

Hardly Her Choice: A History of Abortion Law Reform in Victoria

The last years have seen 'abortion' become a controversial topic; one that is frequently debated in public, political and policy arenas. Yet, however strange this might sound, there seems much in common between the current form of the disputation and the public dramas that occurred around abortion in the 1960s and 70s. Now, as in the 'old days', there remain key differences of opinion and emphasis that inflame the divide between those who champion the 'rights of the foetus' and women's 'right to choose.' This division is currently being played out with reference to topics such as abortion counselling, RU486 and reproduction-aiding technologies.

I will make a case in this paper that these controversies stoke the same debates and prompt the re-cycling of the same issues, which keep occurring at different points in the long history of abortion. And, in so far as this is so, this continuity of conceptual and symbolic dispute makes attempts to clarify current abortion legislation, policy and practice seem somewhat like a game of snakes and ladders. Just as things are looking up, we find ourselves sliding backwards, with echoes of 19th century moralism that come back powerfully, sometimes even louder than they were before.

In particular, I have set out to consider why so little seems to have changed in the nearly forty years since the Menhennitt Ruling appeared to pave the way for legal abortion for women in Victoria. To do this, I have drawn on the conclusions of a detailed, systematic and recent feminist analysis of the history of abortion law reform in Victoria.¹ This analysis concentrates on the time period between 1959 and 1974, although it also summarises the situation in the hundred years or so before then. Fortunately, attempts to change abortion law in the 1960s and 70s were meticulously recorded by a range of individuals and groups, a coincidence that enabled a clear historical analysis to be undertaken. Based on interviews, public events and documents, this analysis also accessed newly available archival information that included an array of personal records. This latter material was especially informative as it documented the 'subjugated stories' that existed beneath the formal, authorised accounts. This unofficial version included stories of scandal, corruption, gossip, intrigue, drama and vested interests, weaving a complex and fascinating account; one that I believe has resonance for anyone wishing to make sense of the state of abortion policy and practice in 2007.

At the conclusion of the formal research process I articulated five explanatory themes, each of which was linked to the larger ensemble. These are: state interest in fertility control and thus women's sexual behaviour; a struggle for industrial control of a lucrative abortion industry; the political manoeuvring of a government determined to retain power by framing abortion as a medical rather than a legislative problem; the professional struggle for medical control over reproduction, supported by civil liberties activists and liberal feminists seeking access to abortion; and the struggle by an emerging feminist movement to reframe abortion as a political issue related to women's sexual self-determination.

I have set out this paper around each of these five arenas, using examples from different points in the documented history to present conceptual, rather than chronological themes. This material, taken as a whole, could be seen as a case study that took place across discursive, ideological and politically economic spheres; one that entailed concurrent dimensions of conflict, cooperation, cooption and collusion.

i. Government interest in fertility control

The first of the factors that influenced women's ability to access safe abortion was government interest in fertility control – and therefore women's sexual behaviour – as a reflection of national concerns about the size and composition of the Australian population.

In 1904, a Royal Commission into the declining birth-rate found that Australian women had long used every means at their disposal to limit the numbers of children they bore, for both economic and social reasons. Ignoring these reasons, the royal commission found that the decline in births was largely the result of the 'selfishness and pleasure-seeking' of women (Jackson, 1989). Suffragette Rose Scott, stated that it was 'a Commission composed of men, a Report in which the only evidence was as these men approved of, a Commission which, like Adam of old, wound up very contentedly with assuring the public that everything was the fault of the woman' (Siedlecky & Wyndham, 1990). A similar inquiry in 1944 found that women were deliberately limiting their families through the use of contraception and abortion, causing grave anxiety about the future of the Australian people (Cass, 1983). While there was a little more sympathy expressed for women, attention was on the survival of the nation, not women's need for affordable, safe and accessible birth control and abortion – and this despite the fact that one third of maternal mortality at the time resulted from abortion (Siedlecky & Wyndham, 1990).

