



Archived by Flinders University

This is an Accepted Manuscript of an article published
by Taylor & Francis in Australian Feminist Studies on 3
August 2018, available at:

<https://doi.org/10.1080/08164649.2018.1498735>

Abortion and the limits of the personal becoming political

Author

Barbara Baird

Associate Professor

Women's Studies

Flinders University

barbara.baird@flinders.edu.au

Barbara Baird ORCID <https://orcid.org/0000-0002-2444-682X>

bio statement

Barbara Baird works in the discipline of Women's Studies at Flinders University, an institution built on the un-ceded land of the Kaurna people, the traditional owners of the Adelaide plains. Her research has investigated the histories and politics of sexuality and reproduction in Australia, and their intersection with the politics of race and nation. She has focused on abortion and an array of lgbtiq issues. She is currently writing a history of the provision of abortion services in Australia since 1990. With colleagues from the Department of Modern History at Macquarie University she is researching the history of sexual citizenship in Australia since 1969.

Abstract

This article offers a historical account of the changing politics of abortion in Australia in the late 1960s and early-mid 1970s. The article first focuses on women's personal stories of seeking and having an abortion and what they make of these experiences. It considers how these were made political through the Women's Liberation Movement, at the Royal Commission into Human Relationships and in the pages of the new women's magazines of the early 1970s. It then considers changes in access to abortion services in the early 1970s and finds that the political weight and authority of women's stories about their need for abortion were not so effective in this arena. The article avoids universalising claims about the effects of making the personal political and argues for attention to the particularities of the effects of this shift. It also observes that the medical profession and the public health system put significant limits on the newly public demands made by women in relation to abortion. It concludes that reshaping the relationship between the personal and political does not necessarily guarantee women's reproductive rights when these are claimed through liberal discourse and subsumed to medical authority in the private market of healthcare.

Key Words

Abortion

Women's Liberation Movement

Healthcare

Doctors

Women's Magazines

Australia

Royal Commission into Human Relationships

Abortion and the limits of the personal becoming political

Abortion is a key gendered issue where the relationship between 'the personal' and 'the political' changed in Australia through the late 1960s and the 1970s. This change included a strident politics calling for change in the law and the publicising of women's personal experiences of abortion where previously discretion and/or silence had been the norm for public speech. The ways in which women in Australia accessed and experienced abortion also shifted significantly in the 1970s (Allen, 1990; Siedlecky and Wyndham, 1990; Albury 1999). This article brings empirical historical research to an investigation of institutional and discursive arenas where the issue and personal experience of abortion became political during the early-mid 1970s in Australia. It moves away from universalising claims about the personal becoming political and instead focuses on how the personal gets made political and with what effects.

This article begins with the elaboration of a theoretical framework which aligns the personal/political with the public/private divide of liberal ideology. It then sketches the historical context of abortion politics in the late 1960s and 1970s and outlines the approach to the investigation of making the personal political in the domain of abortion. From here the article is divided into two sections. In the first section three different arenas in which the issue and experience of abortion was made public and political are explored; the activities of the Women's Liberation Movement (WLM), the federal government's Royal Commission into Human Relationships (RCHR), and the new women's magazines of the 1970s. The second section discusses the provision of abortion in Australia during the 1970s. This domain of healthcare is investigated as a public space where the effect of making the personal of abortion into the political can be measured. The article shows that in the early 1970s some women's stories of abortion were made public and political in unprecedented ways. While the nature of change in the provision of abortion services delivered safe abortions it did not give women the right to have an abortion and nor did it make abortion accessible to all. The enduring power of the medical profession and the failure of the public health system in most jurisdictions to offer adequate abortion services was a significant limit on the feminist goal of women's self-determination expressed in the 1970s slogan of 'abortion on demand' (Lake 1999, 223-4). The article concludes with reflections on what this analysis suggests for consideration of how the personal became political for other issues.

The divide between the personal and the political is closely related to the divide between the private and the public. These categories are fundamental to 'Western liberal democracy (and

thus to feminism's critique of it' (Scott and Keates 2004, ix). Personal/political and private/public do not refer to exactly the same cultural, social and political phenomena (although philosopher and historian Denise Riley sees them both as renditions of the 'fundamental and vexed outer/inner division' (2004, 3)). The WLM claim that the personal was political was, however, undoubtedly a challenge to the gendered politics of liberalism. In liberal ideology the public is the domain of reason, education, economic production and government, and historically is coded masculine (and white and middle class). The private, its opposite, is the domain of the emotions, the body, the domestic world of family and intimate life, thus of sexuality and reproduction, and is historically coded feminine (and other to the white middle class). Second wave feminists made many ostensibly private issues public, and political (Lake 1999, 231-252). This included making abortion political through what historian Marilyn Lake describes in Australia as a 'new libertarian vision of equality' (223). These Western feminist challenges to the gendered politics of the public/private divide included the insight that 'the idea that there are two analytically discrete realms is an example of a well-nurtured myth' (Thornton 1995, 11).

There were political differences in the ways that feminists approached the public/private divide. The claim to a private life unregulated by the state (for example, 'get your laws off our bodies') was not necessarily consistent with the claim to state support for the work of reproduction (for example, for maternity leave) or for state protection from gendered harm (for example, from violence against women) (Scott and Keates 2004, x-xi; Riley 2004). Feminist and other challenges expressed different political relationships to the liberal state.

A new politics of abortion

Notwithstanding its criminalisation, abortions were performed in large numbers in Australia before the 1970s, increasingly by doctors in the post war period, often for a sizeable fee (Albury 1999). The details of women's abortions were represented publicly in various ways throughout the C20th, if often in coded language and through shaming discourses; in pro-natalist government inquiries into population and fertility, in the criminal courts and their reporting in the daily papers, and in medical journals (Arrow 2016, 322; Baird 1998, 112-116, 128-133; Siedlecky and Wyndham 1990). Yet for most women seeking an abortion before the 1970s information about abortion was difficult to obtain and their own experiences were kept secret. There were sympathetic portrayals of abortion in novels by some mid-century Australian women writers (Moore 2002) and in the culture of various libertarian and politically radical sub-cultures (Coombs 1996, 36-40, 77, 202-207; Baird 1998, 56) but these were representations in marginal publics. While discussion of contraception began to appear in

the mainstream world of women's magazines in the 1960s, abortion remained an absence (Sheridan et al 2002, 35, 41).

