



# “It is a matter of life or death”: Spotlighting Children in the Context of HIPD as Perceived by Frontline Practitioners

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Accepted: 12 July 2021 / Published online: 3 August 2021  
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## Abstract

It is a wide consensus that high-intensity parental disputes (HIPD) might result in negative ramifications for children. The current study wishes to advance the knowledge regarding what children undergo during the acute time of the dispute, as portrayed by experienced frontline social workers mandated by the court to intervene with parents and their children in the context of HIPD. Ninety-four social workers participated in ten focus groups and five in-depth interviews. A thorough analysis of the narratives revealed three main themes. The first relates to their tremendous fear for the children’s wellbeing, often displayed by the words “burn” and “death.” The second theme addresses the practitioners’ reflections with respect to the various experiences the children undergo during the acute time of HIPD and their risk assessments. The third theme addresses the practitioners’ struggle in identifying how to protect the children during these times. The discussion spotlights the exposure of children to HIPD as a prolonged and chronic risk, with potentially adverse emotional and physical impacts. Key conclusions address the need to advance children’s rights and the protection of children in the context of HIPD.

**Keywords** High-intensity parental dispute (HIPD) · Children · Practitioners · Risk · Trauma · Children’s rights

## Introduction

While scholars debate the rise or decline of global divorce rates, it is agreed that divorce is a highly common phenomenon in Western societies (Cohen, 2019; Manning et al., 2014; Wang, 2017). While most divorces are “good” in the sense of transitioning

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from a situation of tension and conflict to one of calm and adjustment (Ahrons, 1994), up to 25% of divorced families deteriorate into a high-intensity parental dispute (HIPD; Hald et al., 2020).

The term HIPD refers to ongoing intensive disputes between feuding parents. Such disputes tend to be ongoing and place heavy demands on the legal system as well as community resources. They are characterized by mutual mistrust, high levels of anger and hostility, verbal violence, physical threats and violence, ongoing disagreements concerning day-to-day parental functioning, overt and covert undermining, and frequent contact with the legal system (American Bar Association, 2005; Haddad et al., 2016; Lamela et al., 2016).

Children often unwillingly become the center of the legal battle between their parents (Katz et al., 2019) and might suffer dire consequences (Davidson et al., 2014; van Eldik et al., 2020). The current study was designed to spotlight the children trapped in the reality of HIPD, an acute period of their family's involvement with the welfare and often law systems, as perceived by frontline practitioners. By conducting a thorough analysis of the narratives provided by 94 experienced frontline practitioners, the current study wishes to examine the way children are perceived in the unique context of HIPD.

## Children and High-Intensity Parental Disputes

Divorce has long been viewed as a complex phenomenon. Undoubtedly a source of family stress, especially during COVID-19 times (Lebow, 2020), it could have both negative and positive economic, psychological, and relational consequences for family members (Amato, 2010; Campbell, 2016; de Vaus et al., 2017; Friedlander & Walters, 2010; Frisco et al., 2007). Children might be especially vulnerable to the effects of divorce, with previous findings pointing to several potentially moderating variables, including socio-economic status, socio-cultural context, extended family and social support, and the level of dispute between the parents (Amato & Keith, 1991; Burke et al., 2007; Friedlander & Walters, 2010; Hashemi & Homayuni, 2017).

HIPD creates a toxic environment for the family as a whole and the children in particular (for review, see Polak & Saini, 2019). Accordingly, it has been suggested that parental disputes could exacerbate some of the negative ramifications of parental separation for children leading to both short- and long-term consequences (Schaan et al., 2019; van der Wal et al., 2019). Findings have consistently indicated that children's frequent exposure to HIPD might result in behavioral and emotional problems (Davies et al., 2016). Furthermore, children's exposure to HIPD has been widely linked to long-term impacts on mental health, such as depression, anxiety, distress, suicide ideation and attempt, and addiction to drugs, alcohol, and smoking (Auersperg et al., 2019; Sands et al., 2017). Additional studies found that HIPD had a potentially direct impact on children's ability to cope with social problems, as it exposed them to dysfunctional behavioral and emotional models (Cummings & Davies, 2010; Fincham et al., 1994; Gerard et al., 2006). HIPD has been reported to challenge children's capacity to regulate during emotional situations (Katz &

Gottman, 1991), undermine their emotional security (Davies et al., 2016), and shape their cognitive responses and coping abilities (Grych & Fincham, 1990; Kerig, 2001). The more prolonged the dispute, the more pronounced the children's symptoms (Brown et al., 2000).