Since the late nineteenth century, Australian women have maintained low rates of fertility despite 'a climate of moral and legislative repression of contraception, where motherhood was applauded as the only natural role for women and a direct service to the state' (Cass & Radi, 1981). A survey of over two hundred women patients seeking abortion, for instance, carried out by the Almoner's Department at the RWH in 1956, found that the women in the study knew they were being urged by policy makers to have more children, but this did not sit comfortably with their knowledge of their own circumstances (Gruber, 1956). The almoners quoted a 1939 London abortion report that stated that 'women, law-abiding by temperament and up-bringing, faced with the dreadful dilemma of an unwanted pregnancy or breaking the law, do not hesitate to break the law and in doing so, do not feel they are acting immorally' (Gruber, 1956).

Despite this, in the 1960s opposition to abortion was located squarely in terms of the threat it posed to 'white Australia' (Vernon et al, 1965). A number of politicians expressed grave concern that we were defenceless because of the small size of our population, yet we relied on immigration to increase the

population because women were limiting the size of their family (*CPD*, 1966). Further, it was poor and non-white women having large families, while increasingly emancipated middle-class white Australian women limited childbirth – the same women with the greatest access to comparatively safer medical abortions. Of course, they were also the same women that could afford to rear their children without recourse to state support. Liberal MP Dana Vale's 2006 comment in relation to RU486 – Australia is 'going to be a Muslim nation in 50 years' because we are 'aborting ourselves almost out of existence' – reflects a similar category of views as expressed in the mid 1960s (*Age*, 2006).

Government policy has not always been consistent in supporting espoused pro-natal attitudes. While middle-class, married white women have been consistently urged to procreate, social, economic and political policies have either directly limited or at the very least shaped attitudes that have actively discouraged childbirth among poor and non-white populations and single women. For these reasons abortion was both tolerated and widespread, although women's right to control reproductive decision-making was not acknowledged. However, there were no attempts to decriminalise the practice, allowing the conditions for an illegal market to flourish. This brings us to the second arena of vested interest over abortion.

ii. Industrial control of the abortion industry

The second arena of struggle was for industrial control of a lucrative abortion industry, supported by systemic police corruption, medical corruption and collusion by politicians and officers of the Crown Law Department.

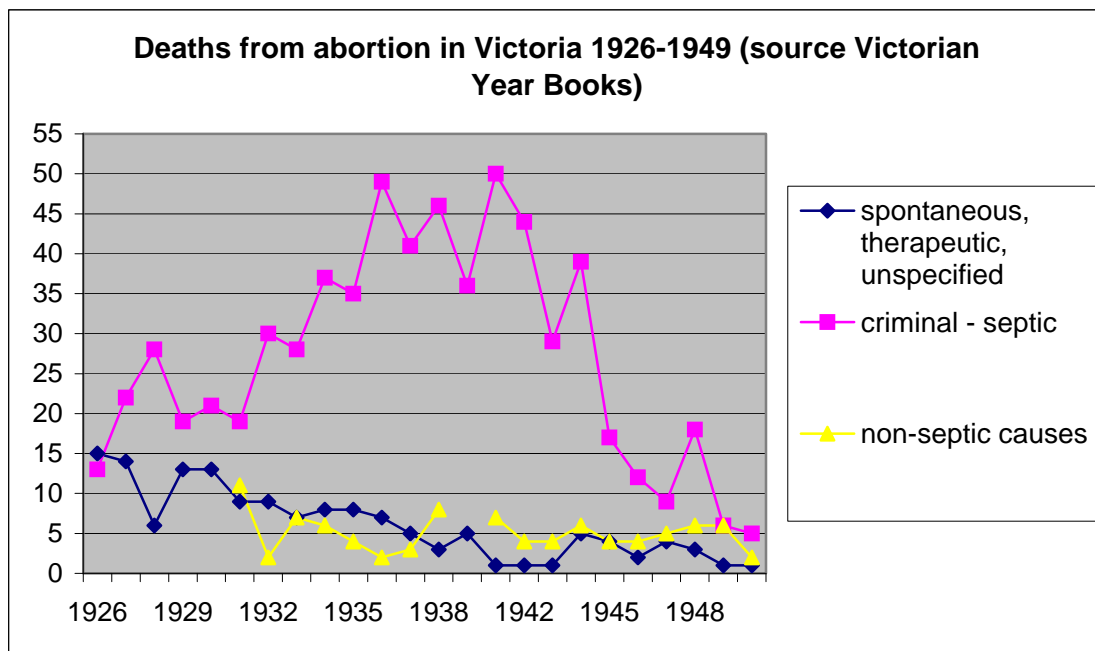
In 1890 the *Melbourne Age* described a growing underground practice in abortion, referring to Collins Street as 'the very head centre of illegal operations ... left largely undisturbed by both police and parliament' (Swain, 1995). Similarly the 1904 Royal Commission pointed to the 'central role' doctors played in 'both procuring abortion and shielding others' (Allen, 1990).