Marilyn Lake has claimed that the demand by the WLM in Australia from the late 1960s for abortion law reform was 'the real break with women's movements of the past' (1999, 223). Abortion was a key focus for many of the founders of the Women's Electoral Lobby (WEL), the more reformist part of the movement (Sawer 2008, 8-49). Notwithstanding this feminist activism, the liberalisation of abortion law and provision was not directly an effect of feminism. Rebecca Albury states that it was 'wider social change in Australia' that was responsible for the development of 'accessible contraception and abortion services' from the 1960s (1999, 10). She points out that the changing position of women in the workforce and the pre-existing political culture of social liberalism made campaigns for abortion law reform viable. Finally, it is important to note that the legal liberalisation of abortion law in Australia that began in the late 1960s, distinctly in each state and territory, did not give women the right to abortion but rather clarified the conditions under which the performance of an abortion by a doctor was lawful. Sally Sheldon describes this as a shift from the criminalisation of abortion to its medicalisation (Sheldon 1997).

Sheldon writes primarily of Great Britain, from where Australian law descended. The female-dominated British Abortion Law Reform Association, formed in 1936, had feminist sympathies from its inception (Brookes 1988, 94-98) and women were speaking publically about abortion in the context of women's emancipation in Britain from the early 1960s. The liberal politics that achieved parliamentary reform in 1967 served however 'to strengthen medical autonomy and left women reliant on the profession's goodwill' (156). The legal change in the USA took a different path; after law reform in several states the 1973 Roe v Wade ruling in the Supreme Court was 'revolutionary'. It 'strongly asserted the rights of the pregnant woman and carefully limited the role of the State' (Potts Diggory and Peel 1977, 332). Amy Kesselman claims that it came in part from the 'intense political and legal efforts of women across the country' (1998, 42). Women's Liberation groups were influential in both Britain and the USA, and the strategy of making women's personal stories of abortion prominently political a feature in both countries (Kesselman 1998; Orr 2017, 67-81). In both Britain and the USA the post-liberalisation system of provision followed the pre-existing mode of provision and/or the general pattern of health care. Abortion provision was effected predominantly through the National Health Service in Britain with some private hospital services, and across all kinds of hospitals and clinics in the USA where, like most American health care, costs were often high (Potts Diggory and Peel 1977, 299-307, 332-354).

In Australia Abortion Law Reform Associations (ALRAs) formed in the late 1960s in Victoria, New South Wales (NSW), South Australia (SA), Western Australia (WA) and the Australian Capital Territory (ACT) (Siedlecky and Wyndham 1990, 81-93). These groups had female members but were more liberal than feminist in their views and activities. ALRASA was a central part of the parliamentary reform of the abortion law in 1969 in SA. In Victoria in 1969 and in NSW in 1971 the law was liberalised as an effect of court rulings where doctors charged with abortion offences were found not guilty although the late 1960s campaign against police crackdowns on abortion providers and police corruption in the industry, led by renegade doctor Bertram Wainer in Victoria, and the ALRAs in both states, formed a backdrop (Siedlecky and Wyndham 1990, 79-80, 85). The wide social change afoot in Australia materialised in the election of the progressive Australian Labor Party (ALP) federal government led by Gough Whitlam in 1972. Early in its first term, government backbenchers Tony Lamb and David McKenzie moved a bill in the federal parliament to reform abortion law for the Australian Capital Territory (ACT), over which the federal government had jurisdiction. Feminists in the ACT were closely involved with the bill's drafting which, if it had been successful (it wasn't), would have radically improved ACT women's access (Siedlecky and Wyndham 1990, 92). In the Northern Territory (NT) law reform was achieved in 1973, uniquely in Australia, by a publicly identified feminist, Dawn Lawrie, the lone female member of the Territory's Legislative Council (Baird and Belton 2018). The precedent set by Justice Menhennit's ruling in Victoria's Supreme Court was taken up differently in the three states where there was neither law reform or court ruling, publically acknowledged in WA but not in Queensland (Qld) or Tasmania (Tas) (Siedlecky and Wyndham 1990, 84; Deveson 1978, 273-4). In 1975 the Whitlam government introduced Medibank, Australia's first universal health care insurance scheme. The listing of abortion as a rebatable procedure significantly increased the affordability of an abortion when performed by a doctor in private practice (Siedlecky and Wyndham 1990, 96).

The new liberal and feminist politics of abortion did not emerge without contest. While the Catholic church was the main organised body that opposed the reform of abortion law in the 1960s, specifically anti-abortion groups were established around Australia in the 1970s. This included the National Right to Life Association (Baird 1998, 144-47; Siedlecky and Wyndham 1990, 90, 92-93). The political strategy of these groups centred the foetus rather than the woman (Baird 1998, 144-47).

From a different angle, although with much less publicity, and more significantly for this article, some Aboriginal women opposed the WLM politics of abortion in the 1970s (Sykes 1984, 64-5; Millar 2017, 69-71). In some cases this view was a response to the abuse of

black women, for example 'coerced abortions and sterilizations' (Sykes 1984, 64). In others Aboriginal women posited a maternal personal as their ground of opposition (Baird and Belton 2018). In their account of Aboriginal women's struggles Goodall and Huggins do not polarise abortion and maternity but state that '[w]hile white women's demands to control their fertility were related to contraception and abortion, Aboriginal women were subjected to unwanted sterilisation and continued to struggle against the loss of their children to interventionist welfare agencies' (1992, 402). The categories personal and political, private and public, are forged differentially in contexts of contest and difference (Scott and Keates 2004, xi). In the Australian context, Aboriginal and non-Aboriginal women had different relationships to the liberal state.

Approach

The article from here is divided into two sections. In the first section I consider three distinct domains where the personal of abortion was made political; 'the public' is not uni-dimensional. The telling of women's personal stories of abortion is a focus in each. The Women's Liberation Movement (WLM), lead this political change, and is considered first. The newsletter, occasional publications and the Women's Centre Daybooks of the Adelaide Women's Liberation Movement 1971-1975 are the source for this investigation.ⁱ The shift of abortion from the personal to the political effected by the WLM had widespread influence. The Royal Commission into Human Relationships (RCHR) was initiated by the federal Whitlam government in 1973 in response to the failure of the McKenzie-Lamb abortion law reform bill to investigate 'the family, social, educational, legal and sexual aspects of male and female relationships'. Women's stories of abortion were invited. The RCHR constituted a state-sponsored public sphere which Michelle Arrow claims as 'was prompted by the renewed visibility of feminism in the early 1970s' (2016, 321). The texts considered here are the sections/chapters on abortion in the RCHR's final report (Evatt, Arnott & Deveson 1977b) and in *Australians At Risk*, the book based in 'an edited selection of material the Commission received' authored by Commissioner Anne Deveson (1978). The third public domain considered here is the new titles of the diversified women's magazine market of the early 1970s (Sheridan et al 2002, 5). For Megan Le Masurier 'popular media texts ... actually become the public sphere of feminism' (2007, 198). The discussion here focuses on representations of abortion in the three most popular of the new magazines for the period 1970-1975. *Dolly*, addressed to young women in the 16-24 years age group, was launched in 1970 by Fairfax Limited. *Cleo* addressed women in the 20-40 year age group and was first published late in 1972 by Australian Consolidated Press. *Cosmopolitan* was launched in early 1973 as part of the global expansion of the highly successful US magazine of the same

name. The 'Cosmo girl', a single career woman, was implicitly younger than the imagined *Cleo* reader. By the end of 1975 *Dolly* and *Cosmopolitan* had well over 100,000 readers and *Cleo* over 230,000 (*Australian Financial Review* 1980). These circulation figures suggest that women's magazines reached a greater audience than either WLM or the publications of the RCHR could have expected.

