

# SGBV in the Governance of Forced Migration: Service Providers' Perspective in Sweden

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**SEREDA: Sexual & Gender Based Violence** against **Refugees** from **Displacement to Arrival**

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## Abstract

This working paper addresses sexual and gender based violence (SGBV) in the governance of forced migration from the perspective of service-providers in Sweden. The paper is based on 24 in-depth interviews with 29 representatives of non-governmental organisations, international non-governmental organisations, international organisations, voluntary associations and public institutions including municipalities that offer different services to forced migrants. The context in which SGBV services for forced migrants are provided is sketched out, describing the parameters of the governance of forced migration including how then refugee “crisis” was managed in Sweden. The paper then describes the different actors in the field of service provision for forced migrants, including the ways they various ways that SGBV is defined and the groups that it is assumed to effect. The interventions and services offered by these actors are described, along with how they describe specific migrants as being particularly “at risk” or “vulnerable”. The ways that the politics and governance of forced migration create or reinforce vulnerabilities and insecurities for forced migrants are set out, with a particular interest in service providers’ views on the sources of resilience that survivors of SGBV can draw on. The empowerment strategies that service providers offered and the effects of these strategies are described. The paper focusses on the importance of the various markers and dimensions of integration for refugees as related to identity, culture and also the feeling of belonging to the host society, as recounted by service providers. The paper concludes with a summary of the service-provision for forced migrant survivors of SGBV in Sweden and refers to the multi-faceted way that the gendered harm of this violence plays out.

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Contents

- Abstract..... 2
- Contents..... 3
- Introduction ..... 5
- Governance of Migration in Sweden ..... 5
  - Brief migration history of Sweden ..... 5
  - The Constitutional Principles on Migration and Asylum..... 6
  - Migration and Asylum Policy of the Swedish Government ..... 6
  - Migration Governance in Sweden..... 7
  - The protection grounds for “international protection” and “asylum seeking” (access to health, housing, daily allowance, public legal counsel etc.) ..... 8
  - Undocumented migrants in Sweden..... 10
    - “Unaccompanied Minors” (Ensamkommande barn)..... 10
  - “Refugee Crisis” and Sweden..... 11
    - The reforms post 2015 ..... 11
    - The context for SGBV service provision for forced migrants ..... 11
- Methodology of the research ..... 12
- The actors in the field ..... 13
  - State/Public institutions ..... 13
  - Non-governmental Organisations ..... 15
    - International Non-governmental Organisations ..... 16
    - Projects ..... 19
- Defining SGBV ..... 20
  - Types of SGBV..... 22
  - Honour-based violence ..... 25
- Interventions and Services..... 26
  - Objectives of interventions ..... 28
  - Targeted “client” group..... 29
- Vulnerabilities to SGBV ..... 30
  - Harms arising from experience of SGBV ..... 31
- Politics and governance of migration ..... 33

Sources of Resilience .....	37
Integration Prospects.....	38
Concluding Remarks .....	41
References .....	43

## Introduction

How does sexual and gender based violence (SGBV) feature in the governance of forced migration in Sweden? This is the question that this paper addresses, using evidence from interviews with 29 representatives from 24 government agencies, health and social service providers, voluntary associations, non-government organisations and international organisations who work with refugees. Sweden's status as a country that has both promoted gender equality through official government policy and local government intervention, and also, from the 1980s through to 2016 had a generous policy towards refugee settlement, constitutes the backdrop for making sense of these interviews.

## Governance of Migration in Sweden

### Brief migration history of Sweden

Before 1940, Sweden was a country of net emigration with 1.3 million people having emigrated to the US to escape poverty and persecution. Until the 1960s the Swedish population was fairly homogenous in terms of religion and ethnicity. Long-standing trade and labour-migration with neighbouring Nordic and Baltic countries involved immigration, but the Christian and Northern-European origins of these immigrants meant they were rapidly absorbed into the national ideal of Swedishness. In the 1950s and the 1960s Italian, Greek and Yugoslavian workers, along with those from Finland made up the majority of immigrants. However by the 1970s, these labour migrants were outnumbered by Latin American and later, Iranian, Iraqi and northeast African refugees, or, in today's terminology, forced migrants.

From the 1980s, labour migration streams had given way to refugee and family reunification arrivals which characterised the Swedish immigration of the late twentieth and early twenty-first century. The Balkan wars in the 1990s, the Iraq war in early 2000s and the Syrian war from 2011 were all associated with significant numbers of refugee arrivals. The regular refugee arrivals who have been integrated to citizenship over the years means that the population is diverse, with twenty-five per-cent being of foreign background, that is including both foreign-born and Swedish-born with two foreign-born parents. The 'foreign background' population is concentrated in the big cities – Stockholm, Gothenburg and Malmö – where some neighbourhoods have a majority of immigrant residents and where services for refugees tend to be concentrated.

A peak in immigration occurred in 2015, when Sweden along with Germany opened its borders to refugees fleeing conflict in Syria and nearly 163,000 new asylum applications were logged<sup>1</sup>. By the end of 2016, policy changes dramatically restricted the number of immigrants arriving in Sweden and made the circumstances under which refugees were granted residency less generous. Border controls were tightened, making it more difficult to arrive in Sweden without a valid identification document. New legislation made it harder for asylum seekers to gain residence permits and permits were issued for shorter time periods. A programme of deportations was maintained. Furthermore, immigration for family reunion was highly

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<sup>1</sup> (Swedish Migration Agency, 2017). Retrieved from; [https://ec.europa.eu/home-affairs/sites/homeaffairs/files/27a\\_sweden\\_apr2016\\_part2\\_final\\_en.pdf](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/27a_sweden_apr2016_part2_final_en.pdf)

restricted, transforming Sweden from being one of Europe's most generous asylum regimes to adopting the EU minimum intake.

### The Constitutional Principles on Migration and Asylum

Sweden is a constitutional monarchy that became a fully-fledged democracy in 1921 when voting rights for women and men alike were introduced. The rights and freedoms enjoyed by Sweden's citizens are set out in the written Constitution. The Constitution states that all public power proceeds from the people and that the Parliament – Riksdagen – is the foremost representative of the people.<sup>2</sup> The four fundamental laws that make up the constitution do not explicitly name the right to asylum, but cooperation with other countries and with inter-governmental organizations such as United Nations and European Union is named.

The asylum principle in Sweden is thus entrenched in the Constitution through commitments to the European Convention for the Protection of Human Rights and Fundamental Freedoms, and the 1951 Geneva Convention for Refugees and other international human rights instruments. The principle of protection has been transposed to Swedish law through the Aliens Act and other related laws. The migration governance system in Sweden consists of several legislative acts dealing with different aspects of migration and asylum, such as asylum judicial procedures, reception, detention, health care, allowance, citizenship and borders control.<sup>3</sup>

### Migration and Asylum Policy of the Swedish Government

The social democratic political regime of Sweden accords rights on the basis of citizenship, thereby apparently excluding asylum seekers who have not been awarded citizenship. However, the immigration policy regime is more inclusive, being as it accords rights on the basis of residence (*ius domicilii*) (Sainsbury, 2006) A key feature of modern policy regarding immigration to Sweden has been the integration of immigrants into the workforce as stipulated by the labour organisations, who have been powerful players in Swedish politics (Lundqvist, 2006). By the mid 1960s policies to aid immigrants' adjustment to Swedish society were being formulated to 'incorporate immigrants in a civil community where they could claim individual rights' (Dahlstrom, 2004: 301). These policies consisted of free language training in Swedish and information about Swedish society and political institutions directed to adult immigrants in their native language, together with 'home-language' training for immigrant children. So despite the lack of immigration policy, Sweden had de facto policies aimed at the integration of immigrants with a view to integrating migrants into employment settings. With the shift away from labour migration, towards refugee arrivals and family reunions, the work place has become less relevant as a key location for integration of newcomers (Bradby and Torres, 2016). With the rise in refugee arrivals, the length of time it takes to get people into suitable employment has been noted as a problem for integration of refugees: the unemployment rate in 2018 was four times higher among those with an immigrant

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<sup>2</sup> (Abraha, 2007). Retrieved from; <http://www.temaasyl.se/Documents/NTG-dokument/A+Handbook+for+Asylum+Seekers+in+Sweden.pdf>

<sup>3</sup> (Shakra, Wirman, Szalanska, & Önver Centrez, 2018) Retrieved from; <http://uu.diva-portal.org/smash/get/diva2:1248422/FULLTEXT02.pdf>

background compared with native Swedes.<sup>4</sup> More generally the impact of migration, and especially refugee arrivals, on the labour market and workings of democracy has dominated political debate since the 1990s.<sup>5</sup>

The Government's current stated objectives for its migration policy are to safeguard the right of asylum within a framework of managed immigration, facilitate mobility across borders, so as to promote demand-driven labour migration, to use the development impact of migration, and deepen European and international cooperation.<sup>6</sup> However, given the political pressures on migration policy, the Government has appointed a cross-party commission of inquiry to report in August 2020, to examine Sweden's future migration policy, with the aim of establishing a system that is sustainable in the long-term and that is 'humane, legally secure and effective'.<sup>7</sup>

### Migration Governance in Sweden

The Migration Agency, also referred to as the Migration Board, - Migrationsverket - is the government agency that enacts Sweden's migration governance under direction from the Swedish Government. The Swedish Government sets out policy, laws, instructions and international conventions that determine how applicants to the Migration Agency are received and treated. With regard to the reception of refugees, the Swedish Migration Agency cooperates with several other authorities and organisations including the police, the migration courts, the migration court of appeal, the county administrative boards, the municipalities and county councils.<sup>8</sup>

The Migration Agency is commissioned with considering applications from people who want to take up permanent residence in Sweden, to visit, to seek protection from persecution or to get Swedish citizenship. Furthermore, the Agency is responsible for providing housing and money for food to asylum seekers, while they wait for a decision on their asylum case. When a refugee is granted a residence permit in Sweden, compensation passes from the state to the municipalities and county councils and, since 2016, persons with residence permits are assigned to specific municipalities.

