Response to the Lancet Article, *Intimate Partner Violence and HIV: Unwelcome Accomplices* by Hannah Cagney

In response to the Lancet Article, *Intimate Partner Violence and HIV: Unwelcome Accomplices* by Hannah Cagney, the Medical Women’s International Association (MWIA) applauds the author for bringing the problem of intimate partner violence to the notice of the medical profession.

MWIA is an international non-governmental organization (NGO), made up of women physicians in more than seventy countries.

Women physicians are often the first point of contact for women suffering gender based violence. We need to be part of a multidisciplinary team that consists of law enforcement, the courts, transition houses, social welfare and re-education that allows these women safety and a chance to move their lives forward. Victimization shapes women’s lives and if society is going to help these women a trauma informed and grassroots 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 but less well known 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 in the name of the way things are always done. Female genital mutilation, the treatment of widows in many cultures and having sex with a virgin to cure HIV are prime examples. A modern day form of violence is the new trend toward cosmetic genital surgery which can vary from labial reduction to hymenal reconstruction to G point amplification to mention but a few procedures.

HIV is a form of gender based violence. When compared to men, women do not have sufficient access to prevention, counselling, testing and treatment in many countries worldwide. They cannot negotiate safe sex in many instances and so fall prey to HIV and other sexually transmitted infections (STI’s).

MWIA has made strong statements to condemn all forms of violence in its resolutions, its website, themes on its regional and international scientific meetings and efforts of its national member associations and individual members for many years and will continue doing that. In fact, MWIA’s focus on the current 2013-2016 triennium is *Prevention and Elimination of Domestic and Sexual Violence*. In 2002, MWIA provided a training manual on Gender Mainstreaming in Health for physicians and other health care professionals, the concepts covered, namely sex, gender, sexuality, gender roles and gender equity are all relevant when we speak of Violence Against Women.

At the 57th Commission on the Status of Women, MWIA through an invitation to its national association the Federation of Medical Women of Canada was part of the official Canadian government delegation. In this official government capacity MWIA was able to influence the wording of the CSW statement to include the recognition of the important role of the healthcare system as part of an essential component of a holistic response to Violence Against
Women—a position that MWIA always had strongly advocated for. It is important 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 over a lifetime. To support this actively, MWIA is in the process of writing a training manual for physician and health care providers to give them the necessary skills.

Professor Kyung Ah Park, President and Dr. Shelley Ross, Secretary General
Medical Women’s International Association