The second section of the article considers the provision of abortion services in each jurisdiction for the period from the legal liberalisation of abortion until the mid 1970s. While the public and political telling of women's stories aimed to shift the discourse, replacing 'guilt and shame with the emotion of relief' as Erica Millar observes (2017, 67), the making political of the personal was also part of the strategy to secure access to abortion services. The second section of the article corrals existing information about the provision of abortion services in the early-mid 1970s from a range of secondary sources to create a picture of post-liberalisation provision of abortion in each jurisdiction as a way of assessing the impact and effects of the new politics of abortion.

Women's Liberation Movement

Many women joined the WLM and WEL specifically to campaign for abortion rights (Lake 1999, 223-224; Sawer 2008, 8-49). Women's Abortion Action Campaign (WAAC) groups, spin-offs from WLM, were formed in Sydney and Melbourne in 1972 and in Adelaide in 1973 (Millar 2017, 63; Siedlecky and Wyndham 1990, 86; Kinder 1980, 88). Women in most cities established abortion referral services to respond to the growing number of women who were contacting WLM groups seeking information (discussed in detail below). WAACs produced printed material about abortion and related matters, including a 'guide to abortion in several languages' (Evatt, Arnott and Deveson 1977, 185; Kinder 1980, 117). Millar claims that for WLM abortion was located in a cluster of issues which condemned women to 'a twenty-year sentence of enforced motherhood' (64), exemplifying 'the patriarchal system' (2017, 62). This analysis was a step beyond the politics of ALRAs who saw women needing abortions as 'victims of circumstance' (61). One Victorian WAAC woman wrote that it was 'necessary for women to get up in the streets and state they have had abortions and that they believe it is every woman's right to decide' (66).

As well as the production of feminist analyses, and in the context of the referral services, women's stories of their own abortion, and consequent advice to others, were published regularly in WLM publications. For example, the June 1972 issue the Adelaide WLM newsletter *Liberation* included a story of a woman's encounter with a doctor and the long list of personally intrusive questions he asked.

The questions were all confusing and very upsetting. My answers were vague. I was sure he would regard my behaviour as a sign not merely of depravity but also stupidity ... By the time the interview finished, my opinion of myself as ignorant, immature and misguided had been thoroughly confirmed. (Baird 1998, 150).

Nurses were also indicted. In a 1973 issue of the WLM 'Body Politic' newsletter one woman wrote:

In a hospital shared a room with radiant mother, nurses treated me coldly but the classic thing was charming Matron who marched me on my way saying this is a one way road so watch out! (Baird 1998, 151)

Women who wrote of their own experiences, and those who wrote the leaflets and newsletters, demonstrated an awareness of the 'game' that the newly legal process of seeking an abortion amounted to. The author of a leaflet that was circulated at a women's march noted that 'Many cannot pretend well enough to comply with the very restrictive legal conditions' (151). One woman wrote sympathetically of the doctor she consulted:

[P]ersonally I felt he was much in favour of abortion on demand. But because of the law, he had to conduct this interrogation to find 'mental reasons' for my abortion. (151).

The accumulated experiences of women who had had abortions lead to an article in the April-May 1974 issue of *Liberation* that instructed women in the best ways to approach a doctor. Titled 'Acting out your story for doctors' and above an image of a naked pregnant woman crucified on a cross, the instructions read:

It is the reserved quiet women who seem to come off worst at public hospital interviews for abortion. The best thing to do is to threaten to have an illegal abortion since this stirs the professional ethics of the doctor. Also it is better to say it is a result of failed contraception, rather than to say you weren't using anything. It is better to say you have had a long relationship with the male concerned rather than a casual one. Doctors often take the view that women must be 'made to face the consequences of their irresponsibility' by being forced to have the child. (151).

These instructional pieces are addressed to an intimate audience of other women who may be seeking abortions. Some go beyond simple story-telling to an analysis that demonstrates insight into the discourses and structures that shaped women's lives.

Some women also gave heartfelt advice to their sisters. 'Try to be calm', one woman wrote. 'Don't be pushed about by "the other side". There are all sort of hang-ups that other people have – don't let them push them onto you'. She concluded 'Once I was sure I could have an abortion, I really was terribly calm' (150).

This discursive shift in the construction of the woman seeking an abortion is captured in the record of phone calls kept in the Adelaide WLM centre's 1974 telephone journal where one 'womaner' wrote 'A lovely, lovely woman rang up wanting an abortion' (148).

Royal Commission into Human Relationships

The Royal Commission into Human Relationships (RCHR) provided a state authorised public forum for the translation of women's experience of abortion from the personal into the political. More than 1300 individuals and groups made written submissions (Arrow 2016, 321-2). Many focused on abortion. The RCHR commissioned its own research about abortion, heard verbal evidence from eleven public meetings and conducted a phone-in to collect 'personal experiences with unwanted pregnancies' (Evatt, Arnott and Deveson 1977a, 18, 131-134). The stories told of abortions referred to experiences before and after liberalisation. Quotes from and references to women's stories are spread throughout the section on abortion services in the Commission's report (Evatt, Arnott and Deveson 1977b, 165-184). Those in Deveson's book are longer and presented without framing context or commentary.

Under the report's heading 'Unsafe procedures' a woman who had phoned in is quoted:

I was treated terribly. It was a gruesome, dirty room in a dirty street. The actual miscarriage occurred in a hotel room. I felt very sick for a long time, and emotionally upset. The whole thing was so sordid and horrid. (Evatt, Arnott and Deveson 1977b, 168)

Another woman told of the impact of illegality. 'It was all very secret and I was frightened we'd be raided ... I was told if there were any problems afterwards he didn't want to know about it' (171). More recent stories also told of rude and unsympathetic doctors. One woman said 'I feel the sort of talking to that I received is not deserved by anyone' (171). Another recent story appeared under the heading 'Delay':

I was referred by my doctor to a gynaecologist, who refused abortion. So my doctor sent me to ... hospital – more delay, and they frightened the life out of me about safety and killing the child ... I also went to FPA, had a very long wait, but they were fantastic, rang a doctor, arranged an appointment the same day, I went there and was done straight away. (169).

