



High-conflict separations and intimate partner violence: A document-based case study from a Family Counselling Centre in Northeastern Italy

Barbara Segatto^{a*} 

^a University of Padua, Padua, Italy

Abstract

The phenomenon of separation in Italy is increasingly marked by rising level of conflict that, in many cases, escalate into high-conflict situations or even domestic violence. In such cases, the role of the Family Counselling Centre proves to be crucial, as a local public service dedicated to the protection and well-being of women and children.

This research therefore aimed to explore whether the Family Counselling Centre is capable of identifying complex situations, activating appropriate integrated care pathways, and promoting the protection of women and children in critical family contexts. Through a qualitative document analysis was conducted on 311 case files managed between 2020 and 2023 by a Family Counselling Centre in Northeastern Italy. Within this broader group, 26 cases (8.4%) were classified as high-conflict situations. For these cases, the study examined the sociodemographic characteristics of the victims, the forms of violence experienced, the access pathway to service, the interventions implemented, and the outcomes of case management. Findings show that physical violence was reported in 85% of cases, and psychological or verbal violence in more than half. In 80% of cases, contact with the service originated from Court orders, while spontaneous access by women accounted less than 20%. Case outcomes were heterogeneous: in about one-third of cases, conflict levels were reduced, and family autonomy was restored; in another third, protective custody or suspended visits were required to safeguard children; the remaining cases required long-term monitoring or further Court intervention. The Family Counselling Centre demonstrates its ability to effectively differentiate between symmetrical conflict and intimate partner violence, activating diversified pathway aimed at ensuring comprehensive protection for the women and children involved and preventing institutional re-victimization.

However, it becomes essential to strengthen its institutional recognition and to develop inter-service protocols capable of ensuring more timely, coordinated, and continuous interventions.

*Corresponding author(s): Barbara Segatto. Email: barbara.segatto@unipd.it

Keywords: *High-conflict Separation, Intimate Partner Violence, Domestic Violence, Gender-Based Violence, Social Service, Family Counselling Centre*

1. Introduction

In recent years, the landscape of marital separation in Italy has undergone significant transformations, not only in quantitative terms but also in its qualitative dimensions. According to Italian National Institute of Statistics data (ISTAT, 2023), while the number of legal separations and divorces declined (-8.4% and -3.3%, respectively) compared to the previous year, a less visible yet socially relevant phenomenon has emerged: that of high-conflict separations. In a substantial portion of these cases, conflict does not represent a temporary disagreement but becomes a chronic and pervasive element of relationships that are marked by power imbalances and often-overlooked dynamics of violence. As early as 2002, the Eurispes–Telefono Azzurro report highlighted that nearly one in five separations can be classified as “high-conflict”, a trend that has intensified over time. These situations are characterized by persistent tensions in multiple spheres of daily life – particularly in co-parenting – and by heightened intensity that is manifested through verbal aggression, denigration, emotional manipulation, and, in more severe cases, physical or psychological violence.

International research (Romito 2008; Beck et al. 2013; Gueta and Levy Ladell 2024) report that a significant proportion of divorce and custody proceedings (estimated between 28% and 34%) involve documented or suspected histories of violence that are often misrecognized or misinterpreted as mere relational discord. In many instances, such violence pre-dates the separation but remains unreported, unrecognized, or institutionally invisible. ISTAT (2015) reports that 31.5% of Italian women have experienced physical or sexual violence in their lifetime, a percentage that rises to 51.4% among separated or divorced women. However, only a minority turn to social services (20.5%) or file a formal complaint (13.9%). As a result, when the separation process begins, support services and judicial institutions often lack crucial information, relying instead on partial, fragmented, or distorted narratives.

Excluding violence from the interpretative framework of family separation processes leads to distortions in protection pathways. There remains a persistent tendency to apply inappropriate methods, such as family mediation in cases of domestic or intimate partner violence¹, and to underestimate the protection needs of victims, both adult and minor. Even in the presence of medical documentation or detailed testimony, women are often treated as parties in mutual conflict rather than as victims of asymmetrical and coercive relationships, in contradiction to Article 48 of the Istanbul Convention and the recommendations of the UN’s Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW 2017). Meanwhile, children exposed to domestic violence - classified as a form of maltreatment by Italian Coordination of Services against Child Abuse and Maltreatment (CISMAI 2009; 2017) and the World Health Organization (WHO 2016) - are still too often regarded as passive objects in

¹ For the purposes of this paper the terms, domestic violence and intimate partner violence are used interchangeably. Although they emphasize different analytical dimensions, they are here intended to refer to the same phenomenon of violence perpetrated within intimate relationships against women.

parental disputes rather than as individuals having rights, as recognized by the UN Convention on the Rights of the Child (1989).