Since 2016 a more restrictive asylum policy has been introduced in Sweden, as compared with its former relative generosity towards asylum seekers. The Government introduced temporary

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<sup>4</sup> (Skodo, 2018). Retrieved from; <https://www.migrationpolicy.org/article/sweden-turns-welcoming-and-restrictive-its-immigration-policy>

<sup>5</sup> (Therborn, 2018). Retrieved from; <https://newleftreview.org/issues/II113/articles/goran-therborn-twilight-of-swedish-social-democracy>

<sup>6</sup> (Ministry of Justice, 2019). Retrieved from; <https://www.government.se/4adac4/contentassets/183ca2f36f1c49f3b7d1b5724a5753ce/swedens-migration-and-asylum-policy--fact-sheet-2019.pdf>

<sup>7</sup> (Ministry of Justice, 2019). Retrieved from; <https://www.government.se/articles/2019/07/cross-party-commission-of-inquiry-to-examine-migration-policy/>

<sup>8</sup> (Swedish Migration Agency, 2020). Retrieved from; <https://www.migrationsverket.se/English/About-the-Migration-Agency/Our-mission/Cooperation-with-others.html>

border controls which have been extended periodically and in July 2016, a temporary act was introduced bringing Sweden's asylum rules in line with minimum standards under EU law. Under this act, refugees and persons eligible for subsidiary protection, but not quota refugees, are granted temporary residence permits, and opportunities for family reunification are restricted.

The protection grounds for "international protection" and "asylum seeking" (access to health, housing, daily allowance, public legal counsel etc.)

A recognised asylum seeker in Sweden has the right to emergency healthcare and dental care, and 'health care that cannot wait'.<sup>9</sup> The county and municipal authorities are responsible for healthcare provision and it is left up to individual healthcare providers to come to a judgement as to whether it is appropriate for the provision of healthcare to an asylum seeker to be delayed or not. All refugee arrivals are entitled to a health interview - 'hälsokontroll' - where information is given; these encounters are not mandatory and the uptake is limited, while the suitability of these interviews for refugees with limited health literacy has been questioned (Wångdahl et al., 2015).

All those under 18 years of age are entitled to the same healthcare and dental care as children resident in Sweden, which means that it is largely free of cost. All asylum seeking children have the right to attend school.<sup>10</sup>

Adult asylum seekers have to support themselves financially while their application is under consideration either with savings or through employment, for which a special permit is required

Accommodation is provided for asylum seekers who cannot find their own housing. The accommodation is often shared and the asylum seeker has no choice as to its location.<sup>11</sup> Adult asylum seekers have to wait until they have a residence permit before being permitted to study in Sweden.

On the Migration Board's webpages, there is an explicit statement that violence and sexual assault are illegal in Sweden and that the experience of violence or sexual assault can have ongoing health effects. The text is reproduced here:

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<sup>9</sup> (Swedish Migration Agency, 2020). Retrieved from; <https://www.migrationsverket.se/English/Private-individuals/Protection-and-asylum-in-Sweden/While-you-are-waiting-for-a-decision/Health-care.html>

<sup>10</sup> (Swedish Migration Agency, 2020). Retrieved from; <https://www.migrationsverket.se/English/Private-individuals/Protection-and-asylum-in-Sweden/While-you-are-waiting-for-a-decision/Education.html>

<sup>11</sup> (Swedish Migration Agency, 2020). Retrieved from; <https://www.migrationsverket.se/English/Private-individuals/Protection-and-asylum-in-Sweden/While-you-are-waiting-for-a-decision/Accommodation.html>

## Violence and sexual assault

Many asylum seekers have been the victims of violence or sexual assault, in their home country or during the journey to Sweden. Such experiences can be detrimental to both physical and mental health. In addition to physical injuries, you may, for example, become depressed, develop anxiety or have difficulty sleeping. During the health assessment, tell the healthcare staff about the problems you are experiencing so that they can help you receive the right care.

All forms of violence and sexual assault are illegal in Sweden. It is always the person who has harmed you who is to blame, and you can never be punished for having been the victim of violence or sexual assault. This is the case regardless of the relationship you have to one another; for example, this also applies to marital rape and beating children. Contact the police if you are a victim.<sup>12</sup>

The Swedish Migration Agency has responsibility for selecting UNHCR resettlement refugees and transferring them to Sweden. Prior to 2015 the annual quota had been around 1,900 persons per year. The migration policy agreement made in the autumn of 2015 included a goal of Sweden gradually increasing the Swedish resettlement programme to 5,000 during the Government's term of office.<sup>13</sup> And, Sweden did indeed accept 5,000 UNHCR quota refugees in 2019 and 2020. Resettled refugees in receipt of a residence permit then receive voting rights in county council and municipal elections after three years residency in Sweden. However, Swedish citizenship is required in order to participate in parliamentary elections. Those who are refugees according to the UN Convention relating to the Status of Refugees can be granted citizenship after four years, whereas those in need of subsidiary protection normally require at least five years.

## Undocumented migrants in Sweden

Medecins sans Frontieres' research from 2005 illustrated the extreme hardships faced by undocumented migrants in Sweden.<sup>14</sup> A survey ten years later found these hardships had perpetuated and become consolidated: the stress of insecure living conditions without a guarantee of basic needs being met, together with constant fear of disclosure and deportation was related to poor mental health outcomes (Andersson et al., 2018). The current government has a deportation programme, which, at the time of writing, has halted due to the COVID-19 pandemic.

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<sup>12</sup> (Swedish Migration Agency, 2020). Retrieved from; <https://www.migrationsverket.se/English/Private-individuals/Protection-and-asylum-in-Sweden/While-you-are-waiting-for-a-decision/Health-care.html>

<sup>13</sup> (Swedish Migration Agency, 2020). Retrieved from; <https://www.migrationsverket.se/English/About-the-Migration-Agency/Our-mission/The-Swedish-resettlement-programme/Questions-and-answers-about-resettled-refugees.html>

<sup>14</sup> ((Médecins Sans Frontières). Retrieved from; <https://lakareutangranser.se/sites/default/files/reportgomdaswedenen.pdf>

## “Unaccompanied Minors” (Ensamkommande barn)

The Migration Agency is responsible for assigning unaccompanied children to a municipality, when they arrive.<sup>15</sup> The municipality receives statutory funding and is responsible for the young person during his/her asylum application. As with all refugee children, those up to the age of 18 years have rights to healthcare, dental care and education, on the same basis as children who have residency.

During 2015 there was a five-fold increase in the number of arrivals compared with the previous years, and of the 35,400 arrivals, the majority were male and from Afghanistan and Iran.

Since June 2017, under an amendment to the temporary act restricting asylum policy, newly arrived young people are entitled to a residence permit to enable them to complete their upper secondary school education, even if they are older than 18 years. In order for a residency permit to be further extended employment must be gained within a time limited period.

## “Refugee Crisis” and Sweden

### The reforms post 2015

As described above, after the arrival of nearly 163,000 refugees in 2015 including 35,400 unaccompanied minors, Sweden drastically reduced its openness to asylum seekers. The large number of new arrivals led to serious delays in the Migration Agency’s processing of asylum applications, leaving people waiting for long periods for a decision. If an application was refused, then the refugee could no longer be employed and severe economic hardships ensued.

The significant numbers of young men of Afghani origin who have arrived without their families have preoccupied service providers in education and social care. New educational programmes have been established and community-based youth services that were previously used by the general population, have gone over to specialist refugee youth work. At the time of writing the cohort who arrived in 2015 are completing educational programmes, most often for less academically demanding occupations, and are under pressure to obtain a salaried position, in order to avoid deportation. However, since the pandemic restrictions have both prevented the deportation programme and brought about an economic recession, the future of these young men remains highly uncertain.

### The context for SGBV service provision for forced migrants

Services for those suffering intimate partner violence are well developed in Sweden, being part of municipal service provision and available through self-referral, as well as referral from service providers, including housing, health, social and education services. There is an

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<sup>15</sup>

(Swedish Migration Agency, 2020). Retrieved from;

<https://www.migrationsverket.se/English/Private-individuals/Protection-and-asylum-in-Sweden/Applying-for-asylum/Children-in-the-asylum-process.html>

awareness that the full range of welfare and health services are relevant for reducing the harms of sexual and gender based violence. There is also awareness that sexual and gender based violence may be relevant for refugee populations, especially women and people who are LGBTQI, as shown by formal notices on the Migration Board website (quoted above), as well as awareness raising messages in various languages in libraries, schools and healthcare settings.

Despite formal access to SGBV services supported by interpretation, there are difficulties of cultural as well as linguistic interpretation for refugees seeking access. Sweden has a highly developed discourse on honour violence as a specific aspect of sexual and gender based violence services which is seen as relevant for communities with a high proportion of people who have past or current experience as asylum seekers. The way in which the discourse of honour violence affects refugees' ability to access suitable services, both positively and negatively, is of interest to this project.

