



## **National Survey of Elder Abuse, 2010**

### **Interviewer Instructions Manual**

Acknowledgements: This manual was adapted from previous a previous manual developed by Dr Dorothy Watson and her research team from the Economic and Social Research Institute (ESRI) Dublin



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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## ***Background to Study***

This study, *the National Prevalence Survey of Elder Abuse* is being undertaken by the National Centre for the Protection of Older People, University College Dublin on behalf of the Health Service Executive. In Ireland there is only indirect data on Elder Abuse from official statistic such as the Gardai crime statistics or the HSE Senior Case Worker on Elder Abuse database. In 2008 1670 cases were referred to Senior Case Workers, a prevalence of 0.3%. Such data is know to be unreliable and underestimates prevalence, also there is no specific register for Elder Abuse and the data is combined with other crime statistics. A number of countries have conducted national or local area prevalence studies in order to estimate the extent of the problem and to better understand the phenomenon of Elder Abuse within each society's social context. Among the most recent prevalence studies are those from the UK and Spain. In the UK it was estimated that nearly 3% -4%of older adults experience abuse. In contrast prevalence in Spain was estimated at 0.8% for intimate family abuse, but the incidence increased with the degree of elder dependence.

The primary risk factors for abuse are living with relatives and or a high degree of dependency or dementia. The very rapid change in the economic circumstances and family structures over the last 10 years makes it all the more important to monitor and evaluate the incidence of Elder Abuse in family settings and intimate relationships along with appropriate policy responses to address this problem.

## **Key Facts About the National Study of Elder Abuse 2010**

### **(1) The National Centre for the Protection of Older People (NCPOP) : who are they?**

The National Centre for the Protection of Older People was established in 2009 and is funded by the Health Service Executive (HSE). The Centre consists of a collaborative research team from the UCD School of Nursing, Midwifery and Health Systems and other schools within UCD. The aim of the Centre is to undertake a programme of research into elder abuse, this information will be used to inform policy and strategies to protect older people

### **(2) What is the purpose of the National Study on Elder Abuse?**

The purpose of the study is to examine a range of issues surrounding Elder Abuse in Ireland today. These include:

- the extent, nature and impact of Elder abuse against women and men in Irish society including reported and unreported incidents;
- the level of awareness of the services available to women and men who are or have been the victims of elder abuse.

In carrying out a survey like this the NCPOP does not make policy. It lays the groundwork, however, so that others can formulate policies to help victims of elder abuse and neglect

### **(4) Who will be contacted for this National Study?**

We wish to complete a questionnaire with a sample of *2,000 women and men, aged 65 years and over living in private households (institutions such as nursing homes are excluded)*.

Data will be collected using face to face interviews with people in their own home. It is essential that we interview both people who have been subject to elder abuse, and those who have not. To identify risk factors for abuse and the circumstances in which abuse occurs.

The sample will be representative of all persons aged 65 years and over living in private households in Ireland today: men/women; old/older; rich/poor; well educated/poorly educated; all parts of the country.

The people interviewed will be anonymous, you will not record their name or address

### **(5) How are household identified**

A multistage random-route sampling strategy will be used to obtain a random sample of participants representative of the national older population. This will entail identifying a random sample of 150 District Electoral Divisions (DED) as the primary sampling units, these PSUs will be ranked by socio-demographic indicators from the census data to ensure that a representative cross section of areas are selected. Within each DED the interviewer will follow a random-route methodology to obtain a sample of participants. The interviewer will be supplied with a starting address within the DED and a strict procedure of a route to follow – for example, stand with back to house, proceed to the 5th house on the left and interview and so on, this ensures that a random sample is attained. Each interviewer will achieve 14 completed interviews in each sampling point. Once an eligible household is identified the interviewer will ask to speak to a person aged 65 years or older. If there are two or more older people in the household then the interviewer prioritises to achieve the quota for males/females, or older old ( $\geq 80$  years) to be achieved.

### **(6) When will the fieldwork take place?**

The pilot study will take place in January, 2010 with the main fieldwork starting in March, 2010 and going on to the end of May 2010.

### **(7) How will the Confidentiality of the Study Participants be Guaranteed?**

The survey is being conducted by way of face to face interviews in the person's home. Household are selected using a random route finding methodology, you will not know the name of the person(s) living in the house. To maintain this anonymity you will not ask the persons name or record their address, however in some circumstances you may need to ask the persons their **first** name only (in the event of arranging a call back or follow-up by social/police services).

### **(7) How was my household selected**

You will explain to a potential participant that their household was selected at random, i.e. that you are calling at every n<sup>th</sup> house in the area. You do not know the names of anybody in the area and you do not have a list of address.

### **(8) How Can I seek verification of the study?**

One of the drawbacks of the sampling technique used in this study is that participants will not receive pre-notification of the interview. This may lead to suspicion on behalf of the older person as to the veracity of the interviewer. Participants will therefore be offered the opportunity to verify the legitimacy of the study in a number of ways:

Study verification protocol

1. Interviewers will carry name badges and a letter from UCD which will contain broad details of the study.
2. Provided with a free phone number provided by Amarach.
3. Provided with the landline number of both UCD and the National Centre for the Protection of Older People (NCPOP), direct line (01) 716 6467 and asking for Catherine Tormey, Dr Attrata Lafferty or Dr Corina Naughton.

#### **If additional reassurance is required:**

4. The participant will be asked to nominate a local Garda Station, a member of the research team will ring the station and fax an information sheet outlining the study. The participant can contact the garda station to verify the study.
5. All garda stations in the area where data collection is taking place will be alerted to the study prior to data collection, ideally each researcher will know the name of a dedicated officer in the local station to act as a link to ensure effective communication during the data collection period.
6. Participants will be given the telephone number of the research unit once the interview is finished. This is in the event that the person or a member of their family becomes worried about any aspect of the study at a later date and would like further information.
7. Participants will be provided with an information leaflet outlining the study, the role of UCD and who to contact if they have any queries or concerns.

**(9) When can a person expect to receive a visit from an interviewer to participate in the National Study?**

The NCPOP propose to conduct interviews Monday-Saturday from 10am a.m. to 16:00 p.m (during hours of day light only). Interviewers will not call to households after dusk unless this has previously been arranged with the household. This is to prevent frightening or alarming an older person by a stranger calling to their door at night. Every effort will be made to facilitate a respondent by arranging the interview at a time and on a day suitable to them if for any reason it is not convenient to conduct the interview when initial contact is made or if the interview (once started) has to be terminated at short notice. The pilot phase of the study will take place during February 2010. The full fieldwork period will start in March and finish by May 2010.

**(10) Key Personnel working on the National Study.**

The principal UCD researchers on the project will be Professor Pearl Treacy, Dr Corina Naughton, Dr Jonathan Drennan, and Dr Attracta Lafferty, Catherine Tormey is the NCPOP administration assistant .

**(11) When will the results of the National Study be published?**

Once the interviewing has been completed the analysis and write-up of the report will be undertaken by the NCPOP with the assistance of an Advisory Group of experts in the field of elder abuse. Publication of the findings by NCPOP is expected at the End of 2010.

**(12) Why do you need to know how many males and females over 65 years or over 80 years are in the household?**

When a eligible household (person age 65 years or older) is identified we need to interview one adult in that household. We ask how many males and females aged 65-69, 70-79 or 80 years are in the household to help us identify an adult in the household to interview. This is done to make sure we get the right number of interviews with both men and women and in the different age categories.

### ***Elder Abuse Definitions***

Elder abuse includes financial, physical, sexual and psychological abuse or neglect of a person aged 65 years or older. The abuser can be either male or female, a partner, a family member or a person in a position of trust such as a health care worker, or someone the older person encounters on a regular or fairly regular basis. The abuser may or may not live with the older person.

**A Private Household** is an individual or group of people responsible for their own housekeeping. It could be someone living alone or a group of people who live together and share a budget for things like rent, mortgage, heating, electricity, telephone and so on. It could be a family household or a household made up of a group of unrelated people sharing a flat or house.

This is in contrast to an **institution**, such as a hospital, nursing home, prison, boarding school and so on where the residents are not responsible for their own housekeeping. Institutions are not included in the present survey.

If the interviewer contacts an institution in the course of study, s/he should simply say that we are seeking to interview only in private households and not proceed with the call. In cases like these, there is no need to explain in detail the nature of the study being conducted.