This situation results in an enduring emphasis on co-parenting as the primary goal, even in contexts of elevated risk, rather than on adopting a differentiated approach focused on integrated protection, harm assessment, and the prompt interruption of dysfunctional dynamics. Such a framework risks producing secondary victimization and undermining the effectiveness of protection systems, highlighting the urgent need for operational reform that affirms the credibility of women's narratives and places the best interests of the child at the heart of intervention strategies.

This research is situated within this complex landscape. Its aim is to investigate the role of the public service known as the Family Counselling Centre in managing high-conflict separations, paying particular attention to its ability to detect, recognize, and address hidden dynamics of violence. As a multidisciplinary, community-based, and low-threshold service, the Family Counselling Centre serves as a privileged observatory for the early identification of dysfunctional family dynamics. Through an analysis of social case files, operational procedures, and intervention strategies, the study explores how - and to what extent - such services are capable of offering protection to vulnerable individuals, particularly women and children, and of supporting meaningful pathways of violence.

2. High-conflict dynamics and violence in intimate relationships

In the context of separation and post-breakup parenting decisions, it is essential to distinguish clearly between high-conflict dynamics and intimate partner violence, with particular attention to male violence against women. Although these two phenomena may appear similar in their external manifestations - frequent arguments, prolonged tension, and emotionally distressing atmospheres - they differ fundamentally in their relational structure, intent, power asymmetries, and consequences for victims.

High-conflict dynamics are typically characterized by symmetrical and reactive interactions, which may escalate during separation but are not rooted in a desire to dominate. Emotions such as anger, disappointment, and resentment are prevalent, often accompanied by mutual accusations, blame, and emotional manipulation. Both partners, though with varying degrees of responsibility, contribute to the persistence of the conflict. In such cases, intervention tools like family mediation, parenting coordination, co-parenting support focused on emotional regulation and communication, or supervised visitation in neutral spaces, may be appropriate.

Conversely, intimate partner violence - defined by the WHO as "behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours"² - is rooted in structural gender inequality (Alhabib, Nur and Jones 2010; Boxall, Morgan and Brown 2015; Archer-Kuhn 2018). However, beyond this structural dimension, the literature widely acknowledges that it is not possible to outline a single or homogeneous profile of victims or perpetrator of intimate partner violence, as experiences of violence are influenced by a range of individual and contextual factors (Anderson 2002; Garcia-Moreno et al. 2006; Abramsky et al. 2011; Santambrogio et al. 2019).

Johnson's (2006; 2008) typology identifies several forms of intimate partner violence, including coercive controlling violence (the most pervasive and dangerous), situational couple violence (episodic and non-controlling), violent resistance (a defensive reaction by

² <https://apps.who.int/violence-info/intimate-partner-violence>

the victim), and separation-instigated violence (Johnson and Leone 2005; Kelly and Johnson 2008; Crossman, Hardesty and Raffaelli 2016). In such cases, the woman is not engaged in an equal conflict but is the target of a relational project founded on coercion and control. Violence often continues post-separation through tactics such as the instrumentalization of children, legal institutions, or retaliatory complaints.

In high-conflict family contexts characterized by domestic violence, children are not merely exposed to dysfunctional environments but are often actively involved in coercive relational dynamics, becoming instruments of control against the mother. This configuration aligns with the definition of “witnessed violence,” recognized as a form of child maltreatment by both the CISMAI Guidelines (2009; 2017) and the WHO (2016). From a social work perspective, it is crucial to recognize that protecting children cannot be separated from protecting their mothers in that the psychosocial integrity of the maternal figure is a prerequisite for ensuring the safety and well-being of the entire family unit. This underscores the need to build intervention pathways based on a relational understanding of risk, moving beyond neutral conflict paradigms and acknowledging the structural asymmetry inherent in gender-based family violence.

