On the Road to Resilience: the Help-Seeking Experiences of Irish Emigrant Survivors of Institutional Abuse

Understanding how survivors of complex trauma navigate towards resources can inform the design of interventions and health promotion strategies. However, there are little data on the resilience and help-seeking experiences of this group or others who have experienced institutional abuse in childhood. This empirical study sets out to illustrate the help-seeking experiences of Irish emigrant survivors of institutional childhood abuse (ICA). Twenty-two survivors of ICA were purposefully recruited from community organisations in the UK and data were collected via semi-structured interviews. As a result of negative initial help-seeking experiences in Ireland, most participants engaged in long periods of self-management and disclosed information about their childhood as part of a redress scheme in later life. Outside of this scheme, turning points, such as illness or family problems, and the needs of children were influential in seeking help. Peer support networks played an important role as a trusted signposting pathway towards formal interventions. Participants identified interpersonal barriers to formal help-seeking as helping professionals’ failure to share control, insensitivity to identity loss and literacy issues, and the lack of explicit boundaries. The paper concludes with a discussion about the implications for research and future practice.

KEY PRACTITIONER MESSAGES:

- Turning points, such as illness and bereavement, and the desire to provide for children, influence the help-seeking of survivors of ICA.
- Irish emigrant survivors of ICA cite failure to share control, insensitivity to identity loss, literacy issues and the lack of explicit boundaries as barriers to help-seeking.
- General awareness of ICA can help practitioners in low-threshold services prevent against culturally insensitive practice.
- Peer support networks can provide uniquely trusted signposting towards formal interventions.

KEY WORDS: institutional abuse; immigrant populations; survivor

Introduction

Resilience in the aftermath of significant adversity, such as institutional childhood abuse (ICA), stems from interactions between individuals and

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their environments, and is dependent on individual characteristics, social
determinants of health, formal interventions and social policies (Ungar, 2011). Therapeutic interventions are but one component on the road to resilience and although some survivors of childhood trauma benefit from formal interventions, such as therapy, others do not (Thomas and Hall, 2008). Although many contributors have moved away from the conceptualisation of resilience as an individual trait and towards a wider social ecological framework, the ‘capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being’ (Ungar et al., 2008, p. 168) remains an important aspect of resilience. Despite the potential benefits of formal interventions, we know little about the factors that lead individuals to seek formal help after chronic adversity such as ICA. Understanding how, why and when survivors of complex trauma navigate their way towards formal resilience-building resources, including formal interventions, can inform future engagement strategies and targeted interventions.

This paper stems from the work of Immigrant Counselling and Psychotherapy (icap), a registered charity which provides culturally competent psychotherapy predominantly for Irish people in the UK. In 2012, an independent evaluation indicated that icap’s therapy was particularly effective with hard-to-reach clients such as migrant survivors of ICA (Fonagy et al., 2012). In 2011, icap, in partnership with the London Irish Centre, was funded to deliver training to improve awareness of the needs and experiences of Irish emigrant survivors of ICA. The training targeted non-clinical frontline staff working in mainstream organisations. The lead author was the implementation lead on this project and the second author provided clinical expertise. As we will demonstrate, in developing this training we were able to draw on previous research to illustrate the potential presenting needs of this group. However, we found little data on the help-seeking experiences of individuals who suffered institutional abuse in childhood. This empirical study is a direct response to this gap in the literature. The paper begins by providing an overview of the literature on help-seeking. It moves on to outline previous research on ICA with a particular focus on the Irish context. An overview of the methods and participant profile is provided. The paper concludes by presenting the findings along with a discussion on the implications for future practice and policy.

Background Literature Review

This section provides a brief overview of the literature on help-seeking and the related experiences of former residents of industrial schools and reformatories in Ireland. On account of the lack of research on the help-seeking experiences of those who experienced ICA, the review also includes literature which relates to help-seeking in the context of childhood maltreatment in non-institutional settings.

Help-Seeking

Most definitions postulate that help-seeking occurs in response to an observed deterioration in circumstances. It is generally understood as a process with
multiple interlinking components. Cornally and McCarthy (2011) claim that it is undisputed in the literature that help-seeking behaviour is characterised by three distinct elements: problem focus, intentional action and interpersonal interaction with a third party. Every person who seeks help either formally or informally is requesting assistance with a problem that challenges personal abilities (Cornally and McCarthy, 2011). Scott and Walter (2010) and Rickwood et al. (2005) claim that problem recognition must occur for help-seeking behaviour to transpire. In reviewing the literature, Cornally and McCarthy (2011) advance that problem recognition is influenced by the presence, cause, significance, severity, consequence, duration, type and frequency of symptoms.

