FINDINGS REPORT

IPV SURVIVOR FOCUS GROUPS

Insights on How Healthcare Supports or Undermines Safety for Intimate Partner Violence Survivors

YEAR OF REPORT: 2025

Prepared By:

The Maryland Health Care Coalition
Against Domestic Violence

A project of the Center for a Healthy Maryland

www.healthanddv.org
www.healthymaryland.org

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MARYLAND HEALTH CARE COALITION *Against Domestic Violence*

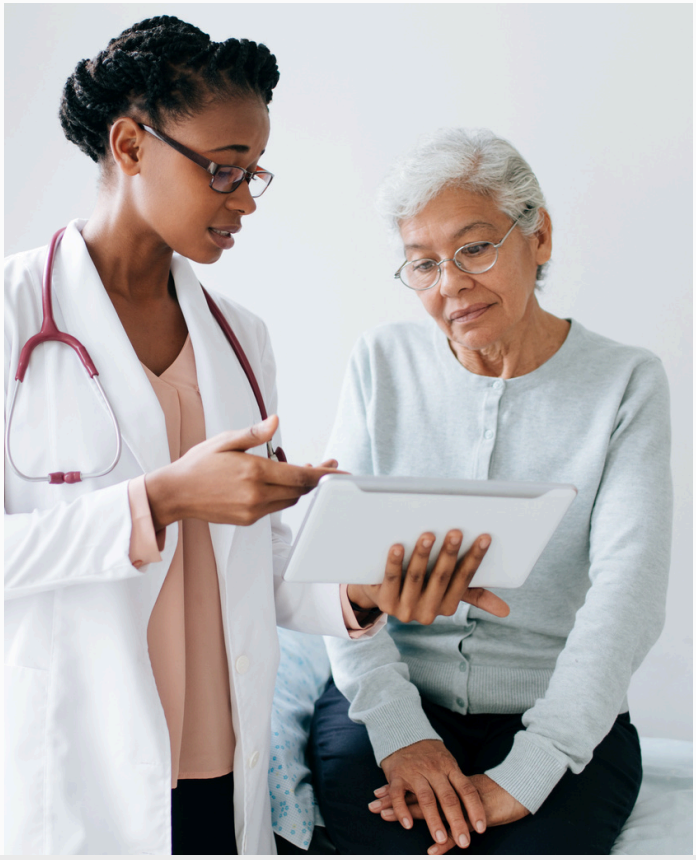
Center for a Healthy Maryland
The Maryland State Medical Society Foundation

Executive Summary

Centering the voices of survivors of intimate partner violence to strengthen the healthcare response.

Overview

Through four focus groups and two individual interviews, 29 survivors of intimate partner violence in Prince George's County (1 man and 28 women) shared their experiences with the healthcare system—highlighting what supported or compromised their safety, offering concrete recommendations for improving care, and providing feedback on a Coalition resource focused on healing from abuse.



About the focus groups:

- Each participant completed an initial assessment prior to the focus group.
- Focus groups were offered both virtually and in person to provide flexible participation options.
- Participants were compensated for their time and contributions.
- Accommodations were made available and provided upon request.
- Participants were provided additional resources following the group.
- Community Crisis Services Inc. (CCSI) assisted with participant recruitment and provided meeting space.

+4 GROUPS

+2 INTERVIEWS

+29 SURVIVORS

+14 QUESTIONS

> *"I'm happy my input will help anyone who has to go through what we as survivors are going through."*
>
> **- Anonymous** Focus Group Participant

Focus Group Questions Asked

Regarding Survivors' Feedback on a Material:

"A Healing Guide for Survivors of Physical, Sexual, & Emotional Abuse"

01. Do you think this material is helpful and informative? Why or why not?
02. Is there anything on this material that could be made clearer or easier to understand?
03. Is there anything on this material that does not need to be included?
04. Is there anything else that you wish to see on this material?
05. Do you have any other feedback about this material that has not yet been covered?