## Methodology of the research

The data for this research has been collected through 24 in-depth interviews with a total of 29 representatives of non-governmental organisations, international non-governmental organisations, international organisations, voluntary associations and public institutions including municipalities that offer different services to forced migrants. Five of these interviews were conducted with two representatives working in different capacities within the same organisation, with the remaining 19 interviews undertaken with a single service provider. The organisation types and the cities where they are located are listed in Table 1. The interviews were conducted in Uppsala and Stockholm between January 2019 and September 2019. The organisations to be interviewed were selected through scoping to identify, first, key organisations with different capacities and providing different services ranging from protection, prevention, recreational activities and health checks. Second, through a snowballing approach further key stakeholders were reached by researchers via emails and phone calls. The date and time of the interviews were specified by the interviewee and the interview took place in either the representative's office or in public places like a restaurant or coffee shop. The interviews were conducted in the language preferred by the interviewees. The interviews that were conducted in Swedish, were translated to English by the bilingual interviewer, the lead researcher. The interviews lasted between 30 and 120 minutes and were audio-recorded. The transcripts of the interviews were coded in Nvivo software with the coding scheme agreed in collaboration with the international Sereda research team. Each transcript was also summarised to provide a brief outline of the main findings.

Table 1: Summary characteristics of ervice provider interviews undertaken in Sweden

Pseudonyms	Organization	Role	Gender
SAS	INGO	Advisor (International Humanitarian Movement)	F
SBS	INGO	Psychologist (International Humanitarian Movement)	M
SCSB	Intermediary Government Agency	Representative (Women's Affairs)	F
SDS	Public Institution	Expert	F
SES	Public Health Service	Nurse	F
SFS	IO	Doctor	M
SGS	NGO	Representative of the Project	F
SHSHB	Academic/Public	Leader & Officer in a Project on Refugee Children	F + F
SIB	Public Institution (Municipality)	Representative (Violence Unit)	M
SJS	Public Institution (Municipality)	Head of the Project (Honour-Based Violence)	F
SKS	NGO	Dentist	F
SLSH	NGO	Representative & Therapist	F + F
SMSH	NGO	Advisor (International Development)	F
SNB	NGO	Representative (Faith-Based Organisation)	M
SOSH	NGO	Facilitator of Well Being Activities	F
SPB	NGO	Advisor in a Women's NGO	F
SRSH	Public Organization	Legal Expert on Human Rights	F
SSSH	Public Institution (Municipality)	Representative (Unit of Refugee Services)	F
STS	Public Institution (Municipality)	Counsellor (Unit for Refugees)	F
SUH	Project	Heads of the Project (Outdoor Activities for Refugees)	M+M
SVSH	NGO	Coordinator in an NGO Working for Newcomers	F
SYS	NGO	Representative in a Women's Shelter	F
SQH	Project funded by city	Facilitators for Women Support Group	F+F
SWS	NGO	Legal Advisor & Educator in a Women's Shelter	F+F

## The actors in the field

### State/Public institutions

In Sweden there are different actors in the field of forced migration. These organisations are working at different levels ranging from international to city. The organisations also offer varying services. Public institutions working at national, county and municipal level play an important role in setting the agenda for enacting governance of forced migration in Sweden. Public institutions have different capacities to address different issues and problems experienced during the processes of forced migration, especially during resettlement. Public

institutions, whether at national, county or municipal level, work within a government-defined framework, as described by the following public servant:

“We have governmental set goals: ‘You are going to work with this work, this is what you are going to do now!’ We work together to get information, to reach the group and to get the stuff, raising the knowledge among the staff (...) we are also working with other agencies in Sweden (...) we work together to get better, to get the knowledge about SGBV, raising the knowledge” (Expert, Public institution)

The goals that are determined by the government and apply nationally, shape the agenda of a range of actors, but as the above quote from a representative of a public body suggests, collaboration with other stakeholders in the field of forced migration is also vital for effective governance. Bodies that mediate between the ruling authorities and communities are crucial to the process of migration governance, as described by an administrative officer of an intermediary government agency.

“Our members are the communities, municipalities and the regions, the health sector (...) we should kind of help the municipalities and the region health sectors (...) and of course, as you said, they are lobbying from ... both the needs from the municipalities and the regions, up to the state, and try to support the municipalities if the government decides that we should have a new law about that, then this and that.”

The intermediate agencies not only gather information, raise awareness and engage in lobbying activities, they also enable communication channels for more targeted interventions against the negative effects of violence in general, and SGBV, in particular. “Supporting municipalities” is a key goal for national bodies, since municipal authorities are the most prominent actors at local level. In Sweden the municipal government or ‘kommun’ is an elected body with tax-raising and other significant decentralised power and responsibility for a wide range of service provision.

“We work with and support those affected by violence who are 18 years or older and primarily we work with violence in intimate relationships. We have a policy against trafficking, and we work with such cases together with the regional authorities and the police.” (Representative, Municipal unit on violence)

Local governing authorities, within their mandate and jurisdiction, follow their agenda in collaboration with other authorities and agencies. For instance, as the above quote notes, a well-functioning network tied into the public system has the potential to address specific cases by coordinating across the relevant agencies.

Information sharing and dissemination, as well as collaboration across municipalities so as to share service provision for asylum seekers were all mentioned.

“We’ve been talking to other organisations and other authorities that might meet these people, and asked them to inform them that we are here at these hours and that they are welcome to see us if they want any help or guidance with issues regarding their living in Sweden, living in Stockholm: child care, education, work, housing, democracy (...) the main thing that we are doing is that we are providing information about society to people who

are new in Sweden, with a permit that they have gained fewer than three years ago.”  
(Counsellor, Municipal unit for refugees)

Municipal service providers mainly target newcomers who lack information about service availability in Sweden as described by the following representative of a municipal unit providing services for refugees.

“The aim with the counselling is to facilitate the establishment process so that newcomers can come with all different questions to the counsellors and ask, for example, about housing, about how to find work (...) So it’s (SGBV) quite a new assignment for the counsellors (...) We also have a new programme ... which started now at the beginning of the summer, where the newcomers can get contact with someone.”

The importance of the information and counselling service marks the need for new arrivals to make sense of their new setting as a crucial support for the resettlement process. Although SGBV is not a central task for the representative of the municipal unit, the work of informing newcomers was acknowledged to be an important ‘new assignment’. Municipalities and county councils respond to the needs of newcomers not only by organising collaborative actions but also providing health related services, in particular the ‘hälsokontroll’ or health interview that is offered to all new comers on a non-mandatory basis.

“Our target groups are those who are affected by violence (...) we specifically focus on violence in intimate relationships (...) we want people to ask help from us, no matter how they define themselves (...) we have an anti-human trafficking policy that we work with authorities.” (Representative, Municipal unit on violence)

In general, it can be argued that, public institutions mainly work within their own units at local level and collaborate with other organisations in the field of humanitarian assistance and counselling. Service providers described different modes of working including partnerships, public service agreements and both informal and formal organising of collaborative activities. For these various actors working under the government framework, referrals were considered to be an effective tool in providing immediate and tailored support.

### Non-governmental Organisations

Non-governmental organisations are the most visible partners of public institutions in the field. They offer services designed for protection and prevention of particular communities, including women, LGBTQI and asylum seekers.

“[name of the interviewee’s organisation] is at the center of knowledge for professions in healthcare, dental care, psychiatry and so on (...) our focus are the migrants, asylum seekers, undocumented and newly arrived migrants (...) we are presenting a program where we are offering between 10-15 different courses or teams but also, they can call and ask us about more special designed trainings.” (Health-service provider, NGO)

“We are a women's rights organization, we happen to be based in Sweden, founded by Swedish feminists, but it's not really operating from a Sweden perspective (...) we work with partner organizations who do the actual work on the ground, they are not our implementing partners, they have their own agendas, we support them both financially, and also with the skills and capacities (...) our work is primarily women's peace and security agenda, so it is partners who work on those pillars of the agenda would often seek our support (...) we do the organizational assessment, then they submit their program, or project application, and we have a dialogue around it, and then a decision is made on whether or not to support” (Adviser, women’s NGO)

Our data suggest that non-governmental organisations have different approaches and strategies to conducting interventions and providing services and when working in partnership, the cooperative design is emphasized. The feminist organisation quoted above, for instance, highlighted that their vocabulary and approach was shaped by being a rights-based organisation and prioritizing women’s peace and security. Other NGOs define their focus as the women and the girls who “seek information or help or support”, or “victims of violence and abuse” or “people who were abused.” Thus the various NGOs operating had overlapping remits.

The need for cooperation and collaboration between the various actors offering services to survivors of SGBV was widely emphasized by the representatives that we interviewed. In seeking to implement a survivor-centred approach these organisations play a critical role in shaping how services are configured. The nature of their support prioritises SGBV prevention and also protection and they offer different services that are designed for specific needs and aspirations of their target group.

#### International Non-governmental Organisations

International non-governmental organisations have national branches that provide humanitarian aid in Sweden. One particular national branch of an international humanitarian movement stands out as one of the most accessible organisations interviewed, with offices in different cities so that they are very visible at local and national levels. This organisation’s work at local and national levels was well integrated with their international interventions and many employees undertook both national and international roles.

A priority for NGO and INGOs working in Sweden was to define their target client group in a way that did not duplicate existing health and welfare service providers working at county and municipal level.

