

'How Did You Get in There and Make the Law Work?' Feminist Activism, Doctors and Abortion Law: The Occupation of an Hospital

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journals.sagepub.com/home/sls**Elena Caruso** *University of Waterloo, Canada*

Abstract

In this article, I examine the aftermath of Italy's 1978 abortion law (Law 194/1978) and the following feminist occupation of a Rome hospital, revealing a little-known chapter in feminist history. The legislation marked a pivotal moment by partly legalising abortion access, overturning draconian laws from the Fascist era. The focus on the 3-month occupation illuminates how social movements actively shaped, and were shaped by, the implementation of the law. Drawing on overlooked archival materials and original interviews with feminist abortion campaigners, I uncover unique dynamics between feminist activists, medical professionals, and abortion law. I contend that this historical event not only diversifies our understanding of social movements' roles in legal changes but also highlights the exceptional case of a public hospital serving as a platform for transmitting feminist practices and knowledge to medical professionals. Ultimately, I argue for the crucial role of feminist history in advancing socio-legal scholarship.

Keywords

Abortion, feminism, Italy, legal reform, social movements, medical doctors, history, archives, oral history, occupation, 1970s, hospital

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Introduction

In the night between 21 and 22 June 1978, we [the occupiers] went into the Obstetric Clinic, with five women who needed to be admitted to have abortions. We went to the second floor, where there was a closed ward, with 15 beds, as well as an operating room. All perfect, ready to be used. We entered there with these women to implement a law that was now an Italian statute that was not being applied anywhere in Italy. (Bastelli, 2018)

The night we went there, we [the occupiers] came in and they allowed us to sit down. Once we were in there, we started cleaning everything, organising the beds and they helped us. Those who helped us in this thing were those [members] of a far-left group [the Policlinico collective]. [...] They all helped us a little bit. We had to go through the glazed door of the entrance, they had to let us pass through it [...] and then it went like this.... (Valanzuolo, 2021)

In this article, I examine the feminist occupation of the so-called ‘Repartino’, a small and little used ward on the second floor of the Obstetrics Clinic at the Umberto I hospital in Rome, for 3 months in 1978 (Biondi, 1979; *Compagne del reparto ex occupato del policlinico*, 1978; Tozzi, 1979). While other brief occupations took place in Italian hospitals throughout the 1970s, the initiative of the Repartino was unprecedented for its significant duration of over 3 months – from 21 June 1978, when feminists entered the hospital, until a second and final eviction by the police on 25 September (*Compagne del reparto ex occupato del policlinico*, 1978).¹ The action started only a few weeks after the enactment of new abortion legislation in Italy, Law 194/1978, which partly liberalised abortion access in the country under certain circumstances.²

This legal change happened following years of struggles, in which political groups affiliated with the liberal political party Radical Party (Partito Radicale, PR) and the feminist movement had campaigned for the repeal of abortion crimes and advocated for ‘free and safe abortion on demand’ (Bracke, 2017; Caruso, 2023a). Yet, the limited circumstances under which Law 194/1978 permits legal access represented a disappointing result for many feminist abortion campaigners.

Law 194 repealed previous draconian anti-abortion laws that dated back to 1930 and had survived the fall of Fascism (Caruso, 2023b). Nevertheless, Law 194/1978 also introduced a series of barriers to abortion access such as waiting times, strict gestational age limits, parental consent for under 18-years-old girls, and the right to conscientious objection for the medical personnel (Caruso, 2023b). These eloquent words of academic and former feminist campaigner Ergas (2021) reflect the mixed feelings and ambivalent attitude of part of the feminist movement towards the approval of Law 194/1978:

When the legal text [of Law 194/1978] came out, on the one hand, I said: “Thank goodness it’s done” but, on the other hand, I thought: “This text sucks. It doesn’t suck, but...” At some point, the dynamic was not feminist but it was in the hands of the political parties, the women of the PSI and PCI became protagonists [of abortion law reform].³

From the entry into force of Law 194/1978, it became immediately clear that numerous barriers obstructed its application in most parts of the country, in particular because of

a lack of available abortion providers (especially due to an immediate widespread use of conscientious objection), lack of appropriate training and shortage of basic equipment to provide abortion services (*Compagne del reparto ex occupato del policlinico*, 1978; *Corriere della Sera*, 1978; Garibaldi, 1978). However, as I will show, with the occupation of the Repartino, feminists sought not only to implement the new abortion law, but also to embed into the formal health system an alternative and feminist model of health-care, with which they had experimented and practiced in illegal self-managed abortion groups (*il manifesto*, 1978; Jourdan, 1976: 89–96; *Le compagne del Consultorio San Lorenzo*, 1977; Percovich, 2005).

From a contemporary perspective, the feminist occupation of the Repartino offers a striking contrast to the experience of many countries, including Italy, where hospitals and clinics are often associated with protests and actions by anti-choice groups (De Ciero, 2023). In particular, the feminist occupation of the Repartino provides a fascinating contrast with the activities of anti-abortion groups such as ‘Operation Rescue’ in the United States and ‘Rescue UK’ in the United Kingdom, in which anti-abortion campaigners organised blockades of clinics in order to prevent abortions from being carried out (Lowe and Hayes, 2019; Sheldon et al., 2022: 115–123).

Yet, despite the exceptionality of the feminist occupation of the Repartino, the episode remains rarely mentioned in the relevant scholarship (Gissi and Stelliferi, 2023: 170; Stelliferi, 2015: 197). With this essay, I contribute to filling this gap in historiography and I aim to provoke further historical research on the distinctive phenomenon of feminist activism in hospitals in 1970s Italy. In addition to secondary sources, I draw upon some original empirical research I conducted as part of a detailed study of feminist campaigns and the ‘becoming legal’ of abortion in 1971–1981 Italy (Caruso, 2023a; Enright and Cloatre, 2018). Whilst relying upon a broad range of primary sources, my study on the ‘becoming legal’ of abortion is grounded in some little-known materials – from the feminist archive ‘Archivia’ and the national archive of the Unione Donne Italiane (UDI; both housed at the International Women’s House in Rome) as well as from the Italian state’s archive in Catania – that I collected during two visits in Italy in June 2020 and October 2021 (Caruso, 2023a). This archival material is also supplemented by 19 semi-structured interviews with feminist abortion campaigners that I conducted online and in-person in 2021.⁴ Through my interviews, I analysed what my participants remembered (or did not remember) of the 1970s abortion campaigns, how they had retrospectively recalled and reflected upon these events (Bryson, 2021; Gluck, 2011). With one exception, all the interviews were conducted in Italian, and the translation into English is mine.