By the 1920s abortion was widespread and abortion services had become lucrative and well-known businesses, with women from different socio-economic groups accessing abortion from different categories of abortionist (Finch & Stratton, 1988). Wealthy women accessed private gynaecologists, middle-class women increasingly sought the services of physicians, and working-class women utilised a traditional network of midwives. However, a police crackdown on midwives in Melbourne between 1928 and 1932 put most of the remaining skilled midwives out of business (McCalman, 1985). As a result, poor women were increasingly left without access to those networks, resulting in them seeking abortion later in their pregnancy – when all other methods had failed – seeking backyard abortionists, or attempting self-abortion (Gruber, 1956).

The incidence of abortion and deaths associated with abortion, particularly among poor women, steadily increased and by the mid 1930s abortion accounted for 31 percent of maternal mortality at the Women's Hospital

(Worcester, 1937). The numbers of deaths following criminal abortionⁱⁱ peaked between 1934 and 1941 when the maternal mortality rate had otherwise halved (*Victorian Year-Book*, 1932/33-1949/50). Despite this, there was little policing or prosecution of doctors and by 1939 abortion was largely provided by medical practitioners.

Diagram 1: Abortion-related Deaths, Victoria 1926-1949



Then, in the second half of the 1960s, a police crackdown on medical practitioners performing abortion quadrupled the rate of prosecution. This triggered allegations of a closely connected network of graft and corruption operating in Victoria, whereby the practices of abortionists were being protected by past and present members of the Victoria Police Force in return for payment of regular and significant bribes. The payments were to warn doctors of impending raids, to cover up complaints, and, in some cases, to cover up women's deaths (Kaye, 1971). Direct evidence points to this network operating at least from the 1930s. The 1970 Kaye Inquiry into allegations of police corruption in relation to abortion practices in Victoria, which resulted from the allegations, resulted in three police officers being jailed for their role in receiving bribes and offering protection to well-known medical practices.

There is evidence that the police were assisted by members of the Crown Law Department, who helped to delay trials and colluded in ensuring that evidence disappeared. However, the terms of reference of the inquiry focused only on the corruption of police officers (Kaye, 1971). For this reason, and for reasons of status, doctors also avoided charges, despite their role in paying bribes to ensure ongoing profits.

While the outcome of the inquiry suggested police corruption was the result of a few 'bad apples' in the Victoria Police Force, analysis of the evidence suggests that the culture of the police force and its role in enforcing a widely unpopular law were instrumental in the development and maintenance of systemic corruption (Schur, 1965; Wilson, 1971; Cressey, 1973). Where there are 'large groups of consumers and suppliers with an interest in subverting law enforcement, police corruption simply becomes a routine business expense' (Walker, 1983).ⁱⁱⁱ

While abortion remained illegal, there was no regulation over the standards of practice, nor sanctions for sub-standard service, with some physicians ignoring medical protocols in their attempts to avoid prosecution. This, combined with the fact that a paid-up practice could avoid responsibility for negligence, meant that women's safety could not be ensured. As activist Beatrice Faust stated, complications arose not as a result of lack of qualifications, but because, as with any black market enterprise, the law contributed 'to a degeneration of medical standards in the pursuit of extraordinary profits' (Faust, 1977).