Moreover, failing to distinguish between conflict and violence can lead to severe consequences since treating asymmetrical power dynamics as mutual disputes may result in inappropriate decisions, such as mandatory mediation, parenting coordination, shared custody, or unsupervised contact between children and abusive fathers. In the presence of gender-based violence, such tools risk becoming instruments of institutional revictimization, normalizing abuse and discrediting the victim’s narrative. Recommendations from the national survey on Family Counseling Centers from the Italian National Institute of Health (ISS 2022) and various regional guideline or inter-institutional protocols in Italy call for caution and preliminary risk assessment, acknowledging that what appears as conflict may in fact conceal coercive control, which is incompatible with symmetrical negotiation frameworks.

3. Family Counselling Centres and their role in addressing high-conflict marital separations

In the current social context, Family Counselling Centres occupy a strategic position in managing complex family situations, especially when marital separation assumes characteristics of high conflict or is intertwined with dynamics of violence. Established by Law 405/1975³, Family Counselling Centres operate in compliance with the Essential Levels of Care, promoting a multidisciplinary, integrated approach aimed at the overall health of the population. These services are characterized by their ability to activate preventive and protective interventions coordinated with other local services, with the goal of early identification of risk situations and timely intervention to promote relational well-being and the protection of vulnerable individuals, with particular attention to the physical and psychological health of women, minors, and families.

In the presence of highly conflictual separations, the Counselling Centre can represent the first frontline service capable of reading dysfunctional relational dynamics and activating pathways of support and protection. Its preventive and community-based

³ *Establishment of Family Counselling Centres* (Istituzione dei consultori familiari); Official Gazette of the Italian Republic, n° 212. This Law created multidisciplinary public services for family and reproductive health within the Italian National Health System.

vocation makes it particularly suitable for detecting early signs of distress, manipulation, power imbalance, and potential forms of hidden violence, especially in cases where the woman has not yet filed a report or initiated legal protection procedures.

The approach that is adopted is multidisciplinary and based on the integration of psychological, social, educational, and health expertise. This enables a systemic reading of family situations and the possibility to design interventions tailored to needs, both in a reparative logic and for secondary prevention. The most frequently activated services include family mediation or parenting coordination, individual or couple psychological counselling, parenting support, and referral to specialized services such as addiction services, mental health services, anti-violence centres, or local social services.

Despite their potential, Counselling Centres still too often operate under conditions of low institutional recognition, with resources that are unevenly distributed across regions, staff shortages, and a lack of shared protocols with the justice system. When such protocols do exist, they enable the Counselling Centre to participate in the development of integrated pathways for protection, monitoring, and support, especially for women and minors at risk.

Recently, the Cartabia Reform⁴ (Legislative Decree 149/2022) introduced significant innovations in civil proceedings, particularly in the management of family law cases. The reform places the best interests of the child at the centre and acknowledges the need to ensure protection for victims of domestic and witnessed violence, strengthening the judge's obligation to assess the presence of violent or manipulative behaviours even in the absence of a formal complaint. This new legislative framework further reinforces the strategic role of Counselling Centres as stable interlocutors of the judicial system, capable of providing qualified observational data, technical reports, and intervention proposals based on a deep understanding of the context and family relationships.

4. Research

Aim and objectives

The study is situated within the context of growing institutional attention toward high-conflict marital separations and the hidden dynamics of domestic violence. Adopting an exploratory qualitative approach, it analyses how a public Family Counselling Centre, traditionally engaged in supporting couples and family during separation and divorce, is capable of identifying and managing situations of relational distress and violence.

The research explores the role of the Family Counselling Centre as a local public social service responsible for activating integrated care pathways and safeguarding the well-being of women and minors involved in high-conflict family contexts. Specifically, it examines how the Centre intervenes, which professional tools and procedures are applied, and how effectively it responds to the protection and support needs of adults and minors.

This aim was addressed through a general objective that sought to assess the capacity of a Family Counselling Centre located in Northeastern Italy to identify and manage cases of high-conflict and intimate partner violence.

This general objective was operationalised through the following specific objectives:

⁴ *Implementation of Law n° 206/2021 on the reform of civil justice*, (so-called “Cartabia Reform”) (Attuazione della legge n° 206/2021 sulla riforma del processo civile); Official Gazette of the Italian Republic, N° 243. This reform reorganized civil proceedings, including family and juvenile justice, with the aim of improving efficiency and protecting vulnerable parties.

