



## **Economic and Social Council**

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### **Commission on the Status of Women**

#### **Fifty-seventh session**

4-15 March 2013

**Follow-up to the Fourth World Conference on Women and to the special session of the General Assembly entitled “Women 2000: gender equality, development and peace for the twenty-first century”: implementation of strategic objectives and action in critical areas of concern and further actions and initiatives**

### **Statement submitted by Medical Women’s International Association, a non-governmental organization in consultative status with the Economic and Social Council**

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.



## Statement

The Medical Women's International Association is an international non-governmental organization. Women physicians in more than 70 countries make up its membership. The Association was founded in 1919. Embodied in its mission is the objective of raising the health status of the communities in which its members work, especially that of women and children. The Association is in consultative status with the Economic and Social Council and in official relations with the World Health Organization.

The current president of the Association is Afua Hesse (Ghana). The Association is divided into eight regions, each represented by a vice-president. Every three years, the Association holds an international meeting. The next meeting is to be held in Seoul in July 2013. Between these meetings, each region holds a regional congress.

In 2002, the Association broke new ground by producing a training manual for gender mainstreaming in health for physicians and other health-care professionals. The concepts covered therein (sex, gender, sexuality, gender roles and gender equity) are all relevant when we speak of violence against women.

Gender equity is the process of being fair to women and men. To ensure fairness, measures must often be available to compensate for historical and social disadvantages that prevent women and men from otherwise operating on a level playing field. Equity leads to equality. Gender equity also means that health needs, which are specific to each gender, receive appropriate resources (e.g. reproductive health needs), as do special needs relating to women's greater vulnerability to gender-based violence.

Women physicians are often the first point of contact for women suffering from gender-based violence. We need to be part of a multidisciplinary approach that consists of law enforcement, the courts, transition houses, social welfare and re-education that allows women safety and a chance to move forward with their lives. Victimization shapes women's lives and, if society is to help these women, a trauma-informed and grass-roots approach must be taken.

Violence against women takes many forms. Commonly recognized are domestic and intimate partner violence, human trafficking, violence in conflict, emotional abuse and sexual assault, including rape. Less well-known forms are dating violence, stalking, violence against immigrant and refugee women, honour-based violence, violence against women at work and violence against women with disabilities.

Cultural traditions allow abuse against women because "this is the way that things are always done". Female genital mutilation, the treatment of widows in many cultures and the myth of having sex with a virgin to cure HIV are prime examples. A modern-day form of violence is the new trend towards cosmetic genital surgery, which can vary from labial reduction to hymen reconstruction to G-spot amplification, to mention but a few procedures.

HIV is a form of gender-based violence. Unlike men, women do not have access to prevention, counselling, testing and treatment. They cannot negotiate safe sex in many instances and so fall prey to HIV and other sexually transmitted infections.

As medical women, we understand the connection between sexual violence and ill-health, as well as the healing power of a good doctor-patient relationship. At its international congress in Münster, Germany, in 2010, the Association adopted relevant resolutions.

In recognition that sexual violence against adults and children has far-reaching medical, psychological and community consequences for survivors and their communities, the Association:

- (a) Supports the elimination of all forms of sexual violence;
- (b) Supports the education of communities to raise awareness of and change attitudes towards sexual violence;
- (c) Supports the education of health professionals to recognize, respond to and effectively support survivors of sexual violence;
- (d) Calls for the provision of long-term integrated counselling and health services to better support the survivors of sexual violence throughout their lives.

At the fifty-seventh session of the Commission on the Status of Women, the Association will strongly advocate recognition of the important role of the health-care system as an essential component of a holistic response to violence against women and will call for action to be taken to ensure that health professionals are trained and supported to recognize and respond sensitively to gender-based violence and its severe physical and psychological effects on victims throughout their lives.

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