The Kaye Inquiry – and the tireless work of activists, particularly doctor Bertram Wainer, that led to the inquiry – meant that 'every household was discussing abortion around the kitchen table', resulting in more informed and open-minded attitudes (McKenzie, 2004). While this strengthened community calls for law reform, the government linked its action – or rather inaction – with justice over corruption, thus avoiding responsibility for law reform. As a result, one abortion law reformer described the Kaye Inquiry as 'a red herring across the trail of abortion law reform' (McMichael, 1972).

iii. Political manoeuvring

Social, political and economic changes in the decades leading up to the 1960s, including women's move into paid work, advances in medical and obstetric science, and the introduction of the oral contraceptive in 1961, led to growing discussion of the need for abortion law reform to bring the law into line with changing social mores and conditions. As a result, the government came under concerted pressure from a range of influential bodies^{iv} to reform a law that was 'ambiguous', 'tenuous' and 'dangerously out of touch with community standards' (Age, 1968). This led to the third arena of vested interest – the political manoeuvring of a government determined to retain power by framing abortion as a medical rather than a legislative problem. This factor was played out as conflict between community calls for abortion law reform to protect doctors from prosecution on the one hand, and a political requirement for preference votes from the Democratic Labour Party (DLP) on the other (resolved in favour of the latter).

The DLP, a conservative, Roman Catholic-aligned political party, seldom polled more than 12 percent of the vote, but in return for allocating second preferences to the Victorian Liberal Party, they held considerable sway (Coleman, 1988). This included the appointment of a Roman Catholic Homicide Squad chief in 1965 and the resultant raids on medical abortionists in the 1960s and 70s. The police action left the Victorian Bolte/Rylah government in a dilemma – they could not legitimately stop the police from enforcing the law, but they were equally worried about the electoral and religious implications of legalising abortion. A small but vocal 'right to life' movement emerged around this time and subsequently engaged in a fevered campaign that appeared to support the DLP threat that legalising abortion was tantamount to political suicide. Later political analysis, however, showed abortion to be of minor electoral significance (Mayer, 1973).

However, the Liberal government was desperate to find a politically expedient and electorally safe way around the dilemma. It is likely that the Crown Law Department, in its February 1969 report on the topic, advised a judicial solution to the political pressure (Sun, 1969). The prosecution of Ken Davidson – the first of the doctors to face trial – and the Menhennitt Ruling that led to his acquittal in May 1969, was a convenient judicial response to a political problem.

While the ruling gave medical practitioners wide discretionary powers, which they could have used to provide abortion on request if they so wished, continuing charges and a conservative response from the Australian Medical Association (AMA) left them uncertain about the conditions under which prosecution might occur, and therefore hesitant to carry out abortions. The editor of the *Medical Journal of Australia*, linking the ruling to abortion on demand, lamented the 'shrill and insistent' women, who viewed abortion as akin to the hiring of a taxi or mending of a gas pipe, reducing doctors to mere service providers (Editor, 1969). Fear of a resource crisis, given possible demands for hospital-based abortions following the ruling, is also likely to have coloured the AMA's response (Wilson, 1971). The government had, 'in effect, handed over to the medical profession a social problem with which it cannot or will not cope' (Furler, 1971).

For all this, the Menhennitt Ruling confirmed medical control over decisions about abortion. But, while medical practitioners remained hesitant to perform abortions, their control ensured that abortion was no more accessible for women than it had been prior to the ruling.