The effects of the new politics of abortion are evident here in this woman's story of FPA (Family Planning Association, established in each state territory in the early 1970s (Siedlecky & Wyndham 1990)). The commissioners noted that some of the women who

phoned in mentioned the new Preterm clinic and 'did so in order to express their satisfaction at the treatment they received at this clinic' (Evatt, Arnott and Deveson 1977b, 176).

Women spoke of a range of emotional experiences.

I had an abortion at a private clinic. I was treated extremely well. I felt how simple it was – no obstacles. ...They explored my feelings about it thoroughly. After the termination I felt not too bad physically, and relieved emotionally, no recrimination. (172).

Another reported 'After the termination I felt marvellous. ... I am angry abortion is such a "privileged" thing' (287-8). But some women continued to struggle: 'I still feel unable to tell family or friends that I have had an abortion' and 'I felt guilty for years and years about the shame of it, but not because of killing a foetus' (Deveson 1978, 287-8).

Some of the stories told of being refused. Inequality of access figured in several of these. A woman who failed to get an abortion for her daughter concluded:

If she had had money she could have had an abortion with no problems for \$180, but I am on a pension and she had no money, so we had to rely on the women's hospital. There seems to be one rule for those who have money and another for those who desperately need help but are deprived of it because of lack of finance. (279)

Public hospitals around the country were 'a cruel lottery', as Denise White from WA ALRA put it (283). Cynthia Turnbull from WEL in Tasmania reported that married women with no physical issues were least likely to get abortions in Tasmanian hospitals and 'the doctors down here are very conservative and in many cases they tend to moralize on the women, which is very humiliating for them' (273). Like many Tasmanian women, Queensland women had to travel interstate. Judy McLeod from Children by Choice wrote 'They should be aborted locally; they should not have to trek halfway across Australia for this service' (281). One of the most detailed stories included in Deveson's book is particularly gruelling. 'Mary, from the Fertility Control Clinic' had young children, an invalid father and an alcoholic husband when she became pregnant. After seeing numerous doctors over several weeks she attempted suicide and was sent to a 'mental hospital'.

In September 1965, thirteen weeks after begging my doctor to do something, I had my twenty-week pregnancy terminated. After the operation I found that I had been given a complete hysterectomy. I was given no explanation for this and no psychological follow-up. (266)

Mary concluded her story in the spirit of gender solidarity, stating that 'my nightmare of four months has given me the impetus to fight for abortion law repeal' (266).

Women's accounts of their personal abortion experiences were given authority in the Commission's report but their political weight was compromised by its ambivalence towards feminist analyses. Erica Millar argues that the report 'foreclosed WLM's position on abortion' (2017, 79). Nonetheless the RCHR made nearly thirty recommendations about abortion that comprised a comprehensive and detailed model for the delivery of abortion services, effectively unregulated abortion on demand until 22 weeks and including abortion clinics in public hospitals (1977b, 252-254). In any case the effects of the RCHR on abortion provision were minimised when the conservative government that was elected in 1975 cut its resources and declined to make any formal response to its report (Arrow 2016, 324). Many of its recommendations on abortion remain outstanding issues at the time of writing.

Women's Magazines

The new Australian women's magazines of the early 1970s gave young women in particular access to imagined worlds that mediated the cultural, social and economic changes of the period, including the new politics of abortion (Le Masurier 2007). *Dolly's* first direct discussion of abortion was 'Abortion: Those Involved Have Their Say', an article advertised on the front cover of the February 1974 issue ('Abortion' 1974). The article reported views from five young women, who had experienced a variety of pregnancy outcomes. 'Cathy' wrote of her experience of abortion that it was 'the most miserable time of my life. But I wouldn't have had things any other way' (51). 'Julie' and her boyfriend would have married and kept the baby but her parents made the decision for her to have an abortion (52). Letters to the editor about abortion followed. In the Postbag column in June 1974 three were printed, although a small note from the editors acknowledged 'your many letters on this subject' (5). The choice of the three reiterated the 'What should I do' framing of teenage girlhood which was central in the world of *Dolly*. Patricia Brown wrote 'I am an expectant mother (unmarried). I decided to have an abortion until I read your feature in Feb *Dolly* ... I changed my mind'. Davina Davidson wrote 'I had an abortion about a year ago now - I feel very guilty about it and I don't think I'll ever really get over it.' Merrill de Wild wrote 'I was very worried about having an abortion but after reading and re-reading your feature I decided to definitely go ahead ... I only needed to hear what other girls had been through to thoroughly confirm my opinion'. In subsequent issues abortion became part of *Dolly's* discourse of health and sexuality, represented mostly in a negative light. There was no information about how to get an abortion in *Dolly* in its early years.

Cleo foregrounded women's choice, liberation and sexuality. The magazine discussed a range of political issues and was overtly committed to a middle class liberal feminism (Le

Masurier 2007). *Cleo* addressed its readers as mothers and as *Australian* women. Abortion was an issue rather than an experience in *Cleo*, doctors and psychologists were given authority; there were no direct first person accounts. But feminist politics were also evident. In July 1974 an article about the Leichhardt Women's Health Centre (Blanch 1974), almost entirely a discussion of abortion, responded to 'hundreds 'of complaints *Cleo* had received from women about their treatment by doctors. In the May 1975 edition a 'Women's Action Booklet' avoided direct discussion of abortion but listed organisations that assisted women with unwanted pregnancies, including the Sydney WLM organisation ("Women's Action Booklet" 1975).

Cosmopolitan had no national loyalties, little interest in politics and encouraged women to use all means at their disposal to advance their position in life. It had no stated commitment to feminism although mentioned it frequently; this fits what Le Masurier describes as 'the ex-nominative' (2007, 207). Laurie Ouelette reads the US *Cosmopolitan* as instruction for 'women for whom the liberal discourse of equality of opportunity often fell short' (1999, 369).

In its first year *Cosmopolitan* published 'Abortion: Should it be a woman's right?' (Rich 1973). The article is a well-informed and damning account of the parlous state of abortion politics and provision in NSW, including the monetary cost and the humiliations of seeking even a legal abortion. It argues for abortion on demand. But most remarkably the article features five named and pictured women, four of them professionals, four of them mothers, one an abortion activist, who tell their stories of having had abortions, some pre-liberalisation (39-41). Helen McCarthy and Caroline Graham refer to doctors in Macquarie Street (Sydney) where the experience was 'ghastly and seedy' for Graham, painful but relieving for McCarthy. Graham mentions the Heatherbrae clinic where she went for her second and third abortions which was 'a completely different atmosphere – sympathetic and kindly'. Two women told stories of going to Sydney's Crown Street women's hospital, where doctors and others were unsympathetic, Mary Marques had to go elsewhere. Ann Patterson wrote

I didn't go into my abortion lightly. I did it for my kids' sake and my sake. You see, I'm handicapped ...I couldn't afford the \$200 one doctor wanted. I got a letter from a doctor who sent me to Crown Street. ... I saw two doctors and a social worker and they all tried to talk me out of it.