Regarding Survivors' Experiences with Health Care:

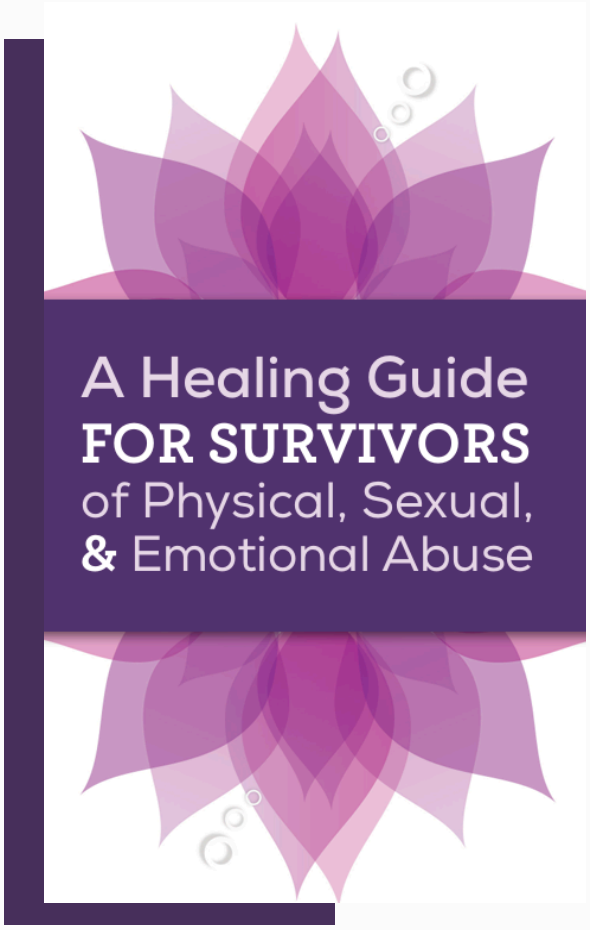
01. Were you ever screened for abuse during a medical visit? If so, how was it handled, and did you feel comfortable answering?
02. Did a health care provider ever recognize signs of abuse and ask you about your safety? If so, how did they approach the conversation?
03. Did you feel safe discussing your experience of abuse with health care professionals? Why or why not?
04. Were there challenges related to confidentiality or privacy when discussing your situation with health care professionals?
05. What were the most helpful actions a health care professional took when addressing your situation?
06. Has a health care provider ever talked to you about available domestic violence services or programs?
07. What do you wish health care providers had done differently when addressing your situation?
08. How can medical professionals create a safer and more supportive environment for survivors?
09. If you could give advice to a doctor, nurse, or other health professional about responding to domestic abuse, what would it be?

Survivor Feedback: *Coalition Material*

Core Summary

Survivors expressed appreciation for the brochure's colors, message of hope, and recognition of abuse's lasting impact, but emphasized that delivery, personalization, and accessibility are just as important as content. Many survivors found brochures too impersonal, overwhelming, or even unsafe to carry.

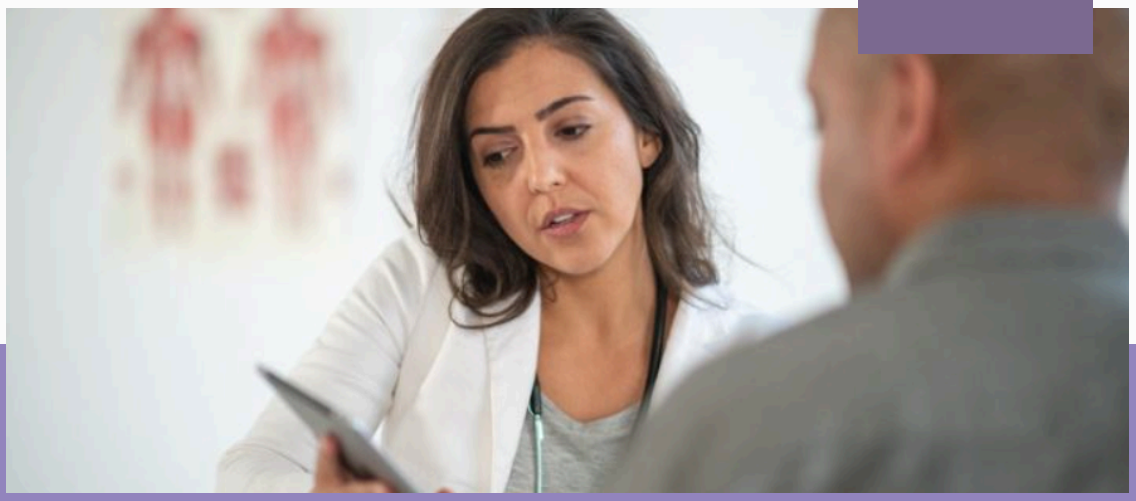
There was strong support for more discreet, interactive, and emotionally supportive formats—especially those that validate the trauma experience and offer clear, compassionate next steps for healing. Participants stressed the importance of trusted guidance, diverse healing options, and resources that reflect real-life barriers like childcare, privacy, and trauma-informed care.