Beyond contributing to filling a significant gap in historiography – excavating this very little-known page of the history of the feminist occupation of the Repartino is significant for the advancement of our understanding of the operation of the law and thus the development of socio-legal scholarship in a range of ways. First, my analysis sheds light on the diverse and non-universal way in which social movements participate in the implementation of a new law and, at the same time, are shaped by its passage. Second, I contribute to enriching, and complicating, our understanding of the relationship among feminist activists, medical professionals and abortion law, by focusing on the rare, if not unique, context in which a public hospital became the site of transmission of feminist practices and knowledge to the medical doctors. Third, I provide a

compelling argument for the importance of feminist history in the development of socio–legal scholarship.

On the first point, socio–legal scholars have largely demonstrated the co-constitutive relationship between law and social movements, establishing a recognisable body of scholarship (Bouthcher et al., 2023; Cummings, 2018; Levitsky, 2015; McCann, 2006). Within this field, there has been a significant focus on the role of formal legal professionals (e.g. lawyers) or on the use of institutional means (e.g. strategic litigation) to achieve law reform (Buckel et al., 2023; de Búrca, 2021; Kinghan, 2021; Lehoucq and Taylor, 2020; Prandini Assis, 2021; Sarat and Scheingold, 2006; Thompson, 2022; Tongue, forthcoming).

Yet, as sociologists Taylor and Van Dyke observe, ‘if there is a single element that distinguishes social movements from other political actors [...] it is the strategic use of novel, dramatic, unorthodox, and noninstitutionalized forms of political expression to try to shape public opinion and put pressure on those in position of authority’ (Taylor and Van Dyke, 2004: 263). With this essay, one of the goals is thus to further push the inquiry into law and social movements towards ‘unorthodox’ directions by considering the case of a social movement characterised by its scepticism towards legal strategies (Taylor and Van Dyke, 2004: 263). The 1970s Italian feminist movement provides a fitting case as it purposely established itself on the critique of gender equality and law reform politics in the pursuit of its political agenda of feminist liberation (Bracke, 2014; Lonzi, 1970; *Rivolta Femminile*, 1971). In *Let’s Spit on Hegel*, Carla Lonzi, one of the most important Italian feminist philosophers, writes:

Equality is what is offered to the colonised on the level of laws and rights. And what is imposed on them on the level of culture. And it is the principle on which the hegemon continues to condition the non-hegemon. The world of equality is the world of legalised oppression, of one-dimensionality [...]. Gender equality is the guise in which women’s inferiority is masked today. (Lonzi, 1970: 15)⁵

In the early 1970s, the innovative political agenda of the nascent feminist movement was also explicitly critical of, and provided an alternative to, other contemporary women’s groups such as the Italian Women’s Union (UDI) and the Woman’s Liberation Movement (*Movimento di Liberazione della Donna* [MLD]).⁶ Differently from the feminist movement, these women’s groups were initially critical of feminist practice (such as separatism and consciousness-raising) and tended to embrace an agenda centred upon a politics of law reform (Bracke, 2014; *Movimento di Liberazione della Donna*, 1970; Tedesco, 1989). However, as I will illustrate, even a social movement that explicitly located itself at the margins of institutional and legal spaces, such as 1970s Italian feminism, can shape, and be shaped by, the law.

Second, socio–legal scholarship has extensively explored the relationship between medical doctors and abortion law. A strand of this scholarship has richly demonstrated how abortion has been an important terrain to serve professional interests of medical doctors, especially in Great Britain (Keown, 1988; McGuinness and Thomson, 2015; Sheldon, 1997; Thomson, 2013). Within the British context, abortion debates have been characterised by their limited politicisation and for their prevalent framing

of this topic as a medical matter, contributing to the development and legitimation of the medical establishment (McGuinness and Thomson, 2015; Sheldon, 1997; Thomson 2013). Less attention has been devoted instead to the relationship between campaign groups and medical doctors in the improvement of abortion access (Joffe, 1995; Joffe et al., 2004; Sheldon et al., 2022).

My essay contributes to advancing our understanding of the relationship between feminist activism, medical doctors and abortion law, offering a novel perspective from 1970s Italy. In Catholic countries, the influence of the medical doctors in the operation of the law relating to abortion is further mediated and complicated by religion (Krajewska, 2022; Mishtal, 2015), especially where the Roman Catholic church maintains a physical presence such as in Italy (Betta, 2006; De Zordo, 2016). The Roman Catholic church started clarifying its position on abortion as murder in 1884, sharpening this argument in the following century, with key documents being published in the late 1960s and early 1970s (Betta, 2010; *Paul VI*, 1968; *Sacra Congregazione per la dottrina della fede*, 1974). In contrast to what has been documented elsewhere (Sheldon, 1997), in Italy medical personnel remained marginal in the abortion debate of the 1970s, with abortion being framed mainly as a feminist, religious, and eventually as a political matter (Scirè, 2008).⁷

The occupation of the Repartino shows how, at least at the beginning, the presence of feminists was not perceived as a threat by medical personnel, with a few gynaecologists supporting their presence in the ward, provided it remained confined to abortion services. What the occupation of the Repartino thus suggests is that, within the Italian context, abortion was not a terrain for the legitimation of the medical doctors to the same extent as has been demonstrated, for example, in Great Britain (McGuinness and Thomson, 2015; Sheldon, 1997; Thomson 2013). From this perspective, the medical doctors' tolerance of the feminist occupiers in the Roman hospital appears largely incomprehensible, a scenario virtually inconceivable within the context of Britain. Strictly related to this aspect, analysis of the feminist occupation of the Repartino sheds light on how a fruitful as well as ambivalent relationship between activists and medical doctors can take place when their interests find a common, even if fragile, terrain for an alliance (Joffe et al., 2004). With this essay, I offer a novel contribution in this regard, by focussing on the rare, if not unique, context in which a public hospital became the (temporary) site of transmission of practices and knowledge by feminists to medical doctors in the aftermath of the abortion law reform. My analysis thus details the nuances and the changes of this relationship as it evolved within the relatively short period of time of the 3-month feminist occupation of the Repartino.