The client group could be defined on the basis of migrant background and experience of violence:

“We are a specialized treatment center working with psychological treatment; we have about seven psychologists-psychotherapists and we have one physiotherapist in this centre; our patients are persons with migrant background who have been exposed to violence.” (Psychologist, Branch of an international humanitarian movement)

The client group for some project work was more specific:

“We are a specialized treatment center working with psychological treatment, we have no medical staff in the center (...) our patient group are people with migrant background who have been exposed to violence direct or indirect some formal societal violence includes of conflict, torture, persecution and also experience violence during escape from the home country to the host (...) We do counselling about migration questions, we have a health clinic and of course [name of the organisation] is mainly about from the beginning, and we also visit, in consideration, people in prisons and we also visit people migrants that are taking to custody when they are supposed to be returned to home countries by force (...) but we want to target the Migration Board, how we can cooperate with the Migration Board.” (Representative of a project, branch of an international humanitarian movement)

In addition to providing services to clients, some NGOs felt that lobbying was an important part of their role, to ensure that standard service providers took responsibility for people of refugee and migrant background:

“We have six treatment centers in different locations in Sweden, we are operational in ten to twelve different cities around the country and those who come to us are basically persons have refugee/migrant backgrounds who suffer from some kind of trauma linked to either having been detained, suffer from torture, trauma linked to conflict and also violence during migration coming to Sweden (...) we are doing very strong advocacy work I think with the healthcare authorities to kind of have them take the responsibility because this is their responsibility to provide healthcare to people no matter what they need you to know (...) we are a humanitarian organization but we should not substitute the state, if the state had responsibility which is rather pushing them to kind of take the responsibility and we can fill the gap when they need but this, not our job to be provider really.” (Adviser, branch of an international humanitarian movement)

For some organisations direct service provision to a particular group of patients was the key goal, as explained herein:

“The three leading activities of organization to give help is to aid, to care and to witness, we are group of doctors and most of our time goes for receiving exposed patients from different situations and to give them medical advice” (Health-service provider, International health organisation)

While some INGOs offer a range of prevention and protection services, others see their role as more concerned with bridging the needs of migrants and refugees with existing service providers. Some INGOs have dedicated centres, including specialized health services and psycho-social support for newcomers. In accordance with their ‘target’ communities’ needs, they offer treatments, interventions or activities. Branches of one INGO collaborates with local groups and organisations, for instance to offer counselling services to individual migrants in custody, and also with the Migration Agency. This INGO emphasizes multi-lateral collaboration which tends to give rise to an effective support system. As the following representative from a faith-based organisation explained, a key part of their work was creating collaborations with other NGOs and with public agencies:

“It is an international non-government faith based organization (...) it is an humanitarian agency, it is a worldwide organization, it is in practically more than two hundred countries, and territories around the world (...) we collaborate also with other civil society activists and then go to the migration agency.” (Representative, International faith-based organisation)

A key outcome resulting from INGOs’ broad agenda on prevention and protection is their ability to bridge between the goals that are set internationally and the locally “acknowledged” norms where those goals need to be actually achieved. Contacts with local Swedish organisations, whether NGOs or public agencies was crucial for enacting INGO aims which may have been formulated in another setting altogether. To ensure that goals are achieved requires not only providing services but also supporting dialogue between the various players:

“My organisation has never focused on SGBV but its task is to find donors and raise awareness on this sensitive issue (...) we are providing a report on bringing together gender mainstreaming, humanitarian law and protection mechanisms (...) for us dialogue is the key. So, not only with UNHCR but also with our partners, we are in close contact and protection and prevention are key areas.” (Adviser, International development organisation)

In Sweden, in the field of humanitarian aid, INGOs play a critical role as they have highly qualified personnel providing various services and also providing funding for different efforts including those related to SGBV. The “multi-sectoral approach” marks the required inclusion of all actors for jointly achieving the set goals. It can be argued that a deliberate collaboration between different units within an organisation and also with other organisations, provides a better basis for eliminating the barriers to a tailored service provision and tackling potential problems. However, this approach also has the potential to undermine a survivor-centred perspective. A multi-sectoral approach with a cohesive perspective that brings multiple units with different complementary expertise should lead to better assistance to the person in need. However, where collaboration between sectors and organisation is not facilitated, organisational imperatives can reduce the responsiveness of service provision to survivors’ own needs and priorities.

## Projects

Within the multi-sectoral nature of SGBV responses identified in Sweden, there were a number of projects designed to meet the specific needs of particular communities. Agencies and organisations tend to run projects for a pre-determined period of time. Such projects have the potential to increase the capacity of the organisations that sponsor them by providing services in cooperation with other actors in the field, but by definition that increased capacity is for a finite period of time.

“That fund uses its money every year to distribute to different kind of projects with different contexts (...) it could be mental, physical. It could be children. It could be refugees. We are also one of these funded projects.” (Head of a project on outdoor activities for refugees)

“It started out as a three-year project in 2013 (...) then it was decided to turn the project into well-founded organization in 2016 (...) if there are honour-based violence we are the experts in Stockholm, we work for the young people who are between 13 and 26.” (Head of a project on honour-based violence)

In Sweden in the field of humanitarian aid, there are different actors that respond to SGBV with varying capacities. These actors work at local, national and international levels and their SGBV responses vary accordingly. While international organisations focus more on lobbying, awareness raising among ruling authorities and funding, local initiatives tend to implement activities. Some of this implementation happens through project funding, which means that it is necessarily short-term. Therefore, a coordinated and effective implementation of responses at all levels and a working cooperation among different actors is important for ensuring efficient responses.

## Defining SGBV

How SGBV is defined and understood among stakeholders that provide services is an important question for determining how services are shaped and the definitions of SGBV adopted by different organisations are highly variable. Service providers in the field of SGBV prevention and protection adopt definitions that both chime with and shape their priorities. Definition of what constitutes SGBV are crucial because they determine who is eligible to access to support mechanisms and services. Most of the interviewees cited international definitions set by Conventions.

“I think we are following the definition provided by WHO. I mean SGBV such as sexual torture, such as rape during migration, sexual abuse, being forced into sex, these kinds of things.” (Adviser, branch of an international humanitarian movement)

“We use Istanbul Convention (...) there is a lot of information about, uh... Health and migration and violence, (...) we call it everything, like men’s violence against women... Honour-related violence (...) intimate partner violence.” (Representative, Intermediary government agency)

“We have the European Union, the Sida (Swedish International Development Cooperation Agency) definition but also UN’s. We have different definition that we used to show that we have international definitions but since it is financed by EU, we used the EU’s definition... We do not have an official definition in the [organisation].” (Representative of a project, branch of an international humanitarian movement)

“We use the Per Isdal definition<sup>16</sup>. It is a broad definition and what we work with here is physical sexual violence, material violence.” (Representative, Municipal unit on violence)

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“Violence is any act directed against another person, who by his/her act hurts, pains, frightens or offends, gets the victim to do something against their will or to stop doing something the victim wants to do” (Isdal, 2002: 36)

“We mainly use ATV [Alternative Team Volt]<sup>17</sup>.” (Representative, women’s NGO)

Some actors construct their definitions and refer to some forms of SGBV that are tailored towards the services that they are delivering and the aim of the organisation. For instance:

“We start explaining psychological violence and social violence when we need to clarify honour-based violence. Sexual violence like female genital mutilation, forced marriage, virginity control is also in SGBV. We talk about these things too. Fourthly, physical violence and threat also a part of SGBV.” (Head of a project on honour-based violence)

“We usually talk about 5 different ways of abuse. Sexual is one of them, plus physical, you have the physical, you have the psychological, you have the materialistic or you know, the economic and the social.” (Representative, a women’s shelter)

As the data suggest, organisations that provide housing for survivors of SGBV acknowledge different types of violence while they have varying opinions on how to categorise and prioritise them. While the organisations quoted above juxtapose different types of violence, other organisation representatives were less interested in the boundaries between different forms of violence. Representatives from two different women’s organisations emphasised that their focus was on the gendered dimension of intimate violence. When asked about whether they used a definition, an adviser in a Women’s NGO said:

“We do, it’s more on the lines of men’s violence against women.” (Advisor in a Women’s NGO)

Similarly, an educator working in a women’s shelter emphasized the gendered politics of their work as follows:

“We have definitions, or... it’s not very common in Sweden, I would say, to use the term gender-based violence, because we usually talk about men’s violence against women.”

She went on to explain that they included a range of gendered harms under the term ‘men’s violence against women’ including:

all forms of violence – physical, emotional, psychological and also restriction. We don’t think that you have to separate every kind of violence, because then the violence get less important. We think that we can work with every kind of violence. But you have to have specific knowledge in every kind of violence.” (Educator, a women’s shelter)

On the other hand, representatives of several organisations, including a healthcare provider, an International faith-based organisation and an NGO working with newly arrived migrants, said that no formal definition was referred to in their work.

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<sup>17</sup>

ATV is a treatment-centre for men who use violence against their partners.

Some participants mentioned that so as to broaden the scope of their services, they preferred not to be led by definitions, but to be flexible in terms of the forms of violence that they work with. It was highlighted that referring only to physical violence limits the understanding of different manifestations of SGBV.

“If anything actually connected to mistreating someone because of their gender or their sexual identification, it’s very important to not... think [of] violence only as physical violence, that’s the most important part, because most of the psychological violence turns into physical violence in some way either way.” (Head of a project on outdoor activities for refugees )

The point was made that definitions could be limiting, and could potentially exclude certain groups.

“SGBV I guess is broader term and I think that also includes female mutilation and LGBTQ perspectives which both them are sexual based violence is more direct when talk about it is when you have been forced sexual activities or in some other way, being ill-treated in that way. I do not have a definition of it.” (Psychologist, branch of an international humanitarian movement)

The varying definitions and justifications of service providers reveal that different actors in the field of SGBV do not share a single definition of what it constitutes. While this can be read as an asset for some organisations as they widen their inclusivity, the lack of definition can limit systematic data collection for comparative intervention and research.