She was sent away for the weekend and on her return was offered an abortion if she was also sterilised. She refused the sterilisation but was finally given the abortion.

Sandra McGregor wrote:

I've had an abortion ... it wasn't hideous at all. It's traumatic being pregnant when you don't want to be. Being able to have an abortion is the better of two traumas. I remember feeling just relief. I think the doctors are exploiting women.

The article also included a separate group of eight named and pictured professional women who 'have strong views on abortion'. All but one (a Catholic) supported abortion on request although their claims did not extend to a call for public health provision. The mass circulation of *Cosmopolitan* makes this article the closest thing in 1970s Australian abortion campaigning to the pioneering *Manifeste des 343* in France in 1971 and subsequent public declarations by large numbers of women who had had abortions in Germany, Italy and the USA (Charles 2000, 170-171).

Abortion was mentioned regularly in *Cosmopolitan* after this time. One columnist notes that the woman who is 'indulging in bodily pleasures freely as men have done' may need an abortion 'quite simply [because] she's not too sure herself who the father might be' (Parkin 1973). Information was provided regularly, including in ALRA advertisements (1974). An article titled 'Women with Causes' opens with Judy Malcolm's account of becoming an abortion activist; she is a member of ALRA, WLM and WEL (Sheppard 1974).

The women's stories discussed here, all European women as far as can be ascertained, can be understood as political response to the previous 'suppression of the truth' of Australian women's experience of abortion (Thornton 1995, 9). Genre and institutional contexts create differences between the representations of abortion in the three domains discussed but the influence of WLM/WAAC politics on the other two is clear. The issues of class and poverty, the power of doctors, their often abusive behaviour, and the failings of the public health system, were all prominent. The effects on women of the disempowering situations and interactions along the way to getting an abortion are clearly documented. A range of emotional experiences is put on record, including matter of fact and defiant accounts of positive feelings; women's outrage, ongoing distress, and determination to make things better are all apparent. The stories and articles in the WLM publications are distinguished by their instructional quality. They are written not only to provide testimony but to provide practical assistance to women seeking abortions.

So what of women's access to abortion services in the face of this testimony and helpful information?

The provision of abortion services

As mentioned above, WLM or WAAC groups in most states were active in facilitating women's access to abortion services. Control, as the Sydney group was called, was established in 1972 and 'kept a close watch on the ways women were treated, even confronting doctors and hospital superintendents' (Siedlecky and Wyndham 1990, 86, 87; Broom 1991, 1-9). WLM established a referral service in Victoria. The Abortion Counselling Service in the ACT referred women to doctors in Sydney or Melbourne, as well as locally (Evatt, Arnott and Deveson 1977, 185). Women's Liberation in Adelaide set up a referral service in early 1973, the phone line paid for by ALRSA from 1974 (Kinder 1980, 86-87). Feminists and ALRA also cooperated in Queensland. In 1972 ALRA Queensland morphed into Children by Choice, and established a 'family planning and abortion information service' which directed women to Sydney (Petrochevsky 1994). In WA, ALRA 'started a voluntary Abortion Information Service in 1974' (Grayston 1993, 247). Family Planning and Women's Health Care House were established in this period and also referred women for abortion (Evatt Arnott and Deveson 1977b, section 255). In the NT the Family Planning Association which formed in 1973, by some of the same feminists who were instrumental in achieving law reform there, provided guidance and referral (Baird and Belton 2018). In Tasmania, Family Planning had a policy of not referring women for abortions (Duncombe and Murphy nd, 10-11, 16). WEL was a point of contact, if not a formal referral service. They advised women to go to Melbourne (Deveson 1978, 273). In Sydney in 1974 the Control feminists took the next step and established the Leichhardt Women's Health Centre with federal funding. For a short period the centre performed about ten abortions per week at no cost, as did a second women's health centre in Liverpool (Siedlecky and Wyndham 1990, 87, 89).

At the same time the doctor's personal/private views in the form of his conscience (usually meant as the privilege to refuse a woman's request) was accorded the highest value by doctors and liberal reformers alike (Baird 1998, 129, 133). Feminists involved in abortion campaigning were clear that the relationship between doctor and female patient was a matter of gendered power relations; his personal was political (Broom 1991; Sheldon 1997). In law and in the experience of many women in their interactions with doctors the woman seeking an abortion was not the decision-making subject of her life but in the context of medical discourse became 'the very object of study' (Sheldon 1997, 51). Whether a woman was able to get an abortion in a public hospital, for little or no cost, or had to pay an often substantial fee at a private clinic, was also a political matter.

Like the law, the provision of services was distinct in each jurisdiction. Before liberalisation there were illegal abortion clinics in Sydney and Melbourne where doctors performed abortions for large numbers of women from around the country (Allen 1990). Siedlecky and

Wyndham state that 'after the Menhennit ruling' doctors in Victoria 'became more prepared to perform abortions openly in public hospitals'. They claim that in 1974 the Royal Women's Hospital (RWH) and the Queen Victoria Hospital were together performing 1000 abortions, on a quota system (1990, 81). Another source claimed that the RWH did 1300 in 1975 (McCalman 1998, 238), the year it established its Pregnancy Advisory Service, a social work unit to deal with women's request for abortions. This clinic expanded access to abortion for public patients but the majority of abortions continued to be performed by private doctors, for profit (337). In 1972 abortion activist doctor Bertram Wainer, working with experienced pre-liberalisation abortionists Dr John Levin and Dr Peter Bayliss, established the Fertility Control Clinic (FCC) in Melbourne (Haigh 2008, 201). In 1975 FCC were doing about 8000 abortions a year (Evatt, Arnott and Deveson 1977b, 197). Rod Bretherton, another of the 12 main abortion doctors of the pre-liberalisation period, opened the smaller Planned Parenthood Clinic in Prahran in the early 1970s, working in concert with the Prahran Women's Actions Group who voluntarily provided counselling (Evatt, Arnott and Deveson 1977b, 173). Several other pre-liberalisation abortionists also remained in private practice and 'flourished' in the new liberal environment (Haigh 2008, 210).

