

Gender-based Violence and the 2017 G7 Summit: Ignoring the Most Vulnerable

RACHAEL BUNYAN
The University of Sheffield

Executive Summary

Violence against women and girls is widespread and a violation of their human rights, reflecting the deep-rooted inequality between men and women. There is a paradox at play, despite the number of ways in which women and girls are subjected to different forms of violence at the global level, and despite the norm diffusion power that the G7 can yield, this policy brief will argue that the 2017 G7 Summit has been inadequate at addressing these human rights violations by not providing clear-cut commitments.

Background of Issue

Violence against women and girls is widespread and in violation of their human rights. In addition, these violations reflect deep-rooted inequality between men and women. The [United Nations](#) defines violence against women and girls as “any act of gender-based violence that results

in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” Therefore, gender-based violence can range from issues of forced and early marriage, female genital mutilation (FGM) to domestic violence and wartime sexual violence.

Gender-based violence is an inherently global issue, with [one third](#) of women and girls in the world being affected by such violence at some point in their lives. According to the [Global Health in the G7 Agenda](#) document, the most common form of gender-based violence is domestic violence, with one third of women suffering from physical abuse by their partner, boyfriend or husband. The [highest regional rates](#) of domestic violence occur in Africa, South-East Asia and Eastern

Mediterranean countries, with the rate being as high as 37% of women in some cases. Directly linked to these rates of domestic violence, the rates of [femicides](#) being committed by their intimate partner on a global scale is a similarly high rate of 38%. These rates of domestic violence are not only situated in continents such as Africa and Asia. For example, in Europe, more than [25% of women](#) are subjected to physical or sexual abuse by their partners. This is part of a culturally accepted norm of women being beaten by their husband. Despite a number of health providers looking for cases of domestic violence to report, according to NGO [observers at the G7 summit](#), it is difficult to record domestic violence as women are not going to say that they are victims.

Women and girls are particularly vulnerable to sexual violence during armed conflict by the enemy or rebel soldiers, and this is one of the most [‘recurring wartime human rights abuses’](#). Over the last few decades alone, mass rape campaigns have occurred in, but are not limited to, Bangladesh, Bosnia, the Democratic Republic of Congo (DRC) and Rwanda.

Sexual violence in armed conflict and within the domestic realm increased the risk of women contracting HIV, and consequently their children being born as a result of rape being HIV positive, through the utero-transmission of the disease. For example, it is estimated that [70% of women](#) who survived the 1994 Rwandan genocide are infected with HIV. Testimonies from survivors themselves suggest that infecting women with HIV in Rwanda was deliberate, as [one survivor recalled](#) that she was raped by a gendarme with AIDS who said: “I could kill you right now but I don’t feel like wasting my bullet. I want you to die slowly like me.”

For those suffering from HIV as a result of sexual violence, access to life-prolonging medicine is limited because, as an anonymised NGO worker, interviewed by myself notes, “in the context of conflict... critical medical supplies aren’t coming in.” In these cases, the mothers’ health will deteriorate drastically, which impacts on the mother and child as they are unable to access basic services. Furthermore, a number of women turn to unsafe abortions, due to the stigma and the

inaccessibility of medically safe means. This can result in disabilities for the children born as a result and excessive infection, and even death, for some women.

Not only is sexual violence a violation of a woman's dignity and physical security, but it also has economic and social impacts on the women and their children born as a result. For example, [Jeanna Mukuninwa](#), a rape survivor from the DRC gives insight into the impact of rape in the social status of women and consequently their children. As she suggests, rape is "a weapon even more powerful than a bomb or a bullet... At least with a bullet, you die. But if you have been raped, you appear to the community like someone who is cursed. After rape, no one will talk to you; no man will see you. It's a living death."

Similarly, [in Bangladesh](#), women who were 'strapped to green banana trees and repeatedly gang-raped' and mutilated were subsequently [shunned](#) and 'seen as a black mark upon societal honour'. Therefore, the stigma surrounding sexual violence, particularly wartime sexual violence, means that women can remain

silenced about these horrific acts of violence and be impacted economically. For instance, due to the stigma surrounding wartime sexual violence, many survivors of wartime rape are abandoned and rejected by their husbands and families, or suffer from domestic abuse by their partner, because they feel that they could not protect their women. Furthermore, it will be difficult for the women to remarry since they are often considered to be 'ruined'. This can have a significant economic impact on the women and their children, as they are usually dependent on their families for economic support. Without this support, the ability of women to sustain herself and her children is hindered, thus leading many women and their children to become impoverished and vulnerable to further physical insecurity.

Another form of gender-based violence is forced and/or early marriage. According to Global health and G7 documents, [700 million women](#) are married before the age of 18, and a third of these women were married before the age of 15. Indeed, observers at the G7 summit have said that

children as young as 12 and 13 can be married to elderly people, whilst it is common to see a child of 16 married and with children. This not only prevents the children from access to education and health, but it also comprises their legal rights, as she and her children are not legal, so they have no birth registration. As a result, the mother and child can become stateless, whereby they have no access to legal rights.