### Types of SGBV

Our data suggest that service providers acknowledge different manifestations of SGBV experienced by forced migrants during the various phases of migration. Domestic violence and/or intimate partner violence are most commonly mentioned in our interviews, expressed in different ways. For instance, the head of a project promoting outdoor activities for refugees painted the following picture: “She have, like, big fight in her homeland, with husband. The husband take children from him. And... ‘mishandlar’? Abuse. Abuse him. And locks her inside home.” The representative of an intermediary government agency used the term that is more common in Sweden ‘interpersonal violence’ and said that it’s mostly consisted of “men’s violence against women.”

Husbands are repeatedly named as perpetrators of violence in our interviews. Violence that takes place at home may take the form of rape, but as the following quote illustrates, violence in the home could take a range of forms:

“Forced to have sex with their husbands (...) being forced to bear cheating as men talk to other women in front of their wives (...) being dependent on their husband and it is men who spent all money (...) and husbands keep women at home and not allow women to learn the language.” (Facilitator for a women support group)

Violence at home is multifaceted. Although it has not been discussed much, economic and psychological forms of violence are also closely associated with domestic violence as stakeholders shared. It is argued that dependency to husband/partner brings new vulnerabilities and manifestations of violence.

While a representative quoted above mentioned 'regular domestic violence' another informant referred to torture, defamiliarizing sexualised violence as a 'regular' domestic risk and associating it with a form of aggression more associated with war:

"Patients who suffer from torture or sexual torture is very common." (Adviser, branch of an international humanitarian movement)

Other than the private realm, service providers highlighted other places that women have been exposed to violence.

"women arrive suffering SGBV before leaving the country or during the travel." (Expert, Public institution)

"a lot of them have reported on sexual violence when travelling to Sweden." (Officer, Project on refugee children)

"quite a lot of them have got raped for instance, by police or military or in the prison." (Health-service provider, NGO)

"men experience violence in detention." (Adviser, branch of an international humanitarian movement)

"along the journey, men themselves turn into, fellow migrants, turn into fellow abusers along the way, and they recognize the women are vulnerable." (Officer, Project on refugee children )

And it has been these people, sometimes they were in a refugee camp somewhere else, and it has been [people] from the camp that dragged them out and assaulted them." (Coordinator, NGO working with newcomers)

The data suggest that forced migrants are exposed to violence at different moments of the journey from displacement to resettlement. The transit phase of the journey was most often cited as the location of sexual violence, where multiple vulnerabilities collide, to the extent that two informants told us that the experience of SGBV was almost universal.

"Every women I interviewed said the story of sexual violence, it's not a single women who didn't - I am talking about the hundreds of them, who has been raped along the way." (Representative, International faith-based organisation)

“I would say all the women are met in every corner, young women have been exposed to violence (...) almost every young women have been abused to violence in one way or another.” (Representative, women’s NGO)

Service providers also listed men and, especially young boys, as the survivors of SGBV. Some of the representatives highlighted the high number of Afghani boys who migrated to Sweden in the 2015/2016 period and mentioned severe forms of violence that they were exposed to. These included being forced to become soldiers and being imprisoned, which could involve being raped. According to nurse we interviewed young men were raped “because they have been gay or political reasons or things like that.” A facilitator working with a NGO for newly arrived migrants identified “feminine boys” as well as “a few men (...) and trans people who have been raped.” LGBTQI migrants are named as being subject to sexual abuse before, during and after their journey.

“LGBTQI people experience SGBV in their home country (...) perpetrators can be family members (...) in refugee camp asylum seekers may abuse other inhabitants.” (Coordinator, NGO working with newcomers)

“I think the LGBT community in the whole world suffer a lot from sexual violence.” (Facilitator, NGO working with newcomers)

Our data also describe the wide range of forms of SGBV that have been experienced in different settings. Participants listed FGM, forced and early marriages, survival sex, structural violence, spiritual violence<sup>18</sup> etc. They also pointed to different vulnerabilities that occur in different contexts. For instance, according to some of the participants, there are some country specific manifestations of SGBV.

“It depends on the country of origin (...) all of patients we see coming from Afghanistan I believe are exposed to sexual violence in home countries and during the migration; Afghani boys are forced to dance (...) for Afghanistan it is mainly men and boys while in other parts of the world it is women and girls who suffer from GBV (...) girls from Eritrea are exposed to violence during the escape.” (Psychologist, branch of an international humanitarian movement)

“Romans what you called from Romania the people who come here for begging. There have been problems, like sexual abuses and trafficking (...) not physical violence but it is a psychological violence because they are not welcome in anywhere, they don’t have anywhere to live they don’t have any money for buying food.” (Health-service provider, International health organisation)

“there are a lot of single mothers from Eritrea. And my experience with working with them, but not ... Like, I always thought they were very vulnerable to sexual violence.” (Counsellor, Municipal unit for refugees)

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<sup>18</sup> Spiritual violence is a form of violence that is referred by an educator who is working in a shelter. She explained “It is the form of violence used with reference to religion and religious beliefs. It is easier to legitimize as people believe.”

“Boys from Afghanistan are exposed to different forms of violence.” (Representative of a project, branch of an international humanitarian movement )

These quotations that link violence to particular countries, hint at an idea that violence is linked to specific cultural regimes. This idea was made explicit with the idea of ‘honour culture’.

“I mean you know you have migrants who are coming from honour cultures, so they are also facing GBV, the females largely.” (Adviser, a women’s organisation)

How culture linked with specific societies is related to the idea of “honour-based violence” has been much discussed in Sweden and represents one of the ways that SGBV among refugees is tackled. This particular conceptualisation of family-based violence which is not applied to understand gender-based violence among native Swedish families, was discussed by our participants, as set out in the next section.

#### Honour-based violence

As a specific form of violence “linked to honour culture but more rarely as expressions of child abuse, child maltreatment or parents’ violence against children/young people, or brothers’ violence against sisters” has been a controversial and much debated issue in Sweden for years (Björktomta, 2019: 450). Two informants emphasized that honour-related violence was not the same as ‘ordinary, Swedish’ gender-based violence:

“they have like people specializing in those questions and also honour-related violence but we do not have that in Sweden. So, gender-based violence, when it is not honour-related, is stigmatized within the relatives and the family and friends whereas in honour-related crimes it might be accepted.” (Representative of a project, branch of an international humanitarian movement )

“if you are from MENA (Middle East North Africa), then it is always a question about honour, if you are almost in the same situation in the Swedish family, then it is something else.” (Health-service provider, NGO)

For two other people, the defining characteristic of honour-based violence was the multiple perpetrators which was seen in contrast to the single perpetrator who tended to be responsible for other forms of violence in intimate relations:

“for honour-related violence it is more about the whole family (...) all members of the family can be perpetrators.” (Representative, women’s NGO)

“Honour-based violence and killings are totally different than domestic violence. The number of people commit violence is not one and people support the individuals who commit psychological or physical violence.” (Head of a project on honour-based violence)

A couple of interviewees raised concerns regarding stigmatization whereby some non-Western cultures are seen as being particularly prone to perpetrate or to condone violence.

In this context, the role of the minority community in perpetuating, compounding the violence of fathers and brothers against young women who are seen as breaking with norms and traditions is another difficult issue for service providers. Women's vulnerability within patriarchal family relations, are multiple and may be amplified in the case of honour-related violence. Where a woman's family is well known in a particular community, evading gender-based violence may lead to isolation from the social networks that may be simultaneously supportive and coercive. The complexities of how minority cultures encounter mainstream service provision in safe-guarding against SGBV were illustrated by the following story of a young school girl, told by the lead of a project on honour-based violence.

“One of the young girls told to her teacher that she has a boyfriend and if her family learns that they will ‘misshandla’ (abuse) her and she is afraid of that. Or she said that “I don't feel good”. In this situation, the school reports the situation to the Social Services Unit. If the social services expert is not aware, she/he writes a mail that says “Your girl has a boyfriend and she is afraid that you can do something bad to her if you learn about this.” and sends it to the girl's parents. In this way you create the situation that the girl is scared of (...) it creates more victimization.” (Head of a project on honour-based violence)

## Interventions and Services

Different actors in the field of SGBV offer varying interventions and services that support resettlement processes of forced migrants. The interventions can be classified with reference to the intended recipient as individual, group, community/local, national levels.

At individual level, organisations offer healthcare services (primary healthcare, mental healthcare). Psychological support to the individual is one of the interventions that is clearly prioritised by participants.

“After having first initial healthcare, they need psychological support to overcome that trauma (...) we have a lot of prevention work and strengthening resilience among asylum seekers coming to Sweden.” (Adviser, branch of an international humanitarian movement)

“We are providing health check-ups (...) we also offer transcultural psychiatry. We always ask about violence, then if there is something going on, we can help them; otherwise they need to see a counsellor something like that.” (Nurse, health-care service)

Counselling sessions with SGBV survivors were described as an effective support mechanism either the form of informal information sharing around the refugee's specific needs, or as a more listening-focussed one-to-one session.

Another key intervention is the provision of shelter. And once in sheltered accommodation some settings also offer individual therapy or organise group sessions and training for shelter inhabitants.

A range of interventions aimed at groups, in the form of organised training sessions and activities were described including educational presentations, cooking and sports. There was some indication of NGOs collaborating around educational training:

“We have developed some educations, some workshops in conjunction with other organisations.” (Coordinator, NGO working with newcomers )

The reason for collaborating with other organisations is more apparent for international organisations as the rationale behind their services, both on protection and prevention, is to address the specific needs of the communities at the local level. They mainly try to develop a survivor-centred approach and create a ground enriched by cumulative expertise of different organisations for addressing SGBV.

