

# Family Violence Shelter/Program Survey

## Serving Women with Disabilities

### *Partnership Against Domestic Violence*

*Your help is requested in identifying and prioritizing needs for assistance in serving women with disabilities in domestic violence shelters/programs. We ask all program staff to complete this survey independently and return in the envelope provided.*

Under the Americans With Disabilities Act (1990), *disability is defined as a physical or mental impairment that substantially limits one or more major life activities. Examples of these major life activities include:*

- *self-care - such as bathing, dressing, or feeding oneself*
- *communicating - such as talking with or listening to others*
- *learning - such as mastering new skills, information, or activities*
- *mobility - such as walking, bending, climbing stairs*
- *self-direction - such as making important decisions*
- *living independently - such as preparing meals, shopping, and doing housework*
- *managing finances - such as keeping track of money and paying bills*

Any injury, illness, or condition that is not likely to be permanent is *not* considered a disability.

1) What is the most common type of disability you encounter in your shelter or program?

- physical disability*
- cognitive disability*  
*(learning disability or mental retardation)*
- mental illness*
- hearing impairment/deafness*
- visual impairment/blindness*

How prepared do you feel to effectively serve a woman with the following types of disability:

2) A physical disability?

<i>Not at all</i>			<i>Very</i>
<i>prepared</i>			<i>Prepared</i>
1	2	3	4

3) A cognitive disability?

<i>Not at all</i>			<i>Very</i>
<i>prepared</i>			<i>Prepared</i>
1	2	3	4

4) Hearing impairment/deafness?

<i>Not at all</i>			<i>Very</i>
<i>prepared</i>			<i>Prepared</i>
1	2	3	4

5) Visual impairment/deafness?

<i>Not at all</i>			<i>Very</i>
<i>prepared</i>			<i>Prepared</i>
1	2	3	4

6) Mental illness?

<i>Not at all</i>			<i>Very</i>
<i>prepared</i>			<i>Prepared</i>
1	2	3	4

7) Are you aware of resources available in the community to assist women with disabilities?

<i>Not at all</i>			<i>Very</i>
<i>aware</i>			<i>aware</i>
1	2	3	4

*Please continue on next page.*



8) Does your shelter or program have any rule or policy that may prevent you from serving women with disabilities?  Yes  No

If yes, please describe:

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9) Have you ever been unable to serve a woman due to the nature of her disability?

Yes  No

If yes, what were the circumstances? \_\_\_\_\_

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10) How often does this or a similar situation occur?

- frequently  
 occasionally  
 almost never

11) What is the greatest challenge to you in serving women with disabilities?

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12) Have you ever received any information or training on serving individuals with disabilities?  Yes  No

If yes, please describe: \_\_\_\_\_

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13) What information or support would be most helpful to you in your efforts to serve women with disabilities in your shelter/program?

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