1. Determine the incidence of cases of high-conflict and violence;
2. Analyse the sociodemographic characteristics of the victims;
3. Explore the forms of violence;
4. Identify the modes of access to the Family Counselling service;
5. Map the interventions activated in favour of the family unit, distinguishing between those directed at adults and those directed at minors;
6. Evaluate the outcome of the care process.

Method

This study adopts an exploratory case study design aimed at describing and interpreting case management practices in situation of high-conflict separation and divorce, using a qualitative document-based approach applied to social case files archived at a Family Counselling Centre between January 2020 and December 2023. This method proves particularly suitable for investigating institutional practices and care pathways in contexts of high relational complexity, such as those related to high-conflict separations. Through a systematic analysis of documents produced independently of the researcher, it is possible to access non-reactive information, thereby reducing the risk of distortions resulting from the researcher-subject interaction (Corbetta 2015).

Social case files represent the main informational and managerial tool used within social and health-social services such as the Counselling Centre. These files are structured records that gather personal data, social and psychological assessments, descriptions of needs, intervention plans, team meeting minutes, and inter-service or court reports. In addition to documenting the operational steps and outcomes of the care process, they constitute a valuable resource for monitoring the evolution of cases and for retrospectively analysing the effectiveness of public intervention in managing social and relational vulnerability.

From an epistemological standpoint, analysis of social case files not only allows for descriptive insight but also contributes critically to reflections on the role of the Counselling Centre as an institutional actor in the prevention of secondary victimization and in the construction of integrated protection pathways.

Data and Procedure

The empirical universe of the research consists of 311 case files archived between January 2020 and December 2023⁵ by a Family Counselling Centre located in the Northeastern Italy, serving a population of approximately 50,000 inhabitants. In accordance with ethical standards for social research and data protections (Regulation UE 2016/679), all case files were anonymised prior to analysis, and no identifying information was retained. Access to documentation was authorized by the Family Counselling Centre. Given the sensitive nature of the data, all results are presented in aggregate form to protect the privacy of the individuals involved.

From this database, 26 cases (representing 8.4% of the total) were selected because they contained clear and documented evidence of high conflict and elevated risk factors. These indicators included explicit reports of physical, psychological, or sexual violence; evidence

⁵ I wish to thank Anna Benetti for collecting the data as part of her thesis work.

of coercive control and threats; and activation of protective measures by courts or welfare service.

These 26 cases were subjected to a thematic qualitative analysis and systematised using a predefined grid of variables designed to enable cross-case comparison. The analytic grid was developed deductively from the research objectives and theoretical framework and then refined inductively during the initial stages of data familiarisation. To strengthen the credibility of the finding, coding decisions were cross-checked with service professionals to ensure interpretative consistency. Field notes were used throughout the process to document analytical decision and reconstruct trajectories of care and intervention. The variables included were as follow:

- Sociodemographic characteristics: age, gender, occupation, and marital status;
- Family and relational composition: presence or absence of children, and any separations or divorces;
- Types of reported violence: physical, psychological, economic, or sexual violence;
- Perpetrator of the violence: identification of the aggressor to understand power and gender dynamics;
- Description of the relationship by both partners: assessment of how each party perceives relational and conflictual dynamics;
- Type of access to the Family Counselling Centre: spontaneous, referred by other services, or mandated by court;
- Court dispositions: measures ordered by the court and assigned to the services responsible for the case;
- Interventions implemented for adults: e.g., individual psychological counselling, parenting support, assessment of parenting capacity;
- Interventions implemented for children: e.g., psychological support, supervised visits, or in-home educational support;
- Case outcome: decisions and follow-up measures at case closure.

The adoption of this grid made it possible to systematically map the characteristics and needs of the individuals involved, while also providing insight into how the Family Counselling Centre interprets and enacts its institutional mandate to protect women and minors within violent family contexts.

Sample

The ages of the 26 women involved in the analysed cases range from 27 to 68 years, with an average age of 42.5 years. This figure highlights wide variability in age, reflecting the transversal nature of the experience of high conflict and violence, which, even in this sample, appears to be independent of the stage in the life cycle.

Fifteen couples are composed of both Italian partners, six couples are of immigrant origin (respectively Albanian, Lithuanian, Moroccan, Moldovan, Romanian, and Ukrainian) with both partners from the same country, and five couples are of mixed origin.