## The Israeli Context

In regard to the current study, it is important to understand the unique context of divorce proceedings in Israel. In Israel, family law cases are handled by civil or religious (Jewish, Christian, Druze, and Sharia) court systems, which address four matters: the divorce itself, custodianship of the children, alimony, and property division. For Jewish couples, only the religious Rabbinical court has the authority to grant a divorce (Moshe, 2013). This could further complicate the divorce process as, according to Judaism, the man has the right to grant or decline the woman's request for a divorce, whereas the woman does not have this same right. This often results in drawn-out divorce proceedings (Halperin-Kaddari et al., 2016). For other matters related to the divorce proceedings, such as custody, individuals may choose to turn to either the religious or civil family law courts (Moshe, 2013).

The main priority of the Israeli court system in divorce proceedings is to formally resolve the relationship between the parents following a divorce or separation (State Comptroller & Ombudsman of Israel, 2019). In some cases, couples reach a mutual divorce agreement, which then requires court approval. When an agreement is not reached, for example, regarding custody, they must initiate legal proceedings in family court to discuss the disputed matters. However, before beginning legal proceedings, they are required to turn to an aid unit according to the law for settling litigation in family disputes which was put in place to minimize divorce-related conflict (Hok l'hasder hitdaiuiot b'sichsuche mishpati [Family Dispute Resolution Law], 2014). The Israeli welfare system provides interventions and support to divorcing couples in three settings: aid units located near the civil and religious courts, couple and family therapy units, and family relationship centers. The units are responsible for diagnosis, evaluation, mediation, and counseling. They also offer groups for divorcing parents, usually referred by a judge, to educate parents on the needs of their children during the divorce. Although the rate of HIPD in Israel is unclear, the number of referrals to all aid units has increased fourfold between 1998 and 2012 (Moshe, 2013).

Regarding custody, the courts determine the custodial parent and the rights of the noncustodial parent based on the rights and best interests of the children (Nouman et al., 2016). The judge may also decide to involve municipal social workers who specialize in HIPD (Silman Committee, 2014) to ensure the children's rights, safety, and wellbeing are maintained. The social workers' role may include working with the parents to determine shared custody, referrals to the aid units, and child protection (e.g., appointing additional or alternative guardians). Furthermore, social workers' reports detail the family situation, their professional evaluation of the parents' functioning, and recommendations for the arrangements that are in the children's best interests (Enosh et al., 2018; Ministry of Labor, Social Welfare and

Social Services [MOLSA], 2021). This report is based on information gathered from multiple sources, such as educators and health professionals who are familiar with the family, and home visitations. Additionally, social workers are instructed to hold separate interviews with the parents and their children, with the main intention of assessment of risks to the children's wellbeing (Ministry of Labor, Social Welfare and Social Services [MOLSA], 2014). Notably, the court will often follow the social workers' recommendations (Nouman et al., 2016).

### **Practitioner Perceptions of Children in the Context of HIPD**

While it is important to learn directly from individuals exposed to HIPD about their experiences as children and the personal implications of HIPD, it is no less important to learn from the practitioners' experiences. Practitioners are on the frontline dealing with this phenomenon and play a vital role in protecting children's wellbeing (Demir-Dagdas et al., 2018). They meet the children and parents and take a dominant, active role in treating and coping with those cases, using their professional judgment and interpretation to determine the child's best interests (Nouman et al., 2016). Therefore, it is valuable to study and learn from their experience and knowledge.

Nevertheless, to the best of our knowledge, there is a lack of studies examining practitioners' experiences, knowledge, and perceptions of children's experiences in HIPD cases. Past studies of HIPD focused on the concept of parental alienation (Baker, 2007; Bow et al., 2009; Sanders et al., 2015), while more contemporary studies tended to examine professionals' perceptions of children's participation in parental mediation processes (Quigley & Cyr, 2018; Yassenik et al., 2020). In some of these studies, it was found that professionals placed a high value on children's participation in the mediation process between their highly conflictual parents, which helped them understand the children's needs and wants as well as the family dynamic. In some cases, this allowed the parents to see their children's best interests (Quigley & Cyr, 2018; Yassenik et al., 2020). Others focused on child protective service professionals' experiences and noted the lack of appropriate training and the pressure they face from parents and other professionals, such as lawyers, to take a stance regarding the parents instead of assessing the child's safety (Houston et al., 2017).