Despite a number of countries such as Jordan and Lebanon successfully reforming their laws on forced marriage and early marriage, whereby the legal age to be married is set at 18 years old, in practice the reality is different. For example, 35% of women continue to enter into forced marriages before the age of 18. According to some [NGO observers](#) at the 2017 G7 Summit, forced marriage and domestic violence, especially during wartime among the displaced and refugees, are directly linked. Indeed, observers suggest that domestic violence is increasing, with more than 50% of cases of domestic violence occurring among refugee women who are travelling to health care facilities.

This increase in domestic violence is due to the changing role within families during wartime. Normally, men are the breadwinners of the household. However, if they are displaced or refugees they have no legal status, and thus do not have a work permit and are afraid that they will be deported if they leave their houses. Consequently, women usually work for the family. This can aggravate levels of domestic violence, as men become more frustrated and as a result beat their wives and children.

Additionally, [according to the WHO](#), 200 million girls and women alive today have been subjected to FGM, which involves the partial or total removal of the clitoris, in [30 countries](#) in Africa, the Middle East and Asia. This procedure is mostly carried out on girls between infancy and age 15, and is in violation of the 'rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death' of girls and women. Indeed, FGM has a number of immediate and long term impacts. Women and girls can be

immediately impacted by excessive bleeding, infections such as tetanus, and death. Long-term consequences include menstrual and vaginal problems and a need for later surgeries. The main reason for the high number of girls and women being survivors of FGM is due to social acceptance.

According to [observers at the G7 summit](#), in some communities where FGM is part of their heritage, it is important for some to undergo the procedure, as it will help them to be accepted by the community. In this case, the use of FGM reflects the deep-rooted inequality between men and women.

Previous G7 Summits

The most significant G7 Summit in terms of violence against women and girls was the 2013 G7 Summit in the UK. The G7 launched a Declaration on the [Prevention of Sexual Violence in Conflict](#), whereby the prevalence of systematic and widespread sexual violence of armed conflict was recognised as one of the most serious forms of human rights violations. The Declaration has been endorsed by 155 UN member states and [contains](#) ‘a number of

practical and political commitments to end the use of rape and sexual violence as weapons of war.’

The consequent G7 Summits in Brussels and Schloss Elmau, in 2014 and 2015 respectively, reaffirmed the commitment of the G7 members to end all forms of violence against women and girls in order to promote gender equality. In comparison to the aforementioned 2013 G7 summit, where the focus was mainly on rape and sexual violence as weapons of war, at the 2014 summit, the G7 members explicitly committed to ensuring sexual and reproductive health and rights, as well as ending child, early, and forced marriage, as well as FGM and other harmful practices. Similarly, at the 2015 G7 Summit in Germany, the [members committed](#) to supporting the partners in the so-called developing countries and within the G7 countries to ‘overcome discrimination, sexual harassment, [and] violence against women and girls.’

However, at the previous 2016 G7 Summit in Japan, whilst the members did agree to advance the [Women, Peace and Security Agenda](#), there was no mention of early and

forced marriage or genital mutilation. This is worrying, given the number of women and girls who suffer from these afflictions.

Nevertheless, the recent Foreign Minister's meeting in Lucca in 2017, provided hope for those seeking a significant proposal for action against domestic violence, wartime sexual violence, FGM, and early and forced marriages. The hope was that these ministerial meetings would drive forward policy agreement at the G7 Summit in Taormina.

2017 G7 Summit

However, the recent terrorist attack in Manchester has meant that international terrorism has dominated the G7 Summit and the significantly short Taormina Leaders' Communique document. As part of this Communique, there is a commitment entitled the '[G7 Roadmap for a gender-responsive economic environment](#)'. Whilst this may seem like a positive move towards action, the document is just 6 pages long, and, as [Maria Grazia Panunzi](#), President of Aidos argues: "Women's and girls'

empowerment cannot be considered only at an economic level, it is a pillar to reach sustainable development." Furthermore, whilst the '[Roadmap](#)' document, does mention 'eliminating violence against women and girls throughout their lives', one cannot help but feel that this was rhetorical more than substantive, since no real commitments were made.

The [document](#) reaffirms the stance of the G7, which states that 'violence against women and girls is in violation and abuse of human rights'. The G7 also recognise gender-based violence, such as early and forced marriage, FGM, domestic, and wartime abuse. With regard to their prevention aims, whilst the G7 have [pledged](#) to 'develop and implement a domestic strategy on violence against women and girls, supported with human and financial resources', there is no mention on what this domestic strategy will involve specifically, or who will provide this support.

An overarching problem with the G7 Roadmap is that it is only focused on women and girls who live in the G7 countries. This is significant, since it

seemingly ignores areas affected by high levels of violence. For example, the issues that the G7 Roadmap discusses in its first paragraph on the section concerning violence against women and girls are predominantly occurring in areas of Africa, Asia and the Mediterranean. Yet the G7 roadmap solely focuses on the violence facing women in G7 countries. As a result, the recognition of harm does not connect to the locations in which those harms mostly take place, thus signaling a commitment that is not fit for purpose. The issues of wartime sexual violence and FGM cannot be tackled effectively if the pledges of the G7 members are only being implemented within the G7 states.