In NSW 'improved accessibility to legal abortion, allowed for by the 1971 Levine ruling, was delayed for some time'. Private practitioners, most of them pre-liberalisation abortionists, were treating 'large numbers of women but were still fearful of prosecution'. About '3000 women were able to obtain abortions in the major teaching hospitals of Sydney in 1972-73' (Treloar, Snyder and Kerr 1977, 418). In many cases this was organised on a quota system and some women missed out (Evatt, Arnott and Deveson 1977b, 181-2). The not-for-profit Preterm Foundation opened a clinic in Sydney in June 1974, 'patterned after the Preterm Institute' in the USA, and increasingly served a significant migrant clientele (Allen 1990, 210). Dr Geoff Davis, who had operated clinics prior to Levine, returned to Sydney and after working for Preterm set up two profit-making Population Services International (PSI) clinics in 1975, charging more than Preterm and specialising in later term procedures (Evatt, Arnott and Deveson 1977b, 173-4, 197). In 1975 Preterm were doing 4000 and PSI 8000 abortions. (197). On the feminist side of the ledger, notwithstanding its short period as an abortion providing clinic, Siedlecky and Wyndham claim that the Leichhardt Women's Health Centre 'changed the abortion environment in New South Wales' (1990, 88). Two small not-for-profit feminist clinics opened in Sydney in the late 1970s – the Bessie Smyth Foundation in July 1977 and Control (later Everywoman's) in 1978.

The mood for liberalisation had little impact on hospitals in the ACT in the early 1970s. '[A]bortions were performed in hospitals only, and required the approval of two doctors and

an abortion panel ... many women were intimidated or delayed, and many travelled directly interstate' (Siedlecky and Wyndham 1990, 92). The Right to Life prompted a parliamentary inquiry and in 1977 the ACT Legislative Assembly passed a temporary ordinance which prohibited free standing clinics (Siedlecky and Wyndham 1990, 92-3).

In South Australia the reformed law that came into place in 1970 required that abortions be performed in a hospital and that two doctors had to evaluate a woman's request. These requirements mitigated against the provision of abortions in doctors' rooms or the establishment of private clinics. In the early years about half of all abortions were performed in public hospitals; the rest were done in private hospitals. By the end of the 1970s the proportion done in public hospitals had grown to 75% (Hart and Macharper 1986, 59, 64). Notwithstanding this early central involvement of the public hospitals the RCHR reported that 'it is difficult to get abortions in South Australia because of inadequate facilities' (Evatt, Arnott and Deveson 1977b, 185). The numbers of abortions performed in SA grew exponentially through the 1970s and had stabilised by the end of the 1970s (at nearly three times the number of 1970) (Hart & Macharper 1986, 9).

Like SA, the NT had no history of provision of abortions by doctors in private practice before law reform in 1973. The NT law followed the SA model and required that abortions be performed in hospitals and involve two doctors. There were two public hospitals (and no private hospitals) in the NT in the 1970s. Influential obstetricians at the Alice Spring hospital in the 1970s were Catholic, so the Darwin hospital was the only place where abortions were provided in the period after law reform. The rate of increase in numbers through the 1970s was similar to that in SA (Baird and Belton 2018).

Despite several attempts between 1968 and 1972 there was no law reform in WA, and no court ruling, but the Menhennit ruling emboldened hospitals and private doctors to perform abortions more openly. Stephanie Grayston observes of the 1960s that 'abortion had been available from private gynaecologists and some hospitals' but that women often encountered hostility from hospital staff (Grayston 1993, 248). Despite the approval of the state Attorney-General, the ALRA Abortion Information Service (AIS) was raided by police shortly after its establishment in 1974 (Grayston 1993, 247). Eventually all charges were dropped and 'abortion became much more readily available from this time'. Two private clinics, Zera and Nanyara, opened in 1976 and grew to provide the majority of abortions. The RCHR report claimed that 'it is very difficult to get an abortion in a public hospital in ... Western Australia' (Evatt Arnott and Deveson 1977b, section 255).

If it was difficult in WA, it was almost impossible in Queensland. '[S]ome private doctors were prepared to do a limited number of abortions' (Siedlecky and Wyndham 1990, 90). Upon its establishment in 1972 Children by Choice initially referred women to a small group of Brisbane doctors who referred them on to Sydney (Petroechevsky 1994, 197). From 1975 Children By Choice, with a package deal with Ansett Airlines in place, began referring directly to Geoff Davis' PSI clinic in Sydney (202). Two clinics to cater to Qld women were established at Tweed Heads, just over the state border in Northern NSW in 1976 (204) and the next year Dr Bruce Errey in Brisbane started performing 'menstrual extraction'. Shortly after, Dr Peter Bayliss moved from Melbourne to join him and established a full blown abortion clinic at the existing Greenslopes medical practice (Siedlecky and Wyndham 1990, 91).

Public hospitals were also reluctant to perform abortions in Tasmania in the 1970s, although the RCHR reported that 216 abortions took place in public hospitals there in 1975 (Evatt Arnott and Deveson 1977b, 197). Willingness to perform abortions differed from hospital to hospital. Private gynaecologists offered services in private hospitals but many women flew to Melbourne to one of the private clinics (Deveson 1978, 273-4). There were no private clinics in Tasmania in the 1970s.

The RCHR report suggests that there were between 30,000 and over 60,000 abortions per year in Australia – a mid-decade count (Evatt, Arnott and Deveson 1977, 196-198). They estimated that between 12% and 20% of these were in public hospitals although public provision was uneven across the nation. In the RCHR's report 20,000 abortions, between a half and a third of all in Australia, were being conducted annually by the three largest clinics – Preterm and PSI in Sydney and FCC in Melbourne. All private clinics, except Preterm and the two small feminist clinics that came later, were private clinics owned by male doctors, many of whom had been illegal abortionists before liberalisation.

This pattern of predominantly private provision, in small to medium sized doctor-owned clinics, in place by the middle of the 1970s, prevailed until the early-mid 2000s (National Health & Medical Research Council 1996). The British-based charity Marie Stopes International entered the Australian market in 2000 and since then has grown to occupy about one third of the Australian market. They operate like a private provider and women must pay. Public provision remains generally elusive except in SA and NT (Baird 2015, 169-70).

As well as the literal access to abortion services, quality of care was a significant issue. The RCHR report noted that many doctors 'acted responsibly and provided a reasonable service within the inherent difficulties created by the uncertainty of the law' (Evatt Arnott and Deveson 1977b, 167). But, as quoted above, WLM, the RCHR, *Cleo* and *Cosmopolitan* all included accounts of poor, even abusive, treatment by doctors. Beatrice Faust, an early ALRA Victoria President and WEL founder, was scathing about many of the post liberalisation private abortion clinics. She singled out Peter Bayliss' Greenslopes clinic in Brisbane and Geoffrey Davis' PSI clinics in Sydney. She also criticised Bertram Wainer for obstructing 'the founding of a (non-profit) Pre-Term in Victoria' (1990, 40). She claimed that Wainer had thus 'entrenched the entrepreneurial system' of the pre-liberalisation period (40; Faust 1977, 45). Gideon Haigh also cites published criticism of Wainer (2008, 211) and claims that doctors Buchanan and Bretherton, two of the old Melbourne abortionists from the illegal era, 'continued to be the subject of complaints for carelessness and overcharging' in their post-Menhennit practice (210). Faust offers a cynical view of the Medibank rebate for abortion. If a doctor was charging only the Medibank rebate he needed to maximise the number of patients to sustain his income level. '[T]he patient gets free service, if she knows the right doctor, but she risks being put through the abortion procedure at a pace so rapid that it sacrifices psychological support and medical flexibility to efficiency' (1977, 46). Faust called for a system of 'salaried doctors working in clinics run by bona fide trusts' as the only solution to entrepreneurialism (147).