Finally, in this essay, I also aim to demonstrate the importance of feminist history to the further development of socio-legal analysis (Bennett, 2006). In her classic and pioneering essay on feminist history, Pomata (1983) argued that women's history necessarily raises an 'issue of boundaries', given the need for interdisciplinary research to carve out this new field. Forty years later, inter-disciplinarity is a well-established approach including in legal scholarship (Herman and Parsley, 2022), and the exploration of 'boundaries' is particularly common (e.g. Blomley, 2004; Brown et al., 2004; Gieryn, 1999; Thomson, 2013). Yet, regrettably, feminist history – and historical approaches more generally – continue to remain peripheral in socio-legal scholarship and the call for their central

stage role remains less obvious still today (Drakopoulou, 2018; Genovese, 2022; Rackley and Auchmuty, 2020; Sandberg, 2021: 80–106). As a tale about boundaries and trespassing beyond them (e.g. among disciplines; legality and illegality; medical doctors and activists; and physical spaces of a ward), the 3-month feminist occupation of the Repartino is thus a salutary reminder that feminist history provides a rich reservoir for exploring the operation of the law in ways that we, as socio–legal scholars, may not have fully envisaged yet.

In analysing this story, I will follow a chronological path. In 'Without [the Feminists], in My Opinion, Nothing Would Have Been Done' section, I illustrate the beginning of the occupation, pointing out how feminism was crucial for the timely activation of abortion services in the Umberto I Hospital. In 'An Institutional Phase of the Abortion Issue, Which Started With the Law 194' section, I consider how the occupation displays a type of engagement with the law that contrasts with some of the political premises of Italian feminism of the early 1970s. Lastly, in From 'Turning a Blind Eye' to Legal Repression section, I show that the eventual police repression of the initiative illustrates how Law 194/1978 reduced existing spaces for self-managed abortions practices, which had flourished in the pre-law reform landscape.

'Without [the Feminists], in My Opinion, Nothing Would Have Been Done'

In this section, I argue how, during the occupation, feminists were essential to implementing abortion services in Umberto I Hospital in a range of ways: they performed abortions, they taught an innovative method to practice abortions to gynaecologists called 'vacuum aspiration', and they brought the equipment: aspirators, flexible cannulas, and other materials into the hospital to perform the abortion procedure with this new technique (*lotta continua*, 1978a).⁸ By the end of the feminist occupation, 562 abortions had been performed in the Umberto I Hospital (*lotta continua*, 1978a).⁹ Since the passing of the new law, this was the highest rate of abortion procedures in a Roman hospital, and more than 10 times the number performed at the nearby San Camillo Hospital (*La Repubblica*, 1978). As reported by the newspaper *La Repubblica*, when the occupation ended after more than 3 months, feminists carried away their own instruments for performing abortions using the vacuum aspiration method (*La Repubblica*, 1978). However, at that time, the hospital still lacked the essential surgical instruments and medicines to perform vacuum aspirations, which explains why only a few abortions via the outdated method of Dilatation and Curettage (D&C) were performed in the aftermath of the feminist eviction from the ward (*La Repubblica*, 1978).¹⁰

The occupation began only a few weeks after Law 194/1978 came into force, on 6 June 1978, when the launch of abortion services faced many obstacles across Italy, and it was still largely unknown how Law 194/1978 could have been effectively interpreted in practice (*Corriere della Sera*, 1978; Garibaldi, 1978). An occupier nurse from the Policlinico collective, Graziella Bastelli, recalled: 'It was also a gamble: how would [Law 194/1978] have been applied then?' (Bastelli, 2015: 123).¹¹ As I anticipated, the aim of this occupation was to translate into the official healthcare system, years of feminist experience and knowledge matured within the women's health movement.

Like in other countries (Kaplan, 2019; Ruault, 2023), also in Italy there were strands of the feminist movement committed on health issues, with a particular focus on abortion (Jourdan, 1976; Percovich, 2005). The self-managed abortion movement in 1970s Italy – heterogeneously composed of strands of the feminist movement and groups linked with the liberal Radical Party – created two main alternative ways to access safe abortion, circumventing the domestic legal prohibitions under Italian law. These were: first, the organisation of abortion travel abroad, in countries with a ‘liberal’ abortion legislation such as Great Britain; second, the creation of illegal groups that provided abortions, and mushroomed in the country especially between 1974 and 1978 (*il manifesto*, 1978; Jourdan, 1976: 89–96; *Le compagne del Consultorio San Lorenzo*, 1977; Tafuro, 2022).

One of the features of the self-managed abortion movement in 1970s Italy was a strict use of vacuum aspiration (also known as the ‘Karman method’) as the only practiced method, and a pronounced critique against the use of the D&C (Costantini and Emili, 1978; Faccio, 1975: 8–10). Vacuum aspiration – characterised as the evacuation of the uterus through a flexible cannula – is a safe, minimally invasive, and low-risk method, that is technically easy to perform, and presented significant advantages from both the pregnant women’s and the providers’ perspectives, especially in comparison with the D&C (Edelman et al., 1974; Emin Tunc, 2008; *Gruppo femminista per una medicina della donna*, 1976). D&C refers to an abortion method which requires dilatation of the cervix and then removal of the contents of the pregnancy in the uterus by scrubbing the uterine surface with a tool called curette (Edelman et al., 1974; Emin Tunc, 2008). Given the similar shape of the curette to a spoon, and the high fee-charging medical doctors, predominantly men, who were practising the D&Cs were also known as ‘golden spoons’ (Edelman et al., 1974; Emin Tunc, 2008; *Gruppo femminista per una medicina della donna*, 1976).

The feminists who mainly organised the occupation of the Repartino belonged to the San Lorenzo collective, a self-organised feminist health centre located at via dei Sabelli 100 in the working-class Roman district of San Lorenzo, that had a pre-eminent role in the organisation of abortion travel to London and the mobilization of self-managed abortion (*Alda and Lucia*, 1976; Bracke, 2014: 105–110; *Le compagne del Consultorio San Lorenzo*, 1977; Tafuro, 2022). In addition to the feminists, it was significant the role of the Policlinico collective, a far-left autonomous group, whose members were mainly workers of the Umberto I hospital; there were also some unemployed women who created the ‘List of Struggle’, with the aim to be employed as nurses in the hospital (*Compagne del reparto ex occupato del policlinico*, 1978; Tozzi, 2023).¹²

Those feminists providing abortions were thus mainly self-trained providers, without a formal healthcare background, who acquired solid experience of vacuum aspiration abortions through illegal groups that mushroomed in the country before the approval of Law 194/1978 (*il manifesto*, 1978; Jourdan, 1976: 89–96; *Le compagne del Consultorio San Lorenzo*, 1977). This historical context contributes to explain why mostly of the feminists in the Repartino were not trained health workers or medical doctors, with the notable exception of Simonetta Tosi, who was a medical doctor and a pre-eminent figure in the feminist movement in 1970s Rome (Tozzi, 1984).