Burks (2001) describes intentional action as an act that must be voluntary and consciously carried out. Actively choosing and pursuing a source of help is recognised as an essential aspect for help-seeking and can be described in terms of a planned behaviour (Cornally and McCarthy, 2011). The literature indicates that intentionally deciding to seek help is dependent on motivational factors such as self-efficacy, past help-seeking experience, gender norms (Liang et al., 2005) and failed self-management (Cornally and McCarthy, 2011). Furthermore, previous research indicates that demographic characteristics, fears, sociocultural norms and values, knowledge, expectations and attitudes influence how or if people seek help after experiencing adversity (Cornally and McCarthy, 2011; Eiraldi et al., 2006).

Reasons given for non-help-seeking include symptoms being too mild, or not felt to be serious enough and the prioritisation of help-seeking for more serious conditions (Teunissen and Lagro-Janssen, 2004). Furthermore, the lack of awareness of both symptoms and treatment has been identified as a barrier to help-seeking (Smith et al., 2005; Teunissen and Lagro-Janssen, 2004). The fear of life-threatening underlying disease has been reported to be a reason to seek help or advice (Shaw et al., 2008), as has the presence of pain (Arslanian-Engoren, 2005; Shaw et al., 2008; Teunissen and Lagro-Janssen, 2004).

Institutional Abuse and Help-Seeking

To date, the literature on ICA has focused on the childhood experiences and pathology of former residents (Carr et al., 2010; Commission to Inquire into Child Abuse (CICA), 2009) and there exists limited data on the help-seeking experiences of this group. Nonetheless, studies in the field of childhood maltreatment can provide informative data. For example, when studying the help-seeking experiences of female survivors of childhood trauma, Stige et al. (2013) found that help-seeking was initiated after a prolonged period of time during which participants relied heavily on a strategy of managing on their own. High levels of distress were reported prior to help-seeking, often without help-seeking being considered as an option.

It is important to understand the ways in which ICA differs from more common forms of childhood maltreatment. In Ireland, ICA entailed profound neglect and exposure to severe risk over a prolonged period. Estimates suggest...
that approximately 105 000 children were ‘committed’ to industrial schools and reformatories in Ireland between 1868 and 1969 (Raftery and O’Sullivan, 1999). The CICA, an investigative body set-up to examine institutional abuse in Ireland, found that physical and emotional abuse and neglect were features of these institutions (CICA, 2009). The schools were run in a severe, regimented manner that imposed physical discipline on children. Sexual abuse occurred in many, particularly boys’ institutions (CICA, 2009, Volume III). In thinking about the wider context and implications of ICA, Wolfe et al. (2003) developed a framework for understanding the impact of child abuse in non-familial settings. In describing what they call the factors contributing to harm, Wolfe et al. (2003) highlight the significance of the institution and its role within society, the role of the perpetrator, the degree and nature of the child’s involvement with the institution, the degree and longevity of abuse and post-abuse events when examining the impact of ICA. For example, in terms of the status of the institution within society, it is important to recognise the Catholic Church’s immense power and influence in Irish politics and society. Its special status meant that in 20th century Ireland it was difficult to speak out about the Catholic Church and it was not uncommon for disclosures of abuse to be met with scepticism or disbelief. These factors are important when thinking about how, why or when survivors of ICA might seek help.

In terms of post-abuse experiences, Carr et al. (2010) found the prevalence of psychological conditions among a sample of Irish adult survivors of ICA (n = 247) to be over 80 per cent, with anxiety, mood and substance use disorders being the most prevalent conditions. In the same study, more than four-fifths of participants had an insecure adult attachment style, indicative of having problems making and maintaining satisfying intimate relationships, and likely to lead to difficulties in help-seeking. Furthermore, Wolfe et al. (2003) highlighted the betrayal and loss of trust in others, fear of, and disrespect for, authority, powerlessness and the avoidance of reminders of abuse as psychological processes which mediate long-term outcomes for this group.