The public hospital system was not immune from criticism about the quality of care provided. The RCHR reported that less than 20% of abortions in public hospitals in 1975 were performed by vacuum aspiration, the 'most efficient and least dangerous method'. Over a half of all public hospitals in the survey were still using hysterotomies, and in some cases hysterectomies, for second trimester procedures (Evatt, Arnott and Deveson 1977b, 259-267). These were not optimal techniques.

Conclusion

The issue of abortion and the personal stories of women's abortion experiences were made political across a variety of domains in the 1970s. It must be noted that the personal stories told were almost all of non-Indigenous, mostly European, women. This process interrupted the construction of the public/private divide that relegated sexuality and reproduction to the private domain and to public silence. But the account here of the domain of healthcare in the early-mid 1970s demonstrates that women's stories carried the least authority where the need for them to have effect was most acute. The liberalisation of the law regarding abortion in Australia in the 1970s explicitly gave authority to doctors, not to pregnant women. Doctors

were accustomed to this privilege, especially in relation to the female reproductive body. Many defended it. The pregnant woman's personal story was required: how else could the doctor make his decision? The tips printed in *Liberation* suggested that in the early years of liberalisation it was often not the truth of women's stories but strategic dissembling that would lead to the best result in the consultation with the doctor.

Liberalisation freed up the private market. There were benefits for women: prices came down, some unsafe practitioners went out of business and, notwithstanding the criticisms above, the quality of service improved. Staff at the private clinics chose to be there but some were motivated by profit-making rather than healthcare provision (Faust 1977). The WLM and ALRA referral services and the Medibank rebate made a big difference to information and affordability respectively. Well informed women who had money and lived in the capital cities were effectively enjoying abortion on demand by the end of the 1970s but abortion was still their own private business to manage (Albury 104-129, 112).

Non-Indigenous women in Australia had been calling for the free provision of abortion by public health services since the 1960s (Broom 1991, 2). In the post liberalisation period some public hospitals offered increased and more visible abortion services; this was the only service in the NT and increasingly the dominant mode in SA. There is room for more research into how this happened, on a hospital by hospital basis. The public system was free, or cheap, but doctors and other health care workers were not necessarily sympathetic to women, there were often long waiting times and procedures used were not always the best possible care.

The development of a political discourse where some women's personal stories carried public weight and the development of a WLM/WAAC/ALRAA grass roots infrastructure to support women, was central in expanding women's reproductive rights. Erica Millar has argued of Victoria, however, that the commitment to choice that characterised the media and political mainstream by the end of 1970s reflected an ALRA-style liberal individual choice-based politics of abortion that disavowed 'WAAAC's women-centred abortion politics' (Millar 2017, 84). A discourse of women's social right to abortion care, and all other reproductive health care, requires public provision to make it material. It refuses to identify 'freedom with the market rather than the state' (Shaver 1994, 88). Preterm and the feminist clinics in Sydney embodied social rights principles and were influential in the field but in terms of capacity were no substitute for public provision. The liberalised system of abortion provision established in the 1970s, with all its flaws and injustices, continues today.

There are two conclusions from this article that can be usefully applied to other areas of life where the personal became political. 'The personal' is not singular, it is embodied in human subjects who are very different from each other. Not all personals become political, at the same time and place, with the same political effect. In the context of reproductive rights Aboriginal women's personal experiences remained silenced in the 1970s, their challenges to the state localised and made with limited effect. There are also multiple publics and a variety of political positions (not all feminist) from which interventions into the public/private divide are made. The personal becomes political in processes replete with contests, exclusions and politically and historically contextual factors, rather than as a uniform process that effects all women in the same way. Finally, making the personal political through a framework of choice and individual rights which can be accommodated and assimilated through the market, as happened in the case of abortion in Australia in the 1970s, does not necessarily challenge the gendered, classed and raced power relations of modern liberal democracies wherein lie ongoing suffering and injustice for many.

Acknowledgments

I am grateful to the *AFS* reviewers and to the editors of this special issue, Michelle Arrow and Angela Woollacott, for their generous assistance. Research assistance regarding the early 1970s women's magazines was provided in the early 2000s by Emma Field.

Disclosure Statement

No potential conflict of interest was reported by the author.

Funding

This work was supported by the Australian Research Council through the project *Gender and Sexual Politics: Changing Citizenship in Australia since 1969*, DP170100502.

References

- "Abortion: Those Involved Have Their Say." 1974. *Dolly* February: 51-53.
- Albury, Rebecca. 1999. *The Politics of Reproduction: Beyond the slogans*. St Leonards: Allen & Unwin.
- Allen, Judith A. 1990. *Sex & Secrets: Crimes Involving Australian Women since 1880*. USA: Oxford University Press.
- Arrow, Michelle. 2016. "'Everyone needs a holiday from work, why not mothers?'" Motherhood, Feminism and Citizenship at the Australian Royal Commission on Human Relationships, 1974–1977." *Women's History Review* 25 (2): 320-336.

- Baird, Barbara, 1998, "‘Somebody was going to disapprove anyway’: Re-Thinking histories of abortion in South Australia." PhD diss., Flinders University.
- Baird, Barbara. 2015. "Medical Abortion in Australia: A Short History." *Reproductive Health Matters* 23 (46): 169-176.
- Baird, Barbara and Suzanne Belton. 2018. "Feminism on the Frontier: The History of Abortion Law Reform in 1973 in the Northern Territory." *Women’s History Review* DOI: 10.1080/09612025.2018.1464481.
- Blanch, Kirsten. 1974. "Health Clinics: Aid for Women, from Women." *Cleo* 21 July: 127-129.
- Broom, Dorothy H. 1991. *Damned If We Do: Contradictions in Women's Health Care*. St Leonards: Allen & Unwin.
- Charles, Nickie. 2000. *Feminism, the State and Social Policy*. London: Macmillan Press.
- Coombs, Anne. 1996. *Sex and Anarchy: The Life and Death of the Sydney Push*. Ringwood, Vic.: Viking..
- Deveson, Anne. 1978. *Australians At Risk*. Stanmore: Cassell.
- Duncombe, Paul and Esme Murphy. nd. *The History of Family Planning Tasmania* Available at http://www.fpt.asn.au/wp-content/uploads/2015/04/History_of_Family_Planning_Tasmania.pdf
- Evatt, Elizabeth, Felix Arnott and Anne Deveson. 1977a. *Royal Commission on Human Relationships, Final Report*, vol. 1. Canberra: Australian Government Publishing Service.
- Evatt, Elizabeth, Felix Arnott and Anne Deveson. 1977b. *Royal Commission on Human Relationships, Final Report*, vol. 3. Canberra: Australian Government Publishing Service.
- Faust, Beatrice. 1978. "Ladies Irregularities: Women and Abortion." In *Women’s Health in a Changing Society. Proceedings of a Conference on All Aspects of Women’s Health. 25-29 August 1975. Volume 1 Plenary Sessions and Recommendations, 42-48*. Canberra: Australian Government Publishing Services.
- Faust, Beatrice. 1990. "Driving Energy and Intelligence' (review of *Sex and Secrets*)." *Australian Society June*: 40.
- Goodall, Heather and Jackie Huggins. 1992. "Aboriginal Women are Everywhere: Contemporary Struggles." In *Gender relations in Australia: Domination and negotiation* In *Gender Relations in Australia: Domination and Negotiation*, edited by Kay Saunders and Raymond Evans, 398-424. Marrickville: Harcourt Brace Jovanovich.
- Grayston, Stephanie. 1993. "Changing Attitudes and Services: Abortion in Western Australia, 1970-1990." In *Sexuality and Gender in History*, edited by Penelope Hetherington and Philippa C Maddern, 242-254. Perth: Centre for Western Australian History.

