



WOMEN
AGAINST
VIOLENCE
EUROPE



Safety as the best interest of the child

SAFEGUARDING AND EMPOWERING CHILDREN PROJECT

Promising practice:

Special Guide to Munich's Model of the Munich Family Court for proceedings concerning the child's residence, rights of access, the surrender of the child or custody proceedings



ANNEX I

IMPRINT

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Promising practice: Special Guide to Munich's Model of the Munich Family Court for proceedings concerning the child's residence, rights of access, the surrender of the child or custody proceedings¹

Special Guide to Munich's Model at Domestic Relations Court was developed due to a lack of any specific legislation in substantive law addressing violence against women and children in Germany. It delves into recommendation on subsequent course of legal proceedings and describes what legal bodies, justice personnel and other professionals who work directly with mothers affected by violence and their children (lawyers, youth welfare department, guardian ad litem, judges) have to do:

- to safeguard children in custody legal proceeding and
- as a part of risk assessment

After addressing the circumstances of the special domestic violence case and taking into account the multi-agency risk analysis, Special Guide states that in order to safeguard the child, the court may decide on separate counselling of the parties or supervised parent-child contact. The court may temporarily suspend or exclude the parent-child contact or transfer custody to one parent. It may also commission an expert.

Factors used to assess the risk posed by the perpetrator include:

- Consistent violent behaviour;
- Employing significant levels of violence;
- Possession of weapons;
- The victim's perception of a direct and credible threat;
- Substance abuse, specifically drug addiction;
- Unaddressed psychological disorders;
- Breach of court-issued orders for protection against violence.²

Questionnaire for Assessment of Danger pursuant to Special Guide (Munich Model) in particular in court proceedings concerning contact or suspension of contact, child custody and right to determine place of residence, surrender of children

The Questionnaire for assessment of danger in legal proceedings concerning child custody and access after separation due to domestic violence, pursuant to the Special Guide, was developed in 2019 in Munich.³

The Questionnaire gathers information about 5 categories of risk in domestic violence:

1. Forms and patterns of violence
2. History of violence
3. Aggravation factors
4. Victims perception of risk
5. Risk factors related to perpetrator's attitudes and behaviour⁴

1 version from 06.07.2020

2 **Sonderleitfaden zum Münchener Modell**

3 Scientific monitoring led by Prof. Dr. Susanne Nothhafft, from KSH Munich, with an aim to evaluate the implementation of the Questionnaire took place in 2022, under the research project "Safety first! The Munich Questionnaire. Protection from Violence in Custody and Visitation Rights Proceedings". Based on the findings, a new assessment instrument will be developed by the end of 2023. Home – Safetyfirst (safetyfirst-umgang-sorge.de)

4 Protect II Capacity building in risk assessment and safety management to protect high risk victims (2012), p. 85

Questionnaire for Assessment of Danger

pursuant to Special Guide (Munich Model) in particular in court proceedings concerning contact or suspension of contact, child custody and right to determine place of residence, surrender of children

Injured party

First name, family name

Mrs./Mr./*

Child(ren)

Represented by lawyer

Guardian ad litem

Youth welfare office/
Social community center

Mrs./Mr./*

Assisted by (women's)
support organization

Completed by/on

Telephone

/ /

Subject of special case

Initial application to family/local court

Application to OLG¹ Renewed application

Separate court hearing applied for

Place of court proceedings

Judge

Applicant parent X / Y
"mother" "father"

Contact

ref.

Preliminary proceedings

Accompanied contact

ref.

Suspension of contact

ref.

Right to determine place of residence

ref.

Sole custody of child

ref.

Surrender of child

ref.

1 Parents

Nationality

Restrictions under law relating to aliens

Needs language mediation (language)

Parent X/ "mother"

Parent Y/ "father"

2 Child(ren)

First name, family name

Age

f/m/*

Joint custody

Sole custody mother father

3 Lived together in a household

No Yes, since / /

How long had wife and child(ren) been living separately from perpetrator at the time the application was filed with the court?

since days months

Married/ Partnered since / /

Spatially separated since / /

Woman and child(ren) are in women's refuge

Yes No Not any longer

Stayed at (family) home

Child with

4 Last exposure to violence

When / /

If exact date is not remembered for sure, specify period!