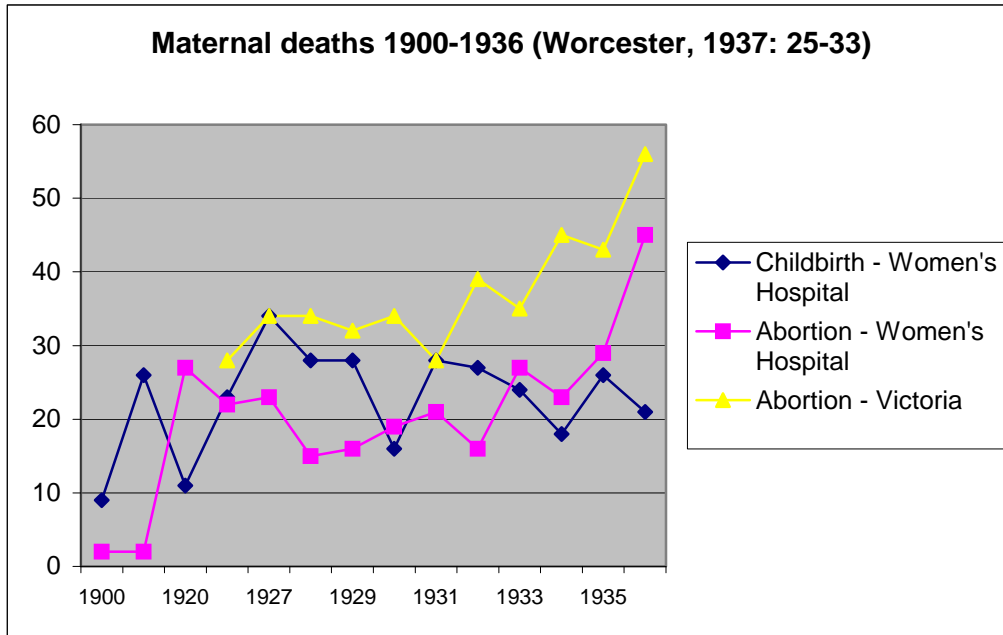
iv. The professional struggle for medical control over reproduction

The medical profession had sought industrial control over reproduction since the late 19th century. In this instance, their struggle was supported by civil liberties activists and liberal feminists seeking access to abortion without engaging in questions of political control over decision-making.

This campaign began late in the 19th century, with the medical profession instituting a vigorous campaign to denigrate midwives' traditional role in childbirth and abortion, referring to them as 'an inferior class of partially educated practitioners' (AMG, 1898). The campaign coalesced around attempts to prevent the registration or medical training of midwives, who, at the time, constituted the greatest competition to general practitioners attempts to set up practice in Australia (Willis, 1983). In the 1880s there were between ten and fifteen thousand midwives practising in Australia (AMG, 1883). They had dramatically fewer complications than doctors, who knew little about childbirth and abortion at this time, but tended to use more interventionist methods in an attempt to establish technical expertise. For instance, the Melbourne District Nursing Society (MDNS) had attended over 800 deliveries in inner-city Melbourne between 1907 and 1912 with no infant mortalities and only one maternal death (MDNS, 1907/08-1911/12), compared with hospital deliveries, where maternal mortality had increased dramatically. The MDNS

had also contributed to the supervision and training of medical students from the Melbourne Lying-in Hospital (Reiger, 1985).

Diagram 2: Numbers of Maternal Deaths from Specified Sources, 1900-1936



The campaign effectively reduced the numbers of midwives available, making access to abortion more difficult and contributing to deterioration in the quality of the service as those with the most experience were eliminated from practice and others cut corners to avoid detection. An increase in policing midwife abortionists also contributed to abortion gaining a reputation as a dangerous operation (Allen, 1990). As a result, midwives were not eradicated via prosecution so much as through the undermining of confidence in women without medical training (Allen, 1990). Ironically, the erosion of confidence in midwives also helped to establish businesses for male backyard abortionists, who charged higher fees than skilled midwives and often presented themselves as trained doctors (Allen, 1990).

While Gallup polls and public surveys undertaken from the late 1960s were showing a slow shift in acceptance of abortion for socio-economic reasons, reform was unquestioningly aimed at clarifying the law and protecting doctors from prosecution. The essentially political nature of much of the decision-making process regarding abortion was masked by a largely unquestioning faith in the expertise of men of medicine, which was shared by the early abortion law reform groups. As a result, emphasis during the 1960s was on supporting medical practitioners to assist them to avoid prosecution for doing their job; and by default ensuring that individual women could access abortion. Politicians no doubt saw abortion as preferable to pursuit of fathers for child support, or 'worse still', state support for illegitimate and unwanted children (Allen, 1982).