### **The Current Study**

HIPD has been found to have adverse effects on children both in childhood and adulthood. Surprisingly, however, literature with respect to frontline practitioners' experiences regarding their work with these children and the acute and prolonged exposure of the children to HIPD are scarce. Although some studies examined educators' experiences with divorced families (e.g., Levkovich & Eyal, 2020), there is a lack of studies relating to practitioners who are directly involved in the legal process. The current study was designed to examine how practitioners understand and view children's conditions in the challenging context of HIPD. More specifically,

this study aims to better understand the phenomena of HIPD and its effects on children through the exploration of the narratives of professionals who are participating observers in the family drama. The current study's research questions were as follows: (1) what does the knowledge and experience of practitioners tell us about children who are exposed to HIPD?; and (2) what can the practitioners share with us about the state of current practice regarding family assessments and interventions in this challenging context?

## Method

George Kelly's pioneer work emphasized the contribution of research rooted in empirical evidence, exploring phenomena as experienced by the groups of people being studied (Hadley, 2017). Therefore, the current qualitative study was guided by grounded theory methodology (Glaser & Strauss, 1967). Grounded theory aims to holistically understand phenomena by examining individual perceptions, worldviews, and meanings and their relationships with the broader interpersonal and social processes and environmental contexts (Charmaz & Belgrave, 2007; Corbin & Strauss, 2015). Therefore, the current study constructed a conceptual model grounded in data on the phenomenon of HIPD and its perceived impact on children, as perceived and experienced by frontline practitioners.

## Sample

The sample included 94 practitioners (two men). All of the participants were experienced social workers mandated to intervene with children and parents in the context of HIPD. These practitioners were approached by the researchers in five different municipalities in Israel. All of the included practitioners had been provided with initial training in relation to HIPD. These practitioners have central roles in both the welfare and legal processes in these cases and their assessments are central to any decision being made in these systems. The practitioners' average experience was 17 years. Most (58%) had an MA and 21% had a BA (the remainder did not report their education).

Social workers from five cities and municipalities in Israel were included, thereby reflecting families from various backgrounds. Within these cities and municipalities, all of the social workers who participated in the focus groups specialized in the area of HIPD.

## Instruments and Procedure

The study was based on focus groups and in-depth interviews. The focus group strategy was chosen due to its potential to offer multiple perspectives, reflect a variety of perceptions and narratives (Rudzik & Ball, 2015), and its ability to lead to understanding attitudes, behaviors, and context from a wide variety of worldviews (Morgan, 1993, 1997; Patton, 2002; Seal et al., 1998). The focus groups were conducted based

on a semi-structured manual that included mainly open questions. We conducted ten 90-min focus groups with 89 participants (between 8 and 10 participants in each group). The individual interviews were semi-structured and addressed the research questions. We conducted five interviews with two therapeutic social workers and three senior social work professionals. All of the focus groups and interviews were audiotaped and professionally transcribed and the authors received the transcripts without any identifying details.

## Data Analysis

Our data were thematically analyzed. Similar to the six stages presented by Braun and Clarke (2006), our thematic analysis included the following stages. First, intimate familiarization with the data, with both researchers carefully reading all transcripts. Second, by preliminary coding and its discussion by the researchers. Third, the codes were merged into preliminary themes and thematic maps were created. After agreeing on the thematic map, the themes were reviewed, defined, conceptualized, and named.

## Trustworthiness

To enhance the study's trustworthiness, during the analysis, investigator triangulation was conducted, with some materials analyzed and coded by both researchers. The entire analytical process was carefully documented and backed up by saving all interview transcripts and analytical contents in encrypted files. Finally, the researchers kept a field journal of their reflections on the interviews and focus groups (Charmaz, 2014; Lincoln & Guba, 1985). It is also important for us to stress that the study results were discussed with both welfare and legal practitioners' supervisors and fellow practitioners to obtain their thoughts and perceptions of the current study results.