Contributors suggest that between 37 and 50 per cent migrated to the UK after leaving care (CICA, 2009; Delaney et al., 2011). To date, no studies have examined the experiences of this group, and in terms of help-seeking the literature shows significant gaps in the data on the experiences of migrant communities (Ungar, 2011). We know that Irish migrants experience some of the highest rates of mental and physical health problems in the UK, and these issues persist into the second generation (Bhugra, 2004). Irish men are the only migrant group whose life expectancy worsens on emigration to England (Tilki et al., 2009). Although research on the help-seeking experiences of this community is very limited, we know that Irish immigrants are more likely to be offered medication and less likely to be offered talking therapies than the general population (Bhugra, 2004; Livingston et al., 2001).

In summary, the literature on help-seeking says little about how individuals, who experience multiple and continuous adversities over long periods, navigate towards and negotiate resources, such as therapeutic interventions. Furthermore, despite disclosures of abuse in virtually every type of institution
serving children and young people, we know little about how institutional abuse influences how and when survivors seek help, and their experience upon initial engagement with helping professionals. The literature also highlights the significant vulnerability and ‘seldom heard’ nature of those who experienced ICA in Ireland. These factors, along with the literacy profile of former residents, were important in considering the research methodology for this study.

Methods

Bearing in mind the abuse experienced by this group at the hands of institutions, an important consideration for the research team was how our own institutions could engage in a way that was sensitive and meaningful for participants. We found participatory action research (PAR) a good fit for this purpose. This approach encourages oppressed or marginalised groups to collectively consider the issues and conditions that affect their health and wellbeing and it can allow for multiple perspectives (Powers and Tiffany, 2006). At the outset of the current project, two survivors of ICA, employed in helping professions, were recruited to be involved in an advisory capacity.

Participants were recruited purposefully from three Irish-specific agencies in London with dedicated services for emigrant survivors of ICA. The research was open to all former residents of industrial schools or reformatories, and no applicant was excluded. All participants provided informed consent and the research was conducted in accordance with the six key principles of the European Economic and Social Research Council Framework for Research Ethics (2010). Ethical clearance was obtained from the Welfare Committee of the London Irish Centre. Interviews were conducted confidentially, and participants were guaranteed anonymity, subject to legal limitations. In keeping with other studies in this field (such as Carr et al., 2010), all participants were furnished with details of local counselling services and offered a wellbeing telephone call the following week to check if they had been affected by the interview process. A central ethical question was how to ensure that participants were not harmed by engaging in the study, for example, by reliving former traumas. We decided not to include any questions relating to historical abuse and devised a statement that was to be used to ensure that boundaries could be maintain in this respect.

In total, 22 participants took part in the study. As a result of engagement with the aforementioned services, all participants self-identified as having experienced abuse and/or neglect in industrial schools or reformatories in Ireland. Participants ranged from 53 to 67 years of age. All participants were born in Ireland and migrated to the UK in their late teens or early twenties. Only two males took part in the study. The data were analysed thematically allowing key themes to emerge. Braun and Clarke’s (2006) step-by-step guide to thematic analysis informed this process.

Findings

This section describes the main themes that emerged from the interviews. The findings are framed using Cornally and McCarthy’s (2011) help-seeking
framework: problem focus, intentional action and interpersonal interaction. The section concludes by outlining negative interpersonal interactions with a helping professional with a view to delineating potential barriers to help-seeking.

**Problem Recognition**

One of the most common themes across the data was reliance on self-management. Fourteen participants disclosed information which indicated the presence of pathology, such as depressive symptoms, nightmares, difficulties sleeping and flashbacks. However, of the total sample, 21 participants described engaging in self-management strategies to deal with these difficulties. Only five participants were currently engaged in any form of therapeutic intervention, although a further nine talked of a desire to seek counselling in the future. Two participants reflected on how strategies employed in their childhood, such as emotional adaptation, had influenced their behaviour and approach to disclosing difficulties in later life.

‘We would always say amongst ourselves, don’t let them see you upset. Don’t let your emotions go. It’s the skill that we used at such a young age… I am not going to let them see that this has affected me.’ (Female survivor of ICA)

In 2002, the Irish government established the Residential Institutions Redress Board (RIRB) to make fair and reasonable awards to persons who, as children, were abused while resident in industrial schools, reformatories and other institutions. For all of those involved in the current study (n = 22), the process of applying to this board was the first time that they disclosed the full details of their abusive childhood to a helping professional. So rather than seeking help as a result of a deterioration in circumstances, the problem focus was initiated by an external body which motivated disclosures. A desire to help children and other family members financially was a common motivation for engaging with the RIRB.