“we are working with the Red Cross for a moment (...) They are going to educate all the people who are working in the accommodations. So they get better in identifying SGVB, and now what it is called to address it in a correct way and to support them.” (Expert, Public institution )

“we have trainings all over the World (...) we are focused on gender based violence, and in that we bring civil society practitioners and governmental representatives to come together and learn about gender based violence through, I think the whole period is one year, where they come and meet for two weeks in Stockholm, then they go and do some work in their home countries, and there is a follow up meeting.” (Adviser, a women’s organisation)

### Objectives of interventions

As we would expect with the range of services provided by different organisations, the interventions have many objectives. Many organisations aim to provide information about Sweden and the Swedish system.

“the focus in our work is to give information. They need to understand the situation, the situation that they live in.” (Representative in a Women's Shelter)

“we’re helping people understand their rights, helping people understand the protections that they have here, the things that are not okay, that if something like that happens to them here, it is a crime and they can get help.” (Coordinator in an NGO Working for Newcomers)

“We seek up other women who are newcomers and guide them to find their ways in the society, and tell them more about how the society is working and they meet a lot of women and they also meet many, many women who have experience about violence.” (Representative, Unit of Refugee Services)

There are also some organisations that provide tailored services for specific groups according to their needs.

“first and foremost, the emotional and psychological support to women, and [make them] to be able to tell that story. (...) one is the legal status to fight for their right to stay, to represent their case.” (Representative, Faith-Based Organisation)

“We can give advice of caregivers and organisations that are more specialized (...) help you directly if you need a [specific] treatment.” (Health service provider, NGO)

Our data also suggest that local organisations, especially the ones that conduct projects, determine (or justify) their aim according to the needs of the group of people that they are addressing. For instance, for social cohesion, an organisation’s only aim is to “bring young people together” and they organise outdoor activities. Another project that focusses on needs of women in a specific neighbourhood, highlighting “we are here for them” as “their sisters”. Beyond local interventions, in the field of humanitarian aid in Sweden, international organisations focus on funding, capacity building and implementing SGBV policies.

“We are collaborating with UNHCR. We are working with them on implementing their SGBV policy.” (Advisor, International Humanitarian Movement)

“we prepare guidelines on SGBV.” (Legal Expert on Human Rights)

“I look at SGBV from a policy perspective.” (Advisor, a Women's NGO)

The combination of local and international work is, as described above, significant in the framework of an effective collaboration between local and international actors.

#### Targeted “client” group

In line with the tailored aim of some interventions, organisations determine their intended recipient. For some organisations, “everyone is welcome” while for some other service providers, there is specifically determined group of people such as people from the Balkans, or young people.

Organisations focussed on violence said “we are open to help any person who has been through sexual violence or domestic violence” (Representative, a Women's Shelter), while others had a focus on newly arrived migrants:

“We provide healthcare, dental care, psychiatry services to the migrants, asylum seeker undocumented and newly arrived migrants” (Health service provider, NGO)

In one case, the overlap between migrants and survivors of violence was the target group:

“our patients are persons with migrant background who have been exposed to violence; most our patients come from countries that are in conflict” (Psychologist, International humanitarian movement)

Other organisations differentiate between categories of migrant in defining their client group.

“we are providing services to those who have permits; we do not accept patients coming from EU countries, USA and Canada” (Nurse, Health –care service)

“services for new coming migrants” (Representative of the Unit of Refugee Services)

“for people who are new in Sweden” (Counsellor of the Unit for Refugees)

A number of organisations only provide services for women, offering interventions specifically for women and girls suffering abuse.

## Vulnerabilities to SGBV

Our data suggests that there is a variety of vulnerabilities causing and caused by SGBV. Service providers mentioned different factors that exacerbate vulnerabilities for different groups especially young women, women with children, young men and LGBTQI persons. The refugee’s legal status is an important factor that affects the overall process for the migrant, especially their living conditions and being undocumented was noted as creating a particular vulnerability.

“Being undocumented is the general phenomenon. As long as you are in the system you can go to the hospital or you can go to the police. But undocumented migrants, they are exposed to the informal job market, they work illegally in restaurants. Either you live in the streets... It is horrible.” (Advisor-International Humanitarian Movement)

In addition to migration status, a person’s access to accommodation, both on the refugee journey and in Sweden, was identified as a crucial factor. A lack of access to housing can make women particularly dependent on a husband, despite ongoing abuse.

“Overcrowded camps create too many problems in terms of gender based violence; when it is too overcrowded women who came alone had very rough time. if they are poor they sell sex for a living and vulnerable to horrible experiences of sexual violence.” (Health service provider, NGO)

“They are most vulnerable if they do not have an housing option and continue to live with those who use violence against them. women are vulnerable when their relatives say them "give him another chance", because they are unable to cut this relationship and continue to live in a dreadful situation.” (Representative of the Municipal Violence Unit)

Patriarchal structures embedded into daily lives can intensify the vulnerability of refugees, both by increasing the risk of being exposed to SGBV but by limiting a refugee's access to the supportive interventions that might be available.

“even if they work, husband control their wage. husbands interpret Islam in the way that serve their interests; traditions and patriarchal families.” (Facilitator, Women Support Group)

“they have to stay with their perpetrator as they do not have any place to go. Some are dependent on their abuser (...) being under control of their abuser. Social welfare sent money to the bank account of man.” (Legal Advisor, Women's Shelter)

As pointed out by legal advisor quoted above, the functioning of migration governance also inhibits empowerment for women applying for residence permits, by making her financially dependent on her husband. Furthermore, the coordinator of an organisation working with newcomers quoted below notes the invisible effects of patriarchal structures for LGBTQI refugees in a setting away from 'home'. Being mobile, moving from one location to another is a factor that exacerbates vulnerabilities.

“they are afraid of being in contact with other people from their country because they know how the majority of people from their country think regarding homosexuality and transsexuality” (Coordinator, NGO Working for Newcomers)

Flight to Sweden and mobility within the country may also render people more vulnerable. A long migration journey, often from rural or small town settings to an urban area makes young migrants open to abuse, including rape. Mobility once in the country of refuge impedes migrants' chances of accessing protection services. Furthermore, a high degree of mobility can reverse the healing practices that they had access to:

“Being put to a different city by social service creates vulnerabilities and reverse the achievements.” (Legal Advisor, a Women's Shelter)

A lack of information increases vulnerability by reducing refugees' ability to seek support for protection.

“Lack of knowledge especially on legal rights like divorce, for instance you only need the consent of one of the parties to get a divorce (in Sweden)” (Legal Advisor, a Women's Shelter)

“Lack of knowledge of their (LGBTI) rights make them vulnerable to being abused” (Coordinator, NGO Working for Newcomers)

The interviewees explicitly highlight the key role of refugees being informed and having knowledge of how the migration system works, the availability of services, and their rights to those services. The conviction that information is empowering for refugees who have

experienced SGBV is demonstrated by the efforts of various organisations aimed at “informing refugees” either in the arrival or during the resettlement processes.

#### Harms arising from experience of SGBV

Humanitarian aid organisation representatives note the gendered harms arising from SGBV in terms of trauma, with that trauma being instigated by the dual experience of being forcibly displaced and of SGBV. We were given accounts of how severe violence causes PTSD and hinders refugees’ prospects of integration.

“LGBTI patients in clinics or centers who also suffered from SGBV and again that could be linked to like others. But they are maybe having suffered more various kinds of violations, they might be abused in their country of origin also. Very often they have cumulative trauma of violations, abuse, conflicts and so on.” (Advisor, International Humanitarian Movement)

“that people are raped because they have been gay or political reasons or things like that then, they have been beaten. We had one, I remember he could not lay down. We should take the blood and he should lay; but he could not lay down; because he has trauma. He had to sit down.” (Nurse, health-care service)

Previous traumatic experiences mean that refugees have difficulties in accessing support. Trauma has enduring impacts on refugees including the ability to disclose their experiences.

“if you if you come with fear, you have... you are more afraid to talk with people, you are more afraid to connect, you are more afraid to open up. And I think probing people to disclose a traumatic experience is not, I think, a good idea.” (Coordinator in a NGO working for newcomers).

It is also acknowledged that processes and experiences of disclosure carry the risk of re-traumatisation. In our interviews, we were regularly told of the significance of trust and time in supporting a survivor who should not be pushed to tell their story.

“What is very very important for us is that we never push. We never start asking these sensitive questions. We wait for trust and confidence. It has to take some times. Just how you ask questions can be important. You would not ask a patient that so were you raped. Did you have sexual abuse?” (Advisor, International Humanitarian Movement)

“We don’t know how to approach (...) Sometimes she starts to express it when she meets with volunteer workers (...) they are different than the authorities because with authorities they may symbolise (...) I don’t have the mandate to make decisions but [for them] I am still the symbol of authority (...) People feel safe with volunteers and start to express (...) they have time to listen and encourage the people.” (Counsellor, Public institution)

The significance of building a trusting relationship and enabling a refugee to share in their own time is visible especially in the context of a long process of resettlement. In order to receive

support and gain protection, survivors of SGBV have to share their story in a detailed way but ironically this may also have drastic effects on their health.

## Politics and governance of migration

As outlined at the start of this report, since 2015, Sweden has been through significant changes in both the arrival of migrants and the policy that governs migration as well as the services that are available to those with different migration statuses. Access to services is governed by policy as well as by the routines and practices of the institutions that enact that policy. The definitions of violence that statutory and non-government organisations use are part of the politics of inclusion and exclusion, creating a structural hierarchy that can be seen in categories of migrant and the definitions of the violence that they suffer.