## Results

A thorough thematic analysis was carried out on all of the narratives of the practitioners who participated in the current study and yielded three themes: (1) "it is a matter of life or death": practitioners' experiences of children during their prolonged exposure to HIPD; (2) "it is abuse! Isn't it?": practitioners' reflections of the risks children face during HIPD; (3) "maybe I will make it all worse for them": practitioners' struggles to intervene without inadvertently harming the children.

### **"It is a matter of life or death": Practitioners Experiences of Children During Their Prolonged Exposure to HIPD**

In their narratives, when being asked about their perceptions of the children exposed to HIPD, all of the practitioners used the words: *burn* and *death*. The

practitioners shared that, in their view, prolonged exposure to HIPD could be life-threatening for children. The following narrative illustrates a conversation that took place in one of the focus groups with respect to these words:

Practitioner 1: These children are helpless. They can do nothing to stop this fire. Their parents are burning down their lives and the children are just trying to survive the flames.

Practitioner 2: Yes, but you cannot really survive these flames without burning, so it is practically a life or death situation. But any way you look at it, it is death. It is not like a child can really survive these flames.

This dialogue illustrates the way in which practitioners perceived the outcomes of children's exposure to HIPD. The practitioners described HIPD as an all-consuming fire that will eventually destroy the children's lives. They went on to elaborate that this "fire" occurs at a time when the children need enormous resources to cope with the parental separation and to continue typical development. However, they instead need to channel their limited resources towards survival:

These children... Instead of learning how to become good at school or develop social skills... they actually cannot afford these daily normative tasks for themselves, as they are now part of the dispute and there is nothing they can do about it

As practitioners recognized children's inability to avoid becoming a part of the dispute, some described their wish for the children to act and pick one parent over the other. This was especially true in cases where the dispute was prolonged and acute, when picking a side would be a decision that could determine the course of these children's lives. The following conversation between practitioners illustrates this perception:

Practitioner 1: It is like the children need to constantly walk on eggshells so as not to harm the parents. There are expectations of them, like they cannot be happy with one parent and communicate it to the other parent without paying a price, so they learn to be careful about what they are saying and to whom.

Practitioner 2: Yes, but this is very challenging. I mean, how long can they continue to think about every word, every smile, every look? This is a horrific stress for them.

Practitioner 3: That is why, when I see this, I wish the children would pick a side. I think that this walking on eggshells will end in their death- emotional death or even actual death. So I am praying in my heart 'pick a side, pick a side.'

The practitioners elaborated in their narratives about the "picking a side" survival strategy, realizing that this is the children's only way to reduce the tremendous conflict and the impact of the dispute on their lives. The practitioners discussed that not all children are able to choose a side and those who cannot will face a mental breakdown and hospitalization:

I wish all the children would pick a side, but not all of them can do this, so the ones who can't simply die... they have an emotional breakdown- they try to kill themselves or to disappear by eating nothing but the poison they are being fueled with by their parents. ...and then we need to hospitalize these children and to see them actually dying.

This narrative captures the experience of helplessness and even loss of the practitioners who are exposed to these horrific experiences of children. They feel that there is nothing they can do to prevent this situation while watching the children trying to survive these flames.

### **“It is abuse! Isn't it?": Practitioners' Reflections of the Risks Children Face During HIPD**

In their narratives, practitioners shared the difficulties in risk assessment due to the elusive and chaotic nature of HIPD. Although exposure to parental dispute is dramatic and harmful, there are always question marks and uncertainty concerning questions such as which parent is speaking the truth and who is to blame for the whole ordeal. Cases of HIPD are often misleading, as the family profiles are different from those of welfare clients. This is a source of confusion for practitioners. The following conversation describes this fundamental uncertainty:

Practitioner 1: It is so hard to evaluate what is happening to these children because you always have question marks.

Practitioner 2: Yes, question marks about whether what the parents are telling you is true or false. ...and the children, you know, it is confusing because it is not like what we are used to from welfare children and families. ...they have big houses, money, education, nice clothes...it is all very elusive...

Another practitioner stated:

I am currently writing a risk assessment and they are eating well, wear nice and tidy clothes, etc. But I can sense that there is something completely off, just not in the way we are used to thinking about risk.