¹ Higher Regional Court (Oberlandesgericht, OLG)

5 Prior family law proceedings		Yes	No	Currently unknown
a	Earlier family law files ref. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Existing/out-of-court contact arrangement/implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Earlier custody and contact proceedings ref. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Earlier GewSchG ² proceedings ref. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Contempt of court "breach of GewSchG" ref. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 Civil-law protection measures (GewSchG)		Yes	No	Unknown		Yes	No	Currently unknown
Applied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before application under parent/child law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With application under parent/child law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Prohibition to contact partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Prohibition to contact child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Assignment of apartment (GewSchG/BGB ³)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Act on Strengthening Children's Rights (§ 1666a BGB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 Criminal prosecution		Yes	No	Unknown	
a	Was there a police operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ref. <input type="text"/>
b	Police measures	Banned from specific place <input type="checkbox"/>	Prohibition of contact <input type="checkbox"/>	Detention <input type="checkbox"/>	
c	Preservation of evidence	Photos <input type="checkbox"/>	By police <input type="checkbox"/>		<input type="text"/>
	Forensic examination Dr.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Medical certificate from Dr.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Has a criminal complaint been filed?	No <input type="checkbox"/>	Victim's lawyer <input type="checkbox"/>		<input type="text"/>
	Yes, for	Bodily harm <input type="checkbox"/>	Coercion <input type="checkbox"/>	Dangerous bodily harm <input type="checkbox"/>	Rape <input type="checkbox"/>
		Threat <input type="checkbox"/>	Insult <input type="checkbox"/>	Other offenses ref. <input type="text"/>	Ill-treatment of persons in one's charge <input type="checkbox"/>
e	State of proceedings at time of filing of application with family court	Complaint to police <input type="checkbox"/>	CID (K22) <input type="checkbox"/>	Official in charge <input type="checkbox"/>	<input type="text"/>
		Public Prosecutor's Office <input type="checkbox"/>	Pretrial judge <input type="checkbox"/>	Main proceedings <input type="checkbox"/>	Conviction <input type="checkbox"/>
					Acquittal <input type="checkbox"/>

f Earlier "incidents" / criminal offenses on record		Yes	No	Currently unknown
Police operation on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of	<input type="text"/>			
Earlier "domestic violence"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earlier non "domestic violence"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conviction for violence/threats/stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breach of police no-contact/no-entry orders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breach of GewSchG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breach of Narcotics Law / Abuse of narcotics / Drug abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breach of Arms Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breach of court orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breach of probation obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the person ever evaded arrest/prosecution for "domestic violence"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of prison sentences (> 30 days) in the year	<input type="checkbox"/>	and <input type="checkbox"/>	and <input type="checkbox"/>	<input type="checkbox"/>
Extract from Federal Central Register inspected by judge of family court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

² German Protection against Violence Act (*Gewaltschutzgesetz*, GewSchG)
³ German Civil Code (*Bürgerliches Gesetzbuch*, BGB)

8 Violence in partnership

a Forms of violence

Degree of severity: 1=slight to 6=life threatening (= assessment by person completing the form)

	1	2	3	4	5	6		1	2	3	4	5	6
Psychological violence	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Economic violence	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical violence	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Social violence	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sexualized violence	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Digital violence	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

b First act of violence/
Duration of violence

Less than 3 months	Up to 1 year	Up to 3 years	3 to 10 years	More than 10 years
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

c Has physical violence increased in **severity** or **frequency** in the past 12 months?

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

d Most serious act of violence in the last 12 months

When / / / / / What

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

e Does the injured party have any injuries? Which

When / / / / / What

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

Over what period? Medical report/certificate from Dr.

