VIEWPOINT

WOMEN'S HEALTH

How State Antiabortion Lawsuits and Increased Surveillance Empower Domestic Abusers

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In January 2025, Texas' largest antiabortion group, Texas Right to Life, announced plans to recruit men who disagree with their partners' abortion decisions to report them to authorities and become plaintiffs in lawsuits against out-of-state clinicians who provide abortions. This expands a strategy already used by Texas' Attorney General Ken Paxton[1] and others to leverage domestic abusers in efforts to restrict reproductive freedom for individuals in multiple states with abortion bans. This troubling development—state governments seeking to advance an antiabortion agenda by deliberately undermining vulnerable patients' privacy—requires concerted action.

Domestic abusers have long used reproductive coercion to keep their partners from leaving the relationship. This tactic often involves sabotaging birth control or blocking access to contraception or abortion, thereby leveraging pregnancy as a means of control. Pregnancy itself is associated with increased vulnerability to violence. Homicide is a leading cause of death among pregnant women—higher than hypertensive disorders, hemorrhage, or sepsis—and is most often perpetrated by an intimate partner.[2] Pregnant and postpartum individuals face elevated morbidity and mortality risks from abusive partners, especially in states with more restrictive abortion policies.[3] Survivors of intimate partner violence (IPV) who become pregnant often try to conceal their abortions since an abusive partner's knowledge of an abortion can further increase their risk of harm. Prior to the *Dobbs v Jackson Women's Health Organization* decision, many survivors of IPV might have been able to obtain an abortion at a local clinic. Now, in states that have enacted abortion bans or severe restrictions, they may be unable to travel out of state for care without further jeopardizing their safety.

When access to abortion is restricted, patients in violent relationships may be forced to maintain contact with abusive partners during pregnancy and through shared parenting, prolonging vulnerability to violence and coercion. For example, domestic abusers often engage in litigation abuse to continue exerting control over survivors. This abuse involves filing frivolous motions, appeals, and adjournments that use children as pawns in child custody and visitation proceedings,[4] and enables abusers to harass, intimidate, and continue contact with the survivor.

Other efforts by attorneys general in states with abortion bans are also empowering domestic abusers. Attorneys general from 15 states filed suit against a June 2024 Biden administration rule aimed at strengthening Health Insurance Portability and Accountability Act protections, claiming the rule exceeds federal authority. The new rule prohibited law enforcement from accessing private reproductive health care information to track individuals who obtained or sought abortions. Thus far, the Trump administration has not rescinded the rule—nor made clear whether it will defend it in court. *Project 2025: Mandate for Leadership, the Conservative Promise*, produced by the Heritage Foundation, specifically calls for the repeal of the rule and for mandating intrusive state surveillance and reporting abortions to the US Centers for Disease Control and Prevention, which is currently voluntary.[5]

Abortion surveillance is a priority for some antiabortion organizations. When this information is accessible to or easily obtained by the public, it is particularly dangerous for survivors of IPV. Although abortion reporting has long been included as part of state-level public health surveillance, routinely collected information about patients' demographic data, including place of residence, makes it possible to more easily identify people who have had or clinicians who have provided abortions in states with bans. Because there are now so few abortions provided in clinics in these states, individual identification is much easier. Attorneys general who are hostile to abortion may weaponize this information to target patients and their clinicians, potentially exposing IPV survivors to further violence.

Last year, the antiabortion organization Voices for Life sued the Indiana Department of Health, claiming that state-mandated reports of terminated pregnancies submitted by clinicians should be made public. In early 2025, the Indiana Attorney General negotiated a settlement with the group, essentially agreeing to their demand. Two Indiana physicians intervened in the lawsuit, arguing that making these medical records public is a violation of their patients' privacy and that the small number of abortions in the state after its ban went into effect would allow for identification of individual patients. An Indiana judge granted a temporary restraining order blocking the Department of Health from making the records public.[6] Such efforts by state officials in collaboration with antiabortion groups to make reproductive health care information public not only undermine basic principles of patient confidentiality, they empower domestic abusers to use their partners' reproductive health care decisions as a tool of control.

In states with abortion bans, clinicians providing standard-of-care screening for IPV during prenatal visits must now navigate complex legal landscapes that may compromise patient confidentiality and safety. They face challenging decisions about what information to document and how to counsel and refer patients facing both unwanted pregnancy and IPV. Staff at domestic violence shelters, rape crisis centers, and similar service institutions also face a moral and practical dilemma. The same attorneys general whose actions empower domestic abusers also control funding for these organizations.[7] If staff fulfill their responsibility to support their clients' safety—including referring them for out-of-state abortion care—they may subsequently

face financial and legal retribution from the state agencies that have implemented proabuser policies.

Health care professionals have a responsibility to advocate for policies that recognize the connection between reproductive autonomy and safety from violence. Like clinicians in Indiana, they can collaborate with lawyers to resist the disclosure of confidential medical information that may endanger patient safety. They can also educate legislators about the risks for survivors of restrictive abortion laws; encourage enactment of evidence-based domestic violence policies; write op-eds; sign on to amicus briefs in litigation; and ensure that comprehensive, compassionate care remains accessible to all survivors of sexual and intimate partner violence. Finally, it is imperative that clinicians and advocates for survivors of IPV hold state lawmakers and attorneys general accountable for the role they play in empowering domestic abusers through their enforcement of abortion bans and support for intrusive reproductive health care surveillance. Without doing so, IPV survivors will be in even graver danger.

ARTICLE INFORMATION

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