All of those who reflected on the experience of giving evidence to the RIRB (n = 12) described it as a distressing experience. As Arnesman and O’Riordan (2007, p. 25) explain ‘the experience of telling your story for the first time to a panel of strangers with whom you had built up no rapport, and who were only interested in the facts of your case, was a terrible ordeal’. In the current study, five participants disclosed apprehension about future help-seeking stemming from negative experiences of the RIRB.

As a result of this experience, many survivors have now disclosed details of their childhood to professionals, such as psychologists and solicitors. However, most did so initially as part of claiming financial redress or from a desire ‘to tell their story’ rather than to intentionally seek help for current problems. Five participants explained how disclosures beyond the RIRB came about as a result of other life events. Frequently, these turning points in their help-seeking trajectories were a result of family and relationship issues.

‘When my son died, was that time… I couldn’t think logically like that. Then that was my turning point I think because then I had to do something because I would have gone completely mad… What I needed at the time was somebody to talk to and eventually I got counselling.’ (Female survivors of ICA)
Most participants detailed a range of self-management techniques that delayed or prevented formal help-seeking. Twelve participants described how they explicitly prioritised the needs of their family and especially their children. Six participants reflected on undeveloped parenting skills and how they felt indebted to their children. In considering compensation and resources available from the Irish government as a result of ICA, participants expressed a desire to provide for the needs of the children rather than themselves.

‘I’ve reached the age where I am mature enough to say these things shouldn’t matter anymore. It’s about bigger issues now like your family.’ (Female survivor of ICA)

**Intentional Action**

For some, help-seeking is the first response after experiencing distress or difficulty (Burks, 2001). We now know that many children who were resident in industrial schools and reformatories in Ireland sought help from school authorities, parents and others in their community. This help-seeking was frequently ignored or suppressed by religious or educational authorities. Children were regularly warned, by religious staff, not to seek help and those who did were often subjected to physical abuse if discovered (CICA, 2009). Participants found disbelief, denial, shock and antagonism to be common responses to help-seeking when in Ireland. One participant explained what he saw as a typical reaction to disclosures of maltreatment in Irish institutions.

‘I think that’s a reflection of our society. It was hidden. ‘It couldn’t possibly happen. Those nuns were so good to their boys’… they were so good to those boys… because those boys never told anybody anything because if they did the life was beaten out of them. That reaction is probably fairly typical of our society.’ (Male survivor of ICA)

Of the total sample, 19 respondents explained that outside of the RIRB, and specialist services, they had not disclosed details of ICA. Only three participants had made disclosures to non-specialist services. Unlike survivors of ICA who remained in Ireland, participants in the current study were able to conceal details of their abusive childhood by virtue of living in a foreign place where they were not asked specific questions about their family or schooling. Although not an area of investigation with all participants, three respondents did point to a sense of freedom upon arriving in the UK, which contrasts sharply with the experiences of those who remain in Ireland. Out of the 22 participants, six participants explained that they had not told their partner or family the full details of their childhood.

“He (husband) wouldn’t understand any of this and actually I suppose had he known all the details in my background, we would never have married.’ (Female survivor of ICA)

A common theme in the data on pursuing help was the role of user-led support services, peer support or survivor-led support groups. Participants commented on the unique nature of the support provided by these groups. For most, they allowed a level of disclosure that they would not consider with even the most trusted professionals. For others, it allowed issues specific to...
former residents, such as what particular counselling services entailed, to be considered from a common perspective.

‘Also they can ask about counselling, what do you think? If the other person thinks that they benefited from it, it will encourage them. So coming from another person within that group who went through a similar experience, they’d be more likely to take it up from them’ (Female survivor of ICA)

Interpersonal Interaction with a Third Party

Despite high-profile reports, there remains much public misunderstanding of the realities of daily life in industrial schools and reformatories in Ireland. Writing about institutional abuse in Canada, Wolfe (2001, p. 19) points out:

‘Much of the general public’s current understanding of child abuse that occurs in institutions and organizations is derived from high profile media reports of investigations, arrests, and court outcomes. An unfortunate consequence is that the public often is presented with a biased or incomplete picture of the circumstances surrounding institutional abuse.’