## ***Interviewer Role and Responsibilities***

**Confidentiality:** It is very important that the respondent trusts you to treat what is said in confidence. It must be made clear that you do not know the participants name and that all of the information will be anonymous once the interview has finished. Be sure to point this out in the introduction and also at any other point in the questionnaire where you feel the respondent may be worried about answering a particular question.

It is best to try to avoid getting the respondent's full name, and certainly not his/her surname and address. However, sometimes you will need to know whom to ask for when you call back. Let's say you have made contact with a household which contains a man age 80 years (one of the 'hard to reach' group), and you would like to interview him. He is not available at the moment, so you need to call back when he is in. You could say something like the following "In order to protect the confidentiality of people we interview, I would prefer not to know the name of the [for example, man age 80] that I will be interviewing. But perhaps you could tell me whom I should ask for when I call back? Maybe you could give me just a first name."

Another aspect of confidentiality is to avoid talking about the survey or the content of specific interviews you have conducted except with your study supervisor. This would raise questions in the minds of people who hear you about how confidential the information really is.

**Be clear that participation is voluntary:** We do this at the beginning by asking for the person's help with the survey. If asked, make it clear that the respondent can end the interview at any time, and that they do not have to answer particular questions if they would prefer not to.

1. A member of the UCD research team will be contactable by mobile phone during the times interviews are being conducted to offer advice to the interviewers
2. As part of the overall project safety interviewers will be required to maintain a log of all interviews conducted (see pg 14)

**Do not question or contradict respondent's psychological defences:** People who have been through an abusive experience often cope with it by minimising its importance (Saying 'it was not that bad' or 'It only happened once' or 'At least I never ended up in hospital'). It is important that we do not question or seem to criticise them for doing this.

**Referral:** Referral means giving the respondent the number or name and address of an agency where they can get more information or help. Be prepared to take some time at the end of the interview to pass on this information to the respondent. Use your judgement in giving these numbers to respondents. If someone clearly does not want help, be careful not to seem to force them to seek help.

**Make sure person has enough time:** By the time you get to the questions on physical or psychological abuse, it will be clear whether this interview will take longer than the usual 20-25 minutes. See the section on Suggested Bridging Statements.

**Debriefing:** this is simply making sure that the respondent is alright at the end of the interview. Try to make sure that the respondent is not distressed when you leave them, especially if they have become upset during the course of the interview. This can be done by getting him/her to focus on what practical things s/he can do now to take care of himself/herself ... call a friend, watch TV, read, go for a walk, have some tea etc.

### ***Participant Abuse Disclosure***

If a respondent discloses abuse provide them with the telephone number for the Elder Abuse Senior Case Worker in their area (see list pg 27)

Suggest that they should talk to someone they trust about it such as their GP, friend family, public health nurse

Provide all participants with the information sheet which contains the following telephone numbers:

**Senior Helpline 1850 440 444.** (10:00-4:pm, 7pm-10pm seven days a week)

**HSE Information Line 1850 24 1850.**(8 am-8pm Monday to Saturday)

**Action on Elder Abuse Helpline 1800 940 010** (9am-5pm Mon-Friday)

### ***Participant Safety Protocol***

In a survey dealing with a sensitive topic such as elder abuse it is particularly important to be aware of the respondent's safety. It is possible that some incidence of elder abuse may be ongoing at the time of the interview. Interviewers will be cognisant of this possibility at all times. The following safety strategies will be adhered to:

1. Only one participant per household will be informed of the exact nature of the study
2. Participants will be asked to conduct the interview in a private room where there they cannot be overheard
3. Participants will be informed they can terminate the interview at any time, especially if they feel uncomfortable that they may be overheard
4. Interviews will be scheduled at a time convenient and safe for the participant
5. Participant will be given the appropriate information on where help can be obtained.
6. In the event the interviewer has safety concerns for the participant they will obtain permission to ring back to ensure the participant is safe (the interviewer will record the persons first name and telephone number only)
7. In the event of extreme concerns for a participant's safety the interviewer will ask permission to contact services such as the HSE Senior Case Worker in the area or the local Garda station) on the participants behalf
8. The interviewer will contact the study supervisor immediately if they have concerns for a participants safety
9. If the interviewer feels threatened, is ordered to leave the house by another person the interviewer will
  - a. Withdraw from the house and immediate surrounds
  - b. Contact field supervisor or if unavailable NCPOP
  - c. If they perceive the older person is in immediate danger the interviewer will contact the local Garda Station

### ***Participant Distress Protocol***

Every effort will be made to reduce the stress this study may cause participants. In the event of a participant becoming distressed the interviewer will follow a set protocol.

1. You will have an empathetic approach, It is important that you remain courteous at all times, but remember you cannot take on a counselling or advisory role
2. Stop the interview allow the person to talk about their experience without recording information, however it is important to stress that the interviewer will not take on a counselling role
3. The interviewer will encourage the person to use their normal support structures such as family, friends, GP etc.
4. If a person has experienced abuse they will be provided with the contact details of the HSE Senior Case Worker for elder abuse in their area. In the event of sexual abuse they will also be provided with the details of the nearest sexual abuse service in their area (list generated through the Network of Rape Crisis Centres),
5. All participants will be provided with the information leaflet containing the Senior Help Line free phone number etc.
6. Prior to starting the study the Elder Abuse Senior Case workers will be informed about the study and start date and when possible priority appointments will be given to participants

### ***Participant with Cognitive Impairment***

1. The vast majority of older people you interview will be able to answer the questions asked and complete the interview. However a small number may have some degree of cognitive impairment and may have difficulty focusing on the questions asked, become confused or are not able to recall events.
2. We are not asking you to carry out a formal test of cognitive ability. You will use your own judgment if you feel the person is not able to understand the questions, is giving inconsistent answers or appears confused or muddled then discontinue the interview but leave the information sheet with the person. It is likely they will relay some of the encounter to a family member who will want information about the survey.

### ***Interviewer Safety***

Employee Safety and Welfare

Amarach will retain overall responsibility for the safety and welfare of their employees.

Because of the sensitive nature of this project the UCD research team has discussed with Amarach the necessity of additional supports which Amarach have agreed to put in place these include:

- Field interviewers will maintain logs following each interview, these will be returned to Amarach each week for review and discussion at the weekly UCD/Amarach team meeting

- Direct verbal contact (minimum once a week) between the Amarach field supervisor and the interviewers
- The Amarach field Supervisor or project leader will alert the UCD lead researcher if the safety protocol is activated
- All interviewers will be debriefed following any incidents which they report as causing distress or activation of the safety protocol, interviewers will be offered the opportunity to avail of counselling at this time. It is the responsibility of Amarach to provide this service
- Interviewers who find the experience too distressing will be allowed to leave the project without any repercussions from their employer
- In the event that any interviewer is identified as 'unsuitable' either from a complaint received from a member of the public or through performance monitoring then the standard Amarach staff appraisal pathway will be activated and an appropriate action plan in will be put in place to include additional training or if unresolved removal from the project. Amarach will retain responsibility for this process but the UCD research team will be consulted on the formulation of the action plan or removal from the project.

***Debriefing for Interviewers:*** Be sure to talk to your supervisor or the project leaders about how you are getting on generally, and especially if you have had a difficult interview or encounter. If required, counselling sessions can be arranged or face to face debriefing.

## **Random Route Urban Area**

Households are identified using a random route methodology. It is essential that you adhere to the following rules otherwise we cannot claim the sample was selected randomly and it may not be representative of the target population

1) Within each DED you are given a starting address on road 1, you call at this house and ask to speak to somebody aged 65 years or older,

*If you **complete an interview** or there is **no response** from the house, you make a note of the address and call back up to five times*

2) To locate the next house you call at, stand with your back to their front door, turn to your left and count five doors along, you call at this **fifth** house on road 1

3) Proceed in this manner, calling at every fifth house till you reach the end of the road provided you get completed interviews or non-responses.

4) At the end of road 1 turn **Left** on to road 2, count five houses from the last house you called at on road 1, continue calling to every fifth house on road 2 till the end of the road.

5) At the end of road 2 turn **Right** on to road 3 (count five houses from the last house you called at on road 2), continue calling at every fifth house on road 3 till the end of the road.

6) 5) At the end of road 3 turn **Left** on to road 4 (count five houses from the last house you called to on road 3, continue calling to every fifth house on road 4 till the end of the road.