These feelings of unease led some practitioners to wonder whether exposure to HIPD constitutes abuse. Practitioners shared an aspect of child objectification on the part of some of the disputing parents. The following statements, which were recurrent within the focus groups, strongly demonstrate this:

These children are just tools in this dispute.

These children are weapons in this dispute.

The children are the most powerful weapons in the dispute between their parents.

Practitioners shared how this objectification by a parent often neglects to address the child's basic emotional and physical needs, and sometimes actively denies their fulfillment. This is seen in the following narrative:



I want to share an example that might seem simple but has bothered me a lot during the last few days... a seven-year-old girl was in a therapy process with a therapeutic practitioner who greatly helped her and the girl really loved her, but the father decided that he doesn't like the therapist and that she is actually actively working against him. He submitted a request to replace the therapist. This is not a rare occurrence, it actually happens a lot.

Another example of the effect of objectification, which was repeated throughout the narratives, was for children to behave and speak according to the parents' expectations, as a result of being trapped in the dispute and terrorized by their parents. This is illustrated in the following narrative:

You can see that the child is terrified, even paralyzed in the conversation with me, keeps looking at the parent for their approval, afraid to say something, to smile, to breathe...

Additionally, practitioners shared their concerns when accusations of maltreatment by the other parent arise. The practitioners disclosed that many times, parents who suspect the other parent of abusing the child might act in harmful, inquisitive, and even abusive ways towards the child, as expressed in the following narrative:

I cannot forget this one story of a mother who was sure that her daughters were being sexually abused by their father and how each time they returned from him she used to take their clothes off, shower them and check them physically for any signs. I kept asking myself, 'this is abuse, isn't it'?

The practitioners elaborated on the issue of maltreatment accusations in the context of HIPD to add that these parents' allegations often required them to act by making a mandatory report. Based on the practitioners' experiences, this might cause the child further harm and heartache:

This five-year-old had already gone through several forensic interviews and nothing came of it, but she kept being referred back. I truly believe that protecting her equals stopping these referrals and the escalation of all this madness.

### **"Maybe I will make it all worse for them": Practitioners' Struggle to Intervene Without Inadvertently Harming the Children**

Reflecting on the enormous challenges that they face, practitioners shared their struggles in protecting children from harm in the context of the multidimensional phenomenon of HIPD. Practitioners reported frequent conflicts between parents' and children's rights and, more often than not, children were the ones paying the price:

I feel that many times the systems are focused on the rights of the parents, much more often than those of the children. For example, the discussion of deficits in the parent-child relationship is often centered around the parent's

right to a relationship with their children. Rarely does the discussion focus on whether the child really has a right, any right, in this context.

Participants shared some ground rules that were intended to protect children's rights and avoid causing further escalation as a result of their intervention. First, it is their role to maintain the children's relationship with both parents. It is also their obligation to do so while engaging the children, instead of forcing decisions on them:

It is our basic assumption that children need both of their parents in their lives, and we will do whatever it takes to do so, but in a respectful way for the children. We will not force them.

However, according to the practitioners, this is easier said than done. Many times, practitioners lack sufficient knowledge and training to differentiate between HIPD and maltreatment. This struggle makes it difficult to determine whether a child's refusal to maintain a relationship with a parent is the result of maltreatment or HIPD:

Many times, we are required to give an evaluation, especially when there are deficits in a parent-child relationship, and then even if a forensic investigation ruled out abuse, how can I know for sure? Maybe the child was reluctant to cooperate? How can I know that I am not giving custody of the child to a perpetrator? I feel that the reality right now is that there is a clear preference for the parents' rights, beyond those of children and, therefore, I am afraid that a real evaluation of whether abuse took place is becoming peripheral in the context of HIPD.

The practitioners acknowledged this enormous challenge in their work and in the systems involved. They also shared their belief that it is essential to talk to the children in a way that will allow them to be open and active participants. However, in order to do so, practical guidelines are needed:

My vision is that we will learn how to provide these children an adequate protective platform where they can express themselves. These children yearn to be seen and heard for real, and we have to create this space for them.

