate to respond to the safety needs of the client.</p> <p>You may also be able to refer to MACCST.</p>
What needs to happen after risk management?	<p>DFV risk and needs can change quickly and so risk management responses in relation to those risks must be reviewed and responded to continually. Managing DFV risk is an ongoing process, not a one-off event.</p>
Related resources	<p>Practice Tool 8: Safety Plan</p> <p>Practice Tool 9: E-Safety</p>

PRACTICE TOOL 8: SAFETY PLAN

All victim survivors of DFV require a safety plan, regardless of the level of assessed risk. The safety plan clearly outlines the responsibilities of the worker and what the victim survivor and worker agree that they will each do. It is developed with the victim survivor and should begin by asking her what she already does to keep herself and her children safe. The plan should be documented and kept by the victim survivor (if safe) and worker(s), and should be regularly reviewed and updated based on ongoing risk assessment.

For more guidance see RAMF Practice Guide 3: Managing DFV Risk

Worker safety planning checklist

- Assist with access to a mobile phone and /or free call for help and support.
- Help the person connect to workplace supports including DFV Leave, workplace safety planning tools, emergency contacts and identify trusted workplace colleague(s).
- Help the person create signals and/or code words and share them with neighbours, friends or family members so that they will know when it is necessary to call for help or to visit if safe.
Examples of signals are a turned-on front light, a closed curtain, or a sentence such as 'I can't come over on Thursday after all' spoken over the telephone.
- Assist with arrangements for someone to care for pets if this is needed.
- Help the person prepare to quickly access to information they might need in a DFV emergency e.g. keeping the telephone number of the local police station and a note of the street address and nearest cross street easily accessible.
- Help the person download the Emergency+ app which provides emergency services location information via coordinates. This app can work also in places where there is no phone reception.
- If the person experiencing DFV wishes to leave the person committing DFV, talk with the person about the safest ways and times to leave e.g. think about leaving when the person perpetrating DFV is away from the house or away from the community, and think about who can help you make a safe and strong plan to leave.
- Help the person who is experiencing DFV to identify who would be able to assist them to pack up and leave if they chooses to exit the home quickly.
- Help the person who is experiencing DFV create a list of emergency help contacts (including police) on paper or on a mobile device. Alternatively, help them download the shelterme app which is free and contains all the local and national crisis services in their area.
- Assist the person who is experiencing DFV to check in regularly with someone they trust and create a plan for what the trusted person should do if they don't hear from them. For example, a trusted person may be someone who works at the community store, the local health clinic or the children's school.

Worker safety planning checklist

- Assist the person to develop and rehearse (either physically or mentally) an escape plan to use when violence or control is happening or is likely to happen. It is recommended to develop and rehearse a second (back-up) plan also so that if the first plan doesn't work, the back-up plan can be used.

- Assist the person to identify ways it might be possible to keep a small amount of money aside for use in a DFV emergency.

- Help the person to save or document evidence of abuse e.g. abusive texts, phone messages, emails and screenshots of social media.

- If there has been physical violence, assist the person to take photographs of injuries or take photographs of injuries for their own records (only with their consent). This evidence can be used to assist with obtaining a DVO or providing evidence of a breach of a DVO.

- Assist the person to check if their online presence is being monitored or mirrored including through shared passwords on phones, shared social media accounts and other electronic devices.

When victim survivors leave violent partners it is important to take certain items with them.

Help the person experiencing DFV to prepare a safe escape bag and place the safe escape bag where she will be able to access it in an emergency e.g. at a friend's house.

Consider the following contents for the safe escape bag below

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Spare keys | <input type="checkbox"/> First Aid kit | <input type="checkbox"/> Glasses, contacts, hearing aids and any other medical devices | <input type="checkbox"/> Children's favourite toy or book |
| <input type="checkbox"/> Important documents such as DVO, birth certificates, passports and visas, bank records, bank cards and driver's licence | <input type="checkbox"/> Clothes | <input type="checkbox"/> Sleeping bag or blanket | <input type="checkbox"/> Pet bowl, lead and pet food if needed |
| <input type="checkbox"/> Medications, prescriptions e.g. asthma puffer | <input type="checkbox"/> Cash | <input type="checkbox"/> Dummy, nappies | <input type="checkbox"/> Any items that are very important to the person experiencing DFV and irreplaceable e.g. photograph of a deceased relative. |
| | <input type="checkbox"/> Toiletries | <input type="checkbox"/> A telephone and charger (preferably one that the person perpetrating DFV cannot track) | |
| | <input type="checkbox"/> Torch | | |
| | <input type="checkbox"/> Batteries | | |
| | <input type="checkbox"/> Wet wipes | | |

SAFETY PLAN TEMPLATE

Instructions: After reviewing the safety planning information in the RAMF Practice Guide 3: Managing DFV Risk, complete the safety plan template below. All DFV risk requires a safety plan.

Part One below responds to the immediate safety needs of the client, and should be filled out using the checklist provided above.

Part Two responds to ongoing safety needs. It may be that it is only possible to complete Part One of the safety plan with the client until their immediate safety is established, at which time Part Two can be completed.

Every safety plan will be unique and based on the needs of the client- you should be guided by them on what is important and safe for them in their safety plan.