You alternate right and left turns at the end of each road but keeping within the DED

**If household ineligible** due to age <65 years or **household refuses/vacant derelict**

7) To locate the next house, stand with your back to their front door, turn to your left and go to next house, if you again meet with an ineligible household or a refusal continue next door to the left till you get an interview or a non-response

8) Once you obtain an interview or non-response you revert to the fifth house on the left rule (steps 2-6)

You continue until you have obtained 14 interviews with people in the relevant age categories. You are allowed to call to 50 households within your assigned DED.

It is important to record the address and outcome from **each** house (includes refusals, ineligible, vacant/derelict, non-responses and completed interviews) you call at on the response sheet

*Apartment bloc*

**Look-Up Chart for apartment/flats where apartment/flat number not given an assignment sheet.**

(For more than one Dwelling Units at one issued address. Look up the total number of residential addresses in the first column. The second column

shows the target apartment of flat. If apartments are not numbered, and there are doorbells, count the bells from top left to bottom right. If apartments are not numbered and there are no separate doorbells, count the apartments from top left to bottom right as you face the main door of the building from the street.)

Number of Households at address	Select Number
1	1
2	1
3	3
4	4
5	5
6	6
7	8
8	2
9	5
10	8
11	4
12	12
13	8
14	11
15	7
16	13
17	3
18	14
19	2
20	14
21	8
22	13
23	5
24	12
25	6
26	17
27	17
28	2
29	21

***Random Route Rural Area***

***In a rural area where house are more spread-out you will be given the address to call at within each DED.***

*You will be supplied with a map of each relevant DED*

## Household Response Rate

It is important that we can calculate the **response rate** for the survey, this involves identifying which houses are excluded because they are ineligible (nobody age 65 years or older), household that could not be contacted (non response) and which households were eligible (person aged 65 years or older) and co-operated or refused to participate in the survey.

On the response sheet

- 1) Record each address called at and participants first name, do not record surnames, this is an anonymous survey
- 2) Record contact outcome using codes provided
- 3) If non-response record time called at house and call back up to 5 times on different days and times, record each attempt,
- 4) Non-response- Record the final outcome for the non-response- i.e. not eligible due to age, refused, interview completed, or could not contact after 5 attempts
- 5) 10% -20% of interviews and adherence to random route will be validated

## Interview Outcome Codes

Interviewer Name: \_\_\_\_\_

Cluster

Int. Number

Record Outcome

### Contacted target respondent:

- 1 Interview Completed
  - 2 Interview part complete – Will complete
- Refusal**
- 3 Interview broken off. Will not complete
  - 4 Respondent initially agreed but then did not make themselves available (5 attempts)

5. Respondent Refused

6. Household Refusal (no opportunity to ask for eligible respondent)

### Contacted other household member:

- 7 Respondent temp absent throughout fieldwork
- 8 Respondent Physically ill
- 9 Respondent Mentally incapacitated
- 10 Language barrier (write in language)

### No Contact made:

- 11 Cold call. No one home (call back up to 5 times)
- 12 Could not gain access to address
- 13 Respondent known to interviewer, inappropriate to conduct interview.

### Ineligible household:

- 14 Does not qualify under 65 years.
- 15 derelict /demolished
- 16 Vacant
- 17 Other
- 18 Appointment Made.

**Sample House call Outcome Response Sheet**

<p><b>Contacted target respondent:</b></p> <p>1 Interview Completed</p> <p>2 Interview part complete – Will complete</p> <p><b>Refusal</b></p> <p>3 Interview broken off. Will not complete</p> <p>4 Respondent initially agreed but then did not make themselves available (5 attempts)</p> <p>5. Respondent Refused</p> <p>6. Household Refusal (no opportunity to ask for eligible respondent)</p>	<p><b>Contacted other household member:</b></p> <p>7 Respondent temp absent throughout fieldwork</p> <p>8 Respondent Physically ill</p> <p>9 Respondent Mentally incapacitated</p> <p>10 Language barrier (write in language)</p>	<p><b>No Contact made:</b></p> <p>11 Cold call. No one home</p> <p>12 Could not gain access to address</p> <p>13 Respondent known to interviewer, inappropriate to conduct interview.</p>	<p><b>Ineligible household:</b></p> <p>14 Does not qualify under 65 years.</p> <p>15 Derelict/demolished</p> <p>16 Vacant</p> <p>17 Other</p> <p>18 Appointment Made.</p>
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Cluster	Resp code	Starting Address. _____ _____	Record of Contact Attempts			Final Outcome		
			Day of week Outcome	Date dd/mm	Time (24 hrs)			
	1	First Name of Respondent _____ Address of Respondent _____ _____ _____	1. _____ / _____ : _____	2. _____ / _____ : _____	3. _____ / _____ : _____	4. _____ / _____ : _____	5. _____ / _____ : _____	
Cluster	Resp code		Record of Contact Attempts			Final Outcome		
			Day of week Outcome	Date dd/mm	Time (24 hrs)			
	2	First Name of Respondent _____ Address of Respondent _____ _____ _____	1. _____ / _____ : _____	2. _____ / _____ : _____	3. _____ / _____ : _____	4. _____ / _____ : _____	5. _____ / _____ : _____	

Up to 50 addresses per DED, Record response for each address

### Quota Check Sheet for face to face Interviewers in Elder Abuse

We want you to interview 13-14 persons from each of the clusters given to you. We must ensure that the sample of persons interviewed conforms to that of the overall population in terms of age (65-69, 70-79, ≥ 80yrs and over) and sex. The following quota per cluster will apply:

Quota Sheet Table

	male	Female		
65-69	2	2	□ □ ◇ ○ ○ ◇	<input type="checkbox"/> Male <input type="radio"/> Female <input type="checkbox"/> Extra
70-79	3	4	□ □ □ ◇ ○ ○ ○ ○ ◇	
≥80 yrs	1-2	2	□ □ ◇ ○ ○ ◇	

In order to implement this quota, you will need to ask when you contact a household for persons in a particular category. Experience suggests that *persons aged 80 years and male* are harder to contact than females aged 65-79. It is, therefore, a good strategy in your early calls to take persons in these categories, if you find them, in preference to persons in other categories. As you proceed, you may find that particular categories get filled up and that you may have to search for specific persons. Tick the boxes as you complete a questionnaire with someone in a category to keep track of how many interviews you have obtained in each category. Note that you may exceed the target in any category by **One** interviews (denoted by the diamonds ◇). Note, however, you must obtain a sample of 14 per cluster

Remember in the early calls to try to interview a male – preferably 80 years. These are the most difficult to contact. Then try to get a female aged 80 years or over; then a male aged under 70-79 years and then a female aged 70-79yrs, males 65-69 and females 65-69years. In your early calls where you are looking for a older male you may be told that no-one like that is available and that, for example, only a female over 65-79 years will do the interview. Do interview this woman – even if it is an early call – provided you have not exhausted your quota on this category.

A sample quota check sheet is shown on the next page.

## SAMPLE Quota Check Sheet

Interviewer Name: \_\_\_\_\_

Cluster

Int. Number

	male	Female	<i>Tick the boxes as you go to indicate the number of interviews obtained in each category</i>	Number of interviews per category	
65-69	2	2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Extra
70-79	3	4	<input type="checkbox"/>		
≥80 yrs	1-2	2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Interview 13-14 people per cluster in the following age groups

You may exceed each category by one interview but the total interviews per cluster must be 14, 6/7 males, 8 females

## The Interviewer Field Notes

Following each interview (completed or partially completed) it will be necessary to record some field notes:

- This includes a comment on how confident you feel that the respondent was able to answer the questions. This relates to the participants cognitive ability, hearing/language difficulties, memory, recall, confused.

### >Interviewer comments<

Post interview: How confident do you feel that the respondent was able to answer the questions?

<1> Completely confident

<2> Somewhat confident

<3> Gave it your best guess

<4> Not Confident at all

<d> Do not know

<r> Refused

- You need to record if you felt the participant was in danger, if the answer is yes you need to activate the participant safety and call the study supervisor immediately

### >distress<

Post interview: do you believe the respondent was distressed during or after the interview

<0> No

<1> Yes

[If Yes]

Please describe the nature of the distress and mention this case to the supervisor.

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### >danger<

Post-interview: Do you believe the respondent was in any kind of danger?