Survivor Recommendations:

- Make the material smaller as to be more discreet.
- Use a more generic name to maintain safety.
- Include next steps & viable resources - therapy, groups, etc.
- Note that healing is a process, unique to each person.
- Add a QR code which links to a website with more info.
- Use numbers & statistics to show survivors they're not alone.

> *"If I realized the numbers, it would have helped me get out faster. I thought we would just grow out of it. It never stops."*

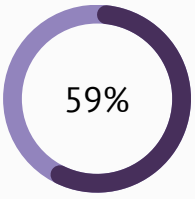


Survivor Feedback: *Health Care Response*

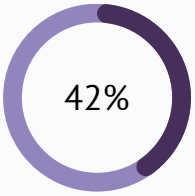
Theme One: Inadequate & Unsafe Screening Practices

Core Theme Summary

Many survivors reported they were not screened for abuse at all. Alarmingly, 42% of those who were screened indicated it occurred in front of their abuser, increasing their risk and limiting honest disclosure.



Were not screened at all



Of screenings were done in front of the abusive partner

> *"I was asked in front of my abuser, so I didn't answer honestly."*

Survivor Recommendations

- Ensure privacy during all screenings.
- Implement consistent, universal screening protocols.
- Establish policies that separate patients from others during sensitive conversations.
- Consider providing universal education, for instance, CUES: an Evidence-based Intervention.[1]

> *"I wished they would have asked. When people ask – I open up. They just needed to open that conversation."*

Survivor Feedback: Health Care Response

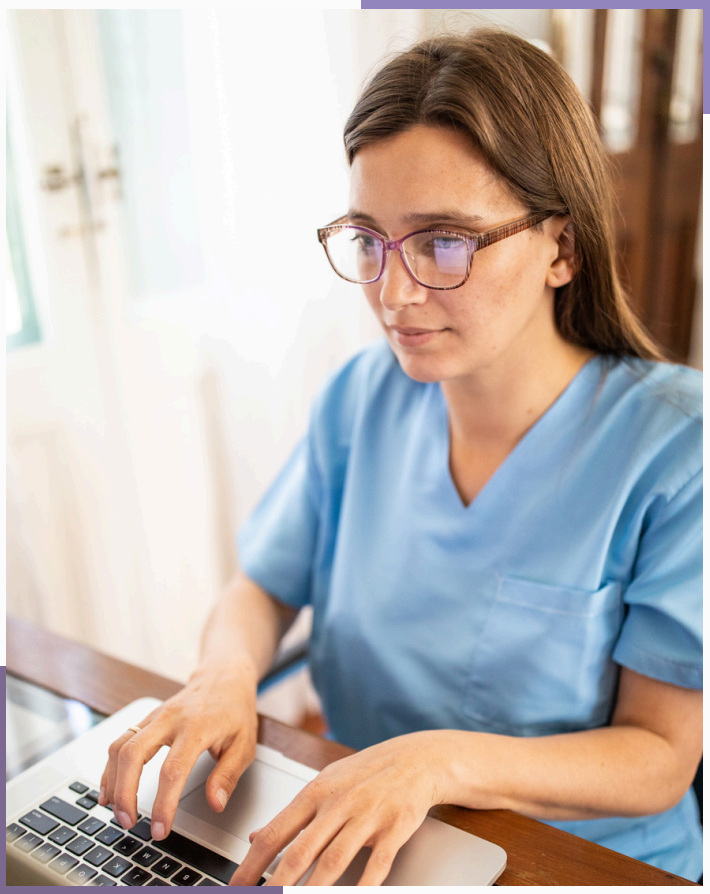
Theme Two: Insufficient Training of Health Care Professionals