Furthermore, the G7 Communique also fails to include reference to the link between the contemporary levels of migration and the vulnerabilities in terms of gender-based violence that females face. This absence continues despite the attempts of NGOs to bring this to light, who were part of the approved [Rome Parliamentary Appeal](#), to make leaders recognise this link between violence and the vulnerabilities of refugee women. As a

consequence, [Maria Grazia Panunzi](#) has asked that the G7 Women Ministerial Meeting being held later this year in November to take into consideration this 'final appeal adopted by 89 parliamentarians from 57 countries that met in Rome' in May 2017.

Whilst the G7 has pledged to promote curricular training for school staff and students on preventing violence against women and girls, there is no clear strategy on how the G7 would go about implementing this scheme. Furthermore, if the focus of this training is in G7 countries rather than other areas of the globe where sexual violence against women and girls is a pertinent issue, then the levels of violence and stigma surrounding these issues in conflict areas will continue.

Thus, at the upcoming G7 Women's Ministerial Meeting, they must discuss the importance of the education of communities where survivors of wartime rape live, and highlight that sexual violence is not the victims fault. This will reduce the levels of stigma, and subsequently the number of economic and social impacts

faced by survivors of rape and their children born as a result.

A fundamentally significant move made by the G7 is their pledge to regularly collect data on the different ways in which women and girls are abused, and their pledge to monitor the implementation of laws and policies related to sexual violence against women and girls. This collection of data and monitoring will allow countries to identify vulnerable groups in order to prevent future occurrences of violence. This monitoring could also lead to effective support being provided for the specific needs of these women.

Nevertheless, if the G7 are aiming to identify the vulnerable groups of gender-based violence, they must also acknowledge the vulnerabilities of not only the women within G7 countries, but also those in lower economically developed countries and the children born as a result of wartime rape. These children are subjected to impacts such as infanticide, physical abuse and neglect due to the stigma surrounding their birth. In other words, again, the G7 must be clear in

commitments beyond G7 countries with detailed implementation strategies to put words into practice.

Without recognition and policy pledges to women in lower economically developed countries and those who are refugees, the violence that they suffer from will endure. It is therefore imperative for those at both the ministerial level and at the 2018 G7 Summit in Canada to implement policies that target all women and girls in each context. To start, the key areas to address are countries within Africa, Asia and the Mediterranean, where FGM, forced marriage and domestic and wartime sexual violence predominantly occurs.

In order to address the silence of women reporting cases of sexual violence and domestic violence, particularly those who are refugees or are prone to stigma, health workers and doctors must be able to identify cases and provide a service to them in a dignifying way. For example, after domestic or sexual violence, but not in the immediate aftermath of such violence, a number of women turn to health centres to resolve complications

resulting from sexual violence, such as infection or pregnancy or to have an abortion. In these cases, doctors must create a safe environment for these women to discuss the reasons behind the complications. Whilst [WHO guidelines](#) suggest doctors act in this way, the G7 must address the fact that many health facilities do not have the legal status to protect the survivor from herself, family, community and perpetrator. Therefore, it is imperative for health workers to be sensitized on how to create a safe environment for victims, to and preserve evidence, and to refer cases for psycho-social support - which is not available in every conflict crisis area.

Whilst the management of rape is well funded during conflict, in general, sexual violence is an overlooked topic. Consequently, most funding is for shelter and food items. Of course, this is important support. However; reproductive health is a lifesaving intervention during war, but remains poorly funded and directed towards other security issues. Without the advocacy and policy recommendations of the G7 for the rights of women and

children who are suffering violence across the world, reproductive health will remain an unlikely priority for large donors. Subsequently, local NGOs continue to be limited with small local funds and local clinics that are being closed or that have poor infrastructure.

Finally, in order to address FGM and the cultural norms surrounding it, the G7 must not only focus on laws, but also increase donor funding so that NGOs can work with community leaders such as the Imam. This is because local support via community engagement can have significant impact on communities than authorities. There are cases where this bottom-up approach has worked. For example, observers at the 2017 G7 Summit recalled a case where an activist stayed within a community for a few weeks in order to be accepted by the communities. This acceptance helped her have more of an impact when she discussed FGM and its consequences, since a level of trust and mutual understanding had been generated.

Conclusion

Despite women and girls facing domestic and wartime abuse, forced and early marriage, and FGM, the policy response at the 2017 G7 Summit in Taormina has been inadequate in addressing these concerns. The overarching problem with the pledges of the G7 members with regards to gender-based violence is that they are seemingly solely focused on the vulnerabilities of those women and girls in the G7 countries, rather than those countries where violations predominantly occur. Without recognition and policy pledges to women

in these areas as well as those who are refugees, the violence that they suffer will endure. The only hope is that the G7 Women Ministerial Meeting later this year can get traction to address these concerns. If this can be managed, then the hope would be that these policies could be implemented by the leaders at the 2018 G7 Summit in Canada, thus supporting all women and girls in every context.

Rachael Bunyan is a third-year BA International Politics and Security Studies student at the University of Sheffield