## Discussion

The current study's main aim was to fill the gap in the existing literature regarding the perspectives of practitioners who work with children in the context of HIPD. Accordingly, the present study spotlights the perceptions and experiences of front-line practitioners with respect to their interventions and the children's experiences in the context of HIPD. It is important to note that, in the Israeli context, these practitioners are responsible for conducting assessments and interventions in a situation that is inherently chaotic, conflictual, and emotionally intense. Accordingly, HIPD

was depicted as prolonged torture for the children in these families. The narratives of the professionals indicated three main issues with regard to children and HIPD.

First, the practitioners' experiences depicted the harmful results of HIPD on children. They perceived it as a life-threatening and life-destroying situation. According to their narratives, HIPD places a severe risk to children's wellbeing, even without the presence of abuse. As the practitioners phrased it, HIPD is often a matter of life and death for children. The frequent use of imagery such as "burn," "fire," and "death" further highlighted the negative psychological intensity and the risk that HIPD poses to children's wellbeing. Accordingly, HIPD has been regarded by scholars as traumatic (e.g., Shumaker & Kelsey, 2020) and was found to have a traumatic impact on children, which was associated with lower post-divorce adjustment (van der Wal et al., 2019).

Practitioners in the current study also wondered whether children's prolonged exposure to HIPD itself constitutes abuse. Similarly, scholars have debated whether HIPD equates to the experience of child maltreatment (Joyce, 2016; Katz & Glucklich, 2020), as they are being objectified, often neglected, and actively used as a tool in an escalating dispute. Although these children are seemingly taken care of, their parents often deprive them of basic needs and necessary therapy, all in the name of having the upper hand in the ongoing legal battle. This highlights the importance of further research and policy development in this area.

The second conclusion that can be drawn from the current study is the practitioners' perception of HIPD as extremely difficult and challenging in implementing interventions. The main themes drawn from the practitioners' narratives were their feelings of fear and helplessness, as they are concerned for the children's wellbeing but often trapped in their attempts to protect them. Practitioners reported struggling to balance between the parents' and children's rights, as expressed in their "ground rules": maintaining the child's relationship with both parents while also ensuring their safety. These two elements cannot always go hand in hand, especially in cases of domestic violence and child abuse, when arbitrarily encouraging a relationship with both parents might endanger the child (Archer-Kuhn, 2016). Furthermore, there is a question regarding the proper ways to communicate with children and ensure that their voices are heard in this legal matter, by which they are greatly affected (Carter & Frenkel, 2020). A profound understanding of these two areas is of central importance in protecting children's rights in the context of HIPD.

Although the frontline practitioners who participated in the current study have many years of experience, they stressed that they did not receive formal training on how to handle cases of HIPD. Protecting children in this challenging context requires practitioners to have professional training specifically in HIPD and its' possible intersection with other core phenomena, such as substance abuse, mental health issues, and ideological and religious beliefs (Polak & Saini, 2019; Smyth & Moloney, 2019). This finding echoes the criticism published by Israel's Comptroller and Ombudsman (2019), which highlighted the lack of standardized policy or protocols regarding custody and alimony for social workers to follow in cases of HIPD. Such circumstances can lead to uncertainty for families regarding the social workers' recommendations to court and divorce proceedings. Therefore, proper education and training is especially important in light of previous findings highlighting that social workers' recommendations may

be shaped by social and cultural norms rather than the facts of the specific case and the child's best interests (Enosh et al., 2017).

Two further related areas should be addressed in training. The first is child maltreatment with an emphasis on the distinction between HIPD and maltreatment-related symptoms in children. A recent study (Katz & Glucklich, 2020) highlighted the enormous challenge of assessing whether a child exposed to HIPD is also suffering from maltreatment. More specifically, it could be difficult to differentiate between children who are victims of maltreatment and those who echo their parents' hostility towards one another. Unfortunately, an uninformed decision could have devastating consequences for children's wellbeing (Ezzo, 2018). This raises two important points. First, as children involved in HIPD might be exposed to domestic violence and parental self-harm (Ezzo, 2018; Katz & Glucklich, 2020), scholars have urged practitioners and lawmakers to be proactive in identifying risk factors during custody disputes (Ezzo, 2018). Additionally, it has been argued that parents who are already involved with child protection services should participate in child maltreatment prevention programs (Maguire-Jack & Negash, 2015).