Core Theme Summary

Survivors felt that healthcare professionals lacked the training necessary to recognize and respond appropriately to abuse.

Central Ideas

- Healthcare professionals didn't know what or how to ask
- Certification for health care professionals would be ideal, equipping them to recognize signs of abuse, respond appropriately, and integrate a mental health-informed approach into their care.



> *"They said, 'What did you do to make him do it?' Then they gave a referral to a therapist, but I didn't trust it. I shut down."*

Survivor Recommendations

- Train healthcare providers to recognize signs of abuse.
- Require staff involved in abuse discussions to have a mental health background.
- Encourage certification or continuing education in trauma-informed care.

Survivor Feedback: *Health Care Response*

Theme Three: Barriers to Disclosure

Two interconnected subthemes emerged: distrust in the healthcare system and the belief that disclosure isn't worth the risk.

Mistrust and Fear of Harmful Outcomes

Survivors expressed deep concern that disclosing abuse to healthcare professionals could result in punitive or unsafe consequences.

Key Fears Included:

- Reporting, when not mandated, leading to child protective services (CPS) or police involvement.
- Worsening of their situation or jeopardizing their safety.
- Being dismissed as "crazy" or not believed.
- Confidentiality being broken.
- Risk of child removal.

> *Black women in health care – it's hard to open up. They say you're crazy. They try to take your kids away. Why do you have to wait until I'm gone to care?"*

Perceived Futility in Disclosing

A prevailing belief was that telling healthcare providers wouldn't help. Survivors described feeling unseen, uncared for, and commodified.

Common Sentiments:

- "They don't care."
- "They won't help or follow up."
- "They'll judge me."
- "They see me as just a bill."
- "They don't have anything useful to offer."

Mandated reporters must clearly inform patients about confidentiality limits. Additionally, they must understand their biases, legal thresholds for mandatory reporting, and child welfare implications.

The Research

- Multiple sources report that mandated reporters refer Black children to child welfare agencies at twice (or more) the rate of white children.
- By age 18, half of Black children will experience a child welfare investigation. [2,3]
- *"The American Academy of Pediatrics has found that family separation 'can cause irreparable harm, disrupting a child's brain architecture and affecting his or her short- and long-term health.'"* [4,5]

Survivor Feedback: Health Care Response

Theme Three: Barriers to Disclosure

Survivor Recommendations for Healthcare Professionals

Survivors emphasized the need for compassionate, human-centered care:

Communication & Approach:

- Listen actively and take time with patients.
- Ask open-ended questions and normalize discussions of abuse.
- Show empathy, avoid assumptions, and be mindful of bias.
- Screen or provide universal education at every visit, ensuring a consistent and supportive response to IPV for all patients.

Environment & Body Language:

- Make eye contact, avoid distractions (e.g., screens), and don't loom over patients.
- Build rapport and be present.
- Review the patient's chart beforehand.

> *"You need to have the right person to respond – they have taken a course or know how to speak to people."*

Boundaries & Safety:

- Ask before touching the patient.
- Let the patient know who will be in the room.
- Explain confidentiality and reassure safety.

Information Sharing:

- Provide resources in multiple formats (including written materials).
- Clearly communicate the patient's rights.