The Swedish migration system and its implementation in parallel with policies around violence in intimate relations were compared favourably with the systems in other settings, such as Italy:

“Swedish Migration System, or the different migration systems and different perspectives on GBV differ within Europe. For example; in Sweden it is really important is to talk about men and boys, and also LGBT questions; but the Italian partner organization that is developing training modules; they only want to talk about women and girls, which is to me, it is irrelevant to; we cannot just target women and girls even though they are the main survivors but; we have other vulnerable groups too.” (Representative of the Unit, NGO)

Participants also refer to evidence-based policies that aim to decrease the vulnerabilities to gendered harms during the migration journey and at the hands of human smugglers.

“We are advocating to support legal asylum seeking because when you are seeking asylum with legal ways then much fewer people seek difficult journeys and be at the hand of the smugglers. And if you come here by using legal ways to have a right for family reunification, and the women and children should not be here when they apply to come here as they can do from their home country. That would be a huge improvement in terms of prevention to avoid all those ill-treatment and abuse happening.” (Advisor, INGO)

In parallel with evidence-based policies aimed at reducing the harms to refugees, there have been significant political pressures to limit the inflow of new arrivals – the aim of securing strict migration regulation has tended to increase the vulnerabilities of migrants.

As discussed above politicians are aware of the fact that deporting asylum seekers contradicts the humanitarian values that have been central to Sweden’s history of accepting refugees. Nonetheless legislation to regulate immigration has been enacted and justified in both pragmatic and ideological ways, which service providers working with migrants on a daily basis feel has dehumanised migrants:

“then migration is so politicized and it is more you know, confused with all kind of political ideology, it's less time to look at the human being in front of you, but the focus

is not how i can defend and protect this individual, the focus is 'why are you here?'" (Representative, NGO)

Moreover, implementation of the migration policies creates hierarchies among different categories of migrant.

"And often we speak of integration only with regards to humanitarian and political migrants; we don't speak about it much when it comes to economic migrants." (Advisor, Women's NGO)

More importantly, the politics of the exclusion of migrants may have a harsh and even lethal impact by increasing the vulnerability of particular categories of migrant. As mentioned at the beginning of this section, Sweden has relatively more restricted politics of migration that have aimed to promote legal asylum seeking around family reunion, but this can have the effect of making asylum seeking women who are dependent wives, highly vulnerable to an abusive spouse. Thus, ironically, enhancing opportunities for family reunion has simultaneously created a structural obstacle to tackling domestic violence, since complaining about abuse risks one's migration status.

"young woman who came to Sweden by family reunion cannot file a complaint because if they got divorced, they lose their right to have a residency." (Municipality Head of the Project on Honour-Based Violence)

"They come as a partner, or they got married with someone staying here. And usually they get a permit for two years. And then and meanwhile, he try to... usually have used her sexually or, you know, physically abused her or tried to use her as a slave more or less at home. And then when the time comes, the two years, usually they just pull them out. And they come from countries that have the honour-related context, usually they can't [send] her back because the situation can be very dangerous for them, or there's no family taking them home again. (...) I would like to see changing of the law is that it shouldn't be acceptable for a person that abuse someone, to bring someone else to this country. You have cases where you have the same man has brought five, maybe six, eight women. And it's been cases of abuse" (Representative, Women's shelter)

Furthermore, the governance of migration creates a hierarchy between different types of violence that different migrants experience such that the channel of migration and the form of violence influence the chances of gaining residency. While those women who have come to Sweden for family reunion have not been treated as survivors of SGBV occurring during the process of migration, whereas those who have been persecuted because of their sexuality in their home country have a higher chance of being awarded a residency permit.

"one can prove that they are persecuted or because of their sexuality, then yes it becomes grounds for asylum but not like domestic violence. If there's a group, like say homosexuality in Egypt, if there's a group that is you know particularly prosecuted because of their sexual orientation, yes then it becomes grounds for asylum." (Advisor, Women's NGO)

In a system of migration governance that places great emphasis on documentary evidence of, for instance, the experience of violence, the question of how refugees can collect evidence of the violence that they have experienced throughout their journey that is acceptable for use in legal processes, remains fraught.

“they have a law saying that if you’ve been beaten or abused, you have the right to stay anyway. But the migration court had decided that this, you will have to – then you have to prove that he had been sentenced in another court or you have to been beaten so badly that you’ve been to a hospital.” (Legal Advisor, a Women's Shelter)

“The court asks for evidence for abuse, but it is hard to prove; about honour related violence, we must have specific knowledge otherwise it can be disappeared or stigmatized” (Educator, Women’s Shelter)

Another aspect of governance of migration in Sweden after 2015 which is highlighted by interviewees is the Migration Board’s prolonged decision-making process which increases the vulnerability of migrants.

“Long periods of waiting for their permit decision which might result negatively, has a negative impact on asylum seekers.” (Leader, Project on Refugee Children)

The long waiting times for migration status decisions have been attributed to the arrival of large number of migrants. However one person suggested that the increase in numbers of newcomers gave service providers valuable experience to inform better practice:

“the migration governance works better since more refugees coming to Sweden and the staff is more experienced and equipped.” (Nurse, Health-care service)

Moreover, the governance of migration does not have a single framework that encompasses the needs of migrants to reduce their vulnerabilities, since the central policy of migration governance is devolved to local settings where principles should be enacted in service provision:

“each municipality is different here concerning their services to refugees.” (Facilitator, Women Support Group)

“Decentralised system of migration governance is problematic especially municipality levels as they have quotas of migrants. Moreover, services offered by the National Board of Social Service is not well known.” (Representative, Intermediary government agency)

As well as the difficulty of uneven provision across municipalities, communication between service provision sectors could also impede a person’s access to resources, with social work often performing as a gate-keeper, as explained by an NGO worker:

“since this is the way we organize social work in Sweden, it is very important because someone comes to us and does not have the contact with social service we can do little. But if s/he gets the contact with the social service, they have all the resources.” (Representative, NGO)

An explicit aspect of the legal processes of asylum seeking is to deny certain services to people who have not yet been granted or have been denied a residence permit. So although language tuition and employment training are seen as crucial for integration of new arrivals, they are denied to asylum seekers:

“Well, the thing is that when someone is waiting for their residence permit, they don’t have a right to SFI (language tuition), to Swedish for Immigrants education by the local government.” (Coordinator, NGO Working for Newcomers)

“Of course, this is very difficult to say what we have seen in the migration politics today is those policies push people into more unsafe routes.” (Advisor, INGO)

There is very limited data collection on how SGBV services are accessed by refugees and migrants or former migrants, as various service providers told us that they do not “regularly” collect data but rather they have “anecdotal evidence of them”. As the representative of a municipal Violence Unit said “we do not have comprehensive data collection and monitoring activities.”

While some organizations collect the demographics of the refugees being treated, there was very little evidence available on how SGBV was experienced among refugees and migrants who were accessing services. Data collection and monitoring including the number of refugees being treated, background information in terms of age, religion, ethnicity, and also whether patients have recovered or have been referred to other agencies could be important for understanding the governance of migration and its interaction with the gendered harms of violence.

## Sources of Resilience

Promoting resilience is an important element of empowering survivors of SGBV. Our data suggests that supporting independence, particularly for women survivors, is a key idea. Gaining their strength back, recognizing their capacity, being “goal focused” are some other competencies that service providers mentioned. On the other hand, participants also referred to a process of “losing self-identity” which may lead to re-gaining the strength and fight for taking their life back.

“To gain strategies to be able to be independent, including the processing of the violence also, like, how can I move forward from this and then be independent from your husband, your family, someone who trafficked you or hosted you.” (Educator, Women's Shelter)

“Many of the women we meet, they lost their capacity to take care of themselves. They have been taken care of themselves all around the way, finally they end up in a situation

like in Libya or whatever, it's that kind of lost their self-identity, and yet the resilience of these people they continue to struggle, and to help them to regain that their worth, their dignity, we should never take over that incredible resilience and capacity these women have to find solutions.” (Representative, INGO)

As part of developing resilience, networks of supporters and friends were named as important, particularly for individual women’s recovery.

“For all our women, it clearly facilitates things if they have their own network and have been in the welfare queue and have a job and in fact have had these for some time back.” (Representative of Municipal Violence Unit)

“Women are getting stronger when they are with other people. when they find trust, they become more confident.” (Facilitator for Women Support Group)

Joining activities with other persons but mainly with other women refugees gave the opportunity to come together and share stories that could lead to a sense of solidarity and support. Being connected with others in a similar situation may also reduce feelings of loneliness.

“"sisterhood" is what we need among women!” (Expert, Public Institution)

“And being [with] someone else who experienced similar things with you, of course it empowers you in a way.” (Officer, Project on Refugee Children)

Our data also suggests that having knowledge and information about support services or legal frameworks is also a source of resilience.

“knowing their rights supports their resilience” (Representative of the Municipal Violence Unit)

“inform the migrants about their rights; if they don’t know their rights, they can’t raise their voices and reach out for help.”(Representative of the Project, NGO)

Resilience was not always an individual quality, with the Head of a project on honour-based violence from a municipality suggesting that the whole family could benefit from the empowerment of one family member.

“What we see is that when we help one of the young girls in the family, their mothers also often get up with courage and they say enough is enough.” (Head of Honour-Based Violence Project)

## Integration Prospects

The experiences of SGBV have had multifarious impacts on refugee integration. As integration is not an unidimensional process, lived experiences and also the risk of being subject to SGBV

may affect various dimension of how a person or a family develop and thrive or not in the host country. Our interviews underlined that importance of the various dimensions of integration for refugees as it is related to identity, culture and also the feeling of belonging.