As Judith Allen (1990) notes, the move away from secrecy towards disclosure in abortion practice was not so much about 'liberalisation', or permissiveness, as about regulation and surveillance. Medical practitioners provided a practical means of controlling social problems that met with the profession's

own desire for status and credibility. The fact that abortion remained a statutory crime affected the willingness of medical practitioners to perform abortions *and* provided justification for controlling and restricting services.

Now that women had greater access to abortion much of the heat went out of the abortion debate. On the other hand, women were no closer to gaining real control over reproductive decision-making. As such, these reforms resulted in the 'transfer of women from the control of individual men in families to the control of state sanctioned groups of specialist men' (Albury, 1984).

v. Reframing abortion as a political issue

Around the time that liberal feminists were campaigning for abortion law reform, an increasingly organised feminist movement was coalescing in response to growing evidence of a structural pattern of social, economic, cultural and political oppression of women. While the response to this took place across a number of fronts, the first goal of the Women's Liberation Movement (WLM) was women's control over their own bodies (WLN, 1973). This resulted from women's experiences of being held responsible for unplanned pregnancies, while ongoing questions of control over the material and social circumstances under which they became pregnant or made reproductive decisions were ignored.

The activities of more radical feminists constituted the fifth arena of interest from the early 1970s, where members of the WLM campaigned to reframe abortion as a political issue, expressing this as control over reproductive decision-making. Many of the liberal feminist reformers of the 1960s also became radicalised by their experiences of campaigning for law reform – in particular, the exclusion of women's voices from parliamentary debates and the repeated failure of governments to take responsibility for changing the law in line with popular opinion. Middle class members of the Abortion Law 'Reform' Association (ALRA) changed their name around this time to 'Repeal', reflecting their disillusionment with the outcomes of reform (ALRA, 1972). Bon Hull, who was a member of both ALRA and WLM, stated that 'we found within limits we could demand equal pay, equal education and equal job opportunities', she said, 'but to demand control of our own fertility was more than the church and the state could tolerate' (Hull, 1975).

While Australian feminists had fought for birth control from the late nineteenth century, initially framing this in terms of women's rights, from the 1920s there had been a shift away from radicalism to the liberal reforms of 'planned parenthood' (Gordon, 2002). The resurgence of a women's rights model came with the growing realisation that controlling procreation was not synonymous with the liberation of women (Hull et al, 1977). Increasing information about the different experiences of women from marginalised or oppressed groups supported this stance. For instance, for decades women with a disability faced forced sterilisation and abortion, sometimes to hide the result of sexual violence within institutions, and regularly because of assumptions about a woman's capacity to be a mother if she has a disability. Heather Goodall and Jackie Huggins (1992) point out that, 'where white

women's demands to control their fertility were related to contraception and abortion, Aboriginal women were subject to unwanted sterilisation and continued to struggle against the loss of their children to interventionist welfare agencies'. For poor women, reproductive choice included 'choosing' to have an abortion because they could not afford to have a child.

The increasing realisation that it was control over reproductive decision-making that was most important to women, not simply access to abortion, led women in the 1970s to campaign to improve socio-economic conditions, including equal pay, access to childcare and family payments, family planning, contraception and sex education in schools. These campaigns were designed to ensure that 'the right to choose' meant real choice for women.

Discussion

Presented above is a brief summary of the ensemble of explanatory themes that I developed to articulate the varied episodes and processes that occurred over a one hundred year history. While the situations differed, many of the themes are perennial – particularly the juxtaposition of rights and responsibilities, hiding attempts by politicians and the like to demand that women act responsibly, while being denied concomitant control over decision-making. The following section is a feminist discussion of what is to be learnt from those themes, to try to avoid, in our current work, yet another of those slippery snakes.