Regarding female employment, there is a clear prevalence of employed women: 18 of 26 (69.2%), while only 7 of 26 (26.9%) women are inactive, unemployed or housewives. The distribution of professions shows a high degree of heterogeneity: the women are employed in various sectors (healthcare, education, catering, craftsmanship), with roles ranging from managerial and self-employed to manual, with administrative employees being the category represented most highly.

From the analysis of male employment, there is again a predominance of active workers (21 of 26), while inactive men represent 11.5%, equal to 3 individuals. However, they appear to have a lower professional profile than the women, with those engaged in manual labour representing 34.6% of the sample, i.e., 9 of 26.

From a civil status perspective, half of the sample were legally married at the time of reporting (13 of 26, 50%), while the other half were separated, divorced, or cohabiting. This data confirms the persistence of dysfunctional dynamics even after the formal breakdown of the marital bond.

We also note that 25 of 26 couples, nearly all, have children. Of these, 13 couples have one child (52%), 9 couples have two children (36%), and 3 couples have three or more children (12%).

5. Results

The qualitative analysis of the 26 social case files containing elements of domestic violence and/or high conflict made it possible to highlight a series of significant findings, offering an overview of the sociodemographic characteristics of the individuals involved, observed family dynamics, modalities of access to the service, and outcomes of case management. The data were organized into four main areas: **a. characteristics of the violence, b. access to the Family Counselling Centre, c. intervention modalities of the services, and d. observed outcomes.**

a. Types of Violence

The qualitative examination of violence typologies reveals a pronounced predominance of physical violence, which is reported in 22 of 26 cases (84.6%). This finding underscores the critical severity of the cases and the urgent need for timely protective interventions. The visible and injurious nature of physical aggression often facilitates recognition by institutions and may elicit swifter responses from social services and the judicial system.

Verbal violence, present in 16 cases (61.5%), emerges as the second most frequent form. Although frequently underestimated in service assessments, it significantly affects victims' psychological well-being, contributing to emotional instability and diminished self-esteem. Psychological violence, identified in 14 cases (53.8%), is manifested through coercive control, threats, intimidation, and emotional manipulation, patterns that are less overt but deeply harmful in their cumulative effect.

Other forms of abuse, such as economic violence, sexual violence, and stalking, are less frequent in the sample but nonetheless relevant in shaping the overall risk profile. From a social work perspective, the recurrence of multiple forms of violence within a case reinforces the need for a holistic, intersectional risk assessment and for multidisciplinary responses. The perpetrator is predominantly the male partner or ex-partner, with only one case in the sample involving a female perpetrator. This aligns with international social work and gender-based violence literature, which frames intimate partner violence as a structurally gendered phenomenon rooted in asymmetrical power relations and reinforced by cultural and institutional tolerance of coercive dynamics. In the narratives provided by spouses during interviews regarding the causes of their relationship crisis, men tend to identify external and tangible factors more frequently, such as the birth of a child (3 of 26 cases, 11.5%), financial difficulties (4 of 26, 15.4%), or the wife's infidelity (3 of 26, 11.5%). In contrast, women focus more on the partner's aggressive (3 of 26, 11.5%) and controlling behaviours (7 of 26, 28%).

b. Access to the Family Counselling Centre and judicial measures

The findings reveal that most women did not initially approach psychosocial public services directly. Of the 26 cases analysed, 8 women (30.8%) sought support from legal professionals (lawyers), 5 (19.2%) contacted Anti-Violence Centres, and 4 (15.4%) reached out to law enforcement agencies. Only 5 women (19.2%) accessed Social Services or the Family Counselling Centre as a first contact, and just one woman turned to a hospital emergency department. This pattern suggests limited visibility and perceived accessibility of local psychosocial services. It may also reflect a lack of trust or fear of repercussions, such as potential loss of custody, which often discourages women subjected to intimate partner violence from engaging with institutional actors.

The majority of cases (21 of 26; 80.7%) were referred to the Family Counselling Centre by court authorities. Specifically, 14 cases (53.8%) were referred by the Ordinary Court, and 7 (26.9%) by the Juvenile Court, while only 4 cases (15.4%) involved self-referral. These figures highlight the predominant role of the judiciary in activating support pathways and raise concerns about the limited ability of services to proactively intercept risk situations.