- Haigh, Gideon. 2008. *The Racket: How Abortion Became Legal in Australia*. Melbourne: Melbourne University Publishing,
- Hart, Gavin, and Tony Macharper. 1986. "Clinical aspects of induced abortion in South Australia from 1970–1984." *Australian and New Zealand Journal of Obstetrics and Gynaecology* 26 (3): 219-224.
- Kesselman, Amy. 1998. "Women versus Connecticut: Conducting a Statewide Hearing on Abortion." In *Abortion Wars: A Half Century of Struggle, 1950-2000*, edited by Rickie Solinger, 42-67. Berkeley: University of California Press.
- Kinder, Sylvia. 1980. *Herstory of Adelaide Women's Liberation 1969-74*. Adelaide: Sylvia Kinder.
- Lake, Marilyn. 1999. *Getting Equal: The History of Australian Feminism*. St Leonards: Allen & Unwin.
- Le Masurier, Megan. 2007. "My Other, My Self. Cleo Magazine and Feminism in 1970s Australia." *Australian Feminist Studies* 22 (53): 191-211.
- "Magazine Circulations." 1980. *Australian Financial Review* 22 February, 10.
- McCalman, Janet. 1998. *Sex and Suffering : Women's Health and a Women's Hospital : The Royal Women's Hospital, Melbourne, 1856 – 1996*. Carlton : Melbourne University Press.
- Millar, Erica. 2017. *Happy Abortions: Our Bodies in the Era of Choice*. London: Zed Books.
- Moore, Nicole. 2002. "Interrupting maternal citizenship: Birth control in mid-wave women's writing." *Australian Feminist Studies* 17 (38): 151-164.
- Moxham, Deborah. 1975. "Cosmo Reports on Birth Control." *Cosmopolitan* June: 52-3, 95.
- National Health and Medical Research Council. 1996. *An Information Paper on Termination of Pregnancy in Australia*. (Canberra: Australian Government Publishing Service).
- Orr, Judith. 2017. *Abortion Wars. The Fight for Reproductive Rights*. Bristol: Policy Press.
- Ouellette, Laurie. 1999. "Inventing the Cosmo Girl: class identity and girl-style American dreams." *Media, Culture & Society* 21 (3): 359-383.
- Parkin, Molly. 1973. "Late Night Thoughts." *Cosmopolitan*, June: 24.
- Petroechevsky, Judy. 1994. "The Story of Children By Choice.' In *Women Working Together: Lessons from Feminist Women's Services*, edited by Wendy Weeks, 195-207. Melbourne: Longman Cheshire.
- Potts, Malcolm, Peter Diggory and John Peel. 1977. *Abortion*. Cambridge: Cambridge University Press.
- "Pregnancy – a Problem?" 1974. *Cosmopolitan* August: 127.
- Rich, Judith. 1973. "Abortion: Should it be a Woman's Right?" *Cosmopolitan* September: 39-42.

- Riley, Denise. 2004. "Prologue: The Right to Be Lonely." In *Going Public: Feminism and the Shifting Boundaries of the Private Sphere*, edited by Joan Wallach Scott and Debra Keates, 1-12. Urbana and Champagne: University of Illinois Press.
- Sawer, Marian. 2008. *Making Women Count: a history of the Women's Electoral Lobby in Australia*. Sydney: UNSW Press.
- Scott, Joan Wallach, and Debra Keates . 2004. "Preface." In *Going Public: Feminism and the Shifting Boundaries of the Private Sphere*, edited by Joan Wallach Scott and Debra Keates , ix-xv. Urbana and Champagne: University of Illinois Press.
- Shaver, Sheila. 1994. "Body rights, social rights and the liberal welfare state." *Critical Social Policy* 13 (39): 66-93.
- Sheldon, Sally. 1997. *Beyond Control: Medical Power and Abortion Law*. London: Pluto.
- Sheppard, Trish. 1974. "Women With Causes." *Cosmopolitan* October: 104-5, 108, 115.
- Sheridan, Susan, with Barbara Baird, Kate Borrett and Lyndall Ryan. 2002. *Who Was That Woman? The Australian Women's Weekly in the Postwar Years*. Sydney: University of New South Wales Press.
- Siedlecky, Stefania and Diana Wyndham. 1990. *Populate and Perish: : Australian Women's Fight for Birth Control*. Sydney : Allen & Unwin.
- Syke, Bobbi . 1984. "Bobbi Sykes." In *Women Who Do and Women Who Don't Join the Women's Movement*, edited by Robyn Rowland, 63-69. London: Routledge and Kegan Paul.
- Thornton, Margaret. 1995. "The cartography of public and private." In *Public and Private Feminist Legal Debates*, edited by Margaret Thornton , 2-17. Melbourne: Oxford University Press.
- Treloar, Susan, Emmi Snyder and Charles Kerr. 1977. "Effect of a new service on women's abortion experience." *Journal of Biosocial Science* 9 (4): 417-427.
- "Women's Action Booklet." 1975. *Cleo* May, 8pp, between 34-35.
- Women's Health in a Changing Society. Proceedings of a Conference on All Aspects of Women's Health. 25-29 August 1975. Volume 1 Plenary Sessions and Recommendations*. 1978. Canberra: Australian Government Publishing Service.

ⁱ The papers of the movement are held in the Adelaide Women's Liberation Movement Archive which is located in the State Library of South Australia. See <http://trove.nla.gov.au/people/512077?c=people>.