<0> No

<1> Yes

[If Yes]

Please describe the nature of the danger and mention this case to the supervisor.

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## **Overview of Questionnaire Sections**

### **The Introduction**

Selecting the respondent (quota control)

Making appointments (try to get first name so you know who to ask for)

Importance of interviewing those who did not experience domestic abuse

Verification (freephone number)

Confidentiality- Give participant information leaflet

Interview in private

### **Section 1**

This section deals with a persons household circumstances

It then moves on to their perceptions of their health using the SF8 questionnaire and their contact with health or social services.

### **Section 2**

This section deals with the respondent's knowledge and opinions about elder abuse. It is important to collect this information from those who have not personally experienced elder abuse as well as from those who have experienced it. At the beginning, the interviewer emphasises to the respondent that there are no right or wrong answers.

### **Section 3**

This section deals with neglect of older people, the questions aim to establish if a person perceives themselves to be dependent (needs help with daily or personal activities) or is independent. If a person feels they do not need help with any activities (answers *Yes they are able to go shopping without any help etc*) then neglect cannot occur. And you move to the next section.

If a person is independent in daily activities (shopping, preparing meals, housework etc) then you do not need to ask them about personal care, skip to Q17.

If a person identifies they need help with either daily or personal activities then you need to ask additional question about who normally provides this help, if there were occasions when they did not receive help since turning 65 years or in the last 12 months, how often did this occur and how serious a problem was this for them?

It also applies to someone who may have needed help due to temporary incapacity but is normally able to care for themselves

### **Section 4 (A)**

This section deals with financial abuse, the interviewer reads out a list of 10 behaviours relating to personal financial abuse e.g. since turning 65 years has anyone stolen your money, possessions/property/land or documents?

If the respondent answers 'yes' then ask what the persons relationship is to the respondent, how often this has happened in the last 12 months and how serious was it?

### **Section 4 (B)**

This sections deals with financial abuse from institutions such as banks, insurance companies etc

## **Section 5 Elder mistreatment I**

In this section, there are 11 questions of 'yes/no' items covering the different types of incidents someone may have experienced in a relationship e.g. Since turning 65 years has anyone (a family member or someone you spend time with) insulted you, called you names or swore at you.

The behaviours listed (insulted you, slapped you etc) are based on previous research and are believed to be either very common or very serious in abusive relationships.

If the respondent answers **Yes**, Again you ask questions about their relationship to the person, how often it happened in the past 12 months and how serious a problem it was

## **Elder mistreatment II**

The following 9 types of incidents are more explicit (kicked you, burned you etc), and follows the same question format.

If a person has answered **NO** to all of >Elder\_mistreatment\_I&II

There is a catchall question- *'Have you ever experienced abuse or neglect since turning 65 years'*

There is also a question on lifetime experience of abuse

## **Section 6**

The questions in this section deal with help-seeking, reporting the abuse, and the characteristics of the abuser(s).

## **Section 7**

Ask questions about demographics, socioeconomic factors, past employment.

We also ask 4 questions about contact with family/neighbours/community, research suggests that social isolation may be a factor in abuse.

### ***This is the end of the interview.***

Thank and debrief the respondent (see p. 50 – 51 for some suggested statements).

Reassure about confidentiality and leave information about the study and the Senior Helpline free phone

## **Interviewer Questions**

The final section of the questionnaire relates to the interviewers experience of the interview.

It asks if the interviewer felt the person was able to answer the questions in a coherent manner

If there were signs of participant distress or risk of danger

### **Notes on Specific questions**

Q a. It is important to establish contact with a person in the correct age and gender group based on the quota sample for your area

Q f. The person has to verbally agree to participate (verbal assent), you do not have to get written consent

Q h. It is part of the safety measures built into this study to ensure that interviews are conducted in private out of ear shot of other people. Remember the abuse may be ongoing and research suggests that abuse is most likely to occur when living with another adult

Qj. If you need to call back, you ask for the persons first name to ensure you are speaking to the same person as you spoke with before to arrange the appointment

### **Section 1 Household relations/Health**

**Q.1** In this block of questions we find out the respondent's legal marital status, whether s/he is currently living with a spouse/partner. If not, whether s/he is currently in a relationship. This background information on relationships is important in putting the more detailed information into context.

**Q2i** Establishes if the person is living with their spouse/partner

**Q2ii – iii** Children includes step or adopted children

In case of a granny flat if the flat is separate to main dwelling house(own front door, does not share bathroom or kitchen facilities) then treat it as a separate dwelling in terms of who they share with.

If it is just a separate room but share common facilities treat as a shared household and note who they live with.

Health:

**Qs 3-10B:** This is the SF 8, (it was helpful to allow people to see the actual categories)

Q11 Use of services, (make clear the change in time frame from 4 weeks in previous questions to six months)

Hospital admissions and emergency department (ED) visits: Most people will be admitted to hospital through the Emergency Department. Treat as two separate events, number of hospital admissions, number of ED visits even if it resulted in a hospital admission.

### **Attitudes to Elder Abuse**

These questions mainly serve to ease the person into the later questions on abuse. They will provide valuable information but do not dwell on them too long

It is important to point out to respondents that there are no right or wrong answers – just their opinion.

**Q. 12** Do not prompt the person or share your ideas with them. Allow then some time to think about it. We only need a short response. If the person cannot think of anything then just record 'Don't know'

### Section 3 Activities of Daily Living

**Q15** These questions deal with neglect, neglect is the most difficult concept to measure in this survey. In order for neglect to occur you must establish if the person is dependent on another person for help. Neglect can only occur if the person needs help routinely but does not receive that help when the older person expects to receive help. These questions do not cover self-neglect, where a person needs help but will not agree to accept it.

**Q15a** Ask questions about how well the person has been able to take care of themselves in their own home over the last 12 months (exclude time spent in a hospital or nursing home )

If a person has experienced temporary incapacity i.e. were not able to take care of themselves/needed help in their own home due to illness, surgery or discharge from hospital, but is normally fine, capture their experience during the period they were temporarily incapacitated.

Q15a lists a number of daily activities (shopping, preparing meals, medication (if on no regular medication, use a course of antibiotics as an example), transport) an older person would expect to be engaged in.

If the person answers **YES** to these statements, is independent and says they do not need help with any of these activities then neglect cannot occur and you skip to Q17

**Q 15b-e** if the person answers No or Temp incapacity i.e. they need help with daily activities then you ask additional questions

(b) Who routinely/majority of the time provides this help (may be different people for different tasks)

**Distinction between *friend or neighbour*:** in cases where these are one and the same person - a friend who is also a neighbour then select friend. A friend in this case is someone you would routinely turn to for help

A person who just lives nearby but the older person would not turn to for help routinely is classed as a neighbour

This is the same throughout the study

**Other Non-relative** is someone know to the older person but would not be described as a friend or a neighbour

**Q15 (c)** Since turning 65 has there ever been a time when this person hasn't helped you when you though they should have (the prevalence of neglect)

**Q15 (d)** In the last 12 months, quantify how often the neglect occurred (the incidence)

**Q15 (e)** In the person's opinion what effect did it have on them (not serious at all, somewhat serious, very serious)

***If the persons answers No/Temp Incapacity (i.e. needs help) with any activity in 15a then you proceed to ask about activities in 15f***

**Q15f** List a number of personal activities a person may need help with (identifies a greater degree of dependence)

If the person says **Yes** to all (can do these tasks, does not need help) skip to financial questions

**Q15 f-j** if the person answers No they need help with daily activities then you ask additional questions, same as 15 b-e

**Q 15 i & ii** record briefly the nature of the incapacity, e.g. hip replacement and how long they were dependent on other people

**Q16 & 17** Tries to capture data on older people who are carers themselves,

17 b It is possible the older person you talk with is a carer for another dependent person, even if they themselves need help

## **Section 4 Financial Dealings:**

**Q18** This set of questions deals with peoples experiences of financial abuse, it is a series of behaviours the older person may have been exposed too.

If the person answers **Yes**: you ask further probing questions 18 (b-d) similar to Q15

**Q19** There are two questions on older persons experiences with financial institutions

If necessary record any additional information you may feel is relevant in the space below

## **Section 5: Elder Mistreatment I**

**Q20** This set of items deals with some examples of psychological or emotional abuse and physical or sexual abuse. The behaviours listed are at the less extreme end of the abuse scale.