The main judicial measures issued included:

- Mandatory submission of periodic reports by social and health services (100%)
- Implementation of supervised parent-child visits in 16 cases (61.5%)
- Assessment of parental ability in 15 cases (57.7%)
- Psycho-social monitoring of minors and temporary custody assigned to Social Services in 9 cases (34.6%)
- Determinations on custody arrangements, including both sole and joint custody (each in 15.4% of cases)
- Parenting support interventions (30.8%) and family background investigations (26.9%)

This data reflects the centrality of judicial input in the activation of child protection and family support mechanisms, underscoring the need for enhanced integration between social work services and the legal system. Furthermore, it calls for increased outreach, accessibility, and trust-building strategies to ensure that women and families in distress are able to seek help before they reach the threshold of legal intervention.

c. Interventions for Adults and Children

Among the interventions implemented for adults, those most frequently recurring were the assessment of parenting abilities (18 cases, 69.2%), followed by parenting support programs (17 cases, 65.4%) and supervised parent-child visits (11 cases, 42.3%). A notable element is interdisciplinary collaboration: 38.5% of the women (10 of 26) were also supported by an Anti-Violence Centre, and 4 cases (15.4%) involved joint work with other specialized services (e.g., Addiction Services, Mental Health Units). All cases were subject to ongoing monitoring, underscoring the pivotal role of social services in managing and containing risk in complex family situations.

Regarding minors, the most frequently applied interventions included:

- Supervised visits with one of the parents (13 cases, 50%)
- Evaluation of psycho-physical well-being through the involvement of Child and Adolescent psychiatry Services (16 cases, 61.5%)

The case records suggest that these interventions are not applied uniformly but are instead based on individualized risk assessments and a consideration of the child's emotional readiness to engage in the proposed contacts.

d. Outcomes

The analysis of case outcomes reveals a diverse and nuanced landscape:

- In 2 cases (8%), the couple reached a mutual separation agreement with joint custody.
- In 6 cases (23%), supervised visits were suspended due to improved parent-child relationships, signalling progress toward autonomy and emotional safety.
- In 6 cases (23%), sole custody was granted to one parent to ensure a more stable and protective environment.
- In 4 cases (15.4%), supervised visits were extended due to continued environmental risk, although conditions did not warrant suspension.
- In 3 cases (11.5%), supervised visits were discontinued due to the father's withdrawal, attributed to personal vulnerability, inability to sustain the process, or a return to the country of origin.
- In the remaining 4 cases (15.4%), protective measures were intensified, including out-of-home placement of the child, judicial reporting, or documentation of parental inadequacy.

Overall, in 32% of cases, the intervention resulted in a reduction of conflict and the family's transition toward autonomy. In 36% of cases, it was only possible to provide protection from conflict by establishing protective custody arrangements or suspending supervised visitations. In the remaining 32%, it was necessary to either maintain the service's involvement in the case or report it to judicial authorities. Notably, the number or type of reported violent acts did not appear to correlate with a specific outcome. These findings seem to highlight how, despite the high complexity of the cases addressed, social services demonstrated the ability to activate effective protective processes and to promote significant transformations in family dynamics.

6. Discussion

The results highlight the multifaceted and structurally gendered nature of domestic violence and high-conflict family situations encountered by social services.

Particularly notably, the data indicate that just under 10% of couples experiencing crisis and separation who seek support from public social services are involved in high-conflict situations, within which intimate partner violence emerges as a central and systemic issue. In fact, in 85% of the analysed cases, women were identified as victims within asymmetrical relational dynamics marked by power, control, and devaluation, typically enacted by male partners or ex-partners.

The frequent co-occurrence of physical and psychological violence underscores the urgent need to develop comprehensive operational practices for both risk assessment and service delivery. Such practices must be firmly grounded in intersectional and gender-informed frameworks that consider the complex interplay of social categories such as gender, class, ethnicity, and migration status. These approaches are essential not only to accurately identify patterns of coercion, control, and harm, but also to ensure that interventions are context-sensitive, equitable, and responsive to the lived experiences of those affected by gender-based violence.

Another significant concern relates to the pathways through which women access support services: only a small proportion contacted the Family Counselling Centre independently. This pattern raises critical questions about the capacity of public services to act as first-line resources and highlights the need to enhance their accessibility, visibility, and perceived trustworthiness among women experiencing violence. These services may,

in fact, be viewed as inaccessible, stigmatising, or insufficiently responsive to the complex needs of those subjected to abuse. Structural barriers to early engagement (i.e. lack of information, fear of losing custody, language obstacles, or prior negative experiences with institutions) must be addressed proactively through outreach initiatives, culturally competent practices, and trust-building strategies capable of reaching women before a crisis escalates. By doing so, public social services can play a more effective role in both early intervention and prevention.