While in developed countries and among wealthy populations, abortion is conceptualised in liberal terms as a 'right', women in developing countries or marginalised women in developed countries have a different experience of abortion and other birth-limiting technologies. This results from state responses to changes in the size and composition of the population and the introduction of oppressive policies that deny access to, or force poor, disabled or non-white women to use these technologies for eugenic or cost-saving purposes. Those women who expect to benefit from a neo-liberal economic order are more likely to view abortion as liberating. Those women who cannot expect to benefit, but who are nonetheless urged to limit their demands for state support, might view abortion as oppressive. As Victoria Greenwood and Jock Young (1976) argued, oppressed groups can experience legalisation of abortion as a victory for white middle-class families and for a ruling class that refuses to engage with social issues of poverty and inequality among oppressed peoples.

The same themes have been played out in an international context, in some cases with far more dramatic effect than in Australia. For instance, a sharp decline in the birth rate in Eastern Europe led to more restrictive policies in relation to abortion. In Romania, for example, from 1966 to 1989, abortion and contraception were banned under the Ceausescu regime in order to increase the birthrate. During this period, ten thousand women died following illegal abortions and up to two hundred thousand children were abandoned (Hadley, 1996). On the other hand, for Chinese women, state-imposed birth quota aimed at reducing the size of the population have meant that women

are coerced into having abortions, sometimes as late as the third trimester (Anagnost, 1988). While the One-Child policy was a plan born of economic development – an attempt to attain first-world status by the year 2000 – rather than a plan born of demographic imperatives, it gives us the chance to see ‘our own dilemmas about abortion and personal choice curiously inverted’, allowing a feminist response to the ultimate question about ‘who has the authority and the right to make choices: the state, the patriarchal family or women as individuals’ (Anagnost, 1988).

Many other countries have adopted policies to limit or expand population size, often leading either to the banning or to free availability of abortion. Under such policies, overpopulation is conceptualised as the primary cause of poverty, with family planning used to lessen social and economic problems. Such population control policies are often backed by developed countries in order to maintain their own global commercial interests.^v UK sociologist Ines Smyth argues that a commitment to women’s reproductive autonomy is actually deemed to be counterproductive within a framework of policy objectives based on a country’s demographic or economic conditions, leaving women vulnerable to political or economic shifts of interest at the national and international levels (Smyth, 1998).

An analysis of different women’s experiences of abortion confirms that just because abortion is legal does not necessarily mean that it will be safe and accessible, even though both have tended to improve over all with legality. Similarly, just because abortion is widely available, does not necessarily mean that women have autonomy over sexuality or reproductive decision-making. The fact that abortion can be co-opted to benefit interests other than women’s does not minimise its importance, however. Nor does the fact of a woman’s limited ability to take control over all aspects of her life alter the legitimacy of her decision to have an abortion, or justify taking away one of the few elements of control over her life that she may have. In fact, abortion may free her to pursue actions and activities that can increase her life choices.

Rosalind Petchesky (1985) argues, on this basis, that abortion is both ‘minimal and indispensable’ for women. Minimal because abortion does not, in itself, create reproductive freedom; indispensable because access to abortion is one of the conditions necessary for women to be able to achieve economic and sexual self-determination, access to education, employment, health, and reproductive choice.

As individuals, we rarely have control over the economic, political, cultural, social or emotional context that allow true reproductive choice. Yet governments increasingly use the rhetoric of choice ‘as if the fact of choice itself is a solution to ... social problems’ (Albury, 1999). The women’s movement of the early 1970s sought control and autonomy over reproductive decision-making in order to be free from the oppression of uncontrolled pregnancies that tied women to the private sphere and rendered them dependent on a male breadwinner. The terms in which the struggle was expressed were the liberal values of autonomy, choice and rights. However, freedom expressed in these terms can also be used to support a neo-liberal

agenda, where social support is increasingly removed from the control or interests of the state, as free and autonomous individuals work to realise their own desires through acts of choice (Rose, 1999). While women's demands for 'choice' and 'autonomy' are easily incorporated into neo-liberal rhetoric, policies within this framework actively discourage consideration of the conditions necessary to make those demands possible. Under these circumstances, 'women's choice' is simply a mechanism for locating responsibility for reproductive control with women.