Second, regardless of practitioners' struggles in evaluating children's narratives, and in accordance with the United Nations Convention on the rights of the child (1989), children should be allowed to be active participants in the decision-making processes that affect them (Gal, 2017). This necessitates four conditions from organizations: children must be given the opportunity to voice their side, be facilitated to do so, be listened to, and have their voices taken into consideration when determining their best interests (Duramy & Gal, 2020). In this regard, it can be extremely beneficial to adapt the interview environment, style, and technique to the child's cognitive and emotional developmental level (e.g., Korkman et al., 2017; Turoy-Smith et al., 2018a). This would allow for information to be gathered and to gain a more detailed and accurate assessment of their home life and the impact of the divorce on their wellbeing (Turoy-Smith et al., 2018b). In addition, it would also be empowering, as they would have the opportunity to express their views independently of their parents (Lee, 2017).

## Limitations

The present study has several limitations. First, it was based on a convenience sample, which is not representative of all relevant practitioners in Israel. Second, it focuses on the narratives of the practitioners without being informed by those of the parents and children. Future studies should also include these viewpoints. Moreover, the current study neglected the discussion of HIPD in other intersecting contexts in the families' lives, such as culture and religion. Future studies should explore this phenomenon in the various contexts in which families are living.

## Recommendations

### Policy: Children's Rights as Top Priority in the Context of HIPD

In light of the concerns expressed by social workers in the present study, the current legal proceedings and protocols may need to be re-examined, transformed, and clarified to ensure children's wellbeing. Children could be better protected through a children's rights approach to the entire divorce process, which places children's wellbeing as the top priority, well above the parents' right to a relationship (Sudland, 2019). These transformations may include encouraging children's participation in family-law decision-making processes in the context of HIPD through a set protocol that promotes the interview as a safe space for children's voices to be heard.

Additionally, the present findings highlight the urgent need for mechanisms to soften the effects of the divorce on children and maintain their rights for physical and emotional security. This could be achieved by shortening the divorce process to prevent the prolonged exposure of children to the conflict. Accordingly, a statement published by the State Comptroller and Ombudsman of Israel (2019) affirms that divorce proceedings are often unnecessarily drawn out, and couples might become trapped in the mediation process even if they wish to end the proceedings and come to an agreement.

Although it would be beneficial for parents to participate in positive parenting and conflict resolution skills workshops, there are insufficient official therapeutic services for parents and children experiencing HIPD in Israel (State Comptroller & Ombudsman of Israel, 2019). Future services should be based on recent research on the factors that maintain the conflict (Francia et al., 2019). Further inspiration could also be drawn from projects such as "No Kids in the Middle," an intervention implemented in the Netherlands with separate groups for parents and children. This project operates on several principles, including helping parents to keep their children in mind during the divorce process as well as group work with parents that includes participation and observation. Stopping or pausing legal processes is a condition for participation. This approach also incorporates unstructured interactions between the groups outside of the sessions, aimed at enhancing children's voices and resilience through creative presentations around the topic of their parents' conflict, involving informal social support sources such as grandparents. Furthermore, a space is created for open and safe dialogue between parents to reduce children's feelings of responsibility for their parents' conflict and improve the parents' empathy and understanding towards their children while addressing their relationship issues (van Lawick & Visser, 2015).

## Education

Organizations should provide interdisciplinary training for practitioners regarding HIPD and its possible crossover with child maltreatment. Specifically, practitioners should be knowledgeable of child maltreatment risk factors in the context of HIPD and be provided with protocol for such occasions. Techniques for communicating with children should also be taught, such as rapport building, using a

solution-focused perspective, asking open-ended questions, and encouraging children to express their opinions (Quigley & Cyr, 2018).

## Research

To gain a more holistic view and complement the findings of the current study, future research should explore children's perceptions regarding HIPD and its short- and long-term repercussions, as research has shown that children can provide a detailed account of their experiences during and after parental separation (Brand et al., 2017). Moreover, in line with the United Nations (1989) approach to children's participation, children's experiences concerning their involvement with authorities and family law in the context of HIPD should be explored and integrated into practice.

**Data Availability** The data that support the findings of this study are available from the corresponding author upon reasonable request.

## Declarations

**Ethics Approval** This study was approved by the ethics committees of the Hebrew University and the Ministry of Labor and Welfare.

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