Survivor Feedback: *Health Care Response*

Theme Three: Barriers to Disclosure

Survivor Recommendations for Healthcare Agencies

Policy Changes:

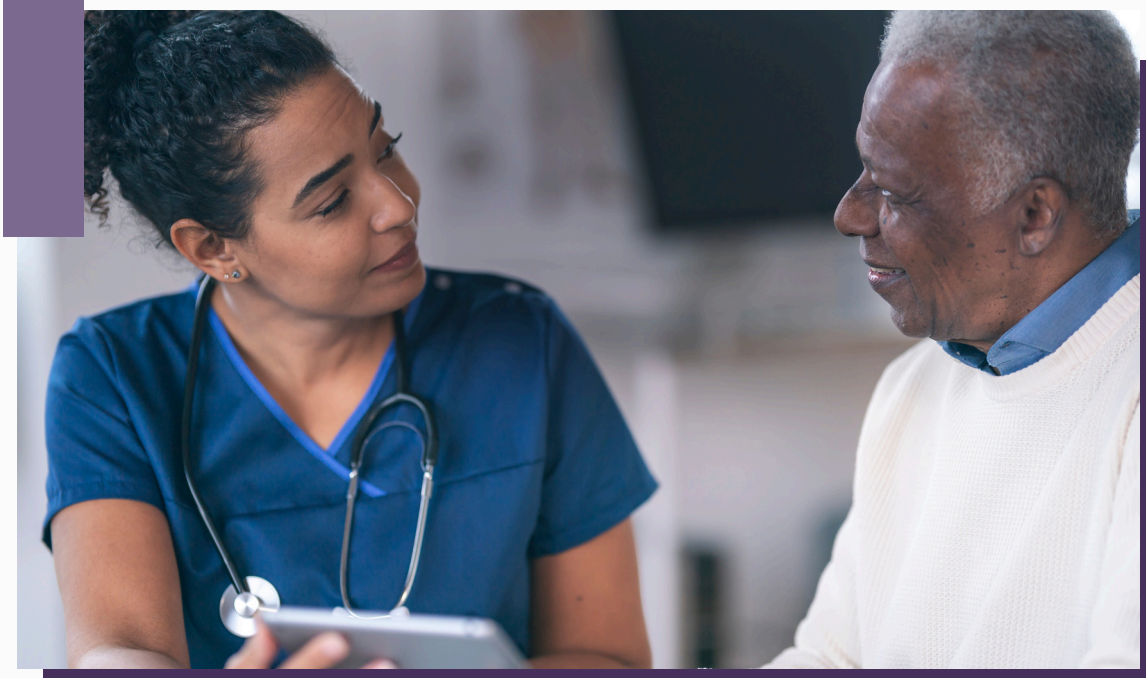
Establish policies that ensure:

- Privacy and physical safety.
- Viable resources are provided.
- Patients are asked before being touched.
- Follow-up communication is standard practice.
- Mandatory reporting should be guided by objective, observable indicators—not personal bias or assumptions—and a clear understanding of the legal thresholds to avoid unnecessary and harmful over-reporting.

Environmental Design:

Create spaces that:

- Feel private, welcoming, and non-threatening.
- Include hopeful imagery and supportive materials.
- Are equipped with items like snacks, water, and brochures.
- Have approachable staff who engage with patients beyond clinical tasks.



Key Conclusions and Action

Recommendations from the Maryland Health Care Coalition Against Domestic Violence

Professional Guidance:

- Implement trauma-informed practices so that guidance aligns with survivor needs and promotes empowerment.
- Prioritize trust, safety, and compassion in every interaction to support disclosure and engagement in healthcare.
- Establish clear policies for responding to IPV—whether through screening or universal education—to ensure consistent and supportive care for every patient.
- Conduct screening privately—never in front of others and especially not in the presence of a potentially abusive partner—to protect safety and encourage disclosure.
- Ensure patients are aware of their health care rights, available care options, who can access their information, and the limits of confidentiality, enabling them to make fully informed decisions about their health.

Reporting Considerations

Intimate partner violence is not a mandated report in the state of Maryland.

Professionals are required to report information on child abuse, abuse of a vulnerable adult, and other circumstances as mandated by law, but they are not responsible for investigating or seeking out additional details beyond what is disclosed.