In 1968 a quarter of Victoria's medical practitioners supported 'abortion on demand' because they understood first-hand the economic, social and personal conditions of women's lives. In 1937 and 1944 reports into the decline in the birth rate recognised that women made reproductive decisions on the basis of sweeping social, economic and political conditions that were outside of their control (Worcester, 1937; NH&MRC, 1944). Even the 1904 royal commission suggested that women's actions in limiting childbirth were motivated by personal desires for a life outside of motherhood (Jackson, 1989). Yet in 2007 the social and economic conditions that constrain women's choice remain unresolved – in fact inequalities of class, ethnicity and gender have increased since the 1960s – while policy makers continue to blame women for the choices that they make.

Conclusion

Regardless of its legality or relative safety, women in Victoria have continued to seek abortions in order to prevent childbirth or control the numbers and timing of children for as long as historical records are available. Today, a woman's *right* to choose is largely reflected in abortion practice in Victoria – although many continue to lament the fact – while women's *ability* to choose remains fraught.

As a result of these understandings, feminists have shifted from the absolute confidence in slogans of 'choice' and control over one's body characteristic of the 1970s. While most debates about abortion have been framed in terms of therapeutic need and the abstract notion of doctor-patient confidentiality, this pseudo-privatises abortion as an individual issue (Petchesky, 1984). A woman's limited 'right to choose' within such a medical framework defines that right as an individual right. Instead, conceptualising abortion as one of the requirements for women's freedom and equality within a broader liberal framework of human rights – encompassing reproductive, social, economic, legal and political rights – the 'right to choose' now incorporates political consideration of the conditions necessary for women's choice to be other than illusory. This is not ambivalence about abortion, as Federal Health Minister Tony Abbott claims (*Australian*, 2004). It is recognition of the ongoing importance of locating abortion as just one element of the struggle for a 'just society' that has long been the basis of the platform of the women's liberation movement.

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ⁱ This paper is based on Gregory, Robyn, 2004, 'Corrupt Cops, Crooked Docs, Prevaricating Pollies and 'Mad Radicals': A History of Abortion Law Reform in Victoria, 1959 – 1974', PhD thesis, RMIT University, Melbourne.

ⁱⁱ Criminal abortion referred to non-therapeutic abortions performed by any person, including with medical training, outside a hospital setting; while backyard abortion referred to abortions performed by clandestine businesses run largely by men without medical training.

ⁱⁱⁱ In a 2004 report on the Ceja investigations into the now disbanded Victorian drug squad, Ombudsman George Brouwer stated that 'current corruption is a legacy of past failures to deal with certain members in the 1970s and 1980s'. A lack of political will to bring about the changes required to tackle the type of corruption found in the Kaye and later Beach Inquiries allowed that corruption to become intrinsic to the culture of the police force (*Age*, 2004a: 1, 6; *Age*, 2004b: 1, 6).

^{iv} This included arms of the Presbyterian, Anglican and Congregational church, the Council of Liberal Jewish Ministers of Victoria, the Australian Association of Social Workers, the Abortion Law Reform Association, the Victorian Council for Civil Liberties, the Women's Electoral Lobby, the Australian Medical Association, the National Health and Medical Research Council, Young Liberals, Young Labour, the Victorian State Councils of the Liberal and Australian Labour Party, the Australian Country Party, the Victorian branch of the Australian and New Zealand College of Psychiatrists, numerous general practitioners, strong editorials in the *Herald*, *Age*, *Australian*, *Sun*, *Melbourne Times* and *Medical Journal of Australia*, Morgan Gallup polls and other public surveys.

^v In 1952, for example, David Rockefeller compiled a report for President Eisenhower that concluded that a rise in the birthrate in poorer nations would create instability and endanger US access to

important resources. The Population Council was established that year to reduce the birthrate everywhere except in the USA, Western Europe and a few other countries (NAM, 1976).