TOP 5

Ways Health Centers Can Promote Health Care Access for Survivors of Domestic Violence

Healthcare access is critical for survivors of domestic violence (DV) but it may feel difficult or even impossible for them to access. Fortunately, health center enrollment specialists can help by partnering with their clinic staff and local DV programs to identify survivors who need assistance, understanding the specific provisions related to DV and by educating staff at the health center who may be experiencing DV too.

1. Get to know the special enrollment periods that are available to domestic violence survivors

Survivors of DV and their dependents may purchase health insurance at any point during the year by starting a new application with the Call Center and asking for a Special Enrollment Period. They must say that they are a “victim of domestic violence.” Review the "Healthcare.gov Enrollment for Survivors of Domestic Violence" guide memo to understand how you can help survivors enroll year-round.



2. Learn more about the financial supports for some survivors of domestic violence

Survivors of DV who are legally married but who do not live with their spouse and will file taxes separately, are not required to count the spouse's income towards their household income. This means that these consumers are able to qualify for financial help based on their own salary—making health insurance much more affordable. You can help survivors understand if they are eligible for financial assistance to help pay for a Healthcare.gov plan based solely on their own income.



3. Get to know your local DV program

As enrollment specialists in health centers you can plan an important role building a bridge between health care providers and staff in your center and local DV programs.

Every state and territory maintains a DV coalition, that you can contact to identify local DV program(s). Approach your local program and ask them to consider partnering to increase health insurance enrollment, provide medical coverage for staff, or provide mobile health or other supportive services onsite for clients. Their services are confidential and free and they can be a resource and a partner for you as well! Visit: nnedv.org/content/state-u-s-territory-coalitions/ to identify your state coalition; or www.niwrc.org/tribal-coalitions to identify Tribal Coalitions. Go here for more information on how to build partnerships with local DV programs!



4. Increase survivor awareness about the Special Enrollment Period (SEP) and other special provisions related to DV

Share with clients that they might be eligible to receive health insurance that pays for needed health services and that some are eligible for financial support to make it affordable. Here is a script that you can adapt and share with your clients:

"Many of the people I talk with when I'm helping them sign up for health insurance state that they may be in a relationship that is unsafe. If you are experiencing domestic violence or are in a relationship that feels unsafe, you may be eligible to sign up for health care coverage at anytime during the year and you may be eligible for financial support that wouldn't be tied to anyone else – including someone who is hurting you. If this is something that you would be interested in learning more about I would be happy to help."

5. Increase your team's knowledge of these provisions

Work as a team to support survivors and their dependents. Help them get enrolled regardless of whether they are staff or patients. DV is common and all survivors may need help with health insurance coverage to treat the long-term health consequences of abuse.



Toolkit: ipvhealthpartners.org/
Learn more: healthpartnersipve.org/
futureswithoutviolence.org/

FUTURES WITHOUT VIOLENCE

HEALTH PARTNERS ON IPV + EXPLOITATION

ipv health PARTNERS

This resource was developed with support from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award to Health Partners on IPV + Exploitation (Futures Without Violence) totaling $650,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more info visit HRSA.gov.

This resource was revised July, 2025