Although the relationship between feminists and medical doctors eventually deteriorated over the occupation, it was nevertheless an uneasy one since the beginning. On this point, Tosi (1978) reported:

From the beginning we did not check on the medical doctors' work, but we did teach them the vacuum aspiration method. None of them knew this method, all learned it from us with a lot of resistance except one. They were presumptuous and even if they accepted our advice, they did so inconspicuously, they wanted to maintain their "professional dignity". In any case, they needed us at least at the beginning. In addition to the technique, we provided all the necessary material: cannulas, dilators, aspirator, carbocaine for local anaesthesia.

Likewise, Graziella Bastelli (2015: 126) recalled the difficulties faced by medical doctors in tolerating this unusual situation:

By occupying, we imposed certain things on them [medical doctors] and we guaranteed a service and certainly not as they [medical doctors] wanted it: it was not easy to accept that there were women who went around the maternity clinic, who managed a ward, who imposed on doctors things to do – such as to use only the Karman method – and also other aspects that, in my opinion, weighed on them like mountains, and so when they threw us out they were all very happy. Yes, certainly. But it is also clear that for them it was necessary to have a long time to plan everything, to find non-objecting doctors, nurses, places. See what happened throughout Italy after the approval of [Law]194!

However, despite some ambivalence, some gynaecologists at the Umberto I Hospital explicitly recognised the crucial role played by the feminists to develop abortion services. Notably, weeks before the occupation, during a public assembly of feminists and medical doctors at the hospital, some of the medical personnel acknowledged the importance of feminist knowledge and experience regarding abortion, saying: 'you can help us, as we do not want to use human material, the women, as guinea pigs. The most experienced among all of you give us a hand, teach us what you know' (*il manifesto*, 1978). Later, at the end of the occupation, gynaecologist Sandro Subrizi admitted: 'I must say that I have worked, and I work, well together with these girls. Without them, in my opinion, nothing would have been done [at the Umberto I Hospital]' (*La Repubblica*, 1978). According to Subrizi, the health administration of the hospital 'turned a blind eye' towards the occupation, preferring to take advantage of the work of the feminists in the wards (*La Repubblica*, 1978).

However, the tolerance shown by some medical doctors towards the feminist occupiers cannot be fully understood only as a matter of practical convenience. Instead, it also speaks to the extent to which abortion was not a terrain for the legitimation of medical authority in the way this has been documented elsewhere (McGuinness and Thomson, 2015; Thomson, 2013). Within the Italian context, abortion debates even within the medical circles maintained a remarked moral and religious connotation (Betta, 2006). This background contributes to explain why, rather than abortion, the so-called 'birth scene' (*scena del parto*) represented the contentious field through which the medical authority legitimised itself, against other competing health professionals

(Betta, 2006; Gissi, 2006; Pancino, 1981; Pizzini, 1981). The occupation of the Repartino provides some empirical evidence for this argument if we consider that at the beginning, some medical doctors did not perceive the occupation as a significant threat against their medical authority on the ward (*il manifesto*, 1978; *La Repubblica*, 1978). Instead, as I observed above, some of them welcomed the presence of the feminists, acknowledging their knowledge and experience in practicing vacuum aspiration abortions (*il manifesto*, 1978; *La Repubblica*, 1978). The feminist occupation was thus tolerated, if not endorsed, until when it became, and was perceived as, a trespassing of the boundaries of the medical professionalism and of the physical spaces of the ward dedicated to abortion services. This trespass thus materialised when the broader implications of the feminist presence in the whole Obstetrics Clinic became clearer, especially when feminists extended their control in the ward to the delivery room (*lotta continua*, 1978b).

Even if the feminists exploited a practical need of the hospital to enter in the ward, their intentions not to compensate only for the deficit of the health system were indeed clear. Already before the beginning of the occupation, some feminists warned the medical doctors during a meeting, saying: 'do not think that we will become an institutionalised presence, you can also go to London to learn the Karman [method]' (*il manifesto*, 1978). The feminists' aim was instead to make a broader transformation in the delivery of healthcare, beyond the perimeters of the abortion services (*Gruppo femminista per una medicina della donna*, 1976; Paggio, 1976). Indeed, as anticipated, the feminist occupation eventually expanded throughout the whole maternity ward. As Graziella Bastelli points out:

[D]uring the occupation the power was ours and therefore any medical doctor who showed up, even sent by the health division, had to deal with the women occupiers. It was clear that we did not stop at the abortion ward: we also went to check the delivery rooms, we looked after the women hospitalised in all obstetrics and gynaecology departments... (Bastelli, 2015: 124)

Bastelli remembers how the occupation also had an impact on the practical organisation of the whole maternity ward, beyond the abortion services:

[W]ell, these [medical doctors], I told you, were not happy with us who were in the delivery room, as we had put together the new mothers in some wards, in order not to have wards with mixed patients, where one who has to have a therapeutic abortion can find herself in a room with a newborn, or another who has undergone a hysterectomy finds herself with a newborn, who wakes you up every two seconds. This is what we were able to achieve: control over everything. (Bastelli, 2015: 125)

The occupation was not simply about providing abortion services but about enhancing feminist practice and experience in the whole maternity ward. It aimed at the implementation of a feminist model of healthcare, which was informed *inter alia* by the principle of putting women's experience at the centre, emphasising relationships of trust among women and consciousness-raising (Tosi, 1978; Tozzi, 1978). One of the features of the self-managed abortion mobilisation in 1970s Italy was scepticism among many feminists

about being considered service providers (Costantini and Emili, 1978: 21–23). This background explains why some feminist occupiers of the Repartino deemed it: ‘absurd to interpret the meaning of this struggle only in terms of [...] making up for the shortcomings of the institution’ (Tozzi, 1978).