Worker Name		Organisation name	
Client Name		Date form completed	
Other workers/ services engaged in responding to DFV needs:			
Comments			
PART ONE: Immediate safety planning action table			
Who	What	By When	
Trained or specialist worker			
Other organisations working with the client			
The client and their support network			

PART TWO: Ongoing safety planning action table

Needs identified by victim survivor	How will these needs be met?	Service or agency which can best respond to this need	Actions taken to meet this need	Date that actions were taken
Monitoring perpetrator eg bail and parole supervision				
Safe accommodation e.g. home security / replace locks, safe place with family, refuge accommodation, access to safe house when needed or transport to safety				
Medical care e.g. injury management, access to medication, assistance to attend for dialysis, STI testing and response				
Response to trauma e.g. access to health, legal and other systems through multiple pathways, flexible services that provide predictable and continuity of care				
Responses to sexual violence including child sexual assault e.g. Access to forensic testing, sexual assault counselling, medical management that give privacy and protection from blame and safe accommodation				
Help for the children e.g. childcare, play therapy, counselling, transport to and from school, school holiday and after school activities, positive role modelling				
Safety for pets e.g. transport, safe relocation				
Education about DFV e.g Information about responsibility for violence, sharing experience of and resistance to violence				
Empowerment e.g. building confidence by learning a new skill like learning to drive or swim; learning and improving literacy, learning English; employment and training, helping other victim survivors				
Financial assistance e.g. assistance to open a bank account, redirect Centrelink benefits, access to emergency funds; manage internet banking				
Legal Assistance e.g. assistance to make changes to a DVO, advice about charges and court processes, family law assistance, visa assistance, court support and advocacy				
Access to belongings and essentials e.g. police assistance to access belongings from the home; emergency supplies of food, nappies, clothing, bedding				
Transport e.g. transport to a safer community, transport to work, medical and legal appointments, transport to safe accommodation, finding ways to pick up children from school				

PART TWO: Ongoing safety planning action table

Needs identified by victim survivor	How will these needs be met?	Service or agency which can best respond to this need	Actions taken to meet this need	Date that actions were taken
Assistance with e-safety e.g. Help with changing settings on devices, information about privacy settings				
Social support e.g. help identifying people including family who can support in everyday life				
Language solutions e.g. interpreter services for legal appointment and other case management actions				
Maintenance of cultural/religious practices e.g. returning to country or home community, regular contact with safe and supportive family and elders, or attending religious services				
Workplace safety e.g. assessment of victim survivor safety in the workplace, access to paid leave or flexible work				
Any other needs identified by victim survivor				

PRACTICE TOOL 9: E SAFETY

Mobile phone, tablets, computers, smart watches and other devices hold personal information like photos, calendar appointments, call histories, emails and social media posts. Technology assisted stalking and abuse is more than likely to be used by the person committing DFV to monitor and control their partner during the relationship as well as after separation, so it is important to be aware of the risks.

Actions to increase e-safety

- Make sure the victim survivor is aware that hidden cameras may be installed in their home or may be accessed remotely on their phone or computer's camera (through spyware).
- Talk with the victim survivor about trusting their instincts. If they suspect that the person committing DFV is harassing, stalking or monitoring them with technology, it is possible and likely.
- Talk with the victim survivor and people close to them, including children, to understand the safety risks of posting on social media such as photos that identify where they are.
- Make sure 'location' is turned off on mobile devices.
- Make sure the victim survivor's devices can't save passwords, sign-in to accounts automatically, and that the victim survivor can keep log-in details to all of their accounts safe.
- Help the victim survivor learn how to delete their history in the Internet browser they use.
- Help the victim survivor open new private email and social media accounts without information about themselves in the settings e.g. profile picture or location.
- Help the victim survivor to set privacy settings to block others.
- Help the victim survivor to know how to sign out completely.
- Help the victim survivor change passwords and PIN numbers (on a safe computer).
- Help the victim survivor to activate 2 step logins. This is an extra security measure that asks for a security code that is sent via email or mobile e.g. mygov website.
- Encourage the victim survivor to use the **SmartSafe+** App to collect evidence of DFV safely. <https://www.dvrcv.org.au/file/smartsafe-mobile-app>
- Encourage the victim survivor to consider their own (prepaid, private) mobile phone and not use their old SIM card. Tell them to handwrite important numbers and manually enter them into the private safe phone.
- Help the victim survivor to check for unusual apps on theirs/their child's phone and to delete them if they think it is safe to do so.
- The victim survivor can turn their device to 'airplane mode' to avoid being tracked.
- Finally, make sure they auto-lock their mobile device with a PIN.

GPS tracking devices are easily available and can be hard to see. They are mostly the size of a postage stamp. Computer spyware is also easy to purchase and install on home computers, devices, smartphones and watches. This allows the person committing DFV to track and access what the victim survivor is doing and seeing. A device or smart watch can also be turned into a GPS tracking tool and a listening or recording device.

Often, the victim survivor wants to stop the stalking behaviour by getting rid of the technology. However, this could escalate the controlling and dangerous behaviour if the person committing DFV feels they are no longer in control. Workers should think about what might happen if the victim survivor removes the device. Another option could be for the victim survivor to use a safer computer and/or device whilst keeping the one being monitored.

SIGNS SOMEONE IS BEING MONITORED



Does the person committing DFV seem to know the victim survivor's location?



Has the victim survivor noticed any strange activity on their phone?



Does the person committing DFV have access to the victim survivor's mobile phone, social media accounts, bills or passwords?



Does the person committing DFV know what the victim survivor is doing when they are home alone?



Does the person committing DFV seem to know where the victim survivor goes even when they don't have their mobile? It might not be their mobile, it could be a GPS tracker or other technology.



Does the victim survivor experience a quick battery drain or a spike in data usage? This can indicate that spyware is running on their mobile phone.