Children Exposed to Domestic Violence

When making a mandated report of child abuse related to a child's witnessing of domestic violence that results in observable emotional harm in the child (e.g. bedwetting, increased aggression, etc.) the report must meet the statutory standard of "Identifiable and substantial impairment of a child's mental or psychological ability to function"; otherwise, it constitutes a violation of HIPAA. [6]

Professionals have a direct impact on survivor safety—our actions and our inactions matter.

The Coalition's Work Ahead

Our Collective Work to End Domestic Violence

About the Coalition

The Maryland Health Care Coalition Against Domestic Violence, under the Center for a Healthy Maryland, provides training, education, and resources for professionals working at the intersection of health and intimate partner violence (IPV).

Guided by a statewide Steering Committee, the Coalition integrates survivor feedback to ensure its work is responsive and relevant. We partner with health care, domestic violence, and sexual assault professionals, including hospital-based advocacy programs, and the Maryland Network Against Domestic Violence to deliver presentations, seminars, and consultations, as well as educational materials which support health care professionals and survivors.

Want to Join Us?

Reach out to us:

- www.healthanddv.org
- dvcoalition@medchi.org

Implementing Survivors' Recommendations

Survivors are clear: trust, safety, and compassion are essential to encouraging disclosure and engagement in healthcare settings. Implementing their recommendations offers a pathway to more trauma-informed, survivor-centered care.

In response, the Coalition will be implementing key tools for survivors—such as the updated, "Healing Guide for Survivors of Physical, Sexual, & Emotional Abuse" material, a centralized resource hub, and supportive groups that address the connections between health and IPV.

For professionals, we are continuing work on updated training materials, providing clearer guidance on mandated reporting, and collaborating with partners to strengthen hospital response guidelines.

Survivor Experiences With the Group

"For me, the act of showing up was powerful...it meant I'm choosing myself, my growth, and my healing. Very empowering."

I feel extremely motivated and empowered to continue reaching out and sharing my story and supporting other victims of abuse."

Being listened to and taken seriously felt very good, and I did not expect I would have a feeling of that today. Feeling that our information sharing may help others, made me feel worthy and helpful."

It made me want to help people just like me."

It gave me the power to have and keep my voice. Being heard through abuse, is very crucial."

In a follow-up survey, 23 participants shared about their experiences with the focus groups.

Experienced Financial Relief

94% chose "Yes, very helpful," when asked if the financial reimbursement provided for participation would help alleviate any burdens and reported using the compensation for:

- *Medical expenses*
- *Rent & Moving costs*
- *Children's clothing*
- *Children's Pull-ups*
- *Gas & Transportation*
- *Food & Groceries*
- *Daycare costs*
- *"Making ends meet"*

Group Satisfaction

87% chose "Very Satisfied" when asked how satisfied they were with their experience in the focus group. The other **13%** chose "Satisfied."

Social Connectedness

80% chose "Yes, I felt a strong sense of connection," when asked if participating in the focus group helped them feel more connected to others with similar experiences.

Empowerment

83% chose "Yes, I felt very empowered," when asked if participating in the focus group make them feel empowered, knowing that their input may help others in similar situations.

A Final Word

Closing Remarks & Acknowledgments

A Message from Our Executive Director

*Domestic violence affects individuals and families across all backgrounds, and its impact is both immediate and long-lasting. At the Center, we believe that prevention is not only possible—**it's essential**. Through targeted education, community engagement, and trauma-informed support services, **we are working to break cycles of abuse and build pathways to safety and healing.**"*

- Allan Browder, Executive Director, Center for a Healthy Maryland

Acknowledgements:

We are deeply grateful to the survivors of intimate partner violence who shared their experiences and insights during the focus groups. Thank you to the Prince George's County Council for funding this project, and to Community Crisis Services, Inc. for their partnership in recruitment and hosting the in-person session. This work would not have been possible without their support.

We also extend our appreciation to the healthcare professionals who work every day to support survivor safety and healing—and to those committed to using these insights to create safer, more responsive systems of care.

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