Feminist occupiers themselves were keen to emphasise the continuity between their activism in self-managed abortion networks, before the law reform, and the occupation of the Repartino immediately in the aftermath of the approval of Law 194/1978:

We were the ones who taught the aspiration method, which was [experience] acquired in years of illegal labour, of abortions in the kitchens in women’s homes, in order to fight the black market of “golden spoons” and to share [experience of dealing with] some of the other umpteen problems we experienced [as women], as usual alone, guilty and fearful. (*A feminist from the Magliana self-managed health centre*, 1978)

Our experience in self-management health centres had been fundamental because it provided us with the essential technical tools to control [medical doctors], which have been used in a new context of human relationships with women [e.g. the health institutions]. (Tosi, 1978)

Consonant with this important background, the feminists brought into the Repartino not simply innovative abortion techniques but also an alternative understanding of women’s health. In the words of Simonetta Tosi (1978):

[W]hen we entered the ward, in spite of the urgent need to train medical doctors from a technical point of view, we felt the need to establish a relationship with the women that was different from the passive attitude and fatalism we have always experienced in health institutions.

Even more significantly, Silvia Tozzi (1978) pointed out that the collective dimension of the abortion experience, as a practice of consciousness-raising among women, remained a distinctive aspect of a feminist approach to women’s health during the occupation:

Even if the physical risk can be reduced by better equipment, by a medical doctor who is technically more capable than another, living this experience alone becomes traumatic precisely because the moment of abortion brings conflicts and anxieties that are intertwined with the relationship with the “male” behind them all. The impact with an institution, such as the hospital, is so hard that it is generally removed from [women’s] consciousness, “forgotten”. It is only the relationship with other women, experienced in this moment, that helps to find a thread of awareness (and not just simple consolation).

From this perspective, the occupation aimed to challenge the hierarchical relationships between medical doctors and patients and between doctors and paramedic lay practitioners:

[Our struggle] also definitely expressed a desire for the re-appropriation of knowledge by subordinate workers from medical doctors, and, in addition, it implied the exchange of experiences between the women occupiers of the ward and the women who came to have an abortion. (Tozzi, 1978)

More recently, Silvia Tozzi (2021) remarked to me: '[i]t was the problem of opening gaps in a medical body that as a whole was still an enemy: [the occupation offered the] only way to make this relationship less hard'. This pronounced feminist framework and practice rendered unique the abortion services provided during the Repartino occupation, a point also made clear by the experiences of those who had an abortion, who in some cases returned to volunteer with the feminists in the ward (Bastelli, 2015: 125).

Indeed, an anonymous report of a woman, who bitterly described her search for an abortion as a 'tour of various hospitals in Rome and the province', describes an abortion in the occupied Repartino as follows:

The availability of the girls who were in the hallway almost left me incredulous. The answers to [my] timid questions were clear and certainly did not skimp on explanations and encouragement. [...] To my great surprise, there were beds with sheets that were not dirty or ripped, but which were well made and clean. [...] [W]hen I opened my [eyes] I was in my bed, assisted and almost pampered by one of these women. It was done. I had absolutely no pain, so I compared [this experience] to an earlier curettage of a few years ago. [...] In the evening we were all well and therefore we talked until late, about everything, as if we had known each other for some time. (*A woman who had an abortion in the Repartino, 1978*)

'An Institutional Phase of the Abortion Issue, Which Started With the Law 194'

The occupation of the Repartino sheds a light on significant changes that occurred on goal, strategy and alliances within a part of the feminist movement. Despite the declared continuity with the previous experience of self-managed abortion networks, the Repartino occupation reveals the ability of part of the feminist movement to re-shape its political agenda, adapting itself to a changed legal framework. Significantly, with approval of Law 194/1978, the activism that had previously taken place in self-managed abortion networks ended almost immediately, to be replaced by a new commitment to enhance feminist implementation of Law 194/1978.¹³ Indeed, while previous activism focused upon ensuring abortion access 'outside' Fascist anti-abortion laws, with the occupation of the Repartino some feminists aspired to carve out spaces of intervention 'within' the application of Law 194/1978 (Ewick and Silbey, 1998: 129–164). In Silvia Tozzi's (2021) words: 'with the occupation of the Repartino, we wanted to demonstrate how it was possible to apply the law, by seeking relationships with the midwives and by training the medical doctors in the vacuum aspiration method'. From this perspective, some feminists of the Repartino themselves acknowledged that the occupation marked a new 'institutional phase of the abortion issue, that started with the [approval of] Law 194':

We think that the contradictions awakened by the approval of the abortion law give the measure of the overall difficulties we face in the eternal dilemma between separatism and the struggle within institutions. Our political strength has grown on the foundation of autonomy and cannot exist without this: but does it make sense to continue to believe that one can

avoid having to deal with institutions, at an individual, if not collective, level? Are the two terms of the dilemma really opposite and irreconcilable?. (*Compagne del reparto ex occupato del policlinico*, 1978: 1)

The contradiction was not insignificant: this lousy law once again puts the woman in the hands of a few doctors “willing” only to make a career on her skin: shall we make it work?. (*A feminist occupier of the Repartino*, 1978)

Such a new political aim also implied a re-definition of the strategies and practices to achieve it. At its outset in the early 1970s, the Italian feminist movement made a significant effort to re-define the meaning of politics, beyond political parties, through the adoptions of innovative political practices such as separatism and consciousness-raising in small and informal collectives across the country (Bracke, 2014).¹⁴ The adoption of these distinctive political practices also served to shape the identity of the feminist movement in contrast with other women’s groups and also with left and far-left politics that adopted respectively more institutional and conventional political practices for social change (Bracke, 2014; *Movimento di Liberazione della Donna*, 1970; Tedesco, 1989).

In 1970s Italy, feminist campaigns advocating for ‘free and safe abortion on demand’ were marked by a robust critique of the law. Italian feminism tended to oppose a deliberate reliance on legal strategies, emphasising instead the framing of the issue of abortion as a power dynamic. In more detail, abortion was mainly understood as expression of an asymmetry of power between women and men in sexual relationships (*Nemesiache*, 1973; *Rivolta Femminile*, 1971; *Un gruppo di donne del collettivo femminista milanese (via cherubini, 8)*, 1975; *Un gruppo di donne di Col di Lana*, 1976). This scepticism towards the law also permeated the mobilisation of those strands of the feminist movement that nevertheless engaged more directly with the problem of the regulation of abortion, by organising protests and rallies in direct response to the parliamentary debate (*Collettivo femminista catanese*, 1975; *Collettivo Maddalena – Libri*, 1975), and even by submitting their own abortion bill (Corvisieri and Pinto, 1976).