In keeping with previous research (Higgins, 2010), those involved in the current study felt that helping professionals, and the general public, do not understand the horrific realities of institutional abuse. One participant suggested that helping professionals are often aware of the occurrence of sexual abuse in the boys’ institutions, but less conscious of the experiences of verbal assaults, physical beatings and profound personal and emotional neglect. Eight participants provided examples of help-seeking experiences where the practitioner showed a lack of awareness of ICA.

‘And I don’t think, even my own GP, I mean I had to talk to my GP when I was going to the redress thing because of the psychiatric report and I don’t think they had a clue. I mean I don’t think they have the foggiest what I was talking about’ (Female survivor of ICA)

Participants explained that disclosures were frequently met with ill-formed opinion or shock about their childhood. For many, this type of reaction was a significant barrier to future help-seeking. The next section outlines some practitioner reactions and practices which survivors saw as barriers to help-seeking.

Interpersonal Barriers to Help-Seeking

The Failure to Share Control

As with other forms of abuse, a central aspect of institutional abuse is the loss of control and the powerlessness that survivors felt. Participants in the current study highlighted the importance of sharing control in interpersonal interactions with helping professionals. Some gave examples of practitioners taking a problem-solving approach very early into the relationship. One participant explained how a social worker began to explain how to apply for a particular grant and complete paperwork interrupting an important disclosure in the process. Many others described an aversion to authoritarian or highly bureaucratic interactions with helping professionals. Such exchanges drew parallels to experiences with religious authorities in their childhood.
‘The bureaucracy and the authority – I can’t stand it. As children, it was just beaten into us. The first thing you thought of, when I get out of here is - nobody will ever do that to me again. Nobody is going to tell me what to do.’ (Female survivor of ICA)

Insensitivity to Identity Loss
Record keeping in industrial schools and reformatories in Ireland was virtually non-existent (CICA, 2009). In the current study, three participants were still searching for family and personal records. For some, this search was the reason, outside of the RIRB, that they had engaged with services.

Four participants in the current study spoke about how distressing it was to have to explain their lack of knowledge of family background and/or records to helping professionals. Two participants gave examples of helping professionals asking for information about family health history. Participants understood the need to ask such questions but also explained how distressing it was when workers continued to ask such questions after receiving an initial negative response.

‘If it’s an advice worker or a doctor’s surgery or a hospital – I’ve been bombarded for years - was this in my family… I cannot personally give my family’s medical history. When you can’t give that and somebody keeps asking you for it…” (Female survivor of ICA)

Educational Disadvantage and Help-Seeking
The evidence shows that the experience of ICA left many survivors with poor literacy and numeracy skills (CICA, 2009). Although participants in the present study emphasised the heterogeneous nature of survivors in terms of achievement, they also stressed how important it is that practitioners understand the vulnerabilities and underdeveloped skills of some survivors of ICA, such as poor literacy, numeracy and communication skills and how these can affect tasks such as form filling and appointment making. Five participants highlighted difficulties in sourcing services via the internet and how unassisted form-filling often resulted in negative help-seeking and disengagement.

The Lack of Explicit Boundaries
Out of the total sample, eight participants highlighted the importance of confidentiality and how disclosure of even the most basic information could have an enormous impact on the survivor’s life. Three participants gave examples of receiving letters or voice messages which included words such as ‘survivor’ and ‘institutional abuse’. In each case, the participant had not disclosed the full details of their childhood to their friends and family and disclosure could have been enormously impactful.

Limitations
As participants were recruited from service providers, it is likely that survivors of ICA who have yet to seek help are not included in this study. Furthermore, as is often the case in studies involving survivors of childhood maltreatment, males were significantly under-represented (n = 2). More generally, as a result of the semi-structured nature of the qualitative interviews, the themes that emerged were not examined across the whole sample. This along with the small sample means that the data are illustrative rather than generalisable. Finally, the
insider status of the authors, who worked at senior management level within two of the recruiting organisations, whilst a benefit in terms of access, cultural awareness and building rapport, is recognised as a potential limitation.