With regard to outcomes, it is important to emphasise that the limited presence of shared parenting arrangements should not be interpreted as a relational failure, but rather as a reflection of broader issues concerning social justice and gender equity. Moreover, the diversity of case outcomes, from regained family autonomy to continued monitoring or escalated protective measures, demonstrates both the complexity of these situations and the transformative potential of social work interventions. The absence of a clear correlation between the type of violence and the intervention outcome further highlights the importance of examining contextual and relational variables, rather than relying solely on incident-based assessments.

7. Conclusion

This study reaffirms the significant presence of high-conflict relationships and domestic violence in the context of separation and divorce, underscoring the pivotal role of public services such as Family Counselling Centres. These services are essential for recognising and addressing violent situations without reproducing forms of institutional violence and in mitigating social inequalities. Strengthening the institutional recognition and visibility of Family Counselling Centres, building and reinforcing inter-service collaboration, enhancing advance professional training on gender-based violence, and developing targeted tools and practices to address intimate partner violence effectively is crucial to improving the effectiveness of their interventions.

The Family Counselling Centre appears to navigate a delicate balance between providing support and managing risk, demonstrating a clear capacity to interpret the dynamics of violence and mobilise resources. Continued investment in these services is essential to prevent adverse outcomes that significantly affect not only the lives of those directly involved, but also the wellbeing of professionals and the sustainability of the services themselves (Payne and Triplett 2009).

The study has several limitations that should be acknowledged. First, as an exploratory case study based on a single Family Counselling Centre, the finding cannot be generalised to all services or territorial contexts. Second, the retrospective nature of the data prevents direct observation of the decision-making processes and professional reasoning that guided case management. Third, the categorisation of violence types and interventions is inevitably influenced by the quality and completeness of the information recorded in the case files.

Future research should aim to expand and deepen the understanding of how public services address high-conflict separation and divorce and domestic violence. Comparative studies involving multiple Family Counselling Centres, both within and across regions, could help assess the effectiveness of different intervention models. Integrating document analysis with interviews would allow researchers to capture the perspective of both professionals and service users, enriching the understanding on how institutional responses are shaped by everyday practice.

Conflict of interest

The author declares that there are no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Funding

This research received no external funding.

Author Contributions and Use of AI:

AI tools were used solely to assist with language refinement. All intellectual content, ideas, and data interpretation are original and the sole responsibility of the author.

ORCID ID

Barbara Segatto  <https://orcid.org/0000-0002-6937-5412>

References

Abramsky, T., Watts, C. H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., Jansen, H. A., & Heise, L. (2011). What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health*, 11(109). <https://doi.org/10.1186/1471-2458-11-109>

Alhabib, S., Nur, U., & Jones, R. (2010). Domestic violence against women: Systematic review of prevalence studies. *Journal of Family Violence*, 25, 369–382. <https://doi.org/10.1007/s10896-009-9298-4>

Anderson, K. L. (2002). Perpetrator or victim? Relationships between intimate partner violence and well-being. *Journal of Marriage and Family*, 64(4), 851–863. <https://doi.org/10.1111/j.1741-3737.2002.00851.x>

Archer-Kuhn, B. (2018). Domestic violence and high conflict are not the same: A gendered analysis. *Journal of Social Welfare and Family Law*, 40(2), 216–233. <https://doi.org/10.1080/09649069.2018.1444446>

Beck, C. J. A., Anderson, E. R., O'Hara, A. K. L., & Benjamin, G. A. (2013). Patterns of intimate partner violence in a large epidemiological sample of divorcing couples. *Journal of Family Psychology*, 27(5), 743–753.