**Q21** These are more explicit types of abuse an older person may have experienced

**Q22** Allows for recording of any additional information the interviewer feels may be relevant

**Q23** If Yes at 20 or 23 Ask Q23 & Q24

**Q25** Is a 'CatchAll' question to verify the older person has or has not experienced any kind of abuse

**Q26** Ask you to describe the abuse if not already covered, if already covered there is no need to record additional information

**Q27a & b** Asks about experience of abuse before the age of 65 years, if yes record brief account

## **Section 6 Reporting Abuse**

This set of questions are asked if a person has answered **Yes** to 15c or 15h (neglect), Q18 (personal financial abuse), Q20 Q 21 or Q25 (psychological, physical, sexual abuse)

**Q 28i,ii,iii** aim to capture information on what happened following the abuse, be aware the abuse may be ongoing.

List and tick all the options that apply, there are likely to be multiple outcomes

Q28i Differentiates between responses to family or carer abuse as opposed to stranger abuse, it is likely some people will have experience both abuse from people they know and be the victim of crime such as break ins.

**Q29** aims to collect information on the person who was involved in the abuse or neglect.

The questions relate to the persons characteristics e.g. age occupation, at the time of the abuse if the abuse is in the past.

With regard to occupation be as precise as possible using the CSO format

There is the opportunity to record additional relevant information if required

### **Section 7: Demographics**

Q31- Education- mark the highest level of achievement

Q32- Home ownership

Other- please specify - note if granny flat

Q33 – Location of house

Q34- How many people are close to you- refers to emotional closeness not close in terms of distance

Q 35- friendly interest or concern (people the respondent knows are interested in what you are doing)

Q38-Q39 relate to employment, use the format adopted by the CSO provide as much detail as possible

Q41- Income brackets- show card, reassure data is anonymous, if a person does not know their weekly income ask if they rely on a non-contributory or a contributory pension

Contributory Pension- people with social insurance contributions, may have other income

Non-contributory Pension- means tested other sources of income taken into account

If a couple co-habiting - it is the combined income,

If living with relatives other than partner/spouse income, just persons own income,

Q42 Ethnicity

### **At the end of the interview**

Thank and debrief the respondent (see p. 50 – 51 for some suggested statements).

If the respondent would like some further information on agencies providing services in the area of abuse, go to the Useful Referral numbers (p. 31) and give them the information leaflet.

### **Complete Post Interview Observation Sheet:**

Q44- Captures your view of the persons cognitive ability to complete the questionnaire

Q45 If you perceive the person to be in any danger- (you yourself felt threatened, you were ordered /asked to leave the house by someone else, the person expressed fear to you)

Withdraw from the house and its surroundings

Contact your field manager immediately or the NCPOP if field manager not available

If you have serious and immediate concerns contact the local Garda station

Definition of key concepts:

<p><b>Distinction between <i>Friend</i> <i>or</i> <i>Neighbour</i></b></p>	<p>In cases where these are one and the same person - a friend who is also a neighbour then select friend. A friend in this case is someone you would routinely turn too for help</p> <p>A person who just lives nearby but the older person would not turn too for help routinely is classed as a neighbour</p> <p>It is the status of the person (friend or neighbour) at the time of the abuse, not the current status (if they are subsequently no longer friends, but were friends at the time of the abuse record friend)</p>
<p><b>Other non-relative</b></p>	<p>A person known to the older person at the time of the abuse but the older person would not describe them as a friend or neighbour</p>
<p><b>Granny Flat</b></p>	<p>Treat as living separate if own front door, not sharing communal facilities (communal facilities)</p> <p>If sharing communal facilities treat as living with relatives</p>
<p><b>Occupation</b></p>	<p>Be as precise as possible, using the CSO format</p>
<p><b>'close to you'</b></p>	<p>Emotional closeness (not distance)</p>
<p><b>Friendly interested</b></p>	<p>Interested in what you are doing, concerned about you</p>

[Page left blank for further notes]

## Referral Agencies

### Senior Help Line

Telephone number 1850 440 444

10-4pm, 7-10pm

**HSE Info Line 1850 24 1850**

### HSE Dedicated Officers for Protection of Older People

4 regional posts

Region	Name	Address	Telephone
West	Bridget McDaid	PCCC HSE West, West City Centre, Seamus Quirke Road, Galway	091 548527
Dublin & Mid Leinster	Sarah Marsh	HSE Dublin Mid Leinster, Oak House Millennium Park, Naas, Co Kildare	087 2070850/ 045 880400
South	Con Pearse	HSE South, Ely Hospital, Ferry Bank, Wexford	053 9123522
Dublin & North East	Jackie McCormack	Ballymum Civic Centre Main St Bally mun D 9	046 9481122

## HSE Elder Abuse Senior Case Workers

<b>County</b>	<b>Name</b>	<b>Health Area</b>	<b>Address</b>	<b>Contact Telephone</b>
Dublin North West	Pauline Ducray	HSE Dublin North East	Anam Cara, St. Canices Road, Glasnevin, Dublin 11	01 7044460 087 9145206
North Central Dublin	Mary McGuire	HSE Dublin North East	General Manager, Primary, Community & Continuing Care, Civic Offices, Main Street, Ballymun, Dublin 11	01 8467185
North Dublin	Marcella Pokorna	HSE Dublin North East	Coolock Health Centre, Cromcastle Road, Coolock, Dublin 5	01 816 0316 086 7810405
Cavan /Monaghan	Manus Birt	HSE Dublin North East	Social Work Department, Older Persons Services, St. Felim's Complex, Cavan	049 4360463 086 6037315
Louth	Maire Brady	HSE Dublin North East	Old St. Mary's Hospital, Dublin Road, Drogheda, Co. Louth	041 9832963 ext 2127 087 9667406
Meath	Bried Kelly	HSE Dublin North East	Services for Older People, HSE Dublin North East, 26 Brews Hill, Navan, Co. Meath	046 9280523 086 9799307
Dun Laoghaire	John Donovan	HSE Dublin Mid-Leinster	General Manager, HSE, Block B, Civic Centre, Main Street, Bray, Co. Wicklow	01 284 3597
Dublin East	Frank McHugh	HSE Dublin Mid-Leinster	Vergemount Hall, Clonskeagh, Dublin 6	01 2924500 087 9192658
Dublin City	Bernadette Casey	HSE Dublin Mid-Leinster	St. Mary's Community Unit, Richmond Hill, Rathmines, Dublin 6	01 498 7114 087 916 5732
Dublin West	Kristen Murphy	HSE Dublin Mid-Leinster	Old County Road Health Centre, Crumlin, Dublin 12	01 415 4895 087 2650322

<b>County</b>	<b>Name</b>	<b>Health Area</b>	<b>Address</b>	<b>Contact Telephone</b>
Dublin West	Maura McCrudden	HSE Dublin Mid-Leinster	Cherry Orchard Hospital, Ballyfermot, Dublin 10	01 620 6039 086 7810402
Kildare / West Wicklow	Billy Quinn	HSE Dublin Mid-Leinster	General Manager, Oak House, Millennium Park, Naas, Co. Kildare	045 873233
Wicklow	Janet Beatty Doyle	HSE Dublin Mid-Leinster	HSE Arklow Primary Care, Castlepark, Arklow, Co. Wicklow	0402 40245
Laois / Offaly	Carmel Broughan	HSE Dublin Mid-Leinster	HSE, Williams Street, Tullamore, Co. Offaly	057 93276043 (am only) 086 835 4241
Longford / Westmeath	Maura Seabrooke	HSE Dublin Mid-Leinster	Maura Seabrooke, Services for Older People, Marlinstown Office Park, Mullingar, Co Westmeath	044 933 6052 086 6014103
Donegal	Seamus McGarvey	HSE West	HSE West, 1, St. Eunan's Court, Letterkenny, Co. Donegal	074 9177747
Galway	Susan Rodden	HSE West	La Nua, Ballybane Village, Castle Park Rd, Galway	091 741757
Mayo	Gina Dowd	HSE West	HSE, St. Mary's, Westport Road, Castlebar, Co. Mayo	094 9042011
Roscommon	Paul Finnegan	HSE West	HSE, Carolan House, Sacred Heart Hospital, Roscommon	090 6637 833
Sligo/Leitrim	Frances Clifford	HSE West	Sligo General Hospital & Older People, HSE West, Sligo General Hospital, Co Sligo	071 914 2606
Clare	Donal Hurley	HSE West	St. Joseph's Hospital, Ennis	065 686 3869
Limerick	Julie Linwood	HSE West	Ballynanty Health Centre, Kileely Road, Ballynanty	061 457129