Discussion

Future Practice

Ungar (2011) has argued that the discourse on resilience is now positioned as one of process and resource provision. Although the field has shifted away from early notions which centred on individual personality traits, personal factors such as expectations, competencies and accumulated histories still play an important role in determining how people access resources in the aftermath of adversity. In the current study, historic negative help-seeking experiences in Ireland resulted in a reliance on self-management strategies and low take-up of formal interventions and it is important that those providing interventions to this group are aware of these histories. Furthermore, participants described atypical resilience strategies which had their (originally adaptive) roots in surviving institutional care. In order to understand the resilience of survivors of ICA, those involved in formal interventions should draw on the literature (such as Carr et al., 2010; CICA, 2009; Raftery and O’Sullivan, 1999) to understand the survival strategies used in industrial schools and how these might relate to current coping mechanisms.

Initial engagement with survivors needs to be a sensitive and tactful process geared to the needs of the individual. Staff need to be trained to be sensitive to issues of sharing control, identity loss, educational disadvantage and the features of survivors’ help-seeking discussed in this paper. Providers need to be clear and open about policy and procedures and find ways of appropriately involving survivors in service design. We have found PAR to be particularly well received and recommend it as a methodology when working with this group. Many participants reflected positively on the action-orientated nature of the research and appeared to be put at ease by the involvement of their peers.

Similarly, participants told us that one trusted route towards resilience-potentiating resources was via peer-to-peer networks. These networks not only provide informal support, but also encourage participants to take up other services, such as psychotherapy and counselling. Very few studies have examined the role of peer support networks in the help-seeking process and traditionally we have understood such networks to be solely help providers in their own right. This study indicates that peer support networks can help inform decisions about navigating and negotiating therapeutic services, suggesting that such networks are important partners in health promotion efforts for those who provide targeted therapeutic interventions for survivors of childhood maltreatment.

One aspect of ICAP’s efficacy with those who do take up therapeutic services is the experience of the agency as not institutional but ‘homely’ (Thornton and Corbett, 2014, p. 300) – a good home. It can be observed too in other agencies that work effectively with survivors, such as the Aislinn Educational Centre in Dublin. One crucial aspect of the good ‘home’ is that it is populated with positive attachment figures (Thornton and Corbett, 2014). For those whose childhood has been populated with abusive authority figures, this offers possibilities, but also raises anxiety. The tact and sensitivity needed to enable survivors to feel
at home in a service includes the avoidance of obvious formal ‘institutional’
behaviour or furniture, or clothing reminiscent of clerics. Additionally, non-
authoritarian interpersonal relationships, so often missing in the childhood of
survivors of ICA, is vital in fostering this environment.

The low number of male participants in this study (n = 2) is reflective of the
challenges that service providers face in engaging with males who experienced
ICA. A comprehensive review of the literature on men’s distress shows that the
dominant narrative in the literature is that men are reluctant to seek help and
that an institutional narrative related to silence around men’s distress assumes
that men do not require more support (Ridge et al., 2010). We stress that this is
not the case for male survivors of ICA. Research has evidenced that males
experienced more sexual abuse and physical abuse in institutional care and
significantly higher rates of a lifetime diagnosis of alcohol dependence
(Carr et al., 2010). Considering the vulnerability of male survivors of ICA,
those designing interventions should consider innovative methods of reaching
out to male survivors. Icap is particularly successful in engaging male
survivors of ICA in therapeutic interventions and we suggest that cultural
competency plays a significant role here, as clinical and non-clinical staff are
able to tap into informal networks to promote these interventions.

Public Policy

The majority of participants in the study sought help as a result of a systematic
initiative by the Irish government; the RIRB. Although the RIRB resulted in
over 15 000 individuals seeking help specific to ICA, participants in this study
described several negative outcomes, such as an aversion towards future help-
seeking. Sadly, the evidence from this study indicates that the Redress Board
painfully recapitulated failed help-seeking attempts as children. While
unsurprising from an analytic perspective, this was scarcely the effect intended
and indicates the need for more careful crafting of this kind of process, ensuring
that appropriate safeguarding and support are in place and available to all.

In their work on the social ecology of resilience, Panter-Brick and Eggerman
(2012) highlighted the role of tipping or turning points. Most participants in
this study sought help as a result of a systematic government intervention.
However, participants also described seeking help as a result of a particular
event or problem, such as bereavement or illness. Most described the
importance of help-seeking on behalf of their children. Some contributors have
argued that relationship-based interventions can be the most promising turning
points to strengthen protective factors, tipping individual trajectories towards
better outcomes (Luthar and Brown, 2007). Participants in this study pointed
to the importance of ‘making up for lost time’ by providing for their children,
highlighting the need for policy which considers the broader family
circumstances of former residents of industrial schools and reformatories.

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