Boxall, H., Morgan, A., & Brown, R. (2015). *The prevalence of domestic violence among women during the COVID-19 pandemic*. Australian Institute of Criminology. https://www.aic.gov.au/sites/default/files/2020-07/sb28_prevalence_of_domestic_violence_among_women_during_covid-19_pandemic.pdf

CEDAW. (2017). *General Recommendation No. 35 on gender-based violence against women, updating General Recommendation No. 19*. United Nations. https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/INT_CEDAW_GEC_8267_E.pdf

CISMAI. (2009). *Linee guida per l'accoglienza e la cura dei bambini vittime di violenza assistita* [Guidelines for the reception and care of children who are victims of witnessed violence]. Dipartimento per le Politiche della Famiglia. https://www.minori.gov.it/sites/default/files/linee_di_indirizzo_maltrattamento_abuso.pdf

CISMAI. (2017). *Requisiti minimi degli interventi nei casi di violenza assistita da maltrattamento sulle madri* [Minimum requirements for interventions in cases of witnessed violence resulting from abuse of mothers]. https://cismai.it/assets/uploads/2017/05/Opuscolo_ViolenzaAssistita_Bassa.pdf

Corbetta, P. (2015). *La ricerca sociale: metodologia e tecnica di riferimento* [Social research: Methodological framework and techniques]. Bologna: Il Mulino.

Crossman, K. A., Hardesty, J. L., & Raffaelli, M. (2016). “He could scare me without laying a hand on me”: Mothers’ experiences of nonviolent coercive control during marriage and after separation. *Violence Against Women*, 22(4), 454–473. <https://doi.org/10.1177/1077801215604744>

Eurispes & Telefono Azzurro. (2002). *3° Rapporto nazionale sulla condizione dell’infanzia e dell’adolescenza* [3rd National report on the condition of childhood and adolescence]. <https://eurispes.eu/ricerca-rapporto/3-rapporto-nazionale-sulla-condizione-dellinfanzia-e-delladolescenza-2002/>

Garcia-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., & Watts, C. H. (2006). Prevalence of intimate partner violence: Findings from the WHO multi-country study on women’s health and domestic violence. *Lancet*, 368(9543), 1260–1269. [https://doi.org/10.1016/S0140-6736\(06\)69523-8](https://doi.org/10.1016/S0140-6736(06)69523-8)

Gueta, K., & Levy Ladell, L. (2024). “If he were a terrorist, you would have caught him already”: The experience of divorce denial among intimate partner violence survivors. *Violence Against Women*, 30(1), 75–100. <https://doi.org/10.1177/10778012231203003>

Istituto Superiore di Sanità (ISS). (2022). *Indagine nazionale sui consultori familiari 2018–2019: Approfondimenti a livello regionale* [National survey on family counselling centres 2018–2019: Regional-level insights]. <https://www.iss.it/documents/20126/6682486/22-16+pt+1+web.pdf>

ISTAT. (2015). *La violenza contro le donne dentro e fuori la famiglia* [Violence against women within and beyond the family]. https://www.istat.it/it/files/2015/06/Violenze_contro_le_donne.pdf

ISTAT. (2023). *Matrimoni, unioni civili, separazioni e divorzi*. https://www.istat.it/wp-content/uploads/2024/11/REPORT_MATRIMONI-UNIONI-SEPARAZIONI_dati-2023_22novembre2024.pdf

Johnson, M. P. (2006). Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence Against Women*, 12(11), 1003–1018.

Johnson, M. P. (2008). *A typology of domestic violence: Intimate terrorism, violent resistance, and situational couple violence*. Boston: Northeastern University Press.

Johnson, M. P., & Leone, J. M. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women Survey. *Journal of Family Issues*, 26(3), 322–349.

Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, 46(3), 476–499.

Payne, B. K., & Triplett, R. (2009). Assessing the domestic violence training needs of benefits workers. *Journal of Family Violence*, 24, 243–253.

Romito, P. (2008). *A deafening silence: Hidden violence against women and children*. Bristol, UK: Policy Press.

Santambrogio, J., Colmegna, F., Trotta, G., Cavalleri, P. R., & Clerici, M. (2019). Intimate partner violence and associated factors: An overview of epidemiological and

qualitative evidence in the literature. *Rivista di Psichiatria*, 54(3), 97–108.
<https://doi.org/10.1708/3181.31598>

World Health Organization (WHO). (2016). *INSPIRE: Seven strategies for ending violence against children.* <https://www.who.int/publications/i/item/inspire-seven-strategies-for-ending-violence-against-children>

Author biography

Barbara Segatto, Ph.D., is an Associate Professor in the Department of Political Science, Law, and International Studies at the University of Padova, Italy.

Received: April 22, 2025

Reviewed date: June 28, 2025

Accepted for Publication: October 14, 2025