<b>County</b>	<b>Name</b>	<b>Health Area</b>	<b>Address</b>	<b>Contact Telephone</b>
North Tipperary/East Limerick	Anita Kumnig	HSE West	Beg, Limerick The Derg Centre, Gortlandroe Business Park, Neagh, Co Tipperary	067 46738 086 3889941
Cork - South Lee	Bernadette Coleman	HSE South	HSE, Cork South Lee, Floor 3, Abbeycourt House, Georges Quay, Cork	021 492 3855 087 6657981
Cork- Lee North	Pauline Glavin	HSE South	Eason's Hill Community Centre, Eason's Hill Street, Cork	087 2632928
West Cork	Cathy O'Regan	HSE South	Coolnagarrane, Skibbereen, Co Cork	028 40568 087 7465828
North Cork	Edward Myers	HSE South	HSE North Cork, Community Services Offices, Hospital grounds, Newberry, Mallow, Co. Cork	022 31831 087 937 2689
Carlow / Kilkenny	Declan Doyle,	HSE South	HSE, Lacken, Dublin Road, Kilkenny	056 7722170 ext. 282 087 120 4478
South Tipperary	Geraldine Sutton	HSE South	Clonmel Community Care, Western Rd, Clonmel, Co Tipperary	052 29774 087 945 7570
Waterford	Jacinta Brennan	HSE South	HSE, Johnstown, Waterford	051 842984 087 934 6648
Wexford	Carsten Kohl	HSE South	Wexford Local Health Office, Grogan's Road, Wexford	053 9121829 087 9855479
Kerry	Liam Cronin	HSE South	HSE South Community Care Offices, Rathass, Tralee, Co Kerry	066 7184563 086 7871316

## **Free Legal Advice Centre (FLAC)**

### **Telephone information & referral line**

FLAC offers first-stop legal information to the public via its [telephone information and referral line](#). You can reach us on our LoCall number - **1890 350 250** - and we will provide you with basic legal information on your query, refer you to one of our centres for advice or a more detailed consultation, or direct you on to a more suitable information provider where appropriate.

***Citizens Information** is an Irish eGovernment website provided by the Citizens Information Board. The site provides public service information for Ireland. You can also get Citizens Information:*

**By Phone:** By phoning the Citizens Information Phone Service.

**Lo Call 1890 777 121****In Person:** By visiting your nearest [Citizens Information Centre](#)

Provides information on [Birth, Family and Relationships](#) ,[Consumer Affairs](#) [Death and Bereavement](#),[Employment](#) ([Starting work and changing job](#), [Retirement](#) [Government in Ireland](#), [Health](#), [Housing](#), [Justice](#), [Money and Tax](#), [Tax](#), [Personal finance](#), [Moving Country](#), [Moving abroad](#), [Moving to Ireland](#), [Social Welfare](#)

## Domestic Abuse – Services for Victims

### *Women's Aid*

Women's Aid is a voluntary organisation which provides support and information to women and their children who are being physically, emotionally and sexually abused in their own homes.

The Women's Aid National Freephone Helpline offers confidential information, advice, support and understanding to women who are being physically, sexually or mentally abused in their own homes. The Helpline also acts as a referral to refuge, counselling services, solicitors, legal aid and other agencies, both statutory and voluntary, which are helpful to women experiencing abuse within a relationship.

Women's Aid will take calls from both male and female victims of domestic abuse.

<b>County</b>	<b>Address</b>	<b>Contact</b>	<b>Helpline</b>
Dublin	Women's Aid Everton House 47 Old Cabra Road Dublin 7  Open 7 days a week from 10am to 10pm	(01) 868 4721 Fax: (01) 868 4722  Email: <a href="mailto:info@womensaid.ie">info@womensaid.ie</a>  Website: <a href="http://www.womensaid.ie">www.womensaid.ie</a>	1800 341 900  (Freephone)

### **AMEN (Male Victims of Domestic Abuse)**

AMEN is a voluntary group which provides a confidential helpline, information and a support service for male victims of domestic abuse and their children

<b>County</b>	<b>Address</b>	<b>Contact</b>	<b>Helpline</b>
Meath	AMEN, St. Anne's Resource Centre, Railway Street, Navan, Co. Meath, Republic of Ireland	(+353) 046 23718 Fax: (+353) 046 23718  Out of hours: 086 7941880/086 1947270  Email: <a href="mailto:info@amen.ie">info@amen.ie</a>  Website: <a href="http://www.amen.ie">www.amen.ie</a>	Helpline:046 9023718

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**Refuges for Women**

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<b>County</b>	<b>Name and address</b>	<b>Phone</b>	<b>Helpline</b>	<b>Fax</b>	<b>E-mail</b>
Carlow	Carlow Women's Aid 1B Acorn Business Centre Staplestown Road Carlow	059 9173552	1 800 444944	0503 31044	<a href="mailto:carlowwomensaid@hotmail.com">carlowwomensaid@hotmail.com</a>
Clare (Ennis)	Clare Haven House Munster House, Gort Road Business Park, Gort Road, Ennis Co Clare	065 6842646	065 6822453	065 6842646	<a href="mailto:Clientcare@clarehaven.ie">Clientcare@clarehaven.ie</a>
Cork	Cuanlee Refuge Kyril's Quay Cork Co Cork	021 4277698/594	021 4277698	021 4278118	<a href="mailto:cuanleerefuge@hotmail.com">cuanleerefuge@hotmail.com</a>
Cork (Bantry)	West Cork Women Against Violence 1 <sup>st</sup> Floor Harbour View Bantry Co Cork	027 53847	1800 203136	NA	NA
Donegal (Inishowen)	Inishowen Women's Outreach C/O Action Inishowen Millbrae Carndonagh Co Donegal	077 74529	074 9373232	077 74711	NA
Donegal (Letterkenny)	Donegal Domestic Violence Service P.O Box 55 Letterkenny Co Donegal	074 26267	1800 262677	074 9127591	NA
Dublin 17	Aoibhneas Women's Refuge PO Box 5504 Coolock Dublin 17	01 8670805	01 8670701	01 8670806	<a href="mailto:helpline@aoibhneas.org">helpline@aoibhneas.org</a>
Dublin 6	Rathmines Refuge 47 Lower Rathmines Road Dublin 6	01 4961002/132 2	01 4961002	NA	<a href="mailto:womensrefuge@eircom.net">womensrefuge@eircom.net</a>
Dublin 1	Women's Aid PO Box 791 Dublin 1	01 8684721/22	1 800 341900	NA	<a href="mailto:info@womensaid.ie">info@womensaid.ie</a>
Dublin 7	Sonass Housing Association 148 Phibsborough Road Dublin 7	01 8309088	NA	01 8309095	<a href="mailto:info@sonasshousing.ie">info@sonasshousing.ie</a>
Dublin 24	Saoirse Womens Refuge PO Box 10819 Tallaght Dublin 24	01 4630400	01 4630000	NA	<a href="mailto:helpline@saoirsewomensrefuge.ie">helpline@saoirsewomensrefuge.ie</a>

***Refuges for Women (continued)***

<b>County</b>	<b>Name and address</b>	<b>Phone</b>	<b>Helpline</b>	<b>Fax</b>	<b>E-mail</b>
Galway	Cope Waterside House Refuge 2-5 Calbro House Tuam House Galway	091 778750	091 565985	091 564216	<a href="mailto:info@copegalway.ie">info@copegalway.ie</a>
Kerry (Tralee)	Kerry Women's Refuge Killeen Road Tralee Co Kerry	066 7129100	NA	066 7127836	<a href="mailto:Kerryrefuge@eircom.net">Kerryrefuge@eircom.net</a>
Kildare	Teach Tearmainn 18 Eyre Street Newbridge Co Kildare	045 449524	045 438461	045 449520	<a href="mailto:icarey@teachtearmainn.ie">icarey@teachtearmainn.ie</a>
Kilkenny	Kilkenny Women's Refuge Project Lacken Dublin Road Kilkenny	056 71404	1850 424244	056 7771899	<a href="mailto:kwrp@eircom.net">kwrp@eircom.net</a>
Laois	Monaclear View Housing Association Keywood Demesne, Ballinakill Co Laois	057 8733513	NA	NA	NA
Limerick	Adapt House, Rosbrien, Limerick	061 412354	1800 200 504	061 419809	<a href="mailto:Administration@adaptservices.ie">Administration@adaptservices.ie</a>
Longford	Longford Women's Centre Willow House Ardnacassa Avenue Longford	043 41511	NA	043 41241	NA
Louth (Drogheda)	Drogheda Refuge P.O Box 81 Drogheda Co Louth	041 9844998	041 9844550	041 9801548	NA
Louth (Dundalk)	Womens Aid Dundalk P.O Box 60 Dundalk Co Louth	042 9333245	042 9333244	042 9328663	NA
Meath (Navan)	Meath Women's Refuge Support Services 39 Flower Hill Navan Co Meath	046 22393	046 22393	046 72739	NA
Monaghan	Tearmann Domestic Violence Services, 1 <sup>st</sup> Floor, 17 North Road Monaghan	047 72749	047 72311	047 72455	<a href="mailto:tearmanndys@eircom.net">tearmanndys@eircom.net</a>