Participants also noted safe space and having access to support mechanisms underpinned how SGBV experiences shape refugees' ability to integrate.

“Providing space among other things (...) we need to clear this kind of space of encounter, where people can come together with themselves. We have once place called meeting place (the organisation), where you get training, we all eat breakfast together, and then the training and language, but it is also a place where they can talk freely.” (Representative, Faith-Based Organisation)

Especially, as an advisor from an international humanitarian movement noted that the appropriate timing of the support in refugees' lives is vital as it potentially decreases the risk of permanent mental health problems.

“I am thinking about our patients, in general, having suffered a trauma, torture, SGBV, of course, that affects the person. According to their needs and wishes, they need to forge with that in order to have better integration and better resettlement. Because if they need support and they don't get that, very often we have seen people developing mental problems even more severe. The earlier they receive support better it is, early identification, early support, early treatment because the longer the time goes by the higher the risk of having these injuries become permanent.” (Advisor, International Humanitarian Movement)

Language-learning and knowledge about host society were also mentioned as key facilitators of integration. Language skills not only enable refugees to have access to services but also to “connect” with the society. Knowing the language also facilitates survivors of SGBV becoming self-reliant in terms of acquiring financial skills

“You come to Sweden and you are alone and you don't meet other, you don't know anything about Swedish society. For example, if they come to a place, meet other women, then you will learn more about what is right and wrong. advice like go out in the morning, try to find something to do, eat well, go for long walk every day, go to the library, go to the language coffee, there are also places in Uppsala.” (Nurse, Health-care service)

“You get to meet other people. You get to speak Swedish. You get to be a part of society. (Heads of the Project- Outdoor Activities for Refugees)

Feeling able to be part of the society is very important for refugees. Social connections and bonds enable them to have relationships, while a lack of networks and links are clearly detrimental to the prospects of integration.

“If you come with fear, you have... you are more afraid to talk with people, you are more afraid to connect because if you are afraid to go places where you can meet people, then you are less likely to make friends and you are less likely to find a job, you’re less likely to understand how things work here.” (Coordinator, NGO Working for Newcomers)

They don’t have social network that you have in your country often. And also lack of language skills can be a problem.” (Representative of the Project, NGO)

Not only fear, as mentioned above, but also feelings of isolation can undermine integration by adding to stress levels and limiting opportunities to form relationships. Especially, the uncertainty of the situation and their future hinders the integration prospects.

“When you give them temporary residence permission, these children never know if their future is in Sweden or in their own country.” (Head of the Project on Honour-Based Violence, Municipality)

“Like, many of these youth we work with, they have trouble trusting. So they have trouble trusting persons, like, working for the government or everything, because they have been burned all the way here.” (Heads of the Project- Outdoor Activities for Refugees)

Difficulties in forming trusting relationships represents an important impediment to accessing services to support recovery, with mental health problems having a notable impact on refugees’ ability to integrate.

“they internalize trauma-phobia, how do you feel as a gay person when everybody hates you, what does it do to your relationships, and that is interesting it is a small step, small small small small steps, this is the kind of structure we are trying to do.” (Facilitator of Well Being Activities)

“Trauma can effect on social level, psychological level and physical level.” (Representative of the Project, NGO)

Some participants also referred to the nature of wider Swedish society as playing a role in the ability of refugees to integrate. The attitudes of the local community may be crucial during resettlement.

“I think sometimes the Swedish society is very... We want everyone to be... We want everyone to fit the same model. And if the person doesn’t fit in the model, it’s in a sense useless.” (Counsellor of a Unit for Refugees)

“It’s not so easy, I mean, to get contact with Swedes. It’s really difficult. it’s not because of the newcomers. I think it’s more because of the Swedes.” (Representative of a Unit of Refugee Services)

As trauma-related health problems and lack of connection with local society and the resulting isolation have significant impacts on the prospects of integration in the short or long run, some

markers, especially employment and housing, that affect the ability of refugees are also mentioned by the participants. Our data suggests that for survivors of SGBV, it is also very important to have access to and also control over resources.

“It’s very difficult to enter the labour market. And from my point of view, I think that we are, at least in, like, the political point of view. The main thing is for people to get a job. If they get a job, they will succeed. If you don’t get a job, they will be a burden to the society.” (Counsellor of the Unit for Refugees)

“My experience is that women that are staying at the shelters, they are often women with low economic incomes, no connection to the employment market. They have not big networks with people.” (Representative, Intermediary government agency)

Having access to labour market, finding a job, having a safe place to live and especially being ‘heard/noticed’ are mentioned by participants. Poverty is one of the strongest factor that influences integration processes. Being deprived of resources not only increases vulnerabilities to further trauma, but also reduces the ability of migrants to address the trauma arising from the experience of SGBV, let alone access support for the process of integration.

## Concluding Remarks

Services available for refugees who have experienced SGBV in Sweden are decentralised and diffuse, made up of a network of international, national and local organisations, working as statutory, municipal or non-government agents, which could in some cases be run by volunteers. Given the networked nature of the services available, cooperation and collaboration across organisational units are key, including the referral of individuals. Some non-government organisations offering specialist psychological services for the treatment of post-torture trauma use criteria for access to their services to avoid over-lapping with the more standard healthcare providers. The ability of refugees to navigate the complex network of service providers who are working in various capacities, is a question to be explored in the survivor interviews.

Reflecting the broad networked approach to service provision, the definitions of SGBV and the justifications for service provision vary greatly. While the lack of consensus around what constitutes SGBV may be a strength in terms of including a range of different experiences and actors, it can be an impediment to systematic data collection and hence to developing evidence-based service provision.

The range of different definitions of SGBV that could include a variety of experiences was also reflected in the breadth of types of violence that were included in service providers’ descriptions of their work. Honour-based violence is a category that was said to be (problematically) associated with families who arrived from the MENA region and was sometimes contrasted with other more recognisably ‘Swedish’ forms of violence in intimate relationships.

Interventions were described as aimed at the individual and at groups, covering therapeutic, educational and recreational activities, often run in association with partner organisations. These interventions' objectives included tailored approaches to individual wellbeing as well as broader aims around social cohesion. The clients specified for these services included 'women refugees', people of migrant background, undocumented migrants or indeed 'everybody'.

A wide range of vulnerabilities to SGBV were named including undocumented status, being homeless, being a wife, being young, being homosexual or transsexual, being in transit either between countries or within Sweden between regions. Repeatedly named as a vulnerability in the Swedish context was being under-informed, and in particular, unaware of one's rights.

The harms of SGBV for refugees were discussed in terms of trauma – both individual and collective – and the accumulation of different forms of trauma was named as harmful. The importance of building trusting relations was underlined.

The intersection of migration governance and violence was seen as a key and visible aspect of the Swedish migration system. However the ways that the experience of SGBV were described as playing out in seeking migration status were complex, with numerous problems for refugees identified. While gathering evidence to demonstrate the experience of SGBV is known to be difficult, good governance of migration should arguably be evidence-based, that is representing "the use of rigorous, systematic and technically valid pieces of evidence within decision-making processes that are representative of, and accountable to, populations served" (Parkhurst, 2017: 8). To describe how evidence-driven processes can serve forced migrants, given the ideologically charged and politically fraught nature of decision making, is a key aim of our ongoing analyses.

Resilience of individuals and groups was reflected on by interviewees who regularly named social processes – friendship, recreation and informal meetings - as supportive. When it came to supporting refugees' prospects for integration, language learning as a key to understanding and interacting with Swedish society and thereby avoiding isolation, was identified. The lack of a job, the need to cope with ongoing trauma and poverty were all described as important impediments to integration.

Despite the evident complexity of supporting refugees through the effects of SGBV, and towards integration into Swedish society, gendered generalisations nonetheless cropped up. For instance an unapologetic view of women as central to life was voiced:

"I believe the woman is the main element according to what I know, have studied and have experienced, the woman is the main element in all of life. She is what life is about; Freedom isn't important because we lived in our country without freedom and we're not here to ask for it, we just want to be here without violence" (Facilitator for Women Support Group)

While feminist politics is relatively mainstream in Sweden, how it plays out for forced migrants is more contested and uncertain. While an advisor in a women's NGO told us that 'the conflict narrative is largely gendered', an expert in a Public Institution told us that men became

abusive because of their frustrations with the slow decision-making times of Swedish government agencies:

“men are so frustrated as they are losing the breadwinning role and become abusive during the long waiting period.” (Expert, Public Institution)

The role of minority versus Swedish majority culture remains a contested issue for forced migrants seeking migration status and integration. Where culture is strongly associated with a form of SGBV, as in so-called honour violence, the assimilationist tendencies of immigrant policy in Sweden take on a heightened meaning: some of our informants queried the implication that honour-violence is associated with MENA culture and never a feature of Nordic culture.

Across our data we can see accounts of the variety of vulnerabilities and risks throughout the processes of forced migration. The networked and decentralised nature of service provision in Sweden, in cases where collaboration between agencies is effective, can respond to this. However, where refugees do not know their rights, cannot insist upon them, or cannot access support in this effort, the gendered harms of SGBV persist and can be compounded by efforts to access appropriate support. Hence, it is found important to problematise whether a more systematic use of documentary evidence in processes of migration governance would offer vulnerable refugees enhanced access to social justice and the resources necessary for integration is not clear from our initial scanning of our material and will be a subject of our future analyses.

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