Given this background, direct mobilisation for the implementation of Law 194/1978 in public hospitals displays significant aspects of novelty within a part of the feminist movement: an ‘institutional’ level of confrontation with the law (*Compagne del reparto ex occupato del policlinico*, 1978: 1). As Yasmine Ergas had pointed out, the feminist struggle for the application of Law 194/1978 provoked ‘an immediate fragmentation’ of the conflict zones and a dispersal of those political tensions previously concentrated at the national level (Ergas, 1981: 679). From the claims for ‘free and safe abortion on demand’ which unified most of the feminist collectives across the whole country, abortion thus became a matter of institutional negotiation on a local scale (e.g. targeting individual hospitals) (Ergas, 1981: 679).

Moreover, the decision to occupy a hospital shows that a part of the feminist movement made use of the repertoire of contention of the labour and student movements, whose members were the ones who used to organise occupations in schools, universities and factories in late 1960s and 1970s Italy (Alimi, 2014; Della Porta, 1996: 32–37; Tarrow, 1989: 150–154). The choice of occupation of the hospital has also to be understood in relation to the fruitful alliance between the San Lorenzo collective and the far-left

militants of the Policlinico collective, who were outside of the feminist movement and unrelated with its defining political practices such as consciousness-raising and separatism.

The significant meaning of this alliance in the Repartino can be better appreciated in light of the tensions, and even violence, that characterised some of the relationships of the Italian feminist movement with political parties of the so-called Historical Left (such as the Partito Comunista Italiano) and political organisations of the so-called New Left (such as Potere Operaio, Lotta Continua). The main ground of these tensions was the political autonomy of feminist liberation project that the new feminist movement claimed against existing left and far-left groups, criticising the marginal role of women in these organisations. On at least two documented occasions there were incidents of collective and organised violence by leftist comrades against feminists in Rome. The first episode took place in July 1972 when comrades from Potere Operaio attacked a separatist seminar taking place in a Rome-based university, smashing windows and beating women, while singing *The Internationale* and *The Red Flag* (Ardilli and Farioli, 2018: 96–97). The second occurred on 6 December 1975, when some Lotta Continua marshals attacked a separatist demonstration on abortion in Rome (Tarrow, 1989: 327–328).

However, during the occupation of the Repartino, the alliance with far-left militants was instead considered a successful choice by some feminists. Ines Valanzuolo (2021) from the San Lorenzo collective acknowledged that ‘the support of the left was also fundamental there. It is clear that otherwise they would not have allowed us to stay a few months in order to implement the law’. Indeed, as Simonetta Tosi (1978) pointed out, a lack of solidarity by the healthcare staff within the hospital was one of the reasons why the previous occupation in another Roman hospital, the San Giacomo hospital, failed after a few hours following a definitive intervention by the police.

Significantly, solidarity between these feminists and members of the Policlinico collective strengthened during the occupation such that, as Simonetta Tosi (1978) reported: ‘at this point, after two and a half months of working together, I no longer feel like pointing out differences between our experience and theirs’. However, Silvia Tozzi (2021) recalled that among the occupiers, there were the women of the ‘List of Struggle’ whose aim was their employment at the hospital. In her view, this political goal exposed some enduring differences in the political practices and demands between the feminists and other occupiers, although the feminists did not oppose this request:

The differences came later, when part of the [occupiers] began negotiations to hire some people as nurses in the Repartino: a rather difficult objective, with which we could have sympathised, but it was unacceptable to the hospital management. One of us was then hired when she became a midwife. (Tozzi, 2021)

The occupation of the Repartino seemed to mark a significant departure from some of the premises of early 1970s Italian feminism. However, these changes did not characterise the entire movement and were not immune from criticisms. From this perspective, it is little surprising that the feminist occupiers of the Repartino lamented that: ‘strange as it may seem, this struggle was peripheral, not experienced as fully owned by the movement;

while the national press spoke about it, the voice of feminists were silent' (*Compagne del reparto ex occupato del policlinico*, 1978:1). As Ines Valanzuolo (2021) recalled:

Not all of [the feminists] agreed even at the time with the occupation of the Repartino at [the Umberto I Hospital]. That was a moment of decisions too [...] because this was already an [initiative] concerning the law. There were radical positions. In short, [the critique was that] the law, that is wrong, it always controls you.

Nevertheless, her own response confirms what became the new priorities of at least part of the feminist movement following the approval of Law 194/1978:

But I replied: sorry, if there hadn't been those from the [Policlinico collective] inside the [Umberto I hospital] who gave us a hand, how would you get in there and make the law start working? How could you do it? [...] How would you get this thing [i.e. abortion services] started in Rome?. (Valanzuolo, 2021)

In sum, the Repartino occupation clearly captures some new dynamics between the law and the feminist movement in the aftermath of the abortion law reform. As I have demonstrated, the approval of Law 194/1978 contributed to re-defining *inter alia* the political agendas, strategies, and alliances of a new 'institutional' phase of feminist struggle regarding abortion (*Compagne del reparto ex occupato del policlinico*, 1978: 1). Yet, these changes also represented significant departures from some of the characteristics of the feminist movement especially in the early 1970s such as a very strict critique on the law. This background also helps to understand some of the reasons why there was not unanimous support for the occupation of the Repartino also within the feminist movement.

From 'Turning a Blind Eye' to Legal Repression

The end of the occupation revealed that feminist involvement in abortion services – as a continuation of the self-managed abortion movement of the pre-1978 situation – was not practically viable under the new regime of Law 194/1978. Here, it is important to remember that, during the 3-month occupation of the Repartino, there were two evictions by the police. The first eviction of occupiers on 1 July 1978 was immediately followed by a second occupation by feminists in order to guarantee continuation of abortion services (Pinnizzotto, 1978). This first intervention of the police is well described in an article in the Italian newspaper *Paese Sera*:

Yesterday, at the [Umberto I Hospital] the ward where abortions are performed was cleared and reoccupied. Within an hour, the feminists of the San Lorenzo collective, who have been guaranteeing the functioning of the ward for 10 days, were stopped by the police, taken to the police station, identified and released. (Pinnizzotto, 1978)

At that time, feminists immediately re-occupied the Repartino without significant obstacles and were 'welcomed with exclamations of joy' by the pregnant women in the ward (Pinnizzotto, 1978). At that early stage of the occupation, the attitude of a

part of the public authorities towards feminist management of abortion seemed still to be inspired by a ‘turning a blind eye’ approach, in continuation with that towards the self-managed abortion movement in the pre-law reform period (*La Repubblica*, 1978).¹⁵ Some medical gynaecologists supported the re-occupation by the feminists and publicly acknowledged that their presence was necessary to guarantee a high level of performance in abortion services within a health system lacking basic resources. The endorsement by a gynecologist at the Obstetric clinic of the Umberto I hospital, Francesco Marcelli, is in this sense quite revealing of the type of alliance that feminists established with some medical doctors in the ward, at least at the beginning of the occupation:

This eviction by the police should have been avoided. [...] It is thanks to the presence of these girls that we were able to provide approximately 65 abortions. [...] I called the medical director and the police commissioner to inform them that, since the hospitalised women are left without assistance, the feminists have returned to the ward. [...] Until there are not the needed health personnel, [the feminists] must remain, otherwise it would be impossible to carry on. (Pinnizzotto, 1978)

Notably, it was only after a second police raid on 25 September 1978 that the occupation definitively ended, and this second time the police guarded the entrance to the ward to avoid a new occupation (Bastelli, 2015: 125; *La Repubblica*, 1978). During this second eviction, there was also the only reported arrest and detention that occurred during the whole 3-month occupation, and significantly it involved a woman, Alberta Rossi, who was an outsider to the feminist movement (*lotta continua*, 1978c).¹⁶

Differently from the first eviction, at this final stage of the occupation of the Repartino, the relationship between the medical doctors and the feminists in the ward had significantly deteriorated (*La Repubblica*, 1978). The second eviction was thus a response to the trespass by the presence of the feminists in the ward. I have already observed that the porosity of medical boundaries in the area of abortion is a factor that has to be taken into account to understand what conditions made possible the beginning and the continuation of the occupation, still after the first eviction. The trespass thus materialised when the ongoing presence of the feminists in the ward became a threat to the medical doctors, who were the gatekeepers of the ward.

According to one occupier, this second eviction was in response to the occupation of the delivery room: thus a trespass materialised in the occupation of new physical spaces within the Obstetrics clinic, of which the little ward Repartino was part of (*lotta continua*, 1978b; Pizzini, 1985). According to this occupier, the occupation of the Repartino ended when it became evident that the occupation was not confined to abortion services but entailed ‘an entire political project of managing the entire woman’s health’ in the ward (*lotta continua*, 1978b). After the eviction of the feminists, Subrizi admits that:

In recent times, [the feminists] have perhaps exaggerated a bit. In a sense, they wanted to create a “revolutionary moment” in the institution. They didn’t want a head of the ward, for example. But how do you do it? There must be someone who decides who works today or whoever works tomorrow. (*La Repubblica*, 1978)

The end of the occupation was a response to the trespassing, but the concern is not to establish a direct causal relationship between a specific episode such as the occupation of the delivery room and the second eviction of the police. It is more useful to consider the intertwined relationship of time and space during the occupation of the Repartino in the making of the trespass (Valverde, 2015). From this perspective, the trespass did not materialise suddenly and in one single moment but must be understood more as a process, in which a broad range of boundaries (legal, professional, and physical ones) were crossed and re-shaped over a 3-month period (Blomley, 2004; Lindahl, 2013; Thomson, 2013; Valverde, 2015).

The end of the feminist occupation of the Repartino thus represented an important moment of clarification of what had become legal and what had remained prohibited in the area of abortion with the approval of Law 194/1978. The shortcomings of Law 194/1978 illustrated the very limited influence of the feminist campaigns for 'free and safe abortion on demand' in the making of this piece of legislation (Caruso, 2023a).

But the second eviction of the Repartino clarified that even in the 'living law' there was no significant space left for an enduring feminist management of abortion (Ehrlich, 1936: 493). For a movement that had strongly identified itself with this battle, to the extent of being accused of becoming a 'movement for abortion' (Ergas, 2021), fragmentation of the conflict zones from a national to a local scale, as well as the end of abortion self-management, represented a loss of constitutive purpose for the movement. Paradoxically, while feminist practice and knowledge regarding abortion had developed and flourished under the draconian (and selectively enforced) Fascist-era anti-abortion laws, approval of Law 194/1978 contributed to the end of the feminist self-managed abortion movement.

In sum, even if the occupation of the Repartino was a unique episode in the feminist struggle in 1970s Italy, especially in its duration of 3 months, its brutal end also speaks to the challenges in translating the accumulated feminist knowledge and experience of abortion from a state of covert insight and practice into the realm of public healthcare (Chiaromonte et al., 1991). Tozzi's (2021) memories of the end of the occupation of the Repartino, more than 40 years later, express regret for 'the non-permeability of institutions to feminist arguments' and the defeat of the feminist movement's goal of 'making public what should have become every woman's foundational interest: the re-appropriation of ourselves starting from our bodies'. From this perspective, the occupation of the Repartino may thus also be framed as a swan song of the self-managed abortion movement that had previously flourished in Rome and in many parts of the country under the Fascist-era anti-abortion legislation, and almost disappeared under the new legal order of 194/1978.

Sadly, but probably less surprisingly, some of those who participated in the occupation, such as Graziella Bastelli (a nurse at the time of the occupation, now retired), continued to struggle for better implementation of Law 194/1978 in Umberto I Hospital for decades afterwards. In an interview in 2015, Bastelli did not hide her anger and fatigue while observing the shortcomings of the legacy of the feminist occupation in that hospital, with abortion services still at risk due to the lack of medical personnel who do not refuse to deliver abortion care on conscience grounds:

Well, we are very angry and burdened, because everything that has been obtained, also thanks to the experience [of the occupation of the Repartino] for abortion services, has been questioned and destroyed even today in the same [Umberto I Hospital]. In November 2014 we were in the situation that the only one doctor who worked in our [abortion] services was retiring, and we were risking the closure [of the abortion services]! This is why we at Cobas [i.e. a far-left trade union] and the women of the “I decide” network organised mobilisations, an internal march, a meeting with the general manager, to obtain [...] two precarious contracts for the abortion services, of which, for now, only one has started and for just 20 h a week!. (Bastelli, 2015: 122)

Conclusions

In this essay, I demonstrated why excavating the forgotten history of the feminist occupation of the Repartino has important implications for socio–legal scholarship.

First, the occupation of the Repartino illustrated how feminist engagements with Law 194/1978, in the aftermath of its approval, significantly influenced both the law and a part of the feminist movement, especially in comparison with the pre-law reform scenario. The approval of Law 194/1978 re-defined the political agenda regarding abortion, with feminists now operating ‘within’ rather than ‘outside’ the law and the official health system, which partly undermined some of the characteristics of the Italian feminist movement in the early 1970s. The feminist occupation was essential for the timely implementation of Law 194/1978 at Umberto I Hospital, not least in light of the scarcity of appropriate medical training and equipment. However, the endurance of the occupation for over 3 months, followed by the definitive intervention of state forces to end it, also symbolised the beginning of a new legal control of abortion, which eroded previous spaces for its feminist self-management.