Offaly	Offaly Domestic Violence Support Services, 7 Kyan's St, Tullamore Co Offaly	0506 51796	057 9351886	0506 51796	<a href="mailto:info@odvss.ie">info@odvss.ie</a>
<b>County</b>	<b>Name and Address</b>	<b>Phone</b>	<b>Helpline</b>	<b>Fax</b>	<b>E-mail</b>
Roscommon	Family Life Centre Violence against women services Boyle Co Roscommon	071 63000	071 9663840		<a href="mailto:poreilly@familylifecentre.ie">poreilly@familylifecentre.ie</a>
Tipperary (Clonmel)	Cuan Saor House 3 Jervis Place Parnell Street Clonmel Co Tipperary	052 27557	1800 576757	052 27757	<a href="mailto:cuansaor@eircom.net">cuansaor@eircom.net</a>
Tipperary (Roscrea)	Ascend Women's Support Services Community Resource Centre New Line Roscrea Co Tipperary	0502 23379	0505 23999	0505 23386	<a href="mailto:ascendservices@eircom.net">ascendservices@eircom.net</a>
Waterford	Oasis House Refuge 72 Morrison's Road Waterford	051 370367	1800 264364	051 351836	<a href="mailto:Oasishouse2@eircom.net">Oasishouse2@eircom.net</a>
Westmeath (Athlone)	Athlone Refuge Esker House Retreat Road Athlone Co Westmeath	090 6474122	NA	090 6479647	NA
Westmeath (Mullingar)	Mullingar Women in Crisis Parkville Mill Road Mullingar Co Westmeath	044 33868	1850 214814	044 45675	<a href="mailto:dawndomesticabuse@eircom.net">dawndomesticabuse@eircom.net</a>
Wicklow	Bray Refuge Heatherwood Bray Co Wicklow	01 2863163	01 2863163	01 2863830	<a href="mailto:bwr@eircom.net">bwr@eircom.net</a>

### **Services for Victims of Rape and Sexual Assault**

Note: As some rape crisis centres do not treat men, give the 24-hour Dublin rape crisis centre number to men who have experienced sexual abuse, even if they are from outside Dublin.

<b>County</b>	<b>Address</b>	<b>Telephone</b>	<b>Helpline</b>
ATHLONE	Athlone Rape Crisis Centre 2 Fairview, Gardenvale, Athlone, Co. Westmeath Mon to Fri. 9.45am-1.45pm E-mail: <a href="mailto:amrcc@eircom.net">amrcc@eircom.net</a>	090 6473815 090 6473816	1 800 306 600 (Freefone)
BELFAST	Belfast Rape Crisis & Sexual Abuse Centre 29 Donegall Street Belfast BT1 2FG Mon-Fri – 10.00am – 6.00pm  email: <a href="mailto:eileencalder@hotmail.com">eileencalder@hotmail.com</a>	04890 329001/2 from Rep of Ireland Business line: Irl: 04890 329001/2 N.I: 02890 329001/2	UK freefone 02890 329001/2
CORK	Sexual violence centre Cork 5 Camden Place, Camden Quay Cork Mon. to Fri. – 9.00am – 5.00pm. email: <a href="mailto:info@sexualviolence.ie">info@sexualviolence.ie</a> web: <a href="http://www.sexualviolence.ie">www.sexualviolence.ie</a>	021 4505577 021 4505736  Fax: 021 4504690	1 800 496 496 (Freefone)
DONEGAL	Donegal Rape Crisis Centre 13 St. Eunans Cl., Convent Road Letterkenny Tues/Wed:11.00am – 5.00pm Email: <a href="mailto:rapecrisis@eircom.net">rapecrisis@eircom.net</a>	074 28211   Fax: 074 20642	1 800 44 88 44 (Local Freefone)
DUBLIN	Dublin Rape Crisis Centre 70 Lower Leeson Street, Dublin 2 Mon. to Fri. 8.00am – 7.00pm Sat. 9.00am– 4.00pm  email: <a href="mailto:rcc@indigo.ie">rcc@indigo.ie</a> web: <a href="http://www.drcc.ie">www.drcc.ie</a>	661 4911   Fax: 01 6610873	<b>1 800 778 888</b> (Freefone) 24 Hour Crisis Line
DUNDALK	Dundalk Rape Crisis Centre PO Box 72, 6/7 Clanbrassil Street, Dundalk Mon. to Thurs. 9.30am– 5.00pm  email: <a href="mailto:racsacne@eircom.net">racsacne@eircom.net</a>	042 9339491  Fax: 042 9339491	1800 21 21 22 (Freefone)

<b>County</b>	<b>Address</b>	<b>Telephone</b>	<b>Helpline</b>
GALWAY	Galway Rape Crisis Centre St Martins 7 Claddagh Quay Galway email: <a href="mailto:galwayrcc@eircom.net">galwayrcc@eircom.net</a> web: <a href="http://www.galwayrcc.org">www.galwayrcc.org</a> Mon. Wed Thurs. Fri. 10.00am – 1.00pm and 7.00pm – 9.00pm Tues. 10.00am– 12.00 noon & 7.00pm – 9.00pm Sat 11.00am– 1.00pm	091 583 149	091 589 495 (helpline)  Lo Call: 1850 355 355
KERRY	Kerry Rape and Sexual Assault Centre 5 Greenview Terrace, Princes Quay, Tralee, Co. Kerry Mon. to Fri. 9.00am– 5.00pm  email: <a href="mailto:krcc@eircom.net">krcc@eircom.net</a> web: <a href="http://www.krsac.com">www.krsac.com</a>	066 7123122  Fax: 066 7120247	1 800 633 333 (Freefone)
KILKENNY	Kilkenny Rape Crisis Counselling Centre Golf View Terrace Kilkenny Mon – Fri 9.00am – 5.00pm Late appointment by arrangement email: <a href="mailto:kkrc@eircom.net">kkrc@eircom.net</a>	056 51555  Fax: <u>056 51538</u>	1800 478 478 (Freefone)
Carlow	Carlow and South Leinster Rape Counselling Centre and Counselling Services 72 Tullow Street Carlow Mon-Fri 9.30am-5.00pm Email: <a href="mailto:southleinsterrapecc@eircom.net">southleinsterrapecc@eircom.net</a>	0503 33807 0503 33344 Fax: 0503 33807	1800 727 737 (Freefone)
LIMERICK	Limerick Rape Crisis Centre Rocheville House, Punch's Cross, Limerick Mon. to Sat. 9.30am – 5.00pm. email: <a href="mailto:limerickrcc@oceanfree.net">limerickrcc@oceanfree.net</a>	061 311 511  Fax: 061 312 682	1 800 311511 (Freefone)
MAYO	Mayo Rape Crisis Centre Newtown Castlebar , Co. Mayo Mon-Thurs. 9.00am – 5.00pm Fri 9.00am-1.00pm Email: <a href="mailto:mayorcc@anu.ie">mayorcc@anu.ie</a>	094 25657  Fax: 094 27188	1800 234 900 (Freefone)

<b>County</b>	<b>Address</b>	<b>Telephone</b>	<b>Helpline</b>
SLIGO	Sligo Rape Crisis Centre 42 Castle Street Sligo  Counselling appointments available during and outside office hours email: <a href="mailto:info@srcc.ie">info@srcc.ie</a>	071 71188	1800 750 780 (Freefone) Helpline: Mon-Fri 10.30am– 12.00 midday

## **Marital, Relationship and Family Problems**

### **AIM Family Services**

AIM, founded in 1972, is a voluntary organisation which offers non-directive counselling, legal information, and a family mediation service to people experiencing marital, relationship and family problems. The drop-in centre has been operating since 1975.