Earlier date

Which

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

When Medical report/certificate from Dr.

f Partner's violence in public space/under witness

When / / / / / What

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

g Violence during pregnancy?

Effects

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

h Violence with toddler in arms?

When / / / / / What

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

i Stressful moments of caring parent

Effects of violence, consequences

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

j Threats against partner

Which?

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

k Threat incl. injuries

When / / / / / and / / / / /

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

Which

l Threat of murder

When / / / / / and / / / / /

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

Wording

m Threats also in writing?

Which

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

n Is there an increase in threats in terms of concreteness and/or frequency?

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

o Are there "pre-scenic events" related to threats? E.g., arson attacks, damage to property (clothes, cell phones, furniture, doors) violence to pets

When / / / / /

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

Which

p Choking/Strangulation Suffocation

When / / / / / and / / / / /

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

q Controlling behavior/Isolation

On / / / / / Since / / / / /

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

r Stalking: stalking at home/work/cyber/localization

When / / / / /

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

What

s Legal possession of firearms (official/sports shooter / hunter)

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

t Illegal possession of firearms/access to firearms

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

u Threat using weapons

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

v Violence using weapons

When / / / / / Which weapon(s)

Yes	No	Currently unknown
<input type="text"/>	<input type="text"/>	<input type="text"/>

9 Assessment of situation of danger by person affected by violence

	Description	Yes	No	Currently unknown
a	Fear of victim for themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Fear of victim to be killed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Fear of further violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Fear of escalation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Fear for the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Fear for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What does the injured party say he/she/* wants for him/herself and his/her children?

10 Children's experience of violence

(= assessment of caring parent, no questioning of child)
First name, family name(f/m/*)

a	Witnessed violence in partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Physical violence by (step-)father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Psychological violence by (step-)father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sexualized violence by (step-)father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Physical violence by (step-)mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Psychological violence by (step-)mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sexualized violence by (step-)mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Economic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violence during embryonic phase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Digital violence, spyware, localization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b Stressful moments / Endangering of child / Behavioral problems

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c Medical report from pediatrician/psychologist

<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	---	--------------------------	--------------------------	---	--------------------------	--------------------------	--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The children was afraid, that violent parent ...
 First name of child and description, in each case

d Risk of retraumatization

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------

e Is a threat of kidnapping conceivable?

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------

f Positive relational experience with endangerer?

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------

g Child (child 1, child 2,..) wants

11 Additional risk factors due to behavior of endangerer

Information from Mrs./Mr./* First name, family name

Yes No Currently unknown

a Alcohol abuse

Increased alcohol consumption

Problem drinker

Alcoholic

Using violence when drunk

b Drug abuse

Illegal drugs?

Which

Known to the police?

c Extreme attitudes and mindset

Extreme right-wing / extremist position

Misogynist / anti-woman

Xenophobic

Patriarchal family image

Blood revenge / family honor

d Possessiveness / Extreme jealousy / Controlling behavior

e Unstable mental state/ Depressions

Treated by

No treatment because of

f Attempted suicide

or threatening to do so?

g Narcissistic dissocial symptoms?

h Financial problems

e.g., unemployment

i Are there any signs of **social withdrawal**? E.g., breaking off social contacts, quitting work

j Existential problem / Existential crisis / **Life bankruptcy** / Self-esteem shock?

k Is the relationship the **only resource relevant to self-esteem**?

l Is the endangerer highly **fixated on the relationship**?

m Is there **leaking behavior / conspicuous behavior**

in the run-up to a crime and/or indirect preparatory acts?

n Communicated **violent fantasies** (verbal/written/drawn)

o Takes **responsibility for perpetrator behavior**?

12 Aggravating factors

a Forced marriage

b Arranged marriage

c Residence permit dependent on spouse

Perpetrator from victim

Victim from perpetrator

d Stepchildren in the household:

Violence against stepchildren

On / /

What

! Important: Investigate for hazard factors about which little is known !



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