Second, detailed analysis of the occupation of the Repartino served to complicate our understanding of the relationships between feminism, medical professionals and abortion law. Some medical doctors tolerated, if not completely endorsed feminists’ presence in the ward. This speaks to the extent to which abortion was not a significant terrain regarding the legitimisation of the medical establishment. Through a focus on the ‘uneasy alliance’ between some gynaecologists and feminist occupiers, the occupation of the Repartino thus offers an historical perspective on the non-conventional ways in which feminist practices and knowledge can contribute to the advancement of ‘formal’ health-care (Chiaramonte et al., 1991; Joffe et al., 2004).

Third, I aimed to offer a new argument for the importance of feminist history to conduct a detailed and contextual socio–legal analysis that encompasses a broad range of historical and geographical contexts (Butcher et al., 2023). Feminist history offers a privileged terrain to explore how the law shapes and operates, providing important insights from its periphery (Bennett, 2006; Enright and Cloatre, 2018; Genovese, 2022; Rackley and Auchmuty, 2020; Sandberg, 2021: 80–106). From this perspective, the feminist occupation of the Repartino is in fact a tale about the operation of the law in re-shaping the boundaries of disciplines (Pomata, 1983), medical professionalism (Thomson, 2013), health activism (Brown et al., 2004), and physical spaces (Blomley, 2004; Pizzini, 1985).

Lastly, beyond these three main contributions, in analysing the story of the Repartino, I wanted to pave the way for further historical research on the distinctive yet forgotten phenomenon of the feminist activism in hospitals in 1970s Italy. I believe historical inquiry can offer some insights on contemporary abortion debates, for example to understand the sentiments of disappointment and frustration that often follow the process of progressive law reform in the area of abortion (such as in Northern Ireland and Ireland), or to analyse the phenomenon of self-managed abortion with pills (Erdman et al., 2018), a practice with its own genealogy and history, as the feminist occupation of the Repartino has shown.

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Notes

1. For example, following the occupation of the Repartino, in Turin, in November 1978 feminists occupied the Sant'Anna Hospital 'for one week' (Cima, 1987: 191 and 2021).
2. Legge 22 maggio 1978, n. 194, *Norme per la tutela sociale della maternità e sull'interruzione volontaria della gravidanza*, Gazzetta Ufficiale Serie Generale n. 140 del 22 maggio 1978. On

- the Fascist-era abortion crimes, see: Articles 545–555 abr., Titolo X, *Dei delitti contro la integrità e la sanità della stirpe*, Libro II, Italian Penal Code.
3. PCI is the acronym of Partito Comunista Italiano, the Italian Communist Party. PSI is the acronym of Partito Socialista Italiano, the Italian Socialist Party. On the role of these political parties in the process of abortion law reform, see Scirè (2008).
 4. I received ethical approval by the University of Kent's Faculty Research Ethics Advisory Group for Human Participants on 14 December 2020 (e-mail in file with the author).
 5. Similar observations characterised other key feminist documents of the time, including the Manifesto of the Naples-based Nemesiache, which affirmed *inter alia* that: 'feminism is not a struggle for power, nor an attempt to achieve legal equality or integration in the male society' (*Nemesiache*, 1970). *DEMAU*, one of the first feminist collectives in Italy, that was founded in Milan in 1966, considered that 'integration through reform is like using camomile to treat real pain', meaning that it operates as a way of soothing the painful consequences of patriarchy rather than ending women's oppression (*DEMAU*, 1967: 42).
 6. The UDI was mainly linked with the PCI, and the MLD was affiliated with the PR.
 7. When the law was approved, the Roman Catholic church explicitly commanded Catholic gynaecologists to conscientiously object to participation in abortion services, threatening those practising abortions with ex-communication (*Il Consiglio Episcopale Permanente*, 1978; Scirè, 2008: 175–180). Notably, a similar tone continues to characterise the contemporary situation: in 2018, Pope Francis remarked that getting an abortion is like 'hiring a hitman' (Giuffrida, 2018).
 8. Vacuum aspiration entails the evacuation of the uterus through a cannula. On the use of this method within the self-managed abortion movement, see below.
 9. The Italian newspaper *La Repubblica* reports these figures of abortion in the Roman hospitals: 70 abortions at the Forlanini hospital, 152 at the San Giovanni, 55 at the San Camillo, 190 at the San Giacomo (*La Repubblica*, 1978).
 10. The D&C entails the use of a curette to scrub the surface of the uterus and remove the materials. On the critique of this technique within the self-managed abortion movement, see below.
 11. On the Policlinico collective see below.
 12. The Policlinico collective was established in the early 1970s and was active on a wide range of issues that can be classified into two main groups. First, there were actions aimed at improving the working conditions of non-medical personnel in hospitals (e.g. better pay, new hiring, childcare). Second, another group of initiatives was aimed at advocating for public, free, and accessible healthcare (e.g. critique of medical power, protests against private clinics) (Bastelli, 2009).
 13. Some feminists recall a collective fatigue in carrying out the activities within the illegal self-managed abortion groups. However, in Rome, according to feminist campaigner and retired gynecologist Cristina Damiani (2021) at least one self-managed abortion group remained active approximately 'four, five years' after the approval of Law 194/1978.
 14. Separatism (*separatismo* or *separatezza*) refers to the political practice of women-only gatherings, excluding men; consciousness-raising (*autocoscienza* or *presa di coscienza*) refers to a self-reflective practice of 'talking from oneself' in women-only feminist collectives (*De Lauretis*, 1990).
 15. Over the 1970s, there was not an enforcement of anti-abortion legislation towards exponents of the feminist movement in relation to their illegal activities in the self-managed abortion groups. Differently from the feminists, preeminent figures of the Radical Party – such as Emma Bonino, Adele Faccio and Gianfranco Spadaccia – decided to self-incriminate themselves to raise awareness on the injustice of the anti-abortion legislation, boosting the campaigns for the referendum to repeal Fascist-era abortion bans.

16. Alberta Rossi was at the Repartino as a chaperone of a friend seeking for an abortion. Rossi was reported to be arrested and detained in the Rome-based Rebibbia prison for contempt and resisting the police (*lotta continua*, 1978c).

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