### **Contact Details**

#### **AIM Family Services. Family Law Information, Mediation and Counselling**

**Tel.:** (01) 670 8363

**Fax:** (01) 670 8365

10am - 1pm Monday to Friday

64 Dame Street, Dublin 2

**E-Mail:** [aimfamilyservices@eircom.net](mailto:aimfamilyservices@eircom.net)

**Web:** [www.aimfamilyservices.ie](http://www.aimfamilyservices.ie)

### **ACCORD**

**Tel:** (01) 505 3112

Central Office: Columba Centre, Maynooth, Co. Kildare

**Email:** [admin@accord.ie](mailto:admin@accord.ie)

**Web:** [www.accord.ie](http://www.accord.ie)

ACCORD is a voluntary Catholic organisation that aims to promote a deeper understanding of Christian Marriage and to offer people the means to safeguard and nourish their marriage and family relationships.

It supported in our work in the Republic of Ireland by the Episcopal Conference, the Department of Social, Community and Family Affairs, The Department of Health (through the Eastern Health Board), and in Northern Ireland by the Department of Health & Social Services.

#### **Accord specialises in:**

**Marriage preparation** - Helping couples to lay good foundations for their marriage by exploring their expectations and needs and the means to fulfilling them.

**Marriage Counselling**- Helping couples sustain and enrich their marriage by helping them understand the issues and problems that arise in their relationships and enabling them to find solutions. Relationship counselling is available both to individuals and to couples.

## **Domestic Abuse – Help for Abusers**

### ***MOVE (Men Overcoming Violence)***

MOVE (Ireland) is a self help group set up to assist men to look at the violence they vent on their partners and families.

Our work with domestic violence brings us into contact with people of all ages and from all walks of life.

Men who react in the verbal/physically violent way in the domestic setting all too often find themselves in isolation and without anyone they can relate to. While there are organisations for women in these cases the man is all too often ignored.

This leads the man re-offending on the return of his partner or using violence in any new relationship he enters.

MOVE offers a real alternative to any man who wants to change.

### **What does M.O.V.E. (Ireland) do?**

M.O.V.E. (Ireland) listen to men who are facing up to the fact that they have a problem with violence. We help them to come to terms with and find the roots of the problem and by doing so we hope to help him to be a loving and responsible partner.

We offer a weekly group session in which men can:

- 1.- Learn to spot the danger signs.
- 2.- Learn to stop the violence.
- 3.- Learn other ways to expressing strong feelings.

Address: Carmichael House North Brunswick Street, Dublin 7

Phone: 8724357

E-mail: [moveireland@eircom.net](mailto:moveireland@eircom.net)

### ***Some Sample 'Bridging Statements'***

The following are all offered as suggestions. The important thing is to use a form of words that feels natural to you and gets the message across that (a) you are listening to what the respondent has to say; (b) you are respecting what they have to say (not judging or being critical of them in any way); (c) you are prepared to give them the time they need (you are not rushing them through the questionnaire). Another point is to make sure your statements are as 'neutral' as possible in order to avoid influencing responses. For instance, don't say 'You must have been furious!' to a respondent who clearly had a completely different reaction to what happened to them.

#### **'Verbal Nodding'**

Here, the tone is as important as the words themselves. You could say something like 'Un huh', 'Hmm', 'Okay' or 'I see' and the effect could be completely different, depending on your tone of voice. Keep in non-judgemental and encouraging. The key is to get across to the respondent that you are listening.

It can sometimes be helpful to repeat back what the respondent has said, for instance 'So the last time he (or she) did this was a year ago'. Be careful not to overdo this, though.

#### **Words**

In general, the interviewer should ask the questions exactly as they are written on the questionnaire. This is important because a slight change in wording can have the effect of changing the meaning of the question to the respondent. It is particularly important that questions not be worded in a way that 'lead' the respondent towards a particular response.

In practice, however, some small amount of variation in wording is essential in order that the interview not sound too stilted and to engage the respondent. This is usually indicated on the questionnaire by having the alternative phrases in [square brackets]. For example, "When was the last time a partner did [this/any of these things]?"

In other cases, the substitution is done in order to improve the flow of the interview. *This should only be done where there is no risk of changing the meaning of the question.* For instance, if someone is presently living with his wife, instead of 'present partner' you could legitimately substitute 'wife'. If someone refers to a specific partner as 'my boyfriend' or 'my girlfriend', it is legitimate to use this form of words in the questions about that partner. (Within limits, of course: avoid referring to someone as a B\*\*&^% just because the respondent does!).

This also comes up in the section of the questionnaire dealing with 'being threatened by an object such as a stick or a knife'. If the person tells you that they were threatened with a broken bottle (and never by anything else), then substitute 'broken bottle' for 'an object such as a stick or a knife'.

### ***Some Phrases if respondent is in distress***

“I understand this is difficult”

“I know this is upsetting for you”

“It’s OK for you to be upset ...”

“Take your time”

“We’ll go at your pace”

“Are you happy to continue with the interview?”

“Are you comfortable to move on?”

“Do you need to take a break?”

“Are you OK?”

“What you have told us is very valuable/important”

“You have a lot of courage/strength”

“How are you now?”

### ***If the respondent becomes angry***

Remember, it’s not about you – don’t take it personally

Don’t get defensive

Be aware of your tone of voice

Accept the person’s emotion

### ***Possible Phrases ..***

“I can hear you’re very angry.”

“There is a section later in the questionnaire on the response you got from the Guards ...”

“I can understand your anger.”

“This information will be used to improve responses from agencies ...”

“By taking part you are helping ...”

“A lot of people have had this experience.”

“I am making a note of what you told me ...”

### **Debriefing the Respondent**

At the end of the interview, it is important to

- thank the respondent (acknowledging the value of their contribution)
- to reassure them of the confidentiality of the survey,
- To answer any questions they may have (referral numbers, freephone number)
- (if the respondent was distressed at any time during the interview), Acknowledge that it was a difficult interview for him/her
- (if the respondent became distressed) spend some time working with the respondent on how he or she will take care of himself/herself after the interview

*Wrapping up interviews (No incidents)*

“Thank you for your time and help”

“I appreciate the information”

“Your responses will be beneficial”

“Your opinions are valuable”

“Thank you for being so honest”

“Do you need anything clarified?”

“Just to remind you, everything you have told me is completely confidential”

“This is what is going to happen with the research ...”

“Your answers will be used to improve services and to influence policy-making”

“This is a freephone number you can call to verify the survey”

“If you have concerns about any elements of the research, you can call the following Freephone number ...”

“Take care”

“Enjoy your evening”

*Wrapping up interviews (Experienced abusive incidents)*

“I understand this has been painful for you”

“I know that aspects of this call have distressed you”

“I know this was a difficult interview for you. How are you doing right now?”

“I really appreciate your openness”

“We’re going to be finishing shortly”

“All of your information is confidential”

“Is there anyone you can go to? ”

“Is there anyone who can give you support? ”

“What have you planned for the rest of the evening? ”

“Have you thought about what you will do when you hang up?”

“How can you take care of yourself when we finish here? ”

“Take it easy ... go easy on yourself”

“Are you OK now? ”

“I can give you a number to call for support ...”

“Would it be alright if I called you back (tomorrow) to check that you’re OK? ”

“Are you ok if I leave now? ”

**If it becomes clear that this interview will take longer than 20-25 minutes ...**

By the time you get to question B.9 of the questionnaire, it will be clear whether this interview will take longer than the usual 20-25 minutes. If the person has experienced any of the incidents at B.8 or B.9, you could say something like the following:

'I would like to go on now to ask you some more questions about these experiences. Is that alright with you? First I'd like to check whether you are comfortable and that you are not likely to be interrupted. The interview may take longer than the average 20-25 minutes because of the questions I'd like to ask about your experiences. Is that OK?'

If the respondent cannot take more time now, say something like ...

"I don't want to begin asking more questions and then have to break off suddenly without leaving some time at the end to make sure you are alright. Perhaps I could call you back when you would have some more time?"